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Western and Chinese Medicine in the History of Community-Based Care in San Francisco's Chinatown

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Abstract

In fear-inciting epidemic, disease has often led to the disproportionate injury of minority communities through lack of equal access to medical care and implementation of prejudiced policies disguised as public health. In the United States, the use of infectious disease as a vehicle for the targeted suppression of Chinese Americans is no new phenomenon, from the discriminatory reactions to the 1900 San Francisco plague outbreak to the escalation of racial violence in the ongoing coronavirus pandemic. Here, I explore how Chinese immigrants in the late 19th and early 20th centuries responded to inadequate public health care in San Francisco, including through the bubonic plague outbreak. From the earliest examples of community-based care to the establishment of the first and only Chinese Hospital in the country, I trace how these immigrants hybridized Western and Chinese medicine in their efforts to establish the quality medical care they had been refused for decades.

INTRODUCTION

The history of contagion and epidemic reveals a disturbing motif: the stigmatizing potential of infectious disease. The Black Death in the fourteenth century, which remains the most fatal pandemic in human history, ripped through Europe and left a third of the continent's population dead in its wake.¹ Yet certain populations were more severely afflicted than others. The trauma they endured stemmed not only from facing the terrors of a little-understood, mysterious, and deadly disease but also the discriminatory practices wielded against them under the guise of public health protections.² It unfortunately is no surprise that the ongoing coronavirus pandemic has similarly led to a resurgence of

racialized violence and discrimination against Chinese Americans, as well as other Asian American populations.³

While the use of infectious disease as a vehicle for the targeted suppression of Chinese American communities is hardly a new phenomenon, I argue that these communities have not faced such discrimination passively. Rather, they have organized and exercised their own strengths to actively oppose stigmatization and exclusion, including medical discrimination in the midst of disease outbreak—periods of intense fear and uncertainty. In this essay, I will investigate the history of community-based medical care for Chinese residents in San Francisco in response to decades of insufficient care in public California hospitals, including through the particularly climactic event of the 1900-1904 plague outbreak. For decades

¹ Vernon B. Link, "Plague," *Journal of the American Medical Association* 144, no. 30 (September 1950): 375.

² Eugenia Tognotti, "Lessons from the history of quarantine, from plague to influenza A," *Emerging infectious diseases* 19, no. 2 (2013): 254.

³ Sabrina Tavernise and Richard A. Opiel Jr., "Spit On, Yelled At, Attacked: Chinese-Americans Fear for Their Safety," *New York Times*, March 23, 2020. <https://www.nytimes.com/2020/03/23/us/chinese-coronavirus-racist-attacks.html>.

before the outbreak, Chinese immigrants in San Francisco were painted as an “other,” exploited for labor and profit, alienated, and refused basic rights and services like testifying in court and accessing public schools that were granted to citizens and even other immigrant populations.⁴ The outbreak brought such discrimination to new heights, with racially prejudiced policies such as the “quarantine” of Chinatown which barred Chinese people from traveling yet allowed white people to pass through freely. Despite this, Chinese Americans in San Francisco maintained a strategy of assimilation in which they openly accepted Western approaches to medicine and public health while actively preserving traditional Chinese medical practices for the purpose of fostering amenable relations with the local government and community and maintaining a crucial movement to establish a source of medical care within the borders of Chinatown.

RACIAL DISCRIMINATION AND THE BEGINNINGS OF COMMUNITY-BASED MEDICAL CARE

In the mid-nineteenth century, as Chinese immigrants began to migrate by the thousands per year to California,⁵ miasmatic theory was the prevailing theory of disease in allopathic Western medicine.⁶ Scientists and physicians believed that disease was caused by noxious, toxic air known

as miasmas, and that such harmful air could lead to contagion if individuals were exposed to it. Even while some scientists began to question this theory, such as with John Snow’s famous epidemiological study that identified the Broad Street Pump as the center of a cholera outbreak in London, much of Western society maintained their belief in the miasmatic theory of disease through the later decades of the century.⁷

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. Quartered off in the northeast corner of San Francisco from its beginnings in Portsmouth square, “Little China” quickly evolved into Chinatown.⁸ The public spared no hesitation in decrying the sanitary conditions of Chinatown, its geographic isolation relative to the city exacerbating the process of its alienation. In one piece from the *San Francisco Chronicle* published in 1878, the author laments the continual expansion of “the heathen,” particularly with the opening of a new Chinese hospital.⁹ With clear abhorrence, they describe Chinatown “with its smells, filth, crime and mystery...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. In some localities this evil has become such a nuisance, one of which no notice is taken by the proper authorities, that almost daily complaints are sent...by persons who see and dread the advance of the heathen.”¹⁰ Chinatown’s perceived

⁴ Laureen D. Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” in *Handbook of Asian American Health*, ed. Grace J. Yoo, Mai-Nhung Le, and Alan Y. Oda (New York: Springer, 2013), 353-354.

⁵ Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” 353.

⁶ David M. Morens, “Commentary: cholera conundrums and proto-epidemiologic puzzles. The confusing epidemic world of John Lea and John Snow,” *International Journal of Epidemiology* 42 no. 1 (2013): 44.

⁷ Morens, “Commentary: cholera conundrums and proto-epidemiologic puzzles. The confusing epidemic world of John Lea and John Snow,” 49.

⁸ Guenter B. Risse, *Plague, Fear, and Politics in San Francisco’s Chinatown* (Baltimore: Johns Hopkins University Press, 2012), 22.

⁹ “A Chinese Hospital: The Place Where They are Taken to Die,” *San Francisco Chronicle*, August 14, 1878, ProQuest Historical Newspapers.

¹⁰ *Ibid.*

encroachment upon the rest of the city was described, with such pronounced fear and hatred, as if it was a source of contagion itself. By 1878, these complaints had turned their attention to a new clinic owned by the Hop Wo Company.

The Hop Wo Company was just one of many benevolent organizations founded by Chinese immigrants to assist others in their community in their transition to life in America.¹¹ The services of these organizations were broad, ranging from financial assistance to the provision of legal representation in court. In this case, the company served to establish one of the first examples of community-based medical care developed from within the community itself: clinics owned and operated by Chinese immigrants.

The gap in service that these clinics aimed to fill was a result of severely limited access to medical care for Chinese immigrants in public California hospitals. While charity hospitals and public health clinics existed, they often discriminated against Chinese people and prioritized the treatment of European immigrants instead.¹² The author of the 1878 article expresses a repulsion that not only reflects a general anti-Chinese sentiment stemming largely from the fear that they were increasing competition for jobs, but also the idea that the population itself was inherently diseased and capable of spreading illness beyond the borders of Chinatown. “Each company has a hospital of this kind, and they are not all confined within the limits of Chinatown, but scattered

throughout the city,” the author writes, referring to this particular basement clinic as an “abominable” and “horrible hole” that, along with the multitude of other similar clinics around the city, could spread disease into the rest of San Francisco.¹³

THE TUNG WAH DISPENSARY AND THE PLURALISM OF WESTERN AND CHINESE MEDICINE

“The gap in service that these clinics aimed to fill was a result of severely limited access to medical care for Chinese immigrants in public California hospitals. While charity hospitals and public health clinics existed, they often discriminated against Chinese people and prioritized the treatment of European immigrants instead.”¹²

As Chinatown continued to develop, Chinese immigrant communities increasingly felt the pressures of their restricted access to health care outside the neighborhood. Between 1870 and 1897, only 34 Chinese individuals were admitted to San Francisco’s city hospitals, making up only 1% of total hospital admissions.¹⁴ This low admission rate reflects both the rejection of Chinese patients by the hospitals themselves and the fears they harbored in utilizing the service. As most hospitals were far from Chinatown, traveling to access them exposed Chinese immigrants to harassment and physical violence. Linguistic barriers further discouraged their pursuit of Western medical care outside of a last resort.¹⁵ As a result, the Chinese immigrant community was forced to address their lack of preventive and primary care themselves, from within the borders of Chinatown.

¹¹ Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” 354.

¹² *Ibid.*, 355.

¹³ “A Chinese Hospital: The Place Where They are Taken to Die.”

¹⁴ Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” 355.

¹⁵ *Ibid.*

The Chinese Six Companies, composed of six of the most powerful benevolent associations in Chinatown including the Hop Wo Company, formally put aside their differences and tensions to unite in 1882 and lead the movement towards the pursuit of basic health services and rights for the Chinese community.¹⁶ An 1899 article in the *San Francisco Chronicle* reports the first successful attempt by the companies to establish a medical facility dedicated specifically for the care of Chinese immigrants.¹⁷ Officially opening in 1900 with twenty-five beds and known as the Tung Wah Dispensary, it became the first official medical facility in America dedicated to the treatment of underserved Chinese immigrants that employed both white and Chinese physicians.¹⁸

The dispensary and clinic, funded entirely by philanthropic means, recognized that in order to stay afloat, they needed financial support from outside the Chinese immigrant community – their philanthropic pursuits would have “to interest both wealthy white people and Chinese to contribute to its support.”¹⁹ In part, this was achieved by the leadership and organization of the clinic, which reflected its dedication to intercultural medical exchange. The article describes the many diverse committees organized to manage the hospital, including a general committee, executive and advisory committees, a women’s committee, and a Chinese committee. Elaborate and creative fundraising events targeted both Chinese and white donors, tailoring to the interests of their audience—at the time of establishment, leadership was

already discussing “another concert for white people, at which the entertainment will be entirely furnished by Chinese.”²⁰

Similarly, among the most notable features of this new medical facility was how it facilitated the coexistence of Chinese and Western medicine and gave patients the agency to choose between them. This milestone, “the culmination of the first successful attempt to establish 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,”²¹ allowed individuals in need to access the type of care they wanted 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 emphasized a guarantee that “indigent patients are to be treated, both as to medicine and as to food, free of charge.”²² Another reporter details that a resident white physician and surgeon would remain on-call in the dispensary’s daily clinic, as well as a Chinese doctor in the Chinese department.²³ About half of the patients, upon being given the choice between departments, chose the Western mode of care.²⁴

Changes in the Chinese community’s attitude towards Western medicine seemed to play an important role in the successful establishment of the Tung Wah Dispensary. “There is practically no opposition to the idea [of using Western medicine] among the Chinese,” Ho Yow, the chairman of the hospital’s Chinese committee, said to the *San Francisco Chronicle*.²⁵ “Those who are too ignorant to accept the

¹⁶ Ibid., 354.

¹⁷ “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.

¹⁸ Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” 356.

¹⁹ “Organization of an Oriental Hospital Association: The Chinese Are Beginning to Adopt Occidental Methods Regarding the Treatment of the Sick.”

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Harriet Quimby, “The Chinese Hospital,” *San Francisco Chronicle*, August 24, 1902, ProQuest Historical Newspapers.

²⁴ Ibid.

²⁵ “Organization of an Oriental Hospital Association: The Chinese Are Beginning to Adopt Occidental Methods Regarding the Treatment of the Sick.”

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.” The Chinese dispensary physician, Dr. Tom Wai Tong, similarly exhibited a great deal of respect for Western medicine, expressing a desire to combine it with the Chinese medicine he was trained in. Dr. Tong, telling the *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.”²⁶ 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.”

Dr. R. C. Atterbury, secretary of the hospital association, similarly noted a shift in attitude from the Chinese community, 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.”²⁷ Yet, he simultaneously undermined Chinese medicine, illustrating 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 the immigrants who continued to stick by the Chinese medicine, Atterbury touts “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.” Not all white physicians failed to reciprocate respect for the Chinese system, though, as one resident white physician of the Tung Wah Dispensary conceded to the press that many of Dr. Tong’s cures among his Chinese dispensary patients were “marvelous.”²⁸ Still, respect for either system of medicine was not always mutual and epistemic friction was apparent—while many Chinese medical practitioners began to accept Western approaches to care alongside their own, especially for particular specialties where they recognized a gap in Chinese medicine like surgery, some Western physicians maintained a steep sense of superiority.

This coexistence of Western and Chinese medicine was not limited to the Tung Wah Dispensary. Rather, their availability side-by-side was growing increasingly common in many of Chinatown’s smaller medical dispensaries. In a descriptive article, the journalist Harriet Quimby illustrated the means by which Chinese immigrants accessed medical care within Chinatown after decades of rejection from public city hospitals. “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.”²⁹ In response, a number of Chinese drug stores were established within Chinatown itself. Quimby visits one of the largest of such drug stores in Chinatown, owned by “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

²⁶ Quimby, “The Chinese Hospital.”

²⁷ “Organization of an Oriental Hospital Association: The Chinese Are Beginning to Adopt Occidental Methods Regarding the Treatment of the Sick.”

²⁸ Quimby, “The Chinese Hospital.”

²⁹ Quimby, “The Chinese Hospital.”

all sorts of roots and herbs are used.” Yet Wong Woo’s store, “interesting as it is, has none of the animal and insect medicines found farther down the street.” There, Quimby describes another host of natural medicines, including Chinese sacred lizards, ‘hoyma’ (sea horse), ‘semtime’ (beetle), and ‘ki shea’ (spotted snake).

While these Chinese medicine stores also began to show a new acceptance of Western medicine, there lingered some distrust in sharing Chinese medicines with the American public. Quimby’s visit to the animal and insect store had to be with “a special envoy of the Chinese...for 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.”³⁰ Exhibiting a degree of protectiveness, while “some few [of] the Chinese drugstores are beginning to keep a few American medicines, and they, like the 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, while Chinese medicine practitioners sought to accommodate Western medical technologies, this required considerable sacrifices.

³⁰ Ibid.

³¹ Risse, *Plague, Fear, and Politics in San Francisco’s Chinatown*, 22; 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: Government Printing Office, 1901, 23.

PLAGUE

Such demonstrations of acceptance and willingness to integrate in American society from the Chinese community were definitely not met with immediate welcome. In March of 1900, Wong Chut King became the first victim of the Chinatown plague, leading to an emergency quarantine restriction placed around the border of the precinct.³¹ “The quarantine of Chinatown is being rigorously enforced,” reads

“Such demonstrations of acceptance and willingness to integrate in American society from the Chinese community were definitely not met with immediate welcome. In March of 1900, Wong Chut King became the first victim of the Chinatown plague, leading to an emergency quarantine restriction places around the border of the precinct.”³¹”

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.”³²

Shockingly, with clear discrimination against the Chinese immigrant population, “All white in Chinatown were allowed to pass out.”³³

Yet even with such clear discriminatory practices being wielded unjustly against them, the Chinese immigrant community seemed to persist in their efforts to cooperate with the American public and local government to maintain amenable relationships and avoid persecution. The same *Tribune* article cites a Dr. Shradly noting that “the Chinese...are rather inclined to yield to the wishes of the inspectors.”³⁴ A federal commission was soon appointed for the investigation of the outbreak and consisted of Professors

³² “San Francisco Plague Precautions: Strict Quarantine About Chinatown-Another Opinion of Character of Disease,” *New York Tribune*, May 31, 1900, ProQuest.

³³ Ibid.

³⁴ Ibid.

Simon Flexner, F. G. Novy, and L. F. Baker.³⁵ Sent to the city, they collaborated extensively with the Chinese community organizations to access reported cases of illness. Their report showed a willingness by the Chinese community to cooperate with the investigative process. “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 reads, “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.”³⁶ The only resistance to the investigation seemed to be for cases in which the Chinese protested against the autopsy of a loved one’s body. 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 insisted upon, however, and finally, by promising that only one small cut would be made, permission for examination was granted.”³⁷ 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.” This opposition to autopsy and the mutilation of the bodies was so common that the commission only 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,”³⁸ again demonstrating the difficulty with which

Chinese immigrants attempted to reconcile long-held traditions and beliefs with the expectations of their new society.

The implications of the 1900-1904 plague in San Francisco were lasting, and the American public held on to certain racialized misconceptions of the disease for years. In 1907, when a resurgence of plague hit San Francisco,³⁹ many residents were surprised to learn that it was not concentrated in the Chinese community. This time, the eruption “was not confined to Chinatown, but appeared at different times in the practically all parts of the city.”⁴⁰ In a 1909 report by the Citizen’s Health Committee of San Francisco on the eradication of plague from the city, it was documented that “Thousands more were incredulous when told that of the 160 cases of plague occurring in their City...only eight victims were Chinese and three Japanese.”⁴¹

The plague, sparking a new wave of discriminatory sentiment against the Chinese immigrant community, invigorated the movement to establish a full hospital—not just a clinic and dispensary—in Chinatown.⁴² At last, the Chinese Hospital was founded in 1925 after decades of fundraising and lobbying by the Chinese Six Companies.⁴³ Like the Tung Wah Dispensary, its staff was composed of both white and Chinese physicians. Unlike the Tung Wah Dispensary, it primarily offered Western medicine, rather than an option alongside Chinese medicine. Interestingly, the attitude of Chinese community members (now not only consisting of first-generation immigrants but also of their Chinese American

³⁵ 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*, 3.

³⁶ *Ibid.*, 8.

³⁷ *Ibid.*, 12.

³⁸ *Ibid.*, 14.

³⁹ Citizens’ Health Committee, prepared by Frank Morton Todd, *Eradicating Plague from San Francisco; Report of the Citizens’ Health Committee And An Account of Its Work; With brief descriptions of the measures taken, copies of ordinances in aid of*

sanitation, articles by sanitarians on the nature of plague and the best means of getting rid of it, facsimiles of circulars issued by the Committee and a list of subscribers to the health fund, San Francisco: Press of C.A. Murdock & Co., 1909, 9.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, 54.

⁴² Hom, “Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco,” 354-355.

⁴³ *Ibid.*, 359.

descendants), had shifted again. In the *San Francisco Chronicle*'s announcement of the momentous occasion, a young Chinese American born in San Francisco 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."⁴⁴ Unlike in the establishment of the Tung Wah Dispensary, no longer was the amalgamation of Chinese and Western medicine emphasized at the forefront. Instead, some individuals from within the Chinese community itself began to uphold Western over Chinese medicine as the premier means of treatment.

Still, the establishment of the Chinese Hospital, which remains the only Chinese-run hospital in the United States today,⁴⁵ marked an incredible milestone in the history of community-based medicine for Chinese American communities. Borne out of decades of discrimination and exclusion of Chinese immigrants in San Francisco's public hospitals, it exhibits the culmination of the Chinese Six Companies' efforts to bring Western science and medicine to Chinatown from within.

This incredible story of community organizing and resolve to establish access to quality medical care required a genuine willingness and tireless effort to integrate Western and Chinese medicine and culture, exemplifying the potential of a community working together to create for themselves what they had been refused. Rather than passively enduring a multitude of discriminatory practices and decades of exclusion from public medical care, Chinese immigrants in San Francisco thoughtfully and skillfully hybridized Western allopathic and Chinese medicine to create a new medical pluralism that allowed them to thrive in their new American society.

⁴⁴ "A New Hospital Erected: 10,000 Chinese To Celebrate New G.\$250,000 Structure," *South China Morning Post*, April 25, 1925, ProQuest Historical Newspapers.

⁴⁵ Hom, "Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco," 362.

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