AN INTERROGATION OF SAN FRANCISCO'S ANTI-ASIAN RACISM THROUGH ITS DEADLIEST PANDEMICS

by

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The intent of this paper is to interrogate the prevalence of anti-Asian racism across San Francisco's two most deadly pandemic outbreaks- the 1918 influenza and 2019 coronavirus. Asian Americans were excluded from San Francisco's public healthcare system and targeted by public health and city officials during the 1918 influenza and earlier health crises, including the city's smallpox and bubonic plague outbreaks. Asian Americans in San Francisco today are overrepresented within the city's coronavirus fatalities and are increasingly targeted by race-based attacks. Asian American-owned small businesses, particularly restaurants owned by Chinese Americans, have experienced monumental losses throughout the coronavirus pandemic.

In a culmination of historical data, including newspapers published in the early 20th century and quotes from public health officials, and recent reports published on the Asian American experience in San Francisco, this study finds that San Francisco's early history of xenophobic treatment of Chinese, Japanese, and Korean immigrants lay the foundation for the anti-Asian racism which Asian Americans experience in San Francisco today.

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Introduction

Anti-Asian racism and hate crimes have risen significantly since the coronavirus outbreak began. Anti-Asian violence spiked across the country in the winter of 2020, nearly one full year after the first confirmed case of COVID-19 in the United States. While the virus was first discovered in China's Wuhan region, it quickly reached global proportions, and the first American was infected with COVID-19 in January of 2020. Within months after the first coronavirus case on American soil, the United States had suffered tremendous losses, with fatalities reaching nearly three thousand per day in April.

The assignment of responsibility to Asian Americans for the coronavirus outbreak in the United States is due in part to a xenophobic, perceived connection between Asian Americans and China. Although the most recent global pandemic began in China, anti-Asian xenophobia nevertheless also shaped the experience of Asian Americans in earlier pandemics, including particularly the 1918 influenza.

San Francisco has remained a popular destination for Asian immigrants since the 19th century, although it has also been the site of many xenophobic policies and mandates. City officials during public health crises, including San Francisco's plague outbreak in 1900 and influenza outbreak in 1918, perpetually targeted Chinatown and the larger Asian American community, perceiving Asian immigrants as responsible for the viruses' presence in the United States. In combination with the Chinese Exclusion and Page Acts, the treatment of Asian Americans in San Francisco's pandemic outbreaks indicates an undercurrent of xenophobia that extends far beyond the recent

perceived assignment of responsibility to Asian Americans for the coronavirus outbreak. Rather, in addition to increased COVID-19 fatalities and the myth of the model minority, the experiences of Asian Americans in San Francisco have been shaped by a racist association with public health crises for more than a century.

Methods

The term "Asian American" was not used to describe Americans with Asian nationalities or immigration histories until 1968, when activists from the University of California Berkeley graduate students began using the term as a means of uniting the Asian American community. Although the term was invented relatively recently, Asian Americans in San Francisco- particularly Chinese, Japanese, and Korean immigrants, were nevertheless historically lumped together and broadly faced anti-Asian racism. Greater attention was paid earlier to Chinese individuals- who were the first large group to immigrate across the Pacific Ocean to San Francisco and California. Consequently, and due in large part to the racist overgeneralization of many non-Chinese Asian Americans as Chinese, many historical accounts may describe the experiences of Asian Americans even though the terminology they use appears to describe the experiences of Chinese immigrants alone.

Existing scholarship detailing the experiences of Asian Americans in San Francisco's public health crises is limited, with little available information to describe the particular experiences of Asian Americans in San Francisco's 1918 influenza outbreak. The absence of historical records of Asian Americans in the 1918 influenza is due largely to the enforced segregation and isolation of Asian Americans within

Chinatown at the time. Within Chinatown, Asian Americans- including predominantly Chinese Americans, as well as Korean, Japanese, and Indian Americans, constructed "Chinese Hospitals" to serve Chinatown's communities. Newspaper journalists in 1918 did not enter Chinatown to record the experiences of its inhabitants, and San Francisco officials had excluded Asian Americans from accessing public healthcare.

To compare the Asian American experience across San Francisco's two most deadly pandemics- the 1918 influenza and 2019 coronavirus, I considered the city's earlier treatment of Asian Americans in outbreaks of smallpox and the bubonic plague and discovered what infrastructure would have existed in San Francisco for Asian Americans at the time of the 1918 influenza. To generate a picture of the lives of Asian Americans in the 1918 influenza, this thesis includes descriptions taken from San Francisco's Board of Health public decrees, direct quotes by San Francisco mayors and health officials, and federal immigration policies.

In my analysis of the contemporary experience of Asian Americans in San Francisco, I considered the impact of direct quotes from the former President which served to perpetuate xenophobic misconceptions about Asian Americans and the coronavirus. There were far more available reports on the ongoing experiences of Asian Americans in the COVID-19 pandemic, including notably a study conducted by the Asian American Research Center on Health describing the overrepresentation of Asian American fatalities due to coronavirus, and a report by San Francisco State University's Asian American Studies department which contained self-reported examples of anti-Asian violence in San Francisco.

Both studies, conducted by Asian American research departments, expose the heightened threats posed to Asian Americans in San Francisco through an overrepresentation in the city's COVID-19 fatalities, and significant increases in race-based verbal and physical assault during the pandemic.

Background

San Francisco, as the United States' largest western city at the time of the 1918 pandemic, had some foresight into the disease's deadliness. Boston, Philadelphia, New York, and other American cities closer to the illness's European origin were comparatively unable to enforce preventative and protective measures. San Francisco's unique position allowed then Mayor James Rolph to mandate social distancing in the same month that the influenza was first discovered in the city. About a month after the first case was discovered, the Board of Health voted to shut down "all places of public amusement," including most public spaces in San Francisco.[1] The San Francisco Board of Health was the first in the country to implement a mask mandate. City officials ordered harsh fines and punishments for those who did not social distance or wear face coverings in public. After a few months, although San Francisco seemed quick to implement strict regulations to protect its residents from the influenza, the city reopened too soon and became ambivalent to protection measures.

Unlike in 1918 with San Francisco's influenza outbreak experience, the city was an early victim of COVID-19's American gestation. The first case in California was discovered on January 26, 2020. Mayor London Breed implemented a mask mandate for residents of San Francisco in April, after which the city somewhat constantly maintained stay-at-home orders until December of 2020. San Francisco's rates of new

1 San Francisco Board of Health Meeting Minutes, Entry for 17 Oct. 1918, Box 44, Folder 525, Papers of Mayor James Rolph, California Historical Society, San Francisco, California. See also, "Hassler Urges Churches and Theaters to Close," San Francisco Chronicle, 17 Oct. 1918, 5, "Health Board Closes Public Meeting Places," San Francisco Chronicle, 18 Oct. 1918, 1, and "State Health Board Closes All Theaters," San Francisco Chronicle, 19 Oct. 1918, 1.

cases were largely well below 12,000 daily until November of that year when cases began to rise, spiking at almost 42,000 daily in December and January.[2]

While San Francisco's responses to the 1918 influenza and coronavirus pandemics differed, many Americans responded to both with assignments of responsibility for the viruses. In 1918, as the influenza outbreak grew out of control in the United States, Americans increasingly began to describe the influenza as the "Spanish flu," a term which has endured. It is not uncommon today, even in public and educational spaces, for Americans to discuss the "Spanish flu," even though the flu did not begin in Spain. In reality, Spain was one of only a few major countries which was neutral during World War I and had not enforced a media blackout. Resultantly, Spain was one of the only major European countries to report on the mysterious illness- thus, Europeans with no prior knowledge of the virus assumed it originated in Spain. The virus's true place of origin remains unknown, although the first case was documented on American soil- at a Kansas military base.[3]

The coronavirus, in comparison, is traceable to the Wuhan region of China. The first cases of a pneumonia-like virus were documented in China in November of 2019, although virologists and public health officials in China were not able to identify the illness as COVID-19 until well after treatment of patients began in December of 2019.[4] Through January and February, Wuhan officials as well as Chinese whistleblowers

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[2] Ryan Goodman and Danielle Schulkin, "Timeline of the Coronavirus Pandemic and U.S. Response," Just Security, April 14, 2021, https://www.justsecurity.org/69650/timeline-of-the-coronavirus-pandemic-and-u-s-response/.

[3] Jim McLean, "The First Case of Coronavirus In Kansas Is Confirmed In Johnson County," KCUR 89.3 - NPR in Kansas City. Local news, entertainment and podcasts., March 9, 2020, https://www.kcur.org/health/2020-03-07/the-first-case-of-coronavirus-in-kansas-is-confirmed-in-johnson-county.

[4] Goodman and Schulkin, "Timeline."

warned United States officials, including CDC director Robert Redfield, of the mysterious illness. United States officials including then President Trump did not act on these warnings. Rather, President Trump publicly avowed the United States' trust in China's ability to contain the virus. The first confirmed case in the United States was in Washington state, on January 20, 2020, and a little over a week later, Californian officials reported the first case in the Bay Area, in Santa Clara county on January 31, 2020. The Bay Area case was the seventh in the nation.[5] One month later, as the virus spread across the United States, President Trump again tweeted that the virus was entirely under control.

The President's use of the term "Chinese virus" to describe the coronavirus began in March 2020, to contradict more than two months of public assurances of the United States government's faith in the Chinese government to contain the virus. According to an investigation by the New York Times, Trump was made aware in early March that a Chinese official had spread a conspiracy that the coronavirus had been imported by United States army personnel.[6] Trump began using the xenophobic term as retaliation against the conspiracy that the virus had begun in the United States, in order to shift away blame.

Popular American use of the xenophobic term to describe the coronavirus only began after the former President was made aware of the Chinese conspiracy, demonstrating his intent to use the term to separate the United States from any

[5] Lovelace, Berkeley, Jr.; Feuer, William (January 31, 2020). "CDC officials confirm 7th US case of coronavirus, in California man who traveled to China". CNBC.
[6] Vanessa Molter and Graham Webster, "Virality Project (China): Coronavirus Conspiracy Claims," Freeman Spogli Institute for International Studies (Stanford University, March 31, 2020), https://fsi.stanford.edu/news/china-covid19-origin-narrative.

responsibility for the virus's spread. After the President's continued description of the coronavirus as the "Chinese virus," use of the term increased among other prominent governmental officials as well as among the American people. By early March, racist acts and harassment against Asian Americans had already spiked, and they continued to surge throughout the coming year.

While the use of the term "Chinese virus" among Americans began as means to distance responsibility for the illnesses from the United States government, it is representative of a much larger historical pattern of anti-Asian xenophobia prevalent in United States response to public health crises. In San Francisco, where there exists a large Asian and Asian American population, ties between anti-Asian racism and public health crises are all the more salient- as is apparent through the city's historical responses to illness and disease.

Section 1: Xenophobia in San Francisco's Historic Health Crises

There is a noted absence in the available scholarship to describe the experiences of Asian Americans in San Francisco's 1918 influenza outbreak. Sources, including San Francisco Board of Health decrees, mayoral testimonies, and newspapers published in earlier public health crises are more commonly relevant in descriptions of the Asian American experience in San Francisco.

The 1905 founding of the Asiatic Exclusion League, continued relegation of Asian and Asian American students to segregated schools, and constant use of Chinatown as a contained isolation for Asian Americans, suggests that the experiences of Asian Americans in 1918 were still very much shaped by xenophobia, as sources dated to 1900 describe. One of the most significant explanations for the lack of available information to describe the experiences of Asian Americans in the 1918 influenza was the establishment of the Tung Wah Dispensary in Chinatown, which further enabled San Franciscan officials to largely abandon and ignore Asian Americans in the 1918 influenza.[7]

Asian Migration and Anti-Asian Racism in San Francisco

Although there is little available data to describe the experiences of Asian Americans in San Francisco- particularly during the time of the 1918 influenza epidemic, the response of white and non-Asian San Franciscans to Asian Americans in earlier viral outbreaks exposes an undercurrent of xenophobia in the city's responses to public health crises. To understand xenophobic ties between Asian Americans and

[7] "Hospital for Sick Chinese," *San Francisco Call*, May 16, 1900, 87 edition, sec. 177.

public health crises in San Francisco, it is necessary to know the history of Asian immigration to California, and history of the region's resistance against immigration. Asian immigration to California and San Francisco began in the early 1800s and peaked in the late 1880s and early 1900s, after which California implemented a variety of formal anti-Asian mandates, including the Page Act of 1875 and Chinese Exclusion Act of 1882.

There are a variety of explanations for the massive increase in immigration from China to San Francisco, including push factors like China's Opium Wars, internal rebellions, crop failures, and pressures on Chinese farmers, and pull factors including the 1848 Gold Rush and the promise of jobs in California's railroad industry. Chinese persons migrated to the United States in substantial numbers, on ships crowded with people and consequently rampant with diseases including cholera, smallpox, yellow fever, typhus, and "ship fever." By 1850, the San Francisco Board of Health had instituted policies of inspecting all ships coming from Asia that arrived at San Franciscan ports, and mandatory medical examinations.[8]

After the passages of the Page Act in 1875 and the Chinese Exclusion Act in 1882, it became harder for Chinese immigrants to come to the United States. Some American law-makers in the late 1800s cited the "nomadic tendencies" of Chinese immigrants as justification for targeting Chinese immigrants, arguing that they provided no value to the United States as impermanent settlers and laborers.[9]

[8] Wendy L. Rouse, The Children of Chinatown: Growing up Chinese American in San Francisco, 1850-1920 (Chapel Hill, NC: University of North Carolina Press, 2009).
[9] Ibid.

Myths that Dictated the Historical Asian American Experience in San Francisco

American politicians constructed the narrative that Chinese immigrants unilaterally sent their earnings back to their families in China, which United States politicians argued threatened the American economy.[10] As a means of reducing immigration and consequently reducing immigrants' theorized economic drain, the United States passed the Page Act, which targeted contract laborers as well as sex workers. Upon arrival at the port of San Francisco, women and girls aboard ships from Asia were required to prove their sexual purity in order to demonstrate that they were not sex workers. These women and girls were vulnerable to allegations of sexual promiscuity or non-respectability, as they could be detained or refused entry into San Francisco based solely on the word of men around them. Considering the common belief among many Americans that sex work is impure, demonstrated by the continued federal illegality of sex work in the United States, that Asian women and girls assumed to be sex workers on the basis of their race and their arrival to the United States from Asia exemplifies the common perception that Asian immigrants were impure.[11]

The Page Act and its particular regulation of sex work are important to note in a discussion of the popular understanding of Asian immigrants and Chinatown in particular as unkempt and impure. In addition to the targeting of Asian women and girls, the *California State Journal of Medicine* documents the treatment of Chinese and Japanese "steerage." On boats crossing the Pacific, steerage compartments were cramped, dark, and damp. Aboard ships hailing from Asia, steerage passengers were

[10] Rouse, The Children of Chinatown.
[11] Ibid.

separated from those regarded as regular passengers, who the Journal identifies as American and European travelers.[12]

Well before their arrival to the United States, immigrants from Asia were already treated as second-class travelers and separated from Europeans and Americans. San Franciscan politicians argued that Chinese immigrants migrated individually and not as families in an attempt dually to drain the US economy and to deconstruct the city's traditional family values, threatening American economics as well as morals.

A page from the *San Francisco Examiner*'s January 1919 issue includes a few articles which describe the influenza's toll on the city, and detail resources for readers to avoid influenza fatalities.[13] Many of the recommendations were contingent upon readers' ability to receive immediate healthcare from local hospitals, a "public" good that many non-white populations in San Francisco were unable to access. Black Americans, for instance, constructed and worked and were treated in their own hospitals in the city, due to the lack of available spaces for Black doctors and Black patients in San Francisco.

In the 1920s, Japanese immigrants were commonly and formally referred to as "Japanese beetles," signifying white American and non-Japanese American belief in their invasion of the states. [14] The use of such terminology indicates that white Americans believed that Japanese immigrants were a threat to American ways of life, as invasive species threaten the health and safety of native species.

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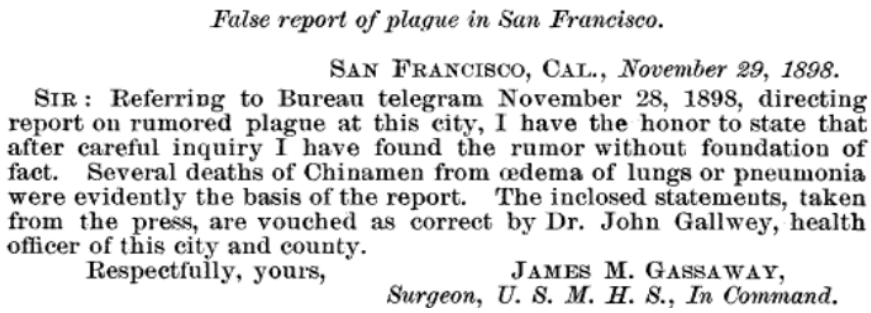
[12] Hugh S Cumming, "San Francisco Quarantine Station (Illustrated)," *California State Journal of Medicine* 1, no. 11 (October 1903): pp. 324-329.
13 "San Francisco Again Dons Masks Next Friday," San Francisco Chronicle, 11 Jan. 1919, 11; "Civic League Demands 'Flu' Mask in S.F.," San Francisco Examiner, 7 Jan. 1919, 7.
[14] Jeannie N. Shinozuka, "Deadly Perils: Japanese Beetles and the Pestilential Immigrant, 1920s–1930s," *American Quarterly* 65, no. 4 (December 2013): pp. 831-852, https://doi.org/10.1353/aq.2013.0056.

Although Chinese and Japanese immigrants made up the majority of San Francisco's Asian population in 1918, Asian Indians and darker-skinned Asian immigrants experienced a unique intersection of colorist beliefs and anti-Asian rhetoric at the hands of white American citizens and officials. [15] Asian Indians were ethnologically Caucasian, although many had dark skin and were not considered white. San Franciscan newspapers that covered the experiences of Asian Indians in the early 1900s enumerated various negative qualities and associated those qualities with being non-white.[16]

Asian Americans in San Francisco had little access to public services including hospitals or health care centers and were the focus of complicated racial biases dispersed by those working as well respected and educated public health officials. When the city was struck with a smallpox outbreak in the late 1800s, the San Francisco Board of Health and the Public Health Department described Chinatown as a "cesspool" in formal reports, arguing that Chinatown's Chinese, Korean, Japanese, and Indian populations were responsible for the smallpox outbreak.[17] The Public Health Department readily conflated the condition of Chinatown to Chinese people in particular, going as far as to compare Chinese Americans to rats. In the late 1800s, the bubonic plague had reached San Francisco through rats and fleas aboard ships crossing the Pacific Ocean. In 1898, United States Marine Hospital Service chief surgeon, James M. Gassaway refuted claims of the plague in San Francisco, describing the ailment that

[15] Hemant Shah, "Race, Nation, and Citizenship: Asian Indians and the Idea of Whiteness in the U.S. Press, 1906-1923," *Howard Journal of Communications* 10, no. 4 (1999): pp. 249-267, https://doi.org/10.1080/106461799246744.
[16] Ibid.
[17] Shah, N. (2001). Contagious divides: Epidemics and race in San Francisco's Chinatown. University of California Press.

had reached the city as pneumonia or lung edema. Gassaway was enabled to ignore the severity of the growing plague crisis in San Francisco, because its earliest victims were residents of Chinatown. Thus, because those experiencing the greatest fatalities in the early days of San Francisco's bubonic plague outbreak were Asian immigrants and Asian Americans, Gassaway encouraged white Americans in San Francisco not to worry.



False report of plague in San Francisco.

SAN FRANCISCO, CAL., *November 29, 1898.*

SIR: Referring to Bureau telegram November 28, 1898, directing report on rumored plague at this city, I have the honor to state that after careful inquiry I have found the rumor without foundation of fact. Several deaths of Chinamen from œdema of lungs or pneumonia were evidently the basis of the report. The inclosed statements, taken from the press, are vouched as correct by Dr. John Gallwey, health officer of this city and county.

Respectfully, yours,

JAMES M. GASSAWAY,
Surgeon, U. S. M. H. S., In Command.

Figure 1. United States Marine Hospital Service chief surgeon refutes claims of plague in San Francisco in Public Health Report in December 1898.[18]

In 1900, however, an autopsy of a Chinese immigrant living in San Francisco's Chinatown suggested that the man had died of the bubonic plague. Before the plague had been confirmed in San Francisco but raged across the Pacific, some American experts believed that white San Franciscan residents were not vulnerable to the plague. Experts were convinced that the rice-based diet of the Chinese left them especially susceptible to illness while European American meat-based diet increased their immunity.[19]

In reality, the plague, and other diseases ran rampant in Chinatown because of its overpopulation and the absence of adequate infrastructure. San Francisco had

[18] Gassaway, James M. "False Report of Plague in San Francisco." *Public Health Reports (1896-1970)* 13, no. 51 (1898): 1503. Accessed May 18, 2021. http://www.jstor.org/stable/41453167.
[19] Alan M. Kraut, Silent Travelers Germs, Genes, and the Immigrant Menace (New York: JHU Press, 1994).

constrained almost a tenth of the city into Chinatown's twelve small blocks, as the city's massive influx of Chinese, Korean, Japanese, and Indian immigrants were barred from living anywhere else. When San Francisco officials received notice that the bubonic plague had been confirmed, they isolated Chinatown. While Chinese Consul General Ho Yow publicly disavowed the unfair quarantine and isolation of all of Chinatown, San Francisco mayor James D. Phelan continued the isolation practices all while describing Chinese-Americans as

> "fortunate, with the unclean habits of their coolies and their filthy hovels, to be permitted to remain within the corporate limits of any American city. In an economic sense their presence has been, and is, a great injury to the working classes, and in a sanitary sense, they are a constant menace to the public health."[20]

Immediately after the outbreak, the resulting fear and tension in San Francisco targeted all of Chinatown, as well as the Asian American populations who lived there, whether or not they had been in any way exposed to the virus. Chinatown was quarantined. The *San Francisco Call*, a newspaper that served San Francisco from 1865 to 1965, urged San Franciscan officials to burn Chinatown. In an editorial published on May 31, 1901, editors at the *Call* argued that "so long as it stands, so long will there be the menace of the appearance in San Francisco of every form of disease, plague and pestilence which Asian filth and vice generate."[21]

Impacts of Chinatown's Isolation During the 1918 Influenza

While the Chinese Exclusion and Page Acts were particularly intended to regulate Chinese immigration and segregate the large population of Chinese Americans

[20] Marilyn Chase, The Barbary Plague: the Black Death in Victorian San Francisco (New York: Random House, 2004).
[21] Chase, The Barbary Plague.

from white Americans, San Francisco's racist foundation grew to exclude Japanese and Korean Americans as well. The Asiatic Exclusion League was formed in 1905 in San Francisco and was originally called the "Japanese and Korean Exclusion League." The basis for the league's anti-Asian discrimination was the city's growing fear that foreign born men in American job markets prevented American men from owning homes and achieving middle-class lives. The league used strong-arm methods and violence to rigidly enforce the Chinese Exclusion Act and lobby for other immigration restriction policies.[22] The league was later renamed the Asiatic Exclusion League to additionally emphasize the exclusion of Chinese and Indian immigrants, and eventually became an international organization. One of the League's earliest impacts on the San Francisco community was their campaign for the exclusion of Japanese and Indian students from the city's otherwise segregated white-only schools.[23]

The majority of Asian immigrants to San Francisco were single men and women. Few Asian families crossed the Pacific in San Francisco's early immigration period, but eventually the need rose for a school open to Asian American children born in the city. When the 1918 influenza reached San Francisco, many Chinese, Japanese, and Korean students attended a segregated "Oriental School," in Chinatown.[24] Having been relegated to a segregated school, they did not have the same access to resources and educational materials as non-Asians in the city. At the time of the influenza outbreak in San Francisco, the school's administration included only white faculty and

[22] "Opens the Campaign for Asiatic Exclusion," Mercury News, September 25, 1906, LXXI edition, sec. 87
[23] Ibid.
[24] Trauner, Joan B. "The Chinese as Medical Scapegoats in San Francisco, 1870-1905." California History 57, no. 1 (1978): 70-87. doi:10.2307/25157817.

teachers, indicating a possible disconnect between the school's student body and faculty.[25]

Chinese children enrolled in San Francisco's segregated school were not permitted to speak Chinese inside the school or on its playground, and Asian American parents had little say in the education of their children- who were taught exclusively by white teachers until the school's first Asian-American faculty member in 1924.[26] The 1918 pandemic initially had the greatest fatalities among school children and young adults due to the disease's pneumonic complications, increasing the vulnerability of San Francisco's Oriental School population.[27] Apart from conjecture based on related historical phenomena, there is little in the way of explicit historical contextualization for the experiences of Asian American school children within the segregated school system in the 1918 pandemic.[28]

Although the segregated school system had been put in place in San Francisco as early as 1908, California did not issue approval for school districts to establish separate schools for children of Asian parentage until 1921. This indicates that the segregated "Oriental School" was under no federal or state regulation when the 1918 influenza struck San Francisco, though it eventually received some formal funding. In 1917, the Oriental School reported 23 pupils and received $100 in funding annually.[29]

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[25] "New Oriental School Is Dedicated Today," *San Francisco Call*, October 20, 1915, 98 edition, sec. 96.
[26] Ibid.
[27] Alice Reid, "The Effects of the 1918–1919 Influenza Pandemic on Infant and Child Health in Derbyshire," *Medical History* 49, no. 1 (January 2005): pp. 29-54, https://doi.org/10.1017/s0025727300008279.
[28] "New Oriental School Is Dedicated Today," *San Francisco Call.*
[29] "New Oriental School Is Dedicated Today," *San Francisco Call.*

Figure 2. Students at Bates Oriental School, 1930s, Courtland, California[30]

The Chinese American and larger Asian American populations in San Francisco established several so-called "Chinese Hospitals" in the late 1800s, although they functioned more often as morgues and hospices than as active patient care centers. In 1896, the *San Francisco Call* published an article titled, "Ghastly Dens in Chinatown," describing the Chinese Hospitals. The article describes the absence of any treatment centers for Chinese Americans or Asian Americans in San Francisco outside of Chinatown, recalling an effort by Chinese merchants to establish legitimate and recognized hospitals in Chinatown which was denied by city officials.[31] The figure below is a drawing published in the *Call*, through which its artist depicts the "horrors" of Chinese Hospitals, pointing to the predominant usage of such "hospitals" as placeholders for deceased Chinese immigrants before their families in China could retrieve their bodies.

[30] Evelyn Nakano Glenn, "Constructing Citizenship," *American Sociological Review* 76, no. 1 (2011): pp. 1-24, https://doi.org/10.1177/0003122411398443.
[31] Ibid.

Figure 3. Illustration of Chinese Hospital published in *San Francisco Call*, March 1896.[32]

Finally, in 1900, a group of merchant-led community organizations called the Chinese Six Companies were permitted to open the Tung Wah Dispensary in Chinatown which functioned as a community-organized health care center. Although it was destroyed in the 1906 earthquake and then rebuilt, Tung Wah Dispensary operated beyond capacity and did not serve as a legitimate hospital until 1925, a full seven years after San Francisco's influenza outbreak.[33]

Chinese Americans and other residents of Chinatown, which included primarily Korean and Japanese Americans, generally received informal care from the Tung Wah Dispensary during the 1918 influenza. In 1900, Chinese merchants financed the Tung Wah dispensary, which originally offered solely Western medicinal treatments and

[32] "Ghastly Dens in Chinatown," *San Francisco Call*, March 6, 1896, 79 edition, sec. 97, p. 16.
[33] Harmeet Kaur, "Early Chinese Americans Were Blamed for Diseases and Denied Health Care. So They Built Their Own Hospital," CNN (Cable News Network, April 12, 2021), https://www.cnn.com/2021/04/12/us/chinese-hospital-sf-chinatown-disease-outbreaks-trnd/index.html.

employed white doctors. After several years of operation, the Tung Wah dispensary gradually began incorporating more traditional Eastern medicinal practices and employing Asian American doctors and medical professional staff. Chinatown's victims of the 1918 influenza sought treatment at the Tung Wah dispensary, as a formal hospital open to Asian Americans was not opened until 1925.[34] San Francisco health officials quarantined Chinatown during the pandemic, largely ignoring it in any of the city's organized illness mitigation attempts. Information about Asian Americans and residents of Chinatown was not widely published or available at all outside of Chinatown's limits, as travel in and out of the region was limited. Few health officials went into Chinatown to surveil the illness's impact.[35]

The presence of the Tung Wah Dispensary aided San Francisco Health officials' ability to ignore Chinatown and Asian Americans in the 1918 outbreak, as Chinatown was forced to function independently from the rest of San Francisco. Although the Tung Wah Dispensary was instrumental in the ability of San Francisco's Asian American community to survive widespread illnesses including the 1918 influenza, the absence of any formal or unified hospital system open to Asian Americans increased the fatality of diseases for their community. The Tung Wah Dispensary was insufficient to meet the medical and health needs of Chinatown's residents, and discriminatory policies prevented Chinatown's residents from seeking medical care anywhere else, until San Francisco's Chinese Hospital opened in 1925.[36]

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[34] "New Oriental School Is Dedicated Today," *San Francisco Call*.
[35] Kristen Moore, "Medical Manipulation: Public Health as a Political Tool in the 1918-19 Influenza Epidemic in San Francisco," *Voces Novae* 3, no. 20 (2018): pp. 133-148.
[36] "New Oriental School Is Dedicated Today," *San Francisco Call*.

While the available scholarship for the experiences of Asian Americans in San Francisco's 1918 influenza outbreak is minimal due to the intentional isolation of Asian American residents, San Francisco health officials' broad treatment of Asian Americans is well cited. Authorities sought to define Angel Island as the primary point of protection against influenza in 1918, with the transparent assumption that immigrants carried diseases which threatened white Americans.[37]

Figure 4. San Francisco's Three Graces Emerge from Chinatown: Malarium, Small Pox, and Leprosy, published in *The Wasp*, 1882.[38]

Angel Island was known as the Ellis Island of the West, but immigrants were treated very differently at San Francisco's Angel Island. Angel Island functioned primarily as a detention center for incoming immigrants. While immigrants at New York's Ellis Island

[37] Moore, Medical Manipulation. 135
[38] Keller, George Frederick. *San Francisco's Three Graces* 8. San Francisco, CA: The Wasp, 1882.

were documented and processed in a number of hours or days, immigrants crossing the Pacific to San Francisco spent weeks or months at Angel Island.[39]

Although public health officials openly and readily conflated conditions of impurity and sickness with the Asian American community in San Francisco, Asian Americans operated and utilized the Tung Wah Dispensary to treat illnesses including the 1918 influenza. Despite having been explicitly isolated as the city's quarantine site, used as a target for white Americans to threaten arson, and then ultimately abandoned by public health officials in the 1918 pandemic, San Francisco's Chinatown uniquely endured as a place where Asian Americans could find healthcare despite exclusion from the rest of the city. The Chinese Hospital which opened in San Francisco in 1925 after years of lobbying by the Chinese and Asian American community, continues to serve San Francisco's population.

[39] "Golden Gate Poetry Club Collection of Poetry." San Francisco, CA, 1924.

Section 2: The Experiences of Asian Americans in San Francisco's COVID-19 Pandemic

The remarks made by San Francisco health officials in earlier viral outbreaks, including the 1918 influenza pandemic were outright racist. The city's health officials today have not expressed such overtly racist sentiments. Although health officials themselves are no longer outright in their racist beliefs, Asian Americans continue to suffer the consequences of lesser access to health services and consequently have experienced the COVID-19 pandemic with greater fatalities than white Americans living in the same regions. In San Francisco's susceptibility to COVID-19, studies reported 12% positivity rates among Asian Americans, who account for nearly half of the city's COVID-19 related deaths with a fatality rate four times higher than that of the city's general population.[40]

Limitations in current research on the experiences of Asian Americans result in a massive overgeneralization. The confinement of Asian Americans within one ethnic group ignores the diversity of the Asian American population. The term "Asian American" attempts to encompass persons from an expansive geographic space—of more than twenty independent countries within one group. Other ethnic identities are similarly inaccurately broad, including "Latin American" and "Middle Eastern." No other identity, however, encompasses as large a geographic region or as many individual people as "Asian American." The lumping of individuals from such a large

[40] Brandon Yan et al., "Asian Americans Facing High COVID-19 Case Fatality," *HEALTH AFFAIRS BLOG* , July 13, 2020, https://doi.org/10.1377/hblog20200708.894552.

region into one ethnicity has significant ramifications in the healthcare field, where it is common to require patients to answer questions about their racial or ethnic identity.[41]

The overgeneralization of the Asian American community results in an erasure of the disproportionate impacts of health crises on disparate groups- including Pacific Islanders, Vietnamese, and Filipino communities.[42] In combination with harmful myths such as the model minority myth, the absence of targeted health information for particular Asian American communities leads to the perpetuation of misconceptions that all Asian Americans have access to the same quality of healthcare and receive the same level of care. The assumption that all Asian Americans experience the same level of healthcare despite huge diversity in community members' backgrounds aids in the abandonment of Asian American community members more vulnerable to poorer health.

Language discrimination in medicine, wherein patients do not receive healthcare in a language they understand, is associated with the presence of chronic health conditions. The relationship between language discrimination and chronic health issues is a significant issue within the Asian American community and is more prevalent among Asian Americans who have been living in the United States for a decade or longer.[43]

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41 Wooksoo Kim and Robert H. Keefe, "Barriers to Healthcare Among Asian Americans," *Social Work in Public Health* 25, no. 3-4 (2010): pp. 286-295, https://doi.org/10.1080/19371910903240704.
42 2021 Vijay Limaye Bora Chang April 30, "When Asian Americans Are Missing from Public Health Data, It's Harder to Protect Them," NRDC, April 30, 2021, https://www.nrdc.org/experts/vijay-limaye/when-asian-americans-are-missing-public-health-data-its-harder-protect-them.
43 Ibid.

The Model Minority Myth

Racist myths target Asian Americans in many aspects of society, including the professional healthcare setting in the United States. Sample-biased research "proved," for some medical professionals, that Asian Americans are financially better off and physically wealthier than white Americans, contributing to the "model minority" myth. According to *The Practice*, Harvard Law's legal newspaper, the model minority myth is used explicitly in intent to "drive a wedge between different disadvantaged groups" through the separation of Asian Americans and other nonwhite groups. [44] The model minority myth perpetuates the idea that Asian Americans are innately and universally more successful than white Americans, and thus are not as deserving of care as other people of color in the United States.

The model minority myth, in combination with the overgeneralization of Asian Americans as one ethnic group, work together to exclude many Asian Americans from necessary care by healthcare professionals. Medical professionals are less likely to report significant barriers which prevent Asian American access to healthcare, including language, health insurance, and citizenship status. As a result, Asian Americans whose barriers to healthcare go unreported are discriminated against based on race— in direct opposition to the myth that Asian Americans are universally well adjusted or enabled to achieve complete success in the United States.[45]

[44] Harvard Law Review, ed., "The Model Minority Myth," *Asian Americans in the Law* 5, no. 1 (November 2018).
[45] Kim and Keef, "Barriers," 286-295.

Increased Fatalities Among Asian Americans in San Francisco's COVID-19 Outbreak

As early as one month after the first officially confirmed case of COVID-19 in the United States in March 2020, researchers reported race and ethnicity as significant factors in transmission and fatality rates.[46] African Americans, Latinx populations, and Indigenous communities have remained at the highest risk of COVID-19 transmissions and fatalities throughout the pandemic. Asian Americans represent 6.5% overall coronavirus deaths, which is higher than that of the overall American population.[47]

Fatality rates are even higher for Asian Americans in San Francisco, who are more heavily represented in the population than other communities of color. A study conducted by the *Asian American Research Center on Health* published that Asian Americans accounted for 52 percent of all COVID-19 deaths in San Francisco as of late May 2020.[48] The study's researchers found that Asian Americans comprised 13.7 percent of all infection cases in San Francisco but had the highest proportion of deaths to cases across all racial groups, as Asian Americans consist of 34.9% of San Francisco's population. The increased rate of COVID-19 transmissions and fatalities among Asian Americans in San Francisco is due to a combination of infrastructures at work- including the model minority myth, inadequate access to healthcare and the lack of accounting for linguistic and cultural differences.

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[46] Norma G. Cuellar et al., "Culturally Congruent Health Care of COVID-19 in Minorities in the United States: A Clinical Practice Paper From the National Coalition of Ethnic Minority Nurse Associations," *Journal of Transcultural Nursing* 31, no. 5 (2020): pp. 434-443, https://doi.org/10.1177/1043659620941578.
[47] Ibid.
[48] Tung Nguyen, Fiona Ng, and Brandon Yan, "High Mortality from COVID-19 among Asian Americans in San Francisco and California," Asian ARCH (Asian American Research Center on Health, May 7, 2020), https://asianarch.org/press_releases/Asian%20COVID-19%20Mortality%20Final.pdf.

As much as forty one percent of the people in San Francisco speak a non-English language today. The most commonly spoken non-English languages in San Francisco are Mandarin, followed by Spanish, according to the Census Bureau.[49] Language barriers challenge the city's nonnative communities during the coronavirus pandemic. Individuals with reduced ability to communicate their concerns to healthcare professionals may have been less likely to report coronavirus symptoms. COVID-19 protection plans, including information on mask mandates, hand sanitization, and other personal protection tools, were not made widely available in non-English languages in San Francisco. Consequently, non-English speaking Asian Americans and Asian immigrants may have experienced an increased susceptibility to COVID-19 transmission.[50]

Diversity within the Asian American subgroup exposes a wide variety of income levels in relation to an individual's background- Japanese and Filipino Americans today have lower rates of poverty than white Americans, while Cambodians, Hmongs, Laotians, and Vietnamese Americans have much higher rates of poverty than white Americans.[51] Across the board, recent Asian immigrants with limited English-speaking skills may not be able to adequately respond to survey questions, and thus may be considered ineligible to participate in healthcare research studies.[52]

As a result, there is an absence of scholarship available to accurately describe the healthcare of many Asian immigrants. The information available to describe the

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[49] United States Department of Labor, May 13, 2021), https://www.dol.gov/ui/data.pdf.
[50] Brandon Yan et al., "Asian Americans Facing High COVID-19 Case Fatality," *HEALTH AFFAIRS BLOG* , July 13, 2020, https://doi.org/10.1377/hblog20200708.894552.
[51] Kim and Keef, "Barriers," 286-295.
[52] Ibid.

Asian American experience is dominated by individuals with greater English- speaking skills and education, better insurance, and higher incomes, further enshrining the model minority myth into American studies of Asian American access to healthcare.

According to a 2010 report conducted by Wooksoo Kim and Robert H. Keefe for the University at Buffalo, the Asian American model minority myth is one of the largest barriers to their access to healthcare throughout the United States. Due in combination to an ignorant overgeneralization of the Asian American community and the model minority myth, the unique needs of disparate communities within the broad category of "Asian American" are not addressed by medical professionals who conduct sample-biased research concluding that Asian Americans are universally more successful and healthy than white Americans.[53]

Additionally, the first generation of Asian Americans, particularly the United States' aging population, tend not to seek healthcare until their symptoms are serious enough to need resolution by standard healthcare. Aging Asian American populations also have more formidable language barriers than other members of the Asian American community. Combined with the increased susceptibility of aging populations to poorer healthcare access and increased vulnerability to COVID-19, the language barrier further prevented infected elderly Asian Americans from seeking treatment during the COVID-19 pandemic.[54]

As the United States Department of Labor published in a 2020 study, Asian Americans are more heavily represented in the food and retail industries, with 10.2% of

[53] Kim and Keef, "Barriers," 286-295.
[54] Ibid.

Asian American workers compared to 8.3% of white workers.[55] A University of California San Francisco study shows that of Californians of working age, workers in the food and transportation industries experienced the greatest fatalities.[56] The study also found that deaths among Asian healthcare workers increased by 40%. Asian Americans within the essential service industry, who are more heavily represented in the food and retail industries which experienced the greatest COVID-19 fatalities, were increasingly threatened by COVID-19. Americans working in front line services have consistently been vulnerable to COVID-19 fatalities, and in San Francisco, Asian Americans dominate the retail and food service industries. The simultaneous increase in deaths among Asian American healthcare workers indicates a key structural aspect of the Asian American experience in San Francisco, wherein Asian American essential service workers are significantly more vulnerable to COVID-19 deaths than other groups.[57]

Economic Impact of COVID-19 on San Francisco's Asian American Community

Many San Franciscan businesses suffered as a result of pandemic shut-downs, as concerns of illness discouraged locals from going out to eat, and fewer tourists visited the city. Asian-owned businesses selling Asian cuisines suffered the hardest economic downturn of any restaurants throughout the pandemic, and Chinese-owned businesses

[55] United States Department of Labor, May 13, 2021), https://www.dol.gov/ui/data.pdf.
[56] Yea-Hung Chen et al., "Excess Mortality Associated with the COVID-19 Pandemic among Californians 18–65 Years of Age, by Occupational Sector and Occupation: March through October 2020," *MedRVxiv*, 2021, https://doi.org/10.1101/2021.01.21.21250266.
[57] Kim and Keef, "Barriers," 286-295.

selling Chinese cuisine suffered more than any other cuisine. [58] San Francisco's Chinatown usually has about 150 Chinese restaurants in business, but by May of 2020 only 40 remained open. A study by Womply, a credit-card processor, tracked changes in credit card transactions across the United States within small businesses.[59] Restaurants were hard hit overall. Womply reported that over a quarter of all restaurants in their analysis stopped transactions completely by March 2020 and have since been rising steadily. The Womply research team found that restaurants offering takeout services throughout the COVID-19 pandemic suffered fewer closures, with one major exception- Chinese cuisine. By April 2020, over half of Chinese food restaurants had stopped transacting entirely, experiencing closures far greater than any other kind of cuisine that offered takeout. By the end of March, over half of all Chinese food restaurants stopped transacting entirely, including those offering to-go services which may otherwise have flourished due to the pandemic's demands.

Increased closures of Chinese restaurants in the United States may demonstrate an increased fear of Chinese cuisine or Chinese-owned businesses because of a xenophobic perceived connection between Chinese Americans and the coronavirus.[60] Despite the increase of domestic tourism to California to 72% of pre-coronavirus levels, small businesses in Chinatown struggle to recover, with less than 50% of businesses

[58] Chauncey Alcorn, "Coronavirus' Toll on Chinese Restaurants Is Devastating," CNN (Cable News Network, April 21, 2020), https://www.cnn.com/2020/04/21/business/coronavirus-chinese-restaurants/index.html.
[59] Womply, "Data dashboard: How coronavirus/COVID-19 is impacting local business revenue across the US", 2020, www.womply.com/blog/data-dashboard-how-coronavirus-covid-19- is-impacting-local-business-revenue-across-the-u-s/.
[60] Womply, "How coronavirus is impacting local business revenue across the US."

open in Chinatown as of April 2021.[61] San Francisco, which was once a destination spot for tourists seeking authentic Chinese cuisine, suffers the permanent closure of so many Chinese-owned restaurants due to COVID-19. The closure of more than half of the San Francisco Chinatown's Chinese businesses is reminiscent of the city's long and intentional isolation of Chinatown's residents and businesses and forced separation from San Francisco's white population.

[61] Devin Fehely, "COVID: San Francisco Chinatown Businesses Struggle To Recover From Pandemic Shut Down," CBS San Francisco (CBS San Francisco, April 5, 2021), https://sanfrancisco.cbslocal.com/2021/04/05/covid-san-francisco-chinatown-businesses-struggle-to-recover-from-pandemic-shut-down/.

Section 3: The Rise in Anti-Asian Racism in San Francisco

The label of "Asian American," like that of "Native American," mandates a difference between an ethnic identity and a national identity. The term, "Native American," despite its claim to an American nationality, likewise encompasses persons who in actuality belong to more than five hundred federally recognized Indian Nations. Although "Indigenous" is an ethnic assignment invented by White Americans which does not necessarily encompass the various tribes and independent nations which exist in the United States, Indigenous persons nevertheless are labeled and recognized legally as if entirely belonging one ethnicity. The labels of "Native American" and "Asian American," which assign an ethnic identity to millions of people who belong to different nationalities, both demonstrates that ethnicity does not equal nationality.

An investigation into the difference between ethnicity and nationality is important in the study of anti-Asian xenophobia which has persisted throughout the coronavirus pandemic, as xenophobic offenders, including former President Trump, expressed their racist beliefs through the phrase, "China virus." Such a term assigns the responsibility for the coronavirus outbreak to China, because the virus originated in the Wuhan region of China.

The Rise of Hate Crimes in San Francisco

San Francisco State University's Asian American Studies department found almost 3,000 accounts of anti-Asian hate between March 19 and December 31, 2020.[62] More than half of the 2,808 reports took place in California, and 708 in the Bay area

[62] Russell Jeung et al., "STOP AAPI HATE NATIONAL REPORT" (San Francisco, CA: Stop AAPI Hate, 2021), pp. 6-11.

alone. The department later noted that such approximations are likely inaccurately low. The report found a large number of hate crimes committed against elderly Asian American populations (persons above 60 years old), totaling to 7.3% of total incidents. Elderly reported significantly more physical assaults more than the rest of the Asian American population. Chinese Americans reported higher accounts of assault than other groups, with 40.7% of incidents targeting Chinese Americans. The report included first-hand accounts from those who have been targeted in San Francisco, including the following quotes included below.

> "I was standing in an aisle at [a hardware store] when suddenly I was struck from behind. Video surveillance verified the incident in which a white male used his bent elbow to strike my upper back. Subsequent verbal attacks occurred with "Shut up, you Monkey!, "F**k you Chinaman," "Go back to China" and "Stop bringing that Chinese virus over here." (67 y.o., San Francisco, CA)
>
> "I was waiting to enter [a pharmacy] to get my prescription when a group of construction workers (not social distancing) made fun of me by mocking me, fake coughing, spitting at me and making slant eyes gestures until I asked them to stop. No one else called these people out." (68 y.o, Oakland, CA)

The above comments made towards two different unnamed elderly Asian Americans in the Bay Area are appalling. In both cases, the individuals were verbally and/or physically attacked in public settings while apparent bystanders did nothing. As the San Francisco State University's study found, elderly Asian Americans experience anti-Asian racism and violence in greater numbers than the rest of the Asian American demographic, with Chinese Americans also reporting higher levels of violence. The explicit targeting of Chinese Americans in San Francisco is directly associated with xenophobic perceptions of Chinese Americans as the responsible party for the United States' coronavirus pandemic. The use of anti-Asian language and violence- particularly

that which targets Chinese Americans, has a longstanding history in San Francisco, where such xenophobia would have been openly executed in formal as well as informal, and public as well as private spheres a century ago. Overtly xenophobic language targeting Asian Americans in San Francisco was used by prominent city figures, including city mayors and health officials, prior to and throughout the city's last pandemic experience in 1918.

The San Francisco State Report team launched a website, Stop AAPI Hate, which includes a self-reporting feature through which Asian Americans across the country can cite instances of anti-Asian violence. The website, launched March 19th, 2020, includes 700 accounts of anti-Asian violence.[63] Stop AAPI Hate's national report contained a section detailing information about online harassment, which is certainly unique to the Asian American experience in this pandemic compared to that of 1918 or earlier. A university student in Maryland reported an instance of hate which their professor used in an online class.

> "One of my professors was talking about the public health response to COVID-19 and explicitly called it the "China Virus" and that "we've gotta be very careful about that country and what they'd do to us." (College Park, MD)"

The use of such overtly racist and anti-Asian remarks in a higher education classroom demonstrates the pervasiveness of anti-Asian racism within the United States' response to COVID-19. Higher education institutions are respected and attended by students- at great cost- with the belief that they will receive a high-quality education. American Universities advertise qualified faculty members and professors, trusting them to guide University students with accuracy and attention to reality.

[63] Russell Jeung et al, 6-11, 2021.

That an American University professor espoused such hateful language openly in class exposes dually their legitimate belief in the truth of their words, and at least some faith that they would not face significant repercussions for using such language.

Conclusion

The xenophobic association between Asian Americans and 2019's coronavirus outbreak, while certainly related to the virus's Chinese origin, is founded in an historic American perception of Asian immigrants as unclean and impure, as demonstrated through the city of San Francisco's formal treatment of Asian Americans as far back as the 1860s. Racist mandates ordered by San Francisco's Board of Health, including the isolation and use of Chinatown as a quarantine during the bubonic plague, as well as larger federal decrees including the Chinese Exclusion and Page Acts of the late 1880s, demonstrate the role of anti-Asian racism in shaping the Asian American experience historically.

The Page Act era practice of attempting to interrogate Asian immigrant women and girls' purities to discern whether or not they were sex workers identifies a transparent assumption of Asian American impurity among San Francisco officials in the 1870s. The 1905 implementation of the San Francisco branch of the international Asiatic Exclusion League, in addition to the development of "Oriental Schools," too, make apparent the embedded nature of anti-Asian racism within San Francisco's foundation.

Today, Asian Americans in San Francisco experience greater vulnerability to coronavirus fatalities than the city's general population, partly due to their overrepresentation in the food and retail essential service industry. The increased fatality rates of Asian Americans to COVID-19 may be due to decreased of access to healthcare services caused by language barriers, or the harmful perpetuation of the model minority myth. Further threatening Asian Americans in San Francisco, Anti-

Asian violence and hate crimes have increased significantly since the coronavirus's 2019 origin and continue to rise, even more than a year after the first outbreak.

The ongoing economic decline of countless Asian-owned small businesses in San Francisco, particularly Chinese-owned Chinese restaurants and Chinese businesses in Chinatown, further define the vulnerable condition of Asian Americans in the coronavirus pandemic.

While the intent of this thesis is to emphasize continuities between the experiences of Asian Americans in San Francisco's 1918 Influenza and their experiences throughout the ongoing Coronavirus pandemic, there have been significant improvements in the city's infrastructure. Racial segregation which prevailed well into the 20th century and mandated the construction and development of Asian-only public schools and medical centers, was outlawed in the 1960s. The Civil Rights movement inspired activists at UC Berkeley to unite a pan-Asian community through the Yellow Power movement, even coining the term, "Asian American" to use rather than the ostracizing terms which had long since been formally used in descriptions of the Asian American community. Today, San Francisco's Chinatown is as racially diverse as it has ever been, although it is still populated predominantly by Asian Americans who make up 83% of the neighborhood's population.[64]

Renamed the Gordon J. Lau Elementary School in 1998 to honor the first Chinese American elected to the Board of Supervisors, San Francisco's "Oriental School" is fully desegregated and is inclusive of a diverse community of students. In

[64] "Race and Ethnicity in Chinatown, San Francisco, California (Neighborhood)," The Demographic Statistical Atlas of the United States - Statistical Atlas, n.d., https://statisticalatlas.com/neighborhood/California/San-Francisco/Chinatown/Race-and-Ethnicity.

2017, the San Francisco Unified School District finally repealed the regulation requiring Asian American students to attend what was formerly known as the Oriental School, more than one century after it opened as a segregated school.[65]

In 1925, the United States' first Chinese Hospital admitted its first patients as San Francisco's only official hospital intended to serve the growing Asian American population. The Chinese Hospital today offers unique health plans to benefit the Chinese American community in San Francisco and was recently retrofitted to meet the latest seismic requirements.

Although the xenophobia which has continued to threaten Asian Americans throughout the COVID-19 pandemic is certainly tied to racist misconceptions of Asian American responsibility for the virus, xenophobia against Asian Americans has a long history in the United States. The 1960s Yellow Power movement and Asian American activists in San Francisco however, enacted substantial changes in the city's infrastructure- desegregating public services including the former "Oriental School" and the Chinese Hospital. While significant improvements to the experience of Asian Americans in San Francisco have been achieved due to the dedication of hardworking activists in the 1960s and beyond, the historical association of foreign impurity and uncleanliness, as well as illness and disease, to Asian immigrants and Chinatown demonstrates that the perceived responsibility for public health crises within the United States- which has long since been placed on Asian Americans- is enabled through San Francisco's racist anti-Asian foundation.

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[65] Chris Fuchs, "San Francisco School Board Removes Rule Requiring Some Students to Attend 'Oriental School'," NBCNews.com (NBCUniversal News Group, January 25, 2017), https://www.nbcnews.com/news/asian-america/san-francisco-school-board-removes-rule-requiring-some-students-attend-n712021.

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