Plague & Persecution in San Francisco and Honolulu Chinatown

Chassidy Wen

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Steven Pfaff

Kyle Crowder

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Chassidy Wen

University of Washington

Abstract

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Chassidy Wen

Chair of the Supervisory Committee:

Steven Pfaff

Department of Sociology

This study explains why the responses to bubonic plague outbreaks in San Francisco and Honolulu's Chinatowns differed during the late 1800s and early 1900s. Both cities, unprepared for the plague, resorted to drastic measures. Chinatown served as the epicenter of the outbreaks in both cities, but in Honolulu, colonial authorities empowered the Board of Health to deal with the plague crisis and burn Chinatown. In San Francisco, a strong Chinese community with legal support prevented a similar fate but opted to condemn buildings and fix public health issues. This study fills a gap by comparing these cases and examining the consequences of de facto indirect rule in San Francisco's Chinatown and direct rule in Honolulu. Using historical process tracing and archival data, it deepens our understanding of ghettoization, governance, and ethnic enclaves during pandemics. This research informs responses to pandemics by revealing how governance, social dynamics, and community resilience interact with anti-Asian sentiment. Understanding these experiences can foster more equitable solutions to public health crises.

Introduction

The third wave of bubonic plague hit the United States in the late 1800s, unbeknownst to most people living in North America. The wave of plague that struck in the 1800s was thought to originate in Qing dynasty China in 1855. Globalization and major international trade routes facilitated the spread of disease, including to North America where the disease had yet to set foot. The plague had made its way to Honolulu and San Francisco by the late 1890s. Neither city was prepared to deal with a plague that was centuries old but of which there was limited medical knowledge about what caused bubonic plague and why or how it spread. The only known solutions to combating plague were traditional, segregation and fire. Plague denial was rampant in San Francisco and measures were taken to hide the presence of the disease, especially in Chinatown where the disease was first found. Meanwhile, in Honolulu the plague was spreading from Chinatown to other parts of the city and the island of Oahu. Colonial authorities had just overthrown the Kingdom of Hawai'i and Queen Liliuokalani. President Sanford B. Dole gave full power to the Board of Health to stop the disease by any means necessary.

Previous research on bubonic plague in Chinatowns has looked exclusively at each case, San Francisco, and Honolulu. However, there is no study that is a dedicated comparison of the two cases looking specifically at the social process of the results in each of the cities. Nor is there prior literature that examines the consequences of indirect rule in San Francisco Chinatown and direct rule in Honolulu Chinatown. This study aims to contribute to the understanding of indirect and direct rule as it explores the role of the ethno-racial ghetto in strategies of indirect rule by engaging in process tracing using (Gerring 2006), archival data from the Hawai'i State Archives and archival material from the National Archives as well as secondary resources. This approach allows me to

analyze the tactics that influenced the phases of response to plague in both San Francisco and Honolulu.

In both cases Chinatown was the focal point of plague. In San Francisco the first victim of plague was from Chinatown. Honolulu turned its attention to Chinatown, also known as the "unsanitary district" (Mohr 2004), as its first plague victim was a resident. In Honolulu Chinatown, the initial quarantine by the board of health trapped residents within the quarantine lines, however, residents (Chinese, Japanese, and Native Hawaiian) were able to evade it (Mohr 2004). However, with upticks in plague cases in Honolulu, the Board of Health felt an urgent need to combat plague once and for all. The Board of Health ordered the burning of Chinatown. The resulting blaze went out of control because of winds that made the entire neighborhood burn for 17 days. Authorities in San Francisco wanted to take a similar approach to the Chinese quarter. However, there was indirect rule of Chinatown based on the use of civic groups and leaders within the Chinese community. Local leaders were able to end quarantines by obtaining legal help, resulting in a federal judge stopping the city from burning down the district. Which poses the question, why did Honolulu burn down Chinatown while San Francisco resisted that fate?

History of Disease

Illness has been a part of human history (McNeil 1977), but with advancements in medicine with vaccines and the discovery of anti-biotics, some have forgotten the power that disease has had throughout history. Disease and outbreaks of plague break out in warmer climates as this provides an environment for disease to evolve. From the Roman Empire onward to dynastical China, plague has been part of history. Southern China was the perfect breeding ground for disease, as the climate is humid and there with a sizable population of people living in the area with lots of movement and trade. McNeil (1977) also notes that with the world urbanizing and class hierarchies

are another way disease can spread as cities became the places where people wanted to live for work, and with the influx of people to urban areas cities were the perfect breeding ground. Lower socio-economic status people were forced to live in close quarters together and often times the conditions they lived in were subpar and made it easy for illness to spread with ease from people and from other vectors such as rats.

Honolulu was a suitable place for epidemics to take place as the region provided a warm environment for disease to grow and spread. San Francisco was also made a suitable place for disease not only because of its sizeable population for a developing city in the 1900s but the class inequality allowed for certain neighborhoods in the city to lack the public infrastructure to maintain proper sanitation and building codes. Thus, Chinatowns in particular, which lacked the upkeep of the city through building regulations and public sanitation measures were breeding grounds that easily facilitated the spread of disease. Thus, when plague occurred in its third wave, when globalization was rapidly occurring due to industrialization and steamships, this facilitated the spread of disease globally especially threatening Chinatowns, where public sanitation measures were few and quarters were tight.

Third Plague Pandemic

Plague in North America is not something most people recognize, especially given the plague's association with the medieval period and with plague being known as the Black Death. It was seen as an old-world disease by many, one could even argue that it was seen as a disease of "backwardness." The third wave of bubonic plague began in China in 1855. The plague started in Yunnan, then spread to Guangdong, to Hong Kong, Hawai'i, then to the west coast of the United States at San Francisco. This outbreak occurred during China's "Century of Humiliation," during the Qing dynasty while China remained under imperial rule. During this time China had lost

significant power to the British Empire because of the Opium Wars and Japan. Chinese, particularly from Guangdong and Hong Kong, were immigrating to the United States in the hope of making it rich and returning back to their families after they earned enough money. However, for those that landed in America those hopes came to an end as they were subjected to poor living conditions and wages.

The bubonic plague epidemic in both San Francisco and Honolulu makes for interesting cases on their own. In each case we can observe the unique response to plague in each specific locale. San Francisco in terms of the politics and insulation of the United States mainland and Hawai'i with its island and colonial rule approach. However, what is lacking is the comparative aspect. The comparative aspect allows us to better understand how plague interacts with social conditions and political institutions. The racialization of disease has been examined particularly among Asian and Asian-Americans in the United States. However, this is not something new but has been happening for over a century in the United States. Asians were scapegoated as harbingers of disease. But the racism towards East Asians was severe in both cases, meaning it is not likely to explain why Honolulu burned and San Francisco did not.

James Mohr's, *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown* examines the burning of Honolulu's Chinatown and the events that led to the response to the plague outbreak. He uses archival records to piece together the events that lead the Board of Health to have dictatorial rule over the Hawaiian islands and institute quarantines, fumigate buildings, and use fire. Guenter Risse's *Plague, Fear, and Politics in San Francisco's Chinatown* focuses on the plague epidemic in San Francisco. He looks at how the United States federal government's, Marine Hospital Service, anticipated the arrival of plague into the port of San Francisco, the onset of plague and the treatment of plague in the city. Using archival evidence

form the National Archives, California State Archives, and sources such as newspaper articles and old journal articles; he is able to piece together the narrative of what occurred during San Francisco's plague epidemic. Neither of their several books engage in a careful comparison of the two cases. However, they both provide a plethora of information regarding both cases, which helps to inform my systematic comparison.

Anti-Chinese Sentiment in Health

White's (2023) and Shah's (2001) work on racism against Asians in the United States examines the role of race and medical scapegoats. The theory of epidemic orientalism as White in his study examines "Edward Said's theory of orientalism, [and he] examines the regulations that govern the global response to infectious diseases, using the term 'epidemic orientalism' as a lens through which to analyze these historical and colonial agreements (Sherwood-Martin 2023)." Shah examines how the Chinese were seen as a "medical menace (2001)." Whites regarded the Chinese as inferior not only as a people bur also through differences in culture and religion compared to Western counterparts. The Chinese diet was "inferior" to that of a Western diet which consisted of higher meat consumption compared to a diet that focused on rice, vegetables, and fish (Shah 2001), which particularly made Asians weak and unhealthy.

Anti-Chinese sentiment was present before the plague outbreak in San Francisco and Honolulu. The Chinese were used as medical scapegoats since their arrival to the United States (Trauner 1978). For Asian immigrants who wanted to work in the United States meant enduring long quarantines on Angel Island. The common view was that the Chinese were not deserving of health resources accessible to their White counterparts. The Chinese generally decided to stick with Chinese Traditional Medicine because that was all they had access to because they were unable to access biomedical practices through American hospitals and clinics. Thus, there was a

lack of trust established between the two, so there was already distrust between both groups toward each other prior to the plague outbreak. Because they were not citizens the Chinese also lacked access to healthcare and could not be treated at hospitals that were meant to serve the White population.

It was a common belief that the Chinese could never fully integrate into society because they were too different culturally and that they could not adapt to American culture (Kalisch 1972). The idea of the perpetual foreigner originated during the 19th century but also fueled the racialization of disease, as it is easier to blame racial deficiencies rather than taking accountability for social factors such as public health and sanitation, or congested neighborhoods. The Chinese Exclusion Act of 1882 exacerbated the disdain for the Chinese in the United States. Many lower-class White citizens felt that Chinese workers were taking their jobs. Additionally, China's weak standing in the global sphere meant that the Chinese citizens abroad also had limited rights and power, which made them more exploitable as cheap laborers outside of the country.

Chinatown Today vs Chinatown Past

Many envision contemporary Chinatown as a tourist destination to buy souvenirs and as a place to take part in Chinese cuisine and culture. However, Chinatown at the turn of the century was anything but that. Many White residents saw Chinatowns as exotic places that were bizarre, and some found them even repulsive. It seemed like a whole different space from the rest of the city. The state of many Chinatowns in the United States was found with dilapidated buildings that were not up to code with many people crammed into small rooms and apartments, often times requiring people to take turns sleeping on the floor after a long day of labor. Conditions of Chinatown after the Chinese Exclusion Act only made conditions worse than they already were. The fear surrounding Chinatowns had to do with yellow peril, where East and Southeast Asians

pose a threat to the existing population that they move into (Lee 2007). Yellow peril and the medical menace work together to ostracize the Asian populations reinforced the belief that Asians were harmful to the population and that they pose harm and were not worthy or able to assimilate to the society they immigrated to. This allowed people to see the Chinese as less than and enabled racist and xenophobic behaviors to members of those communities.

The Cases in Context

Honolulu, Hawai'i (Kingdom of Hawai'i → Republic of Hawai'i)

Hawaii's economy was based on exporting agricultural goods from plantations such as sugar, pineapples, and other fruits. Those who owned plantations were a White minority, who employed cheap Asian laborers from China, Japan, Korea, and the Philippines; some Native Hawaiians also worked on these plantations. During the late 1800s Hawai'i was a monarchy under the rule of Queen Liliuokalani. Sanford Dole and other wealthy White plantation owners conspired to seize power. In 1893 there was a coup d'état lead by Dole and his conspirators, assisted by the United States ambassador and United States Marine Corps, albeit without congressional knowledge or approval. Dole declared himself President of the Republic of Hawai'i violating international law. The U.S. president, Grover Cleveland, declared the annexation illegal and asked Dole and his conspirators to restore power to the Queen and to the Kingdom of Hawai'i. However, Congress did not agree with President Cleveland, and when William McKinley was elected, he and Congress annexed the country, recognizing the Republic of Hawai'i as a United States overseas territory (Joint Resolution to Provide for Annexing the Hawaiian Islands to the United States: July 7, 1898).

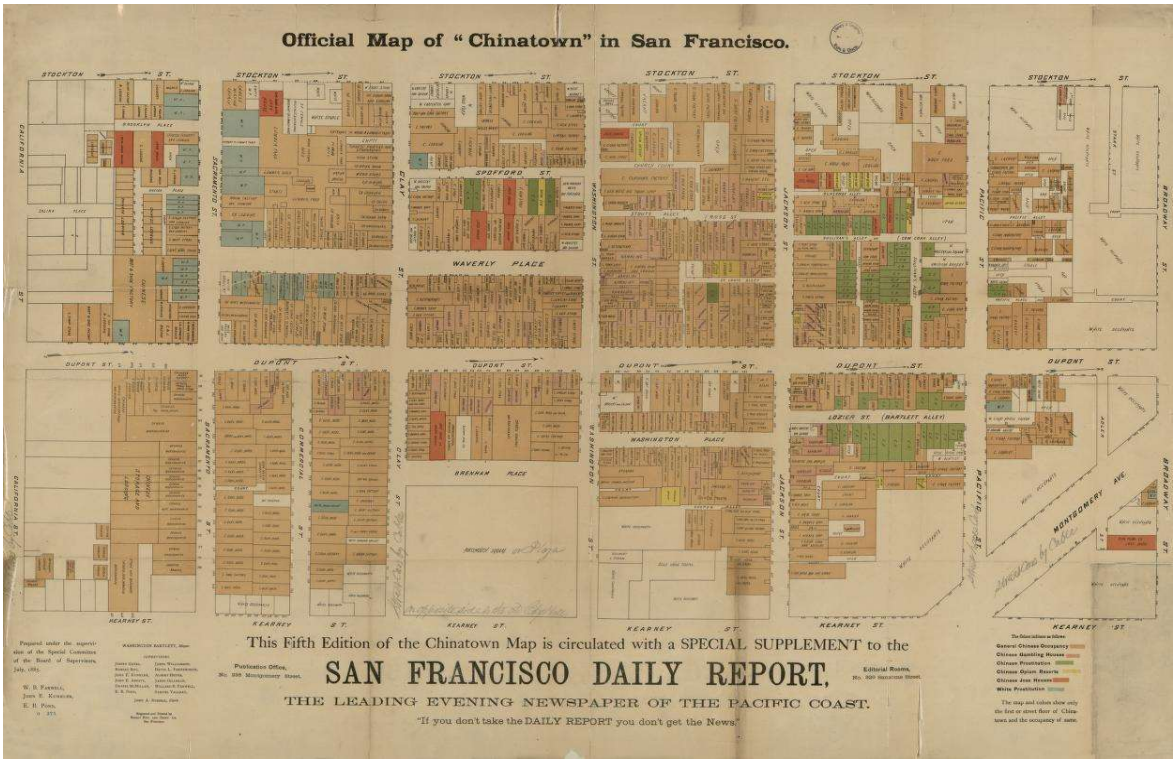
Meanwhile, the Hawaiian islands were effectively under colonial rule of the White minority living on the islands. Dole's colonial oligarchy was resented by the populace, as he was

acting in the interest of the White minority and the United States. Dole's backing came from were missionaries and plantations owners. Dole's government was interested in lower trade tariffs to bolster exports to the United States mainland. Hawai'i was tense in the wake of the coup d'état and colonial overthrow. People were uncertain about their future and their status on the island, in terms of jobs, immigration, and citizenship. Furthermore, the Chinese Exclusion Act could now be imposed on the Asian populace because Hawai'i was now a United States overseas territory. By 1899, there were around 45,000 residents living in Honolulu out of those 7,000 resided in Chinatown (Mohr 2004).

San Francisco, CA, USA

During the 1900s San Francisco was an up-and-coming city that served as a port for Pacific trade with a population of 342,782 in 1900 (Risse 2012). San Francisco had 24.4% of California's Chinese population and the Chinese made up 5% of San Francisco's overall population (Trauner 1978). The Chinese first came to California during the gold rush, but they also worked as cheap labor in mining and building the continental railroad. The Chinese Exclusion Act of 1882 impacted San Francisco as the city had the largest Chinese population on the west coast. In its wake, Chinese were forced to live within the confines of Chinatown, as they could not buy and own property and were not allowed to obtain citizenship in the United States.

There restrictions made the Chinese were expedient laborers for the White residents of San Francisco often working as housekeepers, cooks, and low-level workers, who were paid less and were more exploitable than White workers. They were also exploitable in terms of the few rights afforded to them under the Chinese Exclusion Act.



Map of San Francisco Chinatown as of 1885 from the Library of Congress

Direct vs Indirect Rule

The Theory of Conditional Toleration and Elite Cooperation in the Ethnic Ghetto

The term "ghetto" is an Italian term that refers specifically to the sector of Venice to which Jews were restricted. The European ghetto has historically been a place for the ethnic segregation of Jews. The 3rd Reich institutionalized ghettos in occupied Poland as a mean of consolidating and exterminating Jews. Note, however, that the Nazi policy was a radical departure from which the institutional history of the ghetto which was not previously an instrument of genocide.

Our understanding of the ghetto is not static. Louis Wirth (1927) traces the history of the ghetto back to medieval Europe when it was "an urban institution by means of which the Jews were effectually separated from the rest of the population," with the ghetto as a case study of "isolation and accommodation." However, Wirth remarks that the institution of the ghetto has

adapted and changed over time to change with the world outside of the ghetto. Duneier (2012) has since traced the history of the ghetto from the Venetian ghetto to the history of the ghetto in the United States. However, Duneier's contributions to the ghetto has allowed us to see how the ghetto is ever changing and adapting to its locale and time especially in the United States.

Residential segregation alone does not constitute a ghetto. The historical institution of the ethno-racial ghetto is a place where minority groups are a) made to govern themselves through indirect rule through local power holders who bargain with established majority authorities, b) people of a certain ethno-racial group are obliged to live there and the government enforces residential segregation, and c) the persons are *conditionally tolerated*. Specifically, conditionally tolerated means that the established majority elites tolerate the cultural differences of the outside group conditional on them living in designated areas. Only there can they live according to their own ways of life and practice their own culture and religion. This arrangement makes the outside group easy to surveil through policing because they are localized, and cultural leaders can be made collectively responsible. Toleration is thus conditional on the ghettoized group being tractable, exploitable, and unable to assert their own political interest directly in the polity. At the same time, this arrangement creates some degree of insular protection from the majority group (Johnson & Koyama 2019).

San Francisco Chinatown was the only space where the Chinese were allowed to live in San Francisco. It consisted of twelve blocks and within the confines of Chinatown lived six percent of the population of San Francisco (Risse 2012). Chinatown was effectively ruled by Chinese civic organizations. San Francisco Chinatown was a de facto ghetto, particularly after the Chinese Exclusion Act of 1882 which prohibited the Chinese from immigrating to the United States, denied certain legal protections and rights, and prohibited citizenship. In practice, the Chinese in San

Francisco did not have the same rights as their White counterparts; they were to be treated in accordance with a treaty between China and the United States, and thus nominally as subjects of the Emperor of China. They clustered in a sector of San Francisco largely under the authorities of Chinese associations and local power holders, who were entrusted with indirect rule by California officials.

In Honolulu, the Chinese community lacked a ghetto status and also lacked conditional toleration from the colonial regime that had control over the islands. In Honolulu conditional toleration was low because Honolulu had a mixed population and the majority of people living in Honolulu Chinatown were of Asian or Hawaiian descent, which was representative of the population of Honolulu, whereas White residents were the minority. In Honolulu, from the perspective of the rulers, conditional toleration was not necessary the way it was in San Francisco. In San Francisco we have a majority White population who held social and economic power over the residents of Chinatown allowing Chinese to govern themselves through local notables. In Honolulu, Dole's government exerted direct rule over Chinatown, according to its special status. Note that I am not arguing that San Francisco was any less racialized than was Honolulu. Nor am I claiming that San Francisco's Chinatown enjoyed political inclusion. Rather, the paradox of Chinese in America's special status provided California's rules to allow San Francisco Chinatown to develop limited self-governance.

A true ghetto is an institution with its own rules and regulations, forms of governance, and population who live there. However, the institution of the ghetto develops over time in response to the surroundings. The ghetto, like the people who inhabit it, is moving and developing. Residents could leave the enclave so that they could go to work, however, they could not reside outside of Chinatown. Civic organizations consisting of influential merchants held authority over

Chinatown. While in Honolulu even though there were civic associations, lacked the sphere of influence that civic associations in San Francisco had because the Asian population was spread out not only in Honolulu but throughout Oahu (Mohr 2004).

Direct rule is obtained when the state has "a highly centralized decision making" while indirect rule is characterized by "a more decentralized framework in which important decision-making powers are delegated to the weaker entity (Gerring et al. 2011)." Honolulu's colonial power meant that the government had enacted direct rule and in the plague crisis as the Board of Health made all the decisions in regard to Chinatown. Meanwhile, San Francisco had a decentralized framework that allowed the de facto ghetto to have a governing body within the neighborhood itself. The civic associations and newspapers that served the community were part of the autonomous decision-making powers in Chinatown. The Chinese Six Companies, also known as the Chinese Benevolence Society, consisted of six well-off Chinese merchants, who advocated for a fairer treatment of the Chinese by American society, while maintaining influence in Chinatown. The Chinese Six Companies had an overarching presence within the Chinese community.

Where a ghetto exists, conflict between the majority group and the minority groups can be managed to avoid violence. This is meant to serve the interests of both groups at hand. The Chinese were interested in maintaining an area in the city where they had easy access to Chinese businesses and a cultural center where they would be able to maintain their culture; meanwhile, the majority group had access to cheap laborers who they would see during the day but would not have to interact with elsewhere in the city. Chinatown was more than an urban enclave, as there was a tension and awareness that their neighborhood was a conditional place in the city. White residents did think about displacing the Chinese as many of the buildings were not owned by Chinese

citizens because the Chinese Exclusion Act that barred them from property ownership. This too was another form of control the majority group had over the minority group. Tenants status contributed to conditional toleration of the Chinese. Chinatown could cease to exist if there was a demand for the neighborhood to be destroyed and no longer be a place where Chinese people could live or run business. Chinese leaders had to maintain a delicate balance to protect their autonomy while not offending or provoking California's elite.

Table 1 Comparison of San Francisco and Honolulu Chinatown Communities & Ghetto Status

Chinatown	Honolulu	San Francisco
Self-Governance	No	Yes
Chinese obligated to live in Chinatown	No	Yes
Conditional toleration	Low	High

The ghetto serves as a space for members of a minority group to live together and congregate. It may be easier for them to access products and services. Paradoxically, it can be protective from the majority in certain instances. As seen in *Table 1* Honolulu Chinatown lacked self-governance as there was a strong colonial power in charge, the Chinese people were not obligated to live in Chinatown, and there was low conditional toleration because there were a lot of Chinese workers in Hawai'i in addition to other laborers from Asia. Conditional toleration was not necessary or was low in Hawai'i.

Honolulu Chinatown did not have ghetto while San Francisco Chinatown did have a de facto ghetto due to its continuation of self-governance, obligation of Chinese residents to live in the neighborhood, and high conditional toleration. The conditional tolerance for Chinese in San Francisco was obtained because White elites needed cheap laborers whether it be for landscaping, housework, or using Chinatown as a red-light district for its other services such as prostitution, drugs, etc. San Francisco Chinatown was allowed to operate independently and maintain business, but it was heavily surveilled and policed. Conditional toleration in San Francisco meant that the external surveillance, by White officials, was meant to guarantee the safety and interests of the White residents of the city. The San Francisco Police Department (SFPD) surveilled but did not "close down" Chinatown's drug dens, gambling, and prostitution. The chief concern of SFPD was to prevent whatever was happening in Chinatown, directly policed from spreading to other parts of the city. Honolulu Chinatown was monitored for sanitation and directly policed.

Method

Case Selection & Case Logic

According to Gerring's *Case Study Research: Principles and Practice* (2006), the use of case studies allows us to better understand how to select cases and how to approach each case. In this study, process tracing shows how the "multiple links in a causal chain can be formalized, diagrammed in an explicit way (as a visual description and/or a mathematical model), and insofar as each micro-mechanism can be proven (Gerring 2006: 181)." The case study allows in these cases to provide a thick description and "clarify the argument with all its attendant twists and turns and verify each stage of [the] model, along with an estimate of relative uncertainty (for each stage and for the model as a whole) (Gerring 2006: 184)." By narrowing the scope of what cases are

chosen allows for a more precise comparison and allows us to limit the variables and see how they interact with each other for better triangulation.

An important part of case study, especially when making comparisons, is triangulation. This means that we are using different types of data such as census data, maps, newspapers, to try and allow for weaknesses in one source of data or analysis to be covered by other forms of evidence. In this study, there are different forms of evidence being used from newspapers to government documents, to secondary sources.

San Francisco and Honolulu are similar cases. They share many similarities where a comparison is necessary and there are enough differences here, we can see how the differences impacted the fate of Chinatowns in each city. As noted in *Table 2* we have large Chinese populations living in one area together and both cities are vital to trade with their proximity to trade with other countries. More interestingly are the similarities within Chinatown despite being so far apart. By using the most similar case method we can understand how the dependent variable (the outcome of Chinatown in response to plague) is influenced by the similarities and differences on the independent variables (Gerring 2006). The independent variables that we see similarities in are the characteristics of Chinatown in both cities. The neighborhood also known as the Chinese Quarters were seen in both cities as slums, as hygiene in both cities were below standard. Buildings in both cities needed to be condemned but were not because of the need for cheap housing. By looking at the differences on the independent variable we can better isolate and see how the dependent variables work to influence the outcome on the dependent variable.

Table 2

	Honolulu, Hawai'i	San Francisco, CA
Similarities on the Independent Variable	• Large Chinese Population • Civic Association: United Chinese Association • Poor hygiene • Facilitate trade on the way to the Americas. • Local authorities eager to maintain trade routes	• Largest Chinese population on the west coast • Civic associations: Chinese Benevolent Association also known as the Chinese Six Companies • Facilitate trade (international to the rest of the states) • Poor hygiene • Local authorities maintain its position in trade on the west coast

Differences on the Independent Variable	• Colonial rule under Sanford B. Dole (Kingdom of Hawai'i to the Republic of Hawai'i); Strong influence from the Board of Health under the intermediary government • Chinatown as an enclave with people to freely move and diverse population. • Chinatown was an ethnic enclave without civic ties to colonial elites. • Chinatown moderate ethnic diversity	• Federal, state, and city government jurisdiction • Chinatown as a de facto ghetto • Local elites: newspapers Chungsaiyatpo (中西日報) strong influence in Chinatown • More "hostile" response from the Chinese • Cultural liaison between White authorities and residents of Chinatown • Chinatown has high ethnic homogeneity
Differences on the Dependent Variable	• Chinatown burned down by board of Health	• Chinatown buildings condemned; sanitation measures taken in Chinatown and around the city with the extermination of rats

In both cases we see people "making public health policy in times of crisis on the basis on limited medical knowledge (Mohr 2004: 5-6)." Knowledge of plague was limited; the cause and spread of plague was unknown, but what was known was that fire, used in medieval Europe, was a solution.

Process tracing allows us to understand the events that transpired in both Chinatowns, what was similar, and how the cases vary. There are enough similarities but also enough differences where we are able to discern the different variables at play. The design controls for prevalent racism, as there was racism in both cases. The dependent variable is known the outcome of the fates in both Chinatowns, Honolulu with burning and San Francisco took a public health approach despite officials wanting to burndown the Chinese quarter. We are interested in how the differences on the independent variables react in difference in the outcome variable.

Primary and Secondary Sources

The data used in this paper comes from the Hawai'i State Archives located in Honolulu, Hawai'i. Using the Hawai'i State Archives, we are able to better understand the implications of the Honolulu case as well as the context surrounding plague and the burning of Chinatown. The archival information on the San Francisco case came from Guenter Risse, who left a compilation of archival information at the San Francisco History Center on the sixth floor, which include journal articles from the 1900s, material from the national archives, and copies of newspapers reporting on the plague during the period, as well as newspaper reporting of plague from San Francisco and around California. Additionally, secondary sources allow us to better understand individual cases of Honolulu and San Francisco and allow us to compare the two cases.

Analysis

I conduct dynamic process tracing across places and across time. This allows us to identify the defined phases of plague from the begging of the plague outbreaks in each case and identify the phases that lead us to the resolution of plague in both cities. By doing so the variables reveal and identify the distinct phases in which the variables operate in each case.

Phase I: Outbreak 1899-1900

It was on December 9, 1899, plague had arrived in Honolulu when a bookkeeper by the name of You Chong died in Chinatown. Honolulu was alerted of plague much sooner as it reached the shores of Oahu from Asia where the third wave of plague originated (Michael 2014). Honolulu was where ships from East Asia stopped on their way to the United States' west coast in late 1899. Dole, who was president of the republic, handed over all power to contain the plague to Hawaii's Board of Health. Initially the Board of Health tried to subdue the plague by drawing the least amount of attention possible, nevertheless, plague cases were on the rise. The sense of urgency

from the Board of Health was also a matter of saving face for the colonial government. Since the Republic of Hawai'i had only recently been recognized as a territory by Congress, Dole and his officials felt the need to prevent the spread and show their reliability to the United States government. They were also interested in maintaining trade.

The Marine Hospital Service founded in 1798 was the first public health service in the United States that was to serve the interest of public health (CDC 2021). Even though its initial conception was interested in the health of sailors, the Marine Hospital service eventually, was interested in protecting the health of the United States by also monitoring the spread of disease throughout different parts of the world (CDC 2021). The MHS was present in both cases with more influence in San Francisco than Honolulu.

In California, Joseph Kinyoun was sent by the MHS to deal with the plague 1899. However, Kinyoun's aggressive response to plague offended local authorities of the state and in Chinatown. Kinyoun' s response to plague was aggressive and he openly acknowledged the existence of plague. However, Kinyoun received pushback from city and state officials, particularly Governor Henry T. Gage, who was a major plague denier and saw the plague as a threat to the California economy, its trade, and his own political career. Once Kinyoun was assigned to a different post, Rupert Blue took charge of plague in San Francisco Chinatown in May 1901. Blue's use of cultural liaisons, specifically prominent community members who had previously worked for the Chines Six Companies and people with connections to influential figures in the community allowed for there to be cooperation. The difference between the approaches between Kinyoun and Blue was cultural competence over cultural clash.

The Board of Health in Hawai'i was more frantic and aggressive in its approach. It began with fumigation and condemning some of the buildings in early December 1901, however, once it

deemed plague was getting out of hand in the Chinese quarter by Christmas, its directions deemed a more radical approach to not only protect the Hawaiian islands and to best prevent the spread to North America. Above all, colonial authorities wanted to avoid a reputation as a nest of plague and save face for the Dole regime in an attempt to solidify Hawai'i and gain full territorial status.

From the start, San Francisco Chinese residents lacked trust in health officials because of San Francisco's Board of Health lack of health care resources available to the Chinese residents. The Chinese Six companies made their own clinic accessible to the resident of Chinatown. The Tung Wah Dispensary allowed the Chinese to access both Chinese medicine and Western trained physicians. The Nippon Maru arrived in San Francisco bringing the plague with it. The first case of plague in San Francisco was reported on March 6, 1900. A man named Wong Chut King had died at the Globe Hotel.

Phase II: Response 1899-1900

In Honolulu Chinatown we have a lack of empowered Chinese elites. Chinatown in Honolulu was not an urban enclave compared to San Francisco Chinatown; the population of Chinatown in Honolulu consisted of impoverished Chinese, Japanese, and Hawaiians (Mohr 2004). There was a lack of civil ties from Honolulu Chinatown rulers. Leaders of the groups in Chinatown were not in solidarity the way Chinatown San Francisco leaders were leaders of the Chinatown in Honolulu included those who represented Native Hawaiians, the Japanese, and the Chinese. Chinatown Honolulu had multiple newspapers in different languages while San Francisco Chinatown only had Chinese newspapers. In Honolulu lines of communication amongst different in communities were split and there was a lack of cohesive knowledge and understanding of the threat (Mohr 2004; Hawai'i State Archive). As well as differences of opinion on plague matters, there were divisions in Honolulu Chinatown. Unlike, in San Francisco Chinatown, there was no

consensus on how to deal with plague but on preventing officials from burning Chinatown. The Japanese and the Chinese were rivals and the Hawaiians kept to themselves and were more concerned about their own affairs.

The events that transpired in Honolulu were known to the Chinese living in San Francisco, which gave them an edge. The residents were put on guard and were able to prepare for the possibility of health officials in San Francisco to burn down the quarter. Moreover, San Francisco Chinese residents, White residents, as well as city and California State officials initially reacted with plague denial. Governor Gage saw plague as a political threat. *The San Francisco Chronicle* and the *San Francisco Examine*r were among many newspapers actively denying plague in the city, saying that plague in San Francisco was a hoax or that it was fake. Even newspapers, such as the *Sacramento Bee* were denying the existence of plague in California (Sacramento Bee 1900). Meanwhile, Chinese residents lived in fear of plague as not only were they blamed for the disease, but there was a distrust of White officials about how the disease was spread. Chinese and White residents had cultural clashes when it came to the handling of plague victims. In Chinese culture, when one dies the body is not to be disturbed and left intact. Performing an autopsy would go against the religious and cultural beliefs because the body would be cut and buried in the United States and not be allowed to return back to China.

In response to plague, Kinyoun and officials had introduced quarantines overnight in San Francisco. When plague touched down in San Francisco and quarantines were instated. No one was allowed in our out of the quarter, which posed issues not only for the residents of Chinatown but their employers. The Chinese were unable to go to work and wealthy White residents were without their workers. Additionally, supplies were limited in the quarter and with nobody allowed in, was a cause for anxiety. The Chinese Six Companies paid for lawyers to protest the quarantine

stating that the quarantines were unjust and were violating the already limited rights of Chinese citizens in the United States under the Exclusion Act.

The most prominent newspaper in Chinatown was *Chungsaiyatpo(中西日報)(CYSP),* run by Ng Poon served as a bridge between Chinatown and the rest of San Francisco and even the country. The newspaper translated announcements in English to Chinese to make information available to the citizens of Chinatown. In CYSP the sentiment shows how the Chinese felt towards the United States government, authorities were seen as "wolves," Kinyoun in particular was the "wolf doctor" (Risse 2012: 177). When Kinyoun and other officials thought of burning Chinatown, the Chinese Six Companies used legal action to combat the burning of the neighborhood and a federal judge ruled in favor of not burning Chinatown. By this time, Kinyoun had made enemies not only from the residents of Chinatown but from politicians in the city and in the State. Thus, the Marine Hospital Service decided to change his post to someone who would cause less of a stir.

Once Kinyoun lost his position, he was replaced with Blue in 1901. Blue utilized Chinese community members who spoke English and Cantonese (or another Yue dialect) and some of which had prior connections to the Chinese Six companies. He was able to pass messages between the Marine Hospital Service and the Chinese community. Plague could be managed by practicing good public health and sanitation measures, without the use of fire, given community cooperation. Blue was able to access the network of indirect rule of Chinatown and work with community members, to have some form of cooperation.

In Honolulu Chinatown residents did not welcome the quarantines. They saw the quarantines as unjust and a threat to the livelihood of the Chinese quarter. There were cultural clashes both in Honolulu and San Francisco when it came to the treatment of plague, particularly, Western medicine versus Chinese Traditional Medicine. Honolulu in particular had Chinese

doctors versed in Chinese Traditional Medicine while others were Chinese but trained in Western medicine, who tried to promote the biomedical approach. Chinese doctors who practiced Western medicine helped the Board of Health officials compliment public health measures and did not act to prevent the burning.

Phase III: Repression and Resistance 1900-1905

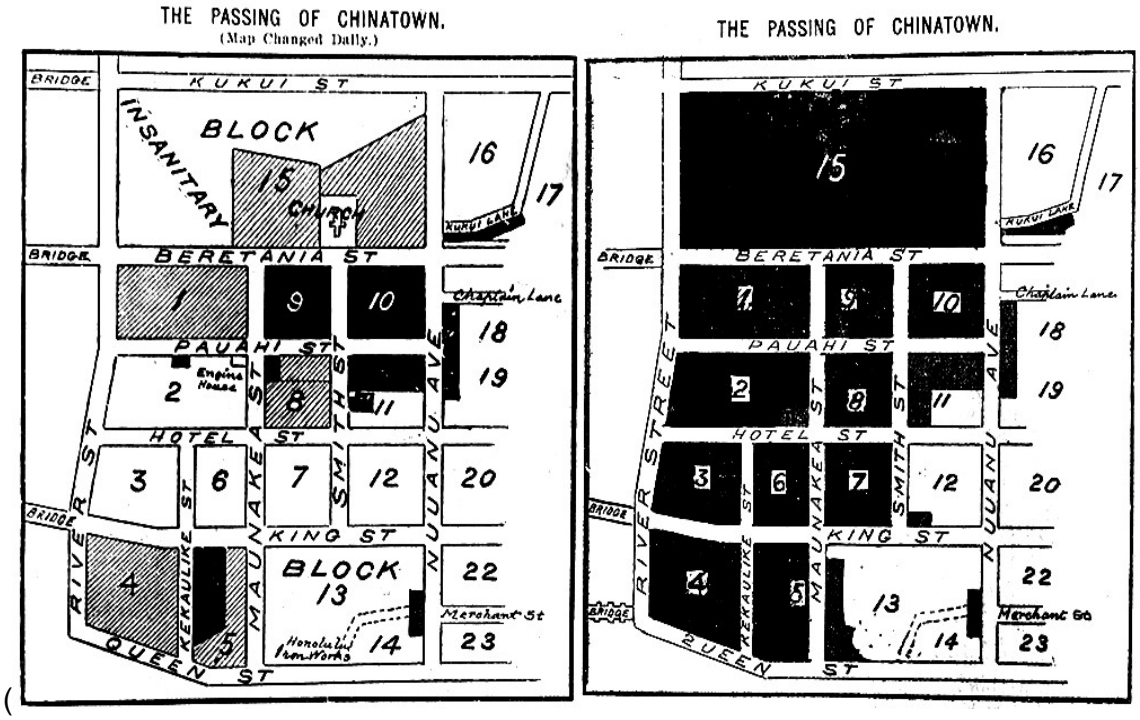
In Honolulu there was repression by the colonial government. The Board of Health, tasked with eliminating plague in Honolulu and preventing the spread of it to the other islands, set out to get rid of plague by any means necessary even if it meant using fire and burning down the district. Honolulu Chinatown was diverse in comparison to San Francisco Chinatown, one third of the population was Chinese, one third was Japanese, and the other third was Native Hawaiian (Mohr 2004).

The Board of Health first tried fumigation. However, when cases of plague continued to occur, they made the decision to use fire at the end of December 1899. In Honolulu there was resistance to the Board of Health instituting quarantines and condemning buildings. However, the Japanese and Chinese consuls encouraged residents to tolerate and cooperate with the Board of Health, so that business could quickly return to work, rather than prolonging a struggle between the Board of Health and Chinatown. The consuls had greater authority and influence on plague, in part because Honolulu Chinatown lacked its own civic elite, which allowed for greater repression and acceptance of the Board of Health's actions, as they were interested in keeping their citizens as laborers in Hawai'i that could send money back to their respective countries.

The consuls miscalculated that if there was no pushback from residents then the residents could return to their residence and engage in business in a shorter time game. In short, cooperate with the Board of Health and get the plague over with was the train of thought. Thus, the consuls

in Hawai'i got residents to cooperate with the controlled burns. During the control fires scheduled for January 20, 1900, the Kaumakapili Church was accidentally set ablaze, by gales of wind that the fire department could not account for. Onlookers stated, "the frenzy of the Chinese and Japanese residents was pitiful to observe…Everyone was making a supreme effort to flee from the fire-fiend that destroyed their homes and household goods (The Pacific Advertiser 1900)." As the Board of Health began their controlled fires, residents whose homes were burnt down were sent to detention camps for sanitation and quarantined for three weeks to make sure they did not have plague. This was the case for most of those who lived in Chinatown. Residents who lost their homes were sent to detention camps as refugees.

Most Asians in Honolulu, around three-quarters lived outside of Chinatown, feared the Board of Health's extreme measures of using fire especially after the disastrous fire on January 20, they feared they would be the next victims to the Board of Health. Thus, plague outbreaks still occurred outside of the quarter but people still hid bodies of dead rats and feared reporting plague victims in fear of their houses being burnt down.



Map of Honolulu Chinatown Before (with controlled burns) and after the January 20th Fire from the Pacific Commercial Advertiser Daily found at the Hawai'i State Archives

The Great Fire occurred on January 20, 1900, destroying over sixty acres of Chinatown as seen in the map above. The map of Chinatown on the left had black and gray shading to show where controlled burns took place. Meanwhile, the map on the right shows the destruction of the Great Fire. Notably, the fire burned uncontrollably for twenty days after. Luckily, the fire did not take any lives; residents of Chinatown were evacuated. Residents of Chinatown and those who lived outside the district were skeptical of the Board of Health and thought that the fire was a ploy. Those outside the district were armed in preparation for resisting its Board of Health but did not partake in violence against the government. The residents of Chinatown, now without a home, were sent to detention camps.

They became refugees and were forced to endure disinfection procedures. It was where once again the Chinese and Japanese consuls had to persuade its nationals to tolerate the quarantining and disinfection baths ordered by the Board of Health. After the Chinatown fire, cases of plague began to decline through the end of January. The Chinese had more intense and negative response to the Board of Health's reaction to the burning of Chinatown and moving into the detention camps. The Japanese were more cooperative. The Native Hawaiians held an attitude similar to that of the Chinese. They thought that the Board of Health was inept in its handling of plague and there was resentment for the burning of Kaumakapili Church. The pre-existing distrust especially from Chinese residents towards Dole's regime resulted in conspiracy theories that the fire set on January 20, 1900, was not an accident.

In San Francisco, the upper class in San Francisco employed Chinese workers as cheap forms of labor for housekeeping and manual labor. Chinatown was also a place for residents of the city to participate in prostitution. The upper echelons of San Francisco needed its workers while lower-class whites saw them as a threat not only economically but societally. The Chinese were seen as people stealing jobs from White residents and as socially inferior. It was not until White residents of the city began to be victims of the plague that authorities at the state and city level began taking the plague much more seriously in San Francisco. In the *San Francisco Chronicle* there were articles on *Cleaning Out Chinatown* and how this was a Chinese disease (San Francisco Chronicle 1902). The sentiment held was that Chinatown served as a menace and some people even thought of getting rid of Chinatown as a whole.

San Francisco response to plague was initially met with *general* resistance from Chinatown residents and by city and state officials. *M*eanwhile, the federal government, in particular the Marine Hospital Service, saw plague as a more pressing issue, since San Francisco's growing trade

made plague more ready to spread to the rest of the country. The residents of Chinatown hid plague victims and did not report victims of plague to turn away attention that was set on the neighborhood. *C*ity officials actively denied the existence of plague by saying that plague did not exist in San Francisco. Residents in Chinatown resisted outreach by health officials at all governmental levels. There was distrust among the community towards the majority group. Because historically the Chinese were not allowed to go to hospitals. It was not until 1900 that the Chinese had their own clinic (for western medicine) to treat their ailments, sponsored by the Chinese Six Companies.

The Chinese Six Companies resisted quarantines through legal measures. They hired attorneys to contest quarantines because, even though the Chinese lacked a myriad of rights compared to their White American counterparts, they had some protections because of the 14th amendment (Risse 2012). The White elites were grateful for the news as that meant they had laborers return to work; however, this did not stop lower class White residents from terrorizing the residents of Chinatown.

With Blue's fairer approach the rhetoric of *Chungsaiyatpo* began to change and called for Chinatown residents to cooperate with public health officials. Chinatown residents and Blue were able to achieve cooperation between residents of Chinatown and public health officials at various levels of government and with the people of the city who resided in Chinatown and with those living outside the Chinese Quarter.

Phase IV: Resolution 1900 &1905-1907

Direct rule by authoritarian colonial authorities in Hawai'i ended in disaster for Honolulu, as Chinatown burned for 17 days. The residents of Chinatown lost their homes, livelihoods, community, and businesses. 4,700 residents were left homeless (Mohr 2004). The Board of Health took an aggressive measure against the disease without heading community needs.

Elimination of plague in San Francisco took longer than in Honolulu, however, it came with less loss to the residents of Chinatown, as they were able to remain in their neighborhood, and continue on with their jobs. In Honolulu, claims filed by the Chinese and Japanese Consuls did not receive full compensation. This left a bitter taste in the mouths of the Chinatown residents that lost their homes and their property, especially for the Chinese who received less compensation for the damages that they endured. For many in Honolulu Chinatown, especially Chinese residents, the loss was irreparable. Many lost their businesses and their personal property (Mohr 2004). Nevertheless, many people, including the Japanese Consul and White residents in Honolulu and other places, saw the Board of Health's aggressive measures as heroic. On April 27, 1900, Hawai'i pronounced itself be "plague free (Mohr 2004)." Indeed, the Board of Health's swift response to plague helped the Hawai'i gain official territory status on April 1900 under the Hawaii Admission Act championed by President McKinley. In Honolulu there were 71 confirmed cases of plague 61 deaths from plague according to the Board of Health as of March 1900 (Mohr 2004).

Meanwhile, in San Francisco, the sanitation measures taken by Blue and San Francisco city officials in cooperation with the general public gradually contained the epidemic. The cultural liaisons played a crucial role in getting the residents of Chinatown to actively fight against the disease through sanitation and reporting cases of plague to the correct authorities. Cooperation in San Francisco averted a disaster. The cultural liaisons Blue worked with were able to work with newspapers, such as *Chungsaiyatpo*, to get Chinese residents to cooperate with health and sanitation officials. What was most important was that plague was being reported to public health officials. Victims were able to receive treatment, and this allowed public health officials to track plague. As demonstrated in *Figure 3*, San Francisco reached a resolution to plague did take longer. Honolulu experienced a faster resolution to plague because of its radical and destructive "cure."

Chungsaiyatpo put in its papers a call for Chinese residents to cooperate with local and health officials in combating plague. The rhetoric changed from one of disdain to one of benevolence. “Cooperation instead of confrontation with those at risk is essential if future efforts to contain rampant disease are to achieve their desired success (Risse 2012: 275).” San Francisco officially confirmed 119 cases of bubonic plague: 97 Chinese, 7 Japanese, and 15 of European descent (Risse 2012). However, those numbers may underrepresent the actual cases of plague as people hid plague victims, did not report plague, and some doctors when determining cause of death would put down a different cause to avoid alerting officials.

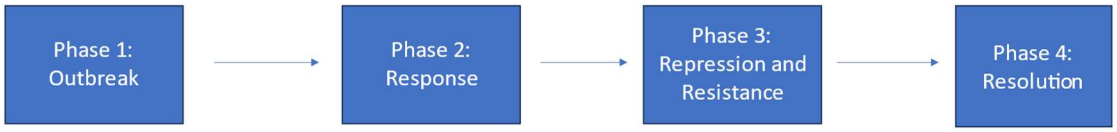
In 1907 Blue declared San Francisco free of plague. The status of San Francisco as one of the biggest port cities on the west coast was confirmed, allowing the city to maintain trade with the rest of the country. Meanwhile, San Francisco Chinatown’s resistance and self-assertion facilitated cooperation and promoted acceptance of sanitation measures.

Summary of Findings

As seen in *Figure 1* response to an outbreak of plague consisted of four stages: outbreak response, repression or resistance, and resolution. The third phase is where the two cases digress, and we can see how the ghetto functions, through indirect rule, to prevent Chinatown from being burnt down by government officials, as in the case of San Francisco. Thus, officials were met with resistance to unwarranted and unfair quarantines. Meanwhile, Honolulu’s colonial status and lack of ghetto status meant that Honolulu Chinatown did not have protection in the way San Francisco did. Honolulu Chinatown residents had to allow colonial authorities, to burn down Chinatown to prevent the spread to the rest of the island of Oahu, to other Hawaiian islands, and to the rest of the world. Thus, Honolulu was met with repression from colonial authorities. Imperial pressure

and fears of looking incompetent, which would not allow for establishing territorial power, were what motivated the aggressive tactics by the Board of Health.

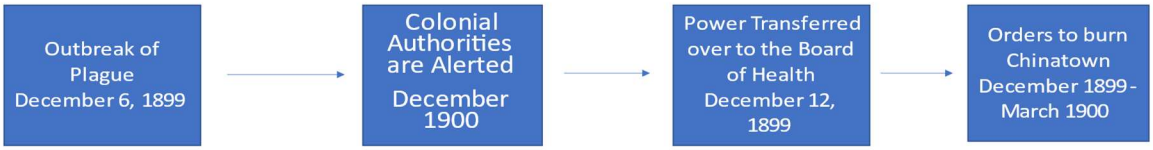
Figure 1 General Chain of Events in Outbreaks of Plague



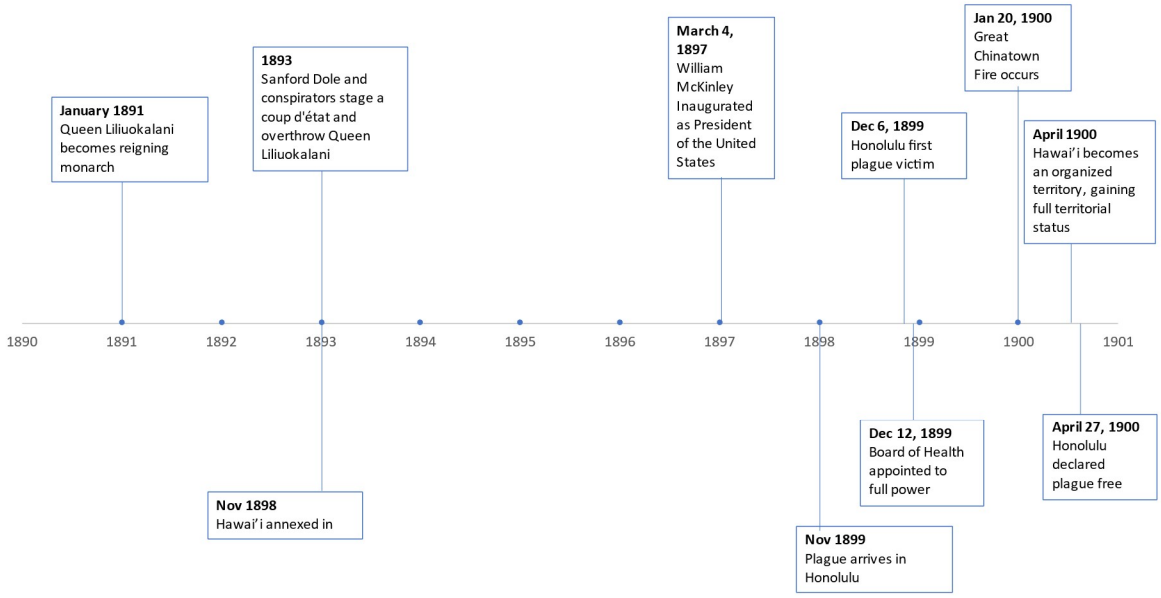
Hawai'i's burning of Chinatown did not occur in a power vacuum. Annexation by colonial forces allowed for a last resort approaches and enabled the Board of Health to burn Chinatown, resulting in a disaster displacing residents, in addition to lost property, homes, and jobs. Direct rule was disastrous in the case of Honolulu, with a fire that went out of control and forcing the residents into detention camps as a mean to quarantine them from the rest of the city. Meanwhile, in San Francisco we see how indirect rule spared San Francisco Chinatown from a similar fate. In turn, San Francisco Chinatown developed a cooperative approach, which took more time to rid the city of plague as seen in *Figure 3*, when there was resistance initially. There was cooperation with

the help with cultural liaisons chosen by the MHS, specifically under the guidance of Blue. As seen in *Figure 3*, the process took longer but resulted in measures such as sanitation that led to cooperation.

Figure 2 Chains of Events in Honolulu

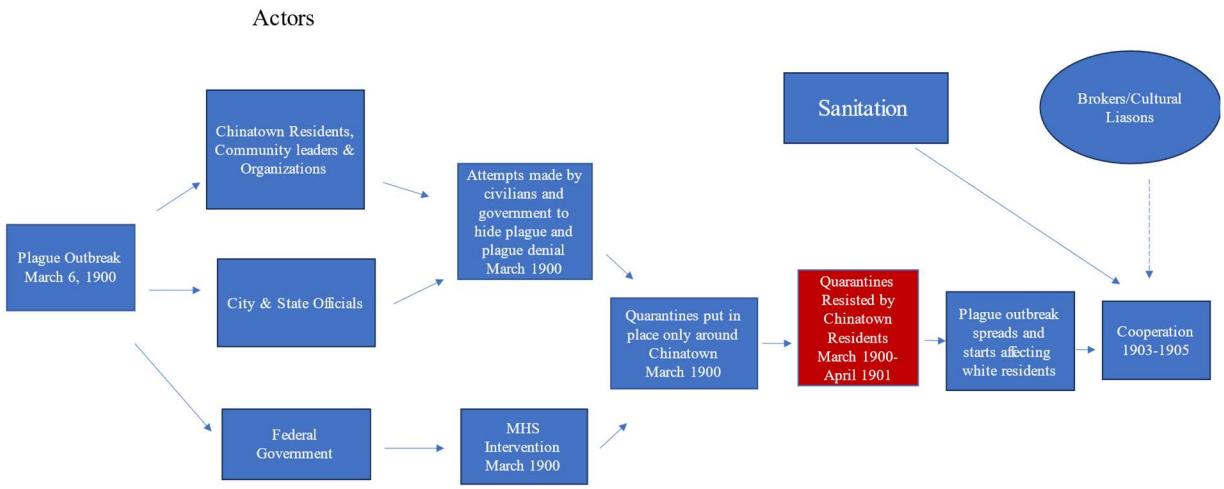


Timeline 1: Honolulu Colonial and Plague Timeline from 1891-1900

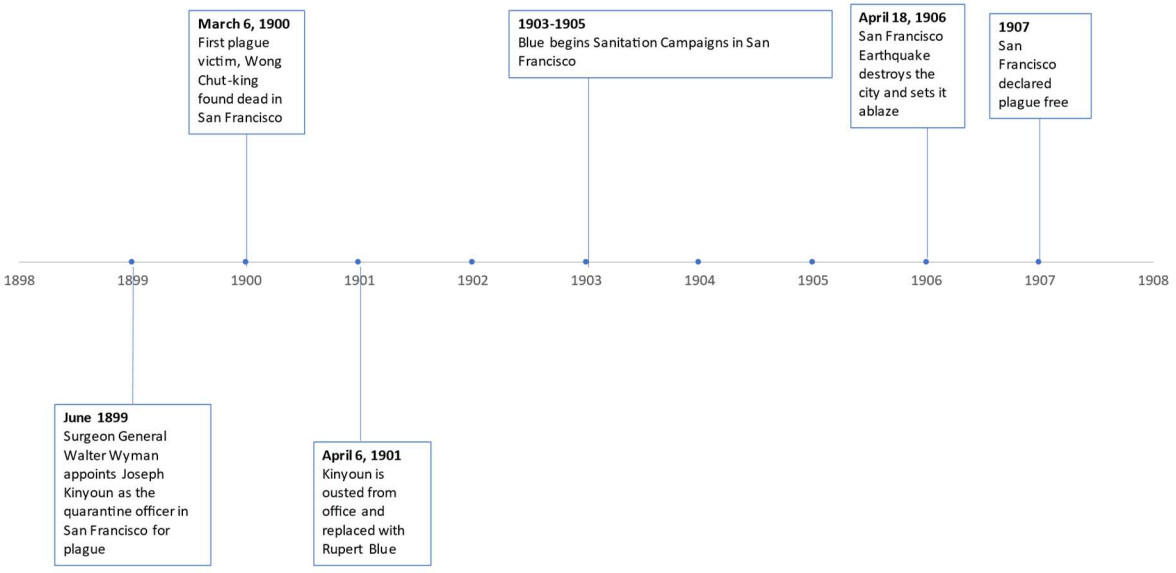


Honolulu's process tracing as seen in *Figure 2* resembles the general outline of response to epidemics more because of the role of direct rule. San Francisco's process tracing is more intricate because of its response to plague was met with resistance, thus more work was necessary to achieve cooperation as resolution, however, it paid off because the residents of Chinatown were still able to remain in their neighborhood but avoided catastrophic losses of property and livelihood. The Board of Health in Hawai'i quarantined the "minority of the city's Chinese, Japanese, and Hawaiian residents who lived in the infected area (Mohr 2004: 201)," in comparison to the case in San Francisco, Honolulu Chinatown lacked the strength and protective measure of the ghetto. The Board of Health took desperate measures because the government legitimacy was on the line for the Dole regime.

Figure 3 Chains of Events in San Francisco



Timeline 2 San Francisco Plague Epidemic from 1899-1907



In Honolulu a colonial, non-representative government lacked strong Chinese civic associations. Rather, we see different communities living in Chinatown without common leaders and lacking a common language. Communication and resistance to Dole's government were limited compared to San Francisco, where mostly Chinese residents did have collective power through community organizers and through newspapers, where there was a shared language, and all of this facilitated coordination. There was no clear consensus among the residents of Chinatown in Honolulu on opinions on the public health officials compared to San Francisco Chinatown where there was heavy skepticism, distrust, and even disdain for White health officials. As noted in the timeline Honolulu Chinatown's more destructive approach occurred within under a year, this was easier to facilitate because the size of Chinatown was smaller than that of San Francisco Chinatown. Meanwhile, San Francisco took seven years to be declared plague free, however, there was a period of improved sanitation. It was San Francisco Chinatown residents and the protective measure of the ghetto that the residents were able to resist governments officials aggressive approach of fire and opt for a long-term solution that can be implemented anywhere.

Conclusion

As the globe continues its battle against Covid-19, this historical analysis of state responses to previous plagues offers insight into the ways in which natural disasters and government responses can intersect with social stratification and governance. Parallels of racial tension in Covid-19 are seen in bubonic plague in particular against Asian communities, with the rise of explicit anti-Asian sentiment and an increase in hate crimes against Asians in the United States. However, the history of plagues gives us more insight into anti-Asian sentiment during "unprecedented times" such as pandemics (Major 2020).

Pandemics will continue to be a part of life. However, the response that occurs during pandemics are within the scope of our control. Scapegoating of Asian persons is something that we can turn to history to learn from. From this study we see how Asians were scapegoats for plague and were the targets of anti-Asian sentiment and crimes against Asians during the plague epidemic. However, we can also view how governance impacts the outcome during times of epidemics. Ghettos can serve as protective measures in cases of indirect rule, while direct rule results in worse consequences for communities that lack cohesion and unity. There are four phases in response to plague: (1) outbreak, (2) response, (3) repression or resistance, and (4) resolution. It is stage three, repression, or resistance, that we can see the role of the ghetto and indirect play in saving San Francisco Chinatown from the same fate as Honolulu Chinatown. Indirect rule in the ghetto provides a level of protection through civic organizations and community leaders. Cooperation was achieved with the help of indirect rules in San Francisco Chinatown. Honolulu Chinatown did not have the same level of protection and thus suffered more as a result. Meanwhile, colonial rule in Honolulu facilities aggressive measures that meant well but led to the destruction of the livelihood of the residents in Chinatown and requiring them to start their lives over again in an exploitative system. Rather than ghettos, today the involvement of community groups and minority civic leaders might avert disastrous approach to health emergencies.

Further research should look more closely at the population in Honolulu. Additionally, visiting other archives across the country, such as the National Archives in Philadelphia will allow me to gather more information surrounding plague from the federal level. Future work should try to integrate a more mixed-method approach and more data allowing for more robust work and better comprehension of the events that transpired during the 1900 plague epidemic using descriptive statistics on the population. More demographics would contribute to more robust

research. Further studies could focus on approaches to public health, race, and ethnicity in the 1900s with particular focus on medical scapegoats, perpetual foreigner, and yellow peril.

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Box & Folder	Contents
325-6-10	Sanitation, Division of, Rodent Control Bureau, Plague Campaign, 1943- 1946
325-6-11	Sanitation, Division of, Rodent Control Bureau, Plague Campaign, Maui, 1934-1952
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325-14-5	Immunization, Plague, 1940-1947
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331 vol 121 April 5, 1900-April 19, 1900 (No. 6)
331 vol 122 April 19, 1900-December 24, 1900 (No. 7)

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Description: Rodent Control Bubonic Plague Cases

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501 v. 2 Oahu and Maui, Plague Records, 1899-1900
501-6-8 Oahu, Medical Histories, 1901-1902