

Abstract

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

Introduction

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

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

In both cases Chinatown was the focal point of plague. In San Francisco the first victim of plague was from Chinatown. Honolulu turned its attention to Chinatown, also known as the "unsanitary district" (Mohr 2004), as its first plague victim was a resident. In Honolulu Chinatown, the initial quarantine by the board of health trapped residents within the quarantine lines, however, residents (Chinese, Japanese, and Native Hawaiian) were able to evade it (Mohr 2004). However,

with upticks in plague cases in Honolulu, the Board of Health felt an urgent need to combat plague once and for all. The Board of Health ordered the burning of Chinatown. The resulting blaze went out of control because of winds that made the entire neighborhood burn for 17 days. Authorities in San Francisco wanted to take a similar approach to the Chinese quarter. However, there was indirect rule of Chinatown based on the use of civic groups and leaders within the Chinese community. Local leaders were able to end quarantines by obtaining legal help, resulting in a federal judge stopping the city from burning down the district. Which poses the question, why did Honolulu burn down Chinatown while San Francisco resisted that fate?

Data & Methods

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

Case Selection & Case Logic

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

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

San Francisco and Honolulu are similar cases. They share many similarities where a comparison is necessary and there are enough differences here, we can see how the differences impacted the fate of Chinatowns in each city. In both cases, large Chinese populations living in one area together and both cities are vital to trade with their proximity to trade with other countries. More interestingly are the similarities within Chinatown despite being so far apart. By using the most similar case method we can understand how the dependent variable (the outcome of Chinatown in response to plague) is influenced by the similarities and differences on the

independent variables (Gerring 2006). The independent variables that we see similarities in are the characteristics of Chinatown in both cities. The neighborhood also known as the Chinese Quarters were seen in both cities as slums, as hygiene in both cities were below standard. Buildings in both cities needed to be condemned but were not because of the need for cheap housing. By looking at the differences on the independent variable we can better isolate and see how the dependent variables work to influence the outcome on the dependent variable.

Findings

Response to an outbreak of plague consisted of four stages: outbreak response, repression or resistance, and resolution. The third phase is where the two cases digress, and we can see how the ghetto functions, through indirect rule, to prevent Chinatown from being burnt down by government officials, as in the case of San Francisco. Thus, officials were met with resistance to unwarranted and unfair quarantines. Meanwhile, Honolulu's colonial status and lack of ghetto status meant that Honolulu Chinatown did not have protection in the way San Francisco did. Honolulu Chinatown residents had to allow colonial authorities, to burn down Chinatown to prevent the spread to the rest of the island of Oahu, to other Hawaiian islands, and to the rest of the world. Thus, Honolulu was met with repression from colonial authorities. Imperial pressure and fears of looking incompetent, which would not allow for establishing territorial power, were what motivated the aggressive tactics by the Board of Health.

Hawai'i's burning of Chinatown did not occur in a power vacuum. Annexation by colonial forces allowed for a last resort approach and enabled the Board of Health to burn Chinatown, resulting in a disaster displacing resident, in addition to lost property, homes, and jobs. Direct rule was disastrous in the case of Honolulu, with a fire that went out of control and forcing the residents into detention camps as a mean to quarantine them from the rest of the city. Meanwhile, in San Francisco we see how indirect rule spared San Francisco Chinatown from a similar fate. In turn, San Francisco Chinatown developed a cooperative approach, which took more time to rid the city of plague when there was resistance initially. There was cooperation with the help with cultural liaisons chosen by the Marine Hospital Service, specifically under the guidance of Blue. The process took longer but resulted in measures such as sanitation that led to cooperation.

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

In Honolulu a colonial, non-representative government lacked strong Chinese civic associations. Rather, we see different communities living in Chinatown without common leaders and lacking a common language. Communication and resistance to Dole's government were limited compared to San Francisco, where mostly Chinese residents did have collective power through community organizers and through newspapers, where there was a shared language, and all of this facilitated coordination. There was no clear consensus among the residents of Chinatown

in Honolulu on opinions on the public health officials compared to San Francisco Chinatown where there was heavy skepticism, distrust, and even disdain for White health officials. Honolulu Chinatown's more destructive approach occurred within under a year, this was easier to facilitate because the size of Chinatown was smaller than that of San Francisco Chinatown. Meanwhile, San Francisco took seven years to be declared plague free, however, there was a period of improved sanitation. It was San Francisco Chinatown residents and the protective measure of the ghetto that the residents were able to resist governments officials aggressive approach of fire and opt for a long-term solution that can be implemented anywhere.

Conclusion

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

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

References

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