

Hues of Healing

Reconstructing Chinese Immigrant Identity Through Medicine

Grant Wen

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Abstract

This thesis explores how Chinese immigrants in the U.S. utilized medicine to establish a space to negotiate their identities, focusing on how Chinese immigrant elites guided this process of identity formation and were uniquely positioned to do so. As elites in the Chinese immigrant community, merchants, herbalists, and physicians opted for different channels of action across different time periods to achieve the common goal of negotiating identities and lifestyles. First, I argue that the Tung Wah Hospital in Hong Kong served as a model for the Tung Wah Dispensary in San Francisco that allowed merchants to institutionalize leadership by following a Chinese tradition of philanthropy to provide healthcare and social services for their communities. Medicine served as a medium that permitted the transfer of knowledge— knowledge on how to co-exist with foreign, Western governments while guarding Chinese identity and their way of life. In a different way, Herbalists negotiated the value of their medicine by emphasizing the compatibility of their medicine with American mores, drawing on Western religion and morality for legitimacy. At the same time, they asserted that their craft was beyond the reach of biomedicine by pulling from American ideas on Orientalism. Medicine became a space of contention in which Chinese herbalists sculpted a different version of themselves that appealed to American values. Lastly, in the post-war period, both first and second-generation professionals employed medicine as a platform to advocate for change in the leadership of the Chinese-American community to reflect this newly constructed Chinese-American identity that was inclusive of everyone, not just the elite.

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Short Note on Translation

Translating and transliterating names of people, places, organizations from Chinese to English was a challenge in that the standard system for transliteration is *pinyin* based on Mandarin, but most of Chinese immigrants who immigrated to the U.S. spoke Cantonese, which did not have one set system of romanization at the time. To mitigate this problem, I developed the following procedure. If their names were written out in English elsewhere with Cantonese romanization, I adopted this Cantonese transliteration that these individuals would have used in their lives. If I could not find another source to corroborate a Cantonese transliteration, I chose to use the Mandarin *pinyin* system.

Some exceptions are common romanizations of places and organizations that are generally accepted in academic literature. For instance, I use Mandarin *pinyin* for *huiguan*, as this same transliteration is used by most academics who have written on this subject. I also chose to use Canton as my romanization for the province of Guangdong, as that was the original spelling found in many primary documents.

Introduction

Cramped, contaminated, and confined, Ah Quin began his journey to America on an old decrepit steamship that departed from Canton province in China. He did not sleep much. In the bunks below the deck, each passenger was allotted a tiny rectangular area to sleep, but because each bunk was a mere 17 inches above the one underneath, Ah Quin had minimal room to lay down, let alone any space for movement.¹ Accompanied by the violent rocking of the ship, the severe lack of space, and the rancid stench of body odor emanating from the bunks packed with other Chinese migrants, Ah Quin barely survived through many weeks of discomfort and sickness before arriving at the port of San Francisco.

unclear
sentence

Even before landing at his destination, Ah Quin was subjugated to inspection. Quarantine on Angel Island became a standard procedure for ships arriving to the West coast of the United States in the 1870's, particularly targeting ships from Asia that allegedly carried "invoices of smallpox" and other contagious diseases from China.² At the mouth of San Francisco's harbor, Angel Island housed quarantine facilities and stations for all Chinese passengers beginning from 1890. Public Health Service medical officials not only disinfected cargo and ships but also administered compulsory medical examination of all Chinese immigrants. This took form in a mandatory bath followed by a physical exam segregated by gender. Public health officers instructed Chinese immigrant men to line up and strip to their waists before conducting a thorough inspection of the teeth, ears, and nose, followed by an examination of the chest with a stethoscope. Subsequently, medical officers took these

¹ Iris Chang, *The Chinese In America* (New York City: Penguin Books, 2003), 32.

² Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), 183.

individuals behind a screen and commanded them to remove all clothing, this time even below the waist, for a fully body inspection. Chinese women received a similar but less rigorous exam in which disrobing was required only if they showed salient symptoms of illness.³

Even before they began their new lives in America, the Chinese quickly learned that they were not welcome in this new land. Quite viscerally, they realized that health granted American authorities power that could be utilized again and again as justification for intruding on their way of life. Health served as a tool for the American state to govern Chinese bodies while bolstering claims of Chinese racial inferiority. American state officials manipulated health as a narrative of Chinese racial degeneracy and relegated the Chinese as medical scapegoats—defining their version of what it meant to be Chinese in America.

However, this process of creating an identity for Chinese immigrants through health was as much imposed upon the Chinese as it was initiated by them. Entering a foreign country and a completely new environment, it was only natural for the Chinese to hold onto culture and customs from their native places. Medicine was a vital part of the Chinese experience, and it occupied a crucial role in this negotiation of identities.

This thesis traces the process of identity construction through the lens of medicine from the late nineteenth to late twentieth centuries. The decision for a diachronic analysis, rather than synchronic, was deliberate. Scholarly works often focus on isolated moments of tension—an epidemic, a revolt, a war—to elucidate the agency of specific actors, highlighting themes of resistance and conflict, but I traced the evolution that occurred in the Chinese American experience over time, using medicine as a lens of analysis. In this way, I wish to deconstruct the role that medicine played by not only allowing these “spectacular,” action-packed moments to

³ Nayan Shah, *Contagious Divides*, 184-185.

shine through, but also shedding light on the mundane stretches of time that contextualize the dramatic flashes and flares in history and can narrate a more complete story of the immigrant experience. This approach demonstrates that despite changing social, political, and economic forces, medicine remained central to the construction of identity for Chinese immigrants.

I elected to focus mostly on San Francisco and its surrounding areas because it was, and in many ways still is, the cultural and political capital of Chinese immigrants in America. Ever since the first wave of Chinese immigration spurred by the Gold Rush, San Francisco's Chinese population had been the most significant and largest in America. New York surpassed San Francisco after the post-1965 wave of immigration as the American city with the largest Chinese population, but San Francisco has remained a cultural center for the Chinese. Due to its location and vibrant economy, San Francisco served as the first gateway between China and the United States, and its Chinatown—the first in America—was the center of Chinese immigrant life. Chinese immigrants planted the headquarters of the most important social organizations in San Francisco's Chinatown, and the first Chinese consulate was also established in San Francisco to represent the Chinese in America. In addition, San Francisco was easily the most salient Chinese community in the white American consciousness, a result of sheer demographic size compounded with the high concentration of Chinese cultural customs and organizations that were brought from China and anchored in this city.

This work is by no means the first to study San Francisco or Chinese immigrant life and identity. Known as the dean of Chinese American history by scholars in the field, Mark Him Lai dedicated his career to collecting, preserving, and sharing valuable source material that revealed the life of Chinese immigrants throughout American history. Lai himself was born in San Francisco in 1925 and contributed immensely to providing source material up to the tiniest

detail—names of people and places or chronology of events—that were crucial to the writing of this thesis. Lai and other historians in Chinese-American studies such as Yong Chen supplied the brush and paint for future scholars to embark on projects to portray life in Chinese America.⁴

In addition, many works discuss the transformative importance of World War II on Chinese-American identity. Gloria Heyung Chun and Chiou-ling Yeh are two scholars who extensively portray how Chinese immigrants crafted their identities. In *Of Orphans and Warriors: Inventing Chinese American Culture and Identity*, Chun argues that American-born Chinese negotiated their identities as individuals who were sandwiched between generations and cultures but also leveraged their position as people in between to facilitate this process of identity construction.⁵ Yeh similarly explores how Chinese American community leaders crafted and marketed group identity via the Chinese New Year celebrations and ethnic beauty pageants in *Making an American Festival: Chinese New Year in San Francisco's Chinatown*.⁶ As seen by the intrusive nature of public health and the importance the Chinese placed on their medical traditions, health occupied a crucial role in the construction of Chinese immigrant and Chinese-American identities, but these works completely neglect healthcare in their arguments.

In fact, there are very few works that discuss the impact of health and medicine on identity construction for Chinese immigrants. Historians of medicine tend to focus on the state's power via public health to regulate bodies and determine inclusion to or exclusion from American society. Nayan Shah's *Contagious Divides: Epidemics and Race in San Francisco's*

⁴ Yong Chen, *Chinese San Francisco, 1850-1943: A Trans-Pacific Community* (Stanford, Calif: Stanford University Press, 2000); Mark H. Lai, *On Becoming Chinese American: A History of Communities and Institutions* (Walnut Creek, CA: Rowman & Littlefield, 2004).

⁵ Gloria Heyung Chun, *Of Orphans and Warriors: Inventing Chinese American Culture and Identity* (New Brunswick, N.J.: Rutgers University Press, 2000).

⁶ Chiou-ling Yeh, *Making an American Festival: Chinese New Year in San Francisco's Chinatown* (Berkeley: University of California Press, 2008).

Chinatown investigates the role of public health in the production of what he defines as the “subject-citizen” by contrasting the disparate responses to outbreaks of disease in San Francisco’s Chinatown in 1900 and 1939.⁷ The first instance elicited the demonization of the Chinese as medical menaces, but the second moment shifted the blame of disease from the Chinese onto their living conditions—a result of differing ideas surrounding race in America. Through this comparison, Shah highlights the intersection in the discourse surrounding race, domesticity, health, and citizenship in modern America by utilizing the Chinese immigrant experience with public health as a case study. Shah’s seminal work highlights the importance of health in the Chinese immigrant experience but is ultimately more rooted in sources that discuss the connection between the “practices of race-making to the regimes of knowledge and the discourses that give them legitimacy and plausibility,” rather than centering his argument on the Chinese immigrant experience itself or identity-construction through health.⁸

Plague, Fear, and Politics in San Francisco's Chinatown by Guenter B. Risse is another one of the few works that is found in the intersection of Chinese American history and the history of health. Incredibly well-researched, this book on the 1900 outbreak of plague in San Francisco’s Chinatown adopts a chronological approach in tracing the development of the epidemic. Whereas I utilize health as a lens to view Chinese immigrant identity, Risse presents his book as a narrative of events. Moreover, although Risse does use both Chinese and English language sources, he seems to privilege American voices in his work, perhaps due to the paucity of Chinese language material and his reliance on translators for Chinese sources.⁹

⁷ Nayan Shah, *Contagious Divides*.

⁸ Nayan Shah, *Contagious Divides*, 5.

⁹ Guenter B. Risse, *Plague, Fear, and Politics in San Francisco's Chinatown* (Baltimore, The Johns Hopkins University Press, 2012).

This thesis aims to fill in these silences in current scholarship by exploring the different ways through which Chinese immigrants in the U.S. utilized medicine to establish a space to negotiate their identities. Unlike previous works, I seek to highlight the importance of health in this process of identity construction throughout this time period. I show that, despite the transformation of Chinese immigrant demographics and the sociopolitical environment in America, health was always at the center of identity construction. This work builds on Shelly Chan's book demonstrating the dynamism of emigrant communities in influencing change in their native countries. Instead of thinking about Chinese immigration as a one-way street with traffic flowing from China to the various nodes of the diaspora, Chan offers a compelling argument for the role that overseas Chinese played in creating a modern China. Likewise, I argue that it is the connection between Chinese immigrants in the U.S. and their social networks embedded in China that provide with them certain tools to negotiate their identities.¹⁰

The increasing emphasis of historical work focusing on a variety of non-Western actors in immigration history has imbued the existing scholarship with new overtones that had previously been buried underneath the overreliance on the narratives of certain individuals and institutions. I hope that this thesis will further this scholarship by vocalizing perspectives from Chinese actors and placing them in conversation with sources from Western actors. Whether the result be harmony or cacophony, my wish is that this thesis can add further texture to existing stories. Moreover, I hope to extend the conversation between scholarship on Chinese-American immigration and identity with the histories of science, medicine, and healthcare. Currently, scholarly work in Chinese-American history adopts a predilection for studying the effects of

¹⁰ Shelly Chan, *Diaspora's Homeland: Modern China in the Age of Global Migration* (Durham: Duke University Press, 2018).

politics and social structure on immigrant identity. On the other hand, historians in science and medicine tend to focus on the state as an actor or place Chinese immigrants as actors who respond to state action, instead of those who initiate action. I wish to portray Chinese immigrants as actors who partake in this initiation of identity-formation, while highlighting the critical role that medicine and healthcare play in this process.

This thesis specifically elucidates the role of elites—merchants, herbalists, and professionals—in this process of identity construction for Chinese immigrants throughout the late nineteenth and twentieth centuries. The reason for this focus is twofold. First, by the very nature of their status and resources, elites left a deeper historical record of their experiences than the average working-class Chinese immigrant, particularly in the early eras of immigration. Second, their status granted them access to resources and people that other Chinese immigrants did not possess, allowing them to take a more central role in negotiating identity, a process that is as much defined by the self as defined by others. This exposure and connection to powerful individuals in America, China, and Hong Kong proved to be a decisive factor in the experiences of Chinese immigrants throughout this time period. In this way, these elites were uniquely positioned to utilize health to carve out a space to negotiate identity and create a reality in which they could realize and live out this identity in America.

Each chapter of my thesis focuses on a group of actors at specific time points when they played a vital role in this negotiation of identities. Set at the turn of the twentieth century, Chapter One demonstrates why merchants were able to capitalize upon their elite status and social capital to preserve a Chinese identity and way of life in the early years of Chinese immigration. Merchants, as local elite, not only controlled the functioning of Chinese immigrant life through their leadership in *huiguan*, or native-place associations, but were also

expected to provide charitable services for the less privileged members of their community. Just as had been the case in China for centuries, healthcare was a central feature of elite charity in San Francisco.

This chapter further specifies why merchants selected healthcare as the venue for the institutionalization of their leadership. Merchants saw value in health because it was not only a priority for American state officials but was also vital to preserving a Chinese way of life for early immigrants. Realizing the importance of healthcare and rooted in a Chinese tradition of philanthropic medicine, merchants established the Tung Wah Dispensary of San Francisco in 1900, modelled after the Tung Wah Hospital in Hong Kong. Through the story of these two hospitals, I contend that healthcare served as a medium that permitted the transfer of knowledge—knowledge on how to co-exist with foreign, Western governments while guarding the Chinese way of life and thus Chinese identity. The dispensary established a space for the early Chinese immigrant community to preserve their social and cultural practices, transcend regional loyalties, and unite under the local leadership of merchants to establish a foothold in American society. This chapter relies on a combination of newspaper articles, journal publications, diaries, and government reports. Unfortunately, Chinese sources from this early period are fragmentary, so I utilize a combination of English material and Chinese sources from the early twentieth century recounting the events and conditions of life at this time.

Chapter Two delineates the role of Chinese herbalists in initiating the process of constructing a new identity in the late 1930's and early 1940's. As providers of medical care, herbalists held elite status due to the respect the immigrant community placed in their expertise and the importance of their services in maintaining a Chinese way of life. However, due to economic motivations, some herbalists chose to serve a primarily white American clientele,

granting them status as one of the few groups of Chinese immigrants that possessed such intimate contact with members of mainstream American society. As such, herbalists were uniquely positioned and motivated to forge a different identity that appealed to American preferences and tastes.

In this chapter, I argue that Chinese herbalists actively carved out a space to practice their medical tradition to white Americans. They negotiated the value of their medicine by emphasizing the compatibility of their medicine with American culture, drawing on Western religion and morality for legitimacy. At the same time, they asserted that their craft was beyond the reach of biomedicine by pulling from American ideas on Orientalism. Ultimately, with this freshly devised identity, herbalists amassed economic and social capital from their white American patients that in turn bolstered their elite positions within the Chinese immigrant community. This chapter is based upon primary archival work such as oral histories, court documents, and books published by herbalists as advertisements for their practices.

Lastly, Chapter Three analyzes why professionals and intellectuals were the driving force that created a true Chinese-American identity after World War II. This sense of belonging to the U.S. emerged among the Chinese in the post-war period. This process was facilitated by both the turnover of China to communism that severed many immigrants' ties with the homeland and the rapid increase of middle-class professionals who pushed towards this pivotal transformation of identity. A complex hodgepodge of individuals with diverse backgrounds and mixed interests comprised this new professional class that rose up to challenge elite merchant leaders who had previously held a monopoly on power in Chinese immigrant society.

At the center of this process was the Chinese Hospital—the same institution whose precursor was the Tung Wah Dispensary examined in Chapter One, now with a new name. Led

by the most powerful merchants in Chinatown, the Chinese Hospital represented a stronghold of merchant power. Thus, it was a natural target for professionals and intellectuals who employed healthcare as a platform to advocate for change in the leadership of the Chinese-American community to reflect this newly constructed Chinese-American identity. They fought for a more equitable distribution of resources to benefit all Chinese-Americans, not just the upper class. This chapter utilizes Chinese and English language newspapers, records of the Chinese Hospital, and autobiographies of physicians who worked at the hospital to argue that the new class of professionals and intellectuals vocalized working-class interests to call for a more inclusive Chinese-American identity.

Chinese identity progressed and evolved as sociopolitical and cultural forces in both America and China twisted and turned. Early Chinese immigrants held tightly to their native cultures when they experienced American antagonism towards them. Intrusive public health interventions made health one of the most important loci in which merchants leaders focused their efforts to preserve the Chinese way of life while on foreign shores. Subsequently, due to the nature of their medical work, Chinese herbalists experimented with a new identity that engaged with American audiences to expand their clientele. They did so by pulling from Western sources of authority and extracting ideas from the American public's imagination about China. Lastly, a new class of professionals in the post-war era inaugurated a Chinese-American identity that established healthcare, particularly at the Chinese Hospital, as a platform for reform in immigrant society, advocating for change and equity that would reflect the ideals of this new identity.

Chapter One

Transplanted Practices in Healthcare: Preserving Chinese Immigrant Identity

“Perhaps the most forbidding feature of Chinese life is the neglect of the sick and the suffering. Ill fares the coolie that falls sick in Chinatown. He may be provided with the necessities of life by his society, but of medical attendance or proper care he will get none. Nearly every week the police discover some wretched unfortunate that has been left to die in an underground den by unnatural relatives or friends. Slow starvation in a noisome cellar, in the horror of thick darkness, with vermin swarming over the helpless sufferer... [a] fate that has befallen many a poor creature in Chinatown.”¹¹

In February of 1887, American media accused the Chinese of inhumane treatment of their sick. Indignant, the municipal police force started investigations in San Francisco’s Chinatown, threatening arrest if more Chinese were left to perish in conditions that American authorities perceived to be appalling.¹² Nevertheless, the Chinese still preferred to die at these spaces provided by *huiguan*, or native-place associations, because it ensured a proper Chinese funeral and the repatriation of their bones to their homeland for burial among their ancestors.¹³ Relentless in their pursuit and intrusion into daily life, public health officials used this narrative of blame and morality to justify their interventions.

For early Chinese immigrants, preserving their way of life was their most pressing priority. In the earlier periods of Chinese immigration from the latter half of the nineteenth century until World War II, Chinese immigrants perceived themselves as sojourners—temporary wayfarers who travelled across the Pacific in search of a better life for themselves and their

¹¹ George H. Fitch, “A Night in Chinatown,” *Cosmopolitan* 2, no. 6 (February 1887), 356-357.

¹² Guenter B. Risse, *Plague, Fear, and Politics in San Francisco's Chinatown* (Baltimore, The Johns Hopkins University Press, 2012), 51.

¹³ Guenter B. Risse, “Translating Western Modernity: The First Chinese Hospital in America,” *Bulletin of the History of Medicine* 85, no. 3 (2011): 418.

families. Ultimately, they wished to return to China—their homeland and their roots—but while they lived in the United States, they attempted to recreate their home villages to the best of their abilities.

This was not an easy feat, given the belligerent attitudes of the American public. Mostly laborers, the Chinese experienced the harsh reality of blatant persecution that circumscribed their social contacts to other Chinese immigrants. Chinese merchants, on the other hand, possessed many more resources to leverage and an expectation to defend the Chinese way of life as members of the local elite. With massive wealth and a breadth of connections to Hong Kong and China, merchants established their indispensable role in early immigrant society as leaders.

In this chapter, I describe how these merchants, with vast social and economic capital, were key figures who facilitated the preservation of Chinese identity in early Chinese immigrants to the United States. This process of maintaining a Chinese way of life was influenced by not only American persecution but also Chinese experience with a foreign state in British colonial Hong Kong. For Chinese merchant leaders, healthcare occupied a critical space in their efforts because it was a common priority of Chinese immigrants and state officials that permitted them to establish their niche as the bridge of communication and regulation between the two. Established by merchants, the Tung Wah Dispensary of San Francisco served as a bulwark against American intervention in immigrant society and demonstrated the socioeconomic power and status of these merchants.

Recreating Canton: Chinese Identity in America

Shops and houses adorning pagoda-like balconies with tiled roofs lined the narrow, musky alleyways overflowing with people. The astringent smell of smog and freshly cooked meat

pervaded the air. Standing next to crates of *bok choy* and snow peas on the streets, shop owners shouted in Cantonese to advertise their products, hoping their voices would be heard above the clamor of the crowds. Inside a restaurant, plaques quoting traditional Confucian texts embellished the interior, complementing the imported wooden furniture and seats inlaid with marble. Here, tea was served without milk or sugar, and a confluence of dishes with various types of Chinese seasoning could be sampled. Across the street, an outdoor amphitheater packed with spectators clapping and hollering housed a performance of all-male actors who sung and performed acrobatic stunts across the stage in elaborate costumes. For most Americans, it almost seemed as if a stroll in the streets of San Francisco's Chinatown offered them a taste of the exotic China of their imaginations.

A few years before the beginnings of San Francisco's Chinatown, the first wave of Chinese immigration to the U.S began with the advent of the Gold Rush in 1849. Statistics on the number of immigrants in this early period fluctuated greatly depending on the source. An 1854 publication of *The Golden Hill's News*, a San Francisco bilingual newspaper projected the number to be 40,000 to 50,000, while Mary Coolidge, a white American woman, estimated that by 1855 there were 37,447.¹⁴ While the precise size of the early Chinese immigrant community remains an enigma, it is clear that the population exploded after the discovery of gold in California.

However, gold was not the only reason for immigration. China during the mid-nineteenth century was a nation of turmoil. The imperial Qing state's power was declining, chipped away by political upheaval as a result of peasant revolts and European encroachment. Governmental neglect of public works such as fixing dykes and dams exacerbated the situation, as widespread

¹⁴ *The Golden Hill's News*, July 29, 1854; Mary Roberts Coolidge, *Chinese Immigration* (New York: Henry Holt, 1909), 498.

floods and subsequent famine resulted in rampant disease and inflation.¹⁵ Immigration to San Francisco was the result of synergy between these push factors and the pull factors of gold, jobs, and a better life. Migration was seen as a tool to accumulate additional wealth and enhance familial status for generations to come.¹⁶

By 1850, San Francisco was already the major center for American trade with China. There was already an established trade route that developed between the city of Guangzhou and San Francisco that carried both goods and news across the Pacific—an avenue that no doubt contributed to the spread of news of gold in California.¹⁷ San Francisco's prime location and economic vitality allowed it to become the physical and cultural capital of Chinese immigration for the next century.

This route from Guangzhou to San Francisco provided a strong regional connection to America for the Chinese living in the Pearl River Delta located in Canton province in southeastern China. Understandably, the vast majority of Chinese immigrants in the U.S. came from this region of China. With the exception of Hong Kong, the main districts of emigration clustered around the city of Guangzhou in the Sam Yup and Sze Yup areas.¹⁸ Sam Yup, literally meaning three areas, consisted of the districts of Nanhai, Panyu, and Shunde, while Sze Yup, literally meaning four areas, consisted of the districts of Xinhui, Taishan, Kaping, and Enping.

The earliest immigrants were also overwhelmingly male. Only 14 Chinese women immigrated to the United States between 1848 and 1853, and according to estimates there were

¹⁵ Jack Chen, *The Chinese of America* (San Francisco: Harper & Row, 1980), 7.

¹⁶ Erika Lee, "Defying Exclusion: Chinese Immigrants and Their Strategies During the Exclusion Era," in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas between China and America during the Exclusion Era*, ed. Sucheng Chan. (Philadelphia: Temple University Press, 2006), 3.

¹⁷ Yong Chen, *Chinese San Francisco, 1850-1943: A Trans-Pacific Community* (Stanford, Calif: Stanford University Press, 2000), 35-36.

¹⁸ Chen, *The Chinese of America*, 16.

33,149 Chinese men in the United States in 1860 but only 1,784 women.¹⁹ This gender imbalance was a combination of traditional Confucian thought, American legislation, and the mentality of early Chinese immigrants. Patriarchic Confucian principles discouraged women from traveling abroad and they were prohibited from joining their families with anti-Chinese legislation such as the 1882 Chinese Exclusion Act.²⁰ Furthermore, most Chinese laborers saw themselves as temporary sojourners in the U.S. and wished to return to China after they made enough money, so there was no need to bring their wives and children with them.

In the minds of these immigrants, their native homes remained the center of their world, the place where they felt rooted. Their lives overseas were opportunities for them to achieve success and bring back the fruits of that prosperity back to their families. As discussed in the *Chinese-Western Daily*, the concept of *ronggui*, a “glorious return,” was common at that time. Even if these immigrants made three or five hundred dollars over a few years, they felt “that if [they] did not go home, it would be like wearing silk in darkness.”²¹

This mentality could be seen with the high frequency of travel back to China in the pre-exclusion era. In 1853, a grand total of 4,421 people returned to China from San Francisco. Of course, return migration was often not the end of their journey. After returning, many Chinese would pack their bags for the trek across the Pacific once more to provide financially for their families.²² Due to the melancholy and longing for their homes, the Chinese immigrant community did their best to make their new environment resemble home as much as possible.

¹⁹ Chalsa Loo, *Chinese America: Mental Health and Quality of Life in the Inner City* (Thousand Oaks: Sage Publications, 1998), 31.

²⁰ Lee, “Defying Exclusion,” 9.

²¹ *The Chinese-Western Daily*, April 1, 1907.

²² Yong Chen, *Chinese San Francisco*, 103.

Yet the United States was not Canton, and the Chinese immigrants faced immediate obstacles to the recreation of a familiar environment. The Chinese experienced intense persecution in this time, and this sociopolitical context of perceiving the Chinese as unassimilable only reinforced immigrant consciousness of their Chinese-ness. The Chinese had little freedom to choose their cultural identity. Instead, the American public assigned that identity to them. Even if some Chinese wished to self-identify as Americans, the hostile environment at the time largely prohibited such identification.²³ Historian Yong Chen argues that the immigrant community as a whole maintained a Chinese cultural identity that provided “coherence, a sense of direction, and a framework in which to comprehend life in the United States.”²⁴

This cohesive identity manifested itself in many ways. For instance, the Chinese in this early period of immigration called themselves the people of the *tang*, a term derived from the Tang Dynasty (618-907) in China, one of the most prosperous eras of Chinese history. The people of Canton preserved this term for centuries and brought it with them to San Francisco. Chinese immigrants named Sacramento Street, the center of early San Francisco Chinatown, *tang yan gai*, which meant the street of the *tang* people.²⁵

The prevalence of this Chinese identification was demonstrated by the naming of the *Tang Fan* newspaper published in San Francisco in the late nineteenth century. In stark contrast with the word *tang*, *fan* was the Chinese word for barbarian. The name of this newspaper revealed not only that immigrants self-identified as Chinese but also how they understood migration—that they were Chinese people in the land of the *fan*.²⁶ These early Chinese immigrants also asserted their cultural identity in their choice to preserve Chinese robes and the

²³ Chen, *Chinese San Francisco*, 125.

²⁴ Chen, *Chinese San Francisco*, 126.

²⁵ *San Francisco Chronicle*, March 14, 1897.

²⁶ Chen, *Chinese San Francisco*, 130.

queue hairstyle of Manchu Qing tradition. This public promulgation of their Chinese identity only heightened xenophobic sentiment towards the Chinese, but the Chinese persisted with maintaining this tradition.

This adamant attitude can be partially explained by the strong ties immigrants had to China. It would have been humiliating for a Chinese immigrant to return to his home village without the queue—a marker of Chinese cultural identity. Moreover, cutting hair was against Confucian doctrine, as explained by the idiom, “the body, hair, and skin are inherited from one’s parents, so one must not wound oneself in order to demonstrate filial piety.” In fact, when Ho Ah Kow’s queue was cut off by a local sheriff, Ho took the sheriff to court and won the case on the grounds of equal protection granted by the fourteenth amendment—an early victory for Chinese immigrants.²⁷ The maintenance of the queue was a visual and direct physical manifestation of the Chinese desire to return to their homes. Clearly, the Chinese worked around the restrictions that they faced to provide a sense of home and familiarity in this novel environment. These changes in physical and social structure reflected Chinese, particularly Cantonese, ideas about life and their strong desire to preserve the traditional Chinese way of life, even in San Francisco.

Architecture was one such way to preserve tradition. Starting from 1878, aliens who were excluded from citizenship, such as the Chinese, were banned from acquiring property in California.²⁸ Thus, although its residents were Chinese, wealthy whites were the true owners of Chinatown. However, the Chinese imbued these buildings that they rented with unique Chinese flair. They revamped these spaces by erecting wooden balconies, backyard shanties, and multiple room partitions, even relocating main entrances to buildings to narrow passageways between structures for privacy and protection. Modeled after Chinese homes, these residencies were also

²⁷ *The New York Times*, July 16, 1879.

²⁸ Risse, *Plague, Fear, and Politics*, 22.

split into living and working quarters, while the gates of courtyards were embellished with lions and dragons to thwart evil spirits and protect the residents.²⁹

Not only were the interiors and exteriors of buildings altered to match Chinese traditions, streets also bore striking resemblance to Cantonese alleyways. Traditional lanterns, posters, and banners garnished with Chinese characters written in bold, black-and-gold font decorated brightly painted balconies on busy streets replete with both business and residential buildings.³⁰ Even Chinese diplomat Zhang Deyi noted in his diary that San Francisco Chinatown looked “surprisingly like the city of Canton.”³¹

Of course, San Francisco’s Chinatown resembled Canton in many ways beyond architectural style. Chinese immigrant society greatly resembled that of China in that the basic unit of organization for these Cantonese immigrants was the *huiguan*, or the native-place association. As its name suggests, each *huiguan* consisted of members from a particular place in Canton. The merchant class provided leadership for these organizations that protected financial interests of the group while performing charitable and social functions, such as maintaining a cemetery or providing medicine and welfare services for the poor.³²

The origins of *huiguan* can be traced to fifteenth-century Beijing, and they spread throughout China in the following centuries.³³ In late nineteenth-century Shanghai, a city with non-native populations from all over China, *huiguan* played an essential role in negotiating and anchoring regional networks and identities. As in San Francisco, most *huiguan* in Shanghai were led by merchants, particularly those from Canton, and they oversaw burial services, social

²⁹ Guenter B. Risse, *Plague, Fear, and Politics*, 24.

³⁰ Risse, *Plague, Fear, and Politics*, 24.

³¹ Deyi Zhang 張德彝, *Hanghai shuqi* 航海述奇 [Tales of Miraculous Adventures While Sailing] (Beijing: Beijing Library Press, 1997), 46, 51.

³² Mark H. Lai, *On Becoming Chinese American: A History of Communities and Institutions* (Walnut Creek, CA: Rowman & Littlefield, 2004), 40.

³³ Mark H. Lai, *On Becoming Chinese American*, 40.

welfare networks, and religious celebrations.³⁴ Notably, merchant *huiguan* leaders not only invested and managed members in Shanghai, but also branched out to form a network of business contacts in different cities. These merchants expanded the reach of their economic activity and extended their charity to members from other cities. In essence, this created a national network of native-place organizations that would coordinate movement between locales and provide services for members.³⁵ Moreover, *huiguan* in Shanghai increasingly assumed urban managerial functions such as taxation, policing, and social control that granted them status as proxy governments.³⁶

Huiguan in San Francisco continued this tradition and served many of the same functions, providing protection and a sense of identity for the Chinese at a time when national identity was not very established.³⁷ *Huiguan* arbitrated disputes among its members, raised funds for operating expenses, and most importantly, prevented the absconding of defaulting debtors.³⁸ This last function was vital to merchant control over Chinese immigrant society, as anyone who wished to depart for China had to report to his or her *huiguan* when arriving in San Francisco before leaving. An exit permit was only issued after all debts had been paid. Since *huiguan* had exclusive contracts with shipping companies, those without an exit permit would not be able to purchase tickets.

³⁴ Bryna Goodman, *Native Place, City, and Nation: Regional Networks and Identities in Shanghai, 1853-1937* (Berkeley: University of California Press, 1995), 90-92.

³⁵ Goodman, *Native Place, City, and Nation*, 121.

³⁶ Goodman, *Native Place, City, and Nation*, 125-126.

³⁷ Elizabeth Sinn, *Power and Charity: The Early History of the Tung Wah Hospital, Hong Kong*, (Hong Kong, Oxford University Press, 1989), 13.

³⁸ Mark H. Lai, *On Becoming Chinese American*, 46.

The New Elites: Merchants in Overseas Chinese Communities

The pervasive power of *huiguan* in Chinese immigrant society signified that merchants held a tight grip on power. The rise of the merchant class in China occurred during the late nineteenth century, as the state's inability to manage rapid economic and population growth forged a space for merchant participation and leadership in administrative affairs. Through the structural framework provided by *huiguan* and their vast network of contacts, merchant leaders exercised authority over many areas that originally belonged under official state management. At the same time, Qing officials such as Li Hongzhang realized the value of merchants in providing investment for state "self-strengthening" enterprises and disaster relief, while merchants identified the utility in governmental support in legitimizing their efforts, as evidenced by the common practice of merchants purchasing official titles.³⁹ Neither group had complete control over the other and both groups had something they wanted from the other.

Merchants also possessed experience in dealing with foreign authorities. As I will expand upon later, the most prominent instance of this occurred in colonial Hong Kong, where merchants consolidated their power and established a hospital to represent Chinese interests to the colonial state. However, similar interactions occurred in Shanghai, when merchant-led *huiguan* financed much of the police force utilized by foreign concessions in the city and assisted in the maintenance of social order.⁴⁰ However, when foreign powers encroached on *huiguan* affairs, merchant leaders retaliated to defend their sovereignty, not shying away from violent brawls as seen with the Siming Gongsuo Riots of 1874 and 1898.⁴¹

³⁹ Goodman, *Native Place, City, and Nation*, 119-120; Sinn, *Power and Charity*, 47.

⁴⁰ Goodman, *Native Place, City, and Nation*, 151.

⁴¹ Goodman, *Native Place, City, and Nation*, 158.

This experience with foreign, particularly Western, governments proved to be invaluable in San Francisco, in which merchant leaders naturally took up the responsibility of leadership in immigrant society. Not only did they possess much more material wealth than the average Chinese laborer, merchants also retained this legacy of local leadership and respect. Rather than an anomaly, merchant leadership was a natural consequence of immigration, particularly with the absence of any Chinese state with jurisdiction in the United States.

Moreover, merchants also controlled the means of obtaining cultural goods and services that defined what it meant to be Chinese. Merchants in San Francisco collaborated with Hong Kong based *jinshanzhuang*, or import-export firms, that catered to the needs of overseas Chinese communities. This transpacific trade allowed the Chinese in America to preserve the Chinese way of life, providing goods from herbal medicine, fruits, ginger, and water lily roots, to seafood, dried goods, books, and magazines. Demand was so high that trade between the U.S. and Hong Kong amounted to an astounding \$26.8 million in 1872, and 450,000 of preserved ginger alone were exported in 1908, mostly to San Francisco.⁴² Along with this trade, merchants also managed immigration and emigration through *huiguan* membership and partnerships with shipping companies, as detailed before. This control over the flow of goods, services, and people across the Pacific gave merchants an exclusive position of leadership in San Francisco.

However, while *huiguan* did grant merchants the authority to make important decisions, they also facilitated the outbreak of conflict within immigrant society. The vast majority of working-class immigrants came from the impoverished Sze Yup region of the Pearl River Delta. In fact, until World War I, 60 percent of all Chinese immigrants in America came from the Sze

⁴² Madeline Hsu, "Trading with Gold Mountain: *Jinshanzhuang* and Networks of Kinship and Native Place," in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas between China and America during the Exclusion Era*, ed. Sucheng Chan. (Philadelphia: Temple University Press, 2006), 27.

Yup district of Toishan.⁴³ On the other hand, most merchants claimed ancestry in the Sam Yup region that included the capital city of Canton, the wealthiest city in the region.⁴⁴ This created a situation that pitted a group rich in resources against another strong in numbers, in a time when allegiances to place of origin superseded any unifying Chinese national identity. Newspapers frequently covered altercations that occurred between different *huiguan*, even those from the same district.⁴⁵

Despite these conflicts, anti-Chinese sentiment in America forced these *huiguan* to cooperate on matters of common concern. As early as 1853, merchants elected a committee to represent Chinese interests along with other *huiguan* leaders. In the 1860's, a federation of the six most powerful *huiguan* grew to assume position as the top decision-making body for affairs that affected the entire Chinese population. Known to white Americans as the Chinese Six Companies, this federation served as the spokesperson for the Chinese and sought to improve the image of the Chinese, leading efforts to fight against discriminatory legislation.⁴⁶

However, merchant dominance in early Chinese immigrant society did not remain unchallenged. Violent tongs in Chinatown, often associated with gang violence, posed a threat to merchant power. Tongs originated from secret societies in early Qing China and their membership in San Francisco largely consisted of those who were resentful at merchant control.⁴⁷ The violence was especially apparent after failed attempts by the Chinese Six Companies to repeal the 1882 Chinese Exclusion Act and 1892 Geary Act diminished merchant

⁴³ Chen, *The Chinese of America*, 18.

⁴⁴ Victor Nee and Brett de Bary Nee, *Longtime Californ': A Documentary Study of an American Chinatown* (New York: Pantheon Books, 1973), 65.

⁴⁵ Mark H. Lai, *On Becoming Chinese American*, 42.

⁴⁶ Yucheng Qin, *The Diplomacy of Nationalism: The Six Companies and China's Policy Toward Exclusion* (Honolulu: University of Hawai'i Press, 2009), 31, 48.

⁴⁷ Nee and Nee, *Longtime Californ'*, 67-68.

reputation and control.⁴⁸ At the same time, the Chinese Exclusion Act prohibited all Chinese from entering the U.S.—with the exception of merchants and diplomats. This privilege solidified merchant leadership, as they were among few who enjoyed the ability to travel across the Pacific. Eventually, with the help of the consul and local police, merchants were also able to gain the upper hand in the power struggle against the tongs. Moreover, the 1906 San Francisco Earthquake and Fire destroyed Chinatown and tong hideouts that greatly diminished their power.⁴⁹

Merchants in San Francisco were also partially responsible for the change in attitude the Qing government had towards emigration. The Qing government placed a ban on emigration stipulated by laws passed during the incipience of the dynasty. Although the ban was not actually enforced, it demonstrated the state's nervousness and lack of confidence in its ability to control its overseas subjects. It was only with the influx of donations and investments from Chinese merchants in Hong Kong and overseas that changed Qing attitudes and led to the appointment of an official minister to Washington in 1875.⁵⁰

Qing intervention in overseas Chinese affairs was welcomed by elite merchants. In fact, scholar Yucheng Qin argues that the merchants actively chose their leaders from scholar-officials in Canton in order to bolster their social status and legitimacy.⁵¹ A formal Qing legation would also offer protection for Chinese immigrants, so the Chinese Six Companies funded and urged

⁴⁸ Lee, "Defying Exclusion," 13; Nee and Nee, *Longtime Californ'*, 69.

⁴⁹ Chen, *The Chinese of America*, 184.

⁵⁰ Yong Chen, "Understanding Chinese American Transnationalism During the Early Twentieth Century: An Economic Perspective," in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas between China and America during the Exclusion Era*, ed. Sucheng Chan. (Philadelphia: Temple University Press, 2006), 159-161; Yucheng Qin, *The Diplomacy of Nationalism*, 95.

⁵¹ Yucheng Qin, *The Diplomacy of Nationalism*, 94.

the establishment of formal relations between the two countries with the Burlingame Treaty of 1868.⁵²

However, the Qing court also attempted to assert stricter control over *huiguan*, realizing the utility in regulating the massive amount of power held by overseas merchants. The Qing state began to recruit scholars with government titles to serve as presidents of *huiguan*. A policy enforced in 1887 mandated that the president elect of a *huiguan* be confirmed by the provincial governor general of the specific region from which its constituents originated.⁵³ The Qing government instated this policy in an attempt to ensure that the president would be impartial regarding factional politics. However, this scholar-official was also unfamiliar with local circumstances and power dynamics and could not complete his role successfully without the support of local elite merchants. In this way, the new policy empowered the merchants even further. Likewise, although the arrival of a San Francisco consul in 1878 introduced another source of leadership for the Chinese, merchants remained the true backbone of immigrant society, as the Qing legation enlisted leaders of the Chinese Six Companies as advisors, effectively including merchants as members of the diplomatic corps.⁵⁴

In keeping with a Chinese tradition of local elite philanthropy and leadership, merchants took on the role of protecting Chinese identity in this era of early immigration. Merchants were uniquely positioned to do so because of their elite status and their contacts with businessmen and Chinese officials on the other side of the Pacific. However, their attempts to preserve a Chinese way of life in the immigrant community was threatened by the rise of a new foe—American public health officials—that galvanized these merchants to take action in the realm of healthcare.

⁵² Yucheng Qin, *The Diplomacy of Nationalism*, 51-52.

⁵³ Zhang Yinhan 張蔭桓, *Sanzhou riji* 三洲日記 [Diary of Three Continents], 127-156.

⁵⁴ Risse, *Plague, Fear, and Politics*, 91.

A Whole New World: The Chinese and American Public Health

American state officials placed an increasing emphasis on public health, particularly in the latter half of the nineteenth century. As historian Nayan Shah posits, American public health in the nineteenth century produced standards of regulation that surveyed and monitored individuals at a level unlike anything before.⁵⁵ Municipal public health agencies and physicians investigated the living conditions and health of Chinese immigrants in Chinatown as an attempt to document the transmission of disease. However, these attempts were colored by the assumption of Chinese deviance from American normality and belligerent anti-Chinese sentiment, revealing discriminatory beliefs that placed the Chinese at the lowest rungs of racial hierarchy.⁵⁶ At this time, American public health sought to exclude difference, and the Chinese—marked as different—became scapegoats for disease.⁵⁷

The public's perception of Chinatown as a slum and a "laboratory of infection" were only exacerbated by the legal climate. As San Francisco's Chinese population grew rapidly, new immigrants had no choice but to cram into existing buildings, resulting in an overcrowded warren of commercial shops and residential buildings. Moreover, the physical state of these decrepit buildings slowly deteriorated with time. Out of both greed and blatant racism, property owners coerced Chinese tenants to sign leases that imposed on them all maintenance expenses and charged exorbitant rental fees, as they knew the Chinese had no choice but to acquiesce.⁵⁸

⁵⁵ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), 4.

⁵⁶ Barbara Berglund, *Making San Francisco American: Cultural Frontiers in the Urban West, 1846-1906* (Lawrence: University Press of Kansas, 2007), 97-98.

⁵⁷ Nayan Shah, *Contagious Divides*, 6.

⁵⁸ Risse, *Plague, Fear, and Politics*, 25.

According to an observer, “property leased to Chinamen in San Francisco [was] among the most productive in the city, and 30,000 Chinese [paid] annually one million dollars in rents alone.”⁵⁹

With limited financial means and an unwavering commitment to sending remittances back to their home villages in China, Chinese occupants had no choice but to tolerate these mortifying living conditions. Policies such as the Cubic Air Ordinance passed in 1870 deemed it illegal to rent rooms with less than 500 cubic feet of air per person in San Francisco. Targeted at the overcrowded housing in Chinatown, the enforcement of this law led to the arrest of so many Chinese Americans that even the municipal jails violated this rule of 500 cubic feet of air per person.⁶⁰ Ironically, this law that was designed to protect resident rights was twisted to penalize the Chinese by their white landlords.

Public health officials also resorted to more drastic measures. For instance, an amendment to Californian law in 1876 required quarantine for all lepers. Health authorities invaded Chinatown to arrest those that they considered lepers and forcibly isolated them in the Twenty-Sixth Street Lazaretto.⁶¹ Evidently, health and hygiene were tools for public health officials to justify intervention in the private lives of the Chinese, invading upon Chinese autonomy and their way of life. To prevent this intrusion and to maintain their control over Chinese immigrant society, merchant leaders saw healthcare as a space to defend their identities and way of life, approaching the crisis with experience they received from their counterparts in Hong Kong—by establishing a medical institution.

⁵⁹ Risse, *Plague, Fear, and Politics*, 26.

⁶⁰ Chalsa Loo, *Chinese America: Mental Health and Quality of Life* (Thousand Oaks: Sage Publications, 1998), 37.

⁶¹ J.B. Trauner, “The Chinese as Medical Scapegoats in San Francisco, 1870–1905.” *California History* 57, no. 1 (Spring 1978): 75.

Healthcare for the Chinese: Life, Death, and the Native Place

The Chinese defined health, healthcare and medicine quite differently than did their American counterparts. The Chinese tradition of medicine was a confluence of philosophy and healthcare that centered around a framework of five phase theory. These five phases explained the relationship between nature and the body by delineating the flow of *qi*, or vital energy. In addition, the concept of *yangshen*, or nourishing life, matured in the Ming Dynasty (1368-1644) and regulated all areas of life, from diet to sexual intercourse, to cultivate a healthy body to achieve longevity.⁶²

Chinese medicine was also an eclectic mix of ideas and practices that defied clear boundaries between the physical, mental, and the spiritual. Bone setting, acupuncture, and shamanistic healing were common in China, but these ways of healing were marginalized by the *ruyi*, or literati physicians who grew to prominence during the Song Dynasty (960-1279).⁶³ Scholar-physicians took pride in the long literary tradition of medical classics such as *Shanghanlun*, written by the famed physician Zhang Zhong Jing of the Han era. However, the *ruyi* only catered to the royal family and nobility, so it was the diverse group of medical practitioners that offered a combination of herbal concoctions, acupuncture, and spiritual healing that provided care for the common people.

During the Qing Dynasty (1644-1912), medicine was not a political priority of the state before the Manchurian Plague of 1911. State intervention only occurred in moments of urgency, such as outbreaks of smallpox, in which the Qing government distributed medicine to maintain social stability.⁶⁴ Instead, most people dispersed medicine and advice on healthcare in their daily

⁶² T.J. Hinrichs and Linda Barnes, eds., *Chinese Medicine and Healing: An Illustrated History*, (Cambridge, MA: Belknap Press of Harvard University Press, 2013), 153.

⁶³ Hinrichs and Barnes, *Chinese Medicine and Healing*, 109, 116.

⁶⁴ Hinrichs and Barnes, *Chinese Medicine and Healing*, 171.

social interactions with family and friends. Medicine played an especially important role in philanthropy, as the Chinese believed in karma for performing charitable deeds. As opposed to the scholar-gentry, merchants in the Qing dynasty became the major philanthropists who partook in the dissemination of medical works as acts of charity.⁶⁵ Thus, the average Chinese immigrant came to the United States with a firm foundation of knowledge in Chinese concepts regarding health. In addition, metropolitan areas often boasted benevolent societies and *huiguan* that provided charitable services for their members and the needy, such as coffins for unidentified corpses and disaster relief for floods.⁶⁶

The importance of burial practices to the Chinese was evident in the aggressive reactions elicited from the Chinese when these customs were encroached upon. In Shanghai, the Siming Gongsuo Riots of 1874 and 1898 exploded over struggles to control burial lands. In 1874, the French Municipal Council built roads cutting through *huiguan* cemeteries, an act that drew protests and negotiations from the Ningbo *huiguan*. However, these pleas fell on deaf ears, and *huiguan* leaders amassed more than a thousand people to discuss the situation. Sparked by an event of chance, violence ensued between the French police and *huiguan* members, eventually leading to French concession to *huiguan* control over their burial lands.⁶⁷

Likewise, in 1878, French authorities who considered Chinese coffin repositories unsanitary tore down the walls of the cemetery on July 16. At night, Chinese crowds armed with bricks and spiked bamboo destroyed the roads and accosted foreigners. The next morning, virtually all Ningbo Chinese went on strike, severely impairing French trade—a deadlock that

⁶⁵ Hinrichs and Barnes, *Chinese Medicine and Healing*, 181-182; Joanna F. Handlin Smith, "Social Hierarchy and Merchant Philanthropy as Perceived in Several Late-Ming and Early-Qing Texts," *Journal of the Economic and Social History of the Orient* 41, no. 3 (1998): 420.

⁶⁶ Goodman, *Native Place, City, and Nation*, 122-123.

⁶⁷ Goodman, *Native Place, City, and Nation*, 159-162.

was only ameliorated with the intervention of the Qing court.⁶⁸ Clearly, the Chinese viewed burial practices as sacrosanct and were not willing to compromise on any intrusion that violated their beliefs and autonomy of taking care of the dead. For the Chinese, death, and the proper rituals attending it, “transformed individuals into the privileged role of ancestors and symbolized the continuity of the family.”⁶⁹ Only by burying one’s ancestors at an auspicious location would allow them to rest in peace and bring prosperity for the entire family line.

Chinese immigrants entered the United States carrying with them these beliefs and expectations about healthcare, life, and death. Self-care, followed by herbal medicine, would have been the most popular choices for healing in Chinese immigrant society. Although there are no extant records of herbal medicine in the U.S. before 1860, scholars suggest that professional herbalists were among the earliest of immigrants to arrive to the United States.⁷⁰ These herbalists set up practice in herbal stores, according to Chinese tradition, in which formulated medicines and herbs were offered along with the health services of medical practitioners. These stores were not only centrally located in Chinatowns, such as the one in San Francisco, but existed in rural areas across the West with substantial Chinese populations. The fact that herbs were available and readily purchased without physician consultations revealed that medical knowledge among Chinese immigrants was widespread. Even white Americans noticed this, commenting that “judging from the number of their apothecary stores, one would suppose that the Chinese were large consumers of medicines.”⁷¹

⁶⁸ Goodman, *Native Place, City, and Nation*, 163-169.

⁶⁹ Elizabeth Sinn, *Pacific Crossing: Californian Gold, Chinese Migration, and the Making of Hong Kong* (Hong Kong: Hong Kong University Press, 2013), 266.

⁷⁰ Haiming Liu, “Chinese Herbalists in the United States,” in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas Between China and America during the Exclusion Era*, ed. Sucheng Chan, (Philadelphia: Temple University Press, 2006), 137.

⁷¹ A.W. Loomis, “Medical Art in the Chinese Quarter,” *Overland Monthly* 2, no. 6 (1869): 496.

In addition to herbalists and home remedies, merchant leaders of *huiguan* provided basic care for members. In an 1870 publication of the *Atlantic Monthly*, a presumably white man recounts the story of Win Kang, who immigrated to San Francisco in 1864. Upon arrival, the Ning Yung *huiguan*'s secretary approached him and nursed him back to health in two weeks, offering him food, shelter, and medicine until he recovered.⁷² *Huiguan* also provided cemeteries and coordinated bone repatriation, the shipment of remains back to native villages in China. Bone repatriation was an essential part of the Chinese immigrant experience in America, for nothing was more horrifying than dying in a foreign land, isolated from the rest of the family without anyone paying respect to the grave during festivals of ancestor worship. Cemeteries served as temporary resting places for the dead, a processing station that would eventually ship the remains back to Hong Kong, and from Hong Kong to the individual's native village.

In 1870 alone, 9,000 kilograms of bones were shipped back to China.⁷³ In fact, it was so unusual for Chinese immigrants not to partake in bone repatriation that Gee Ah Tye made the news when he expressed wishes to be buried in America. His obituary read, "his bones to lie in this land...the strange request of an aged Chinese merchant...He did not want his body sent back to the Flowery Kingdom."⁷⁴

Unsurprisingly, bone repatriation services were coordinated by *huiguan* in San Francisco. Service to the dead not only occupied a vital social function but was also a keystone of community leadership and influence.⁷⁵ Moreover, because it required a significant amount of money, time, and connections, bone repatriation was a job that only merchants could take on. As will be expanded on later, the Tung Wah Hospital of Hong Kong was the major institution that

⁷² "Wo Lee, and His Kinsfolk," *Atlantic Monthly* 25 (Feb. 1870): 226.

⁷³ Sinn, *Pacific Crossing*, 268.

⁷⁴ Sinn, *Pacific Crossing*, 267.

⁷⁵ Sinn, *Power and Charity*, 18.

handled all bone repatriation for overseas Chinese communities. The most influential merchants of Hong Kong headed the Tung Wah Hospital, so their connections with their counterparts in San Francisco were vital in securing everything that went into the management of bone repatriation services.

Hong Kong: Chinese Experience with the Western State

In fact, the conditions in early colonial Hong Kong and San Francisco near the turn of the twentieth century were strikingly similar. In both places, the Chinese community was led by merchant leaders who faced an encroachment on their way of life by means of foreign state intrusion into how the Chinese provided healthcare. Based upon the chronology of events and close connections between the two locations, I argue that merchants' experience in Hong Kong transferred strategies in resisting and negotiating with Western authorities to their counterparts in San Francisco, allowing them to preserve their way of life.

In Hong Kong, there were few organizations that catered to pan-Chinese interests before the establishment of the Tung Wah Hospital in 1870. *Kaifong*, or street welfare associations, served as local groups that coordinated social affairs and reported back to the Man Mo Temple Committee—the first entity to truly claim representation of pan-Chinese interests in Hong Kong. This committee, headed by wealthy Chinese merchants who negotiated business with mainland China as well as with other nodes of the Chinese diaspora, served as the link between the Chinese of Hong Kong and the British colonial government, as did the Chinese Six Companies did in San Francisco.⁷⁶

⁷⁶ Sinn, *Power and Charity*, 15.

Before the hospital, temples known as *yici* provided a space for the tablets of the deceased and for the terminally ill to await death, in response to the common belief that it was unclean for death to occur in the home.⁷⁷ An international scandal erupted in 1869 when acting registrar general Alfred Lister investigated the death of a man who passed away at a *yici*. Horrified, Lister described the *yici* as places with, “miserable and emaciated creations, unable to speak or move, whose rags had apparently never been changed since their admission, and whom the necessities of nature had reduced to an inexpressibly sickening condition.”⁷⁸ His testimony spread by way of press all the way to London, where the National Association for the Promotion of Social Science accused Richard MacDonnell, governor of Hong Kong, for his negligence of the Chinese.⁷⁹ In this critical moment, MacDonnell had to weigh the consequences of his options. He could not leave the situation as it was, for fear of further punishment from London, but if he forcibly closed down all *yici*, the social unrest it would have caused was unfathomable.

He needed an alternative. Fortunately, elite merchants in Hong Kong came up with the solution for him—a hospital to provide care for the sick and dying. MacDonnell desperately needed these merchants—a group of influential individuals who could manage and represent the Chinese population—to serve as a middle-man. For the merchants, the establishment of the Tung Wah Hospital would institutionalize their leadership in Chinese social circles that was already taking form via the Man Mo Temple Committee. It granted them official recognition from the British colonial state as the spokespeople for the Chinese, a form of legitimization put to paper with the Hospital Incorporation Ordinance of 1870 that further elevated their status among the Chinese.

⁷⁷ Sinn, *Power and Charity*, 18.

⁷⁸ Sinn, *Power and Charity*, 33.

⁷⁹ Sinn, *Power and Charity*, 33.

There were many reasons why merchants achieved success in institutionalizing their leadership with the Tung Wah Hospital instead of another alternative. First, the hospital was an institution familiar to the British, unlike traditional Chinese entities such as the Man Mo Temple. Moreover, the most influential merchants that made up the Tung Wah Board of Directors concentrated social and economic resources that surpassed any other institution. As businessmen, these merchants knew how to manage a hospital. Many of these men also experienced British education and held Chinese government titles, granting them legitimacy in both British and Chinese realms.⁸⁰ On the other hand, smaller social organizations such as *kaifong* held limited power because they were divided in nature—by clans, professions, places of origin—and could not represent pan-Chinese interests.

Moreover, these elite merchants realized the power that lay in narratives of health. The British government's vehement response to the story of the *yici* revealed the colonial state's fear of being labelled as neglectful, despite their discriminatory views towards the Chinese race. It also demonstrated the utility of public health in establishing the necessity of merchant intervention. In Hong Kong, political and military power were concentrated in the hands of a few British men, but the Chinese were the major social and economic forces. In fact, in 1881, Chinese merchants controlled around 90% of note circulation, owned the largest shares in real estate, and made 90% of the city's revenue.⁸¹

The British valued Hong Kong for its location as a vital trade center that connected nodes of their colonial empire. However, because the British were in the minority, maintaining social order was of utmost importance. Thus, policing the Chinese, via mechanisms such as public health, were vital to colonial authorities. Realizing this fact, elite merchants cleverly allied

⁸⁰ Sinn, *Power and Charity*, 47.

⁸¹ Sinn, *Power and Charity*, 84.

themselves with the state in regulating Chinese bodies. Doing so gave them leverage to protect the Chinese way of life and maintained the Chinese community's autonomy in policing itself, building up their reputation as defenders of the Chinese.

The Tung Wah Hospital preserved a Chinese identity and way of life in many ways. Through the hospital, merchants continued the Chinese philanthropic tradition of medicine, in which local elites were expected to provide administrative and welfare services for the people. Moreover, these merchants negotiated their way to becoming the final arbiters of the employment and firing of doctors. Thus, all medical care was provided by traditional Chinese medical practitioners in the first few decades.⁸²

The death rate in the Tung Wah Hospital was also much higher than that of British-operated hospitals, but this higher mortality rate revealed that the Chinese *wanted* to die in the Tung Wah as opposed to other hospitals, as it provided a safe haven from the post-mortem examinations that were mandatory at its peer institutions. In 1893, 1,231 out of 1,375 deaths in Hong Kong occurred at the hospital, a testament to its importance and value to the Chinese.⁸³

One of the ways the early hospital served the colonial state was in providing free vaccinations. In 1880, the Tung Wah Hospital administered around 1000 vaccinations, a hefty number compared to the 76 administered by the colonial state.⁸⁴ Again, these merchants proved their utility to the state in public health interventions, while providing a familiar face and culture to the Chinese when executing such intrusive interventions.

⁸² He Peiran 何佩然, *Yuan yu liu: Donghua yiyuan de chuangli yu yajin* 源與流: 東華醫院的創立與演進 [Origin and flow: Establishment and evolution of the Tung Wah Hospital], (Hong Kong: San Lian Shu Dian Inc., 2009), 142.

⁸³ Sinn, *Power and Charity*, 64.

⁸⁴ Sinn, *Power and Charity*, 65-66.

More importantly, the hospital committee was the voice for the community beyond just medical affairs. As such, these merchants filled in the role that local magistrates had in traditional Chinese society by listening to the concerns of the people. It voiced out the concerns and frustration of the Chinese in Hong Kong, serving as a lawyer to defend Chinese customs. For instance, when American labor recruiters started to kidnap Chinese men to work on American projects, the hospital committee pressed the colonial state to enforce stricter regulations and even hired detectives to hunt down kidnappers and provide shelter for victims.⁸⁵ It was health that provided this space for elite merchants in Hong Kong to establish their utility to both the British colonial state and the Chinese people—a strategy and lesson that merchants transferred from Hong Kong to San Francisco.

San Francisco: The Tung Wah Dispensary

The process of establishing the Tung Wah Dispensary in San Francisco was quite similar to that of the Tung Wah Hospital in Hong Kong. Like the *yici*, *huiguan* in San Francisco provided non-therapeutic care for the dying. This was modelled after philanthropic activity of private benevolent societies financed by affluent merchants in the late Qing China in which free medical herbs were dispensed to the indigent. Relatives of those nearing death would transfer moribund family members to funeral homes known as chambers of tranquility, in which the dead would be left to spend their final days.⁸⁶

When American authorities discovered dying bodies in *huiguan*, their reactions paralleled those of the British colonial state. The *San Francisco Call* described these funeral homes as “horrible and revolting,” asserting the need for “a place where poor Chinese might receive

⁸⁵ Sinn, *Power and Charity*, 106-107.

⁸⁶ Risse, *Plague, Fear, and Politics*, 51.

humane treatment.”⁸⁷ A report to Congress described that Chinese funeral homes “[appeared] very different from ours. They [had] no beds; they [laid] the sick on mats on the floor...In some cases, [the mats were] ...liable to gross negligence.”⁸⁸

Blamed for mistreatment of their sick, Chinese merchant leaders faced an increasingly aggressive and interventionist approach by municipal authorities and pressure from the Chinese to establish an institution analogous to the Tung Wah in Hong Kong to protect the Chinese way of life.⁸⁹ The police investigated *huiguan* funeral homes and threatened to arrest those who continued to use these spaces for moribund family members.⁹⁰ Merchants raised money for a Chinese-run hospital, but these efforts were hindered by white Americans in 1886 who argued that the Chinese should not be allowed to practice without a license—an impossible feat because no American medical schools accepted Chinese students at the time.⁹¹

There were also previous efforts to establish institutionalized healthcare. Medical missionaries such as William Speer were the earliest to do so, but these attempts were short-lived without the support of the Chinese merchant elite. The next attempt was spearheaded in 1899 by Dr. B.C. Atterbury, a white doctor who treated Chinese patients regularly with the help of Ka Seung Lai, a Chinese convert to Christianity. This ultimately led to the establishment of the *Yan Chai* Hospital, led by a dual board of directors. The non-Chinese board comprised of bankers and businessmen who managed and ran the hospital. The Chinese committee was headed by Ho Yow, Chinese consul general, and its members were merchants and Christian converts in charge

⁸⁷ “Medicine Dispensed Free Among Chinese,” *San Francisco Call*, Feb. 20, 1900.

⁸⁸ U.S. Congress, Senate, Joint Special Committee to Investigate Chinese Immigration, *Report of the Joint Special Committee to Investigate Chinese Immigration*, 44th Cong., 2 sess., 1877, 646.

⁸⁹ *The Oriental* 唐番公報, September 18, 1875.

⁹⁰ Risse, *Plague, Fear, and Politics*, 51.

⁹¹ Mark H. Lai, *Becoming Chinese American*, 119.

of fundraising. However, all physicians were non-Chinese, and traditional Chinese medicine was not offered.⁹²

The *Yan Chai* hospital lasted for a single year. Clearly, it mattered to the Chinese *who* offered *what* type of medicine. The fact that all medical practitioners at the *Yan Chai* hospital were white Americans who offered only Western medicine was unacceptable. On the other hand, the Tung Wah Dispensary established by Chinese merchants the following year enjoyed much more success. First, the naming of the hospital provided distinct advantages due to the reputation of the Tung Wah Hospital in Hong Kong. Hong Kong's proximity to *qiaoxiang*, or the emigrant sending areas of Sze Yup and Sam Yup in the Pearl River Delta, made it the primary site of transit for immigrants headed to California.⁹³ Thus, most Chinese immigrants were familiar with the Tung Wah Hospital of Hong Kong that offered shelter and medical assistance for emigrants and was the center for transpacific contact for immigrants in California, whether for bone repatriation or letters to and from family in China. This familiarity to the hospital made the Chinese more receptive to this new dispensary.

Moreover, elite merchants established an all-Chinese board of directors, similar to that of the Tung Wah Hospital of Hong Kong, so they maintained a sense of autonomy in decision-making that the *Yan Chai* hospital lacked. The support of General Consul Ho Yow in this endeavor added legitimacy to the dispensary. Most importantly, seven well-known Chinese medical practitioners with several Western medical physicians served as the medical staff.⁹⁴ The inclusion of Western physicians was a strategic move on the part of the board, because they knew they needed to overcome the challenge of licensure. Thus, the medical staff was nominally

⁹² Lai, *Becoming Chinese American*, 119; Risse, "Translating Western Modernity," 424.

⁹³ Sinn, *Pacific Crossing*, 49-50.

⁹⁴ Risse, "Translating Western Modernity," 429-430.

headed by George L. Fitch, a licensed physician sympathetic to the Chinese who worked with natives of Hawaii for 30 years before moving to California.⁹⁵

Finally, the Tung Wah Dispensary opened its doors on March 3, 1900—an auspicious day in the Chinese calendar.⁹⁶ However, just four days later, municipal authorities declared the outbreak of plague in Chinatown, sending 32 police officers to remove all whites from the area, prohibiting anyone besides whites from leaving Chinatown and allowing no one to enter.⁹⁷ This was a moment of crisis because it allowed the American state to extend its control over Chinese bodies. San Francisco public health officials used the Tung Wah Dispensary as a point of contact, mandating that Tung Wah physicians report all cases to local health authorities. Not only so, they rejected all death certificates issued by physicians practicing in Chinatown, a huge blow to the Chinese because death certificates were vital for securing burial permits.⁹⁸

Faced with this challenge, merchants facilitated communication with the state while protecting Chinese interests, negotiating with municipal authorities to reach a compromise. All seriously ill Chinese would be referred to the dispensary, while the medical staff there would work jointly with public health officials to issue death certificates. This gave the Tung Wah Dispensary a reasonable degree of autonomy that could ensure Chinese patients were treated by the Chinese medical staff. The leaders of Tung Wah also retained a voice in issuing death certificates, vital to preventing post-mortem operations or the disposal of corpses that the Chinese feared. Lastly, the dispensary also dispensed free herbal medicine to all Chinese who asked for it at this time.⁹⁹ Yet again, the merchants in the Tung Wah leadership displayed the

⁹⁵ Risse, “Translating Western Modernity,” 430.

⁹⁶ “Quarters of the New Chinese Medical Dispensary,” *San Francisco Call*, March 3, 1900.

⁹⁷ Nayan Shah, *Contagious Divides*, 120.

⁹⁸ Risse, “Translating Western Modernity,” 434.

⁹⁹ Risse, “Translating Western Modernity,” 435-436.

crucial role they played as the guardian of Chinese interests during times of emergency by limiting the intervention of the state and facilitated Chinese autonomy.

In all, because of the intimate connections between the Tung Wah Hospital and overseas Chinese communities, merchants in San Francisco learned from their predecessors in Hong Kong when they established the Tung Wah Dispensary in 1900. They realized the importance of healthcare in institutionalizing merchant leadership in the community, while understanding the value in appealing to the Western state's fixation on regulating Chinese bodies. Merchants knew that only they were capable of financing and managing such an institution that would actually receive support from the Chinese. Elites of the immigrant world, merchants provided an institution that would safeguard Chinese identity and fend against American accusations and attempts to intervene in immigrant life.

Conclusion

The 1906 San Francisco earthquake and subsequent fire demolished the Tung Wah Dispensary. It was not until 1925 when the institution was rebuilt and expanded into a fully-fledged hospital, renamed as the Chinese Hospital. In its brief years of existence, the Tung Wah Dispensary served as a concentrated locus of merchant authority, providing protection and care to early Chinese immigrants and limiting state intervention in the Chinese way of life.

At a time when Chinese immigrants desperately held onto their Chinese identities, merchants fulfilled their roles as elites in safeguarding this identity. Merchants provided cultural goods and services, leadership in social organizations, and welfare networks to facilitate this preservation of the Chinese way of life. Moreover, Chinese merchants realized that healthcare

was essential to institutionalizing their leadership, as health lay in the intersection of American state interests and Chinese priorities.

Health was a space in which experience and traditions were transferred from Hong Kong to San Francisco. Because conditions in both places were so similar, the prominence of the Tung Wah Hospital in Hong Kong informed the establishment of an analogous institution in San Francisco. Both these institutions served an indispensable role in providing consolidated leadership for the Chinese community that existed under foreign governments.

Health, however, did not only exist inside the boundaries of a dispensary or a hospital that provided medical care. In fact, the majority of healthcare was provided in the home and by herbalists who relied on more traditional notions of health and medicine. In the next chapter, I will explore how herbalists established their niche among the different forms of medicine by both accentuating their Chinese identity and pulling on classically Western sources of authority. In this case, medicine became a unique space that allowed herbalists to enjoy elite status in Chinese social circles while enjoying financial success by providing services to non-Chinese clientele.

Chapter Two

In the Courtroom and Out: Defending Herbal Medicine in America

When interviewed by San Francisco Chronicle reporter Dick Hemp in 1949, Fong Wan compared himself to the pine tree painted on the framed horoscope that hung on his office wall. “Pine tree like me,” he said, “Pine tree has strong spine and only one heart goes upward. Like tree, I tower on top of mountain and endure all hardships world produce. Like rain and storm and snow on tree, I push away hardships and gain power and intelligence from enemies, like tree gain nourishment from seasons.”¹⁰⁰ Clearly, Fong thought quite highly of himself, and in some ways, justifiably so. A millionaire, Fong had practiced for over 40 years with clients stretching across the country and even internationally.

Fong Wan—known as Fong Poy, Mon Poy Fong, Fong Wan Kwong, or “King of the Herbalists in North America”—was a legendary figure in Oakland, California.¹⁰¹ Not only did he possess a huge herbal clinic, he also was a tycoon in the shrimp fishing industry and owned hotels, restaurants, nightclubs, an emporium store, laundromats, and a wholesale store. He was born on May 11, 1883 in Ham Ning village of Canton, China, the second son of nine children. At the age of 15, Fong made and sold bamboo shell lanterns with his father, and subsequently immigrated to California two years later in in 1900 to visit relatives. After training under the tutelage of his uncle, a famous herbalist in San Francisco, Fong opened his first herbal shop in

¹⁰⁰ “Fong Wan, Chinese Herbalist,” San Francisco Museum, <http://www.sfmuseum.org/hist8/fongwan1.html>. (accessed November 13, 2018); The pidgin English used here may have reflected the journalist’s assumptions about Fong’s English, as Fong had no problem with English in other primary documents.

¹⁰¹ “Fong Wan, Chinese Herbalist,” San Francisco Museum, <http://www.sfmuseum.org/hist8/fongwan1.html>. (accessed November 13, 2018).

Santa Rosa in 1912, and soon became a full-fledged herbalist with offices in Oakland and San Francisco.¹⁰²

The story of Fong Wan offers a peek into the world of Chinese herbalists in the United States—a distinct group of individuals who occupied elite status in Chinese America in this time before World War II. Whereas merchants were leaders of the social institutions that governed Chinese immigrant society, Chinese herbalists were highly respected in local communities because they provided a vital service—healthcare—that was central to preserving the Chinese way of life.

However, not all herbalists in this period served the Chinese immigrant community, as some made a conscious decision to cater their practices to white Americans instead of their fellow countrymen. At a time when most Chinese immigrants were working-class laborers, herbalists had a limit to how much they could charge. Of course, the Chinese were still voracious consumers of herbal medicine, as evidenced by the prevalence of herbal shops in Chinatown and the size of the transpacific herbal trade. However, some herbalists saw a unique opportunity to make money by offering their services to white Americans, who generally were much wealthier and could afford to pay for more expensive treatment. Their profession granted them contact with white Americans that most Chinese immigrants did not have at the time—a unique space and one of the earliest instances of intimate cross-racial interactions for Chinese immigrants in the United States.

These herbalists who targeted a primarily white clientele faced several challenges. First, they had to advertise their services to individuals who did not share their tradition of medicine or their ideas about health. Moreover, their patients held preconceived notions about Chinese

¹⁰² “Fong Wan, Chinese Herbalist,” San Francisco Museum, <http://www.sfmuseum.org/hist8/fongwan1.html>. (accessed November 13, 2018).

people and culture that lent itself to a particular understanding of the form of medicine practiced by Chinese herbalists. Most importantly, Western physicians and state regulatory bodies tried to limit the reach of “alternative” forms of medicine, so Chinese herbalists were embroiled in legal trouble. In analyzing this phenomenon, historian Haiming Liu compares the development of Chinese herbal medicine in the United States with that of Chinese restaurants. In both sectors, there was a need to serve Chinese and non-Chinese clientele, but herbal medicine “could not change its ingredients, flavor, or dispensation to suit the taste of mainstream Americans.”¹⁰³

Instead, herbalists had to change their presentation of themselves and their medicine—a process that represented a crucial moment for identity formation. In this chapter, I contend that herbalists were uniquely positioned to engage in dialogue with white Americans in this period when the majority of Chinese immigrants experienced limited contact with American society. Chinese herbalists manufactured an identity that was compatible with American culture using a multitude of strategies in order to demonstrate the value of their medicine to American clientele and defend against accusations of fraud from state regulatory bodies.

In essence, Chinese herbalists filled in gaps left unfulfilled by Western physicians, serving as the alternative paradigm of care for white American patients. To carve out a space to practice their medical traditions, these herbalists pulled from Western religious, legal, and medical authorities to prove the compatibility of not just their medicine but of the Chinese people. Moreover, they manipulated American Orientalism to their favor to assert that their craft was outside the purview of modern science and medicine, a useful strategy in moments of conflict with the state or competing medical practitioners. As one of the earliest spaces that

¹⁰³ Haiming Liu, “Chinese Herbalists in the United States,” in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas Between China and America during the Exclusion Era*, ed. Sucheng Chan, (Philadelphia: Temple University Press, 2006), 1376.

allowed for intimate cross-cultural contact, healthcare provided a venue for an exchange of ideas that forged a new Chinese immigrant identity vis-à-vis their contact with white Americans.

Herbalism in the United States

When the Chinese first came to the United States, they brought their medical traditions along with them. As expounded in the first chapter, Chinese medical practices consisted of a variety of ideas and practices that integrated healing in physical, mental, and spiritual realms. In America, herbal medicine represented the most common form of Chinese medicine, as it was easily transportable and could be administered in the comforts of the home. As medicine occupied a central role in traditional Chinese concepts of charity, medical knowledge was widely accessible in China due its dissemination by elite merchants in the form of booklets, verses, and primers.

With substantial medical knowledge, most Chinese immigrants relied on self-care as their primary source of healthcare. For most minor illnesses, Chinese immigrants simply purchased herbs that they needed. It was only for more serious conditions that elicited a trip to the local herbalist. Regardless, herbal medicine was clearly important to the Chinese way of life, even after these immigrants arrived in America. In fact, when members of the Chinese Historical Society of America examined 3 sub-basements in San Francisco that held personal luggage of the earliest Chinese pioneers, they found that nearly all pieces of luggage contained Chinese herbs.¹⁰⁴ Despite lack of direct accounts, scholars Paul Buell and Christopher Muench speculate

¹⁰⁴ William Boyer, ““The Five Eras of Chinese Medicine in California,” in *The Chinese in America: A History from Gold Mountain to the New Millennium*, ed. Susie L. Cassell (Walnut Creek: Altamira Press, 2002), 176.

that professional herbalists were likely among the earliest immigrants to the U.S. in the late 1840's and early 1850's.¹⁰⁵

The high utilization rate of herbal medicine in Chinese America was also evident in the scale of the transpacific herbal trade. In 1878, there were already eight wholesale herb companies in San Francisco's Chinatown involved with this international trade. The scale of this trade was large enough that San Francisco's Chinese Chamber of Commerce published a booklet, *Liang yao zhaozhi*, that displayed twenty-three types of herbs to facilitate their passage through U.S. customs.¹⁰⁶

Scholars such as William Boyer categorize Chinese herbal medicine in the United States into distinct periods. Boyer believes that the heyday of Chinese herbal medicine occurred between 1870 to 1912, in which the spreading influence of herbal medicine reached beyond the Chinese immigrant community, particularly to white and Latino populations in California. However, the following four decades were characterized by severe persecution for herbalists by American legal and medical establishments that will be discussed extensively later in this chapter.¹⁰⁷

Up to the post World War II era, the practice of herbalism was inherently an ethnic Chinese profession. Herbal shops retained the Chinese tradition of combining the sale of herbs coupled with the service of an herbalist to diagnose patients with ailments.¹⁰⁸ Not only so, herbs sold in the U.S. were imported from China and Hong Kong—indicating the existence of a transpacific trade that linked these herbalists to their homelands. Thus, many herbalists who participated in the import of herbs also wore the hat of a merchant, while others simply

¹⁰⁵ Liu, "Chinese Herbalists in the United States," 137.

¹⁰⁶ Liu, "Chinese Herbalists in the United States," 138.

¹⁰⁷ Boyer, "The Five Eras," 175.

¹⁰⁸ Liu, "Chinese Herbalists in the United States," 137.

purchased herbs from their peers or other merchants involved in the herb business. Fong Wan himself claimed that his herbs were all imported from Hong Kong. This transpacific herb trade was not a small venture—in just 1949, Fong Wan imported \$39,000 worth of 102 bales of herbs, weighing 200 pounds each.¹⁰⁹

As evidenced by the scale of the herbal trade, Chinese immigrants heavily relied on herbal medicine to care for their families and friends, consulting herbalists when dealing with more serious diseases beyond their knowledge. The size of this trade, however, had an unintended effect of attracting the attention of American governmental and medical entities at a moment when the definition of what constituted legitimate medicine was being brought into question.

“Alternative” Medicine and the American Medical Establishment

In the early twentieth century, American medicine underwent rapid professionalization and regulation that dictated which forms of healing were legitimate and which ones were not. Unfortunately for Chinese herbalists, herbal medicine fell victim to these new boards of medical governance. Similar to public health officers who intruded on Chinese immigrant life, these medical boards marginalized herbalists from the central axis of power in the American medical establishment by assigning them labels of quackery and charlatanism.

However, healthcare in the United States was not always dominated by a single form of medicine. For instance, Henry Harris, a medical historian in the early twentieth century, claimed that homeopathy was brought to the United States in 1825 and to San Francisco in either 1850 or 1851. Practitioners of homeopathy and other traditions of medicine, such as herbalism, enjoyed

¹⁰⁹ “Fong Wan, Chinese Herbalist,” San Francisco Museum, <http://www.sfmuseum.org/hist8/fongwan1.html>. (accessed November 13, 2018).

similar rates of success and acceptance at this time because there was no concept of a standard form of medicine.¹¹⁰ Instead of through a system of licensure, physicians in this early period acquired authority “by [the] dint of their character and intimate knowledge of their patients.”¹¹¹

Eventually, the state inaugurated official regulatory bodies to govern the educational and licensing procedures and criteria for medical practice, but these still included many forms of healing. For instance, the California State Homeopathic Medical Society was established to regulate homeopathic practice. Eclecticism, rumored to have originated from a tradition around 200 B.C.E., reemerged in the early nineteenth century and its adherents grew sufficiently in numbers and resources to establish their own governing board, the Eclectic State Society.¹¹²

In the early nineteenth century, these two forms of medicine were considered equals to allopathic Western medicine. The state granted all three equal status because each possessed its own governing board. Although these three traditions of medicine were very different, they “managed increasingly to function in workable harmony” to improve medical education and “fight against quackery.”¹¹³ Similarly, when California’s Board of Medical Examiners was first established in 1876, it set out to solve the problem of licensure. Practitioners belonging to either the State Medical Society Board, Eclectic Medical Society Board, or Board of the Homeopathic Medical Society were included in the 1880 official roster of registered physicians in California as follows:

1190 Regulars, 65 without diplomas
 141 Homeopaths, 20 without diplomas
 190 Eclectics, 49 without diplomas¹¹⁴

¹¹⁰ Henry Harris, *California’s Medical History*, 197-198.

¹¹¹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 19-20.

¹¹² Henry Harris, *California’s Medical History*, 199-202.

¹¹³ Henry Harris, *California’s Medical History*, 203-204.

¹¹⁴ Henry Harris, *California’s Medical History*, 205; Linda A. McCready and Billie Harris, *From Quackery to Quality Assurance: The First Twelve Decades of the Medical Board of California* (Sacramento, CA: Medical Board of California, 1995), 3-4.

Not surprisingly, Chinese herbalists were not included. Chinese herbalists enjoyed great success in America before the early twentieth century due to the lack of regulatory entities such as the Board of Medical Examiners and the fluidity of the designation of physician and doctor. However, this process of medical licensure, professionalization, and standardization that took place at the turn of the century institutionalized Western biomedicine as the “regular” form of medicine, relegating all other forms of healing as “irregular.”¹¹⁵

In 1889, the Supreme Court ruled in favor of the state of West Virginia when an eclectic physician named Frank Dent sued the state for rejecting his license on the grounds of not having graduated from “a reputable medical school.” This gave precedence for state medical boards to assert harsher measures to dislodge “irregular” medical practitioners.¹¹⁶ Legal authorities including state licensing boards and the American Medical Association privileged Western biomedical physicians over other practitioners.

In 1901, officials integrated three separate boards of medicine into one board of examiners with five members from the “regulars,” two from the homeopaths, and two from the eclectics.¹¹⁷ In his book detailing California’s medical history published in 1932, Henry Harris, an academic physician, lauded this new unified board for drawing attention of the public to “the viciousness of quackery,” as the board drove many of the “worth pretenders out of business.”¹¹⁸ Openly berating certain forms of medicine while not criticizing homeopathy and eclecticism, Harris reveals the shared perspectives of many Western physicians at the time. Because practitioners of homeopathic and eclectic medicine congregated and established medical boards

¹¹⁵ Tyler Phan, “American Chinese Medicine,” (PhD diss., University College London, 2017), 65.

¹¹⁶ Tyler Phan, “American Chinese Medicine,” 70.

¹¹⁷ Henry Harris, *California’s Medical History*, 206

¹¹⁸ Henry Harris, *California’s Medical History*, 206; Linda A. McCready & Billie Harris, *From Quackery to Quality Assurance*, 9.

of governance, they took part in the process of determining what was state-recognized medicine and what was not—a privilege that did not remain for long. Nevertheless, the relative success of these two groups divulges the heightened levels of discrimination and marginalization experienced by Chinese herbalists, especially after the California state medical board administered written examinations to license medical practitioners in 1914.¹¹⁹

In this time, Chinese herbal medicine was targeted more than other forms of “irregular” medicine because the American public already had qualms about the Chinese as ethnically and culturally aberrant.¹²⁰ As discussed in Chapter One, Americans designated the Chinese as unassimilable aliens and relegated them as medical scapegoats during the outbreak of disease. Similarly, the American medical establishment’s decision to expel Chinese herbalists from the realm of “regular” medicine was informed by these racist ideas about the Chinese. Prejudice that existed in racial ideologies pervaded to the level of medical licensure. For white Americans who believed that the Chinese were racially inferior, it was not difficult to transplant the same type of understanding and bigotry onto Chinese herbal medicine.

Due to this issue of licensure, many Chinese herbalists had to find ways to escape the scrutiny of jealous physicians and regulatory boards. In fact, herbalists were regularly arrested by state licensing board for practicing medicine.¹²¹ One common method that herbalists employed was to advertise their practice as a business that sold herbs, instead of a clinic that offered healthcare services. By changing how they presented their practice, herbalists aligned themselves with the law. Moreover, under the Chinese Exclusion Act of 1882, herbalists could only enter the

¹¹⁹ McCready and Harris, *From Quackery to Quality Assurance*, 11.

¹²⁰ Tyler Phan, “American Chinese Medicine,” 71.

¹²¹ J.B. Trauner, “The Chinese as Medical Scapegoats in San Francisco, 1870–1905,” *California History* 57, no. 1 (Spring 1978): 82.

United States as merchants—one of the demographics exempted from exclusion—so by that definition, they were also only permitted to provide open businesses, not clinics.¹²²

Another way to circumvent trouble was to befriend powerful individuals, as did Li Po Tai, a millionaire herbalist who set up practice in San Francisco in the late nineteenth century. Like Fong Wan, Li mainly served non-Chinese customers and was so popular that he made about \$75,000 in his prime, averaging around 150 to 300 patients per day.¹²³ An American journalist was so impressed with Li's prowess that he exclaimed that Li was "the only professional man who has invaded our shores from the Flowery Kingdom."¹²⁴ His consultation rooms were described as being "thronged with visitors of all conditions and nationalities, who came to consult him regarding their various ailments."¹²⁵ Having such a successful practice had its downsides. He suffered from constant persecution from jealous competitors and antagonistic regulatory boards in his early days, but because Li befriended powerful figures such as Senator Leland Stanford and Governor Mark Hopkins, he was able to escape from legal trouble.¹²⁶ However, most herbalists did not have Li's connections and luck.

In this time period, the Board of Medical Examiners did more than just marginalize Chinese herbalists, barring them from achieving official state recognition. Regulatory boards and the white physicians who comprised these committees launched particularly vicious attacks on herbalists who served primarily a white clientele. As competitors for their customers, herbalists represented a threat to white American physicians. Law suits were one of the most common ways through which American physicians employed the power of the state to drive herbalists out

¹²² Tyler Phan, "American Chinese Medicine," 72.

¹²³ Liu, "Chinese Herbalists in the United States," 143.

¹²⁴ William Tisdale, *Chinese Physicians in California*, Lippincott's Magazine 63 (1899), 411-412.

¹²⁵ Alexander McLeod, *Pigtails and Gold Dust: A Panorama of Chinese Life in Early California* (Caldwell, Idaho: Caxton Printers, 1947), 140-141.

¹²⁶ William Tisdale, *Chinese Physicians in California*, Lippincott's Magazine 63 (1899), 416.

of business, forcing them back into Chinatown where they served the Chinese immigrant community. Already disadvantaged because of their exclusion from state recognition, herbalists retaliated by creating a new identity that emphasized their compatibility with American society. Instead of challenging existing power structures, herbalists worked within them to market their practices as non-threatening, equipping themselves with new forms of authority by drawing on American Orientalism to accentuate the advantages of their medicine.

The Battle in the Courtroom: Science as the Weapon of Choice

In this medical and legal environment, Chinese herbalists were often targeted by those who wished to see the end of herbal medicine in the United States. Fong Wan in particular was a thorn in the side to white American physicians and regulatory boards because of his great success in attracting white customers to his herbal practice. Sued numerous times by different individuals and entities, Fong Wan was already a regular in the courtroom by the time he was called as the defendant of a case in 1940 involving the Federal Trade Commission.

The Federal Trade Commission was a national agency established in 1914 when President Woodrow Wilson signed the Federal Trade Commission Act.¹²⁷ It was intended to solve the issue of monopolies and trusts in the United States, yet its scope of jurisdiction was much wider than that, as defined in Section 5 of the Act. Originally, the commission ruled over “unfair methods of competition in or affecting commerce,” but in 1938, its authority was broadened by the Wheeler-Lea Amendment that granted the commission authority to protect

¹²⁷ Richard A. Posner, “The Federal Trade Commission,” *The University of Chicago Law Review* 37, no. 1 (1969): 48.

consumers from false advertising practices and to restrict practices that were unfair to competitors.¹²⁸

This commission flexed its newfound capability when it accused Fong Wan's group practice in 1940 for false advertisement of his herbs' effects. By collecting Fong's newspaper advertisements and his book *Herb Lore*, the commission indicted Fong and his collaborators for representing 1) "that their herbs [were] a remedy or cure, or a competent and effective treatment of all diseases and ailments of the human body, including cancer, tuberculosis, ulcers, tumors, diabetes..." 2) "that [these] herbs [washed] away diseases from the body," 3) "that Fong Wan [was] able to, by observation alone, diagnose numerous diseases and ailments and [had] the power to heal numerous disorders," 4) "that he [had] restored the health of numerous persons by the use of said herbs," and 5) "that respondents' herbs [were] compounded individually for each purchaser."¹²⁹ The Federal Trade Commission claimed that Fong's claims were "grossly exaggerated, misleading, and true," calling Fong and his collaborators to court in San Francisco on January 12, 1940 for violation of the Federal Trade Commission Act.¹³⁰

The Federal Trade Commission assaulted Fong Wan with the weapon of modern science. The commission hoped that by proving Fong Wan and Chinese medicine as ludicrous and spurious—they could demonstrate that his claims of miraculous healing were baseless. To do so, they recruited the expertise of scientists and physicians. The first witness called to testify on behalf of the commission was Dr. Chauncey D. Leake, professor of pharmacology and the University of California medical school in San Francisco.

¹²⁸ Neil W. Averitt. *The Meaning of "Unfair Methods of Competition" in Section 5 of the Federal Trade Commission Act*, *Boston College Law Review* 27, no. 2 (1980), 228.

¹²⁹ Fong Wan, *This Transcript of the Federal Trade Commission Proves Fong Wan Herbs Give Wonderful Results* (Oakland, CA: Fong Wan Herb Company, 1941), 19.

¹³⁰ Fong Wan, *This Transcript of the Federal Trade Commission*, 19-20.

To start, the plaintiff established Leake's credibility by stating that he had published over 200 scientific articles, was a member of the American Medical Association, and most importantly, that he "had personal experience with the examination of crude drugs ... recommended in the Chinese materia medica."¹³¹ Not only so, he also claimed to have conducted experimental studies on chemical agents derived from these herbs under controlled conditions in both animals and humans. This claim was essential, as many previous law suits were unsuccessful because scientists lacked experience with Chinese herbs and were dismissed by defending herbalists as ignorant of the value of Chinese herbal medicine.

When asked to review the claims made in *Herb Lore*, Leake cited that the content in the first chapter provided solely historical information with no validity in the face of modern science, insisting that these statements were "characteristic of primitive folk lore all over the world." To him, the traditional Chinese theory of the five elements—a philosophical and medical understanding that relates particular organs, colors, tastes—was merely a correlation that many primitive cultures made in their limited understanding of the world, and similar doctrines in the West were "abandoned during the Middle Ages when the lack of any relationship that [had] a reasonable basis under the circumstances was appreciated."¹³² Just as prejudiced views on the Chinese race went on to devalue Chinese medicine, Leake extended this dismissive attitude towards Chinese medicine to his understanding of the Chinese civilization.

For instance, Leake attributed backwardness as a defining trait of the Chinese, contending that the Chinese system of medicine "became static centuries ago...when the Chinese formalized and ritualized [their medical] information," and that "the Chinese [had] no knowledge in their folk lore of the makeup of the body." By relegating Chinese herbal medicine as folk lore,

¹³¹ Fong Wan, *This Transcript of the Federal Trade Commission*, 36.

¹³² Fong Wan, *This Transcript of the Federal Trade Commission*, 38.

Leake reclassified all claims made by Fong Wan as baseless allegations originating from superstition. He declared dissection and experimentation as the only ways to have “any appreciation of the facts involving disease in a body.”¹³³

By doing so, Leake removed the power of diagnosis from Chinese herbalists, circumscribing the definition of medicine to one that was firmly rooted in the scientific method. Leake’s remarks also demonstrated his bigotry. In fact, the Chinese tradition of medicine had a complex understanding of the body involving complex pathways of vital energy, or *qi*, among many other theories. Because this understanding differed from Western biomedical thought, Leake immediately derided its value, revealing the vast power differential between the American medical establishment and Chinese herbalists.

When the plaintiff inquired about the likelihood of Fong’s herbs at successfully treating specific health problems, such as gall bladder stones, Leake responded with “under no circumstances.” To him, the only possible options for gall bladder stone diagnosis and treatment were via x-ray and surgery respectively. Again, not only did Leake disregard herbs as ineffective treatment, he rendered medical diagnosis as valid only with the x-ray. Modern technology, which Chinese herbalists lacked access to, became the sole criterion to discern the identity of disease. The exclusion of herbalists from these mechanisms of diagnosis discredited the very medicine that Chinese herbalists practiced. If they were unable to correctly identify disease, what value did their therapy have? Without proper diagnostic abilities, Chinese herbal medicine was nothing more than quackery—unbelievable, unreliable, and unscientific.

However, Leake did grudgingly admit that a few chemical compounds found in herbs from the Chinese materia medica were scientifically efficacious, such as ephedrine derived from

¹³³ Fong Wan, *This Transcript of the Federal Trade Commission*, 39.

ma huang. However, he stated that these chemical agents would have been discovered regardless of traditional Chinese herbal medicine. This was a classic argument presented during attempts to modernize traditional Chinese medicine, particularly in the years preceding this court case. In China, physicians trained in Western medicine underscored the distinction between “Chinese drugs” and “nationally produced drugs” by claiming that these so-called Chinese drugs were simply “grass roots and tree bark”—raw materials from nature that had nothing to do with Chinese culture or medical theory.¹³⁴

Likewise, Leake argued that the value of chemicals from herbs stemmed from their efficacy as defined by biomedicine, not because the Chinese tradition of herbal medicine had any therapeutic or epistemic value. Although the trial was held to determine specifically whether or not Fong Wan was guilty of false advertising, Leake’s testimony served not only to discredit Fong Wan but the entire tradition of Chinese herbal medicine.

To conclude, Leake claimed that the testimonies given by Fong’s patients were a result of the placebo effect. Because many of the ailments Fong treated were chronic illnesses, he affirmed that the nature of chronic disease involved “spontaneous remissions... [after which] the patient [felt] much better and [got] well without anything being done for him whatsoever.”¹³⁵ Due to the limits of modern medicine in treating chronic conditions, Leake claimed that patients were more inclined to venture into more “exotic” options such as herbal medicine, in the hope that “the mysterious East” had knowledge obscured from the West that could alleviate their condition.¹³⁶

¹³⁴ Sean Hsiang-Lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity* (Chicago: University of Chicago Press, 2014), 197.

¹³⁵ Fong Wan, *This Transcript of the Federal Trade Commission*, 44.

¹³⁶ Fong Wan, *This Transcript of the Federal Trade Commission*, 44.

According to scholar Edward W. Said, Orientalism was a “Western style for dominating, restructuring, and having authority over the Orient.”¹³⁷ It represented an asymmetrical structure of power that marginalized the people of the East. Of course, the interactions between white patients and their Chinese medical providers were colored by these thoughts of Orientalism. Leake’s accusations also revealed his rationale for why patients would prefer Fong’s herbal medicine—hope that these herbalists from “the mysterious East” would possess a mystical source of knowledge. As will be seen in the rest of this chapter, Orientalism played a vital role in the construction of identity for these herbalists who catered to white American patients.

Defending Herbal Medicine: Fong’s Retaliation

To defend against such epistemological violence, Fong Wan and his lawyer utilized several different methods. First, they called on a multitude of patients to testify for the efficacy of Fong’s treatments. The overall structure of each patient testimony was similar—the patient had visited physicians of Western medicine but experienced no recovery. Dejected, he or she turned to Fong—usually at the urging of a friend or family member—who was able to provide an effective remedy. Through the construction of these narratives, Fong demonstrated that he held powers beyond those of Western biomedical physicians, carving out a space and generating indisputable value for his practice and the tradition of Chinese herbal medicine.

The first witness, Marjorie Askew, claimed that her physicians had diagnosed her with extremely low blood pressure, a fibroid tumor, as well as the possibility of cancer in 1932.¹³⁸ They suggested surgery, but they could not immediately operate due to her fragile condition. While waiting, Askew turned to Fong for help after hearing her friend marvel at his miraculous

¹³⁷ Edward W. Said, *Orientalism* (New York: Pantheon Books, 1978), 3, 12.

¹³⁸ Fong Wan, *This Transcript of the Federal Trade Commission*, 142.

treatment.¹³⁹ After listening to her case history, Fong prescribed her herbal medicine for five months, which Askew noted to have raised her blood pressure, allowing her to feel “immediately in better health.”¹⁴⁰ In 1935, she went to her family physician for a physical examination, where he discovered that her blood pressure was completely normal and that only slight uterine scarring was found where the fibroid tumor used to be.¹⁴¹ By ending her testimony with a biomedical examination that proved recovery, Askew’s story called upon the diagnostic powers of modern science to bolster Fong’s claims of miraculous therapeutic abilities.

Likewise, Eric Wulfert, an Oakland post office employee, took Fong’s herbal medicine in 1937 for eczema on his hands after his physician, Dr. Arlington, could not cure him with either pills or external ointments.¹⁴² In fact, Wulfert recalled that Dr. Arlington’s treatment exacerbated his condition, causing his eczema to spread to his feet and ears.¹⁴³ Lloyd Dawson, a general contractor, was another patient who had serious stomach ulcers that impaired his ability to eat. He had seen two doctors who prescribed x-rays and pills, and even performed surgery for hernia and appendicitis.¹⁴⁴ However, the stomach problems persisted, so he paid a visit to Fong Wan a few months later and took Fong’s herbs for eight weeks. By the sixth week, all his symptoms were more or less relieved and his appetite greatly improved. In fact, his weight increased from a mere 128 to 156 pounds.¹⁴⁵

In addition to demonstrating the efficacy of Fong Wan’s treatments, these testimonies point to an essential objective of Fong’s—they attempt to establish his powers beyond the scope of Western medicine and science. No biomedical physicians could treat these patients, but Fong

¹³⁹ Fong Wan, *This Transcript of the Federal Trade Commission*, 146.

¹⁴⁰ Fong Wan, *This Transcript of the Federal Trade Commission*, 143.

¹⁴¹ Fong Wan, *This Transcript of the Federal Trade Commission*, 144.

¹⁴² Fong Wan, *This Transcript of the Federal Trade Commission*, 148-149.

¹⁴³ Fong Wan, *This Transcript of the Federal Trade Commission*, 150.

¹⁴⁴ Fong Wan, *This Transcript of the Federal Trade Commission*, 162-163.

¹⁴⁵ Fong Wan, *This Transcript of the Federal Trade Commission*, 163-164.

could. Not only so, Fong underscored the broad therapeutic powers of his herbal medicine. Not only could they treat chronic illness, his herbs also treated acute problems such as appendicitis. Fong clearly established that his herbs had value that exceeded that of pills, ointments, and even surgery.

To further hammer this point in, Fong's lawyer Frank M. Carr often asked testifying scientists and physicians during cross examination if they understood the mechanism behind how herbal medicine worked. For instance, Carr inquired if Dr. A. B. Carson, a physician of one of Fong's patients, knew what comprised the herbal medicine that his patient ingested. Carson admitted that he did not, so he could not objectively assess if the herbs were effective or not. This inquiry was done directly in response to Carson's statement during the direct examination, in which he opined that he "did not think the herbal teas had any effect," claiming that the patient's body temperature had already dropped before he drank any of Fong's herbs.¹⁴⁶ Although these scientists and physicians claimed that herbs had no real therapeutic value, Fong countered these accusations by pointing out that these professionals did not have the knowledge or authority to evaluate the efficacy of his herbal treatments.

For more difficult witnesses such as Leake, a self-professed authority in experimentation with Chinese materia medica, Fong and Carr adopted different methods to discredit his claims. Carr notified the judge that three out of six doctors who were testifying for the current trial, including Leake, already testified eight years ago in an analogous trial accusing Fong Wan. Thus, Carr claimed that the testimonies given by these individuals had no value, because "it [showed] that in the former proceedings before a jury of American citizens...no consideration whatsoever was given to that testimony because it was disregarded...[when] a verdict of

¹⁴⁶ Fong Wan, *This Transcript of the Federal Trade Commission*, 262.

acquittal was turned in.”¹⁴⁷ Fong and Carr dismantled the credibility of any statements made by some of the plaintiff’s witnesses by accentuating the opposition’s disrespect for the American judicial process by utilizing the same witnesses whose testimonies were insufficient for a conviction. In essence, Fong borrowed the authority of the American legal system to rebel against the oppression of biomedical science.

In addition, Fong built up his own credibility by drawing on the Chinese state as a source of authority to validate his skills. He brought to court a certificate handed out in 1936 by a commissioner sent by the Chinese national government to certify herbalists practicing in the U.S.¹⁴⁸ Furthermore, the certificate indicated that the Chinese state appointed Fong as an lifetime director of the Chinese Herbalist Association in San Francisco.¹⁴⁹ Because the American government had no licensure system for practitioners of traditional Chinese medicine before World War II, Fong drew upon the Chinese state’s legitimacy to justify his practice and tradition of healing. He simultaneously reminded everyone that the Chinese state was the only entity with the qualifications to discern authenticity of herbal medicine—not American physicians or scientists. By doing so, he underscored that his medicine was of a Chinese tradition, and not one of the West. Because the nature of his medicine was so different from that of biomedicine, Fong could not argue that they shared the same origins. On the contrary, by emphasizing his Chinese-ness, Fong introduced a new authority to legitimize the tradition of his medicine that was outside the control of the American state.

When the plaintiff accused Carr of asking leading questions, Carr retaliated by saying that “the nature of the witness is difficult. He doesn’t speak quite freely as your witnesses.”¹⁵⁰

¹⁴⁷ Fong Wan, *This Transcript of the Federal Trade Commission*, 222.

¹⁴⁸ Fong Wan, *This Transcript of the Federal Trade Commission*, 218.

¹⁴⁹ Fong Wan, *This Transcript of the Federal Trade Commission*, 219.

¹⁵⁰ Fong Wan, *This Transcript of the Federal Trade Commission*, 218.

Fong Wan was clearly proficient enough in English to publish a 188-page manual teaching the American public about Chinese herbal medicine—yet he assumed the role of the foreign Chinese immigrant. By portraying himself as even more foreign than he was, Fong Wan further differentiated himself from the physicians and scientists while establishing that his source of knowledge and legitimacy were different. Scholar Koichi Iwabuchi describes this manipulation of American Orientalism as self-orientalism. Whereas Orientalism exoticizes the Orient, self-Orientalism exploits the Orientalist gaze to turn itself into the “other.”¹⁵¹ By feigning incompetence in English, Fong was able to appeal to American imaginations around the mystic power of the Orient.

Similarly, Fong Wan claimed to have passed the Chinese imperial literary examination of the first degree in medicine in a book he published to advertise his practice.¹⁵² Given his immigration to the United States at the age of 17 and his working class background, it is unlikely that Fong would have had the time or resources to study and pass grueling imperial literary examinations at such a young age. Though likely untrue, Fong saw value in making this claim. Because herbal medicine was innately a product of Chinese culture, official state licensure from the Chinese state granted him elevated prestige and legitimacy with white patients, especially with the lack of a similar licensing system for herbalists in the United States. Fong Wan was not alone, as Tan Fu Yuen, who practiced in Los Angeles, asserted himself as the personal physician to the Chinese emperor before he immigrated.¹⁵³ This claim was emphasized by his choice to include photographs of himself and his partner, Tom Leung, robed in the traditional garbs of scholar-physicians in their book *The Science of Oriental Medicine*. A strategic choice, this would

¹⁵¹ Koichi Iwabuchi, "Complicit Exoticism: Japan and Its Other," *Continuum* 8, no. 2 (1994): 70.

¹⁵² Fong Wan, *Herb Lore* (Oakland, CA: Fong Wan Herb Company, 1936), 177-178.

¹⁵³ Liu, "Chinese Herbalists in the United States," 147.

have bolstered their claims as descendants of a long tradition of elite medical practitioners in China.

These claims reflected the traditional hierarchy of medical practitioners in China. *Ru-yi*, or scholar-physicians, occupied the most prestigious ranks, as they enjoyed official sponsorship from the government and possessed positions in court working in the Imperial College of Medicine.¹⁵⁴ These were also the individuals who labored for years to prepare for the imperial literary examinations. Thus, by claiming to be a member of the scholar-physicians, Fong was tapping into a Chinese cultural tradition of prestige and legitimization. In this process of identity construction, Fong rewrote his own history in order to bolster his claims to legitimacy.

In addition, Fong Wan responded to allegations that Chinese herbal doctors were unlearned and unqualified to heal the human body. He claimed that, among the 2000 types of herbs that he worked with, he could identify 90% of them by either pure observation or observation coupled with taste testing and examination—a skill he developed after ten years of intense study.¹⁵⁵ This was another demonstration that he had abilities beyond that of Western biomedical practitioners. Fong asserted that he was trained in a different set of skills that required the same rigor as biomedical education.

To further accentuate his strong background in herbal medicine, Fong brought a collection of books he used in his training.¹⁵⁶ Fong claimed that he followed the prescriptions in these books written by famous herbalists in ancient China anywhere from 70 to 90 percent of the time.¹⁵⁷ By doing so, Fong Wan removed himself from the position of the prescriber of treatment. Instead, he ascribed diagnosis to his renowned predecessors, keeping up the façade of

¹⁵⁴ Liu, “Chinese Herbalists in the United States,” 148.

¹⁵⁵ Fong Wan, *This Transcript of the Federal Trade Commission*, 216.

¹⁵⁶ Fong Wan, *This Transcript of the Federal Trade Commission*, 216.

¹⁵⁷ Fong Wan, *This Transcript of the Federal Trade Commission*, 217.

his legal role of herb vendor. Likewise, Fong claimed that in about 90% of cases he determined his prescription by simply hearing the patient's case history and observing visibly salient symptoms.

This eliminated the need for pulse reading and other diagnostics that might have classified him as a medical practitioner. In the same manner, Fong charged customers only for herbs and without attaching consultation fees.¹⁵⁸ Although he admitted that there were exceptions, Fong essentially declared himself as a merchant who sold herbs by matching symptoms presented by patients to the corresponding formulas that medical encyclopedias recorded from the past.

Fong Wan also tried to downplay accusations of false advertising by demonstrating that he took a passive role in the dissemination of advertisements for his book *Herb Lore* that he published to advertise for his practice. He asserted that the book was kept under a shelf of his secretary's office, and that curious white Americans were the ones who requested it, even sending postage in order to receive a copy.¹⁵⁹ In the same way, Fong argued that every single testimonial included in the book and in newspaper ads was the "free and voluntary act of the writer and was a testimonial given by the writer in appreciation of benefits derived from the use of Chinese herbs"—not requested by Fong himself.¹⁶⁰ Clearly removing himself from the place of blame, Fong portrayed white Americans as the ones responsible for advertisement of this practice, as they were too enamored with the healing abilities of his medicine.

At the same time, he attempted to demonstrate that he was a law-abiding citizen. When asked to explain his job to the jury, Fong mentioned that he paid duty on all the herbs he

¹⁵⁸ Fong Wan, *This Transcript of the Federal Trade Commission*, 217.

¹⁵⁹ Fong Wan, *This Transcript of the Federal Trade Commission*, 224.

¹⁶⁰ Fong Wan, *This Transcript of the Federal Trade Commission*, 22.

imported. The Chinese government in Hong Kong wrote and signed invoices for all his imports before handing them off to the American Consul Service, and he paid these directly to the Collector of Internal Revenue in the City of San Francisco.¹⁶¹ By underscoring his subservience to American law, Fong accentuated his compatibility with American mores and his ability to abide by the law, showing that the Chinese were able to assimilate and live by American standards of morality and regulation.

By addressing all the concerns and accusations aimed at him, Fong Wan presented himself as many different things in this construction of identity. His treatments were efficacious yet acted outside the realm of science and conventional medicine. He drew on past court experience to discredit many of the witnesses of the opposing side. He legitimized his own training and skill set by employing the authority of the Chinese state and the longevity of the herbal tradition of medicine, while presenting himself as a vendor of herbs who did not prescribe treatment. He asserted his Chinese identity, manipulating Orientalist ideas, while affirming that he was a lawfully abiding American citizen. This diverse arsenal of defensive and offensive tactics equipped Fong Wan with the ability to not only keep his practice, but also vindicated the value of Chinese herbal medicine. Through a new construction of identity, Fong Wan eschewed legal trouble by drawing from these various sources of legitimization to paint him and the Chinese as assimilable citizens of America who possessed a valuable tradition of medicine with great therapeutic worth.

¹⁶¹ Fong Wan, *This Transcript of the Federal Trade Commission*, 215.

The Patient Perspective: The Value of Chinese Herbal Medicine

The 1940 case with the Federal Trade Commission drew to a close with this verdict—Fong Wan was “to cease misrepresentation in the sale of herbs...and cease advertising herbs as cures or of therapeutic values” for a long list of diseases and disorders.¹⁶² The savvy businessman that he was, Fong bought multiple pages in many of the Bay Area’s major newspapers to publish the testimonies of his patients from this trial. The San Francisco Chronicle alone ran 14 newspaper pages on April 14th, 1940 that detailed the court case, which served as great publicity for Fong, and his business grew even more after the conclusion of the trial.¹⁶³ Chinese herbalists such as Fong enjoyed great success in attracting white American patients because they clearly established their own niche that was distinct from the realm of biomedicine. This popularity also reveals a certain type of worth that white American patients saw in Chinese herbalism that was not seen in Western biomedicine.

First, patients felt that Chinese herbalists valued them as people, more so than did biomedical physicians. When W. H. Tamm suffered from poor urine flow, his physician Dr. Dyke diagnosed him with prostate trouble and inserted a catheter in him. Although the catheter loosened itself within five hours, Tamm had to manually insert it in himself because the office was closed until his consultation on Monday. That very Monday, Dr. Dyke operated on Tamm again and inserted another catheter. However, while Tamm headed to his car post-operation, he immediately felt that he could not straighten up, and that the catheter “seemed to be punching a hole... through [his] bladder.”¹⁶⁴ He went back to express his discomfort to the doctor, who

¹⁶² “Fong Wan, Chinese Herbalist,” San Francisco Museum, <http://www.sfmuseum.org/hist8/fongwan1.html>. (accessed November 13, 2018).

¹⁶³ The American Acupuncturist, <https://theacupunctureobserver.com/wp-content/uploads/2013/08/Hx-Amer-Acup-part-1.pdf>. (accessed November 10, 2018).

¹⁶⁴ Fong Wan, *This Transcript of the Federal Trade Commission*, 153-154.

simply told him that the pain was normal and that it would disappear within a few hours. However, Tamm was unable to bear the pain and went down to his car, “pulled down the curtains and...extracted the catheter.”¹⁶⁵ Two days later, he called Fong Wan.

Likewise, Verne K. Reusch was diagnosed with scarlet fever in 1936 and operated on immediately. He recounted that his physician Dr. Carson did not care to even explain why he was being operated on. Dr. Carson simply indicated to him the necessity of immediate surgical treatment. Reusch recalled furiously that not only did Dr. Carson and his fellow surgeons not find anything after the operation, they also did not bother to sew his wound up. Reusch’s aunt, a nurse present at the time, remarked that the surgeons felt the extra step of sewing him up was futile, as he “couldn’t possibly survive at all.”¹⁶⁶ The doctors estimated that Reusch had around three hours left to live, so they allowed his family and friend W.A. Miller to bring Fong Wan’s herb as a last resort—which Reusch credited to have saved his life.¹⁶⁷

Dr. Carson, called to witness during the 1940 trial of Fong Wan, seemed to be oblivious of this misunderstanding. Rather than out of neglect, he stated that many of Reusch’s tissues and muscles were edematous with serious drainage, so he placed three drains in the wound after the operation—and that was why he left the wound open.¹⁶⁸ No matter who was telling the truth, it is clear that Dr. Carson did not communicate his thoughts to the patient. Perhaps he believed the patient was not educated enough to understand the complex science behind his treatment, or perhaps he valued diagnosis over communication with the patient. Regardless of the rationale behind Dr. Carson’s decision, it is evident that his attitude and actions upset Reusch, who believed that his physician gave up on him and left him to die.

¹⁶⁵ Fong Wan, *This Transcript of the Federal Trade Commission*, 154.

¹⁶⁶ Fong Wan, *This Transcript of the Federal Trade Commission*, 257.

¹⁶⁷ Fong Wan, *This Transcript of the Federal Trade Commission*, 258.

¹⁶⁸ Fong Wan, *This Transcript of the Federal Trade Commission*, 256-257.

The most telling example was the case of Herman T. Newhouse, who suffered from heart pain and was diagnosed with arteriosclerosis and angina pectoris by his physician Dr. Thompson. This eventually developed into coronary thrombosis, a blood clot in Newhouse's coronary valve in the heart. The doctor's prognosis was not great—he instructed Newhouse to stay in bed and prescribed a sedative to keep him immobilized.¹⁶⁹ According to Newhouse, Dr. Thompson stated that “if [Newhouse] got out of bed and the blood clot...moved, [Dr. Thompson] wouldn't give [Newhouse] five cents for [his] chance [of survival].”¹⁷⁰

After hearing this, Newhouse lost his hope in Dr. Thompson, going straight to Fong Wan for treatment. During the trial, the plaintiff questioned why Newhouse did not tell Dr. Thompson about taking herbs after he returned for annual checkups. Newhouse simply responded that he believed that his medical choices were “his own business,” given that Dr. Thompson “told [Newhouse] he wouldn't give [Newhouse] a nickel for his life.”¹⁷¹ Clearly, Newhouse was frustrated by Dr. Thompson's inability to treat his condition and his lack of respect for Newhouse's life—assigning it a value of less than five cents.

These three instances clearly depicted the frustrations that patients had with biomedical physicians—frustrations that allowed the establishment of a niche for herbal medicine. Herbalists simply provided what biomedical physicians could not or did not. For instance, when intrusive surgeries failed, herbalists provided medicinal drinks that claimed equal efficacy and came with much less pain and trouble. While biomedical physicians spoke authoritatively on the condition of the patient without explaining their diagnoses, Chinese herbalists offered a listening ear to the troubles of the patient.

¹⁶⁹ Fong Wan, *This Transcript of the Federal Trade Commission*, 166.

¹⁷⁰ Fong Wan, *This Transcript of the Federal Trade Commission*, 167.

¹⁷¹ Fong Wan, *This Transcript of the Federal Trade Commission*, 169.

Price was another factor. Dong Hang Wong noted that cost was a major barrier to care for Western medicine when he was growing up in San Francisco in the 1910's. He cited frequent visits to Chinese herbalists who charged 50 cents each visit and 30 cents for herbs, whereas it would cost two dollars per consultation for Western physician—an amount worth three days of his wages.¹⁷² Even though white Americans were generally wealthier, price would still have been a major concern for the majority of working-class Americans. Thus, herbalists marketed their treatments as less invasive and more affordable to appeal to working class American needs.

Patient testimonies in Fong Wan's court case also demonstrated larger trends about consumerism in the United States. These testimonies exhibited the power of word of mouth. All of Fong's patients who were called to the stand mentioned that either a friend or family member recommended Fong's services to them. This was important for Chinese herbalists because they lacked the licensure granted by state medical boards. Marginalized by the state medical apparatus, herbalists could only rely on reputation and their existing patients to spread word of their practices. For these patients, word of mouth triumphed over the qualifications of the clinician.

For instance, the plaintiff questioned if Fong's patients knew the source of Fong's knowledge and training. He asked if "the doctor who...spent years studying [the human] body, or a Chinese herbalist who hadn't even seen [them before]" would be more knowledgeable about disease and treatment.¹⁷³ Common responses he received were, "I [did] not care. [Fong Wan]... [seemed] to know—he has got [sic] an uncanny way...of picking out the proper herbs to do you

¹⁷² Don Hang Wong, Oral History 134, 1980, Interview by Unknown, November 15 & 22, Chinese Historical Society of Southern California, Southern California Chinese American Oral History Project 1978-1991, University of California, Los Angeles.

¹⁷³ Fong Wan, *This Transcript of the Federal Trade Commission*, 170 & 168.

some good,” or “I thought [what I heard from my son] was sufficient for me.”¹⁷⁴ It was not necessary for more patients to understand why certain treatments worked or if their healthcare providers were adequately trained. Instead, they trusted the stories of those in their social circles and living examples of successful cases.

Furthermore, although science was recognized in academic and professional circles as the ultimate arbiter of truth, it did not hold nearly as much authority in the minds of the American public. When the plaintiff questioned Newhouse if he was aware of the placebo effect, and that his faith in the efficacy of the herbs itself had the power to heal, Newhouse responded:

When a man’s body is wrecked with pain, faith is a mighty thin thing; and when every time your heart beats, you have got pain, you want to get rid of it. Now faith is a substance of things hoped for, the evidence of things not seen... Just faith in the herbs is not just what it done for me, what the herbs did. God has put into these herbs the things that does do the cure.¹⁷⁵

He cited a passage from the book of Hebrews in the Bible to define faith, affirming that God was the one who cured him through the use of herbal medicine. He further claimed that “any man who doesn’t know anything about herbs, what nature has put into those herbs, the things that are in them, doesn’t know a thing, is an absolute atheist.”¹⁷⁶ By connecting herbs with God’s creation, Newhouse demonstrated the authority that Christian doctrine held over science. Newhouse overrides accusations of scientific fallacy by claiming God’s divine intervention that granted herbs the power to heal.

Likewise, in a section titled “Herbs Part of Nature’s Vegetation Element” in *Herb Lore*, Fong attempted to legitimize his herbal medicine by drawing on Christianity. By alluding to the

¹⁷⁴ Fong Wan, *This Transcript of the Federal Trade Commission*, 171.

¹⁷⁵ Fong Wan, *This Transcript of the Federal Trade Commission*, 170-171.

¹⁷⁶ Fong Wan, *This Transcript of the Federal Trade Commission*, 171.

fact that “no creature can live without vegetation,” he asserted that herbs could only be beneficial for mankind.¹⁷⁷ Fong wrote:

We have heard many persons say: “I have no confidence in herbs.” These people do not stop to think that ninety-nine percent of their daily food is of vegetable origin, and that even fish, meat, milk, butter, and sugar come under this head. If there were no vegetation, neither cattle nor fish could subsist. It would seem as if those people who do not believe in herbs do not believe in the wisdom of God, who gives us vegetation so freely.¹⁷⁸

Fong equated herbs with all forms of vegetation and thus sustenance itself, pointing to its necessity in daily life. Taking one step further, he asserted that those who did not believe in the curative properties of herbs doubted the power of God himself, the supreme creator. As mentioned before, science had not yet acquired a monopoly over the arbitration of knowledge and truth. Religion still possessed a pervasive influence over the minds of the American people, and because herbalism stood against the principles of science, Fong tapped into the power of religion to back his claims. While science may have established its claims firmly in the field of academics and professionals, the same could not be said about the minds of the people. The boundary between science, religion, and magic was still not well-defined in the public sphere during this period of time, and herbalists utilized this ambiguity to argue for the veracity of their practices.

Even in the first half of the twentieth century, many challenged the authority of science. Religion and the Church were in fact the original sources of legitimacy in determining truth and knowledge in Western civilization. Science gradually replaced Christianity as the main arbiter of knowledge, in which everything had to be proven via the scientific method, but this phenomenon

¹⁷⁷ Fong Wan, *Herb Lore*, 19.

¹⁷⁸ Fong Wan, *Herb Lore*, 19.

occurred primarily in intellectual spheres.¹⁷⁹ For the common people, religion was much more pertinent to their daily lives, and scientific proof was not the determining factor when they chose which medical practitioner to visit. Just like how the medical marketplace was replete with non-conventional forms of medicine, there were multiple forces vying to become the ultimate referee for establishing veracity in intellectual circles. In this clash for authenticity and authority to arbitrate truth and knowledge, herbalists created a niche for themselves. They drew on the power of the Christian religion to justify their tradition of medicine and evade attacks from the scientific community.

Not only did Fong Wan call upon God to rectify herbalism, he also Christianized Chinese civilization to portray it as assimilable to American standards of citizenship and good moral character. He claimed that the Chinese derived their wisdom from God, and that they utilized this wisdom to combine the study of “the five principal elements of Nature” and “based their methods of healing the ailments of the human body upon the connection between the five principal internal organs with the five principal elements of nature.”¹⁸⁰ As examined in Chapter One, the Chinese were pathologized as unassimilable aliens, so the rhetoric used by Fong was a clear instance of resistance to that narrative of Chinese degeneracy.

By including the Chinese within the mainstream Christian society of America, he presented the Chinese as sharing the same moral understanding as Americans. Fong’s claims revealed an attempt to create an unthreatening and assimilable version of Chinese identity, foreshadowing similar efforts by Chinese immigrant leaders in the post-war era. By underscoring a common moral and religious compass with white America, Fong wanted to undermine the

¹⁷⁹ David C. Lindberg, and Ronald L. Numbers, *When Science & Christianity Meet* (Chicago: University of Chicago Press, 2003).

¹⁸⁰ Fong Wan, *Herb Lore*, 32.

narrative of Chinese degeneracy and immorality created by public health officials in the early period of immigration.

Evidently, Fong Wan did not just defend his practice and Chinese herbal medicine. He also attempted to rectify the name of the Chinese culture, while at the same time appropriating aspects of Chinese culture to appeal to the American ideas about China. In a section titled, “The Compass and Chinese Herbal Remedies” in *Herb Lore*, Fong Wan recounted the history of the compass, an instrument invented by the Chinese thousands of years ago. Although an ancient invention, Fong quoted the words of two American military officers, Lieutenants L. J. Maitland and A. J. Helgenberger. These two men claimed that the compass was superior to all other instruments of navigation.¹⁸¹

Again, Fong accentuated the value of tradition and refuted accusations of the unscientific and primitive nature of herbalism by redefining herbal medicine’s long-standing tradition as a perfect form of medicine that was beyond critique. He claimed that, “just as the compass [was] so efficient that it cannot be either improved upon or replaced by something modern, neither can a substitute be found for ancient Chinese herbal remedies nor their formulas changed and improved.” Instead, Fong suggested that the reason why herbal medicine was the target of claims of quackery was because practitioners from other schools of healing realized that “the marvelous success of the herb treatments” drew patients away from their own practices.¹⁸² Here, Fong Wan employed essential Chinese inventions of the past to uphold the value of his herbal medicine in the present. Fong attempted to demonstrate that, if white American military officers recognized the Chinese contribution to something as crucial as navigation, then the Chinese tradition of medicine would be equally as valid and reliable as a form of healing.

¹⁸¹ Fong Wan, *Herb Lore*, 25.

¹⁸² Fong Wan, *Herb Lore*, 25.

In all, herbalists like Fong Wan tried to speak the language of their white American patients. They catered to the needs of their patients that were not being met by Western medical care, taking advantage of patient frustration with the lack of respect shown by biomedical physicians as well as the intrusive nature of biomedical treatment. Moreover, Fong utilized Christianity and the exoticized history of Chinese civilization to present the Chinese as equals with white Americans, easily able to assimilate into the American way of life.

Herbalists in Chinatown: Serving the Chinese Immigrant Community

Fong and his fellow herbalists who served white clientele were the exceptions rather than the norm. Unlike Fong, herbalists who served the Chinese community owned modest practices, but their social status allowed them to become leaders in the Chinese immigrant community. In an oral history interview, Lily Mu Lee recounted the story of her father, Mu Bit Sam, who served the Chinese in Los Angeles Chinatown as an herbalist. Born in 1930, Lee remembered that her father differed from his colleagues who went into the American community “because there was more money to be made.”¹⁸³ Those who served white clientele could charge higher prices, but her father was motivated not by money but by a sense of duty. Lee mentioned her father’s dedication to the Chinese people, stating that “if people didn’t have the money, he just credit [sic]. He always, if they needed medicine, he always gave it to them.”¹⁸⁴

Even at a young age, it was clear to Lee, that their family was in need of extra income, particularly during the Great Depression. Lee starred in her first role as a child actor in *The Good Earth* at the age of three, and later on even acted with Clark Gable in *Too Hot to Handle*, making

¹⁸³ Lilly Mu Lee, Oral History 162, 1982, Interview by Suellen Cheng, July 24, Chinese Historical Society of Southern California, Southern California Chinese American Oral History Project 1978-1991, University of California, Los Angeles.

¹⁸⁴ Lily Mu Lee, Oral History 162, Interview by Suellen Cheng.

\$25 a day. She quipped that three or four of her brothers also played roles in movies. In fact, many Chinese immigrants living in the Los Angeles Area at that time cited Hollywood as a way to make quick cash to make ends meet. Clearly, herbalists serving the Chinese immigrant community did not share Fong's financial success.

Although many of these herbalists barely made a living, they strongly involved themselves with Chinese immigrant affairs and were leaders in their local communities, regardless if they served white or Chinese clientele. T.B. Chew's father, an herbalist with mainly white patients, was president of the both the Los Angeles Chinese Consolidated Benevolent Association (CCBA), before and after World War II, and the Lung Kong Association, a family association of four surnames with roots in the Three Kingdoms.¹⁸⁵ T. C. Chew himself was highly involved, serving as the Grand President for all the branches of the Lung Kong Association of the Americas in the 1970's.¹⁸⁶

Likewise, Lily Mu Lee's father earned the deep respect of the Chinese community in Los Angeles's Chinatown. He was the president of the CCBA in Los Angeles for many years, and Lee mentioned that even years beyond his death, those from the same times as her father still spoke of him fondly. Moreover, his herb shop was not only a place of healing, but also provided a space for social gatherings. Lee recalls the hordes of Chinese men who visited her father's office to "smoke waterpipes, drink tea, and read the newspaper in the waiting rooms."¹⁸⁷ As spaces for gatherings, herbal clinics strengthened herbalist contacts with the rest of the Chinese immigrant society. As the CCBA was an organization dominated by merchants, the fact that

¹⁸⁵ T.B. Chew, Oral History 4, 1979, Interview by Suellen Cheng, November 5, Chinese Historical Society of Southern California, Southern California Chinese American Oral History Project 1978-1991, University of California, Los Angeles.

¹⁸⁶ T.B. Chew Oral History 4, Interview by Suellen Cheng.

¹⁸⁷ Lily Mu Lee, Oral History 162, Interview by Suellen Cheng.

Lee's father could become president revealed the deep respect Chinese immigrants had for these herbalists. The lack of financial success did not impede herbalists serving the Chinese community from becoming leaders, as immigrants valued the services provided by these herbalists in preserving their way of life.

On the other hand, although Fong Wan was an anomaly among his colleagues, his story elucidates the importance that high-profile herbalists serving white American patients played in the construction of a new identity. They were part of a small group of Chinese individuals who had regular contact with American society in these times. When T.B. Chew's father opened up his office in Santa Monica, Chew recalled that 99 percent of his patients were white Americans, as there were few Chinese in Santa Monica.¹⁸⁸ Arthur W. Chung, whose father was also a successful herbalist serving white clientele, mentioned that he was one of very few Chinese in school.¹⁸⁹ Thus, in this space where not many Chinese had ventured before, these herbalists played a critical role in representing the Chinese people.

At the end of the day, although these herbalists presented themselves in certain ways that appealed to their white American customers, they saw themselves as Chinese, not American. Arthur W. Chung recalled that his father travelled back to China often and kept close contact with Chinatown.¹⁹⁰ Louise Larson's father, another herbalist, was adamant on having his children study Chinese.¹⁹¹ Though they saw themselves as Chinese, herbalists like Fong Wan constructed a new identity to attract white customers. This process of identity construction

¹⁸⁸ T.B. Chew Oral History 4, Interview by Suellen Cheng.

¹⁸⁹ Arthur W. Chung, Oral History 9, 1979, Interview by Suellen Cheng and Beverly Chan, October 23, Chinese Historical Society of Southern California, Southern California Chinese American Oral History Project 1978-1991, University of California, Los Angeles.

¹⁹⁰ Arthur W. Chung, Oral History 9, Interview by Suellen Cheng and Beverly Chan.

¹⁹¹ Larson, Louise Oral History 15, 1979, Interview by Jean Wong, March 7 & August 28, Chinese Historical Society of Southern California, Southern California Chinese American Oral History Project 1978-1991, University of California, Los Angeles.

divulged the assumptions and prejudices Americans had about the Chinese, and how Chinese individuals acted upon those beliefs to their benefit.

Conclusion

Fong Wan was a man situated in between two cultures. Due to the nature of herbal medicine and the saliency of his race, there was no way Fong could erase his Chinese identity in his interactions with white American patients. Instead, Fong underscored aspects of his Chinese-ness that did not contradict American mores. In this process of upholding the value of herbal medicine, Fong was also able to defend the Chinese from accusations of inferiority and degeneracy.

Fong leveraged the authority of Christianity and the American legal establishment to fight off accusations from those who wielded science as their weapon of choice—state regulatory boards and biomedical physicians. Fong pulled on American assumptions stemming from Orientalist ideas that established a space of healing that was unique to herbal medicine and beyond the therapeutic abilities of Western biomedicine. He was an alternative to biomedical practitioners who often resorted to expensive, invasive treatment and did not value patient communication.

Fong represented a minority of Chinese herbalists who decided to focus on catering to white American patients. In this unique space of healthcare, Fong and his colleagues were able to craft a new identity that appealed to American tastes and portrayed the Chinese as a race that was assimilable to the American way of life. Ironically, by presenting this new identity, these herbalists preserved a tradition of medicine that maintained the Chinese way of life. Moreover, this creation of a non-threatening Chinese identity foreshadowed similar attempts by Chinese

immigrant leaders in the post-war era—a decision that signified the neglect of problems in Chinese immigrant society that drew intense backlash from a rising class of Chinese American professionals.

Chapter Three

Birth of a Chinese American Identity: Transforming the Chinese Hospital

The San Francisco Chronicle announced in 1961 that the musical “Flower Drum Song” by Richard Rodgers and Oscar Hammerstein II was to be made into a film. This Broadway musical that premiered in 1958 was in fact based on a 1957 best-selling novel of the same title written by Chinese American author C.Y. Lee, and a special showing of this film was to be held in the Chinese Hospital, preceded by dinners and parades in Chinatown.¹⁹²

The original novel set in San Francisco’s Chinatown tells the story of Wang Chi-yang, a wealthy Chinese immigrant who fled from the Communist takeover of his home country, and his son Wang Ta, who struggles to integrate his Chinese and American identities. The father stubbornly refuses to assimilate into American culture, while the son gradually takes on American customs and behaviors. In the end, both characters make significant concessions. The son, Wang Ta, marries May Li, a picture bride and illegal immigrant from China. On the other hand, Wang Chi-yang forgoes an herbalist in favor of a Western clinic—a sign of his surrender of tradition in favor of modern American practices.¹⁹³

The novel portrays a central part of the Chinese immigrant experience after World War II. This war spurred the transformation of American society, encouraging rapid development of technology and permitting women to overturn previous gender roles as they left the home to take on professional careers.¹⁹⁴ The disruption brought by World War II presented drastic changes to

¹⁹² “‘Flower Drum Song’ World Premiere Here,” *San Francisco Chronicle*, Nov. 6, 1961.

¹⁹³ C. Y. Lee, *The Flower Drum Song* (New York: Farrar, Straus and Cudahy, 1957).

¹⁹⁴ Nicole Elizabeth Barnes, *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937-1945* (Oakland, CA: University of California Press, 2018).

societies all over the globe, as new roles and identities were identified and constructed with the striking societal transformations that occurred because of the war.

In the United States, the war redefined what it meant to be Chinese in America. A true Chinese-American identity solidified in the post-World War II period in which drastically divergent sociopolitical environments, locally and globally, galvanized emotional and political separation from China and a desire to become rooted in American society. Far from being a clean-cut, homogenous creation of identity, this process exposed the sometimes synergistic yet sometimes clashing motives of Chinese, Chinese-American, and American groups in the crafting of a Chinese-American identity. Particularly for Chinese Americans, instead of uniting under a single banner, many groups vied for different interpretations of the best way to establish their identity.

Among the various issues that were brought to attention, medicine and healthcare provided a unique space for the negotiation of Chinese American identity. In this chapter, I contend that both first and second-generation professionals and intellectuals employed healthcare as a platform to advocate for change in the leadership and structure of the Chinese American community. These individuals wished to create a community that reflected this newly constructed identity—one with equitable distribution of resources that benefited more than just the upper class. This post-war moment magnified the tensions existing within the very structures of Chinese America and revealed that socioeconomic class was paramount in determining alliances and allegiances. In this time, elite merchant agendas clashed with working class interests that were represented and vocalized by this new middle class of professionals and intellectuals.

The Great Divide: World War II and the Chinese in America

When Dr. Mary Sawtelle, a white, American woman, described syphilis in 1880, she claimed that “[E]very ship from China [brought] hundreds of these syphilitic and leprous heathens. They [sat] in the streetcar beside our wives and daughters. They [were] a stench. Their mean stature, their ugly faces, and their imbecile [sic] nastiness [mirrored] to us what syphilis [would] do for a nation.”¹⁹⁵ This demonization of the Chinese as an unclean threat to American society pervaded public discourse throughout the nineteenth and early twentieth centuries, manifesting itself by way of *de facto* discrimination as well as *de jure* legislation that circumscribed Chinese immigrant rights.

San Francisco Chinatown was infamous for what were characterized as its unsanitary conditions, irresistible opium dens, seductive female prostitutes, queer bachelor societies, and violent tong wars. In the early eras of Chinese immigration before World War II, the Chinese were labelled as a deviant and unassimilable race. With the exception of those in a very limited subset of careers, such as herbalists, most Chinese did not have much contact with Americans and remained segregated in Chinatown. Outside of Chinatown, the Chinese were regularly refused service in restaurants, barred from legally marrying white Americans, and segregated in the education system.¹⁹⁶

World War II revolutionized this relationship. With China a vital ally in the Pacific theater of the war, Americans began to see China in a more positive light. Historian Karen Leong contends that China at this time was no longer an alien and distant land in the American public imagination, as it became a “demonstration of the promise held by American democracy

¹⁹⁵ Mary P. Sawtelle, “State Sanitation,” *Medico-Literary Journal* (1880), 2-3.

¹⁹⁶ Gloria Heyung Chun, *Of Orphans and Warriors: Inventing Chinese American Culture and Identity* (New Brunswick, N.J.: Rutgers University Press, 2000), 16.

and culture to transform other nations.” Leong argues that this China mystique was a romanticized, progressive, and gendered image of China that was cultivated by both Chinese and American states during the war.¹⁹⁷

The Chinese immigrant community in the U.S. not only rallied behind China in the war but also served the U.S. in many ways. In fact, 13,499, or 22% of all adult American-born Chinese males served in the American army.¹⁹⁸ Wartime saw increased sympathy for the Chinese in America. Beginning from the Sino-Japanese War, China’s image in the American public was that of a weak, impoverished victim of Japanese imperialist aggressions. Unfortunately, this sympathy for the Chinese came at the expense of the Japanese. War era politics pitted the Japanese and Chinese against each other, the former as foreign enemies and the latter as increasingly assimilable allies. A 1942 Gallup Poll perfectly displayed these sentiments. Most Americans characterized the Japanese as “sly, treacherous... and cruel,” but indicated that the Chinese were “honest, hardworking, and religious.”¹⁹⁹

With this change in sociopolitical atmosphere, the Chinese Exclusion Act of 1882 was repealed on December 17, 1943 by the Magnuson Act that permitted an annual quota of 105 Chinese entry visas and the right of naturalization for Chinese individuals who were permanent citizens. The Immigration Act of 1924 was amended in 1946, granting alien wives and children of citizens entry to the U.S. on a non-quota basis. The War Brides Act of 1947 permitted the entry of alien spouses as well as natural and adopted children of members of the U.S. Armed Forces, resulting in immigration of around 6,000 Chinese women that greatly reduced the

¹⁹⁷ Karen J. Leong, *The China Mystique: Pearl S. Buck, Anna May Wong, Mayling Soong, and the Transformation of American Orientalism* (Berkeley, Calif: University of California Press, 2005), 1.

¹⁹⁸ Ronald T. Takaki, *Strangers from a Different Shore: A History of Asian Americans* (Boston: Little Brown and Company, 1989), 374.

¹⁹⁹ Chun, *Of Orphans and Warriors*, 49.

gender imbalance and promoted the growth of families.²⁰⁰ Alien Land Laws that prohibited Asian immigrants from purchasing or possessing land were repealed in the same year, allowing Chinese immigrants to legally move out of Chinatown to make a living for the first time. Lastly, the Supreme Court of California in *Perez v Sharp* ruled that the state's ban on interracial marriage violated the Fourteenth Amendment, nullifying previous anti-miscegenation laws in 1948.

The war period was essentially the first time in which the doors of economic, social, and political opportunity became accessible for Chinese immigrants in the U.S. With the war raging, the U.S. was in desperate need of labor, and Chinese immigrants began to occupy jobs from which they were previously banned, a majority of which were directly connected to the war effort.²⁰¹ Chinese immigrants took up positions as engineers, technicians, and scientists that worked on the development of weaponry and heavy industry for the war. This entry into white-collar jobs greatly facilitated social mobility.

These changes in the sociopolitical and legal environment for Chinese immigrants in America were as much externally guided as internally driven by these very individuals. The shift in attitudes is perhaps most clearly illustrated by a change in terminology used by Chinese immigrants. In 1941, the term American Chinese was also officially adopted by the Chinese American Christian Conference.²⁰² As opposed to the previous "American born Chinese" that implied loyalty first and foremost to China, this new term laid claim to their status as unequivocal American citizens and declared that it was possible to be both ethnically Chinese and a modern American citizen at the same time.

²⁰⁰ Rose Hum Lee, *The Chinese in the United States* (Hong Kong: Hong Kong University, 1960): 18.

²⁰¹ Chun, *Of Orphans and Warriors*, 47.

²⁰² William Hoy, "Americans of Chinese Descent," Lake Tahoe Christian Conference Papers (1941): 34.

During this period, China was also more visible to the American public. Song Meiling, the wife of Chiang Kai-shek who was the political figurehead of China, addressed both houses of the U.S. Congress on February 18, 1943, the first Asian and second woman to do so. She emphasized the deep connections between the two countries and China's commitment for advancing American modernity and democracy. In perfect English, she lauded the tenacity demonstrated by American soldiers stationed abroad, asserting that America was "not only the cauldron of democracy, but the incubator of democratic principles."²⁰³ More importantly, she cited the coexistence of unity and multiracialism as one of America's greatest strengths:

[In American air bases], I found first generation Germans, Italians, Frenchmen, Poles, Czechoslovakians, and other nationals. Some of them had accents so thick, that if such a thing were possible, one could not cut them with a butter knife. But there they were, all Americans, all devoted to the same ideals, all working for the same cause, and united by the same high purpose. No suspicion or rivalry existed between them. This increased my belief and faith that devotion to common principles eliminates differences in race and that identity of ideals is the strongest possible solvent of racial dissimilarities.²⁰⁴

Song's tactics here were representative of those utilized by the Chinese immigrant community. By worshipping American ideals of liberty and democracy, Song underscored that the key to American success in the war and at home was due to the ability of diverse peoples to work together under a common cause. She accentuated that America was a nation united by progressive ideals, not divided by racial differences.

²⁰³ "Soong May-ling (Madame Chiang Kai-Shek) Address to the U.S. House of Representatives," American Rhetoric, <https://www.americanrhetoric.com/speeches/soongmaylingspeechocongress.htm>. (accessed March 11, 2019).

²⁰⁴ "Soong May-ling (Madame Chiang Kai-Shek) Address to the U.S. House of Representatives," American Rhetoric, <https://www.americanrhetoric.com/speeches/soongmaylingspeechocongress.htm>. (accessed March 11, 2019).

On the other side of the Pacific, Lin Yutang, a scholar born in China but educated in the West, explained to Americans in his book *My Country, My People* the reasons why China was struggling with reform. Lin wrote in a way that did not fundamentally challenge any preconceived notions and stereotypes Americans had about China or the Chinese people. He capitalized upon Orientalist ideas to present the Chinese as a benign and benevolent people that were capable of assimilating to American ideals. Lin cited the passive and calm qualities of the Chinese as factors explaining why China lagged in progress. According to Lin, the feminine nature of the Chinese was “devoid of abstract thinking” and reflected in the simplistic form, syntax, and vocabulary of the Chinese language.²⁰⁵ This further contributed to the more positive views Americans held about the Chinese during this time.

In all, World War II was a watershed event for Chinese-American history. It marked the beginning of gradual acceptance of the Chinese into American society, which translated into more career options as well as social and financial resources for Chinese immigrants. The war also brought new legislation that loosened up previous restrictions on immigration and brought in women and middle-class immigrants to the U.S. These changes were vital to how the post-war period developed and why healthcare became such a site of controversy.

The New Order: Health as a Platform for Change

The war brought change in immigrant demographics and the American social atmosphere that introduced a relatively new, younger class of highly-educated first and second-generation professionals that exploded in numbers in the post-war period. The sudden ascent of this new group introduced a new faction in the Chinese immigrant community that challenged the

²⁰⁵ Yutang Lin, *My Country and My People* (London: William Heinemann LTD, 1936), 44.

monopoly on authority held by elite merchants who tightly grasped the reins of Chinese American society. Armed with their education and American society's gradual and partial acceptance of the Chinese, this professional class disrupted the power dynamics in Chinese immigrant social circles.

Thus, this post-war moment is significant because it was only with the sociopolitical circumstances at the time that allowed for such an entry of a new player. These professionals came from a variety of backgrounds. Some were first-generation immigrants from rather privileged backgrounds who came to the U.S. to escape the Chinese Civil War. Others were working class second-generation immigrants who advanced through the ranks of society through diligence and perseverance. Despite these differences, this professional class was largely characterized by progressive values and sympathy for the working class, important traits that defined their political agendas and self-identification in this post-war moment.

Health in particular became a space of contention because it was seen as a marker of one's level of assimilation. In the early eras of Chinese immigration, public health provided a regulatory mechanism to monitor and control groups that were viewed as disruptive. The Chinese were excluded from the definition of normalcy and became scapegoats for the spread of disease. This mindset, however, would soon change. According to historian Nayan Shah, public health in the twentieth century spurred a transformation of race from a "difference that [threatened], to one that [could] be modified and reconciled with the norms of societies."²⁰⁶ Shah further claims that this new mentality produced standards of entitlement and social welfare, in which progress was equated to public-health inspired welfare projects such as public housing and

²⁰⁶ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), 7.

maternal care that sought to “sanitize and accommodate differences.”²⁰⁷ The Chinese recognized that scientific medicine and healthcare were key to the process of bringing Chinese immigrant identity into the social fabric of the United States, so leaders in the community took advantage of this rhetoric to expedite that process of integration.

The establishment of institutions such as the Chinese Hospital, Chinese schools, the YMCA (Young Men’s Christian Association), and the YWCA (Young Women’s Christian Association) were some of the earliest attempts to cultivate modern, American lifestyles among Chinese immigrants in the 1920s. The YMCA and YWCA in particular sought to emulate modern American Protestant standards in instilling habits of hygiene and morality in the young Chinese immigrant population. The YMCA also provided showers to facilitate regular bathing for boys and men in Chinatown, where most households did not have bathtubs. The YWCA did even more by providing lessons on household sanitation and infant care, further reinforcing Americanization projects that wished to correct deviant Chinese practices, bringing them into the social fabric of modern American society.²⁰⁸

Nayan Shah contends that university-educated, second-generation Chinese in the 1920s and 1930s were responsible for the integration of Chinese immigrant society with America. Indeed, these modern-minded second-generation Chinese immigrants were trailblazers who attempted to remodel the image of the Chinese in the eyes of the American public. However, these attempts were limited in their influence. I argue that the full effects of these efforts were not truly felt until the post-war period when American public opinion on the Chinese drastically shifted and demographical differences in Chinese America facilitated such changes. In this post-war period, Chinese American physicians trained in the United States adopted scientific

²⁰⁷ Shah, *Contagious Divides*, 6.

²⁰⁸ Shah, *Contagious Divides*, 208.

medicine and technology as the ultimate arbiters of modernity and worked to further this adoption of ideals in the wider Chinese immigrant community as markers of American normalcy.

Rose Hum Lee, director of the department of sociology of Roosevelt University in Chicago, was a product of this thought that connected health to social status and identity. Lee saw health as an integral part of acculturation, assimilation, and eventual integration, a three-step process that she believed to be the ultimate goal for Chinese immigrants. In her book *The Chinese in the United States*, she argued that the “observance of established health standards indicates a given group’s degree of assimilation.” Likewise, she cited that when “an immigrant group’s standards fall below that of the rest of the population, censure by the dominant group is common.”²⁰⁹ In other words, health and hygiene equated to success in integration with the dominant American society, whereas a lack thereof resulted in disdain.

Likewise, in medical staff archives of the Chinese Hospital, Dr. Martha Mottram presented the history of the hospital’s radiology department as a timeline centered around the development of technology, pointing to how deeply ingrained the equation of science and technology with modernity and progress was in the minds of Americans—even Chinese Americans—at the time. She traced the chronology of the department by listing which doctors were employed at which time and when there were upgrades to the facility’s technology. Instead of describing what went into the creation and maintenance of the department, or any special patient cases that struck her memory, Dr. Mottram detailed when the first X-ray machine was donated and when the machine was upgraded with fluoroscopy, an amplifier tube, and ultimately a radiographic-fluoroscopic unit with a TV, a film changer, and an injector.²¹⁰

²⁰⁹ Lee, *The Chinese in the United States*, 320.

²¹⁰ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 11-13.

Healthcare was also important because of the influence held by the Chinese Hospital in Chinatown. The fact that its board of directors were members of the old merchant class made the hospital a center of attention and a starting point to instigate change in Chinatown leadership that would result in a more egalitarian division of power, allowing more voices to be heard, and ultimately reflecting a Chinese-American identity rooted in local sociopolitics rather than one that held on to the Chinese sojourner mentality of the past.

This shift in mentality among the Chinese due to political fissures in China and the influx of highly educated immigrants contributed to the rise of a new class of professionals and intellectuals who rose to leadership in Chinatown. Unlike previous eras in which merchants held a monopoly in Chinatown, leadership in this time period was characterized by professionals who spanned a variety of careers, including businessmen, academics, physicians, and lawyers. These professionals were accompanied by students and activists who similarly saw a need for change. Compared to the highly fragmented identities and regional rivalries that Chinese immigrants had in early periods of immigration, postwar immigrants—particularly professionals, students, and activists—developed a stronger patriotic identity. This contributed to a sense of unity among the Chinese, an identity bolstered by the evident disadvantages to associating with Communist China in this Cold War era.

This tension between elite merchants and the new middle class manifested itself in the realm of healthcare, as professionals and physicians berated the board of directors of the Chinese Hospital for not having the best interests of the community at heart. The board was comprised of elected representatives from 15 member organizations—the most influential native-place associations, religious groups, or political forces in Chinatown at the time of the hospital's

incipience in 1900. However, since these were no longer the most relevant organizations in the post-war era, the board of the hospital became a locus on conflict between these groups.

Despite the drastic transformation of Chinese immigrant demographics, the organizations represented on the hospital board remained more or less stagnant. As a result, newly arrived immigrants belonging to the class of professionals, as well as their American-born counterparts, advocated for a change in the makeup of the board to reflect these changes in Chinese American demographics. This was a particularly important agenda, both because health was so integral in reconciling the Chinese and American parts of Chinese American identity and because the Chinese Hospital's revered position as a leader that represented Chinese immigrants in the U.S.

As these professionals and intellectuals gained social, economic, and political capital, they drew on certain cultural resources to craft this new version of themselves. Health was a particularly vital resource because it was seen as a defining trait of American normalcy, a goal desired by many Chinese who had been labelled as foreign, threatening, and unassimilable in the century before the war. Not only so, the Chinese Hospital's position at the center of merchant power in Chinese immigrant society made it the target of many calls for reforms and criticism by this rising middle-class of professionals and intellectuals.

The Post War Moment: The Construction of a Chinese-American Identity

The relaxation of legal restrictions during the post-war period on immigration and citizenship did not guarantee a world free from persecution. Although American sentiment towards the Chinese greatly improved during World War II, Cold War politics beginning in the 1950s considerably complicated the situation. The Chinese Civil War and the Communist takeover of mainland China cast an ominous shadow over Sino-American relations during an era

in which the United States, defender of what came to be known as the “Free World,” was staunchly anti-communist. China’s involvement in the Korean War from 1950-1953 only intensified American fear and resentment that was projected onto the Chinese in America. It seemed as if the ground gained by the previous decade of acceptance was lost.

With this turn of events, Chinese immigrants felt particularly uneasy, especially with the precedent of Japanese internment during World War II and the passing of Title II of the McCarran Internal Security Act in 1950 that legalized the detainment of anyone whose actions suggest espionage, sabotage, or an endangering of national security.²¹¹ These laws were put to action as the Immigration and Naturalization Service (INS) targeted Chinese groups and organizations that were sympathetic to Communist ideals. One such group was *Min Qing*, or the Chinese-American Democratic Youth League, a group that read works written by Communist Chinese and had left-leaning members. Franklin Woo, a chemist and member of *Min Qing*, recollected his experience in the organization:

The FBI people began coming to our homes, going to talk to our relatives, friends, where we worked. I guess when they got the Immigration Office working on us, though, we knew the *Min Qing* was coming to an end. I remember the immigration people would stop *Min Qing* members on the street and demand to see their papers, just to harass us. Once they discovered somebody had false papers, they would begin proceedings for deportation... Say, if a *Min Qing* member is discovered to have false papers, his whole family will be affected because probably they didn’t have the proper papers either... People just slowly stopped coming down to the basement [for *Min Qing* meetings].²¹²

Left-leaning newspapers such as the *China Weekly* and the *Chung Sai Yat Po* were similarly shut down when readers cancelled their subscriptions and businesses pulled out their

²¹¹ Chun, *Of Orphans and Warriors*, 75.

²¹² Victor Nee and Brett de Bary Nee, *Longtime Californ’: A Documentary Study of an American Chinatown* (New York: Pantheon Books, 1973), 216-217.

advertisements for fear of INS scrutiny.²¹³ Maurice Chuck, the publisher of leftist newspaper the *San Francisco Journal* accused the INS of using his father's confession of illegal immigration in order to deport him because of his leftist sympathies. He claimed that "they didn't use it against [his] father...so it [was] very obvious that the reason that they put on this so-called "confession" program was to aim at some particular individuals."²¹⁴ This was a time in which it was dangerous to be associated with China, or at least with the Communist controlled mainland.

Anticommunist rhetoric during this period essentially pushed Chinese immigrants in America closer to the Nationalists, or the Kuomintang (KMT). Cold War politics increased KMT control over their overseas subjects in America, as they collaborated with the FBI and INS in purging Communist sympathizers from leadership positions in Chinese American circles. In fact, the KMT pushed for anti-Communist leagues to be installed in each Chinese Consolidated Benevolent Association (CCBA).²¹⁵ The KMT saw the value in overseas Chinese and thus always had a strong presence in Chinatown, but this control peaked during the Cold War era, lasting until the normalization of U.S.-China relations with Nixon and Kissinger's visit to Beijing in 1972.

In this time, Chinese American organizations showed their dedication to Nationalist-controlled Taiwan in many ways. Liang Shengtai, the president of the CCBA in New York, convened with his counterparts in CCBA in San Francisco and other metropolitan areas to host the National American Chinese Conference of 1957 in Washington D.C. that established the National Chinese Welfare Council to promote expressions of support for the Nationalist regime

²¹³ Chiou-ling Yeh, *Making an American Festival: Chinese New Year in San Francisco's Chinatown* (Berkeley: University of California Press, 2008), 24.

²¹⁴ Diane Mei Lin Mark and Ginger Chih, *A Place Called Chinese America* (Dubuque, IA: Kendall and Hunt, 1982), 104.

²¹⁵ Mark H. Lai, *On Becoming Chinese American*, (Walnut Creek, CA: Rowman & Littlefield, 2004), 64.

of Taiwan.²¹⁶ A group of community leaders from the Chinese Young Men's Christian Association (YMCA) and Young Women's Christian Association (YWCA) in San Francisco drew up a list of guiding principles for both organizations:

1. We Chinese-American citizens pledge our loyalty to the United States.
2. We support the nationalist government of free China and her great leader, President Chiang Kai-shek.
3. We support the United Nations charter and the efforts made by the United Nations troops who are fighting for a united, free and independent Korea.
4. The Chinese communists are the stooges of Soviet Russia. Those who are invading Korea are the Chinese communists, not the Chinese, peace-loving people of free China.²¹⁷

Clearly, this was a period in which Chinese-Americans distanced themselves from the Communist-controlled mainland and first professed loyalty to the United States and then support for Chiang's KMT regime in Taiwan. Ironically, allegiance to a foreign state at this time bolstered their claims to American democratic ideals.

However, distancing themselves from Maoist China did not always equate to complete assimilation and an effacing of the Chinese half of their immigrant identities. Chinese immigrant leaders—merchants and middle-class professionals—in San Francisco also took an active role in promulgating their identity as Chinese Americans by manipulating both Cold War rhetoric and American ideas on Chinese culture. Like the herbalists described in Chapter Two, they chose certain Chinese and American attributes that would construct an ethnic identity that posed no threat to the U.S., protecting the political identity of the Chinese community while drawing in tourism into Chinatown.

For instance, H.K. Wong was credited to have organized the first modern Chinese New Year's Festival in 1953. He was born into a family of twelve in San Francisco's Chinatown in

²¹⁶ Lai, *On Becoming Chinese American*, 65.

²¹⁷ "Cathay, U.S.A.," *Chinese Press*, 22 June 1951, 4.

1907 and started his career as a banker in the Bank of Canton that connected him to many influential figures in the immigrant community. Wong also worked in community newspapers and was one of the founders of the Chinese Historical Society and the director of the San Francisco Convention and Visitor's Bureau.²¹⁸ These experiences allowed him to become essentially a broker between the community and the municipal government. To Wong, the Chinese desperately needed to transform their image in the American public eye, and he saw the Chinese New Year's Festival as a way to achieve that goal.

He assembled a Chinese New Year Festival committee with members who were mostly merchants and first or second-generation businessmen.²¹⁹ However, despite Wong's vital contributions, he was not named the first Chinese New Year Parade chairman. Instead, Paul Louie held that position. A member of the merchant class, Louie was influential in the Chinese Chamber of Commerce and his business ventures included import and export trade, banking, and real estate.²²⁰ Although the professional class possessed linguistic and economic resources to challenge merchant domination in immigrant society, merchants largely remained at the zenith of immigrant social hierarchy and were most well-positioned in perches of authority to direct community-wide initiatives. Notably, although women played essential roles in the marketing of this non-threatening form of Chinese American identity, they were virtually denied participation in all decision-making processes.²²¹

Louie argued that because Chinese New Year's was no longer celebrated in communist China, the committee felt compelled to share "an ancient Chinese celebration for all the free

²¹⁸ Yeh, *Making an American Festival*, 31.

²¹⁹ Yeh, *Making an American Festival*, 32.

²²⁰ Yeh, *Making an American Festival*, 32.

²²¹ Yeh, *Making an American Festival*, 33.

world to see.”²²² However, several Chinese language newspapers such as the *Chinese World* mentioned that although the communist party forbade many Chinese traditions, there was no explicit prohibition of the celebration of the New Year.²²³ It was this intentional distinction between “good democratic Chinese” and “bad Communist Chinese” that aligned Chinese immigrant values with American ideals of liberty and freedom. The parade during Chinese New Year’s highlighted the leadership’s accentuation of this division. Chinese-American veterans marched in the parade, followed by Army, Navy, Air Force, and Marine bands.²²⁴ This reminded the American public of Chinese American participation in the American military during past wars, a brazen display of patriotism to highlight their past commitment to advancing U.S. interests.

Likewise, beauty pageants produced a non-threatening and feminized ethnicity that possessed the potential to be weaved into the tapestry of a multicultural American society. In 1958, local beauty pageants were consolidated into a national contest—the Miss Chinatown U.S.A beauty pageant. As Yeh argues, the inclusion of “U.S.A.” in the name “enabled male leaders to situate Chinatown within the U.S. nation state and present Chinese American culture as compatible with the dominant conceptions of national culture.”²²⁵

Women were seen as cultural ambassadors because they were more acceptable to mainstream American Orientalist fantasies. In fact, leaders only urged women and children to wear ethnic clothing during New Year’s because they demonstrated a form of exoticism that did not challenge American conceptions and piqued American interest in Chinatown. Men wearing

²²² *San Francisco Chronicle*, February 1, 1953.

²²³ “Editorial,” *Chinese World*, February 8, 1954.

²²⁴ *Chinese World*, February 7, 1953.

²²⁵ Yeh, *Making an American Festival*, 63.

traditional attire, on the other hand, would risk evoking an image of the “yellow peril.”²²⁶ The image of the subservient ethnic woman not only dissuaded concerns of homosexual bachelor’s societies and the possibility of miscegenation between Chinese men and white women, but also created a safe heterosexual space centered around the nuclear family for Americans to comfortably venture into. These leaders not only emphasized that ethnic Chinese culture was compatible with mainstream American society but went one step further to argue that the outward articulation of this ethnic culture was a manifestation of American liberty, an important aspect of American foreign policy during the Cold War era.

Moreover, a divided China discouraged travel back to the mainland that was under communist rule. The political schism placed overseas Chinese in a quagmire. Previously, the Chinese saw themselves as sojourners—men temporarily moving overseas to provide for their family in hopes of being able to return, or as the Chinese saying expresses, to allow “fallen leaves to return to their roots.” Bone repatriation, or the sending of the ashes after a cremation back to China and ultimately one’s hometown, was also a common practice if members of the community passed away overseas. However, with the Communist victory in the Chinese Civil War and a sociopolitical environment hostile to any connection to mainland China, travel back to China and bone repatriation were unfeasible more often than not. Furthermore, for the first time in history, native-born Chinese Americans outnumbered their foreign-born counterparts.²²⁷ Although the 1965 Immigration Act quickly reversed this trend, the increase in second generation immigrants strengthened the overall break in association with China. Most of these second-generation individuals had never been to China, so their lives were much more rooted in the U.S. The belligerent political atmosphere and precarious situation expedited the

²²⁶ Yeh, *Making an American Festival*, 34.

²²⁷ Chun, *Of Orphans and Warriors*, 98.

development of a Chinese-American identity in which Chinese immigrants began to see America as not only a land of temporary residency, but more as a permanent home.

Strands of Identity in the Post War Era

Partially due to the active crafting of an unthreatening Chinese-American identity, the concept of the model minority developed in the 1950s when Asian Americans were praised for their diligence and obedience, a trope that manufactured Asian Americans as a wedge group, pitted against other peoples of color. As a pan-Asian identity formed in the subsequent two decades, due to the diminishing of previously salient linguistic and cultural barriers among U.S. born Asian Americans, activists and students fought back against the model minority myth and the integrationist logic of the prior decade. Japanese American poet Amy Uyematsu berated assimilation as futile, arguing that in the process of Americanization, Asian Americans attempted to “transform themselves into white men,” and have “adjusted to the white man’s culture by giving up their own languages, customs, histories, and cultural values...only to discover that this is not enough.”²²⁸

In addition, limitations placed on Chinese immigration were fully removed with the 1965 Immigration Act, expanding annual immigration quotas to 20,000 for non-Western countries. As a result, immigration rates swelled considerably during these decades. Although this new piece of legislation was a success for equality, in reality, the surge in Chinese immigrants caused many problems for an already burdened Chinese America. In the late 1960s, Chinatown essentially became a ghetto, a place for the indigent and elderly who lacked means to move out into the

²²⁸ Amy Uyematsu, “The Emergence of Yellow Power in America,” in *Roots: An Asian American Reader*, eds. Amy Tachiki, Eddie Wong, Franklin Odo, and Buck Wong, (Los Angeles: University of California, Los Angeles Asian American Studies Center, 1971), 9.

suburbs.²²⁹ In 1960, a third of all Chinese in America lived in San Francisco's Chinatown, but there were minimal internal or external structures set in place to provide social services for its residents.²³⁰ In 1970, 60 percent of Chinatown housing was substandard, and its average population density of 228 persons per acre was nine times that of San Francisco's.²³¹ It was not surprising that although the 1954 national tuberculosis rate was 4.4 per 100,000 individuals and the municipal rate was 51.5, San Francisco Chinatown's tuberculosis levels hovered around 153.²³²

Between 1965 and 1970, about 100,000 Chinese immigrated to the U.S. between 1965 and 1970, and this figure nearly doubled in the next decade.²³³ The exponentially increasing arrival of new immigrants only exacerbated the housing situation, but housing was by no means the only crisis. Chinatown residents suffered from limited employment opportunities and earnings, and about 41 percent lived in poverty according to federal standards.²³⁴ There were high rates of juvenile crime, a byproduct of the high unemployment rate, which was 12.8 percent in 1960 compared to the city's 6.7 percent.²³⁵

As a pan-Asian identity formed, Asian American activism on college campuses inspired by the Black Power movement eventually spread to surrounding communities, particularly at the University of California, Berkeley. Many students and activists believed that the model minority myth constrained Asian Americans to follow the norms of white America, making them a wedge

²²⁹ Chun, *Of Orphans and Warriors*, 107.

²³⁰ Chun, *Of Orphans and Warriors*, 107.

²³¹ San Francisco Department of City Planning, *Chinatown 701 Study Staff Report* (San Francisco: San Francisco Department of City Planning, 1972), 2; U.S. Bureau of the Census, "Table 20. Population of the 100 Largest Urban Places: 1970," (1970).

²³² San Francisco Department of City Planning, *Chinatown 701 Study Staff Report*, 2.

²³³ Chalsa Loo, *Chinese America: Mental Health and Quality of Life* (Thousand Oaks: Sage Publications, 1998), 46-47.

²³⁴ Simi Lee, "Gordon Lau: 'Chinatown Is a Gilded Slum,'" *East West III* (March 1970): 10; "Tutors Sought for Chinatown," *Daily Californian*, 10 October 1968, 2.

²³⁵ Yeh, *Making an American Festival*, 78.

group used to shun black Americans. Others felt that, as people of color, they shared more with the plight of black Americans than the privilege of white America.²³⁶ These students probed into the problems facing Chinese Americans, particularly the harsh realities Chinatown, that challenged the façade of a prosperous, safe, and affluent Chinese America that elite Chinese leaders sought to craft.

Students and activists gained the support of the media in publicizing their criticism for the neglect of Chinatown. The San Francisco Chronicle ran a four-part series on the conditions of Chinatown in August of 1969.²³⁷ To the activists, Chinatown was a perfect example of how “the racist and imperialist designs of the dominant white society had destroyed an ethnic community” and how the Chinese were excluded from the mainstream economy and society.²³⁸ In addition to external problems, activists denounced the old guard of Chinatown—the merchant controlled Six Companies—for perpetuating systemic structures for exploitation.

The old guard also received criticism from many of these new immigrants who belonged to the professional class of first-generation immigrants. A significant number arrived from Hong Kong and initial their exposure to Chinese immigrant society was shocking. To these new immigrants, the presence and immense power held by traditional institutions of Chinatown, such as clan associations, was a sign of Chinatown’s backwardness compared to the rather progressive and cosmopolitan center of Hong Kong.²³⁹ Although they held different perspectives from their U.S. born counterparts, they too saw a problem in the current status-quo.

The creation of a Chinese-American identity involved a gamut of actors and forces. Merchants and businessmen who were involved in Chinatown affairs in the 1950s crafted a

²³⁶ Chun, *Of Orphans and Warriors*, 101.

²³⁷ Bill Moore, *San Francisco Chronicle*, August 11-14, 1969.

²³⁸ Chun, *Of Orphans and Warriors*, 109.

²³⁹ Nee and Nee, *Longtime Californ!*, 185.

version of Chinese America that appealed to American domesticity, Oriental fantasies, and Cold War rhetoric through the promulgation of the Chinese New Year's Festival and Miss Chinatown U.S.A. beauty pageant. These men prioritized political and economic interests, hoping that this new image as the model minority would assuage American suspicions of communist sympathies in the Chinese immigrant community while drawing in financial benefits with the feminization of Chinatown that lured in more tourists. The later decades saw the clashing of these leaders with U.S-born Asian American students and activists who challenged this integration into American values. Instead, they drew attention to the dilapidation of Chinatown, blaming community leaders—merchants—for their hearty acceptance of blind integration into American culture, as well as their exploitation of the working class. Lastly, the new highly-educated immigrants saw merchant control over immigrant society as distasteful and backwards. With different motives, these factions and groups struggled for dominance—an endeavor that took place in the arena of healthcare and the Chinese Hospital.

The Center of Conflict: The Chinese Hospital

It was amidst this complex environment that the Chinese Hospital in San Francisco became the center of attention in local politics. Merchants—the old bastion of power in Chinese America—wrestled with first and second-generation professionals, students, and activists to determine the future direction of development for the community. Socioeconomic class played a central role in determining allegiances in this struggle between those who wished to maintain the status quo and those who challenged it.

For the most part, the Chinese Hospital was an institutionalized center of power for the old merchant class. As mentioned earlier, its board of directors consisted of representatives from

each of the 15 most influential organizations in early immigrant society. Of these 15, seven spots belonged to the most prominent *huiguan*. The Chinese Chamber of Commerce (CCC) occupied another spot, and so did the CCBA, whose own board of directors was dominated by the seven most influential *huiguan* that each had another spot. In other words, merchants controlled nine out of the 15 spots—an overwhelming majority. This count does not include the other conservative factions which tended to vote similarly—the KMT, the Chee Kong Tong, and the the Chinese YMCA. The only voices that *perhaps* had liberal inclinations were the Chinese American Citizen’s Alliance, the Chinese Constitutionalist Party, and the Chinese Christian Union.²⁴⁰

The overwhelming domination by merchant conservative groups in the board of directors was unmistakable. In a financial report of the Chinese Hospital of San Francisco, the title page lists the date in both the Western calendar (1966) and years since the founding of the Republic of China (55th year since incipience)—the system utilized in Taiwan.²⁴¹ Adding the Nationalist calendar to official documents overtly displayed the hospital’s fealty to the KMT—a testament to its control over Chinese immigrant society. In addition, the Fu Xing theater troupe from Taiwan helped the Chinese Hospital fundraise \$5000 in 1970 and committed to assist with fundraising annually to “repay the kindness that Chinese American society has shown.”²⁴² This was typical of the symbiotic relationship between the KMT and the Chinese Hospital—the hospital would exhibit its allegiance to the KMT while rallying support for Nationalist causes in exchange for official recognition and financial assistance. This degree of influence was expected especially

²⁴⁰ Hospital medical staff also participated in board meetings but did not have voting rights.

²⁴¹ “*Sanfanshi qiaoli donghuayiyuan yuanwu baogao caizheng zhuangkuang*” 三藩市僑立東華醫院院務報告財政狀況錄 [San Francisco’s Chinese Hospital: Hospital Affairs Financial Report], 1966.

²⁴² “*Donghuayiyuan de sishi qi zhounian*” 東華醫院的四十七週年 [The 47th Anniversary of the Chinese Hospital], *Pacific Weekly* 太平洋週報, April 23, 1970.

because the CCBA and most merchant-controlled *huiguan* were heavily regulated by the Nationalist party as a result of the anti-communist sentiment in the U.S. that forced overseas merchant associations to side with the KMT.

It also demonstrates the importance of the Chinese Hospital in immigrant society. The principal of the Fu Xing theater equated fundraising for the hospital with giving to the Chinese American society. The Chinese Hospital was seen as a philanthropic entity that provided for and cared for the local community. The Chinese Hospital also hosted many of the Chinese New Year's Festival and beauty pageants that immigrant leaders manipulated to produce a benign version of Chinese-American identity for the American public. In fact, the Chinese Hospital was the first to hold New Year's celebrations in 1915. It continued to hold these events as fundraisers for causes pertaining to not only the overseas Chinese community but also for disaster relief or war efforts in China.²⁴³ In a way, the Chinese Hospital, along with the CCBA, served as the face of the Chinese immigrant community to both American and Chinese audiences.

Merchants were able to control so much of immigrant society because of their monopoly in the leadership of *huiguan*. As discussed in Chapter One, these native-place associations functioned as microgovernments that offered assistance, social services, and representation for its members in the absence of an actual government that was willing to advocate for them. *Huiguan* essentially institutionalized merchant control over Chinese immigrant society. Furthermore, although *huiguan* maintained a large income, they provided relatively few social services in comparison to their financial resources.²⁴⁴ Their merchant leaders were more concerned with their control over the social, economic, and political means to resources than the welfare of their constituents. Over the years, the structure of the *huiguan* granted power to the

²⁴³ Yeh, *Making an American Festival*, 42.

²⁴⁴ Lai, *On Becoming Chinese American*, 46.

most influential merchant leaders by catering to the needs of the elite—landlords, merchants, and other members of the upper class.

The gradual acceptance of Chinese in America introduced the possibility of higher-paying jobs and higher education. Education served as a means to social and political capital that was outside of merchant spheres of control, particularly for native-born Chinese Americans. An influential group of this new, highly-educated professionals were physicians. Unlike the merchants who dominated the *huiguan* and the board of directors for the Chinese Hospital, most physicians, at least those who worked at the Chinese Hospital, were not from upper class families.

Dr. Henry D. Cheu had to “cook his way through Stanford Medical School” and served as a student manager at a summer camp and club manager of Weber Lake Sportsmen’s Club to support himself financially.²⁴⁵ Similarly, Dr. A.B. Chinn worked as a fruit picker in ranches, being bus-boy and waiter, and even assistant laborer in a quartz quarry before obtaining his medical degree.²⁴⁶ The mother of Dr. Albert Young worked as a seamstress in a sewing factory while he worked summers on farms picking fruit, cleaning houses, cleaning a bar, and trucking produce to support their family before he became a doctor.²⁴⁷ Because these physicians understood the struggle of the working class, they recognized the gaping hole of unmet need in healthcare among Chinatown’s neighborhoods.

Clearly, the vast majority of doctors working at the Chinese Hospital were exceptionally dedicated to providing care for marginalized populations in Chinatown, as there were meager financial rewards. Dr. K. Chang mentioned that his medical practice was “stifled as far as

²⁴⁵ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 49-51.

²⁴⁶ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 58.

²⁴⁷ Noon, Chinese Hospital Medical Staff Archives, 1980, 22.

monetary reward was concerned.”²⁴⁸ Dedicated to addressing healthcare needs in Chinatown, these physicians were also often involved in healthcare projects outside the Chinese Hospital. Dr. Chin Y. Low participated in the Chinatown and North Beach District “K.O. Polio” Program and lectured to ladies’ garment factory workers on the advisability of having tuberculosis screening chest X-rays in addition to his work at the hospital.²⁴⁹ The demographics of the physicians and staff working at the hospital demonstrated its commitment to culturally competent care—31 out of 45 physicians were of Chinese descent, and 80% of the nursing staff spoke either Chinese or Tagalog.²⁵⁰ In fact, the Chinese Hospital was the “only hospital in San Francisco with a bilingual staff,” and was the major source of health care for Chinese immigrants—particularly the elderly.²⁵¹

Along with native born professionals such as these physicians, this period saw a rise in highly educated first-generation immigrants who entered the country after the 1965 Immigration Act. Many immigrated as university students and white-collar workers, reversing the previous trends of immigration in which working class laborers were the dominant group. The education and training of these middle-class individuals further bolstered the power of the new class of professionals that challenged merchant authority.

One of the most influential of such immigrants, Stephen Fong was born in 1929 in Canton and educated at the University of Hong Kong until he left for San Francisco at the age of 23.²⁵² When he arrived, he assisted his grandfather and father in running a general store, but he

²⁴⁸ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 25.

²⁴⁹ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 44.

²⁵⁰ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

²⁵¹ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

²⁵² “*Jinshan qiaoling fanguoyuan jübin qiaojie haoyou daoniansongxing*” 金山僑領方國源舉殯僑界好友悼念送行 [Overseas Chinese Leader Stephen Fong’s Funeral Ceremony, Friends in the Community commemorate and send him off], Sing Tao Daily 星島日報, April 29, 2018.

later succeeded as a businessman. In fact, he was known as one of the “Four Heavenly Kings” of Chinatown due to the amount of real estate he owned. He also served in various roles in Chinatown organizations. Before his death in 2018, Fong served as the president of the Chinese Hospital Board, president of the Chinese Chamber of Commerce, chairman of the Sue Hing *huiguan*, and a representative of the Taiwanese Overseas Community Affairs Commission.²⁵³

As will be expanded upon later, Fong was a popular man in Chinatown during his time as president of the Chinese Hospital. It was perhaps his moderate political and social views that allowed him to garner support from individuals across the socioeconomic spectrum. As a first-generation immigrant who enjoyed great financial success, he was economically and culturally motivated to support the incentives of the merchant class and the KMT. At the same time, he came from humble roots, so he could understand pressing need to expand social services for the underserved.

Another major demographic in the newest wave of immigration were students. The Chinese Students Association (CSA) of UC Berkeley, for instance, consisted of mostly foreign-born students from Hong Kong. Accused by an anonymous writer in the *Daily Californian* for their lack of concern for domestic affairs and immigration issues in Chinatown, CSA officers quickly developed more dedicated and sustainable ways to engage with social issues in Chinatown, such as attending a public forum that addressed concerns regarding senior citizens and housing that elicited participation from students at Stanford University, San Francisco State College, San Francisco University, and San Jose College.²⁵⁴

²⁵³ “*Jinshan qiaoling fangguoyuan jübin qiaojie haoyou daoniansongxing*” 金山僑領方國源舉殯僑界好友悼念送行 [Overseas Chinese Leader Stephen Fong’s Funeral Ceremony, Friends in the Community commemorate and send him off], Sing Tao Daily 星島日報, April 29, 2018.

²⁵⁴ Chun, *Of Orphans and Warriors*, 106-107.

Intellectuals and professionals were among those who responded most passionately to reverse the ghettoization of Chinatown. America in the 1960s and 1970s was characterized by a trend of suburbanization. The 1958 report *Where Shall We Live?* by the Committee on Race and Housing reported data on non-white minorities and found no significant improvement in housing in the past decades for people of color, including the Chinese.²⁵⁵ It emphasized the need for immigrants to learn American values and behavior to “move out of slums and find dwellings in middle-class American neighborhoods.”²⁵⁶ Their rationale was that assimilation into these “nonethnic” neighborhoods would allow immigrants to escape from being identified as members of their ethnic groups. In essence, this shift of residence from slums to suburbs became a “condition for and a symbol of upward mobility, with emancipation from minority status.”²⁵⁷ As suburbia began to take shape in the American mind as the only permissible form of a healthy, American family, ethnic urban slums like Chinatown became equated with the opposite.

University educated, second generation Chinese Americans actively fought against this rhetoric and advocated to change living conditions in Chinatown. This process began in the 1920s and 1930s but was amplified with the influx of highly educated immigrants after the 1965 Immigration Act. These activists advocated for new solutions to address these problems, educating themselves and the broader public about the needs of the community, demanding the reallocation of government and community resources for social services.²⁵⁸ According to historian Judy Wu, these professionals and intellectuals formed agencies in the 1960s and 1970s

²⁵⁵ Cindy I-Fen Cheng, "Out of Chinatown and into the Suburbs: Chinese Americans and the Politics of Cultural Citizenship in Early Cold War America," *American Quarterly* 58, no. 4 (2006): 1069.

²⁵⁶ Cheng, "Out of Chinatown and into the Suburbs," 1069-1070.

²⁵⁷ Cheng, "Out of Chinatown and into the Suburbs," 1070.

²⁵⁸ Judy Tzu-Chun Wu, "'Loveliest Daughter of Our Ancient Cathay!': Representations of Ethnic and Gender Identity in the Miss Chinatown U. S. A. Beauty Pageant," *Journal of Social History* 31, no. 1 (1997): 13.

to “better serve the concerns of Chinatown residents” and “initiated grassroots campaigns to mobilize Chinese Americans to demand better living and working conditions.”²⁵⁹

As if mirroring the contention between the old authority of merchants and the rising class of professionals and students, there were many Chinese language news agencies and reporters who were unashful in their criticism of elite immigrants and the Chinese Hospital during the 1960s and 1970s. The *East West* bilingual newspaper in particular was boldly vocal about these injustices. Gordon Lau, a second-generation community activist and the first Chinese American elected to the San Francisco Board of Supervisors, commented in *East West* that if “leadership here isn’t concerned about the neglected working man, the forgotten juvenile and overlooked senior citizen, how can we criticize the non-Chinese for not responding to our needs?”²⁶⁰

Another editorial sarcastically complimented the CCBA for being “so excited over [its] anti-poverty program,” only to mention that the irony of not having any members of the lower class represented at these meetings. When asked for the reason why there was such a lack of participation, one CCBA member answered, “Ordinary poor people were invited, but I guess, they’re too uneducated and just didn’t come.”²⁶¹ Students and activists berated merchant leaders for their lack of concern for welfare and their unwillingness to “put down some of their thirty million which they owned in properties alone.”²⁶² The merchants retaliated. A student activist at San Francisco State University recalled that conservative merchant leaders fabricated stories that these students from Hong Kong were “trained by the Red Guards to upset Chinatown’s

²⁵⁹ Wu, “Representations of Ethnic and Gender Identity,” 13.

²⁶⁰ “Candidate Lau Urges Chinatown Multi-center,” *East West*, July 30, 1969, 5.

²⁶¹ Ken Wong, “Help the Poor,” *East West*, April 16, 1969, 2.

²⁶² Ken Wong, “Help the Poor,” *East West*, April 16, 1969, 2.

relationship with the white community” and threatened to mobilize immigration authorities to investigate the families of the students involved.²⁶³

Professionals challenged the monopoly on power held by the merchant class, while students and activists confronted the elitist concerns of the merchants who they indicted for the plethora of problems in Chinatown that centered around the debates on housing and public health. In addition to these players, scholars also played a role in guiding discourse around identity making and socioeconomic class. Rose Hum Lee espoused complete integration to American society and pathologized first-generation and lower-class Chinese immigrants who she deemed as inferior to their educated counterparts. Culturally, as a native-born Chinese-American academic, Lee did not have interests aligned with the merchant class. Instead, Lee represented a new, rising group of professionals and scholars from an elite background who wished to differentiate themselves from lower class immigrants.

The first woman and ethnic Chinese to head a department of an institution of higher education, Lee represented a faction of American-born Chinese that wished to blend into white America. Among her many ideas, Lee saw educated immigrants as superior to working class individuals and believed that it was the “enlightened” who “[strove] to bring the subgroup’s standards up to those of the dominant group.”²⁶⁴ Moreover, she believed that lower class immigrants did “not understand the concept of community concern for health [or] that their illness may affect others.”²⁶⁵ This rhetoric revealed similar thinking to elites in the Northern Chinese city of Tianjin who internalized foreign discourses of Chinese deficiency by distancing themselves from the Chinese masses. Like Lee, these Chinese elites viewed themselves as

²⁶³ Mark T. Jue, "Former S.F. State Students Discuss 1968 Strike and Its Meaning Now," *East West*, November 2, 1983, 7.

²⁶⁴ Lee, *The Chinese in the United States*, 320.

²⁶⁵ Lee, *The Chinese in the United States*, 323.

“saviors and educators of the deficient masses.”²⁶⁶ In all, these vying groups of individuals—merchants, professionals, intellectuals—concentrated their attention on the Chinese Hospital in the post-war era as each attempted to create a version of Chinese America that was most aligned with their idea of Chinese-American identity.

Controversy: Corruption on the Board of the Hospital

The Chinese Hospital received a huge increase in attention from the Chinese language media in the 1970s for a corruption scandal in the Board of Directors. In a piece titled “Discussing the Coming Storm in the Chinese Hospital,” an individual with the pen name *Da Jun* incited community-wide discussions on the pressing problems faced by the Chinese Hospital and the corruption that occurred behind the scenes in the board of directors.

The first item on the list of controversies was the illegal election for the board of directors on January 15, 1974. Tan Quan Fu, a representative from the Ning Yeung *huiguan* was allegedly wrongfully elected to the position of president of the hospital board because not all eight members needed for a quorum were present.²⁶⁷ Moreover, among the members who were present, one was not a legal member of the board, and another did not sign in. Eventually, a new election was held in which Lei Fa Tu was elected, but the controversy escalated when Tan sued Lei in court for the position of president.²⁶⁸

Getting ahold of this conflict, news outlets flocked to cover the subject. Numerous articles warned the community of the corrupt practices of their merchant leaders who did not shy

²⁶⁶ Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004), 252.

²⁶⁷ “*Donghuaan de jiaoxun*” 東華案的教訓 [The lesson learned from the Chinese Hospital], *Getting Together* 團結, November 2, 1974.

²⁶⁸ “*Donghuayiyuan suan panjue quanwen*” 東華醫院訟案判決全文 [The full contents of the Chinese Hospital Courtcase], *Jiu jinshan* 舊金山, November 6, 1974.

away from taking advantage of legal loopholes to achieve their goals, as evidenced by the illegal election.²⁶⁹ Pieces ran by *Pacific Weekly* concluded that, due to the changing times, merchants did not enjoy the same reputation as before. Moreover, the Chinese Hospital had been involved in four court cases in 1974 alone. In one of these cases, the Chinese Hospital sued the nurses' union for influencing the voting process that ultimately resulted in the unionization of the nurses working at the hospital.²⁷⁰ Evidently, the board of directors was not happy about their deteriorating control over hospital affairs.

A newspaper article attributed the source of these problems to Chinatown's old institutions—the *huiguan*, CCBA, Chinese Chamber of Commerce, and the Chinese Hospital — and popular discontent with the monopoly on power and decision making in the hands of the merchant class.²⁷¹ He contended that the lesson to be learned from this experience was simple. Before, “no one besides the leaders of Chinese immigrant society could make decisions regarding *qiao tuan* (overseas Chinese organizations).” However, the breakout of the Chinese Hospital's controversy riled the media and the community, and more than 50 individuals and organizations jumped at the opportunity to vocalize their opinions and contribute to attempts at improving welfare services. As proved by this experience, “if Chinatown residents and community members stand up to voice their thoughts, our leaders will have to listen.”²⁷²

²⁶⁹ “*Donghuaan de jiaoxun*,” 東華案的教訓 [The lesson learned from the Chinese Hospital], *Getting Together* 團結, November 2, 1974.

²⁷⁰ “*Donghuayiyuan zhigong jiaru gonghui shidai laodongjü panjüe*” 東華醫院職工加入工會事待勞工局判決 [The Chinese Hospital medical staff join the union, waiting for the department of labor's verdict], *Shidai* 時代, December 18, 1974.

²⁷¹ “*Donghuaan de jiaoxun*” 東華案的教訓 [The lesson learned from the Chinese Hospital], *Getting Together* 團結, November 2, 1974.

²⁷² “*Donghuaan de jiaoxun*” 東華案的教訓 [The lesson learned from the Chinese Hospital], *Getting Together* 團結, November 2, 1974.

This article was published in *Getting Together* (1970-1978), a bilingual newspaper founded in New York by I Wor Kuen, a militant Asian American activist group that moved to San Francisco in 1971.²⁷³ Understandably, the piece was not demure in its criticism of immigrant leaders. However, it placed the responsibility on community members to take action against injustice. Instead of passively allowing merchant leaders to control the decision-making processes, the author advocated for everyone's involvement to transform private and insulated decisions into public resolutions. This reflected the Chinese American identity espoused by students and activists—one that was centered in the Chinese American community and was not exclusive or crafted to ignore issues in the community.

To remedy the situation, many community members offered proposals. One suggestion was to amend the constitution of the hospital that had remained untouched since the hospital's incipience in 1925. This proposition was to limit the director of the board to single-year terms and the other board members to two-year terms, while employing accountants to regulate the hospital's finances.²⁷⁴ However, before any systematic issues were fixed, new conflicts arose.

The Outpatient Clinic: Conflict and Resolution

The controversies involving the Chinese Hospital coalesced into the issue of expanding the hospital by building a new outpatient clinic. The clinic would not only increase capacity for the hospital but would also prevent it from being shut down by the government for violating safety regulations with the dilapidated buildings that the hospital was housed in.²⁷⁵

²⁷³ Mark Him Lai, "Short History of the Chinese Media in North America," Unpublished, 6.

²⁷⁴ "Dui donghuayiyuan de yixie yijian" 對東華醫院的一些意見 [Some opinions on the Chinese Hospital], *Guanghua* 光華, February 5, 1975.

²⁷⁵ Concerned Supporters of the Chinese Hospital, "What We Should Know About Our Hospital," 1974.

The community responded vociferously. For instance, the Concerned Supporters of the Chinese Hospital was an organization of students, journalists, and Chinatown residents formed in December 1973 to urge the building of the outpatient clinic. To encourage members of the Chinatown community to participate more in hospital affairs, they published an English language brochure titled “What We Should Know About Our Hospital.” As stated in the Chinese language press, this group was also concerned with the disparity between the decision makers and the individuals who were actually served by the hospital. The organization argued that only with community members who were aware of and participating in hospital affairs would the Chinese Hospital “fully serve the health needs of community residents.”²⁷⁶

Many of the hospital’s events were indeed quite insular, despite technically being open to the general public. The hospital invited all community members, but particularly “important leaders in the overseas Chinese community,” to a charity auction for Chinese New Year’s in 1975 at the Double Happiness Hotel. Although everyone was invited, most people who showed up were those already on the hospital board or involved in a merchant-controlled organization that was represented on the board.²⁷⁷

Thus, the Concerned Supporters of the Chinese Hospital delineated the benefits that the outpatient clinic would bring to Chinatown. It would allow for centralized healthcare services and health records, integrating comprehensive and specialized care in the same location. Furthermore, it would also introduce group practice to the Chinese community, in which a group of physicians form an association by combining their medical practices, a form of peer review that “promotes better healthcare delivery,” and “lower[s]...the chance of malpractice.”²⁷⁸

²⁷⁶ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

²⁷⁷ “*Donghuayiyuan huichun yimai jinchufa*” 東華醫院揮春義賣今出發 [The Chinese Hospital’s Spring Charitable Action Begins Today], *Jinshan* 金山, February 3, 1975.

²⁷⁸ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

Despite these benefits, the group believed the reason why the outpatient clinic had not yet been constructed was because the Chinese Hospital did not represent the best interests of the community, because the makeup of the board did not allow for accurate representation. According to their research, there were two major factions on the board, one for and the other against the outpatient clinic. Lastly, the community has never been consulted by the board on issues that affect the hospital's services. Thus, the brochure urges the reader to attend board meetings of the hospital open to the public every third Thursday each month, to make their views known if they are members of the 15 organizations on the hospital's board, and to join Concerned Supporters.²⁷⁹ This rhetoric, again, was reflective of the larger trends of advocates urging community members to take a more active role in deciding their futures, as well as an emphasis on the importance of these healthcare services and the vital role that the Chinese Hospital played. As a stronghold of merchant abuse of power and the provision of vital healthcare services, the Chinese Hospital became a cause to rally up community involvement in advancing the rights of the working class.

When faced with such criticism, the members of the board often used money as an excuse. The financial state of the hospital had never been satisfactory. When he was director, Lei Fa Tu blamed the federal government for lagging in its \$100,000 reimbursements for healthcare provision for the elderly.²⁸⁰ According to Lei, this explained why the expansion plan for the hospital did not come into fruition. Moreover, the state health department would not allow an expansion because San Francisco's hospital beds already outnumbered the number of patients, although there were actions taken for the state to consider the Chinese Hospital as an exception

²⁷⁹ Concerned Supporters of the Chinese Hospital, "What We Should Know About Our Hospital," 1974.

²⁸⁰ "Donghuayiyuan de sishiqi zhounian" 東華醫院的四十七週年 [The 47th Anniversary of the Chinese Hospital], *Pacific Weekly* 太平洋週報, April 23, 1970.

due to its importance to the Chinese immigrant population. Lastly, Lei cited the high salaries the hospital paid nurses and anesthesiologists as a factor contributing to the fiasco.²⁸¹

Similarly, when asked about his opposition to the expansion of the hospital, Tan Quan Fu tried to remove all blame from himself. As mentioned earlier, Tan was the man who was illegally elected to the position of director of the board, but he remained as a board member after his demotion from director. Instead of incriminating a fellow merchant, he blamed the unsatisfactory financial state of the hospital as the reason why the expansion was not going well.²⁸² Merchant leaders often used tactics such as transferring agency and blame to external sources—the government or the system that the hospital was run—that they claimed to exceed their realm of control.

Concerned Supporters was successful in many of its attempts. When it was first known that the outpatient clinic might not be constructed, the organization collected 50 letters from community leaders to compel the hospital to build the clinic.²⁸³ Moreover, when the board of directors failed to sign the contract for the clinic's construction on December 16, the organization held a vigil of 100 residents to draw attention to this crisis.²⁸⁴ That same night, the contract was signed.²⁸⁵ Although further power struggles within the board quickly brought the construction to a stop once more, Concerned Supporters clearly demonstrated the influence that student and activist groups brought to Chinatown in encouraging community mobilization to take a more active role in decision-making processes.

²⁸¹ “*Donghuayiyuan de sishi qi zhounian*” 東華醫院的四十七週年 [The 47th Anniversary of the Chinese Hospital], *Pacific Weekly* 太平洋週報, April 23, 1970.

²⁸² “*Tanchuanfu xiansheng fabiao tanhua*” 譚泉富先生發表談話 [Mr. Tan Speaks], *Guanghua* 光華, January 15, 1975

²⁸³ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

²⁸⁴ *Guofa* 國法, January 1-15, 1974.

²⁸⁵ Concerned Supporters of the Chinese Hospital, “What We Should Know About Our Hospital,” 1974.

Director Fong: Panacea or Not?

Stephen Fong was seen as the panacea to fix all the problems of the Chinese Hospital.²⁸⁶ Both conservative and liberal leaning newspapers commended him for his dedication and his potential for solving the pressing issues regarding the hospital. During the conflict of the board of directors, there was a stalemate between the merchant-led conservatives and progressive liberals, but Fong won 14 of the 15 votes necessary to be elected as the new president.²⁸⁷ As mentioned earlier, Fong immigrated from Canton at the age of 23 and worked in his grandfather and father's general store before achieving great financial success as a businessman. He was heavily involved in Chinatown affairs as the president of the Chinese Chamber of Commerce, chairman of the Sue Hing *huiguan*, and representative of the Taiwanese Overseas Community Affairs Commission.²⁸⁸ Through these positions, he had established himself as an adroit negotiator and trustworthy leader, so many community members looked to him to save the Chinese Hospital from its troubles.

Fong enjoyed such popularity due to many factors. Fong himself experienced the problems inherent in Chinatown while he worked in his father's general store for a decade, followed by his extensive teaching experience in San Francisco's Chinese language schools.²⁸⁹ As a first-generation immigrant, his cultural background matched that of the newest wave of immigration that exploded after 1965 and gave him a common language to communicate with

²⁸⁶ “*Fangwen fangguoyuan yuanzhang*” 訪問方國源院長 [Interviewing President Fong], East West, February 5, 1975.

²⁸⁷ “*Fangwen fangguoyuan yuanzhang*” 訪問方國源院長 [Interviewing President Fong], East West, February 5, 1975.

²⁸⁸ “*Jinshan qiaoling fangguoyuan jübin qiaojie haoyou daoniansongxing*” 金山僑領方國源舉殯僑界好友悼念送行 [Overseas Chinese Leader Stephen Fong's Funeral Ceremony, Friends in the Community commemorate and send him off], Sing Tao Daily 星島日報, April 29, 2018.

²⁸⁹ “*Jinshan qiaoling fangguoyuan jübin qiaojie haoyou daoniansongxing*” 金山僑領方國源舉殯僑界好友悼念送行 [Overseas Chinese Leader Stephen Fong's Funeral Ceremony, Friends in the Community commemorate and send him off], Sing Tao Daily 星島日報, April 29, 2018.

the merchant leaders of immigrant society. At the same time, his education at the University of Hong Kong in the early 1950s exposed him at an early age to Western style thought. In addition, his wealth and business ties connected him with the merchant class and the important institutions and factions involved in Chinatown politics. Fong had the experience and social capital—ties to both ends of the sociopolitical spectrum—to induce change.

Other reasons for his widespread popularity were his humility and eloquence in addressing *everyone* in the community. When Fong was first elected to director of the board in 1975, he claimed to be “very lacking” but was thankful to be elected by “the grace of the board of directors,” and stated that he would be “judicious in his actions as to not disappoint the community.”²⁹⁰ As evidenced by the generous donations, Fong said that he could feel the fondness that the overseas Chinese community had for the hospital and hoped that he would receive recommendations from all sectors of society so that the hospital could better serve the community. He was touched by the support given by the community, the unity and humility shown by the board, who he was certain would “work towards serving the public without prejudice or partiality.”²⁹¹

By emphasizing that the Chinese Hospital was Chinatown’s only charitable organization, Fong reiterated the tradition of philanthropic medicine in the hospital—the ideal model of healthcare provision envisioned by most first-generation immigrants. In a subsequent interview published in *East West*, Fong described the courage he received when he looked at a photograph of the Chinese Hospital when it was built half a century prior. Fong asked, “If our ancestors had

²⁹⁰ “Fanguoyuayun huangqihuan yuanzhang fabiaotanhua” 方國源黃啟權院長發表談話 [Stephen Fong and Huang Qi Huan Speak], *Guanghua* 光華, February 5, 1975.

²⁹¹ “Fanguoyuayun huangqihuan yuanzhang fabiaotanhua” 方國源黃啟權院長發表談話 [Stephen Fong and Huang Qi Huan Speak], *Guanghua* 光華, February 5, 1975.

such audacity and grit, should we not also?”²⁹² Fong showed his cultural proximity to other first-generation immigrants in his usage of the Chinese rhetoric of looking to the past for the ideal state.

He expressed gratitude to both the merchants in power and the community in need, offending neither party while offering concessions to both. He praised the board members for their merit and dedication while promising to be receptive of community concerns about the hospital. Fong’s eloquence contrasted with the stoic and detached tone of Huang Qi Huan, vice director of the board and merchant representing the Chinese Chamber of Commerce. When asked how he felt about being elected, Huang responded that he was a blunt and straightforward man who “only submits to the authority of justice and abides by the law.” He clearly lacked the charisma and skills in persuasion that Fong mastered.

After the election, Fong listed the biggest problems facing the hospital as the declining number of patients, the unionization of workers, and the building of the medical center.²⁹³ To address dwindling number of patients, he pledged to cut down operating costs for the Chinese Hospital. His concern over the unionization of workers, on the other hand, exposed his sympathies for the upper class. Treating unionization as a problem suggested that Fong’s priorities probably rested in the hospital’s financial state rather than the provision of an equitable working environment for everyone in the hospital. Lastly, Fong claimed that no one on the board of directors was actually against the construction of the center. Everyone simply had different ideas on how to approach it. He explained that for such a huge project, it would be “good to have

²⁹² “*Fangwen fangguoyuan yuanzhang*” 訪問方國源院長 [Interviewing President Fong], *East West*, February 5, 1975.

²⁹³ “Guangdaxianxiang jingcheng tuanjie chuantong fazhan donghuayiyuan zaofu qiaobao xinjiuyuanzhang yu xingqisi jüban jiaojiedianli” 光大先賢精誠團結傳統發展東華醫院造福僑胞新舊院長於星期四舉行接交典禮 [To Honor our ancestors’ tradition of the Chinese Hospital, serving the overseas Chinese community, new and old presidential transition ceremony this Thursday], *China Youth* 少年, January 31, 1975.

different input,” and that he had faith that “the new board would continue to work toward the realization of this goal.” Again, these statements divulged his moderate stance—not offending any party, but not proposing any concrete actions either.²⁹⁴

Fong’s high-profile presence in the Chinese language press at the time revealed not only his popularity but also his personal cultural affiliation. Fong was a bicultural individual who possessed cultural fluency in both American and Chinese cultures, but his relative absence from English language press and popularity in the Chinese language press demonstrated that he still identified much more with first-generation immigrants. Indeed, Fong was a skilled arbiter between individuals with different socioeconomic backgrounds and motives, but there was also an intergenerational gap between native and foreign-born Chinese immigrants that was difficult to bridge.

Cultural Disparity: First and Second-Generation Immigrants in the Press

Despite the solidarity that developed in this period from the construction of a pan Chinese American identity, there were still significant barriers between first and second-generation immigrants, the most salient of which were linguistic and cultural. There were some who believed that Chinese and English-speaking Chinese should unite to realize change, and they attempted to create bilingual newspapers or magazines that would serve as a vehicle to facilitate this communication, such as *Getting Together* or *East West*. Most of these papers held liberal leanings and discussed issues that centered on community-based issues such as housing, employment, and racism.²⁹⁵

²⁹⁴ “Fangwen fangguoyuan yuanzhang” 訪問方國源院長 [Interviewing President Fong], *East West*, February 5, 1975.

²⁹⁵ Lai, “The Chinese Media in the United States and Canada Since World War II,” 30.

However, English language press in the Chinese American community suffered from exceptionally high rates of failure. Their target audience was the second generation whose ties to and interest in the Chinese ethnic community attenuated as they integrated themselves into mainstream American society. Nevertheless, the persistence of a few English language newspapers demonstrated that there was sustained interest in issues affecting the ethnic community in a subset of readers.²⁹⁶ Second generation press and activist groups such as Concerned Supporters of the Chinese Hospital tended to focus their attention on the present while expressing hope for the future. There was rarely any mention of the past or the history of the hospital beyond cursory comments.

On the other hand, Chinese language press retained the cultural elements of its rhetoric to appeal to its readership of mainly first-generation immigrants, as those born in the U.S. at this time lost much of their ability to read and write Chinese.²⁹⁷ Confucian Chinese philosophy, unlike its Western counterparts, regarded the past as the ideal state and saw history as a repeated cycle demonstrating human capacity to fall away from the principles of this normative order.²⁹⁸ Chinese language newspapers in the 1970s did not stray away from this concept of the ideal past.

Criticism of the corruption in the Chinese Hospital would always be preceded by a romanticized narration of early immigrant leaders and the sacrifices they made in order to establish the hospital. For instance, a newspaper article from 1974 praised the first head of the hospital, Pastor Le-sheng Chen.²⁹⁹ Pastor Chen actively avoided the political schism of China between the Qing Dynasty and Sun Yat Sen's revolutionary forces while allowing individuals

²⁹⁶ Lai, "The Chinese Media in the United States and Canada Since World War II," 32.

²⁹⁷ Lai, "The Chinese Media in the United States and Canada Since World War II," 5.

²⁹⁸ Benjamin Schwartz, "History in Chinese Culture: Some Comparative Reflections," *History and Theory* 35, no. 4 (1996): 23.

²⁹⁹ "Suibi" 隨筆 [Opinion Column], Unknown, January, 17, 1974.

from all political backgrounds to participate in hospital board affairs. Never letting partisanship hinder the management of the hospital, Pastor Chen served as a direct foil to the current board members who prioritized factional allegiances over the good of the hospital and the communities that it served.³⁰⁰ Moreover, in referring to the Chinese American community, the Chinese press mainly referred to them as *qiao bao*, or overseas Chinese. Thus, although there was a shift away from the sojourner mentality, first-generation identity was still defined in terms of their Chinese ethnicity.

The priorities and thought processes of first and second-generation Chinese immigrants were reflected in the language and vocabulary used in the press at the time. Professionals and intellectuals of the middle class often shared the same values, but it was still difficult to unite under one banner due to the cultural gaps between the U.S. born and the foreign born.

Physicians of the Hospital

Physicians who worked at the Chinese Hospital provided an extra force pushing for progress in hospital affairs. As mentioned before, these physicians were mostly from working class backgrounds and were educated in the U.S. Influenced by both their upbringing and the fervor of student activism, many strongly believed in expanding the hospital's services to meet the needs of the underserved in Chinatown, often against the wishes of elite merchants.

The antagonism between physicians and the board was evident. Dr. Henry D. Cheu, who had to work his way through medical school, mentioned that the medical staff were under the tight control of the board which had the power to appoint staff.³⁰¹ He believed that the turnover of personnel on the board occurred too rapidly—resulting in a new set of board members who

³⁰⁰ “*Suibi*” 隨筆 [Opinion Column], Unknown, January, 17, 1974.

³⁰¹ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 55.

could barely run the hospital, let alone enact change.³⁰² Dr. Cheu also mentioned that a board member sat in on every medical staff meeting, “acting as an advisor, but becoming more of a dictator.”³⁰³

In fact, these tensions occurred as early as in 1931, when the total of eight physicians working at the hospital led a strike against the board that demanded less board intervention in daily affairs, threatening to boycott the hospital by transferring all of its patients to the nearby Franklin Hospital.³⁰⁴ However, because only seven of the eight physicians signed the petition, the board’s immediate response was to ignore the war cry of the staff. Instead, the board called upon the CCBA to resolve the issue. According to one physician, the CCBA “did not have the foggiest idea of what the problem was all about,” so the meeting ended with no resolution. Eventually, in a process of negotiation not specifically documented, the board complied to remove board member participation in medical staff meetings.³⁰⁵ Altercations of the like between physicians and the board plagued the subsequent few decades.

Physicians often served as spokespeople for the working class in hospital affairs, as hospital staff could attend board meetings but could not vote. At one of these meetings in 1974, doctors who worked at the hospital “tried to impress upon the Board the necessity of accepting the funding” from the government—a grant of \$871,801 and a loan of \$2.4 million.³⁰⁶ Dr. Rolland Lowe, the spokesman for the doctor’s association, shared with the board about the healthcare needs of the community and warned against factional politics in hospital leadership. He predicted that continued fighting would cause the hospital to lose around 90% of its income

³⁰² Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 53.

³⁰³ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 55.

³⁰⁴ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 56.

³⁰⁵ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 56.

³⁰⁶ “Action Urged on Chinese Hospital,” *Getting Together* 團結報, December 14, 1973 – January 3, 1974.

from insurance plans such as Medi-Cal, Medicare, and Blue Cross, ultimately phasing the hospital out of existence by 1980.³⁰⁷

Dr. Lowe was the epitome of Chinese-American physician leaders at the time. Born in the Chinese Hospital in 1932, he moved to Hong Kong before returning for his undergraduate degree at UC Berkeley and medical degree at UCSF.³⁰⁸ Dr. Lowe served Chinatown for over 40 years as a family doctor and surgeon. Lowe became the first Asian American president of the California Medical Association and spearheaded the Chinese Community Health Care Association, the Asian Pacific Islander American Health Care Forum, and the Network of Ethnic Physician Organizations.³⁰⁹ He also established a private endowment fund named after his father, the Lawrence Choy Lowe Memorial Fund, to support nonprofit organizations for a wide variety of causes in the Chinese American community.³¹⁰

Eventually, Dr. Lowe served as president of the hospital board—the only physician ever to do so in the history of the hospital. Medical staff at the hospital had always been allowed to attend board member meetings, but were barred from voting privileges until 1979, when a major revision was made to “keep abreast with the time” and “reflect the cross-section of the community.”³¹¹ This was a milestone for the Chinese Hospital, as it was the first time any successful revisions took place in the demographics of the board of directors.

The fact that a physician rose to the top of the board of directors was a momentous victory for middle-class professionals and advocates, and while Dr. Lowe occupied that position,

³⁰⁷ “Action Urged on Chinese Hospital,” *Getting Together* 團結報, December 14, 1973 – January 3, 1974.

³⁰⁸ “Rolland Rowe,” Legacy, <https://www.legacy.com/obituaries/sfgate/obituary.aspx?n=rolland-low&pid=187188170>. (accessed March 19, 2019).

³⁰⁹ “Rolland Rowe,” Legacy, <https://www.legacy.com/obituaries/sfgate/obituary.aspx?n=rolland-low&pid=187188170>. (accessed March 19, 2019).

³¹⁰ “Heroes Biography: Rolland C. Lowe, M.D.,” Clinton White House, https://clintonwhitehouse4.archives.gov/textonly/Initiatives/Millennium/Philan/html/bio_lowe.html. (accessed March 19, 2019).

³¹¹ Noon, Chinese Hospital Medical Staff Archives, 1980, 17-18.

he pushed for reform, such as establishing the Chinese Community Health Plan (CCHP) to provide coverage for non-insured Chinese patients.³¹² Of course, part of Dr. Lowe's ability to rise up the ranks was explained by his financial success, as evidenced by the \$600,000 in donations alone he and his family made to the memorial fund.³¹³ Strong commitment to the underserved was not enough to overcome the iron grip of merchants on hospital leadership. It was a combination of his reputation for philanthropy in the Chinese-American community, fluency in both Chinese and American cultures, and extensive wealth that gave Dr. Lowe the economic and social capital to take the reins of the Chinese Hospital in his own hands.

In a publication of medical staff archives in 1980, Dr. Collin P. Quock stated the goals of the physicians of the hospital as follows:

1. To insure [sic] that all patients admitted to the hospital or treated in the outpatient department received the best possible care.
2. To provide a means whereby problems of a medical-administrative nature may be discussed by the medical Staff with the Board of Directors and/or the Administration.
3. To establish and maintain rules and regulations for the government of the medical staff.
4. To further the education of all professional personnel
5. To give opportunities to men and women for advancement in the study of medicine
6. To participate, give recommendation and/or advice on any local community health problems.³¹⁴

Clearly, these physicians were dedicated to serving community needs and improving the venues of communication between hospital administration and medical staff. For Dr. K. Chang, it was “disturbing” that senior citizens had no access to Medicare, Medi-Cal, or other

³¹² “*Dajia laixiang cailiulun yishi shuo zaijian*,” 大家來向蔡流輪醫師說再見 [Everyone say goodbye to Dr. Rolland Lowe], *World Journal 世界日報*, April 9, 2018.

³¹³ “Heroes Biography: Rolland C. Lowe, M.D.,” Clinton White House, https://clintonwhitehouse4.archives.gov/textonly/Initiatives/Millennium/Philan/html/bio_lowe.html. (accessed March 19, 2019).

³¹⁴ Noon, *Chinese Hospital Medical Staff Archives*, 1980, iv.

government funding for healthcare.³¹⁵ Frustration with the lack of resources for Chinese patients was a common experience of physicians in the Chinese Hospital that only propelled them to become more vocal about the structural problems in the hospital. In fact, like Dr. Lowe, many of these physicians took out of their own salaries to finance important initiatives in the hospital. A group of 18 of the 50 or so staff members pledged \$10,000 or more to fund the rebuilding of the Chinese Hospital in 1979.³¹⁶ Eventually, the committee led by Dr. Jonah Li of medical staff raised a quarter million dollars in pledges in less than a month.³¹⁷

It was through the combined work of physician advocates like Dr. Li and Dr. Lowe, as well as moderate business leaders such as Stephen Fong that permitted slow but steady progress in establishing more inclusive care that catered to community needed. In 1981, the previous chief of medical staff Dr. Edward Chow declared specifically that the medical staff—not the hospital as a whole—was the medical reference for the community and medical advocate for the Chinese of San Francisco.³¹⁸ As succinctly stated by Dr. Chow, physicians and other middle-class professionals and intellectuals replaced merchants as the representatives for working-class Chinese Americans.

Conclusion

The Chinese American community experienced metamorphosis during the postwar period. No longer was power solely held in the hands of the merchant elite who monopolized the social institutions in Chinese America. Instead, educated professionals—both first-generation and native-born Chinese Americans—gained traction within American society. Realizing the

³¹⁵ Following the Dawn, Chinese Hospital Medical Staff Archives, 1979, 25.

³¹⁶ Noon, Chinese Hospital Medical Staff Archives, 1980, 17.

³¹⁷ Noon, Chinese Hospital Medical Staff Archives, 1980, 17.

³¹⁸ Shortly After Noon, Chinese Hospital Medical Staff Archives, 1981, 4.

need for reform and change, they utilized the Chinese Hospital as a rallying call for their cause. I hope that this chapter displayed the complexity of the process of identity construction. By no means was this a black-and-white, two-dimensional split that cleanly sliced Chinese sojourner mentality from a Chinese-American identity. Instead, there were dissonances—contrasting perspectives, clashing rhetoric, and conflicting allegiances—that heavily colored the struggle to create a coherent identity.

Amidst these complex and intricate differences, this post-war moment was a time of contestation in which professionals, students, and activists felt that they possessed enough leverage to dispute the merchant monopoly on life in Chinese America. However, socioeconomic class indisputably fashioned their beliefs and identities. Students, activists, and physicians in the middle-class rallied against the merchant class's exploitation of the lower classes. Often coming from less affluent backgrounds, they spoke out boldly against the unbalanced proportion of power held by elite merchants who were ignoring the working class.

At the same time, wealthy professionals—particularly first-generation businessmen—often took moderate stances between the conservatism of the elite merchant class and the radical activism of students. They often sided politically with the KMT and patriarchal merchant leaders who crafted a benign image of a submissive Chinese American that ignored the urgency of the problems of Chinatown. Due to their moderate stances, these individuals were often the most successful in subtly challenging merchant authority without undermining the interests of the upper-class elite. At the same time, they shared ideals of creating a community that did not exclude anyone—a Chinese American community rooted in their new home in America.

Conclusion

In 2015, the Chinese Community Health Care Association (CCHCA) sued the Chinese Hospital and its for-profit health plan subsidiary, the Chinese Community Health Plan (CCHP). The CCHCA accused the CCHP of bypassing its leadership, asking individual physicians under its governance to sign contracts that would nullify existing ones. Because most physicians working at the Chinese Hospital had contracts with the CCHCA, its leaders denounced the CCHP for attempting to undermine its relationship with the hospital by directly employing physicians.³¹⁹

The Chinese Hospital and CCHP retaliated a few months after by filing a countersuit, seeking repayment for more than \$5.2 million that the CCHCA allegedly owed the U.S. Health and Human Services Department under provisions of the Affordable Care Act.³²⁰ Leadership of the CCHP accused the CCHCA of engaging in “grossly unfair business practices” and violating their previous collaboration by misinforming doctors about the contracts that the CCHP asked them to sign. The CCHP claimed that these contract renewals were necessary to fulfill state requirements.³²¹

This conflict resulted in a schism. Some physicians sided with the CCHP by forming the Jade Health Care Medical Group affiliated with the hospital. Others allied with the CCHCA to form a new physician’s group, the Asian American Medical Group (AAMG), which is currently

³¹⁹ Li Wenjing 李文淨, “*Jiujinshan huamei yishixuehui zhuanggao huaren baojianjihua weiyue*” 舊金山華美醫師協會狀告華人保健計劃違約 [The Chinese Community Health Care Association sues the Chinese Community Health Plan for violating their contract], *Epoch Times* 大紀元, August 15, 2015.

³²⁰ Chris Rauber, “Chinatown tussle: Chinese Hospital strikes back with lawsuit against doctors' group,” *San Francisco Business Times*, September 22, 2015.

³²¹ Rauber, “Chinatown tussle: Chinese Hospital strikes back with lawsuit against doctors' group,” September 22, 2015.

the largest organization of Chinese doctors in San Francisco.³²² A continuation of the hospital's conflicts in the 1970's, this vignette demonstrates that clashes between groups with conflicting interests in the hospital leadership remain in the present day.

Just a few years later, on March 26, 2018, the Chinese Hospital hosted a grand opening of their new initiative—the East West Health Services. This initiative offered “comprehensive Chinese medicine and wellness services, including acupuncture, cupping, moxibustion, therapeutic massage, herbal medicine, and nutrition therapy.”³²³ The president of the hospital, the board of directors, the chief executive officer, and other community dignitaries partook in the ribbon-cutting ceremony, a scene that mirrored the opening of the Tung Wah Dispensary more than a century ago in 1900. Adopting the same rhetoric as the past, the leaders of the hospital emphasized the importance of serving the community, highlighting the central role that the Chinese Hospital played in providing adequate healthcare for the Chinese community.³²⁴

As traditional Chinese medicine has taken a more visible role in the Chinese Hospital, it has also transformed in the modern era. As argued by Sean Hsiang-Lin Lei, Traditional Chinese Medicine, or TCM, was a product of the Nationalist state that altered its epistemology to form a new hybrid form of medicine that was neither traditional medicine nor biomedicine.³²⁵

Moreover, although herbal medicine remains important to healthcare for the Chinese in America,

³²² “*Qian huamei yishixiehui zhuxi jieyu donghuayiyuan enyuan*” 前華美醫師協會主席 揭與東華醫院恩怨 [Past President of the Chinese Community Health Care Association reveals gratitude and resentment with the Chinese Hospital], Sing Tao Daily 星島日報, October 4, 2017.

³²³ “*Donghuayiyuan zhongxiyixue menzhen juban kaimu jiancai qingzhu*” 東華醫院中西醫學門診舉辦開幕剪綵慶祝 [The Chinese Hospital East West Services holds the opening ribbon-cutting ceremony to celebrate], Press Release, March 26, 2018; “Acupuncture,” Chinese Hospital, <https://www.chinesehospital-sf.org/acupuncture>. (accessed April 10, 2019).

³²⁴ “*Donghuayiyuan zhongxiyixue menzhen juban kaimu jiancai qingzhu*” 東華醫院中西醫學門診舉辦開幕剪綵慶祝 [The Chinese Hospital East West Services holds the opening ribbon-cutting ceremony to celebrate], Press Release, March 26, 2018.

³²⁵ Sean Hsiang-Lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle Over China's Modernity* (Chicago: University of Chicago Press, 2014).

the demographics of its practitioners have greatly changed. In the 1970's and 1980's, TCM in the United States became dominated by primarily white Americans who pushed for legislation that would professionalize the practice, with an emphasis that shifted from herbal medicine to acupuncture.³²⁶ In this process, Chinese practitioners of herbal medicine and acupuncture were once again marginalized. New regulatory bodies, such as the California Acupuncture Board, designated the state as the only authority that could define what the correct and incorrect ways were for Chinese acupuncture to interact with the body.³²⁷

Clearly, the themes that characterized debates around health and identity in Chinese immigrant society from the late nineteenth to twentieth centuries are still present in the modern day. Motives of different players both within and outside of the community clash or synergize in these moments of identity construction. In this thesis, I focus on three key actors—merchants, herbalists, and professionals—who employed health and medicine as a venue of identity making. In chapter one, merchants took up responsibilities held by local elites in China by providing leadership and social services for the early immigrant community. They realized that healthcare, along with management of the dead, was located at the junction of the American public health agenda and Chinese immigrant priorities. In the realm of healthcare, merchants demonstrated their indispensable role serving as a middle man that facilitated communication with the state, but more importantly, preserved Chinese immigrant autonomy, identity, and their way of life.

In chapter two, herbalists performed a new form of identity construction by presenting themselves and the Chinese culture as assimilable to American mores—pulling from Western religion and American Orientalism to prove their point. The motives and techniques employed by these herbalists were most salient during moments of conflict, particularly in legal disputes

³²⁶ Tyler Phan, “American Chinese Medicine,” (PhD diss., University College London, 2017), 26.

³²⁷ Tyler Phan, “American Chinese Medicine,” 107.

involving American state and medical regulatory bodies that wished to marginalize Chinese herbal medicine. Ultimately, due to the nature of their work, herbalists were one of very few Chinese immigrants who had intimate contact with white Americans. It was this unique position that located medicine at the center of identity construction that would flower in the post-war period.

Chapter three characterizes this post-war moment as a time of transformation. The war brought about radical shifts in American perceptions of the Chinese and in the demographics of Chinese immigrants. A new group of highly educated, middle-class Chinese, born abroad or in the U.S., rode on the wave of activism in the 1960's and 1970's to call for equity in the immigrant community. Fighting their way upstream against the power structures in Chinatown centered on merchant leadership, these middle-class professionals claimed healthcare as a banner for change as a series of conflicts emerged in the Chinese Hospital of San Francisco, a bastion of elite merchant power that remained from the past.

In the span of a century, Chinese America took on a kaleidoscopic range of different forms. The narratives of disease and filth that plagued Chinese immigrant reputation and warranted exclusion in the early eras of immigration transformed into a model minority myth in the post-war period that neglected problems in Chinatown, presenting the Chinese as the epitome of success in their integration into American society. In between this transformation, the attack on herbalism by American medical authorities spurred the invention of a new type of identity led by Chinese herbalists that fed into this creation of a non-threatening Chinese American. This century also experienced the rise of new elites, the middle-class professionals, who challenged old notions of power held by merchant leaders in Chinese immigrant society. Yet despite these changes, health remained at the heart of tension and took a central role in these attempts to craft

a new identity. Healthcare and medicine presented Chinese immigrant elites with a unique space to claim an identity that reflected who they saw in themselves and who they wished others to see in them—Chinese sojourners, legitimate doctors, and American citizens.

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