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Among Those Not Counted: Mexicans and Their Health in San Francisco 1915-1930

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Lana Lea Miller

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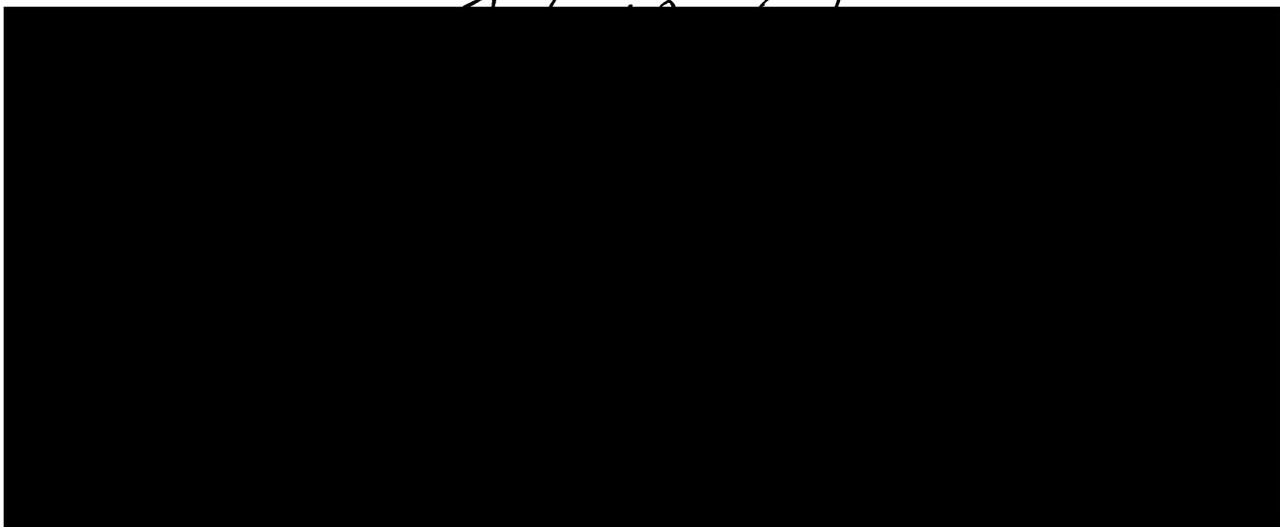
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Among Those Not Counted: Mexicans and Their Health in San Francisco 1915-1930

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Lana Lea Miller

Dedication

**To my parents, Lloyd and Clara
who shared their love to learn**

Acknowledgments

As other authors have noted, many people contribute to any process of research and writing. I, too, have received from many, and far too numerous to name individually. I thank the people who retrieved the materials for this study--librarians from the Special Collections Library of the University of California, San Francisco (UCSF); the Bancroft Library of the University of California, Berkeley; the San Francisco Public Library; the North Baker Library of the California Historical Society; the California State Archives; the Archives of the Archdiocese of San Francisco; and designated caretakers of old documents at the International Institute of San Francisco, San Francisco Department of Public Health, and the Young Women's Christian Association of San Francisco.

I also give special recognition to my Dissertation Committee. Dr. Afaf I. Meleis, Chair, offered her enthusiasm and intellectual support as a widely-known nursing theorist and distinguished scholar in the health of women and immigrants. She also extended wise counsel from her long-standing experience with doctoral candidates writing dissertations. Dr. Marilyn E. Flood, an outstanding scholar of nursing history, carefully read each draft and consistently encouraged this dissertation to its completion. Dr. Guenter B. Risse, a highly respected expert in the history of medicine and the health sciences, asked poignant and timely questions, and gave helpful direction during the process of research and writing. The guidance and wisdom of these scholars has indeed been my privilege.

This dissertation has profited from the help of other scholars, colleagues, and friends. In particular, I thank Dr. Albert Camarillo for directing me to Richard López. López investigated the work patterns of Mexican males and females in San Francisco at the turn of the century and is the only historical scholarship of the San Francisco Mexican community I was able to locate. His work kept me inspired to contribute to this body of knowledge. I am also grateful to have had the opportunity to discuss my work in the early stages with Dr. Jack Pressman, Albert Savedra, Dr. Sarah Abrams, and Dr. AnneMarie Kesselring; and during its later stages with Mary-Josée

Burnier. Hanna Regev with an active and creative interest in history, in her own way, encouraged my work.

Several funding bodies have supported this research (UCSF, Committee on Human Research, Approval No. H879-07781). I have been privileged to receive funds through Grant No. 2 All NU00289-11-13, Title II Professional Nurse Traineeship 1986-1989; Individual Nursing Research Service Award, National Institute of Nursing Research, pre doctoral fellowship Grant No. 5 F31 NR06530, 1990-March 1993; UCSF Graduate Division Research Award, 1993-1994; and the UCSF School of Nursing Century Club, 1993-1994.

Friends, Karen, Cindi, Chris, and Tamar took particular interest in my work and provided me with necessary and enlightening diversions. But of course the ones who have stayed by me through this arduous process have made it possible. My parents--Lloyd and Clara, my sisters--Joyce and Norene, and my brothers--Phil, Lynn, Richard, and John have never wavered in their support. And especially my partner Linda has listened, questioned, and encouraged me lovingly, patiently, and confidently throughout.

August 1994

Lana Lea Miller

Preface

This study of Mexican people and their health in San Francisco during the early twentieth century is a case study of the conflicts and tensions surrounding the health of a non dominant population. By exploring these conflicts and tensions in their embryonic form among the dynamic San Francisco Mexican population during 1915-1930, I hope to foster insights into our current practices, whether those reflections inform the practice of health policy makers, health historians, health researchers, or public health providers.

The history of different health and illness patterns and health care among and for Mexican people as a non dominant population rings perilously close to present day concerns. The effects of immigration and immigration policy have assumed center stage as a focus of politicians, economists, health providers, consumers, and writers; furthermore, immigrants themselves have been affected by the fear and reality of increasing anti-immigrant sentiments.

Current debates about immigration take a peculiar and familiar twist—during economic crises, immigrant people become easy targets. Most recently people coming to California from México summon increasingly negative images for large segments of the population. Any consumer hears a range of opinions reading the newspaper or watching television news programs. As during the 1920s, the public accuses Mexican people, especially those undocumented, of draining funds in social and health services. Others argue that Mexican people retract employment opportunities for citizens because of their work in low-wage positions. Few, however, talk about the profit margins for large corporations, the individual benefits of less expensive products, the return of dollars into the economy by the workers' purchase of consumer goods, or the health consequences of the population's exposure to diverse occupational hazards.

As public health professionals we have a responsibility to become informed about the patterns of and responses to health and disease in non dominant populations. Indeed, a large body of contemporary popular and professional literature points to differences in health status by race and class; the importance of inclusive and flexible data bases that can help monitor the health of

non dominant populations; and the value of culturally competent care.¹ Far too often, however, scholars and providers alike wait for members from within non dominant populations to provide answers to our questions—questions we need to ask and answer through research and practice. The questions: What health concerns exist in the community among non dominant populations? How can these concerns be addressed effectively, using what indices to measure those effects? focused this historical investigation of the health of the Mexican population.

¹ Articles about immigration, immigrants, and unequal access to treatment appear regularly in the popular press, whether that be the *San Francisco Examiner, Chronicle*, or *El Mensajero*. Any issue of professional journals, e.g., the *American Journal of Public Health, The Nation's Health, Hispanic Journal of the Behavioral Sciences*, or *Public Health Nursing* yields commentary or research on the importance of language, culture, race, education, income to the health of any individual, community, and nation. Likewise, the edited work of Antonio Furino discusses health and illness differences among the Hispanic population of the United States. See *Health Policy and the Hispanic* (Boulder, CO: Westview Press, Inc., 1992). *Public Health Reports*, September–October 1993 devoted a special section to the "Surgeon General's National Workshop: Implementation Strategies for Improving Hispanic-Latino Health." The Association of State and Territorial Health Officials (ASTHO) also released their final report on *Multicultural Public Health Capacity Building Pilot Projects* in February 1994—funded projects to develop the infrastructure for decreasing language and cultural barriers to health care services.

Abstract

Among Those Not Counted: Mexicans and Their Health in San Francisco 1915-1930

by Lana L. Miller

The Mexican community in San Francisco ranked third in size behind Los Angeles and San Diego in 1920 and 1930. No historical research, however, has examined the early twentieth century Mexican community in San Francisco. Therefore, this study brings the Mexican population of San Francisco and their health into view through the retrieval and analysis of documents in more than a dozen locations and from more than twenty-five collections of minutes, correspondence, administrative records such as patient registers, death records, and a Spanish-language San Francisco newspaper.

People from México or of Mexican parentage represented one to two percent of the city's entire population between 1915 and 1930. They lived in a geographically disbursed residential pattern in several areas of the city and represented their diversity in multiple social organizations, while also struggling economically to establish their own system of care.

Previously unanalyzed data from patient registers and death records indicate the Mexican population in San Francisco suffered excessive deaths during early infancy, and from tuberculosis and pneumonia. This mortality pattern corresponded in kind, but not in magnitude, to statewide data about Mexicans. In San Francisco, however, the mortality pattern of Mexicans resembled another non dominant population in the city--the Chinese, and differed from that of the general population.

Social and health agencies in the city did not use nationality, race, age, and geographic area to discern health problems and plan services despite recommendations otherwise. Services depended on selected individual behavior-focused strategies in the areas of education and early detection while neglecting culture and language, and subduing the prominence of the living and working conditions associated with the causes of death among Mexicans. Except for some Mexican physicians and other Spanish-speaking providers, few resources attended to these factors specifically.

This social history reveals processes and dynamics affecting the health of non dominant populations. Even if they are not large in number, non dominant populations need to be included in systems of measurement. Additionally, to be effective, health resources must consider the population's social, cultural, political and economic environment.

A handwritten signature in black ink, appearing to read "Jeff Prael". The signature is written in a cursive style with large, sweeping loops.A handwritten signature in black ink, appearing to read "Lana L. Miller". The signature is written in a cursive style with elegant, flowing lines.

Table of Contents

	<i>Dedication</i>	<i>iii</i>
	<i>Acknowledgments</i>	<i>iv</i>
	<i>Preface</i>	<i>vi</i>
	<i>Abstract</i>	<i>viii</i>
	<i>List of Tables</i>	<i>xii</i>
	<i>List of Figures and Maps</i>	<i>xiii</i>
INTRODUCTION	1
	The Organization of This Study	12
	A Social Historical Perspective for the Study of Mexican Health Concerns and Responses	15
CHAPTER ONE	San Francisco: A Cosmopolitan City and an Attractive Place to Do Business	23
	In Their Variety of Color and Form: The Cosmopolitan Beauty of San Francisco Neighborhoods	24
	Cooperation Fractured by Division, 1915-1919	38
	Increasing the Distinctions of an 'Other:' The Union Worker, Non-citizen Foreigner, African-Americans, and Women, 1920-1925	47
	Building A Future With Hope for Things Not Seen, 1926-1930	60
CHAPTER TWO	Health Services in a Young and Cosmopolitan City: For the Good of San Francisco	70
	Establishing Authority and Expanding the Boundaries of Care, 1915-1919 ..	73
	Expanding, Distinguishing, and Limiting Service in Times of Uncertainty: Expert Opinions and the Problem of Priorities, 1920-1925	98
	Recognizing the Gaps in the Face of Reorganization and Achievement, 1926-1930	115
CHAPTER THREE	Mexicans in San Francisco Are too Few, New and Diverse to Procure Persistent Attention to Their Community	133
	World War One and the Expanding Mexican Community, 1915-1919	135
	For the Benefit of Community: Recognizing the Individual and Upholding Mexican Identity, 1920-1925	148
	Nationality, Race, and Class Consciousness The Separation and Stratification of the Mexican Community, 1926-1930	167
CHAPTER FOUR	The Unspoken Record of Illness, Disease and Death Mark the Health of the Mexican Community in San Francisco	189
	Illness and Disease in the Community as Exposed by Hospitalization or Death, 1915-1919	191
	Decreased Visibility of Specific Illness and Disease, 1920-1925	197
	Publicly Noticed and Time to Count, 1926-1930	203

	Most Vulnerable to Infant Deaths, Infectious and Communicable Diseases	210
CHAPTER FIVE	Searching the Community for Resources	229
	Surveying the Resources Within and Outside the Mexican Community, 1915-1919	231
	Doing Something About the Lack of Resources, 1920-1925	237
	Nationality and Language Specific Workers Among the Community Enhance Opportunities for Care, 1926-1930	248
	Summarizing the Presence and Use of Services	256
CONCLUSION	267
	<i>Bibliography</i>	284
<i>Appendix A</i>	The Usefulness of the United States Census Statistics in Estimating the Size, Sex, Marital Status and Age of the Mexican Population in San Francisco.....	302
<i>Appendix B</i>	A Chronology of Events and Services With a Focus on the Mexican Population and Health in San Francisco and California	307
<i>Appendix C</i>	Directory of Archival Resources 1992-1993	323

List of Tables

Tables

Table	1.1	Number and Percent of Total San Francisco Population by Color and Place of Birth, 1910-1930.....	66
Table	1.2	Proportion of the San Francisco Population Ten Years of Age and Older Employed in 1920 and 1930, by Parentage and Sex.....	68
Table	1.3	Proportion of Employed Males and Females Ten Years of Age and Older by Occupation and Parentage, San Francisco 1920 and 1930.....	69
Table	3.1	Mexican Population in San Francisco, 1910-1930.....	184
Table	3.2	Mexican Families of San Francisco and Los Angeles Compared by Nativity, Family Size, Housing, Number of Gainful Workers and Lodgers in Each Family, 1930.....	185
Table	3.3	Arrests in San Francisco 1928-1929 by Country of Birth and 1930 Census Population.....	186
Table	3.4	Percent of Arrests in San Francisco by Country of Birth and Category of Crime, 1928-1929.....	187
Table	3.5	Sex of Population Fifteen Years of Age and Older in San Francisco Born in México or Born to Mexican Parents, 1930.....	188
Table	4.1	Mexican Male and Female Admissions to San Francisco Hospital, January 1, 1915 to July 21, 1919.....	214
Table	4.2	Reasons for Mexican Male and Female Admissions to San Francisco Hospital January 1, 1915 to July 21, 1919.....	215
Table	4.3	Leading Causes of Death Among Mexican Male and Female Residents of San Francisco Compared to the General Population 1915, 1920, 1925 and 1929.....	217
Table	4.4	Number of Mexican Deaths, Their Proportion of Infant and All Deaths, Compared with Deaths in San Francisco, 1915, 1920, 1925 and 1929.....	225
Table	4.5	Number and Proportion of Infant Deaths in San Francisco and California by Race, 1929 and 1930.....	226
Table	4.6	Summary of International Institute Workers' Contact With Mexican Individuals and Families in San Francisco, 1924-1930.....	227
Table	4.7	Average Age of Death Among Mexican Male and Female Residents of San Francisco, 1915, 1920, 1925 and 1929.....	228
Table	5.1	Places of Death of Mexicans in San Francisco by Year, 1915, 1920, 1925 and 1929.....	264
Table	5.2	All Places of Death of Mexicans in San Francisco, 1915, 1920, 1925 and 1929.....	266

List of Figures and Maps

Figures

Figure 1.0	Percent of Foreign-Born Mexicans in San Francisco and Los Angeles by Year of Immigration, 1930	22
Figure 2.1	San Francisco Department of Public Health Budget in Dollars for Fiscal Years 1916-1931 Compared to Total City Budget Approved by the San Francisco Board of Supervisors.....	129
Figure 2.2	San Francisco Department of Public Health Budget for Fiscal Years 1916-1931 as Percent of Total City Budget Approved by the San Francisco Board of Supervisors.....	132

Maps

Map 1.1	San Francisco Neighborhoods.....	67
Map 2.1	Hospitals in San Francisco 1920 and 1930.....	130
Map 2.2	Child Health and Venereal Disease Clinics 1920-1929	131
Map 4.1	Addresses of Mexican Deaths 1915 and 1920	219
Map 4.2	Addresses of Mexican Deaths 1925 and 1929	220
Map 4.3	Addresses of Mexican Tuberculosis Deaths 1915 and 1920.....	221
Map 4.4	Addresses of Mexican Tuberculosis Deaths 1925 and 1929.....	222
Map 4.5	Addresses of Mexican Infant Deaths 1915 and 1920	223
Map 4.6	Addresses of Mexican Infant Deaths 1925 and 1929	224
Map 5.1	Prenatal, Well-Child, Child Health Clinics 1925-1929	265

Introduction

Mexican People Become Foreign Residents in San Francisco

Mexican people lived in San Francisco long before and after 1915-1930.¹ Unlike their counterparts in southern California, however, Mexican people in San Francisco have rarely been the focus of historical inquiry. Granted, the circumstances in 1915 drastically differed from those seventy years earlier. The United States had fought with México over the California territory and with the signing of the Treaty of Guadalupe Hidalgo on February 2, 1848, Mexican people of California officially came to live under the foreign government of the United States.²

More than a foreign government changed the lives of Mexicans in San Francisco, however. Nine days before the Treaty was signed, James Marshall had discovered gold in the American River at Coloma, California and, in less than a year, new settlers altered the population of San Francisco forever.³ As the news about gold spread around the United States and the world, thousands of fortune-seekers converged on northern California. Subsequently, many of these newcomers from other parts of the United States, Europe, México, South America, the Orient, and the Islands of the Pacific settled in San Francisco enroute to, or returning from the mines.⁴

¹ In 1990, the Hispanic population in San Francisco numbered over one hundred thousand people and comprised approximately fourteen percent of the total population. Of course not all of this number would be those of Mexican descent. I have adopted the term Mexican to refer to people of Mexican descent including people born in México or born of Mexican parentage. Other authors have used Chicano, Mexican American, Hispano to refer to people of Mexican descent living in the United States. Camarillo uses Mexican or Mexicano and Chicano; López uses Chicano, Mexican American, and La Raza as umbrella terms for people of Mexican descent residing in the United States and Mexican immigrant to describe those Chicanos born in México. See Albert Camarillo, *Chicanos in a Changing Society From Mexican Pueblos to American Barrios in Santa Barbara and Southern California, 1848-1930* (Cambridge: Harvard University Press, 1979), 1; Richard V. López, "Worlds Apart: Gender and Labor in the Chicano Community of San Francisco, 1880 - 1900," (M. A. History Thesis, Stanford University, June 1989), fn. 1.

² Navy commander Captain John B. Montgomery raised the American flag over "Yerba Buena" in 1846; Lieutenant Washington A. Bartlett changed the name of Yerba Buena to San Francisco in early 1847. See Walton Bean and James J. Rawls, *California An Interpretive History*, 5th Edition (New York: McGraw-Hill Book Company, 1988), 68-94.

³ See Bean and Rawls, *California An Interpretive History*, 79. For an account of the California Gold Rush, see J. S. Holliday, *The World Rushed In* (New York: Simon and Schuster, 1981).

⁴ "San Francisco's population rose from 1,000 in 1848 to 10,000 in 1849, doubled to 20,000 in 1850, and by January, 1851 reached an estimated 35,000." See Commonwealth Club of California, *The Population of California* (San Francisco: Parker Printing Company, 1946), 3.

San Francisco—Developing the Differences of People and Place

his rapid urbanization and diversity of the early population in San Francisco have been used to explain some of the differences between San Francisco and other parts of California. In contrast to the more gradual change from Mexican governance to Anglo governance and power in Los Angeles and Santa Barbara, San Francisco changed in a few short years; Mexican people in San Francisco did not retain power in the city's political and economic life after the United States' conquest. First, the Mexican population of San Francisco quickly became a small portion of the total population--1,918 of nearly 234,000 people by 1880 or 0.8 percent--and second, they lived among many other foreigners and in particular, the unwanted Chinese. This differed remarkably from the Mexican population of Los Angeles County. Mexican people there numbered 2,166 or 19.4 percent of approximately 33,500 in 1880.⁵

According to Griswold del Castillo, Mexicans in Los Angeles between 1850 and 1880 lost power as urbanization and industrialization slowly excluded and subordinated Mexican workers in the city's emerging capitalist economy.⁶ Camarillo documents a similar decline in power for Mexican people in Santa Barbara.⁷ This pattern did not hold true for Mexican people in San Francisco. however. Different from Mexican workers in either Los Angeles or San José, López concluded that both Chicano males and females were fully integrated into the San Francisco labor market on a roughly equal basis and Chicanas worked in greater numbers.⁸

The more diverse and significantly larger economy of San Francisco by the turn of the century offered unparalleled occupational opportunities for Mexican residents. San Francisco faced fiery challenges in the first decade of the twentieth century, however, which may have been moderated these opportunities. A general labor strike, a devastating earthquake and fire, and graft

⁵ See López, "Worlds Apart...", 42. The Chicano population in San Francisco was 2,219 in 1900 or 0.7 percent. In contrast, the Chicano population of Los Angeles was 4,000 in 1900 or 3.9 percent because the size of the Los Angeles population had changed dramatically by that time--102,479. See also *The Population of California*, 25.

⁶ See Richard Griswold del Castillo, *The Los Angeles Barrio, 1850-1890* (Berkeley: University of California Press, 1979), 30-61.

⁷ See Camarillo, *Chicanos in a Changing Society...*, 33-78.

⁸ See López, "Worlds Apart...", 4.

in city government marked the years through 1906.⁹ Although a new city charter in 1900 restricted the conditions of private franchise ownership and permitted the city to own and operate all utilities, the city put aside that specific reform and focused on building and recovery.¹⁰ San Francisco residents elected a new mayor who stayed in office from 1912-1930; the new mayor appointed a new health officer who likewise provided leadership for the Department of Public Health until his death in early 1930; the San Francisco Board of Supervisors passed tenement housing laws; several residents renewed their interest in a San Francisco Tuberculosis Association and initiated clinic services; the city built a new eight-hundred bed San Francisco Hospital; and several new state organizations--the Bureau of Tuberculosis and the California Commission of Immigration and Housing--began addressing immigration and immigrant health concerns.¹¹

Entering Into the Second Decade of the Twentieth Century and Mexican Movement

By 1916, San Francisco had proudly and successfully hosted the Panama-Pacific International Exposition and received visitors from all over the world. And the city would continue receiving new residents, some of whom came from México. Migration from México had started to escalate during the end of a third major immigration movement in the United States, 1890-1914, that extended into the 1920s.¹² Especially during the 1920s, larger and larger numbers of Mexican people moved to San Francisco and all of California and the Southwest. California especially "pulled" low-paid and unskilled workers for its railroad building and agricultural industries, while

⁹ See Walton Bean, *Boss Ruef's San Francisco The Story of the Union Labor Party, Big Business, and the Graft Prosecution* (Berkeley: University of California Press, 1952); George E. Mowry, *The California Progressives* (Berkeley: University of California Press, 1951), 23-38.

¹⁰ The charter came as part of the "progressive reform" efforts of Mayor James Phelan, 1898-1902. For a discussion of the progressive movement in California, see Mowry, *The California Progressives*, 23-25.

¹¹ Robin discusses the centrality of European immigrant iconography in San Francisco history and associates the Commission with the progressive reform agenda. See Ron Robin, *Signs of Change Urban Iconographies in San Francisco 1880-1915* (New York: Garland Publishing, 1990), 43-69. The State Bureau of Tuberculosis started to subsidize hospitalization of the tuberculous in 1916. They also sought more rigorous physical examination procedures upon entrance into California.

¹² The first two periods correspond to the years 1815-1860 and 1860-1890. Immigrants during these two movements came primarily from the British Isles, Germany, Scandinavia, Switzerland, and Holland whereas during 1890-1914, they came from Austria-Hungary, Italy, Russia, Greece, Romania, and Turkey. See Maldwyn Allen Jones, *American Immigration* (Chicago: University of Chicago Press, 1960), 278-279.

México "pushed" with losses of land, drought, and escalating violence.¹³ Consequently, these forces as complemented by human desires for self-improvement brought a previously unknown number of Mexican people into the state and its urban areas, including San Francisco. In fact, according to the United States Census, in 1920 and 1930, the city ranked third among urban areas in California with less than ten thousand Mexican residents, or between one and two percent of the total San Francisco population.¹⁴

Noticing the Health of Mexican People Outside of San Francisco

Health officials in California noticed illness and death among Mexican people living within its boundaries during 1915-1930. For the unincorporated or rural areas of Los Angeles County, health officials segregated Mexican births and deaths as early as 1916 and in 1918 submitted a statement about venereal diseases among Mexican people that reached the United States Surgeon General's office.¹⁵ Similarly, the California State Board of Health focused on the health of the Mexican population, especially in the 1920s. Personnel with the Bureau of Tuberculosis "studied" sickness among Mexicans in Los Angeles County Hospital, state epidemiologist Dr. Charles Halliday issued a special bulletin on pneumonic plague in Los Angeles Mexican communities, and the Bureau of Vital Statistics required each county to compile separate figures for Mexican births and deaths.¹⁶ By the late 1920s, the California Department of Public Health director Walter Dickie

¹³ Irrigation, improved refrigeration techniques for transporting perishable foods, and World War I demands figured into this expansion. See Ricardo Romo, "Responses to Mexican Immigration, 1910-1930," *Aztlan* 6 (June 1975): 172-194; Lawrence A. Cardoso, *Mexican Emigration to the United States 1897-1931 Socio-Economic Patterns* (Tucson: University of Arizona Press, 1980), xiii, 13-17. Numerous authors describe the massive movement of Mexicans to the United States and although this country recorded a net gain, the movement went back and forth. See Chapter Three for authors writing about Mexican immigration and emigration.

¹⁴ Cited in Ricardo Romo, "The Urbanization of Southwestern Chicanos in the Early Twentieth Century," in *New Directions in Chicano Scholarship* (183-207), Chicano Studies Monograph Series edited by Ricardo Romo and Raymund Paredes (San Diego: University of California, San Diego, 1978), 185.

¹⁵ See Mexican Fact-Finding Committee, *Mexicans in California Report of Governor C. C. Young's Mexican Fact-finding Committee* (San Francisco: State Printing Office, 1930; San Francisco: R and E Research Associates, 1970), 181; Dr. Bolton's Report with Cover Letter from Dr. L. M. Powers, September 18, 1918 to Dr. A. H. Glennan, Senior Surgeon, United States Public Health Service, RG90 PHS General Records, 204.9, Box 21, Venereal Disease Division 1918-1936, National Archives, Washington, D. C.

¹⁶ The "Study of Sickness" identified citizens and non-citizens and length of residence in the United States and Los Angeles County, but they did not establish incidence of illness within these categories. See California Bureau of Tuberculosis, *A Statistical Study of Sickness Among the Mexicans in the Los Angeles*

boldly solicited all governmental agencies to safeguard the health of the Mexican population "as a matter of protection to the public health of the entire citizenry of the state."¹⁷

Health officials barely recognized the Mexican community in San Francisco, however. Except for a survey of Mexican children examined in three San Francisco chest clinics in cooperation with the California Department of Public Health in the middle 1920s, no public records identified any particular health problems among Mexican people in San Francisco.¹⁸

Unwritten History of the Early Mexican Community in San Francisco

No history of the early twentieth century Mexican community in San Francisco has been written, although some authors have loosely mentioned San Francisco and its parallels to other urban Chicano communities.¹⁹ As López points out, however, these parallels may be premature because the experience of Chicanos working in San Francisco differed from other urban Chicano populations in California during the late nineteenth century, i.e., Los Angeles and San José; and thus, it is possible these and other differences extended into the twentieth century.²⁰

Changes in labor and movement patterns during the early twentieth century may have moderated the differences found by López in the late nineteenth century. Without question, more Mexican people moved to and lived in San Francisco during 1915-1930, and at least a portion of the community became part of an irregularly employed, reserve labor supply. On the other hand, given different work histories and housing conditions, the health and illness patterns among

County Hospital from July 1, 1922, to June 30, 1924 (Sacramento: California State Printing Office, 1925); California State Board of Health, *Pneumonic Plague Report of an Outbreak at Los Angeles, California, October-November, 1924* (Sacramento: California State Printing Office, 1925); California Department of Public Health, *Thirtieth Biennial Report of the Department of Public Health of California, July 1, 1926, to June 30, 1928* (Sacramento: California State Printing Office, 1928), 233, 240-41. Hereafter, I refer to the State Board of Health or Department of Public Health biennial reports by issue and years.

¹⁷ See California Department of Public Health, "Mexican Births in California Show Increase," *Weekly Bulletin* 8 (November 2, 1929): 153.

¹⁸ See *Twenty-ninth Biennial Report...1924-1926*, 132.

¹⁹ See Romo, "The Urbanization...;" Albert Camarillo, *Chicanos in California: A History of Mexican Americans in California* (San Francisco: Boyd and Fraser Publishing Company, 1984), 46.

²⁰ López is the only historian of the late nineteenth century San Francisco Chicano community. See López, "Worlds Apart...."

Mexican people in San Francisco may have differed from Mexican communities in other urban areas of California.²¹

Scholars of Chicano history argue that basically three processes--urbanization, industrialization, and immigration--have affected the social formation of Mexican communities and their families.²² Few, however, have examined how these same processes affected, or were affected by the health of Mexican people living in these communities, despite that health and sickness among Mexican people concerned health and public officials enough by the late 1920s to actually become one of the reasons for restricting Mexican immigration.²³ Thus, how did the San Francisco Mexican community fit into these statewide concerns, or didn't they? What health concerns existed by or about Mexican people in San Francisco? What strategies were used to address these concerns and, with what effects?

What About the Health of the Mexican Population in the Early Twentieth Century?

Except for the study about the health of Mexican Americans in Los Angeles 1850-1887, no other historical analyses discuss the health of Mexican people in California cities at the turn of the century.²⁴ Griswold del Castillo argues that public health policy and care differed in the

²¹ Michael Davis from the Boston Dispensary discussed immigrant health focusing on different European immigrant groups, e.g., Italian, Russian, Slovak, Slavic, and Hebrew people. He never mentioned particular patterns of health among Mexican people. Several factors contributed to the unnatural shutting away of foreign-born Americans in the dreary districts of the city--race prejudice, language barriers, and strange customs and manners. One of the primary considerations in a community plan was the localization of health work among units by area or population selected for service according to their differential disease and death patterns. Any special adaptations in policy or methods of work to special needs of certain areas or sections, e.g., like those among foreign natives, still needed to operate with a broader scope than what might be necessary for only one group. See Michael Davis, *Immigrant Health and the Community* (New York: Harper and Brothers, 1921), 50-53; 76-77; 405-406.

²² See Mario Barrera, "Class Segmentation and the Political Economy of the Chicano, 1900-1930," in *New Directions in Chicano Scholarship*, Chicano Studies Monograph Series edited by Ricardo Romo and Raymond Paredes, 167-181 (San Diego: University of California, San Diego, 1978); Camarillo, *Chicanos in a Changing Society*; Camarillo, *Chicanos in California*; Cardoso, *Mexican Emigration...*; Richard Griswold del Castillo, *La Familia Chicano Families in the Urban Southwest 1848 to the Present* (Notre Dame: University of Notre Dame Press, 1984); Griswold del Castillo, *The Los Angeles Barrio, 1850-1890*; Ricardo Romo, *East Los Angeles History of a Barrio* (Austin: University of Texas Press, 1983); Romo, "The Urbanization..."

²³ See Letter from California Commission of Immigration and Housing to California Congressmen, February 24, 1926, Mexican Data, Carton No. 50, C-A 194 California Department of Industrial Relations, Commission of Immigration and Housing, Bancroft Library, University of California, Berkeley.

²⁴ Camarillo briefly mentions that infant mortality among the Mexican population in Santa Barbara during the 1920s exceeded that of the white population by four and five times. The mobility of the

Mexican American barrio of Los Angeles and contributed to the differences in mortality between Mexican and Anglo Americans. Based on a comparison of death records for Mexican Americans with Anglo Americans, Mexican American children between the ages of five and twenty years had a death rate almost double that of the Anglo population during a ten year period, 1877-1888. Most Mexican Americans died from birth related and infectious diseases which was not the case in the Anglo American population.²⁵ Griswold del Castillo points out that urban crowding and segregation in the *barrio* undoubtedly, made control of infectious diseases difficult; but, poverty, an inability to obtain quality medical attention and the systematic neglect of public health by government officials added to health problems among Mexican Americans. Despite this neglect, however, Mexican Americans having passed through their dangerous years prior to age 21 survived relatively better than the majority of Anglo Americans.²⁶

Affecting Mortality and General Health of Populations

Health historians, Condran, Williams, and Cheney similarly argue that public health activities affected the mortality rates in Philadelphia between 1870 and 1930. These authors considered the importance of a rising personal income, an improved diet, better sanitary and personal hygiene, public health activities, and an advancing medical technology in the city's decline in deaths from infectious diseases.²⁷ The authors concluded that mortality declined because the population became less exposed and more resistant to infectious disease rather than because medical technology had increased their chances of survival after contracting disease.

In particular, public health activities reduced exposure to disease by decreasing the number of pathogens in the environment while others increased the population's resistance. Specific public

population interrupted prenatal care but the city also operated a dump adjacent to their community. See Camarillo, *Chicanos in a Changing Society...*, 159-162.

²⁵ See Richard Griswold del Castillo, "Health and the Mexican Americans in Los Angeles, 1850-1887," *Journal of Mexican American History* 4 (1974): 19-27.

²⁶ See Griswold del Castillo, "Health...", 22, 25. Other factors like the persistence of outmoded medical practices, quackery, and medical exploitation by the Anglo Americans contributed to their low life expectancy.

²⁷ See Gretchen A. Condran, Henry Williams, and Rose A. Cheney, "The Decline in Mortality in Philadelphia from 1870 to 1930: The Role of Municipal Services," in *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 421-436 (Madison: University of Wisconsin Press, 1985).

health activities like water filtration eliminated typhoid epidemics; government crusades for smallpox vaccinations improved resistance; and public dissemination of information about preventing infant and child diarrheal diseases, operation of locally based child hygiene clinics and supervision of milk quality reduced infant and children's deaths. Without reservation, the authors recognized that a generally improved standard of living concurrent with rapid economic development invigorated any public health efforts to improve the health of the population. Direct assistance from a well-established municipal services bureaucracy, however, had been the organ for bringing infectious, epidemic diseases largely under control.²⁸

Nevertheless, Condran, Williams and Cheney did not examine the applicability of their argument to various population segments within Philadelphia, like those of a particular nationality, race or occupational stratum. If a subsequent analysis considering these factors countered their original claims and in fact, mortality among population groups declined differentially, would these authors argue that steady or rising rates of death from infectious diseases among smaller populations resulted from a not well-established municipal services bureaucracy?

Politics and the power of knowledge influence any bureaucracy. Nonmedical factors such as economics, the drama of particular disease, the class and ethnicity of affected populations, the timing with regard to elections, and personalities all affect the success of public health activities.²⁹ Leavitt has demonstrated that divided opinions among the people about addressing the 1894 smallpox epidemic in Milwaukee, including whether or not to vaccinate, sharpened already existing political and ethnic divisions in the city. As a result, the city council challenged the Milwaukee Health Department and took away some of its power.³⁰ Similarly, Duffy argues, dramatic outbreaks of yellow fever and cholera profoundly stirred public opinion and directly and indirectly contributed to the growth of public health institutions and expenditures for expensive projects like

²⁸ See Condran, Williams, Cheney, "The Decline...", 421-436.

²⁹ See "Public Health Reform," in *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 383 (Madison: University of Wisconsin Press, 1985).

³⁰ See Judith Walzer Leavitt, "Politics and Public Health: Smallpox in Milwaukee, 1894-1895," in *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 372-382 (Madison: University of Wisconsin Press, 1985).

sewage, water-supply, and garbage disposal systems. At the same time, other diseases like diphtheria and tuberculosis aroused little concern because people had become accustomed and resigned to their effect. They lacked the drama of the "great pestilences."³¹

The early twentieth century proved no exception to the interrelationship of politics, knowledge, and public health. Like Rosenkrantz points out in the case of the Massachusetts Department of Health, by 1930 public health had lost its isolation from external currents of political pressures because of divergent claims to authoritative diagnoses of society's ills and the proliferation of more inclusive preventive measures.³² Although the state's Department of Health served the public interest well when they dispensed the benefits of science as with the production and distribution of the diphtheria anti-toxin and smallpox vaccine, the same department tried to deny any responsibility for social reform. The Department could not escape social control because the social organization itself determined the nature of the problems created by disease and prevention efforts inevitably generated support for measures which regulated socially undesirable behavior. Thus, as health came to mean freedom from specific disease and embodied such scientific concepts as virulence, exposure and resistance, health officials could not deny the relationship between effective prevention and conduct nor could they ignore the bond between social conditions surrounding the poor and their susceptibility to ill-health.³³

Exposing Health and Health Care Patterns of Nationalities in San Francisco

Scholars studying the history of health and illness among the Chinese population in San Francisco during the late nineteenth century have exposed some of this tension between social control and interest in the public welfare. Joan Trauner suggests that the Chinese became medical scapegoats because of two coincidental factors, racial antagonism created by the large influx of Chinese immigrants to the West Coast and the inadequacy of existent health measures in

³¹ See John Duffy, "Social Impact of Disease in the Late 19th Century," in *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 414-421 (Madison: University of Wisconsin Press, 1985).

³² See Barbara G. Rosenkrantz, *Public Health and the State Changing Views in Massachusetts, 1842-1936* (Cambridge: Harvard University Press, 1972), 178-179.

³³ Condran et al. identified the concepts of exposure and resistance; exposure was indicated by duration, virulence, and frequency and affected the possibility of disease.

controlling epidemics. Until the science of bacteriology established the rat and its fleas as the host and vector of the bubonic plague, public health activities extended other economic, cultural, assimilationist, racist, and biological arguments to exclude the Chinese.³⁴

Restricting the Chinese population in order to control disease comprised only one aspect of the Chinese as medical scapegoats. The lack of any public health facilities operating at city expense in the Chinatown district and the reluctance of physicians to treat Chinese people outside Chinatown, along with language barriers, higher fees, and strange medicines and methods also restricted their opportunities for health care.³⁵ Obviously, the public ideas of health and the health care of the Chinese population impacted on attitudes towards Chinese immigrants. Klee reasons in her analysis, that because the Chinese were ethnically and culturally different from the dominant population, the public developed corroborative views about health and illness among the Chinese population in San Francisco. The public considered the Chinese sources of devastating diseases, and living in filth and squalor, when in reality they never suffered more communicable diseases than other ethnic groups nor did they live in worse conditions.³⁶

In summary, these scholars of history primarily argue that social and political organization, scientific knowledge development, organized and accessible public health services, and public attitudes toward diverse people all affected patterns of health, illness, and death among specific populations. The authors also implicitly expose a relationship between urbanization, industrialization, and immigration. Urbanization involves the organization of communities and concomitant processes of power as affected by economic development, the division and specialization of labor, and the density and distribution of the population; therefore, urbanization obviously impacts on the health of a community. Likewise, the economic potential of a community

³⁴ See Joan B. Trauner, "The Chinese as Medical Scapegoats in San Francisco," *Bulletin of the Chinese Historical Society of America* 9 (April 1974): 1-19. The Chinese Exclusion Act was passed by the United States Congress in 1882.

³⁵ See Trauner, "The Chinese as Medical Scapegoats....," 7-10.

³⁶ See Linnea Klee, "The 'Regulars' and the Chinese: Ethnicity and Public Health in 1870s San Francisco," *Urban Anthropology* 12 (1983): 181-207. For a more extensive discussion of public health in 1870s San Francisco, see Linnea Klee, "All That Man Holds Dear: Illness and Health Care in 1870s San Francisco" (Ph.D. diss., University of California, San Francisco, 1983).

and its associated patterns of labor not only affect the density and distribution of the population, but also its ability to generate funds for municipal services and permit the individual purchase of care. Further, economic development, employment opportunities, and distribution and density of the population evolves from and informs processes of industrialization and immigration.

The Organization of This Study

Thus, Mexican people and their health can only be interpreted in the context of these processes. Consequently, in Chapter One by exploring the dynamics of urbanization, industrialization, and immigration in San Francisco during 1915-1930, I conclude that while the city provided residence for a wide array of nationalities, the color and citizenship of people mattered, and increasingly so after World War I when economic struggles and general unemployment reignited conflicts between business and labor. A growing population of laboring people became part of a reserve labor supply, and Mexican people among them, but the life of laborers received less and less priority. By 1930, the city held to the promises of a new city charter with a designated position for a chief administrative officer who could run municipal services like a business and thereby operationalize the economic potential of the Bay Area.

A competitive, clean and healthy city however, required a healthy population. In Chapter Two, I investigate the existing health and social services in San Francisco during 1915-1930 and conclude that despite the expansion of citywide services, planning for those services did not reveal concern for the health of any particular nationality of people except the Chinese and Philippine populations in isolated instances. San Francisco's seven member Board of Health acted to carry out its mandate to preserve, protect, and promote the health of the city's residents, but they did not adopt the recommendations of outside consultants to monitor the health of populations by geographic area, race, age, and sex. Consequently, a public record of health and disease patterns among particular nationalities does not exist, and therefore can not support or disprove the possibility that demographic urbanization patterns limited the services for specific health problems among any one nationality.

The organization of social and health services in San Francisco emphasized health concerns common to the nation and state, e.g., child and maternal health and chronic and communicable diseases such as tuberculosis and venereal diseases. None of these concerns caused great alarm, but health officials also deliberately extended care for tuberculosis patients with the newly constructed Hassler Health Farm and quickly sought to contain various infectious disease outbreaks like diphtheria in 1915 and cerebral meningitis in the late 1920s. Thus, the organized system of health services required that individuals seek care from any of the existing services for particular personal and community health problems such as those also found among the Mexican community, except in the case of contagious diseases.

Conditions in the San Francisco Mexican community restricted attention to predominant health problems among the Mexican population. Mexican residents of San Francisco never shared the geographic settlement patterns found in the urban areas of Los Angeles.³⁷ Neither did they refer to their residential areas as barrios. Rather, like the patterns in the late nineteenth century as established by López, the Mexican community lived among many other nationalities in several areas of the city during 1915-1930--the base of Russian Hill and North Beach, Western Addition, South of Market, and areas in the Mission and Bay View-Visitacion Valley. In Chapter Three then, I examine the dynamics of the Mexican community in San Francisco and conclude that the Mexican population, while geographically and economically diverse, experienced the distress of economic dislocation and disunity brought about by intermittent, irregular employment, and a popular public sentiment against unrestricted Mexican immigration. Thus, the Mexican community, interspersed among many nationalities, and too new, too few, too diverse, could not sustain attention to their individual concerns, despite their public visibility during the celebration of Mexican national holidays.

³⁷ Still the proportion of the San Francisco Mexican born population in 1930 by year of immigration to the United States mirrored the pattern of those living in Los Angeles and San Francisco ranked third among California urban areas with Mexican residents. See Figure 1.0. United States Bureau of the Census, *Fifteenth Census of the United States: 1930 Population Volume II* (Washington D.C.: United States Government Printing Office, 1933), 562. Cited in Richard Romo, "The Urbanization..." 185.

If the health officials or the Mexican community had sought information about health concerns among the Mexican population in San Francisco, what would they have seen and heard? Chapter Four describes the health concerns existing in the Mexican community during 1915-1930 as indicated in various public records of illness and death. Like Griswold del Castillo had found among the Mexican community of Los Angeles nearly fifty years earlier, deaths among most Mexican residents occurred in early infancy, and from tuberculosis and pneumonia. These causes of death differed from those of the general population in San Francisco during 1915-1930--heart disease and cancer--and suggest problematic living conditions. Furthermore, using comparable data for 1929, Mexican residents died of causes parallel to those of the Chinese.

The Mexican community faced infant deaths and tuberculosis and pneumonia more often than the general population, yet the resources within or for the community did not affect their prevalence. As discussed earlier, public and private agencies in San Francisco began monitoring infant and child care with weighing, measuring, and nutritional advice for their caretakers during child health campaigns or nurse visits to foster homes and schools. Later, public and school-based clinics provided the space for doctors and nurses to examine infants and children and initiate follow-up of children with physical abnormalities. These individual interventions, consistent with the popular public health ideology emphasizing education and early detection, lessened attention to the living conditions associated with the community's more environmentally related causes of death, like tuberculosis, pneumonia and deaths during infancy. Likewise, few resources attended to issues of language and culture, and in some instances the information printed in the Spanish language countered that given to the English speaking population. Further, by centralizing some of the services like those of the Visiting Nurses' Association, locally-based nurses relinquished their specific roles in individual community organizations, and thereby may have unintentionally impeded the accessibility of localized, community-based care.

A Social Historical Perspective for the Study of Mexican Health Concerns and Responses

'Like any emphatic engagement with human beings in their full complexity,' we can have for our main result ...a deepened awareness.³⁸

The use of a social historical perspective best suits the development of knowledge about health concerns among the Mexican population in San Francisco and the relationship of those concerns to health services between 1915 and 1930. Social history emphasizes patterns or processes of culture, power relationships and behavior rather than a series of events to explain the process of change over time. Thus, this social history explores patterns of health, disease, and death among the Mexican population and the patterns in service delivery by health providers, community leaders, funding bodies, and majority populations.³⁹

Because history is not a chain of cause and effect events, historians approach their defined study area as an enormously complex set of interrelationships.⁴⁰ Any act of describing, however, inherently requires some separation of content from its context. To minimize such distortions, I kept my focus on a constellation of activities rather than upon its particular parts while I sought explanations for my central area of interest--Mexicans and their health and the responses to their health in San Francisco between 1915 and 1930.

Archival Resources for Multiple Levels of Evidence

After orienting myself to the social history of the early twentieth century, and the general histories of immigration, California, medicine, nursing and public health, I started seeking data from an array of Bay Area Archives. Materials in one location and in a single, well-processed archive do not exist. Thus, I began with sources most likely to contain data by or about Mexicans. From background reading I knew that Mexicans lived in an area of North Beach known as the Latin Quarter, and within its boundaries stood the "Spanish church," La Iglesia de Nuestra Señora de Guadalupe. Two prominent San Francisco women also lived and worked in North Beach, nurse Elizabeth Ashe and social worker Alice Griffith. Together with their staff, volunteers, and Board of

³⁸ See W.B. Willcox, "An Historian Looks at Social Change," *Journal of Social Issues*, 39 (1983): 10.

³⁹ See Peter N. Stearns, "Social History and History: A Progress Report." *Journal of Social History* 19 (Winter 1985): 319-334.

⁴⁰ See Willcox, p. 21-23.

Directors they ran a settlement house known as the Telegraph Hill Neighborhood Association. The Association worked closely with the Board of Health and offered clinic services in the North Beach community.

I found reports and notes about Telegraph Hill in materials retained by the Telegraph Hill Neighborhood Center and in two different locations at the Bancroft Library of the University of California, Berkeley--the manuscript collection of the United Way of the Bay Area and the oral history of Norman McLaren. I reviewed these documents with several questions in mind. What was said about Mexicans, by who? What was said about the characteristics of the population receiving services? From where did the authors derive this information? Whose voices are on record and whose are not? What was the image they wanted to project through the publication of this document? What services did they describe? How did these services develop and for whom? What other evidence contradicts this information? What conflicts surfaced in the document?

I completed this kind of a process repeatedly as I reviewed other archival collections for information about the health of Mexicans in San Francisco and the dynamics and processes related to their health services. The materials included the manuscript collections of Immigration Inspector, John Robinson, the San Francisco Baby Hygiene Committee, and the Mothers' Milk Bank at the California Historical Library; the manuscript collections of the California Division of Immigration and Housing, the United Way of the Bay Area, Georgiana Carden, Simon J. Lubin, John F. Neylan, James Phelan, and Paul S. Taylor at the University of California, Berkeley, Bancroft Library; the manuscript collections of the Catholic Charities, the Society of St. Vincent de Paul, the San Francisco Council of Catholic Women, the home visitor reports for Saint Peter and Paul parish, "Historical Points" by the pastor of Our Lady of Guadalupe, Rev. Antonio Santandreu at the Archives of the San Francisco Archdiocese; and the manuscript collections of the Children's Bureau maternal and child health services and the United States Public Health Service (USPHS) records for Angel Island and venereal disease clinics in California at the National Archives in Washington D.C..

I asked similar questions of the materials from a variety of other San Francisco agencies. I reviewed minutes and annual reports of the San Francisco International Institute, the San Francisco Department of Public Health, the California State Board of Health,⁴¹ the San Francisco Tuberculosis Association, and the Canon Kip Memorial Mission.

Data from San Francisco Publications and Choice of Newspapers

Periodicals, newspapers, and proceedings of the San Francisco Board of Supervisors provided me with another source of historical material about Mexicans and the dynamics of public life in San Francisco. I checked the San Francisco city directories for organizations, names of known Mexican professionals, and advertisements for Mexican services. I also selected to read two newspapers intensively, one printed in English and one in Spanish; however, I read two or three English language newspapers in addition to the Spanish language weekly newspaper, *Hispano-America* around particular events, for example, the formation of the Mexican Blue Cross "Cruz Azul" in June 1921.

I chose the *San Francisco Chronicle* as a source of popular opinion about Mexicans and local events for a number of reasons.⁴² The circulation patterns of the *Chronicle* varied over time but most closely resembled those of another large San Francisco newspaper, the *Bulletin*. Over 94,000 copies of the *Chronicle* were distributed in 1916 and again in 1920. In 1926, however, as with the *Bulletin*, the circulation dropped to over 33,000 before it rose again to nearly 39,000 in 1930.⁴³

The *Chronicle*, *Examiner* and *Bulletin* published similar size newspapers between 1915 and 1930, but they differed in their coverage of local, state, national and international news.

⁴¹ Effective July 29, 1927 the California State Board of Health changed its official name to the Department of Public Health of the State of California.

⁴² See Emerson L. Daggett. "Trends in Size, Circulation, News and Advertising in San Francisco Journalism 1870-1938. Vol. IV," in *History of San Francisco Journalism* by Work Projects Administration of Northern California, No. 10008 (San Francisco, February 1940), 13-68. See also John Bruce, *Gaudy Century The Story of San Francisco's Hundred Years of Robust Journalism* (New York: Random House, 1948). Franzosi has discussed how a newspaper's circulation and proximity of reported events to consumers and ideology influence reporting practices. See Roberto Franzosi, "The Press as a Source of Socio-historical Data: Issues in the Methodology of Data Collection from newspapers," *Historical Methods* 20 (Winter 1987): 5-16.

⁴³ See "Trends in Size, Circulation....," 60-65.

During the summer of 1920 the *Chronicle* gave over thirty-five percent of their space to local news whereas the *Examiner* gave approximately thirty percent and the *Bulletin* forty-seven percent. The balance shifted slightly by the summer of 1930 when the *Chronicle* used more than thirty-nine percent of their publishing space for local news, the *Examiner* approximately thirty-two percent and the *Bulletin* nearly thirty-seven percent. During the winter months however, the *Chronicle* consistently published more local news; more than forty-eight percent in 1920 and more than forty-six percent in 1930. Also, the *Chronicle* allocated more space for local advertisers in both 1920 and 1930.⁷

The priorities for news topics varied slightly among the three papers. In the summer of 1920 the *Chronicle* published the most news about political, business and sports activities, while in the winter, they gave more attention to business, crime and political activities. In the summer and winter of 1930, business, sports, personalities, and amusements received the most attention. During these same years, the *Bulletin* and *Examiner* gave greater attention to sports, business, amusements and political activities.⁸ Thus, although the *Chronicle* circulated among fewer homes than the *Bulletin* and *Examiner* between 1915 and 1930, the *Chronicle* published more articles on local politics, business, crime, and sports, and featured more local advertisements.

Interpreting how the local press portrayed Mexicans by reading every issue of the *Chronicle* during the years 1915-1930 proved an insurmountable task and not the purpose of this dissertation. Trends and patterns in the images of Mexicans as conveyed through the press add to the context for the health of Mexicans in San Francisco, however. Consequently, I read thirty-seven randomly selected issues of the *Chronicle* each year between 1915-1930.⁹

For information about particular public opinion about the health of Mexicans, I read consecutive issues and scanned the *Call* and *Examiner* during episodes of increased public concern about illness. These included the diphtheria epidemic of winter 1915, the influenza epidemic of 1918, the formation of Cruz Azul in 1921, and the nationally publicized letter written in 1926 by San Francisco Archbishop Hanna and sent to national congressmen opposing unrestricted Mexican immigration.

The process of selecting a Spanish-language newspaper demanded less strategy. *La Crónica* started as a weekly in 1914 until it consolidated with *Hispano-America* in 1917 and changed its name to *Hispano-America*. *Hispano-America* continued to circulate as a weekly in San Francisco until 1934. Except for *El Imparcial* which circulated from 1926-1938, no other Spanish-language newspaper existed in San Francisco.¹⁰ Consequently I read each issue of *La Crónica/Hispano-America* between the years 1915-1930. I took notes on any material published in the newspapers that referred to Mexicans in San Francisco. I included articles about Mexicans and living conditions, Mexicans and work, Mexican immigration, Mexicans and social issues, Mexicans and policy issues, Mexicans and health, and Mexicans and particular person to person relationships. A woman with translation experience and whose first language is Spanish formally translated any quotation taken from the Spanish-language newspapers. This same translator checked the accuracy of my interpretations of other texts.

Evidence of the Mexican as Patient

Throughout the materials I have cited thus far, the information relies less on the experience of particular Mexicans and more on a reported aggregate of Mexicans. I located some material on individual Mexican patients, however, in the administrative records held by Special Collections at the Health Sciences Library of the University of California, San Francisco and by Seton Medical Center Library, and in the death registers at the San Francisco Department of Public Health. I collected information on persons born in Mexico or whose mother and/or father were born in Mexico. I noted the following patient data for San Francisco Hospital admissions during the years 1915-1919 and deaths for the years 1915-1930. Like Risse has identified, general registers of patients provide a valuable source of data, and in the case of the San Francisco Hospital Patient Register of Admissions, each entry included the patient number, last name, address, race, age, sex, marital status, nativity, occupation, length of time in San Francisco County, California, United States, date of admission, reason for admission, and nationality of parents.⁴⁴ Because the Register

⁴⁴ Using the example of the Edinburgh Infirmary, Risse describes how registers of patients can be used to examine sex distribution, occupations, length of hospital stays, seasonal patterns, diagnostic labels, and overall cures and mortality rates. See Guenter B. Risse, "Hospital History: New Sources and Methods," in

inquired of parental nationality, I included patients who descended from a Mexican-born parent. The information from the Death Register included patient number, last name, age, sex, race, marital status, nativity, and cause of death.

Similarly, I identified Mexican-born patients admitted to the St. Mary's Help Hospital Clinics during the years 1922-1927. From the clinic register I gathered the patient number, last name, address, age, occupation, religion, nativity, diagnosis, date of admission, and the physician or medical service under which the patient was admitted.

The death register for San Francisco City and County provided other information. The number of total registered deaths in San Francisco exceeded 7400 every year between 1915 and 1930. Considering these prohibitive numbers, I reviewed every certificate for the years 1915, 1920, 1925 and 1929 and identified any Mexican person with a death certificate on file. Again, since the information on the death certificate includes the birthplace of both parents, I defined Mexican as any deceased person born in Mexico or descended from a Mexican-born parent. I recorded the certificate number, the last name of the deceased, usual address, age, sex, color, occupation, nativity, date, place, and cause of death, and physician.

The Search for Patterns in the Historical Data

As I reviewed the materials I have described in this chapter I typed notes into a computerized information database known as *askSam* and photocopied any materials I expected to refer to later. The *askSam* information manager permits narrative or numerical data entry into implicit or explicit fields of any sequential order. I elected to retain consistency and entered my notes into explicit fields. Later a variety of programming statements allowed me to retrieve any information attached to the words "Mexican," "health," "San Francisco," and sort information on individuals by address, age, sex, marital status, occupation, causes of death, reasons for admission,

Problems and Methods in the History of Medicine edited by Roy Porter and Andrew Wear, 175-204 (New York: Croom Helm Ltd, 1987), 177-179. See also Guenter B. Risse, *Hospital Life in Enlightenment Scotland Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1986).

and physician. I then geocoded and plotted addresses on a San Francisco street map using the *MapInfo* software program.

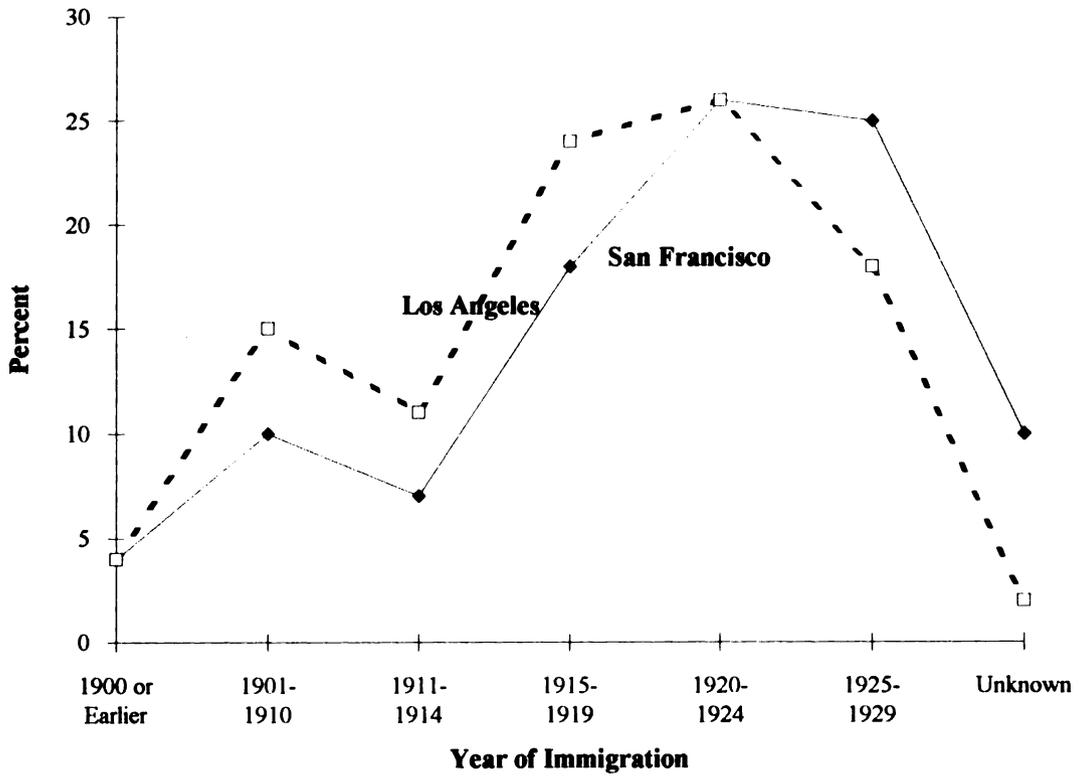
An inherent challenge of historical research shows itself in the processes I have just described. While I gathered information or content from a variety of sources, I also sought answers about the material itself. Who wrote the material? for whom? When? Where? Who and what did they discuss? Who did they not discuss? What did they leave out? How did they present the material? What similarities and disparities exist between this material and others? All of these questions examine the reliability and validity of the information and sources, but also attend to the "silences of history" as authentic data.⁴⁵ My attempt to "reconstruct and interpret a portion of the past in its full complexity out of the subjective and incomplete testimony of witnesses immune to questioning,"¹¹ only claims tentative explanations. I do not know how many deaths went unregistered or how many of the Mexican-born declined to state their birthplace, or how many times the registrar labeled a person Mexican without having asked, or what people said "off the record."

Nevertheless, historical research is a quest for meaning and the historian is therefore, by necessity, a pattern-maker. In this historical inquiry I searched any relevant and available materials about San Francisco during 1915-1930 for patterns in the health concerns presented by and about Mexicans and how those concerns related to the nature and kind of health services available. Although the patterns I describe in subsequent chapters must be considered interpretive because they are based on the materials available and my interpretation of that evidence, this historical study offers us insight into the forces of change molding the present.

⁴⁵ Goubert suggests that informed researchers in the history of health "establish a balance-sheet of what they tell us and what they hide from us, particularly in delicate areas as those of the relations between health, illness, and money...."These 'silences of history' inform us. See J.-P. Goubert, "Twenty Years On: Problems of Historical Methodology in the History of Health," in *Problems and Methods in the History of Medicine* edited by Roy Porter and Andrew Wear, 40-56 (New York: Croom Helm Ltd, 1987), 44.

Figure 1.0

**Percent of Foreign-Born Mexicans in San Francisco and
Los Angeles by Year of Immigration, 1930**



Chapter One

San Francisco: A Cosmopolitan City and an Attractive Place to Do Business

...the dahlia...originally Mexican, carried...to Spain, to France and England...changed ...from a simple daisy-like wild flower to a cosmopolitan beauty....in its versatility, its beauty, its infinite variety of color and form, it is the very symbol of San Francisco life and of the spirit of her people...¹

Mexican people lived in a San Francisco known for its diversity.² In fact, people from more than seventy countries survived and thrived in the ups and downs of the city's topographic and economic landscape during 1915-1930. While business and political interests competed to run the city efficiently and promote an image of San Francisco as an attractive place to do business and the headquarters of a regional economy, the life of individual nationalities became known by their international offensives, and occasionally their local festivities. Even though the viability of San Francisco fundamentally thrived on a tolerance for diversity, treated as a whole, the majority of its residents were known by their whiteness and not their nationality. Shared hopes for an unknown future tranquilized dramatic divisions and definitions of the "other" and allowed the city to move onward.

In Their Variety of Color and Form: The Cosmopolitan Beauty of San Francisco Neighborhoods³

North Beach Provides a Home for Immigrants

Writers have distinguished nine residential areas in the city. "North Beach--named for a beach long since vanished as the waterfront had been moved northward by landfills--" provided home for a predominantly working class foreign born community with a few businessmen and professionals. Most of its residents had emigrated from Italy, Spain, Mexico, and France, and lived interspersed among the hilly archways to the ocean, extending east from Pacific Heights along the waterfront and south to Broadway.⁴

¹ See "Dahlia Chosen as San Francisco's Flower." *Journal of Proceedings of the Board of Supervisors, City and County of San Francisco* 21 (Monday, October 4, 1926): 1587.

² See Table 1.1 for the distribution and growth of the San Francisco population, 1910-1930.

³ See Map 1.1 for a map of the city with its neighborhoods.

⁴ See William Issel and Robert W. Cherny, *San Francisco, 1865-1932 Politics, Power, and Urban Development* (Berkeley: University of California Press, 1986), 73. In 1910, thirty percent of the residents in North Beach were foreign born Italian, and two-thirds of the population were male. According to the United States census in 1920, however, 36.4 percent of the population in Assembly District 33 were foreign born; 42.3 percent of the city's entire foreign born Italian population lived in this district, which included North Beach. The Italian born population comprised only 19 percent of the district's total population but over fifty percent of those foreign born. The differences between 1910 and 1920 might be the difference in boundaries since Assembly District is larger than the North Beach area. The second.

North Beach was the site of a few factories but the Bank of Italy proved the most successful of the North Beach enterprises. In addition numerous small proprietors operated their businesses in North Beach, and some of the oldest churches in the city, such as Our Lady of Guadalupe, Saint Peter and Paul, and St. Francis de Assisi, offered their services in the community.⁵

The life of the community, however, also depended on its residents and social organization. Associated Charities worked closely with other organizations; for example, they and the Vittoria Colonna Club, the Juvenile Protective Association, and the San Francisco Federation of Women's Clubs petitioned for curfew law enforcement in 1916. Locally based, the North Beach Association and the Telegraph Hill Neighborhood Association also worked actively to improve living conditions in North Beach with tenement housing laws.⁶ Fire had destroyed the homes and gardens of the Telegraph Hill area in the aftermath of the earthquake and according to Ashe, "the menacing

third, and fourth largest foreign born populations were those from Spain, Mexico, and France. Of the city population born in Spain, 57 percent lived in North Beach or 7.2 percent of all foreign born in District 33; of all those born in Mexico, 30 percent lived in District 33 or 5.8 percent of all foreign born in that District; and of all those born in France, 16.3 percent lived in District 33 or 5.7 percent of all foreign born in that District. See *Fourteenth Census of the United States: 1920, Volume III*, Table 13 (Washington D.C.: United States Government Printing Office, 1922), 127. The total number of foreign born living in District 33 during the 1920 census was 19,601 or 14 percent of the city's total foreign born population. Of the city total born in Italy, (23,924), 10,126 lived in North Beach; those born in Spain, 1,418; those born in Mexico, 1,139; and those born in France, 1,125. The total population in District 33 numbered 53,384 or 10.6 percent of the city's total population. By 1930, the proportion of the foreign born in Assembly District 33 decreased to only 26.6 percent of the total population and 9.6 percent of the city's total foreign born population; males consistently comprised approximately two-thirds, females one-third of the District's population.

⁵ A home visitor, Iride Martini from Saint Peter and Paul regularly visited homes of parishioners in 1916-1918. She kept detailed statistics by nationality and by Italian region of origin. One Christmas, the parish distributed gift stockings to Italian, German, Mexican, Spanish, Irish, Slav, Austrian, Jewish, Japanese, Belgium, Puerto Rican, Portuguese, and African American children. See Iride Martini, "Report, December 1916," Saint Peter and Paul 1916-1917, Archives of the Archdiocese of San Francisco, Menlo Park, CA. Although statistically I clustered Italians as one population, large differences existed between those from the northern and the southern regions. According to Dillon, even the Italian mutual aid societies organized along provincial lines. Differences between northern and southern Italians created more conflicts than differences between Italians and other ethnicities. For more discussion of Italians in North Beach and San Francisco, see Richard Dillon, *North Beach The Italian Heart of San Francisco* (Novato, CA: Presidio Press, 1985); Deanna Paoli Gumina, *The Italians of San Francisco 1850-1930* (New York: Center for Migration Studies, 1978); Robin, *Signs of Change...*

⁶ The North Beach Association communicated with the Board of Supervisors through Supervisor Badaracco and asked for improved lighting between Columbus Avenue from Washington to Greenwich, Grant Avenue from Columbus to Filbert, Stockton Street north to Filbert, and Broadway between Powell Street and Mason. See *Proceedings...* 22 (February 7, 1927): 219.

ugly tenement house was then seen to rear its head....very little sun penetrate[d] the narrow alleys which intersect[ed]" and lined the streets on "both sides with tall buildings...Families are crowded into these dark tenements; five people, two adults and three children often occup[ied] one sleeping room nine by ten feet..."⁷

Using social networks to bring attention to the conditions in North Beach, nurse Ashe and co-founder of the Telegraph Hill Neighborhood Association, defended many of the improvements in North Beach by the passage of prohibition.⁸ Part of North Beach's unsavory reputation had

⁷ See Ashe, *Report, April 1920*. Tenement house inspection began in 1908 with volunteers; only after July 1914 did the Board of Health appoint two tenement house inspectors to cover the entire city which incidentally, Ashe considered wholly inadequate even for the Telegraph Hill district. When Dr. Jessie Peixotto Professor of Social Economics at University of California, Berkeley requested that members of her class be permitted to accompany the tenement house inspectors, the Board thought the inspector did the better work. Rather than take official action, they referred the matter to Dr. Hassler and granted him authority to act. Four months later the Board approved two more inspectors but they did not mention any students from Peixotto's class. See Board of Health, *Minutes...*, October 14, 1915, pp. 2007-2011; February 10, 1916, pp. 2086-2089. Martini also found as many as ten crowded into four small the "dark dirty rooms." See Martini, "Report, December 1916."

⁸ Elizabeth Ashe was well connected to the social and civic leaders in San Francisco. After her father served as a physician with the United States Army in the Mexican War he moved to San Francisco from North Carolina in 1848, purchased a home in a "fine residential area at the foot of Rincon Hill" later known as South Park, and became one of the founders of the California Pioneer Society. Elizabeth Ashe's mother was the daughter of Robert Loyall, a successful Norfolk, Virginia businessman. Elizabeth, born in 1869, youngest of three brothers and three sisters, started her 'social' work in 1890. Elizabeth Ashe and Alice Griffith "rallied the youthful enthusiasms of a little Sunday school class of Grace Cathedral..." formed and ran the City Front Association from the Pioneer Kindergarten Association house located at the base of Telegraph Hill on Sansome Street. They gave sewing and domestic science classes for the girls and organized clubs for boys. Wanting to care for her ailing mother and the sole heir of her unmarried aunt Camilla Loyall's estate, Elizabeth entered nursing school at Presbyterian Hospital in New York City in 1899. During her training at Presbyterian she worked at Henry Street Settlement and saw the Settlement inaugurate school nursing in 1902. Upon graduation, Ashe returned to San Francisco, "and soon formed a lifelong partnership with her old friend Miss Alice Griffith." Ashe and Griffith started Telegraph Hill Neighborhood House at 427 Vallejo Street in 1902. The Telegraph Hill Neighborhood Association incorporated on August 19, 1904. Cofounders Ashe, Griffith and Mrs. Harry Sherman enlisted help from several prominent San Francisco residents. The *Report, 1914* included names such as Mrs. Joseph Sloss; her husband served as a district judge in San Francisco; Dr. Wm. Palmer Lucas; Dr. Langley Porter; Dr. Florence Holsclaw. Dr. Lucas was a prominent pediatrician in San Francisco and also participated in numerous organizations, e.g., the California Social Hygiene Society and the San Francisco County Medical Society. Lucas served as head of the Red Cross Children's Bureau in France for two years during World War I; Ashe served with Lucas as his assistant. Dr. Lucas also served on the Medical Advisory Committee of the VNA of San Francisco. See *San Francisco Examiner*, August 26, 1919; Visiting Nurse Association of San Francisco, *Annual Report 1931*, 15. Dr. Holsclaw served with the Babies' Aid, the Child Health Center, and also with the Board of Health. See *Telegraph Hill, Report, January 1914* and *Report, April 1920*. At the request of Fred Dohrmann, Chairman of the Red Cross Rehabilitation Committee, Ashe helped to open the San Francisco Home for Incurables in 1908. She reactivated a King's Daughters health committee whose purpose had been to improve unsanitary and unsavory conditions at San Francisco Hospital, 1903. She and Alice Griffith served on that health committee, along with Mrs.

come from the "world wide notorious...Barbary Coast" extending between Broadway and Washington from Powell Street to the bay.⁹ At one time prior to prohibition, Ashe and social worker Alice Griffith had counted thirteen saloons and dance halls within four blocks. Seven years after prohibition, however, bootlegging was supposedly common, but "other types of lawlessness [had] decreased markedly. Life and property [were] safer and the moral standing higher."¹⁰

Social, cultural, and educational activities abounded in North Beach. In addition to several motion picture theaters in the area--Alhambra, Alessandro Eden, Broadway, Verdi, and the

John Merrill, Chair; Mrs. Ernest Simpson, Secretary; and members Mrs. Henry Payot, Mrs. Charles Slack, Mrs. Norman McLaren (Elizabeth's sister), Mrs. William Crocker, Mrs. Edward Dimond, Mrs. Carter Pomeroy, and Mrs. Harry Sherman. Ashe lived at the old Ashe family home at 2315 Sacramento Street until her death January 25, 1954. Ashe's sister Caroline married Norman McLaren; Ashe was godmother to one of their children, N. Loyall McLaren, later known in San Francisco for his business acumen. See Telegraph Hill Association Publicity and Studies, Carton No. 11, 83/23 United Way of Bay Area, Bancroft Library, University of California, Berkeley; for Telegraph Hill Chronology; Telegraph Hill Neighborhood Center; and Articles of Incorporation, August 19, 1904. see Unprocessed Archive, Telegraph Hill Neighborhood Center, San Francisco, CA; Norman Loyall McLaren, *Business and Club Life in San Francisco Recollections of a California Pioneer Scion*, interview conducted by Gabrielle Morris and Ruth Teiser (Bancroft Library, Regional Oral History Office, University of California, Berkeley, 1978).

⁹ See Telegraph Hill Association Publicity and Studies, Carton No. 11, 83/23 United Way of the Bay Area. North Beach included a "vice pool" known as the "Barbary Coast." Broadway Street formed its boundary to the north, Washington Street to the south, Powell Street to the west and the bay itself its boundary to the east. The Board of Supervisors passed an ordinance (No. 8114) on July 16, 1928 based on a recommendation by the Police and License Committee. It prohibited the show or exhibition of any entertainment, play, or scene which is obscene or indecent or lewd or which has for its subject or theme sex degeneracy, or sex perversion or sex inversion. See *Proceedings...* 23 (July 16, 1928): 1470. Earlier in 1917, Rolph had approved measures that led to the closing of the "wide open" vice district. According to Issel and Cherny, closing down the Barbary Coast, made social purity official policy but demand for illicit pleasure kept its flourishing "underworld" alive during the 1920s and 1930s. See Issel and Cherny, *San Francisco, 1865-1932...*, 108. Smith-Rosenberg traces "the evolution of the metaphoric languages that translated the New Woman into a condensed symbol of disorder and rebellion" in the early twentieth century. She carefully distinguishes the difference between the body as an agency of social control from the body as an expressive medium that establishes a symbolic system through literal body language and physical metaphor and image, and "through which individuals can discuss social realities too complex or conflicted to be spoken overtly. Social, not sexual, disorder lies at the heart of this discourse. The control of literal sexual behavior at all times constitutes a secondary goal." See Carroll Smith-Rosenberg, *Disorderly Conduct Visions of Gender in Victorian America* (New York: Oxford University Press, 1985), 268. Inversion before Havelock Ellis in the late nineteenth century referred to cross-dressing and suspicions of transsexuality. Ellis redefined inversion as homosexuality and claimed it was biological, hereditary, and irreversible. It is unclear which definition the Board of Supervisors used for the city ordinance of 1928.

¹⁰ Alice Griffith, Daisy Johnson, and Elizabeth Ashe wrote in 1926 that North Beach was one of oldest residential sections of the city, and the most densely populated locality. See Telegraph Hill Association Publicity and Studies, Carton No. 11, 83/23 United Way of the Bay Area. The Eighteenth (Liquor Prohibition) Amendment to the United States Constitution was effective January 16, 1920. The Congress officially repealed prohibition with the 21st Amendment, effective December 5, 1933.

Washington among them--the Telegraph Hill Neighborhood House conducted kitchen, garden, sewing, school, and housework classes, and recreation clubs for children, and operated a dispensary and prenatal, postnatal, well-baby and chest clinics with the services of a visiting nurse.¹¹ The Salesian Brothers of Saint Peter and Paul also tried to prevent juvenile delinquency by providing a club for young boys; the Catholic Professional Women's Club--teachers in North Beach--opened a Mothers' School to teach English to foreign women.¹² Whether itinerant, non-English speaking, or underweight, teachers worked with students from a wide range of circumstances in a number of public and parochial schools, and the Michelangelo Open Air School.¹³

Chinatown as a Little City in the City

Although many Italian people lived in North Beach, the area still demonstrated diversity with its residents from over twenty different countries. Such diversity, however, was not found south of North Beach in an area from Broadway to California, and between Stockton and Kearny streets. There "Chinatown was...as thoroughly segregated as black districts of the South during the same time period." By law, Chinese people could not become citizens through naturalization, present testimony in court, marry a white person, or live outside *Chinatown* except in laundries or as domestic servants.

Following the 1882 Chinese Exclusion Act the Chinese population in San Francisco had declined dramatically until 1915-1930.¹⁴ During these later years the Chinese population in San

¹¹ The visiting nurse with Telegraph Hill became part of the San Francisco Visiting Nurse Association in late 1925.

¹² Three enrolled at the start of the Mothers' School in April 1917. By 1920 the School provided child care and Miss Zalbadano taught 273 women. The Salesian Fathers of Saint Peter and Paul School provided the classroom and full supplies. The Salesians had maintained a night school for adult foreigners for twenty years before they placed their class under the administration and faculty of the day school. They enrolled six hundred men in their evening school. See Catholic Professional Women's Club, "School for Foreign Born Adults," 666 Filbert Street, PR 283, Archive of the Archdiocese of San Francisco.

¹³ The Open Air School provided special services for underweight and undernourished children, and those who could not keep up their work in the regular school. The child came to school, took a shower bath, ate some nourishment, participated in the class room for one or two hours, then studied, ate lunch, and rested in the afternoon. With time, most children gained considerable weight and kept up an amount of work they could not have done in the ordinary school room.

¹⁴ The Chinese Exclusion Act suspended the immigration of Chinese skilled and unskilled laborers for ten years, but permitted immigration of teachers, students, merchants, and travelers. Restriction was renewed

San Francisco nearly doubled and unlike the trends of earlier immigrations, included more females.¹⁵ A retail business section, the commission market district, and the North Beach area restricted any expansion of the Chinese community, however; and the prejudice of residents west of Chinatown allowed only limited extension in that direction. Consequently, the tenement area of Chinatown was densely populated. Still, Geiger noted that residents of Chinatown could live an entire lifetime without going outside the district boundaries because facilities existed to "satisfy every need. Food, vegetables, meat, fish, and poultry markets, general merchandise stores, cafes, theaters, churches, schools, a hospital, medical services, undertakers..." offered employment and gave their services "to this little community."¹⁶

in 1892 for ten years and again in 1902. In 1904 all existing laws against Chinese entry were reaffirmed without time limit. The Act of 1882 also formally prohibited the naturalization of Chinese in the United States. See Alexander Saxton, *The Indispensable Enemy Labor and the Anti-Chinese Movement in California* (Berkeley: University of California Press, 1971), 177-178; Bean and Rawls, *California An Interpretive History*, 184-185; Edna Bonacich, "Some Basic Facts: Patterns of Asian Immigration and Exclusion," in *Labor Immigration Under Capitalism Asian Workers in the United States Before World War II* edited by Lucie Cheng and Edna Bonacich, 60-78 (Berkeley: University of California Press, 1984); Helen Virginia Cather, "The History of San Francisco's Chinatown" (Thesis, University of California, 1932, Reprint, San Francisco: R and E Research Associates, 1974).

¹⁵ See Issel and Cherny, *San Francisco, 1865-1932...*, 73. In 1920 according to the United States. Census, 7,744 Chinese people lived in San Francisco, and 7,125 identified in the "Other" race lived in Assembly District 33. Nearly 3,829 Chinese listed their year of immigration between 1915 and 1930. By 1930 the total Chinese population in San Francisco had increased to 16,303, with a narrower male to female ratio (6.54:1 in 1920). In 1930, 43.6 percent of the Chinese population in California lived in San Francisco whereas in 1920 only 27.6 percent of the Chinese population in the state lived in San Francisco. See *Fourteenth Census...1920, Volume II*, 754 and *Volume III*, 109, 127; *Fifteenth Census...1930, Volume II*, 562 and *Volume III, Part I*, 266.

¹⁶ See J. C. Geiger, Emmett E. Sappington, Roslyn C. Miller, and Hilda F. Welke, *The Health of Chinese in an American City--San Francisco* (San Francisco: San Francisco Department of Public Health, 1939), 3-5. Dr. W. R. P. Clark mentioned that the Health Department had closed the chest clinic at the Chinese Hospital for a period of time because of the conditions in the Old Chinese Hospital. But the Board of Health also wanted to reopen the clinic under Board of Health nursing supervision and add services to address "the underweight and undernourished children of the oriental quarter." Evidently the Tuberculosis Association had some rapport with the Chinese community because they were asked to help reestablish a clinic at the Chinese Hospital, confer with the officials at the Hospital and provide the salaries for a Chinese woman trained in public health nursing and a physician skilled in tuberculosis work. Yet over a year later the Association questioned their undertaking additional work in Chinatown and postponed a final decision. Board of Health, *Minutes...*, February 19, 1925, pp. 3672-3680; Tuberculosis Association, *Minutes...*, September 18, 1928 p. 44; November 19, 1929, p. 68. The 1920 San Francisco City Directory listed the "Oriental School" on Clay near Powell Street. A school by this name did not appear in the 1930 Directory. See *San Francisco, City Directory 1920* (San Francisco: H.S. Crocker Co., Inc., 1920), 199-200; *City Directory 1930* (San Francisco: R. L. Polk & Company of California, 1930), 1985.

Services in Chinatown frequently came from cooperative efforts between the Six Companies and public and private organizations. The San Francisco Board of Education operated the Oriental Public School where they required Chinese elementary age students to attend and where they sent other students with limited English for instruction. The San Francisco Tuberculosis Association and the Board of Health intermittently conducted tuberculosis or chest clinics until the new Chinese Hospital opened in 1924 and a district public health nurse started work among the Chinese community in 1925. Chinese women with the Young Women's Christian Association (YWCA) ran a community center for women, and the Presbyterian Church operated a Mission Home for Chinese girls.¹⁷

Downtown—A Place of Residence For the Native Born New Professional

The Chinatown, North Beach, and *Downtown* areas together formed one assembly district but unlike the concentration of foreign born people in Chinatown and North Beach, apartment houses in the more westward part of the Downtown area provided lodging for the highest proportion of residents in the city with both parents born in the United States.¹⁸ The Western Addition bounded the Downtown area on the west; South of Market formed its boundary to the south; the bay its east, and Chinatown its north. Many of the residents around the Civic Center worked as clerks and salespeople in the central business district, or as new professionals just beginning their practices, or as business people wanting to live near their work.¹⁹

Except for the warehouses and trading companies set along the waterfront among a densely-housed, mostly male, foreign born population, the rest of the Downtown served as the city's nerve center. City government and its employees worked from their offices in the Civic Center and City Hall; business, trading, and banking activities in the Financial District; shopping

¹⁷ The Chinese Hospital was located at 835 Jackson Street. See Ira V. Hiscock, *An Appraisal of the Public Health Program San Francisco, California for the Fiscal Year 1929-1930* (San Francisco: Board of Health), 86, 93; "History of the San Francisco International Institute," Unprocessed Archive of the International Institute of San Francisco, 2209 Van Ness Avenue, San Francisco; see also the Institute's annual reports.

¹⁸ The residential areas of North Beach, Chinatown, and the Downtown formed Assembly District 33. This District contained the most people in 1920; by 1930 five other districts surpassed this area's population but not necessarily its density.

¹⁹ See Issel and Cherny, *San Francisco, 1865-1932...*, 75.

and guest lodging in places like Hotel Saint Francis charmed visitors of Union Square; and residents and visitors participated in culture and the arts at the city's main library, or any one of several theaters like the Hippodrome, the Plaza, the Tivoli Opera House, the Orpheum, or the Warfield all within the Downtown area.²⁰

South of Market for the Temporarily Employed Newcomer

Like the density and diversity of the North Beach, Chinatown and waterfront residential areas of the Downtown, the *South of Market* survived on similar patterns of density and diversity. Its foreign born population, too, represented over twenty different nationalities but a slightly larger majority of them were male in contrast to the residents in North Beach.²¹ Primarily unskilled and semiskilled laborers, these men usually rented rooms in lodging houses and cheap hotels for as little as fifty cents a night while they worked in seafaring and migratory casual occupations such as mining, milling, agriculture, and fisheries.²²

During off seasons, especially the winter months of December, January, and February, lodging houses in the South of Market became a home for migratory laborers if they could find one with a bed available. In 1929 W. F. Higby estimated that as many as five thousand men were left without any shelter because by five o'clock each afternoon, all the affordable rooms had been rented. For the most part the homeless "were practically all American born or of a Northern European English speaking type who ha[d] been in the United States for a long period of years....The Greek, Italian, Mexican, Russian, and Oriental casual labor present[ed] no housing problem because...most of them immediately [went] to families of their co-patriots and lodge[d] there--or [were] handled by a padrone."²³

²⁰ See San Francisco *City Directory*, "Theatres;" "Motion Picture Theatres." The notorious, French, master chef, Victor Hirtzler, attracted many to the Saint Francis. See Victor Hirtzler, *The 1910 Hotel St. Francis Cook Book A Classic Reissued* (Sausalito, CA: Windgate Press, 1988). The Council of Social and Health Agencies often held their meetings at Hotel Saint Francis.

²¹ People of foreign birth accounted for more than forty percent of the population in Assembly District 21 and males, more than seventy percent. See *Fourteenth Census...1920, Volume II, 754 and Volume III, 109, 127; Fifteenth Census...1930, Volume II, 562 and Volume III, Part I, 266.*

²² See Issel and Cherny, *San Francisco, 1865-1932...*, 60.

²³ A 1913 survey of lodging houses and cheap hotels showed that seafarers and waterfront workers usually stayed east of Third Street, seasonal workers such as loggers and miners between Third and Sixth and clerks and low-paid white-collar workers west of Sixth. See Issel and Cherny, *San Francisco, 1865-*

Although none formed a majority, a larger number of foreign born residents of the South of Market came from Germany, Greece, Ireland, and Italy, and became the focus for a number of agencies. Greek people, however, found more of their compatriots in the South of Market than anywhere else in the city.²⁴ In fact the International Institute rented a room in a Greek flat and opened a center in 1918 to assist foreign born women and their families.²⁵ The South of Market included several other religious, educational, social, and health services--Saint Patrick's opened a shelter for men in the 1920s; Saint Joseph and Immaculate Conception Catholic churches ran parochial elementary schools; the Board of Education operated five public elementary schools; the Central Office of the Department of Public Health which included a well-child center in 1920s; the Episcopal Church operated a day care, dispensary, and recreation center at Canon Kip Community House and Mission; and the Southern Pacific Railway operated an emergency hospital for its workers in the area.²⁶

The Mission Residences: Accessible and Changing

The South of Market blended with the *Mission District* and the *Potrero District* beginning at about Twelfth and Mission streets, west to the base of Twin Peaks and east to the industrial area along the bay.²⁷ In contrast to the transience in the South of Market, however, residents in the Mission and Potrero lived among family members and owned or rented single or two family dwellings while they worked as skilled laborers in the manufacturing areas south of Market or

1932..., 60-61; they cite Alvin Averbach, "San Francisco's South of Market District, 1850-1950: The Emergence of a Skid Row," *California Historical Quarterly* 52 (Fall 1973): 203-205. The lodging house district Higby described lay between Second and Sixth Streets and Mission and the waterfront. Saint Patrick's Shelter opened in December 1926 at 239 Minna Street between Third and Fourth Streets. See communication to Mr. Ray W. Smith from W. F. Higby, "Material to Get a Picture of the Work at St. Patrick's Shelter: Minna Street," February 1, 1929, Saint Vincent de Paul, Carton No. 14, 83/23 United Way of the Bay Area.

²⁴ Of all the foreign born Greek people in San Francisco in 1920 over forty percent lived in the South of Market. Other foreign born populations lived nearly as often in other parts of the city--especially people born in Germany and Ireland. People born in Germany and Ireland appeared in approximately the same proportions in every Assembly district except the 33rd (North Beach). See *Fourteenth Census...1920, Volume II, 754 and Volume III, 127; Fifteenth Census...1930, Volume III, Part I, 287.*

²⁵ See "History of the San Francisco International Institute." Unprocessed Archive, International Institute of San Francisco, 2209 Van Ness Avenue, San Francisco, CA.

²⁶ The Southern Pacific Hospital, however, was located in the southwestern area of the Western Addition at Baker and Fell streets. See San Francisco, *City Directory, 1927, "Hospitals."*

²⁷ This area included parts of Assembly districts 22, 24, 25, 26, and 29.

along the bay.²⁸ More than one-third of the population living in the Mission and Potrero had emigrated to the United States after their birth in other countries, particularly Italy, Ireland, and Germany, while another one-third had been born in the United States of immigrant parents.²⁹

This less densely settled area of the city had several points of access to public transportation. Streetcars ran on the major thoroughfares--Valencia, Mission, Howard, Folsom, Harrison, Bryant, Castro, Guerrero, and Third Street--and businesses operated on the major thoroughfares. The Majestic, New Mission, New Lyceum, and Wigwam theaters graced Mission Street. Large wooden churches of every major Protestant denomination were scattered at frequent intervals, and the YWCA, the Department of Public Health, and the VNA each provided services to the community from local offices.³⁰ Several nearby hospitals also served this area: Mary's Help, San Francisco City and County Hospital, including the Isolation, Tuberculosis, and Potrero Emergency hospitals, Bethlehem Shipbuilding Corporation Hospital, Santa Fe Hospital, Union Plant Hospital, and Saint Luke's.³¹

The Bayshore--Spreading Out in Bay View and Visitacion Valley

South of the Mission and Potrero to San Mateo County lay a more rural area of the city, once part of a Spanish land grant to José Bernal. After the earthquake in 1906, part of the Crocker

²⁸ A person could rent an unfurnished front-side, five room flat with a bath for \$45 monthly, not including water, on the east side of the Mission District (18th and Missouri). At Folsom and 23rd, a person could rent a five room flat on the second floor without a bath for \$25. monthly, water not included. Another five room flat without a bath could be rented on Mission and 23rd for \$45. monthly, including water. Room rentals ranged from \$10 to \$17.50 monthly around 17th and Mission Streets; sometimes that price did not include heat. In contrast room rentals in the South of Market area started at \$8 monthly but were furnished with neither hot water nor heat. See "Room Rent, November 8th, 1921, San Francisco, California," Civil Service Commission, Carton No. 54, C-A 194 Department of Industrial Relations, California Commission of Immigration and Housing, Bancroft Library, University of California, Berkeley; Issel and Cherny, *San Francisco, 1865-1932...*, 65-66.

²⁹ The area east of Potrero Avenue was known as the Potrero district and provided home to many Russian families. Nearly two-thirds of the population in these areas were of foreign parentage or foreign birth in both 1920 and 1930. *Fourteenth Census...1920, Volume II, 754 and Volume III, 127; Fifteenth Census...1930, Volume III, 287.*

³⁰ See Issel and Cherny, *San Francisco, 1865-1932...*, 63.

³¹ See *Fourteenth Census...1920, Volume II, 754 and Volume III, 127; Fifteenth Census...1930, Volume III, Part I, 287.* See also *San Francisco City Directory, 1927, "Hospitals."* Several other boarding homes provided lodging for people with a variety of problems e.g., Clark Sanitarium, California Women's Emergency Home, Infants Shelter, Juvenile Detention Home, Saint Elizabeth Infant Hospital, Saint Catherine's Home and Training School and Home for Girls.

Estates became a tent city, and later around this area many Italian, Irish, and Mexican people established residency.³² *Visitacion Valley* and *Bay View* in the south of San Francisco, however, remained largely undeveloped and relatively isolated as rail lines and hilly areas prevented continuities.³³ People of many different nationalities and social levels lived and worked among the industries which included the shipbuilding docks and railyards of the Western Pacific along the waterfront.³⁴ Scattered throughout the area were several public schools and one parochial school, but not high schools; and by 1926, three theaters--Bay Shore, Bay View, and the Golden City.³⁵

Newer Settlements in the Sunset and Richmond Districts

If fewer people lived in a pattern of densely settled homes or flats in the Mission than the South of Market, Downtown, and North Beach areas, even fewer people lived in the *Sunset*. The opening of the Twin Peaks tunnel in 1917 and the auto an increasingly popular commodity for transportation, invited more people to find housing west of the Mission District.³⁶ Although only about one-fifth of the residents could claim foreign birth, in the *Sunset*, as in the Mission, more of the foreign born came from Germany and Ireland followed by England and Canada.³⁷ As a whole, the *Sunset* tended to be more heterogeneous and largely middle-class than other parts of the city. Its

³² See Federal Writers' Project, *San Francisco The Bay and Its Cities* (New York: Hastings House Publishers, 1940) 165-354; *A San Francisco Neighborhood Guide* (San Francisco: California Living Books, 1980), 8-12; Susan Shepard, *In the Neighborhoods* (San Francisco: Chronicle Books, 1981), 79-81.

³³ See Board of Health, *Minutes...*, March 12, 1925, pp. 3690-3694. Bridgman, psychologist from the University of California and with the Department of Public Health surveyed the entire school in Visitacion Valley. She described how schools with many foreign children always faced the difficulty of language.

³⁴ At one time George Hearst attempted to turn the land he owned at Candlestick Point into a fancy residential area. Of the people born in México living in San Francisco, fifteen percent lived in an area bounded by 20th, Bryant, Army and southerly, east of San Bruno Avenue to the bay and the San Mateo County line. See Shepard, *In the Neighborhoods*, 80; *Fourteenth Census...1920, Volume III*, 127.

³⁵ These schools included Bay View Grammar, Bret Harte, Burnett, Hunter's Point, Monroe, Portola, and Visitacion Valley. See also *City Directory, 1926*, "Moving Picture Theatres," 2396; *City Directory, 1920*, "Public Schools of San Francisco," 199; *City Directory, 1930*, "Schools--Public," 1985.

³⁶ See Robert G. Cleland, *California in our Time 1900-1940* (New York: Alfred A. Knopf, 1947), 105-108. Cleland suggests that nothing ever influenced California life and society so spontaneously and profoundly as automotive transportation. Indeed the Board of Supervisors frequently dealt with transportation issues, and more so in the later 1920s--paving streets and boulevards; changing grades; expanding streets; widening sidewalks; creating a taxicab ordinance; debating the placement of traffic signals; and beginning contract negotiations for the bay bridges.

³⁷ None of the other nationalities came close. These four countries accounted for 58.5 percent of the foreign born in 1920. See *Fourteenth Census...1920, Volume III*, 127.

residents lived close to the Golden Gate Park on its northern boundary and approximate to the University of California Hospitals and Clinics. One parochial elementary school, Saint Anne's, and one public high school and five elementary schools provided education for their children.³⁸

Like the Sunset residential area, throughout the 1920s more and more people came to live in the *Richmond*. Access to the downtown eased with the opening of the Duboce Tunnel in 1928 and facilitated a dramatic increase in the population of this area.³⁹ The Richmond like the Sunset provided homes for middle-class families, many having moved west from the Western Addition. Small onion-domed Russian Orthodox churches dotted the Richmond landscape after many Russians settled in the Richmond following World War I, but more than half of the foreign born came from a few countries--Germany, Ireland, and England followed by Canada and Sweden.⁴⁰

Services in the Richmond developed with its population, although some like Children's Hospital on its eastern boundary, had been there long before. The Board of Education operated ten elementary schools and a high school. Several theaters--the Coliseum, the Rex, the Star--showed motion pictures. Other services focused on health and medical care like the Marine Hospital next to the Presidio, French Hospital, Hahnemann Hospital, the Boys' Aid Society, Babies' Aid, and Alexander Maternity Cottage. Several of these institutions, however, bordered the western edge of the *Western Addition* residential district, e.g., Hahnemann and Children's hospitals.

The Western Addition and the Complexities of Color and Nation

The Western Addition added color to the international complexion of the city. After 1906, this area had been home for a higher proportion of the upper-middle-class businessmen and professionals because it had escaped the ravaging fires following the earthquake. Thus, many of

³⁸ All but one of the schools were located among its northern-most residents. At least one theater-Sunset Theater-brought motion pictures to local residents. See *City Directory, 1927*, "Motion Picture Theatres." Dr. J. M. Toner won the supervisors' race in 1927 and served on the Board of Supervisors as the first representative from the Sunset-Parkside district. Toner was born in San Francisco, and graduated from Santa Clara, Notre Dame, and the University of California. Dr. Toner was coroner under Mayor P. H. McCarthy and at the time he took office, practiced medicine in the Mission. See "Three New Supervisors Are Inducted Into Office," *Municipal Employee 2* (January, 1928): 5.

³⁹ The number of people living in the 28th Assembly district increased by 49 percent between 1920 and 1930. See *Fourteenth Census...1920, Volume III*, 127; *Fifteenth Census...1930, Volume III, Part I*, 287.

⁴⁰ Temple Emanu-El moved to the eastern edge of the Richmond District in 1926. The District also had two parochial schools. See *City Directory, 1927*, "Motion Picture Theatres."

the houses were two- and three-story rowhouses, with a few apartments having been converted to accommodate residents when Fillmore Street served as a temporary commercial center after the earthquake.⁴¹ By the later 1920s, however, several neighborhoods had developed within the Western Addition. Japantown emerged along Buchanan between Geary and Pine and an African-American neighborhood surfaced west of Fillmore between Geary and Pine.⁴²

Along with the Temple, New Fillmore, Harding, Garrick, Princess, and Regent theaters, virtually all Protestant denominations and five Catholic churches, including St. Mary's Cathedral, had members living in the Western Addition. Both public and private, primary and secondary schools dotted its landscape, and as mentioned earlier, numerous hospitals and social services were close by or within the area--the Stanford University's Lane Hospital and Clinics, San Francisco Maternity Hospital, San Francisco Home for the Incurables, Hahnemann Hospital, Mount Zion, Saint Mary's Hospital, Walker Home for Girls, Ellen Stark Ford Home, Minerva Sanitorium, and the California Home for Girls.⁴³

The Sights of Wealth: Pacific Heights and Nob Hill

In stark contrast with the plains and slopes of the Western Addition, the *Pacific Heights* residential area had long attracted the city's commercial and financial elite, some foreign born

⁴¹ See "Room Rent, November 8th, 1921, San Francisco, California," Civil Service Commission, Carton No. 54, C-A 194. In the area closest to the downtown, rooms rented for a minimum of twenty dollars monthly with hot water and heat furnished while further west in the Western Addition rooms rented for as high as fifty dollars monthly. Five room flats closest to the downtown rented for as low as fifty dollars monthly and included bath and water whereas the same size flat further west and in the front of the flat, with the same amenities and on the same floor rented for as high as \$125. monthly. The addresses included as examples were, Larkin and Ellis; Ellis and Pierce; Larkin and Pine; and Franklin and Clay. Rentals on Divisadero ranged from twenty to fifty dollars. A two-room apartment on Steiner rented for the least expensive price, \$12.50. Generally speaking the rents were higher in this area than in the Mission or South of Market.

⁴² As many as one-half of the city's African-American population lived in the Western Addition. Douglas Henry Daniels has pointed out, however, that "because of cultural ties, and to escape white racism, a handful of [African-American people lived] in the Mexican, Italian, and Chinese enclaves of the city center." See Daniels, "Black Neighbors" in *New Directions in California History: A Book of Readings* edited by James J. Rawls (New York: McGraw-Hill Inc., 1988), 187-202.

⁴³ See Issel and Cherny, *San Francisco, 1865-1932...*, 68. These authors suggest the Western Addition also "became more Jewish in the same way the Mission District became more Irish." See also *City Directory, 1927*, "Hospitals, Homes and Sanitariums," and "Motion Picture Theatres."

among them, to the heights of California Street and northward to the bay and the marina.⁴⁴ Several elaborate mansions had been built on *Nob Hill*--"perched...there to see and be seen." Although not seen as readily as those on Nob Hill, the houses in the Pacific Heights area west and north of Nob Hill included "millionaire merchants and manufacturers, mining and shipping magnates, and others of great wealth and power." Perhaps of no surprise, these residents "had abundant civic amenities, boasting more parks than in all of the Mission District;" and streetcar lines running on nearly all the major east-west thoroughfares of the area....⁴⁵ Likewise, six public schools, one parochial school, and several hospital commercial enterprises graced their hills--Saint Francis, Dante Sanatorium, and Morton Hospital.

In Short, the San Francisco Scene

The diversity of nations, color, wealth, and topography represented in these residential areas enhanced San Francisco's versatility. The infinite variety of color and form, however, also challenged the city's spirit during an internationally and nationally turbulent time of economic instability and competitive isolationism. Consequently, what became good for business also became good for San Francisco during 1915-1930. The city's image thrived on its cool Mediterranean climate and its opportunities for business in a clean place among a majority of native white, healthy

⁴⁴ Pacific Heights and Nob Hill incorporated parts of Assembly districts 31 and 32. The foreign born population never exceeded more than 23 percent of their district's population. The largest number of foreign born came from Italy, Germany, and Ireland, and closer to North Beach, more residents had come from Italy, Germany, Canada, and England. In 1920 as many Mexican born people lived in these districts as they did South of Market. See *Fourteenth Census...1920, Volume III*, 127; *Fifteenth Census...1930, Volume III, Part I*, 287.

⁴⁵ See Issel and Cherny, *San Francisco, 1865-1932...*, 69-70. Charles Crocker, one of the Big Four of the Southern Pacific Railroad built a home on Nob Hill as did David Colton, chief counsel for the Southern Pacific. Colton's home was later purchased by Collis Huntington, another of the Big Four. James Flood, one of the Silver Kings, built his town house in the area as did Mark Hopkins, and Leland Stanford, the other two of the Big Four. George Hearst, mining millionaire Tobins of the Hibernia Bank, and others lived in the Nob Hill area, while millionaire "Michael H. de Young of the *San Francisco Chronicle*, William Bourn of the Spring Valley Water Company; William Whittier, partner in the largest paint company on the West Coast; and various descendants of Charles Crocker, James Flood, and Claus Spreckels." For a description of some of those living on Nob Hill. see also Oscar Lewis, *The Big Four The Story of Huntington, Stanford, Hopkins, and Crocker, and of the Building of the Central Pacific* (New York: Alfred A. Knopf, 1941), 79.

city residents.⁴⁶ With attention to efficiency and growth, the city worked to distribute their goods and services to everyone although clearly not in equal proportions. Those hanging along the borders of the marginal--non-white and foreign--became the medium for the display of disparity and contrast, whether that be the contrast of foreigner and native, capital and labor, or growth and stagnation.

Cooperation Fractured by Division, 1915-1919

Cooperation Brought the Panama-Pacific International Exposition to San Francisco

Ironically, one of the public gateways to the contrast between foreigner and native came with the construction of the Panama Canal when four members of the Commonwealth Club of California, San Francisco sparked the Club's interest with immigration questions by discussing the immigration problems likely to arise for the Pacific Coast when the Canal was completed.⁴⁷ By the time of their discussion, San Francisco voters had already demonstrated remarkable belief in the city's ability to plan, prepare, and host the Panama-Pacific International Exposition. Ninety-five percent of the city's voters approved a subsidy for the 288-day event, and leaders from the business and professional community, and a representative for labor and the city government served on the Board of Directors.⁴⁸

Having worked together for the Exposition in a model of united action, the city celebrated their survival of the earthquake and fire, graft prosecutions, and the opening of additional international trade opportunities. Opening day, Mayor Rolph led an estimated 150,000 people of

⁴⁶ Although the native white population predominated between 1915 and 1930, the proportion of native white appears very different when the second generation immigrant population is added to the first generation. No more than five percent of the San Francisco population was ever identified as non-white.

⁴⁷ See "Mexican Immigration," *Transactions of the Commonwealth Club of California* 21 (March 23, 1926): 1-34. A Section on Immigration formed in 1913 after Dr. Edward A. Steiner, Simon J. Lubin, Charles R. Towson, and Professor James K. Hart discussed the immigration problems likely to arise on the Pacific Coast. Edmund Tauszky, Leon E. Prescott, H. H. Beers, and Frederick T. Duhring chaired this Section during the years 1913-1926, and broadened its scope to include immigration questions of the whole nation.

⁴⁸ A most important concept in understanding local government and its fiscal behavior is the institutional context in which government developed; the ideology defining acceptable fiscal policy; and the pressure of political competition which necessitated a politically strategic fiscal policy. See Terrence J. McDonald, *The Parameters of Urban Fiscal Policy Socioeconomic Change and Political Culture in San Francisco, 1860-1906* (Berkeley: University of California Press, 1986).

diverse ages, occupations, incomes and ethnicities down Van Ness Avenue to the grounds of the Panama-Pacific International Exposition next to Fort Mason.⁴⁹ In the weeks that followed, the Exposition brought numerous visitors from other parts of the nation and the world to the city that knew international diversity and that would come to know again the costs of different opinions.⁵⁰

The City Fractured by World War I: Questions of Intervention and Competitive Labor

War disrupted the capacity of San Francisco leaders to work in the model of united action they had found so effective with the Panama-Pacific International Exposition. Instead, issues around military intervention illuminated explosive ideological differences among its residents and accentuated struggles between capital and labor. Thus, while the city continued to build its Civic Center, seek construction of an adequate water supply for San Francisco and extend rail, streetcar, and automobile transportation systems, many businesses began to feel the impact of the war.

World War I had started in Europe in 1914 and by 1916-1917, businessmen felt the pressure of a high demand for American goods and a relative shortage of labor.⁵¹ Rising prices added to the strain for everyone, and with higher costs of living, unions reinstated their earlier twentieth century demands for wage increases and adjustments in work hours.⁵² San Francisco employers resisted these demands through the Law and Order Committee of the Chamber of

⁴⁹ Disputes arose over proposals to plan the rebuilding after the earthquake and fire, and with the graft prosecutions, some of the business community sided with the accused while others sided with the prosecution. Spreckels, Older, and Phelan took sides with Calhoun and others accused of giving bribes. Issel and Cherny contrast these divisions with the unity around the Panama-Pacific International Exposition. See Issel and Cherny, *San Francisco 1865-1932...*, 168. The number of people in the parade approximates one-fourth of the city's population. Opening day was February 20, 1915. The *Blue Book* estimated that San Francisco city and county contained a population of approximately 530,000 in 1915. Frank C. Jordan, Secretary of State, *California Blue Book or State Roster 1913-1915* (California: California State Printing Office, 1915), 143.

⁵⁰ The European war prevented or limited attendance from some nations. See Issel and Cherny, *San Francisco, 1865-1932...*, 169, 177.

⁵¹ The shortage of labor was induced by the increased demand for American goods and the probable departure of some of the population for military service.

⁵² See Issel and Cherny, *San Francisco, 1865-1932...*, 93, 177. The close of the Panama-Pacific International Exposition marked the end of a truce between the unions and open-shop advocates. The International Longshoremen's Association initiated a coastwide strike June 1st that lasted until July 17th. Without delay the San Francisco Chamber of Commerce resolved the strike was "an unwarranted coast-wide combination and effort to interfere with the commerce of the Port of San Francisco...." and by mid-July had created a five-person Law and Order Committee to support the resolutions adopted by more than two thousand businessmen assembled to discuss the strike. The Committee would uphold the sanctity of contracts, the maintenance of law and order, and the open shop.

Commerce; and strengthened their efforts to uphold the sanctity of contracts, maintain law and order, and introduce a competitive edge for business by establishing San Francisco an open shop.

The drive for an open shop in the midst a growing national movement for military preparedness further divided an already divided population. Most employers favored the military preparedness movement and seized the opportunity to discredit labor as unpatriotic since labor generally opposed intervention by the United States.⁵³ Businessmen such as Rudolph Spreckels, son of the "sugar king" Claus Spreckels and leader in the banking and railroad industries, and Paul Scharrenberg, member of the California Commission of Immigration and Housing and an executive in the California State Federation of Labor, condemned labor leaders, reformers, socialists and pacifists for staging an anti-preparedness demonstration two days before San Francisco's Preparedness Day parade. Events during and after the parade would bring more people into the controversy. A bomb explosion killed nine people among the "more than twenty thousand" "businessmen and professionals, their wives in a separate women's division, and veterans of past wars" that marched down Market Street. The charges, arrest, and prosecution of the accused labor leaders caught the world's attention.⁵⁴

⁵³ See Bean and Rawls, *California An Interpretive History*, 268; Cleland, *California in Our Time...*, 95; Issel and Cherny, *San Francisco, 1865-1932...*, 177. Preparedness advocates in San Francisco planned the Preparedness Day parade after the one held in New York two months earlier. The parade committee included men from the Panama-Pacific International Exposition board of directors such as Thornwell Mullally, William H. Crocker, Herbert Fleishhacker, M.H. de Young.

⁵⁴ Mayor Rolph and parade chairman Thomas Mullally led the parade. Five were arrested and charged with the bombing: Warren K. Billings with a recent prison term for illegal transportation of dynamite; Thomas J. Mooney, iron molder and socialist and chief suspect in a dynamited power line south of San Francisco; Rena Mooney, music teacher and assistant to Tom in a streetcar strike the week before; Edward D. Nolan, machinist and anarchist; and Israel Weinberg, jitney driver, officer of the Jitney Bus Operators' Union, and piano student of Rena Mooney. "Billings was tried for murder in September, convicted, and sentenced to life imprisonment. Mooney was tried in January 1917, convicted, and sentenced to hang." See Bean and Rawls, *California An Interpretive History*, 268; Issel and Cherny, *San Francisco, 1865-1932...*, 178-179; John B. McGloin, *San Francisco The Story of a City* (San Rafael: Presidio Press, 1978), 306; Kevin Starr, *Inventing the Dream California Through the Progressive Era* (New York: Oxford University Press, 1985), 275. Governor Stephens commuted Mooney's sentence to life imprisonment in November 1918. Mooney was pardoned and released in 1939, and Billings was released on parole but not pardoned until 1961. Of the three others, the jury found Rena Mooney and Israel Weinberg not guilty and District Attorney Charles M. Fickert dropped the charges against Edward Nolan. None of the authors cited previously mention the letter in Cleland's account. The letter had warned of violence or a spectacular protest. See Cleland, *California in Our Time...*, 96.

The explosion during the Preparedness Day parade solidified the newly established Law and Order Committee of the San Francisco Chamber of Commerce. To establish some control over urban development in San Francisco, the Committee opposed radical unionists; assisted in breaking strikes, e.g., the Restaurant Men's Association and the culinary workers' unions; established the open shop in retail lumberyards; and secured passage of a strict anti-picketing initiative in November of the same year.⁵⁵

Some employee organizations, however, successfully resisted employer hegemony, at least for a period of time.⁵⁶ Metal trades workers carried out a successful strike in 1917 and acquired substantial pay increases as a result of a federally mediated settlement; and culinary unions managed to secure recognition from prominent San Francisco hotels.⁵⁷ In 1919, however, a long-anticipated open-shop drive materialized with the strike by the Riggers' and Stevedores' Union, Local 38-33 of the International Longshoremen's Association. The strike by union members, in violation of their Union's constitutional procedures, gave the employers the opportunity to nourish a different association--the Longshoremen's.⁵⁸

⁵⁵ See Issel and Cherny, *San Francisco, 1865-1932...*, 92-94, 179-180. Kazin has examined the rise, use and loss of power among San Francisco construction tradesmen, 1896-1921. See Michael Kazin, *Barons of Labor The San Francisco Building Trades and Union Power in the Progressive Era* (Urbana: University of Illinois Press, 1987).

⁵⁶ Despite San Francisco's reputation as the most unionized city in the nation by World War I, many employees were not organized or only partially organized. Office and clerical workers lacked representation. Culinary workers had a union-shop agreement with some restaurant owners but not with others. Nearly all white-collar occupations lacked unions, and the few that did--actors, hospital stewards, nurses, and draftsmen--struggled to keep their members. Among public employees, the streetcar workers had organized before 1917, and teachers, federal employees, letter carriers, and post office clerks by mid-1919. Most blue-collar female workers could join unions but black and Asian workers had none.

⁵⁷ The Building Trades Council represented the majority of workers in the construction industry; the Sailors' Union of the Pacific represented sailors, marine firemen, cooks and stewards, and Alaska fishermen; the Molders Union represented metal industrial workers, and the Teamsters, represented a variety, e.g., operators and delivery men. See Issel and Cherny, *San Francisco, 1865-1932...*, 91-92.

⁵⁸ Like other union conflicts around the nation, the union demanded wage increases but also asked for representation on the boards of directors of the companies and a quarter of all future dividends. "The employers refused to bargain, declaring that no faith could be placed in any agreement with radicals. The employers then assisted in forming the Longshoremen's Association...Only through this company union could work be secured on the waterfront from 1919-1934." The Labor Council encouraged the Riggers' and Stevedores' Union to abide by their constitution. See Issel and Cherny, *San Francisco, 1865-1932...*, 94, 99.

Before the events on and following Preparedness Day solidified the efforts by the San Francisco Chamber of Commerce to dismantle closed shop organizations, the Chamber had been engaged in "its plan to obtain accurate data upon all questions affecting the commercial life of San Francisco." One part of the plan included a survey of the public schools in San Francisco by Commissioner P. P. Claxton of the United States Bureau of Education.⁵⁹ The results, however, did not allow San Francisco to promote itself as a city that invested in education or made educational opportunity equally available to all of the population.

Americanization Should Integrate the Foreign Element

In 1916 Claxton and his fellow commissioners found a city with eleven different groups of foreigners, each representing from one to nearly six percent of the total population.⁶⁰ "Most of the foreign races living in San Francisco [were] merged into the general population mixture" but some were "segregated into veritable foreign colonies...Chinese, Japanese, Filipinos, Greeks, Italians, Mexicans, Portuguese, Russians...[with] assimilation...increasingly difficult and slow." The commissioners considered the inability to speak English "not civically sane, economically wise or

⁵⁹ The Public Education Society of San Francisco assisted with arrangements for the survey. Mr. C. W. Pike served as president; Dr. Adelaide Brown as vice-president; Mrs. Jesse H. Steinhart as secretary and Mr. A. W. Brouillet as treasurer. Other members of the executive committee included Mr. T. J. Bacigalupi; Mrs. Ludwig Frank; Dr. Samuel Langer; Mrs. A. L. Lengfeld; Mr. J. M. Kepner; Mr. Robert Newton Lynch; Mrs. Alfred McLaughlin (also chair of the Baby Hygiene Committee); Mrs. Parker S. Maddux (also chair of the San Francisco Civic League); Mr. J. W. Mullen; Emma Noonan; and Ethel Young. The majority of the women were active members in the leadership of the San Francisco Center of the California Civic League. The San Francisco Center was "A non-partisan organization devoted to the establishment of equality for women in citizenship; to the study of civic problems; to the discussion of public questions; and to constructive civic work." Their office address was Hotel St. Francis.

⁶⁰ Claxton and twelve survey commissioners came to San Francisco during February and August of 1916. Claxton named the survey commissioners after one year of fundraising (\$8500). The following served as commissioners: from the Bureau of Education, Henrietta W. Calvin, home economics; F. B. Dreslar, school architecture, sanitation; A. W. Dunn, civic education; J. L. Randall, gardening; F. E. Farrington, immigrant education; W. T. Bawden, vocational education; and from outside the bureau, W. M. Davidson, organization, administration, finance assisted by August Hiller; C. A. McMurry, elementary schools; J. W. Witherspoon, elementary schools; J. Stanley Brown, secondary education; H. T. Bailey, fine arts; and Will Earhart, music. Dr. Milton E. Blanchard, chair of the Education Committee of the San Francisco Teachers' Association edited a summary of the Claxton survey and distributed it to all the San Francisco teachers and various citizens in San Francisco. See San Francisco Education Committee, *The Public School System of San Francisco, Cal. Summary of Bulletin No. 1917, United States Bureau of Education* (San Francisco: San Francisco Teachers' Association, 1917). For a reaction to the Claxton Survey, see Commonwealth Club, "Schools of San Francisco," *Transactions of the Commonwealth Club of California* 12 (December 1917): 415-447; "Criticism of Claxton School Survey," *Municipal Record* 10 (December 27, 1917): 422.

nationally safe." Thus, "Foreigners subject to city control should have adequate opportunity for learning the language and standards of the country, and should be under influences, 'a co-ordination of forces' to make it worthwhile to acquire this information."⁶¹ The areas with a higher proportion of foreign residents, like North Beach, Chinatown, Downtown, South of Market and the eastern edge of the Mission, however, had no high schools despite those areas comprising nearly one-third of the city's total population.⁶² Further, some schools on adjoining blocks and others at a distance made access to complete elementary education even more difficult.⁶³

Deciding Who Coordinates the Effort: The Business of Education and Image

Actually the "coordination of forces" proved more difficult than accessibility for San Francisco as different bodies, including the president of the San Francisco Chamber of Commerce vied for leadership. In California, the task of immigrant education in the English language had been designated to the Commission of Immigration and Housing. California Commission of Immigration and Housing member in charge of immigrant education, Mrs. Frank Gibson believed the family unit--whatever disrupted the family made for anarchy and whatever tended to preserve the family made for permanence. Previously, educators had over accentuated the importance of children and as a consequence had put children in command of situations to the detriment of themselves, particularly foreign children americanized by the public school.⁶⁴ Thus, Gibson favored the focus

⁶¹ See *The Public School System of San Francisco...*, 42.

⁶² These areas did have some evening school instruction, however: Horace Mann at 22nd and Valencia streets in the Mission; Commercial Evening School in the Civic Center area; and Washington Evening School at Washington and Mason streets in North Beach. The five city high schools were located within a radius of one mile of the Civic Center. Consequently children living near this area had a choice of schools, whereas the more distant did not. Nearly eight percent of the children of native birth attended high school whereas among those of foreign parentage, only five percent. Few of these were "Spanish-Americans and Italians." See *The Public School System of San Francisco...*, 5, 42.

⁶³ Of 82 elementary schools only 42 offered work in all grades and 48 offered work in 7th and 8th grades. See *The Public School System of San Francisco...*, 5.

⁶⁴ These children of foreign parents may have been the hope of their teachers but had become the despair of their own families because as they acquired English and the customs of the country, they fancied themselves superior to their parents and began to ridicule them and break from their authority. See Mrs. Frank A. Gibson, "Educating Parents--A California Problem," *California Outlook* 18 (February 6, 1915): 9-10; State Commission of Immigration and Housing of California, *A Manual for Home Teachers* (Sacramento: California State Printing Office, 1918), 7.

on immigrant mothers.⁶⁵ Immigrant women needed education for self-protection and the home teacher could be the agent to counsel parents and children on questions of family and school interest, indicate proper recreation and teach English and the simple laws necessary to life in cities.⁶⁶

The Commission wanted to train teachers for the work of Americanization with the foreign-born, yet with the onset of the war, other national organizations encouraged their local counterparts in Americanization efforts.⁶⁷ The National Association of Manufacturers and the United States Chamber of Commerce extolled Americanization to their members and admitted the benefits of increased productivity and morale. The Council of National Defense urged various state councils of defense to support the program of the Bureau of Education at the same time as they endorsed the Bureau of Naturalization's program of citizenship classes in the public evening schools.

⁶⁵ She based this preference on the success of an experiment with home teachers conducted by two California schools during the summer of 1914.

⁶⁶ See Gibson, "Educating Parents..." p. 9-10. To that end, the Commission of Immigration and Housing with the support of the California Federation of Women's Clubs drafted a home teacher bill. The California legislature passed the bill in 1915 as endorsed by the Women's Legislative Council, the State Board of Education, and the State Committee of Immigration and Housing. The bill allowed the officers of any school district to employ home teachers, not to exceed one for every five hundred units of average daily attendance. The duties of the home teacher included instructing children and adults in matters relating to school attendance and preparation; sanitation; English language; the purchase, preparation, and use of food and clothing; and in the fundamental principles of the American system of government. See also Commission of Immigration and Housing of California, *Immigrant Education Leaflet No. 5 The Home Teacher* (Sacramento: California State Printing Office, 1918), 8. Since the Board of Education of the City and County of San Francisco was not prepared to install such a teacher in its schools after the law passed in 1915, the Board of education permitted the Council of Jewish Women to enact their proposal in January 1916. The Council hired a Home Teacher who worked in the John Swett Grammar School--a school "located in a neighborhood thickly populated by foreigners." The Commission published excerpts of Rebecca Jacobs report in their *Manual for Home Teachers*. Jacobs relayed nothing in her narrative about the specific nationalities of the women.

⁶⁷ The newly formed federal Division of Immigrant Education within the Bureau of Education had begun publicizing the need for educational Americanization and then World War I awakened a mass response and subtly redefined the purposes of Americanization. According to historian John Higham, "Spurred by fear of the hyphen, the drive for national solidarity, the deepest force underlying Americanization, now reached far beyond its earlier demands....The slogan 'Many Peoples, But One Nation' gave way to a new one, 'America first.'....[a] shift from sympathy to fear, from cosmopolitan democracy to jealous nationalism." See John Higham, *Strangers in the Land Patterns of American Nativism 1860-1925* (New York: Atheneum Publishers, 1963), 242-243, 247.

Leadership for county Americanization work in San Francisco would not be given to the Chamber of Commerce, however. Despite the Americanization movement having extended beyond the boundaries of the Commission's work with the local board of education, when it came time to decide who would lead the local program, the Commission took a stand. Chamber of Commerce President Mr. Lynch had called a luncheon meeting and presented himself more or less as the national representative in connection with Americanization. Commission member and attorney George L. Bell, however, persuaded the decision makers to appoint a county director to avoid the duplication and lack of coordination at the federal level.⁶⁸ Further, since Judge Morrow of the United States Circuit Court had already been nominated to fill the chair position of the San Francisco City and County Committee on Americanization, Bell's friends at the meeting introduced a motion to adopt the state-wide plan for county organization and not introduce national representatives. Then the Commission solicited the University of California Extension to conduct a six weeks' course of intensive training for nearly two-hundred Americanization workers in San Francisco.⁶⁹

Despite the variety of languages and populations making San Francisco "a rich and varied culture," the survey commissioners concluded that San Francisco was one of "Few other communities in the world" with the capability "to supply their schools abundantly with all buildings, equipment and teachers needed for highest efficiency at whatever cost." The commissioners, however, deemed the city's appropriations for the school department low when they compared these expenditures to the total adult male population, the total population, the expenditures on other municipal services, and San Francisco's total wealth. Regardless of whether

⁶⁸ This was the organization advocated by the California Commission of Immigration and Housing.

⁶⁹ Bell spoke last during the meeting before a packed audience. Bell's friend, Esberg, whispered a suggestion to C.C. Moore. Moore endorsed Bell's comments and amended the motion with a recommendation that the Commission appoint Judge Morrow as county director. Despite Lynch's protest, the motion passed and indeed the Commission appointed Judge Morrow. See Letter from George L. Bell to Simon J. Lubin, May 17, 1918, Carton No. 1; the plan for county organization, Americanization County Organization, Carton No. 41; the introduction lecture given by Simon J. Lubin, Americanization Carton No. 49; the list of trained Americanization workers, San Francisco Committee on Americanization, Carton No. 49, C-A 194. Dr. Nicholson was the Director of Immigrant Education for San Francisco public schools.

San Francisco could have afforded moneys for public schools because of a higher proportion of the population between 25 and 44 years of age and a smaller proportion of children, the city did not spend it.⁷⁰

Per capita expenditures for education was part of the competition for business. When President of the San Francisco Chamber of Commerce W. H. French and President of the Public Education Society of San Francisco C. W. Pike lobbied for public pressure to improve San Francisco schools, they strategically noted that Los Angeles ranked "AT THE TOP" in per capita cost for high school education and San Francisco ranked "AT THE BOTTOM." "Is it any wonder," French and Pike asked, "that homeseekers with families prefer to settle in the South?" They added, "The Evils are mainly the result of defects inherent in the Charter governing the School System,—of inadequate records and reports and ...[in]sufficient appropriation for Educational Purposes."⁷¹ Consequently, the problems could be removed by more efficient and expert administration.⁷² As happened with the unions, education needed to consider the good of the whole city and share goals with business. With a closer look, however, diverse populations with diverse needs, living in a diverse topographical landscape fractured any easily defined common good; and especially after World War I when distinguishing who participated in the city's growth and at what costs intensified.

⁷⁰ See *The Public School System of San Francisco...*, 4; "Schools of San Francisco," *Transactions...*, 12 (December 1917): 415-447. In the United States as a whole, 32.1 percent of the population was under 15 years of age compared to 18.9 percent in San Francisco, and 29.1 percent between the ages of 25 and 44 years compared to 41 percent in San Francisco. San Francisco's proportions lightened the financial burden of supporting a public school system.

⁷¹ See "HAVE WE NEGLECTED OUR PUBLIC SCHOOLS?" W. J. French and C. W. Pike, 1917.

⁷² At the time of the Claxton survey Alfred Roncovieri was the Superintendent of San Francisco Schools. San Francisco voters adopted a new school law in November 1921 which clarified the roles of the San Francisco School Board and the Superintendent. The law required the elective Superintendent finish his term in office before the Board of Education could appoint their superintendent. The Board of Education—composed of seven members, nominated by the mayor and elected by the people—managed and controlled the School Department as an entity largely independent of city and county control. The state laws primarily governed its expenditures and operations. The Board appointed Joseph M. Gwinn in 1923 as their single administrative officer. Gwinn was still Superintendent in 1930.

Increasing the Distinctions of an 'Other:' The Union Worker, Non-citizen Foreigner, African-Americans, and Women, 1920-1925

San Francisco wanted business and American workers. Second in size and manufacturing to the growing Los Angeles metropolis, some businessmen blamed San Francisco's closed shop image for shunting the city's business opportunities.⁷³ There were other distinctions to be made, however, as San Francisco tested its boundaries with plurality.⁷⁴

Creating an Image that Business is Good in San Francisco

Dismantling the Riggers' and Stevedores' Union introduced the beginning of an open-shop for many San Francisco workers. Shortly after the longshoremen had voted to strike in 1919, members of the Bay Cities Metal Trades Council had also walked out and like the longshoremen "after six months...acknowledged defeat; and the open shop became the standard in the metal trades."⁷⁵ The Building Trades Council was next in 1921.⁷⁶ The Building Trades Council wanted

⁷³ Cleland identified three major contrasts between the California of 1920 and the early twentieth century, one of which was the shift in population and economic initiative from northern to southern California. He gave several reasons—"expansion in agriculture, petroleum, hydroelectric power, and the motion-picture industry; the construction of the Owens River aqueduct and the deep-water harbor at San Pedro; climatic advantages;...readily accessible land suitable for subdivision; persistent advertising; installment sale of homes and real estate; fewer labor controversies than in San Francisco, the nation-wide reputation of Los Angeles as a city of the open shop; a preponderance of good roads and automobiles;...efforts of the Chamber of Commerce and other agencies to make Los Angeles the largest city in the West; and the momentum of mass immigration...." According to Cleland, Los Angeles was a city of incorrigible boosters because they "suffered from an inferiority complex dating back to the days of the Gold Rush." See Cleland, *California in our Time...*, 110.

⁷⁴ Many groups in the city worked to promote a particular image of San Francisco—a clean, attractive place to live, and suited for business. Chair of the Women's Vigilant Committee Mariana Bertola M.D. sent the Board of Supervisors a resolution from women's organizations that offered to share in the responsibility of making San Francisco the best home city in America. The Public Education Society of San Francisco advanced the school improvements; the supervisors wholeheartedly endorsed the boosterism of the Real Estate Board of San Francisco in early 1921; and the Industrial Relations Committee of the Chamber of Commerce as it evolved into the Industrial Association of San Francisco in the early 1920s, publicized the advantages for business in San Francisco, while the Board of Supervisors considered a place in its own budget to promote its rich and varied culture. See *Proceedings...* 15 (December 20, 1920): 1001; 16 (January 31, 1921): 97-98.

⁷⁵ The San Francisco Labor Council formed in 1891 with over one hundred affiliates. That year several unions withdrew from the Federated Trades Council over their dissatisfaction with the Federated Council's leadership, their numerous unsuccessful boycotts and strikes, and the disputes over a small brewery workers' union having disaffiliated from their national union. Some of those who broke away from the Federated Trades Council affiliated with a new organization, the Building Trades Council, a powerful local section of the American Federation of Labor, until a conference of union representatives created a new central body in 1891 called the San Francisco Trades and Labor Council. They shortened their name to the San Francisco Labor Council in 1893. See Issel and Cherny, *San Francisco, 1865-1932...*, 82, 95; Kazin, *Barons of Labor...* The Industrial Committee of the Chamber of Commerce published a directory of over 2300 manufacturers in 1920. Atholl McBean, chair of the committee, wrote

the contractors to uphold their agreement to adjust wages with increases in the cost of living, and finally agreed to a hearing before a Board of Arbitration--San Francisco Archbishop Edward J. Hanna, ex-Justice of the California Supreme Court, M.C. Sloss, and Consultant in Industrial Relations and Management, George L. Bell. When the arbitration board recommended a comprehensive wage reduction of 7.5 percent and the Council firmly refused, however, the Chamber of Commerce promptly gathered the bankers and businessmen of the city together to address wages and the city's development.⁷⁷

that the directory "shows that a large number and variety of articles are manufactured in and near San Francisco and offers conclusive evidence of the advantages of the district as a location for industrial plants." While the committee took "utmost care in compiling the Directory to include every person, firm, or corporation doing a manufacturing business as defined by the United States. Census Bureau and having an office in San Francisco and a factory in the city and county or anywhere in the state of California," a number of a Mexican businesses were omitted, e.g., *Hispano-America*; Rojas Jewelry Store. An Italian newspaper *La Tribuna* was listed at the same address of *Hispano-America's* offices, 628 Montgomery Street. All the other major San Francisco newspapers were listed, i.e., *The Bulletin*; *The Call and Post*; the *Chronicle*; the *Examiner*. One Mexican related business appeared in the Directory: the Mexico City Tamale Factory on 730 Irving Street, also cross-referenced in the "Food Products" under "Tamales" along with five others. Two other Latino businesses included were the López and Company and the El Paño Cigar Factory; López was located at 771 Broadway and El Paño at 554 Commercial Street. The largest number of manufacturers fell under the category "Metal Products," followed by "Food Products," "Textile Products," and "Paper Products." See San Francisco Chamber of Commerce Industrial Committee, *Directory of Manufacturers of San Francisco, California* (San Francisco: Phillips & Van Orden Co., 1920). A substantial number of other manufacturers were listed under the sections "Wood," "Chemical," and "Leather," products, while fewer appeared under "Mineral Products," "Misc.," "Paints and Oils," "Rubber Products," and "Laundries." Of the jewelries listed in the section, "Metal Products," nine of thirty appeared to be Asian.

⁷⁶ During 1919 and 1920 the Building Trades Council worked with the contractors' association known as the Builders' Exchange. Although the two organizations entered into an agreement February 1920 and tied wage increases to the cost of living, within six months the Builders' Exchange countered the agreement and ordered employers to refuse any wage increases. The Building Trades Council threatened strikes and lockouts, which prompted the acting mayor and Finance Committee chairman of the Board of Supervisors, Ralph McLeran, to seek a settlement through the Chamber of Commerce Industrial Relations Committee. The Committee, successor to the Law and Order Committee, suggested the contractors' association and the workers' association present their wage disputes to an arbitration board. Reluctantly, the Building Trades Council agreed, and presented their arguments for increased wages among fifteen crafts to the Board of Arbitration

⁷⁷ The fifteen crafts were painters, glass workers, varnishers and polishers, hoisting and portable engineers, reinforced iron workers, elevator constructors, elevator constructors' helpers, cement finishers, cement laborers, felt and composition roofers, building material teamsters, marble masons, marble cutters and carvers, marble polishers and bedrubbers, and marble masons' helpers. Professor Ira B. Cross of the Department of Economics, University of California helped prepare the arguments regarding the shortage in housing accommodations, office, factory and other buildings brought about by "curtailment of manpower in normal occupations...and the waste and destruction...incident to the world war." Dr. Jessica B. Peixotto and Dr. Solomon Blum, both economics professors with the University of California, reviewed the data used to estimate cost of living and an average worker's family budget. The Building Trades Council believed that "if the industries sanctioned by society cannot provide a wage that will give to the

The group of bankers and businessmen pledged their support for the contractors and formed a Citizens' Committee to promote open shops elsewhere in the city.⁷⁸ Since the Committee had amassed over one million dollars during their campaign, they had the money to work on their agenda. The Citizens' Committee and the Industrial Relations Committee joined their memberships to become one Industrial Association of San Francisco "dedicated to the open shop and committed to 'efficiency in industry,' 'the right of an employer to engage or dismiss men individually on merit,' and 'the public interest.'" They desired one reward--"seeing San Francisco once again a free city...in which capital can safely invest."⁷⁹

worker a minimum standard of health and comfort, the sooner those industries are compelled to do so by society or by a mutually acceptable Arbitration Board, the better for all members of our body politic." See Building Trades Council of San Francisco, *Arguments for Increase in Wage for Fifteen Crafts* (San Francisco: James H. Barry Company, 1921), 11, 95. Archbishop Hanna and Attorney George L. Bell had served on the California Commission of Immigration and Housing Board of Directors together and Archbishop Hanna was the President at the time of this arbitration. The Archbishop also served as chair of the San Francisco Wage Board and held hearings regarding unfair wages among carpenters in 1928. Employers paid carpenters different wages for the same work. These articles appeared in the *San Francisco Chronicle*.

⁷⁸ Under these circumstances the Building Trades Council accepted the decrease in wages, and after their strike, workers eventually returned under open-shop conditions. See Issel and Cherny, *San Francisco, 1865-1932...*, 95. These tensions between the largest unions of San Francisco and employers obfuscate the fact that a number of other unions maintained sizable memberships and negotiated contracts throughout the 1920s. A teamsters local registered 2,700 members; a musicians' local, 2,500; four culinary unions, 5,245; and a typographical local, the chauffeurs' local, unions of the Alaska fishermen, federal employees, ferryboatmen, and carmen all represented large memberships. While unions formed memberships welded by occupational classification, whether stronger feelings of class unity submerged ethnic differences is open for question. Issel and Cherny argue that unlike eastern cities, no white group found itself excluded from the ladder of economic and social mobility, yet these authors also acknowledge that many occupations were ethnically distinct, e.g., Irish were found disproportionately in the building trades in 1900, thirty percent of all employed women in 1900 were Irish, and Germans were more likely than the Irish to be merchants. Asians were found disproportionately in domestic and personal services. Thus, the ladders of occupational and economic mobility varied to some extent by ethnicity and native parentage. Even unions lacked the desire to organize or admit black and Asian workers, and as Saxton argues, in the earliest formation of unions, whites achieved their unity through anti-Chinese agitation. See Saxton, *The Indispensable Enemy...*; Bonacich, "Some Basic Facts..." 68. Issel and Cherny suggest that earlier anti-Chinese agitation had passed and that stronger and more centralized unions in the early twentieth century resulted from their experiences opposing strong employer associations in the 1890s and again in 1901.

⁷⁹ See Issel and Cherny, *San Francisco, 1865-1932...*, 96, 241. Because members of the Industrial Association held directorships in the most significant companies in San Francisco and the Pacific Coast, at some time virtually all the major companies appeared on the Association's Board of Directors. These leaders also "filled active roles in the Chamber of Commerce.... belonged to the most exclusive clubs in San Francisco and...some...in Los Angeles and New York. They helped to found or direct the city's symphony, opera, Art Association, and...provided similar leadership for everything from the Community Chest to Stanford University, from the Boy Scouts and YMCA to the California Historical Society, from Children's Hospital to the Republican party." The companies included Pacific Gas and Electric, the Southern Pacific Company, Matson Navigation, California Packing Company, Fireman's Fund Insurance,

Part of the investment involved open trade with other countries.⁸⁰ San Francisco business leaders and Mayor Rolph acknowledged particular interest in commercial relations with Mexico. The Downtown Association frequently sponsored excursions to Mexico to explore opportunities and as Rolph indicated in one of his speeches,

California being formerly Mexican territory and our two republics being next-door neighbors...the entente cordiale...existing between us should be fostered in every possible way. I know...Mexican people have a great warmth of friendship for the other peoples of the Pacific coast and particularly for those of California and its metropolis San Francisco....[Mexico] needs only similar warmth of response to create relations which, commercially and in every other way will be mutually profitable.⁸¹

Questions of Citizenship for Employment

International trade issues differed from the postwar economic tensions in San Francisco that challenged financial reserves and fueled activities against non-citizens of the United States. During the high unemployment of the late teens and early 1920s, the city tried to identify and

D. Ghirardelli Company, Haas Brothers, Levi Strauss and Company, Mailliard and Schmiedell, American-Hawaiian Steamship Company, Alexander and Baldwin and the major department stores, e.g. Hale Brothers. Several national companies were also represented: United States Rubber, Westinghouse, Bethlehem Shipbuilding, Pierce-Arrow, General Electric, and General Cigar. Representatives of the Bank of California and the Anglo banks and trust companies consistently served on the advisory board. William H. Crocker appeared most often.

⁸⁰ While most of the content reflected trade interests with México, the Downtown Association also worked to develop trade with Japan. Trade distinctly differed from race equality. The Board formally opposed race equality with the Japanese because historically in California, the "Japanese had imperiled the welfare of the white population and ultimately American institutions." The Board would continue to seek anti-Japanese legislation. When the national State Department contemplated a treaty with Japan that would have nullified California legislation, the Board of Supervisors wrote letters of gratitude to Hiram Johnson and James D. Phelan for their ardent opposition to the actions of the State Department. See *Proceedings...* 14 (April 7, 1919): 246; 16 (January 31, 1921): 97-98.

⁸¹ Mayor Rolph, Mrs. Rolph, and his secretary received complimentary rail passes from Obregón to attend Calles' inauguration. Rolph made this speech before the Board of Supervisors when he requested his leave of absence. One week later the mayor invited the president of México to attend the 75th anniversary celebration--Diamond Jubilee--of California's admission as a state of the United States. The invitation preceded the event by nearly three years since the Jubilee was being planned for September 9, 1927. The Board of Supervisors hosted Obregón approximately a year later; Obregón's son also attended Santa Clara University. See *Proceedings...* 19 (November 10, 1924): 1319; (November 24, 1924): 1362; 20 (September 28, 1925): 1381. Regarding excursions, see *San Francisco Chronicle*, March 16, 25, 1923; April 16, 1923; May 30, 1923; January 14, 20, 1925; March 17, 28, 1925; November 24, 1925; June 14, 1929; February 21, 1930. The San Francisco Chamber of Commerce Trade Extension Tour to México, April 11-29, 1923 included James D. Phelan, ex-senator of California; J. Garza Zertuche, Consul-General of México; William Kaufmann, secretary and treasurer of the Emporium Department Store; William Langdon, presiding justice of District Court of Appeal; G. D. Bliss, from Hale Bros. Department Store; J. N. Harrison, Southern Pacific Company district passenger agent. Sixty-seven names appeared on 'Revised List No. Seven.' See "Partial List of Delegates, San Francisco Chamber of Commerce, Trade Extension Tour to México, April 11th, to April 29th, 1923," San Francisco Chamber of Commerce, Carton No. 53, C-B 800 James D. Phelan Papers, Bancroft Library, University of California, Berkeley.

restrict non-citizen laborers. Because "American brains and American labor would solve the problems of Americans" the supervisors formally opposed any movement placing oriental labor in competition with American workingmen. Simultaneously the supervisors yielded their sympathies for San Francisco labor and rejected raising the minimum wage.⁸²

In addition to restricting work opportunity for non-citizens, the city tried using non-citizens to raise revenue for new schools--the alien poll tax of 1921. The Supervisors asked each "alien" male between the ages of 21 and 65 to pay an annual registration fee of ten dollars, even though this fee likely averaged two days' wages for most men. Eventually the Supreme Court declared the tax unconstitutional, but not before the city had generated funds from approximately 6,329 Italians; 4,104 Chinese; 2,504 Japanese; 2,059 Germans; 1,873 Greeks; 1,226 Russians; 1,209 Austrians; 1,049 English and 1,027 Mexicans.⁸³

⁸² In January 1920, Gallagher presented a resolution that protested the importation of numerous Chinese farm laborers and the Board of Supervisors passed it after review by Public Welfare Committee. The Building Trades Council asked the Board of Supervisors to favor a minimum wage of six dollars daily for laborers. The North Beach Association adopted a resolution that requested all public works for which appropriations were available be started immediately to relieve the unemployment situation. Elizabeth Ashe, nurse and cofounder of the Telegraph Hill Settlement, was a member of the North Beach Association. See *Proceedings...* 15 (January 26, 1920): 94; (March 29, 1920): 256; 16 (September 26, 1921): 825.

⁸³ The city estimated that 30 to 40 thousand males would register by December 31st. During June and July alone, nearly 22 thousand males from at least 74 countries paid their tax. These data from June and July of 1921 differed from those countries representing the largest foreign born white populations in the city. The presence of a significant number of Italians corresponded with the 1920 census of a year earlier, but not the extent to which they surpassed the numbers of Germans and English; and the Irish were not even listed among those who paid their taxes. National sentiment against eastern European immigrants also implicates Italy, Russia, and Greece and more people emigrated from these countries during the early twentieth century; emigrants from Mexico increased remarkably during 1915-1930. *Hispano-America* announced the law on the front page of their May 28th issue and subsequently reported the numbers in their August 20th issue. See *Hispano-America*, May 28, 1921, p. 1 and August 20, 1921, p. 3; the article also mentioned that among the 74 countries represented, one person was from Afghanistan. Field collection of the alien poll tax began during the week of August 18th; four deputies from the City Assessor John Ginty's office turned in \$400 at the end of one day. Treasurer John R. McDougald removed 11 percent for administrative costs before giving it to the Board of Education for the construction of schoolhouses. See *Municipal Record* 14 (August 18, 1921): 266. Anne M. Godfrey, Educational Representative with the Naturalization Service wrote to Robert Kearney, attorney with the California Commission of Immigration and Housing, saying Professor Walter Beach of Stanford University would survey aliens in San Francisco from the alien poll tax affidavits. I could not locate the results of this survey, although it may never have been done since the tax was declared unconstitutional. See Letter from Anne M. Godfrey to Robert W. Kearney, March 16, 1922, Citizenship, Carton No. 70, C-A 194. The City Auditor recommended the Board of Supervisors pass a resolution to transfer and appropriate money to pay claimants for refunds of the alien poll tax declared unconstitutional by the Supreme Court. See *Proceedings...* 17 (January 3, 1922): 13. But a recently immigrated Italian man, working as a receiving

This effort to tax the foreign born, non-citizen resident of San Francisco coincided with a national effort to restrict European immigration. With the increase of southeastern European immigrants during the previous ten years and concerns about their unassimilability, Congress had passed legislation in 1921 that restricted the number of immigrants from any one country. Congress established quotas based on the number of people already living in the United States during the 1910 census year. By that year, however, numerous people from Greece and Italy had already arrived and fewer were entering from the desirable northern European countries. Consequently, the Immigration Quota Act of 1924 readjusted the census year to 1890 to achieve the proportions they desired.⁸⁴

The restriction of European immigration left the state of California and nation faced with another fact. People from Mexico constituted the largest single body of foreign born coming into the United States, both legally and illegally.⁸⁵ Despite recognizing the economic importance of Mexican immigrants to California and ignoring the number of people emigrating to Mexico from the United States, a growing mass of people favored their restriction by late 1925.⁸⁶ In their timely

teller, requested his tax be returned through a complaint filed with the California Commission of Immigration and Housing. Mr. Gerbaudo had paid his tax June 17, 1921 and filed for a refund on November 11, 1923. He dropped it February 26, 1924, but was not reimbursed. See Complaint Form, G. Gerbaudo, Carton No. 46, C-A 194.

⁸⁴ An extensive body of literature discusses immigration history. See John R. Commons, *Races and Immigrants in America* (New York: The MacMillan Company, 1930); James J. Davis, *Selective Immigration* (St. Paul, MN: Scott-Mitchell Publishing Company, 1925); Henry Pratt Fairchild, *Immigration A World Movement and its American Significance* (New York: The MacMillan Company, 1914); Marcus Lee Hansen, *The Immigrant in American History* (Cambridge: Harvard University Press, 1948); Jones, *American Immigration*.

⁸⁵ For a discussion of Mexican immigration to California and the United States, see Manuel Gamio, *Mexican Immigration to the United States A Study of Human Migration and Adjustment* (Chicago: University of Chicago, 1930; New York: Dover Publications, 1971); Fact-Finding Committee, *Mexicans in California...*; Rodolfo Acuña, *Occupied America A History of Chicanos*, Second Edition (New York: Harper and Row Publishers, 1981); Camarillo, *Chicanos in California...*; Camarillo, *Chicanos in a Changing Society...*; Cardoso, *Mexican Emigration...*; Griswold del Castillo, *The Los Angeles Barrio, 1850-1890*; Griswold del Castillo, *La Familia...*; Camille Guerin-Gonzales, "Cycles of Immigration and Repatriation: Mexican Farm Workers in California Industrial Agriculture, 1900-1940" (Ph.D. diss., University of California, Riverside, 1985); Robert J. Lipshultz, "American Attitudes Toward Mexican Immigration, 1924-1952" (Ph.D. diss., University of Chicago, 1962); John R. Martinez, "Mexican Emigration to the United States, 1910-1930" (Ph.D. diss., University of California, Berkeley, 1957); Carey McWilliams, *North From Mexico The Spanish Speaking People of the United States* (Philadelphia: J. B. Lippincott Company, 1949); Romo, "Responses to Mexican Immigration...."

⁸⁶ Mexican people leaving the United States for Mexico were not required to report their departures to the United States Immigration Service. University of California Economics Professor Taylor contrasted

fashion, the Commonwealth Club of California decided to study the question "Is Mexican immigration desirable for California?" and made that question the theme of their meeting for December 17, 1925.⁸⁷ Two months later the California Commission of Immigration and Housing released a letter bearing the signature of their president, San Francisco Archbishop, Edward J. Hanna. They asked all of the California national representatives and senators to favor legislation that restricted Mexican immigration.⁸⁸ Although neither the Commonwealth Club nor the California Commission focused on Mexican people in San Francisco in particular, Mexican residents in San Francisco felt the sting of being foreign and stigmatized despite being relatively few in number and among a diverse array of foreign born people living in San Francisco.⁸⁹

The Sentiments of Race Restrictions and Color Boundaries

The dynamics of city life distinguished its residents not only by union affiliation and citizenship but also by race, color, and gender. In June 1921 the African-American population of San Francisco asked the supervisors to prohibit release of the film titled "Clansman." Mabson, Peoples, Alberta and Hawkins told the Board that the production "was offensive to the Negro population..." aroused "race hatred and was calculated to foment riot and disorder." Apparently the supervisors realized the potential for disruption. They voted to send a copy of the ordinance regulating moving picture theaters to the operators and notify the chief of police about the production.⁹⁰

Like other parts of the nation and state, the Klu Klux Klan (KKK) stayed visible enough in San Francisco throughout the following year that the Vigilant Committee wrote to the Board of Supervisors "condemning the clansman in San Francisco or elsewhere at any place or any time."

official statistics from both the United States and Mexico. Some years more people would have returned to México than stayed in the United States. See Paul S. Taylor, "Mexican Labor in the United States Migration Statistics." *University of California Publications in Economics* Volume 6, 240-241 (Berkeley: University of California, 1929; New York: Arno Press, 1970).

⁸⁷ See Commonwealth Club, "Mexican Immigration."

⁸⁸ See Letter to California Senators and Representatives, February 24, 1926 from California Commission of Immigration and Housing, Archbishop Edward J. Hanna, President, Carton No. 50, C-A 194.

⁸⁹ I discuss the Mexican community in San Francisco in Chapter Three.

⁹⁰ Supervisor Schmitz specifically mentioned the California and Imperial Theaters; both were located on Market Street--the California at 4th and Market and the Imperial on Market between 6th and 7th. See *Proceedings...* 16 (June 13, 1921): 488.

Without releasing names, the supervisors also pressed for and obtained a list of municipal employees who belonged to the KKK.⁹¹

One particular residential area in the Western Addition, however, tasted bitter racial tensions. An African-American man charged city Health Director Dr. Hassler with "using a KKK method of depriving colored American citizens of their property without due process of law." Allegedly, a white man told the owner to sell his property on Post Street between Fillmore and Steiner and avoid trouble, because the "residents of the district had created an organization to prevent colored men from owning property in the neighborhood."⁹² Then someone filed a complaint with the Commission of Immigration and Housing saying the owner had violated tenement housing laws by not removing all the old paper from the walls before applying new material. Indeed the city housing inspectors ordered the removal of all the old paper, but according to the owner, the inspectors had also ordered "the white tenants...to move out" and allowed "Japanese tenants who only paid fifteen dollars monthly" to remain.⁹³ Two weeks after being ordered to remove the old paper, the owner received a citation for being in violation of the tenement housing law.

⁹¹ The communication from the Vigilant Committee was read at the Board of Supervisors' meeting. Subsequently, District Attorney (D.A.) Matthew Brady provided the supervisors with the list of public officials in the KKK that had been prepared by D. A. Thos. L. Woolwine of Los Angeles. See *Proceedings...* 17 (March 13, 1922): 221; (May 15, 22, 29, 1922): 410, 445, and 449. Six counties in California had opened up investigations of KKK activity and the paper frequently reported KKK events in other parts of the state and nation. John Higham assigns the rebirth of the Knights of the Klu Klux Klan in 1915 to William J. Simmons of Atlanta, Georgia. "In contrast to the first Klan of the 1800s, which admitted white men of every type and background, the second Klan accepted only native-born Protestant whites and combined an anti-Negro with an increasingly anti-foreign outlook. Always Anglo Saxon nationalism remained one of the main pillars of its strength." After publicity agents joined Simmons in the summer of 1920, the KKK expanded its membership to over 90,000. "The secret of their success, however, lay...in...a...whole complex of factors—depression, prohibition, and immigration; disillusion, isolationism, and reaction..." See Higham, *Strangers in the Land...*, 286-299.

⁹² The tenement housing law required all the old paper from the walls be removed before applying new material, baths on the second and third floors, and kitchen sinks not enclosed with woodwork. The man who reported the violations to the California Commission of Immigration and Housing gave his address as Valencia Street.

⁹³ The complaints came in letters to Dr. Hassler from State Commission of Immigration and Housing, State Director of Housing, March 17 and 23, 1923. In the Director's letter of March 26 he advised Hassler that the parties had moved into the building. On March 27, Hassler informed the State that he had ordered the removal of all the old paper; on April 11th the state cited formal violations of tenement housing law and reported their charges in a letter to Hassler on April 14. See Inspections, San Francisco, Carton No. 90, C-A 194.

A year later and three blocks away race issues appeared again. In the name of urban development, three men from the Divisadero Improvement Association asked the Community Chest to stop giving money to the Booker T. Washington Community Center on Geary and Divisadero. If the Chest refused, the men threatened to show how the Community Chest supported the "Negro center" and work with every Improvement Club to thwart the next funding drive.⁹⁴

The Executive Committee of the Community Chest with business leaders such as Wallace Alexander, William H. Crocker, Fred Dohrmann, Jr., and Mark Gerstle, wanted the Community Service Recreation League to investigate, but the "problem of the Negro center" had also been referred to the Council of Social and Health Agencies.⁹⁵ The Council tried to negotiate an agreement between the Divisadero Street Improvement Association and the directors of the Booker T. Washington Community Center--"the racial feeling...so intense that they had to go from one group to the other." Eventually the Council reported a plan: the Center would relocate

principally because Miss Ashe said it was no place...to satisfy the needs of a social center...the feeling in the neighborhood ran so high...the negro can not stay in this environment, be happy and develop as he should.⁹⁶

⁹⁴ McKenzie, Isaacs and Myers from the Divisadero Street Improvement Association called on a member of the Community Chest in September 1924. They even offered \$11,500 in cash "to buy the negroes out." See Executive Committee of the Community Chest of San Francisco, *Minutes...*, September 10, 1924, 83/23 United Way of the Bay Area.

⁹⁵ Wallace Alexander, Yale Graduate and Bohemian Club member like his friend William H. Crocker, served as a member of several different boards of directors, including Board of Pacific Gas and Electric, General Petroleum Corporation, Columbia Steel, the Savings Union Bank and Trust Company, Home Fire Insurance, and Gladding McBean. Born in Maui and the son of missionary parents, he went on to become president of the sugar factory Alexander and Baldwin, and held vice-presidencies of California and Hawaii Sugar Company, Hawaiian Commercial and Sugar Company, Matson Navigation Company, and the Honolulu Consolidated Oil Company. William H. Crocker was "perhaps the most important single figure in the city's business elite during the early twentieth century." Crocker served as president of the Crocker Bank on the corner of Market and Post streets and among others, invested in real estate, oil, cement, telephone, and utilities. Some of the board positions included the Metropolitan Life Insurance Company and the Yosemite Valley Railroad Company. Frederick W. Dohrmann Jr. worked with his uncle to expand their Dohrmann Commercial Company--crockery, glass, chinaware, and cutlery business--to Fresno, Los Angeles, Oakland, Portland, Sacramento, San Diego, San Jose, and Stockton. Mark Gerstle was vice-president of the Great Western Electro-Chemical Company and along with Ernest Lilienthal had organized the Netherlands Farm Company to reclaim some 25,000 acres of land in Yolo County on the banks of the Sacramento River. See Issel and Cherny, *San Francisco, 1865-1932...*, 37-51.

⁹⁶ Ashe was the chair of the Recreation Committee of the Community Chest. The Improvement Association claimed the Center greatly reduced surrounding property values. See Council of Social and Health Agencies, *Minutes...*, March 30, 1925, 83/23 United Way of Bay Area.

Subsequently, the Community Service Recreation League appointed a special committee to find a new and satisfactory location for the Booker T. Washington Center. The special committee proposed a radically different solution than relocation, however. According to their investigation the Center did not jeopardize business interests because it was not located around business but practically in the heart of a "Negro residential district." Further, renovating the present building would cost less than moving the Center and building a new one. Thus, the location of the Booker T. Washington Center stayed the same, despite the protests of the Improvement Association.⁹⁷

Women Participate in Building City Life Amidst Conflicting Ideologies of Woman's Roles

While skin color denoted one of the tensions around participation in city life such as that experienced by the African-American population in the Western Addition area, gender introduced other tensions.⁹⁸ California women had practiced the right to vote since 1911 and actively participated in health and welfare services, particularly through planning and implementing maternal and child health programs. Women recognized their tenuous positions in public life, however, and witnessed that tenacity as they eagerly elected one of their own--Mary Margaret Morgan--to the San Francisco Board of Supervisors.

⁹⁷ They estimated that a new building of the simplest design would cost 45,000 dollars; and with 3,500 dollars the present Center could be put in suitable physical condition. Throughout the subsequent years the Community Chest considered funding requests from organizations within San Francisco's African-American community. One was the welfare and relief department of the Emmanuel Gospel Mission associated with the United Holy Church of America. In their basement hall at 614 Pacific Street they prepared food once or twice a month for any African-Americans who came. Mr. Shadd, the director of their relief work, reported numbers about evenly divided between single men and families. The Chest denied his funding request based on his reputation as a craps shooter and gambler with at least three pieces of property on Brannan Street, one of which was named the New Panama Hotel. Supposedly he and his wife rented rooms to gamblers, prostitutes and bootleggers. The Chest concurred with the "better group of negroes...definite feeling that the negro relief problem should be handled through established relief agencies." Because it was difficult for African-Americans to obtain work through the usual channels a special agency was considered, but with no demand in this part of the state for "negro labor," the problem was "too negligible to be given serious consideration..." and "capable negroes" could be placed "through the employment agencies of industries using colored labor, notably the railroads, steamship lines, and taxicab companies." In 1927 the Chest generally agreed that San Francisco offered so little opportunity for employment that the problem would not likely require special handling in the future. See Executive Committee of the Community Chest of San Francisco, *Minutes...*, June 18, 1925; April 21, 1927, 83/23 United Way of Bay Area.

⁹⁸ The African-American population comprised only one-half of one percent of the total population in San Francisco. Skin color mattered as indicated by a sign outside a bar in the Mission District restricting the access of "Negroes and dark Mexicans." See *Hispano-America*, February 14, 1920, p. 3.

Morgan obviously had enough votes to assume her position as supervisor but those votes had not been endorsed by the Civic League of Improvement Clubs because they claimed, "the time was not ripe for a woman Supervisor...."⁹⁹ Still other supervisors attributed her election to point out the suitability of San Francisco's pioneering and blazing ways "along the lines of progress and enlightenment, leaving behind the old political highways and byways."¹⁰⁰

...she will make a record for activity that will not only redound to the credit of her sex, but the credit of San Francisco; for, after all, woman has played her part in all the activities of life....in this world of topsy turvy today, woman is getting what is coming to her, and at the proper time...¹⁰¹

She addressed the Board in 1922, "Regarding the many things that are expected from the woman Supervisor, she has only this to say to you: She comes on the Board as a citizen and expects a fifty-fifty deal from the Supervisors and the City."¹⁰² Indeed, President of the San Francisco Center Mrs. Parker Maddux assured the Board that San Francisco women stood for the principle of women in office and on boards and commissions. They had to be qualified women; and she expected the Board of Supervisors to gladly receive a second woman supervisor in San Francisco when they identified another Miss Morgan, "another woman who has the rare business sense and judgment, the uncommon common sense, the sense of humor, and the sort of royal good-fellowship..."¹⁰³

Mary Morgan would have only two years in office, however. During that time, Morgan commandeered her membership on various Standing Committees. She requested and was granted

⁹⁹ See *Proceedings...* 18 (January 2, 1923): 2, 3, 4.

¹⁰⁰ Supervisor Wolfe made these comments. Morgan received 39,956 votes--more than Wetmore or Deasy who received 39,617 and 39,523 votes, respectively. Newly elected Supervisor John A. McGregor spoke about Morgan as having bumped off a man to make a Board of seventeen Fathers and one Mother; and that she had less of a soft heart than a hard head, which was how he wanted the public to know all the Supervisors. After recounting the ballots, the court issued a judgment that placed John G. Wetmore in the position as supervisor over Harris. This may have been what McGregor referred when he said that Morgan had "bumped off" a man from the Board. See *Proceedings...* 17 (January 3, 1922): 5, 7, 9; (February 14, 1922): 151.

¹⁰¹ See *Proceedings...* 17 (January 3, 1922): 9.

¹⁰² See *Proceedings...* 17 (January 3, 1922): 4.

¹⁰³ Morgan was the auditor for the San Francisco Center for the California Civic League and Mrs. Parker Maddux was president. Women served in political offices in other parts of the west e.g., Morgan initiated a telegram to the newly elected, first woman governor of Wyoming. See *Proceedings...* 18 (January 2, 1923): 1; 20 (January 5, 1925): 36.

the chair position of the Education, Parks, and Playgrounds Committee and served as a member of the Fire, Public Utilities, and Public Welfare and Publicity committees. Thereby, she introduced a number of related motions and resolutions. She sought a budget allotment for a narcotic ward in San Francisco as the "narcotic evil ha[d] taken a fearful hold on the people of this country and spread its malign influence over the womanhood of our nation;" and initiated the Board's support for and involvement with a cleanup campaign inaugurated by several civic organizations.¹⁰⁴ She detected problems with the practices along Third Street of sweeping trash into the street, cleaning receptacles for spit and ashes on the curbstone and spitting on the sidewalks while she garnered the city's attention through proclamations of a Cleanup Week, a Narcotic Week, and an investigation of the demand for a Girls' Week.¹⁰⁵ With the 1925 elections, however, Morgan was voted out of office like ten other supervisors. Voters retired every member of the board who did not support public ownership of the power from Hetch Hetchy system.¹⁰⁶

Despite the loss of a female supervisor, numerous women continued to serve on various city commissions during a time when women's role received a lot of press coverage.¹⁰⁷ On the one

¹⁰⁴ See *Proceedings...* 18 (February 13, 1923): 146-147; (March 5, 1923): 188.

¹⁰⁵ Cleanup efforts were ongoing and involved more than interested civic clubs e.g., the communication from a law firm, Langrebe, MacNevin, and Jones, calling attention to the deplorable condition of the pavement on Washington Street between Stockton and Powell. In order to control rats, Dr. Hassler asked the police department to apprehend violators of the garbage ordinance who threw their refuse in vacant lots and other areas instead of employing scavengers. But as Morgan pointed out, making a beautiful city with adequate parks and playgrounds could only be accomplished with sufficient money. The Supervisors agreed that cleanliness of the city's vacant lots was one of the most important factors making for the city's growth and progress and commended thousands in the city for responding to the appeals in the daily news to clean up vacant lots. Methods of garbage disposal became an even bigger question and frequently appeared on the agenda in the later 1920s. A group of people petitioned for the removal of the garbage incinerator at 8th and DeHaro Streets. They claimed it was a public nuisance and offensive to the entire neighborhood. The incinerator had been built in 1895 to handle 400 tons but was now handling 600 tons daily. The group supported the fill and cover method, a method that Dr. Hassler strongly opposed. See *Proceedings...* 18 (March 5, 1923): 188; (April 2, 1923): 291; (June 11, 1923): 632-633; (October 29, 1923): 1155; (October 29, 1923): 1155; 19 (May 26, 1924): 628; (October 6, 1924): 1198; 20 (May 4, 1925): 607; 21 (July 26, 1926): 1230-1231.

¹⁰⁶ Mayor Rolph had praised Morgan's performance. "She is *for* things....everything that is constructive, everything...for the advancement of San Francisco. She wants...our schools built...our playgrounds expanded...the great Hetch Hetchy system completed...all the great, big things...people of San Francisco want done. ...she votes "Yes" when it is right, and she is always right, because she has given study and thought to the matters...." See Issel and Cherny, *San Francisco, 1865-1932...*, 182-184; *Proceedings...* 18 (January 2, 1923): 2.

¹⁰⁷ Mrs. Parker Maddux was one of five members on the City Planning Commission; Mrs. Ernest Mott, Mary Prag and Alice R. Power were three of nine on the Board of Education; Mrs. A. B. Spreckels, and

hand, women received encouragement for extended community roles, to understand their city and seek knowledge of its problems, its streets, its houses, its sewers, just as women understood and met the problems of the home.¹⁰⁸ The *San Francisco Chronicle* printed a full-page spread on "What Kind of a Boss the Flapper Likes." Estelle D. Boyle, head of the women's section of the National Employment Exchange, cited "nine ways the modern girl's boss must be," casting aside the view that "only the business man bars the flapper--the flapper also bars the business man."¹⁰⁹ Still others opined the dangers of women leaving the home and used women's inherent disposition to allay any fears.¹¹⁰ These and other articles portrayed the struggles with woman's expanding roles, their dress, like that of approving knickers for women in sports but not for work, or their athleticism in particular sports such as swimming, tennis, and golfing, and occasionally basketball, la crosse, horseback riding and track.¹¹¹

Cornelia B. Sage Quinton were on the Board of Trustees of the California Palace of the Legion of Honor; Mrs. Stern, Alicia Mosgrove, Veda B. Young and Josephine Dows Randall served on the Playground Commission; Eugenie LaCoste and Laura McKinstry served as two of thirteen on the Public Library Board of Trustees; and Helen Cameron served as one of eleven on the Board of Trustees of the De Young Memorial Museum. When the city heard extensive public arguments for the best garbage disposal method--fill and cover or incineration--the San Francisco Housewives' League; San Francisco section of the National Council of Jewish Women; and the San Francisco City and County Federation of Women's Clubs all wrote opinions. See *Proceedings...* 24 (June 10, 1929); 25 (January 6, 1930): 59-77.

¹⁰⁸ See "Less Office Holding for Women Urged. Dr. Reinhardt Addresses Nurse Graduates," *San Francisco Chronicle*, May 30, 1923, p. 6. Dr. Aurelia Reinhardt, president of Mills College in Oakland, claimed, "The city...has all of the functions of a home and women have managed the homes of the world for generations." The article actually emphasized being a doer and little about offices.

¹⁰⁹ In summary, "The Modern Girl's Boss Must Be--Full of 'pep' and up-to-date in appearance and mental vitality. Clean-cut, enthusiastic, gentlemanly. Not necessarily good-looking--but beards are taboo! An affable 'good fellow' who knows courtesy. Profanity--absolutely nothing doing. One who dictates slowly! Human and not treat a girl as a cog in a machine. A provider of comfortable, cheery surroundings. Not a woman boss--never!" See *San Francisco Chronicle*, Sunday, July 15, 1923.

¹¹⁰ For example, an editorial in the *San Francisco Chronicle* cautioned against excitement about a Des Moines, Iowa study where only one of 309 high school graduates wanted to get married and have a home. "It is axiomatic that women have a decided penchant for changing their minds and girls of high school age have been known to exercise this feminine prerogative with frequency..." See "Girls Eschew Marriage," *San Francisco Chronicle*, June 19, 1923, p. 22.

¹¹¹ See *San Francisco Chronicle*, 1921, 1922. Briefly in 1928 Mary Isabel Caldwell illustrated skills for "Women's Athletics," including basketball, soccer, and swimming. Social roles were being redefined. At the same time the Board of Supervisors revised a city ordinance prohibiting women and men from wearing each other's apparel in public to one that made it "unlawful for any person to appear in public with the intent to deceive in the dress clothing or apparel not belonging to or usually worn by persons of his or her sex." Lucille Van Slyke wrote daily features in the 1923 and 1924 *Chronicle* about "The Wife Who Wouldn't Stay Home;" "The Husband Who Was Afraid of Himself;" "Young Wives;" "Just Like a Woman;" and "What Every Widow Knows." Others such as Inez Klumph wrote more than eighty columns about "Wife on Leave;" and Jane Phelps wrote more than forty columns: "Proud of His Wife." Food

Building A Future With Hope for Things Not Seen, 1926-1930

The city of San Francisco would continue growing but with women in roles other than a city supervisor, and with African-Americans and non-citizen employees contained by parameters of geography or the hiring and wage practices among employers. The circles of diversity rotated around one greatest good, San Francisco's viability for growth; and that good was believed to be for the greatest number. Women, non-white people, and the non-citizen population, however, figured poorly in this calculation.

Linking the City to the Bay Region and Finding a Form of Government Suitable for Business

By the late 1920s, businessmen had begun to see more in the Bay area than the city of San Francisco and were ready to consider a broader base of operation. Consequently the San Francisco Chamber of Commerce officially asked the San Francisco Bureau of Governmental Research to survey San Francisco and San Mateo counties in June 1927 and consider a possible partial or complete consolidation of these two areas.¹¹² Not surprisingly, since the Bureau was known as a major force representing business, their report favored consolidation as a means for adequate government of the two counties, which would "aid the solution of common developmental problems such as transportation and industrial expansion."¹¹³

Specialist Winifred Stuart Gibbs offered her advice in a "Food and Health" column and a year later Nanette instructed her readers on etiquette, while other columnists contributed "What the Stars Predict;" "How to Make More Money;" and "Notebook of a Bachelor." In the later 1920s Myrtle Meyer Eldred wrote advice for mothers in "Your Baby and Mine;" Belle DeGrafe continued her suggestions for the preparation and use of foods as others waited for their letters to appear in the "Big Bro's Letter Box;" or "Dorothy Dix Letter Box;" features or for the advice of "Children's Vogue" and Viola Paris' "Beauty and You."

¹¹² The Dumbarton Bridge opened in 1927 for vehicle traffic specifically and increased transbay linkages. The San Francisco Bureau of Governmental Research promoted itself as an independent fact-finding agency, organized, supported, and directed by citizens for the study and improvement of government. Alfred H. Campion of the Bureau directed the survey and preparation of their report. In fact the San Francisco Bureau of Governmental Research was mostly supported by the Chamber of Commerce. Their Board of Trustees included Wm. H. Crocker; Walter H. Sullivan; Jesse H. Steinhart; Bruce Cornwall of Coldwell, Cornwall, and Banker and on the Real Estate Board; and Colbert Coldwell, leader of the Chamber of Commerce and Industrial Association, among twelve others. See issues of *The City*, particularly their 8 (March 31, 1928) publication. See San Francisco Bureau of Governmental Research, *The San Francisco Survey* (San Francisco: San Francisco Chamber of Commerce, 1928); Issel and Cherny, *San Francisco, 1865-1932...*, 45, 192-197.

¹¹³ See *The San Francisco Survey*, 7. San Francisco Airport was in San Mateo County.

While decision makers eventually refused consolidation of their counties, other actions in San Francisco City and County resulted in a revised city charter that restructured city government by 1930. The effort to make the city government more "logical," or more like a business corporation gained momentum through the work of a newly elected supervisor, renewal of interest by the Chamber of Commerce, and the continuation of interest by the San Francisco Bureau of Governmental Research.

The radical turnover of supervisors resulting from the elections in 1925 brought a supervisory seat for a man named Milton Marks. Marks had long-standing concerns about the organization of the city government and had actually chaired a conference of the Commonwealth Club in 1921 focusing on the city manager form of urban government.¹¹⁴ Now as chair of the Board of Supervisors' Judiciary Committee, he secured a resolution in early 1928 to hold hearings to determine if the charter required fundamental change. Not surprisingly, during these hearings the San Francisco Bureau of Governmental Research urged the city to simplify its government, elect only the mayor, supervisors, and district attorney, and let most of the administrative responsibility to a city manager.¹¹⁵ Ultimately voters decided 'yes' or 'no' to more than thirty-two amendments to the Charter in 1928. Further, in 1930, the Board of Supervisors resolved to elect a fifteen member Board of Freeholders to write a new charter; only white males won--seven businessmen, six lawyers, one owner of a private school, and one trade union official.¹¹⁶

¹¹⁴ Several recommendations came from meetings following the conference: greater centralization, reduction of authority of the supervisors, and adoption of the city manager plan. See Issel and Cherny, *San Francisco, 1865-1932...*, 193-194. Voters did not reelect Marks in the fall of 1929. See *Proceedings...* 25 (January 6, 1930): 68.

¹¹⁵ The San Francisco Bureau of Governmental Research had basically supported this proposal all along. The Bureau started in October 1916 after the Tax Committee of the San Francisco Real Estate Board hired the New York City Bureau of Municipal Research to survey the structure of the San Francisco government.

¹¹⁶ The public voted on a new charter in March 1931 and it passed with 56 percent of the vote despite opposition from the Catholic archdiocese, the Labor Council, firefighters, and teachers. The charter created two new positions, a chief administrative officer appointed by the mayor and subject only to suspension by the mayor, recall by the voters, or removal by two-thirds of the supervisors; and a controller. The chief administrative officer supervised a wide range of city activities formerly under the mayor, and included the Department of Public Health. Instead of the Mayor presiding over the Board of Supervisors, the Board now elected their own president; and the number of supervisors was cut from eighteen to eleven and elected at large as previously. See Issel and Cherny, *San Francisco, 1865-1932...*, 194-196.

Various communities in San Francisco struggled with the changes in industry and opportunities for employment while these white businessmen battled to rewrite the charter. The supervisors resolved to keep city contracts for citizens, on the other hand, they also approved removing any posted signs at work contracts for the city if they read "American Plan."¹¹⁷ Still, foreign born and non white male residents of the city fared less well in the labor pool than native white male residents. While manufacturing occupations engaged the majority of foreign born and non white male residents, trade and transportation and professional occupations engaged even more native white male residents by 1930.¹¹⁸ Likewise, the economic activity of native white female residents expanded during the 1920s, especially in professional service and clerical occupations, but the economic activity of non white females contracted dramatically.¹¹⁹

¹¹⁷ Leaders of the Industrial Association had espoused their "dedication to the public interest" by establishing an "impartial wage board" to compare the rate of pay in the building trades in San Francisco with those in other cities and make recommendations for adjustments. Under the "American Plan" the Industrial Association operated apprenticeship schools to train more workers, opened an employment agency, and gave work permits. No construction worksite under the management of the Industrial Association ever had more than fifty percent union members. The Building Trades Council asked the city to expedite city construction projects in order to improve unemployment, as did the American Legion. The Northern Federation of Civic Organizations also opposed a 5,000 dollar appropriation for a bridge delegation to go to Washington because of the unemployment. The supervisors heard complaints that some publicly funded projects employed non-citizens or workers who had "delayed an inordinately long time" between filing their intention and applying for their final papers. Bethlehem Steel acknowledged their receipt of the supervisors request to give employment to San Francisco labor. Later the Building Trades Council complained that contractors were not paying laborers the customary wage scale of \$5.50 per day on the city contracts. See *Proceedings...* 21 (March 8, 1926): 368; (March 22, 1926): 407; 23 (February 14, 1928): 245-246; (February 20, 1928): 280, 289; (March 1, 1928): 327; 24 (January 28, 1929): 207; (March 4, 1929): 398; (July 1, 1929): 1301.

¹¹⁸ See Table 1.2 and 1.3 which give the proportion of the San Francisco population employed by nativity, sex, and occupation for the years 1920 and 1930. Two major factors prohibit strict comparison of these data--the time census workers collected the data and the reformation of population categories. In 1920 census workers conducted their surveys in January but in 1930, they canvassed in April. Consequently, differences in timing may have accounted for some of the declines in agriculture and fishing among any of the male populations, and in the trades for the "other" male population since seasonal workers migrated the least during December, January and February. The other issue prohibiting strict comparison is that of reformulated categories. For the 1930 census the "Other" population category added any non-white person who could be identified as Mexican and distinguished from white and foreign born in México. Yet to propose that Mexican people in the population of "Other" accounted for any of the increased proportions across occupational category cannot be tested without a detailed analysis of the manuscript censuses.

¹¹⁹ According to Chafe the more accurate index of economic change takes into account the growth of the population and measures with greater precision the actual number of women at work relative to those eligible for employment. See William H. Chafe, *The Paradox of Change American Women in the 20th Century* (New York: Oxford University Press, 1991), 64, 67. As indicated in Table 1.2, the proportion of employable native white women enlarged by 36.8 percent, but the proportion of employed native white women had grown by 41.5 percent in 1930 for a real growth in participation of 4.7 percent. Likewise, the

Still the Question of the Foreigner and Citizenship: Filipino Immigrants Cause Concern

Thus, cosmopolitan San Francisco provided home for nearly thirty recorded nationalities. According to the 1930 census the largest numbers of foreign born continued to be from Italy, Germany, Ireland, England, and Canada--unchanged from the 1920 census--but as discussed earlier, non-citizenship and color were more important than being born in a foreign country; and people in San Francisco also remembered those populations who posed economic threats.¹²⁰ Consequently, Mexican people who were assigned an Indian identity presented larger concerns for the public than the assimilable foreign born. With so many nationalities in San Francisco living among one another in three or four residential areas, few numbers in any one unassimilable or colorful group restrained widespread, overt public antagonism. Different groups received a higher profile in the later 1920s, however. As the national movement for restriction of Mexican people intensified, businessmen and public officials in San Francisco shifted their concern to the large number of Filipinos arriving on steamships.¹²¹

proportion of employed foreign born women exceeded their employable population growth by 1.3 percent. The number of Indian, Chinese, Japanese, Filipino, and Mexican women (Other) eligible for employment had grown by 315 percent while the proportion employed of that population had grown by merely 200 percent, for a net decrease. Mary Ryan discusses the changes among women's occupations nationally and the occupational differences between immigrant and native white women. "Women congregated in the professions of social service, public-health medicine, legal aid, public-school teaching and social work..." See Mary P. Ryan, *Womanhood in America From Colonial Times to the Present*, Third Edition (New York: Franklin Watts, 1983), 209. Chafe has argued that much of the growth in clerical and sales jobs occurred before 1920 and that by 1930 stenography and typing had become the third largest occupational category for women in contrast to its position as eighth in 1910. According to the 1920 and 1930 censuses for San Francisco, this single occupational category was the largest for native white and foreign born white women in San Francisco. See Chafe, *The Paradox of Change...*, 68.

¹²⁰ See Draft letter to the *Japan Times*, sent to members of the California Joint Immigration Committee, December 18, 1924, Immigration Committee, 1924-1926, Carton No. 20, C-B 800 Phelan Papers. The Chinese had ceased to be an economic menace under the Exclusion Act, and if the Gentlemen's Agreement with Japan would have successfully removed the menace of economic competition and curtailed the growth in the Japanese alien population, there would not be symptoms of racial feeling against them today.

¹²¹ The exclusion of Mexican immigrants took shape nationally with Congress' proposed Harris and Box bills. See Committee on Immigration United States Senate, *Hearings on Restriction of Western Hemisphere Immigration* (Washington, D.C.: United States Government Printing Office, 1928); Committee of Immigration and Naturalization House of Representatives, *Hearings on Immigration Border Patrol* (Washington, D.C.: United States Government Printing Office, 1930). One author contended that excluding Mexicans had created a false demand for another source of cheap labor. Filipinos then started supplying the employers' demands for "fresh raw recruits." Aaron M. Sargent argued that immigration provided the easiest recruiting method for large agricultural industries and demonstrated how the number of Filipinos admitted to the United States increased during the peak agricultural seasons, February to

This time San Francisco visibly had more at stake. A large number of people arrived during an eighteen month period of time. The Commissioner for the Port of San Francisco presented statistics showing more than seven thousand Filipino people came to San Francisco between November 1927 and April 1929 in contrast to much smaller numbers at either the Los Angeles or Seattle port.¹²² Now the Commonwealth Club considered the question of Filipino immigration as they had considered Mexican immigration in late 1925.¹²³ Likewise, the Commonwealth definitely favored some sort of control; but that control could not be exclusion as for the Mexican, because the United States had maintained sovereignty over the Philippine Islands since the Spanish-American war. As with Mexican Indians, Filipinos could not become citizens and consequently, speakers used many of the same arguments to support regulation of the Filipino immigrant.¹²⁴

Thus, the city of San Francisco, with its cosmopolitan population made for a rich and varied culture, but tensions also surfaced with regularity. Business sought to establish an efficient city government and one good for business, yet people from all over the state, nation, and world contributed to the city's temperament.¹²⁵ This temperament captured the tensions of allegiance. Sometimes those tensions questioned allegiance to the nation--as citizen or non-citizen, as foreigner or native; or allegiance to capital--as employee or employer, as businessman or politician, as union member or employer; or allegiance to the city's ethos of harmony and tolerance--as white or black,

October. See the Commonwealth Club of California, "Filipino Immigration," *Transactions of the Commonwealth Club of California The Commonwealth--Part II* 5 (November 5, 1929): 315.

¹²² The total number was 7,217; males: 6,739 (93.4 percent); females: 257 (3.6 percent) and children under 16 years of age: 221 (3.1 percent). During calendar year 1928, 70 percent of the Filipino people arrived in San Francisco in contrast to 8.4 percent in Los Angeles and 21.6 percent in Seattle. See "Filipino Immigration," 313, 318.

¹²³ The Commonwealth Club's Immigration Section heard ten speakers in 1929 on various aspects Filipino immigration. See "Filipino Immigration," 308.

¹²⁴ Filipino people could be naturalized upon serving in the United States Navy or Marine corps. The Commonwealth Club considered problems in the areas of education, police, naturalization, public health, moral, and social life. See "Filipino Immigration," 316-319.

¹²⁵ Governmental efficiency involved a reliance on the expert. Progressive reform in San Francisco curtailed the power and influence of organized political parties prior to the election of Mayor Rolph in 1911; balloting processes included a direct primary, a strong Civil Service Commission had been created, and charter amendments made city offices nonpartisan. These changes restrained the traditional politics of personal relationships and summoned the legal-rational approach of advice from experts. See Issel and Cherny, *San Francisco 1865-1932...*, p. 166; Mowry, *The California Progressives*.

as foreigner or native, as male or female, as propertied or propertyless, as resident or itinerant. The size of the San Francisco population grew larger, however, and more mobile with improvements in streets, sewers, and public transportation.¹²⁶ Because no one nationality maintained a majority, the greatest numbers in the population were defined by their white color more than their parentage. Therefore, the white population born in the United States became the majority reference group for San Francisco--nearly seventy percent of the city's population in both 1920 and 1930. Likewise, San Francisco having used the national census categories also meant that the Chinese, Japanese, African American, Indian, and non-white Other populations remained clearly outside that majority, whereas, white people born in other countries could reasonably hope for a brighter future, at least for their children because they were good for business and the image of San Francisco across the nation.¹²⁷

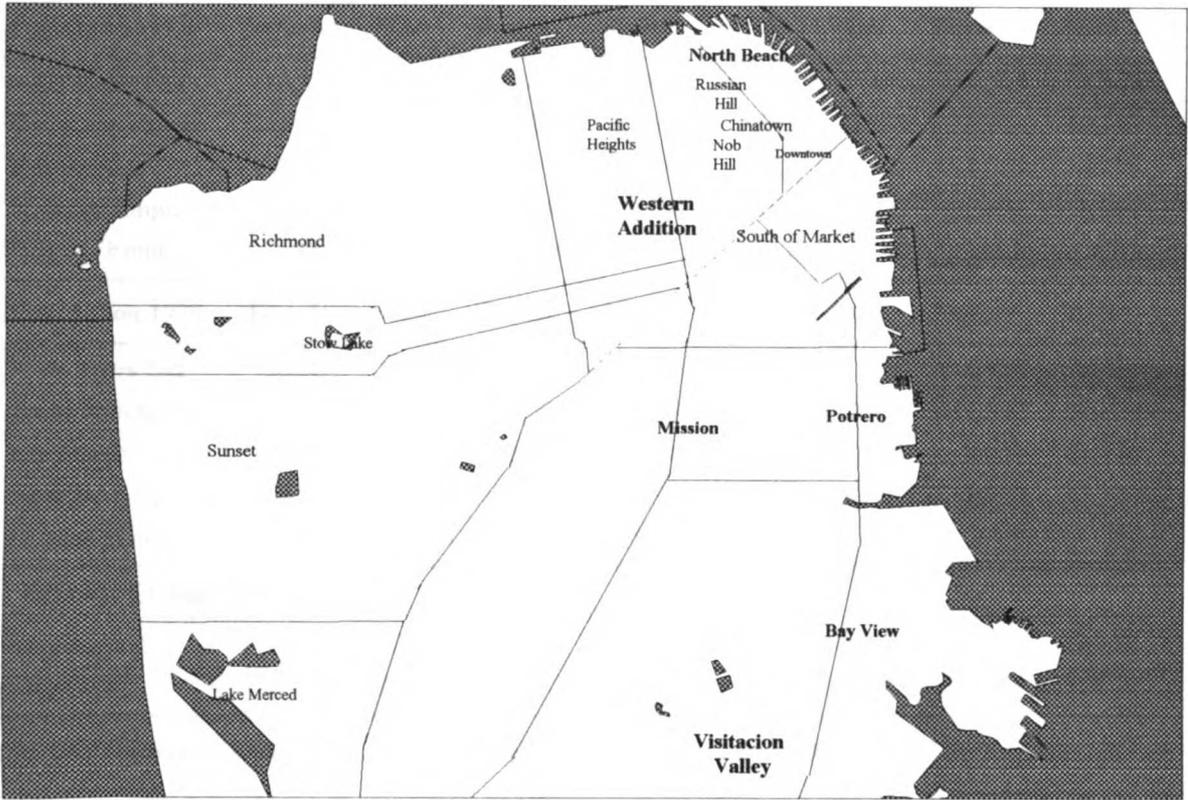
¹²⁶ See McGloin, *San Francisco...*, 175-180; Issel and Cherny, *San Francisco, 1865-1932...*, 45. Robert Mayer, *San Francisco A Chronological and Documentary History* (New York: Oceana Publications, 1974), 36-41. The Stockton Street tunnel opened a door to North Beach in 1914. The tunnel extends between Bush and Sacramento streets under Nob Hill and connects the downtown shopping area with Chinatown and North Beach. The Twin Peaks tunnel, approximately 2 miles long, was dedicated mid-July, 1917. Mayor Rolph predicted that the rails and the operation of streetcars through Twin Peaks tunnel would reduce the out-migration of city residents searching for suitable home sites. The Duboce or Sunset tunnel opened up the Sunset District with an official dedication on October 21, 1928.

¹²⁷ The non-white Other population included Mexicans "definitely not white" in 1930. See Issel and Cherny, *San Francisco, 1865-1932...*, 178. Conceptually, metropolitan cooperation defined San Francisco as the "Hub City" with the executive headquarters of manufacturing corporations, banks, and financial houses, transportation companies providing the management, direction and finances for a prosperous regional economy. By 1929, twenty banks, six of which were trust companies, and fifteen savings banks cleared nearly 11 billion dollars annually; more than two thousand industries employed 42,000 men and women; approximately 250 church buildings dotted the city landscape; thirty-two hospitals offered their services, and more than 120,000 children attended one of 104 schools in the city, including at least six high schools and nearly as many parochial and diocesan schools. The population resided in more than fifty-five thousand homes, twenty-seven percent of which they owned, and approximately two thousand hotels provided seventy thousand transient rooms. See *City Directory, 1930*, 10-11.

Table 1.1 Number and Percent of Total San Francisco Population by Color and Place of Birth, 1910-1930

Nativity	1910	1920	1930
Total Population	416,912	506,676	634,394
White, Born U.S.	115,359	167,179	235,298
<i>Percent of Total</i>	27.7	33	37.1
White, Born Foreign	130,874	140,200	153,386
<i>Percent of Total</i>	31.4	36.1	24.2
White, Born U.S., Parent(s) Foreign	153,781	182,643	206,285
<i>Percent of Total</i>	36.9	27.7	32.5
Negro	1,642	2,414	3,803
<i>Percent of Total</i>	0.4	0.5	0.6
Other	15,256	14,240	35,622
<i>Percent of Total</i>	3.6	2.8	5.6

Source: *Thirteenth Census of the United States...1910, Volume II, 174; Fourteenth Census...1920, Volume III, 127; Fifteenth Census...1930, Volume II, 741.*



Map 1.1 San Francisco Neighborhoods

Table 1.2 Proportion of the San Francisco Population Ten Years of Age and Older and Employed in 1920 and 1930, by Parentage and Sex

Nativity	U.S.	U.S.	Foreign	Foreign	Negro	Negro	Other	Other
Population 1920	Female	Male	Female	Male	Female	Male	Female	Male
< 10 Years Old	33,873	25,231	872	887	127	141	1,234	1,248
Total Population	171,855	177,967	57,282	82,918	1,052	1,362	3,784	10,456
Employable	137,982	152,736	56,410	82,031	925	1,221	2,550	9,208
Number Employed	45,404	120,831	14,445	74,675	491	1,197	592	8,031
Percent Employed	32.9	79.1	25.6	91	53.1	98	23.2	87.2
Population 1930	Female	Male	Female	Male	Female	Male	Female	Male
< 10 Years Old	30,501	31,172	750	737	151	164	3,135	3,314
Total Population	219,303	222,280	64,253	89,133	1,613	2,190	11,192	24,430
Employable	188,802	191,108	63,503	88,396	1,462	2,026	8,057	21,116
Number Employed	64,222	150,500	17,363	79,247	772	1,747	1,195	17,727
Percent Employed	34	78.8	27.3	89.7	52.8	86.2	14.8	84
Percent Change 1920-1930								
Employable	136.83	125.12	118.9	107.76	158.05	165.93	315.96	229.32
Employed	141.45	124.55	120.2	106.12	157.23	145.95	200.17	220.73

Source: *Fourteenth Census...1920, Volume IV, 1226-1230; Fifteenth Census...1930, Volume IV, 208-210.*

Table 1.3 Proportion of Employed Males and Females Ten Years of Age and Older by Occupation and Parentage, San Francisco 1920 and 1930

Occupation	Agriculture	Fish	Manufacture	Transport	Trade	Public	Professions	Domestic	Clerical	Total
Males, 1920										
White, Born U.S.	0.9	0.5	32.2	11.6	18.7	10	7.14	5.3	13.5	59.2
Born Foreign	2.18	0.75	41.05	13.51	14.69	3.78	3.53	14.92	4.89	36.47
Other	3.01	0.57	14.11	1.98	25.39	3.11	2.91	44.42	4.42	3.92
<i>Total</i>	<i>1.45</i>	<i>0.32</i>	<i>34.68</i>	<i>11.92</i>	<i>17.43</i>	<i>7.45</i>	<i>5.63</i>	<i>10.56</i>	<i>9.95</i>	
Males, 1930										
White, Born U.S.	0.55	0.07	29.54	12.80	23.21	5.25	7.60	6.29	14.36	60.39
Born Foreign	1.75	0.75	38.76	13.02	16.28	2.98	3.86	16.80	5.39	31.80
Other	1.62	1.03	21.59	10.72	15.19	0.59	3.11	42.29	3.79	7.11
<i>Total</i>	<i>1.01</i>	<i>0.35</i>	<i>31.81</i>	<i>12.72</i>	<i>20.30</i>	<i>4.17</i>	<i>6.06</i>	<i>12.55</i>	<i>10.50</i>	
Females, 1920										
White, Born U.S.	0.08		15.48	4.69	13.51	0.22	15.79	15.28	34.95	75.18
Born Foreign	0.18		26.34	1.21	9.93	0.10	8.74	43.47	10.02	23.92
Other	0.84		26.86	0.84	9.63		4.22	54.22	3.38	0.98
<i>Total</i>	<i>0.11</i>		<i>18.27</i>	<i>3.83</i>	<i>12.20</i>	<i>0.19</i>	<i>14.03</i>	<i>23.07</i>	<i>28.73</i>	
Females, 1930										
White, Born U.S.	0.04		10.05	5.01	13.91	0.14	16.40	16.38	38.06	76.14
Born Foreign	0.08		21.32	1.59	10.96	0.13	10.26	41.85	13.82	20.58
Other	0.20		42.41	1.30	7.42		6.57	34.59	2.51	2.37
<i>Total</i>	<i>0.06</i>		<i>13.10</i>	<i>4.17</i>	<i>13.03</i>	<i>0.14</i>	<i>14.77</i>	<i>22.72</i>	<i>32.01</i>	

Source: *Fourteenth Census of the United States...1920, Volume IV, 1226-1230; Fifteenth Census...1930, Volume IV, 208-210.*

Chapter Two

Health Services in a Young and Cosmopolitan City: For the Good of San Francisco

The Charter of the City and County of San Francisco provided for a Department of Public Health managed by a Board of Health.¹ The Board had several responsibilities: management and control of municipal city and county hospitals, almshouses, ambulance services, emergency hospitals and all matters pertaining to the preservation, promotion and protection of the lives and health of the inhabitants of the City and County. The Board also determined the nature and character of nuisances and provided for their abatement; supervised the sanitation of municipal institutions including jails, school houses, and public buildings, disposition of the dead, and garbage disposal; and enforced rules and regulations adopted by the Board of Supervisors for the protection of public health.²

This large responsibility impelled priorities. Indeed, the policies and services of the Department of Public Health isolated the sick from the well, called attention to the carrier of disease, and insisted on intelligent cooperation with the Department by observance of its laws.³ With public moneys, the Department of Public Health offered particular health services without charge for residents unable to pay or for victims of particular communicable, infectious diseases

¹ The Mayor appointed seven members to the Board of Health for seven year terms; three of the seven had to be physicians. The health officer was appointed on a full-time basis under civil service regulations to serve indefinitely as city and county health officer. Dr. William Hassler was appointed to that position in 1914 and continued as the health officer throughout the period of this study. According to Arnstein, Dr. Hassler was very humble in his approach to the subject of public health and had a circular letter which he would send to twelve cities whenever he wanted to initiate anything. Hassler also used to consult Dr. Shepard, expert in public health, previous Health Officer of Berkeley and at that time, in charge of seven western states for Metropolitan Life Insurance Company. The seven men on the Board of Health in 1915 were Arthur H. Barendt, President and lawyer; Dr. A. P. O'Brien; Dr. Guy Manning; Dr. George B. Somers; Arthur M. Sharp, representative of the packing industry as brother-in-law of Moffat who owned the H. Moffat Company; Frank J. Klimm, plumber and businessman; and Lawrence Arnstein, businessman and associate of Katharine Felton. Arnstein spent time in New York with his father's business and came to know the Henry Street Settlement House while his sisters worked with Katherine Felton and the Associated Charities in San Francisco. When an unexpected vacancy opened on the Board of Health, Katherine Felton brought pressure on Mayor Rolph through Father Crowley and Raphael Weill, owner of the White House Department Store. The physicians on the Board of Health changed between 1924 and 1930. Drs. James W. Ward, William W. Wymore, and Alexander Keenan replaced Drs. O'Brien, Manning, and Somers. See Lawrence Arnstein, *Community Service in California Public Health and Social Welfare*, interview conducted by Edna Daniel and Willa Baum (Bancroft Library, Oral History Transcript, University of California, Berkeley, 1961, 1964).

² Edward M. Coffey (Ed.), "Board of Health," *Municipal Employee* 1 (July 1927): 15; William C. Hassler, "Health Department Cares for the Human Family," *Municipal Employee* 2 (October 1928): 6, 46-47.

³ Before 1918, the Board of Supervisors referred to the Board of Health as the Health Department, Board of Health, Department of Health. The Supervisors began using "Department of Public Health" in 1918. I use the terms interchangeably since the Board of Health operated as the official body of power.

such as tuberculosis.⁴ As the Department of Public Health planned and implemented programs according to the greatest good for the greatest number, however, the cosmopolitan nature and distribution of the San Francisco population prohibited a formula that explicitly used nationality as part of the health service equation. Instead, health preservation and protection services for the sick poor and isolation of the infectious and contagious poor matched local, state, and national interests--tuberculosis treatment, venereal disease control, and maternal and child care. These foci served the controlling interests of the dominant population and did little to change mortality patterns among non dominant populations living in the city, e.g., the Mexican and Chinese populations.

Theoretically, public health was comprehensive.

Public health is the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.⁵

In application, the public health paradigm abandoned the weight of environmental factors in explaining health, illness, and death and instead, emphasized the education of the individual. Thus, populations working and living in detrimental environments were left to a system of fragmented services. Well-organized municipal services may have changed mortality rates among the general population for certain communicable and infectious diseases, but individual health services were not enough to impact on the health concerns found among populations living in crowded, congested quarters, and working but intermittently, and then, in potentially hazardous situations.⁶

⁴ See Figure 2.1 regarding the amount of dollars budgeted annually by the San Francisco Board of Supervisors for the Department of Public Health.

⁵ See C.-E. A. Winslow, *The Evolution and Significance of the Modern Public Health Campaign* (New Haven: Yale University Press, 1923), 1.

⁶ This is not to obliterate the fact that the Board of Health frequently heard complaints about housing conditions, and condemned many. Neither does it preclude an awareness of living conditions as a factor in health, e.g., the need for health education and suitable homes to make immigrant newcomers "into typical healthy Americans." Living conditions like those of negative community attitudes, culturally inaccessible services, inadequate incomes were seldom addressed. See "Are We Equipped to Provide for Immigrants?"

Establishing Authority and Expanding the Boundaries of Care, 1915-1919

The mandate to preserve and protect the health of the inhabitants of San Francisco primarily meant treatment for the sick and in some instances, isolation from the well. San Francisco had numerous hospitals in 1915, many of which had been organized to provide expert care for particular people within the population.⁷ For example, the Southern Pacific Hospital on the corner of Fell and Baker streets had been designed for injured railway workers whereas the French Hospital on Geary Boulevard between Fifth and Sixth avenues had been established for members of the French colony enrolled in La Societe Francaise de Bienfaisance Mutuelle.⁸ Only two of the more than twenty hospitals operated with strictly public moneys--the San Francisco City and County Hospital or commonly known as the San Francisco Hospital and the University of California Hospital.⁹

California State Board of Health Monthly Bulletin 16 (December 1920): 87; Condran, Williams, and Cheney, "The Decline...", Joel D. Howell and Catherine G. McLaughlin, "Race, Income, and the Purchase of Medical Care by Selected 1917 Working-Class Urban Families," *Journal of the History of Medicine and Allied Sciences* 47 (October 1992): 439-461. Howell and McLaughlin used a national survey by the Bureau of Labor Statistics in 1917 on the expenditures for health care. Black households spent significantly less on physicians and hospitals, and more black households spent money for medicines but at a lower level of expenditure than among white households. For other authors who have explored race and nationality as it applies to San Francisco and health care, see Trauner, "The Chinese as Medical Scapegoats...;" and Klee, "The 'Regulars' and the Chinese...."

⁷ For histories of hospitals in America, see Charles E. Rosenberg, *The Care of Strangers The Rise of America's Hospital System* (New York: Basic Books, Inc., 1987); Rosemary Stevens, *In Sickness and in Wealth American Hospitals in the Twentieth Century* (New York: Basic Books, Inc., 1989). Stevens takes particular note of the business of hospitals. "By 1910 there were as many hospitals in the United States per 1,000 population as there are today." See p. 30. Many hospitals used student nurses along with graduate nurses for patient care. By 1928, the Board of Health employed 97 graduate nurses at \$100 and maintenance per month; 72 they paid \$25 monthly to live out of the hospital. See Klimm, "Heed Ye...", 21. Marilyn Flood noted that California hospitals and in the Bay Area hired graduates earlier than hospitals in the remainder of the country for a number of reasons. Among them, California law limited student nurse hours which affected the value of student labor and students engaged in 28 months instead of the 36 months of training found in other states. See Marilyn E. Flood, "The Troubling Expedient: General Staff Nursing in United States Hospitals in the 1930's, A Means to Institutional, Educational, and Personal Ends," (Ph.D. diss., University of California, Berkeley, 1981), 3.

⁸ See "French Hospital School of Nursing, 1952," p. 1; Map 2.1 Hospitals in San Francisco, 1920, 1930.

⁹ Many of the hospitals reduced their operating expenses by incorporating students into their system of expert care. San Francisco Hospital operated on county funds and granted entirely free care to its patients except for a few paying patients in communicable diseases. University of California operated with state funds. The following hospitals operated accredited nursing schools in 1920: Buena Vista, Children's, French, German, Hahnemann, Lane, Mary's Help, Mount Zion, Saint Francis, Saint Luke's, Saint Mary's, Saint Winifred's Sanitorium, San Francisco, and the University of California. In 1930, accredited schools numbered two less and slightly different. Children's, Franklin, French, Mary's Help, Mount Zion, Saint Francis', Saint Joseph's, Saint Luke's, Saint Mary's, San Francisco, Stanford-Lane, and University of

The San Francisco Department of Public Health proudly opened its new general hospital in 1915, the same year as the Panama-Pacific International Exposition. Commonly known as the San Francisco Hospital, it had been in the making for five years. The Italian renaissance style construction included four main ward buildings; each building had four wards; each ward had twenty-nine beds; and each bed had been positioned between two windows, furnished with a reading lamp, silent call system and an electric socket for an examination lamp. A large solarium with largely glass walls framed the easterly end of each ward and a wheel chair accessible terrace on the southerly end of the first floor of each ward building allowed for outdoor exposure. In addition, a sanitary tower with the toilets, baths, wash basins, utility station and clothes chute divided each ward; likewise each ward had its own treatment room, diet kitchen, dining room, laboratory, and linen room.¹⁰

In 1919, the quality of nursing care in San Francisco Hospital expressly bothered the acting superintendent of San Francisco Hospital Training School. "Suitable young girls for...the training school" preferred to go to the University of California or Stanford programs and the members of the visiting medical staffs ignored the work of the nurse. The medical staffs merely focused on teaching medical students if they were not held to their responsibility to tell nurses what they needed. As a result, the Superintendent believed nursing care fell far below the standard of the two universities.¹¹

More than hospitals provided a place for care and treatment during times of illness, however. Patients could also seek care from community and hospital outpatient clinics.

California each had nursing schools. See California Bureau of Registered Nurses, *Survey of Schools of Nursing and List of Accredited Schools* (Sacramento: California State Printing Office, 1917), 6; *Thirty-first Biennial Report...1928-1930*, 265. Likewise, the city hosted several medical schools during 1920 and 1930, but primarily interns from the University of California and Stanford-Lane staffed the San Francisco Hospital.

¹⁰ Each ward building was six stories high but house officers and interns used the upper two floors of each. These upper floors contained recreation and general reception rooms, a library, and a billiard room "with a liberal provision of shower baths, toilets and other conveniences." See *Municipal Reports...1916*, 570-575. Tuberculosis patients stayed at the Tuberculosis Hospital an average of 94 days, but general hospital patients stayed an average of 38 days in 1914-1915 and 36 days in 1916-1917. See *Municipal Reports...1917*, 665. By 1927, this average had dropped to 23.5 days. See Frank J. Klimm, "Heed Ye the Call of the Sick, Aged and Infirm," *Municipal Employee* 2 (August 1928): 7.

¹¹ See Board of Health, *Minutes...*, June 19, 1919, pp. 2764-2768.

Traditionally, physicians donated some free services to community clinics. Physicians volunteered with the Telegraph Hill Dispensary and Clinic, Saint Luke's Hospital physicians with the Canon Kip Memorial Clinic, and physicians in the post-graduate medical department with the University of California worked at the San Francisco Polyclinic. These charitable clinics operated in communities densely populated with foreign born residents--the Telegraph Hill Dispensary in the North Beach, the Canon Kip Memorial Clinic in the South of Market and the San Francisco Polyclinic close to the Western Addition. Likewise, Stanford-Lane, University of California, Mary's Help, Saint Mary's, Children's, and Hahnemann hospitals each provided some outpatient clinic, dispensary services.¹²

The treatment of illness and access to institutional services for health preservation differed from services for health protection. Protection like preservation involved both the sick and the well population. Ill and diseased individuals required protection of their own health afforded by the provisions of treatment, and preservation of any available well-being as afforded by the provisions of relief or rest. On a community level, preservation and protection of health translated into protection from the ill with contagious diseases and preservation of optimal conditions for life among the greatest possible number of residents. One level of service involved isolation by hospitalization. The Board of Health ran three facilities other than the new San Francisco Hospital. Two of these offered protection for the community by isolating the contagious from the well population, namely the San Francisco Isolation Hospital and the San Francisco Tuberculosis Hospital.¹³ These institutions, used in conjunction with quarantine, enabled the Board of Health to

¹² Rosenberg discusses the independent dispensary as a place where physicians accumulated experience and a reputation and medical students learned. As dispensaries and hospital outpatient services began to compete and duplicate services, however, free-standing dispensaries declined. Likewise, increasing specialization, the germ theory, antiseptics, x-ray and clinical laboratory methods, and the centrality of the hospital changed social demand for the dispensary. See Charles E. Rosenberg, "Social Class and Medical Care in 19th-Century America: The Rise and Fall of the Dispensary," in *Sickness and Health in America* edited by Judith Walzer Leavitt and Ronald L. Numbers 273-286 (Madison: University of Wisconsin Press, 1985).

¹³ The Isolation Hospital for smallpox and leprosy was located at 26th Street and DeHaro. There was also an Isolation Ward at the San Francisco Hospital. The Tuberculosis Hospital was located on the same grounds as San Francisco Hospital at 22nd and San Bruno Avenue. The third facility was the San Francisco Relief Home for the Aged and Infirm, later named Laguna Honda Home located at Seventh Avenue and Dewey Boulevard.

accomplish their city-mandated management of at least some "matters pertaining to the protection of the lives and health of the city's inhabitants."¹⁴ The Board of Health, however, most noticeably exercised its management following pressure from prominent community members working in largely foreign born residential districts.

Strengthening the Response for Those Who Resist the Board of Health's Authority

In 1915 the Board of Health found quarantine and voluntary hospitalization inadequate measures for control of a diphtheria outbreak. Numerous people had been relegated to quarantine which had especially affected residents in North Beach. Two women working among people in North Beach, however, let the Board of Health know that quarantine was not effectively isolating the contagious from the well. Many people under quarantine disregarded their isolation within the community and interacted with well people despite their restrictions. "...These people are ignorant of health rules and insist upon running in and out of an infected house....in some cases a family of six or more are living in two rooms and proper isolation in such cases is out of the question. The children although excluded from school mingle with others on the streets...."¹⁵ Consequently, the women asked the Board of Health to strictly enforce quarantine and if necessary, remove noncompliant people.¹⁶

The people in North Beach had already "been under special surveillance of the Division of Medical Inspection..." when Ashe and Kidder came to the Board meeting. School nurses visited

¹⁴ Sometimes quarantine was actually a state issue, not a municipal one. San Francisco Health Officer Dr. Hassler spoke about lepers with other health officials during the Eleventh Annual Conference of State, County and Municipal Health Officials held at Riverside, October 20-24, 1919. Hassler recommended that the State remove all lepers and place them in either of two established leprosariums in the Pacific since most of the lepers in California originated from the Pacific islands or on the Pacific side of the continent. If the leper could not be removed, Hassler wanted the State to pay for their detention. In 1919 the State Board of Health documented 46 lepers under quarantine, 21 of whom resided in San Francisco (18 from San Francisco plus one each from three other counties--Contra Costa, Sacramento, and Solano). Hassler considered the leper a public menace, believed the great majority to be of foreign birth but not deportable since they had lived more than five years in the United States. See William C. Hassler, "State Control (Institutional or Otherwise) of Lepers," *California State Board of Health Monthly Bulletin* 15 (December, 1916): 190-192.

¹⁵ See Board of Health, *Minutes...*, January 14, 1915, p. 1823.

¹⁶ Nurse Elizabeth Ashe of Telegraph Hill Neighborhood Association along with Katherine Kidder from the Associated Charities addressed the Board of Health regarding the diphtheria situation in the Latin Quarter of North Beach. Ashe brought many years of experience in using her social connections to the benefit to entire communities. See Chapter 1; Board of Health, *Minutes...*, January 14, 1915, p. 1823.

homes, swabbed throats, administered treatments, and advised people of the dangers. Priests of the parishes in the district and some doctors attending cases also freely distributed warning cards printed in Italian.¹⁷ Ready for a more forceful approach, Dr. Hassler immediately proposed an amendment to one of the city's ordinances expanding the authority of the Board of Health. This amendment established consequences for noncompliance with quarantine.¹⁸ The law already required the health officer to quarantine every disease of Asiatic cholera, yellow fever, typhus, plague, smallpox, scarlet fever, measles, diphtheria, and cases of anthrax and glanders in human beings, and report them to the state within twenty-four hours. With this amendment, however, if the Board judged it necessary in order to protect the public's health and safety and prevent the spread of disease, health officials could forcibly remove a person from their home and hold them in a designated place.¹⁹

The Department of Health increased "intelligent cooperation" from the population with stricter enforcement and the threat of involuntary hospitalization. Only a few people from North Beach "voluntarily" went to the hospital although such could not be said for a few residents in

¹⁷ See Board of Health, *Minutes...*, January 14, 1915, p. 1823. Dr. Hassler named no specific parishes, but Nuestra Señora de Guadalupe, Saint Peter, and Saint Francis de Assisi served this area. The warnings printed in Italian suggest that Father Antonio Santandreu of the Spanish nationality church—Nuestra Señora—did not participate. The School Health program of the Health Department realigned their staff and appointed five temporary nurses to work in the North Beach district in order to free the regular school nurses to return to their usual school assignment. By testing students in other schools outside of North Beach like Pacific Heights and Visitacion Valley, they found other carriers; eighteen in Pacific Heights and a few in Visitacion Valley. Wherever they found carriers they immunized all of their family members with anti-toxin. This approximated the public health approach in other communities. See Bonnie Bullough and George Rosen, *Preventive Medicine in the United States 1900-1990 Trends and Interpretations* (Canton, MA: Watson Publishing International, 1992), 57-60.

¹⁸ Quarantine involved a period of not less than ten days and usually twenty-eight. Officials raised the quarantine and performed disinfection only after two successive 'negative' swabs taken five days apart. See *Municipal Reports...1916*, 484.

¹⁹ The ordinance gave authority to the Board of Health, "whenever in its judgment it may be necessary for the protection of the public health and public safety and for the prevention of spread of smallpox, cholera, yellow fever, bubonic plague, typhus fever, poliomyelitis, diphtheria, scarlet fever, to remove or cause to be removed any person or persons afflicted with any of said diseases who may be found residing in any hotel, lodging house, boarding house, tenement house, or any other place or places or districts within the city, county, to such hospitals with in the city, county, as board of health designates." See Gertrude M. Craig, "Federal, State, and Local Quarantine Laws," *The Pacific Coast Journal of Nursing* 11 (February 1915): 58-63; and Board of Health, *Minutes...*, January 21, 1915, pp. 1831-1832.

Pacific Heights.²⁰ The populations of North Beach and Pacific Heights projected entirely different images; the North Beach densely settled with Italian, Mexican, Spanish, and French immigrant populations, and the Pacific Heights settled with families of professionals and the business class. Populations in North Beach had more at stake with resistance in contrast to the populations in Pacific Heights.²¹

The Health Department also faced an ongoing problem with physician cooperation.²² The control of carriers seemed to be one of the most effective preventive measures and yet according to the Board of Health, the outbreak of diphtheria could be accounted for by the unusual number of carriers and missed cases. In an effort to improve control, the Board of Health sent a letter to all physicians practicing in the city and requested that physicians take a swab of all cases of tonsillitis.²³

Like the ineffective surveillance in North Beach that had prompted the Board to expand their authority and remove an infected person from their residence, strategic information and encouragement for diligent medical practice did not bring intelligent cooperation. Three months after the Board's admonition and general letter to physicians, the Board's most difficult problem still appeared "to be with the practicing physicians handling diphtheria cases, especially those in

²⁰ The proportion of cases stayed the same: in January 1915, 87 of 162 cases came from North Beach and as of February 18, 51 of 106 cases. By mid-March, 1915, sixty-six premises were under quarantine in North Beach and eighty-one elsewhere in the city. Seven regular patrol men assisted with enforcement. Seventeen diphtheria patients from North Beach and twenty-nine from elsewhere in the city had not resisted their hospitalization in San Francisco Isolation Hospital. Five cases among residents of Pacific Heights in the Yerba Buena school district, however, refused to go to the hospital and would not observe the rules of the Health Department. Yerba Buena School was located at Greenwich and Webster Streets. See Board of Health, *Minutes...*, February 18, 1915, pp. 1859, 1861; March 4, 1915, pp. 1869-1873; March 18, 1915, pp. 1883-1887. Reassignment of staff continued into March when "Chief graduate nurse" Denkinger of San Francisco Isolation Hospital started "emergency work in the Latin Quarter." See *Municipal Reports...1916*, 484.

²¹ No arrests were made during fiscal year 1915 for violations of City Ordinance 1034; police arrested two during fiscal year 1916, but both were dismissed. See *Municipal Reports...1915*, 714-715; *Municipal Reports...1916*, 566.

²² Two physicians from North Beach bothered Health Department officials. Dr. H. J. Sartori promised to work cooperatively with the Board of Health's Department of Sanitation. Because the other--Dr. David Bacigalupi--made no such promises, the Board informed the Health Committee of the San Francisco County Medical Society about his conduct.

²³ Also, enlarged tonsils and adenoids harbored the bacteria which for the most persistent cases cleared up six to ten days after the tonsils and adenoids were removed. See Board of Health, *Minutes...*, March 25, 1915, pp. 1889-1894.

the North Beach District," because they did not swab the throats of contacts, although the procedure was "absolutely necessary to successfully combat the disease...."²⁴

Forcing physicians into practice standards compliant with the health department proved impossible. Instead, the health department nurses consistently followed the carriers and did "all possible to abate the disease;" the Board of Health asked the County Medical Society to call a special conference and urge physicians to cooperate with the Board of Health; and the editor of the Italian paper agreed to print any articles the health "department...desire[d]...to educate the people to the necessity of compliance with our rules of health."²⁵ Thus, the Board expanded their authority to protect the well population from persons identified with disease, but focused on areas in the city heavily populated with first and second generation immigrants, namely North Beach. The Board failed to establish any authority to change the conditions that spread disease, however. That is, physicians who did not engage in screening for the disease had no reason to offer protection to carriers or contacts or prevent the spread of disease, and crowded living conditions left few options for isolating carriers or the contagious. Even Dr. Sawyer of the State Hygienic Laboratory concluded his study of North Beach with

...little hope unless a complete change in the living conditions could be brought about. Houses are very close together, the rear of the buildings...in extremely close proximity to the rear of those on the adjoining street. These people have little idea of what isolation means or what proper living conditions should be and the children as a general rule are kept in dirty surroundings...²⁶

²⁴ See Board of Health, *Minutes...*, June 17, 1915, pp. 1955-1959. At this time 98 cases and 36 carriers were still under quarantine.

²⁵ See Board of Health, *Minutes...*, June 17, 1915, pp. 1955-1959. Charles Levison asked the Board to hold the meeting at its offices since most of the uncooperative physicians were not members of the Medical Society. The physician Sartori, tagged by the Health Department as a problem, belonged to the American Medical Association in 1921, however; Bacigalupi did not. See *American Medical Directory Seventh Edition* (Chicago: American Medical Association, 1921), 236, 245. Neither were listed as members in the *Polk's Medical Register and Directory of North America Twelfth Edition, Revised* (Chicago: R. L. Polk and Co., 1913), 808, 814.

²⁶ See Board of Health, *Minutes...*, June 17, 1915, pp. 1955-1959. Diphtheria appeared again in 1916; the Board shifted the responsibilities of the school health personnel and asked for police enforcement of quarantines from the beginning. Mrs. Grosjean received press coverage for decrying the existence of diphtheria carriers and criticizing the Health Department for its management of diphtheria. This time Board of Health member Lawrence Arnstein led the effort to stop her. The Board of Health informed the Board of Education that this teacher continually tried to hamper the work of the Board of Health and particularly in the matter of school health. A newspaper clipping brought by Dr. Manning prompted this action. See Board of Health, *Minutes...*, March 16, 1916, pp. 2108-2112; April 20, 1916, pp. 2134-2138.

The Board of Health had other concerns to face in the areas of health preservation and protection. The San Francisco Tuberculosis Association requested the Board of Health assume responsibility for tuberculosis control; the School Medical inspection service expanded to include parochial schools and enlarged their scope of practice to dental examinations and dental services; the Board approved the services of a child hygiene nurse; state law required physicians and midwives to register with the Health Officer; and the War Department asked the Board of Health to establish a venereal disease clinic at the City Prison for examination of "all persons arrested by the Morals Squad as vagrants or on the charges of prostitution."²⁷ All of these programmatic expansions preceded the Board of Health's confrontation with influenza in the winter of 1918.

**"Grappling With the Problem of Handling the Tuberculosis Situation":
The City's Beginning**

The San Francisco Tuberculosis Association pressured the city to assume its civic responsibility for the treatment of tuberculosis in 1915-1916. In fact the San Francisco Association for the Study and Prevention of Tuberculosis started a clinic in the Mission District with the intention that the Board of Health would later assume its operation.²⁸ The San Francisco Board of Supervisors, however, only set aside \$5000 to establish a "Bureau of Tuberculosis" during the fiscal year 1916, but with those funds, "For the first time in its history the City of San Francisco took upon itself the responsibility of grappling with the problem of handling the tuberculosis situation..."²⁹

The Board of Health used the money to employ 'social service workers' or in other words, nurses for tuberculosis work.³⁰ Katharine Felton, Dr. Phillip King Brown, Dr. Rene Bine, Paul

²⁷ William C. Hassler, "Prostitution in Its Relation to Public Health in San Francisco," *California State Journal of Medicine* 17 (August 1919): 270-274.

²⁸ The Mission Clinic at 24th and Mission actually opened April 21, 1916 but the Association had discussed the clinic during their meeting September 1, 1915. See Association for the Study and Prevention of Tuberculosis, *Minutes...*, September 1, 1915, pp. 279-281; *Minutes...*, May 17, 1916, p. 331.

²⁹ See *Municipal Reports...1917*, 581.

³⁰ The Board of Health had debated the social service type work of visiting nurses and the need for special preparation in 1915. Businessman Lawrence Arnstein, newly appointed to the Board of Health in 1912, argued that not all social service workers needed to be nurses, and specifically the social worker position at San Francisco Hospital did not require a nurse. See Board of Health, *Minutes...*, December 16, 1915, pp. 2052-2057.

Scharrenberg and Agnes C. Regan examined potential candidates for four positions.³¹ From the list of those eligible, the Civil Service Commission selected four nurses to work in the Bureau of Tuberculosis, under the direction of Dr. W. R. P. Clark.³² One social work nurse visited tuberculous patients in the San Francisco Tuberculosis Hospital and the three others shared the district visiting work with the five nurses of the San Francisco Association.³³

Extension of the work by the city's Bureau of Tuberculosis grew slowly after its initiation in 1916. Only three district nurses worked with the San Francisco Tuberculosis Association during the next three years and if the Association pushed for the Health Department to assume clinical direction of the tuberculosis work, Dr. Hassler asked their reprieve because he feared their pressure for city-run clinics would ruin his chances to develop a tuberculosis sanitarium for San Francisco.³⁴ By 1919 the search for a suitable site for long-term, institutional care of the

³¹ The Civil Service Commission appointed examiners strongly invested in the history, image, and services in San Francisco. Felton was born in California, daughter of a distinguished Oakland attorney, director of the Children's Agency of the Associated Charities; Dr. Brown was also a California native, a Harvard Medical School graduate, brother of Dr. Adelaide Brown, and son of Dr. Charlotte Blake Brown, the founder of Children's Hospital; Phillip Brown established and directed the Arequipa Sanitarium for tuberculous wage-earning women, was a member of the Executive Council of the San Francisco Tuberculosis Association along with Dr. Clark, and a member of the University and Commonwealth clubs. Scharrenberg had been appointed to the California Commission of Immigration and Housing until dismissed by the Governor in the early 1920s. Scharrenberg served on the executive board of the American Federation of Labor, and was a committee member of the California Committee on Immigration in the 1920s. He protested Japanese land ownership and opposed unrestricted Mexican immigration. Like Brown, Scharrenberg was also a member of the Commonwealth Club. Agnes Regan was an appointee to the Board of Education. See Jean Burton, *Katharine Felton and Her Social Work in San Francisco* (Stanford University: James Ladd Delkin, 1947); W. C. Wolfe, ed., *Men of California Illustrated Record of Men* (San Francisco: Western Press Reporter, Inc., 1925), 198.

³² The first year Dr. Clark was not paid. Dr. Clark graduated from Cooper Medical College in 1899 and shared offices at 240 Stockton Street with a number of other politically active physicians e.g. Dr. Adelaide Brown, first female appointed to the California State Board of Health, 1915. Dr. Clark had been with the San Francisco Tuberculosis Association for years and part of their dispensary staff. See San Francisco Association for the Study and Prevention of Tuberculosis, *Third Annual Report for Year Ending December 31, 1910* (San Francisco: San Francisco Association), 5.

³³ The city was divided into three Clinic Districts--the Tuberculosis Association clinics at 1547 Jackson Street; 24th Street; and the Stanford Chest Clinic at Sacramento and Webster. These districts were subdivided into eight districts with one social service worker for each district. The nurses attended their district Clinic whenever held, two or three times a week. The Board of Health social service workers (nurses) were: Annette H. Flagg, Eliza McKinne, F. E. Noonan, and Veronica Beard, later replaced by Ada B. Coffey. See Board of Health, *Minutes...*, April 13, 1916, pp. 2128-2132; *Municipal Reports...1917*, 611-613; "Social Service Workers," *Municipal Record* 9 (November 9, 1916): 354.

³⁴ When the Board of Health transferred the child hygiene nurse Eleanor Stockton to the Board of Health payroll, they took one nurse away from tuberculosis work. The Board did not discuss how they handled the funds allocated to the Bureau of Tuberculosis, but the nurses working in that Bureau were being paid

tuberculous had begun, but that too, would take several more years to bring into an acceptable form.³⁵ In the meantime, the San Francisco Tuberculosis Association continued its clinic and community work and established two open-air schools in cooperation with the Board of Education and the Board of Health; and the Board of Health provided state-subsidized inpatient care at the San Francisco Tuberculosis Hospital.³⁶

Its Time to Inspect More School Children

The Division of School Health Inspection had a longer history in the Health Department than any program outside of sanitation and played a large part in the health preservation, protection and promotion programs of the Health Department.³⁷ School inspections were part of a city-wide program to detect physical defects among school children at an early age, exclude

\$85 per month and the Board considered the position of baby hygiene nurse to be worth at least \$100 per month. See Board of Health, *Minutes...*, April 5, 1917, pp. 2324-2328; January 23, 1919, pp. 2668-2670; January 30, 1919 and April 10, 1919.

³⁵ With the budget for 1918-1919, the Board of Supervisors began to allocate \$50,000 annually for a sanitarium. The San Francisco Health Farm in Redwood City, later renamed Hassler Health Farm, eventually opened in 1927.

³⁶ The San Francisco Tuberculosis Association wanted to remove itself from direct patient care and be involved in prevention campaigns and program design. The Association had printed a pamphlet instead of an annual report in 1915 emphasizing those conditions that favored the development and spread of tuberculosis, e.g., living or working in overcrowded, poorly ventilated places; overwork; poor food; insufficient clothing; uncleanness; and intemperance. This eight page pamphlet included sections on "Not Inherited," "The Danger of Careless Spitting," "The Value of Fresh Air," "Conditions Favoring the Spread of Tuberculosis," and "Consumption is Curable." In 1917, the Association considered New York's Home Hospital Experiment as a plan for San Francisco. Dr. W. P. Lucas described the Experiment. The Home Hospital provided sanitary housing with ample sunshine and fresh air, adequate income, good and abundant nourishment, freedom from undue work and worry, reasonable segregation, skillful medical care, and constant nursing supervision. A staff of fourteen persons cared for poor tenement families with at least one tuberculous member; the families lived in one of forty-eight, two to four room apartments with one or more open-air sleeping balconies as bed chambers. See San Francisco Association for the Study and Prevention of Tuberculosis, *Tuberculosis* (San Francisco: San Francisco Association), 6. No date was printed in the pamphlet but the San Francisco Association mentioned in their minutes that they would publish a pamphlet instead of an annual report. Thus, I use the date 1915. See Tuberculosis Association, *Minutes...*, May 19, 1915, pp. 271-273; *Minutes...*, April 4, 1917, p. 392; Donald B. Armstrong, "Tuberculosis--The Home Hospital Experiment," *Public Health Reports* 30 (January 1, 1915): 1-9. The Association retained influential members of the business community--William C. Crocker served as Treasurer of the Association and Mrs. Crocker, Mrs. Henry Payot and Mrs. Wm. Haas sat as members of the Executive Council. The State subsidized tuberculosis inpatient care at \$3.00 per patient per week starting July 1916.

³⁷ After Elizabeth Ashe returned from her nurse training in the east (1902), she demonstrated how nurse services kept children enrolled in school by reducing absences for illness. By 1908 the Board of Health made provisions for school medical inspections and steadily enlarged the number of staff in this service; by 1914, three physicians and fourteen nurses worked in this division.

children with communicable diseases, and prevent other health problems by vaccination for smallpox and immunization with toxin-anti-toxin for diphtheria. Although not every parent wanted medical inspection in the schools, by September 1916 with the Catholic schools included in the scope of health inspection, all elementary school children in San Francisco had been put under the observation of the school nurse.³⁸

The most vocal opposition to school medical inspection came from the Parents' Rights League of America. In early 1915 during the same time as the Board's massive campaign to curtail the spread of diphtheria, Chair of the League's School Inspection Committee Mrs. James Ringrose asked the Board of Health to protect parental rights. Nurses had examined her son at school for "vermin in his head" and he went "home much humiliated....this is a lowering of the moral standard..." because parents could take care of their children. The League's President Mrs. Charles Grosjean agreed. She had even taken her child out of the public school because examining children in school lowered their personal dignity and modesty. The few cases of neglect among the Latin children did not justify the Health Department entering all the schools, but if school health personnel *had to* examine children, then a physician or nurse selected by the parent should do that in the presence of the parents.³⁹ Grosjean denounced the Board's present arraignment of motherhood as unjust, and their "cry against the foreigner...bigotry."⁴⁰

³⁸ The diphtheria outbreak may have expedited a school health inspection program in the Catholic parochial schools. Chief Medical Inspector of Schools, Dr. Maher discussed the extension of health inspection to parochial schools with the Board of Health at the same time that he reported four fatalities among eight cases of diphtheria at Saint James Catholic School. See Board of Health, *Minutes...*, April 20, 1916, pp. 2134-2138. Dr. Maher identified the school nurse as "a most potent auxiliary to modern educational forces." See *Municipal Reports... 1917*, 619. After each of sixteen school nurses gave a three minute talk on her experiences, work, or needs of her district at a Symposium on School Health Inspection, Dr. Julius Rosenstirn suggested that school nurses present their work to Improvement clubs around the city as well as the Civic League of Improvement Clubs. The Board of Health tried to bring in various Health Department personnel to report on their services after regular Board of Health meetings: the School Health Symposium was one in the series. See "Board of Health Inaugurates Series of Health Talks," *Municipal Record* 9 (September 28, 1916): 303; Board of Health, *Minutes...*, December 21, 1916, pp. 2256-2259.

³⁹ Emphasis mine.

⁴⁰ The League further claimed the nurse a great danger: the nurse could easily pass disease from one child to another. See Board of Health, *Minutes...*, April 15, 1915, pp. 1909-1913.

The Board of Health defended their School Medical Inspection as a program for the good of the public and for the public safety. School health was nationally recognized as an essential part of health work and while "occasionally" there might be "some hardship on the individual, in the end, it was the greatest good was for the greatest number."⁴¹ Thus, hearing the school teacher Grosjean oppose school health inspections carried potentially dangerous consequences--uncooperative teachers, parents, and children. Consequently, when the Board of Health heard from the same teacher six months later and again in six months, the Health Department wanted her stopped.⁴² The press had covered Grosjean's disruption of a meeting at the San Francisco Center where she decried the existence of diphtheria carriers and criticized the Health Department for its management of diphtheria. Promptly, the Board of Health let the Board of Education know about their teacher Grosjean who "continually tries to hamper the work of the Board of Health and particularly in the matter of school health."⁴³ After all, teachers played a crucial role in public health education.

Industrial efficiency demands health...based not so much upon medication as upon right living...The school teacher...in contact...with humanity at its most teachable age has become the most effective medium for promoting public health....One great duty...is to emphasize to the pupils the necessity of cooperation with civic authorities...for the public health, otherwise the good...may be minimized....⁴⁴

Not all mothers in San Francisco felt the same way as Mrs. Grosjean and Mrs. Ringrose, but neither did the letter from the Board of Health deter Grosjean from lobbying at the State

⁴¹ Dr. Lucas and Klimm responded to the Parents' Rights League. Lucas argued that the Board would not just add work for itself and Klimm indicated that the city of Chicago had a medical inspector attached to each school. See Board of Health, *Minutes...*, April 15, 1915, pp. 1909-1913. The potential for some hardship on an individual caused others to express their suspicions about the relationship of public health to freedom. One editorial questioned the University of California's new degree in public health, "Have we any more right to establish the scientific health school over the unscientific than...a rational religious sect over the irrational ones?" The author argued that establishing science as the orthodox dogma of the state was an infringement on the liberty of faith. See Fresno Republican, "State Health Creed," *California State Journal of Medicine* 13 (February 1915): 85-86. During 1916-1917, the State Legislature passed two of three "pernicious measures aiming at destruction of health inspection," but they were pocket vetoed by the Governor. See *Municipal Reports...1917*, 619.

⁴² Grosjean, teacher in the San Francisco public schools, wrote her opposition to the diphtheria ordinance and sent it to the Board of Education. The Board of Education forwarded it to the Board of Health. See Board of Health, *Minutes...*, October 14, 1915, pp. 2007-2011.

⁴³ See Board of Health, *Minutes...*, March 16, 1916, pp. 2108-2112; April 20, 1916, pp. 2134-2138.

⁴⁴ "Public Health Instruction," *Municipal Record* 10 (October 25, 1917): 352.

Legislature against school health inspection the following year.⁴⁵ While Grosjean protested school health inspections, two Mothers' clubs purchased dental chairs for installation at the Garfield School in the North Beach, and Visitacion School in the southeastern part of the city.

As with a municipal program for the treatment and prevention of tuberculosis, private philanthropy inaugurated the school-based dental clinics. Cooperatively, the school medical inspectors began to take particular note of dental caries in their routine examinations and increasingly referred students for dental care. These clinics were praiseworthy, wrote Hassler, but "...establishing dental clinics for the poor is a municipal problem and should be financed by and be under the control of the municipality."⁴⁶ Municipal control took place within two years from the first dental clinics; and then, in order to receive services, school children traveled to the Central Office Dental Clinic on Mission Street between Seventh and Eighth.⁴⁷

What About Babies and Preschool Children?

Even though a school nurse could have encountered every elementary school child by 1917, the Health Department did not have a program for babies or preschool children. That changed, however, with the introduction of Eleanor Stockton as the Baby Hygiene nurse for the Health Department, funded with the moneys allotted for a tuberculosis nurse.⁴⁸ Again, certain

⁴⁵ The Secretary of the State Board of Health in Sacramento called San Francisco Board of Health President Arthur Barendt and complained about the pernicious lobbying activities of Mrs. Grosjean. The San Francisco Board of Health wrote another letter to Board of Education President, George Gallagher complaining about her attitude and recommending that she be asked to choose between lobbying and her position as principal. See Board of Health, *Minutes...*, April 5, 1917, pp. 2324-2328.

⁴⁶ Inspections involved an examination of height, weight, nutritional status, general appearance, dentition, physical status, and chest problems. See *Municipal Reports...1916*, 486.

⁴⁷ During 1918-1919, approximately three thousand school children were handled by the Central Office Clinic. See Department of Public Health, *Annual Report of the Department of Public Health, San Francisco, Calif. 1924-1925* (San Francisco: Department of Public Health, 1925), 19.

⁴⁸ Infant deaths had declined dramatically after the Baby Hygiene Committee of the San Francisco Association of Collegiate Women in cooperation with the Associated Charities introduced certified milk and a visiting nurse in 1908-1909. The Associated Charities and the Baby Hygiene Committee provided babies and children with individual home care; certified milk; and medical and nursing supervision. Katharine Felton, Secretary of Associated Charities, first boarded babies with foster mothers in 1909. Previously, the babies had lived in an institution known as the Foundling Asylum. Upon closure of the Asylum, the Francesca Maternity and the Babies' Aid cared for babies during their first two months of life in one of two small cottages before the child went into foster care. During the first year of these services, mortality dropped from 52 percent to 12 percent. Still each foster mother had to find her own supply of clean milk and find a physician when a baby was really ill. The Baby Hygiene Committee wanted a pure milk supply for all foster children so they began to pay the difference in cost between regular commercial

community members approached the Board of Health and urgently requested the Board include particular services as part of its civic responsibility.

Members of the Certified Milk Commission of the Baby Hygiene Committee first appeared before the Board of Health in 1916. They gave a timely presentation based on their broad public exposure during the months of the Panama-Pacific Exposition in 1915. The Baby Hygiene Committee and the Federal Children's Bureau had employed a nurse to demonstrate and instruct the proper modification of milk and the general care of the baby. In addition, the Baby Hygiene Committee held a baby clinic once each week at the headquarters of the Children's Bureau to show what scientific care and feeding had done for babies under the supervision of the Associated Charities and the Baby Hygiene Committee.⁴⁹ This private agency of female physicians, nurses, and volunteers and affiliated with the American Association of Collegiate Women, considered themselves part of an agency that tested innovative programs and prepared them for broader application. They had demonstrated the value of their work with "foster mothers"—supervising caretakers who kept infants for working parents—and now the Baby Hygiene Committee, Babies' Aid Society and Associated Charities wanted these "mothers" and children under public care.

Elsie Graupner, President of the Association, Adelaide Brown, physician and member of the State Board of Health, and Katharine Felton, Executive Director of Children's Services at the Associated Charities proposed to the Board of Health that the Health Department take on the work of providing good milk and adequate care for babies. The Committee had proved their work reduced infant mortality and in the process of serving mothers connected to the Associated

and certified milk for these foster mothers. Felton also asked Dr. Adelaide Brown to organize a medical staff to direct infant and child feeding practices. Dr. Florence Holsclaw, Dr. Anna Rude, and Dr. E. C. Fleisner assumed that responsibility and Ida McClune became their visiting nurse. In the first year after certified milk and medical supervision were added to the individual care of a foster mother, the mortality dropped from 12 percent to 8.5 percent and continued to decline steadily until it was down to 3.67 in 1916-1917 among 245 babies in foster care. See Elsie W. Graupner, "Infant Welfare Work in San Francisco," *California State Board of Health Monthly Bulletin* 11 (February 1916): 377-380. See Baby Hygiene Committee Report 1918, Box 10, Folder No. 93. MS51 The Baby Hygiene Committee, California Historical Society, North Baker Library, San Francisco, California; History and Correspondence, Box 1, Folder No. 2, MS 94 The Babies' Aid, California Historical Society, North Baker Library.

⁴⁹ The Baby Hygiene Committee sent a visiting nurse into boarding homes to assure infant caretakers knew about infant feeding and infant care during illness. See Graupner, "Infant Welfare Work...San Francisco," 380.

Charities, had also identified this "class of babies in San Francisco...boarded out by their hardworking mothers, all self-respecting women..." These babies lived in approximately seventy-five, medically unsupervised foster homes without assistance from a graduate nurse to keep them well.⁵⁰

The Association offered to pay the salary of such a nurse in return for access to the records covering these cases and authority for a nurse to enter foster homes, but the Board proposed an alternative. The Health Department would create the position of a baby hygiene nurse and the Association would pay the nurse's salary. That way, the nurse entered under the authority of the Board of Health since the Board had a firm rule not to confer authority on any individual not directly connected with the department; and in return, the Board of Health would appoint the nurse recommended by the Association.⁵¹

Within two weeks the President of the Board of Health had used the recommendation of the Baby Hygiene Committee and appointed Eleanor M. Stockton to be the "Baby Hygiene Nurse" with her salary paid by the Baby Hygiene Committee of the American Association of College Women.⁵² Stockton quickly did more than visit homes to assist foster mothers with their care,

⁵⁰ In a fundraising publication "Save the Babies," the Baby Hygiene Committee wrote "Approximately three hundred San Francisco children [had been] boarded out in promiscuous homes by their own working mothers. Some...Baby Farms [ran] for commercial purposes and practically all...without medical supervision....We feel justified in undertaking this work because of our splendid results in lowering the mortality among the dependent babies...; also because of the recognition of our work by the Federal Children's Bureau...." Printed on a mail-in card, Box 10, Folder No. 93, MS 51 The Baby Hygiene Committee, California Historical Society.

⁵¹ Consistent with a moralism found in the Progressive Era, these self-respecting women were so named because they worked to avoid charity. Later women with the Committee claimed that many fathers worked for the same reasons. Initially the Baby Hygiene Committee offered a trained nurse to assist Health Department, Industrial Inspector Hannah Nolan. Nolan investigated homes for boarding children, followed up the work of midwives, and generally improved baby hygiene in poor families. See Board of Health, *Minutes...*, December 9, 1915, pp. 2048-2050; January 13, 1916, pp. 2064-2068; November 16, 1916, pp. 2238-2241. For a discussion of the ideology of the Progressives, pragmatic social reforms, and the inevitable rise of social planning to efficiently utilize the nation's physical and human resources, see Richard Hofstadter, *The Age of Reform* (New York: Alfred A. Knopf, Inc., 1955); Roy Lubove, *The Progressives and the Slums Tenement House Reform in New York City 1890-1917* (Pittsburgh: University of Pittsburgh Press, 1962), especially the chapter on the "The Professional Good Neighbor," 184-215; and James Leiby, *A History of Social Welfare and Social Work in the United States* (New York: Columbia University Press, 1978).

⁵² Stockton's position was effective February 1, 1916. See Board of Health, *Minutes...*, January 27, 1916, pp. 2074-2078. The Association paid her salary for more than a year before the Board of Health funded the position. See Board of Health, *Minutes...*, May 18, 1916, pp. 2156-2161; November 16, 1916, pp.

however. She started licensing homes in April because the Board of Health did not want each foster mother to be burdened by two visitors, the licensing agent and the visiting nurse. Moreover, the Health Department wanted to maximize their authority; and thought Stockton would have more influence with foster mothers if she had the power to grant and revoke licenses for child care service.

Granting licensure and teaching child care and feeding involved two very different roles. Occasionally the authoritative, disciplinary role evoked formal objections from foster mothers and appeared in the public record. One of these, Mrs. Williams of 267 Twenty-fifth Avenue, boldly contested revocation of her permit before the Board of Health. "No inspector had the right to come into a mother's home and talk like Miss Stockton....I had a permit..." Further, allegedly Stockton had retorted, "Anyone who is walking the straight and narrow path would not object to any inspector going through their house."⁵³ Although by the end of her hearing with the Board of Health, Williams agreed to inspection just so long as she was "treated with...courtesy...." Board of Health member Dr. Somers admonished those people at the hearing by accentuating the persuasive nature of knowledge if delivered tactfully.

2238-2241. Her work involved more than licensing, however. She accompanied children to clinics and sometimes assisted at clinics, e.g., Potrero Health Center, Visitacion Valley Health Center; monthly reported her referrals to clinics, hospitals, Society for the Prevention of Cruelty to Children, Associated Charities; and removed children from the home in some cases. She also helped organize and present an exhibit at the Land Show October 4 - 19, 1919. See Board of Health, *Minutes...*, October 16, 1919, pp. 2804-2807; *Monthly Reports April 1916 to June 1923*, Division of Field Nursing, Foster Homes, Department of Public Health, San Francisco, California, in unprocessed personal archive. In 1917, the Civil Service Commission classified Eleanor Stockton as a social service worker along with Lillie A. Craighan, Annette H. Flagg, Eliza McKinne, Fannie E. Noonan, Jessie L. Beard. See Board of Health, *Minutes...*, February 1, 1917, pp. 2278-2283. Certified for a supervising field nurse position in January, Stockton was promoted to the Director of Field Nurses in the Health Department in November 1925 where she stayed until she left to become Director of the Phelan Foundation. See Board of Health, *Minutes...*, January 29, 1925, pp. 3666-3669; November 19, 1925, pp. 3777-3780.

⁵³ Stockton's version of the events did not include any statement of the straight and narrow. Instead, Stockton said she had arrived at the noon hour and simply asked if Williams had found a child to board. That "simple question immediately provoked Williams' oppositive and unreceptive attitude." See Board of Health, *Minutes...*, January 27, 1916, pp. 2074-2078.

The inspectors...work...is largely educational: it is a campaign of instruction...teaching the public their proper relation to the health laws and ordinances.....an attitude of defiance towards our inspectors...is likely due to misunderstanding and should be so interpreted...Inspectors should exhibit a rare tact...and endeavor to impress upon people that they are trying to instruct them as to their real duties and responsibilities.⁵⁴

Beginning with Stockton's role, essential care of mothers, and mothers' care of children became central features of Health Department programs and services to preserve and protect the health and lives of infants and children regardless of whether people wanted opinions and advice from experts.⁵⁵ Locally, certified milk and licensed, supervised foster homes in place of institutional care had already demonstrated their value for improving the quality of life for infants, but nationally, World War I fueled initiatives for the health of preschool children. Medical examinations of young men during 1917-1918 had revealed a startling number of physical defects which, if identified earlier in life, could have been prevented. Hence a national interest in preschool children developed under the aegis that early detection and correction of defects among children would build a physically strong nation. Children's Year embodied this challenge, and San Francisco, too, participated.⁵⁶

⁵⁴ Stockton's encounter with Williams came just one month after Stockton had been granted the authority to grant and revoke licenses for child care. More than one hundred 'foster homes' were inactive which left more than one hundred active even after she revoked seven licenses; and of the active homes, the majority (60%) had not been reinspected since 1912. Most of homes Stockton licensed appeared with names like Anderson, Benson, Bobar, Connor, Edwards, Flynn, Frey, Heinz, Johnson, Metzger, McGuire, McCormich, McNally, Richter, Snedeker, Schilling, Scott, Taylor, Witt, and York with a few others like Costello, Kumli, Musante, Roche, or Urise. Since none were obviously Hispanic whether Latina women came into contact with Stockton or her staff remains uncertain. Still, Stockton's work introduced what would become the Health Department's official program of well child health conferences. Apparently the State Board of Charities felt so satisfied with her work that they did not reinspect those homes she visited. See Board of Health, *Minutes...*, May 18, 1916, pp. 2156-2161; November 16, 1916, pp. 2238-2241. Stockton listed 171 active foster homes in January 1922. See *Monthly Reports April 1916 to June 1923*, Division of Field Nursing, Foster Homes.

⁵⁵ The city-wide Infant Mortality Rate in 1915 was 75 per 1,000 births. See Department of Public Health, *Annual Report...1924-1925*, 9.

⁵⁶ The Baby Hygiene Committee figured prominently in Baby Welfare Week, March 27-31, 1917, organized by the California Federation of Women's Clubs and held at the Civic Auditorium. Every day different guest lecturers discussed mother, baby and child care, and a number of health and social service organizations displayed exhibits, e.g., Department of Public Health, "Preventive Measures taken by the City to Protect Public Health." See Box 11, Folder 102, Program for Child Welfare Week, Exposition Auditorium, March 27-31, 1917, MS51 The Baby Hygiene Committee; Board of Health, *Minutes...*, February 15, 1917, pp. 2290-2295. Later in the same year, the Baby Hygiene Committee worked with the Minerva Motion Picture Co. of San Francisco and filmed a motion picture titled "Motherhood." They discussed how to care for mother, baby and child using "scientific facts." The American Red Cross ended up distributing the film nationally. See Box 10 Folder No. 93, MS 51 Baby Hygiene Committee.

The Children's Bureau through the Women's committees of the United States Council of Defense launched the movement for the Children's Year program as an endeavor to stop the appalling waste of child life in the United States. In San Francisco the Baby Hygiene Committee with the Public Health Committee of the San Francisco Center took charge of the Children's Year Program and coordinated a "Weighing and Measuring Drive for Children Under Six" in June 1918. More than 4,000 children received complete medical examinations.⁵⁷ This effort and various other drives to examine preschool children showed that San Francisco also had its share of underweight children and children with physical defects, and not specified by their parents' national origins.

Physicians and Midwives Must Register with the County Health Officer and the War Department Asks for Help with Venereal Disease Control

During this time of expanding services and establishing authority, the state and nation asked counties to assist with two other concerns. One involved the record of practicing physicians and midwives. Although the *City Directory* listed only seventeen midwives in 1916, more than ninety identified themselves as midwives the same year the State legislature required all midwives and physicians register with the County, and over one thousand physicians did so.⁵⁸ Coincidentally most midwives practiced among foreign born populations, and in San Francisco the greatest proportion of midwife births appeared among the Japanese population. Registration of practicing

⁵⁷ See *Annual Report, 1918*, Box 4, Folder No. 34, MS 51 Baby Hygiene Committee. State Chair of Children's Year Dr. Adelaide Brown kept her office at the Children's Health Center and used the Center as a model for developing work in California. See "Report on Children's Year in California," *California State Board of Health Monthly Bulletin* 14 (June 1919): 399-409. The organization and network for Children's Year activities naturally enhanced support for the Sheppard-Towner Act, passed in 1921. The Act extended federal funds for the work of maternal and child health. Dr. Anna Rude, one of the physicians who worked with the Baby Hygiene Committee during their early years, went to the Federal Children's Bureau. She remained friends with Dr. Adelaide Brown and corresponded frankly about her experiences. See Unprocessed Papers of Dr. Adelaide M. Brown, Prenatal Care, MSS H710 HB87, Lane Medical Archive, Stanford University, Stanford, CA. Activities in behalf of the preschool child did not begin during Children's Year but it did reinforce and extend earlier efforts. The Health Department usually participated in Child Welfare Week each year e.g., March 27-31, 1917; May 8-13, 1922, and offered free examinations and various contests for mothers and children. The *San Francisco Call and Post* also sponsored a baby contest November 19-December 1, 1923 to determine the fifty best. During these activities parents saw firsthand how their child compared with others.

⁵⁸ See Board of Health, *Municipal Reports...1916*, 490. The legislators passed the State regulation in January, effective June 1916.

midwives and physicians with the County introduced a new program of surveillance aimed particularly at midwives. The County would follow midwives and enforce standards of practice.⁵⁹

The Health Department specifically addressed the "problem of venereal disease" when the United States War Department approached the San Francisco Board of Health in 1917 with a plan for venereal disease control around military camps.⁶⁰ The War Department wanted the San Francisco Department of Public Health to establish a clinic at the City Prison and examine for venereal disease any persons arrested by the Morals Squad on charges of vagrancy or prostitution. The city agreed, began and continued their campaign with "fearless vigor."

The Health Department and the police "won the approval of the United States Government" but not of the San Francisco public. According to Hassler, people in San Francisco attacked and charged the Health Department and police with a pernicious experiment that would not suppress prostitution but scatter it to the residence districts. One irate citizen even informed Mayor Rolph that "these dirty sneaking skunks of the Morals Squad are a stench in the nostrils of all manly men."⁶¹ The Health Department, however, responded to their critics with the War Department's answer.

The War Department will not tolerate the existence of any restricted district within an effective radius of the camp....The only practical policy...is...absolute repression....This policy involves...constant vigilance on the part of the police...eliminating regular houses of prostitution...checking the more or less clandestine class, that walks the streets....⁶²

⁵⁹ The San Francisco Department of Public Health compelled by law the registration of all persons practicing midwifery. Prior to the law, persons practicing midwifery had no requirements to enter this field of work, other than to "merely register..." An adequate law gives "us control of this very important feature and...raise[s] the standard of practitioners." See *Municipal Reports...1916*, 490.

⁶⁰ The San Francisco Chief of Police organized the Morals Squad to cooperate with the Board of Health. See William C. Hassler, "Prostitution in Its Relation to Public Health in San Francisco," *California State Journal of Medicine* 17 (August 1919): 270-274. Previously, the California Legislature had enacted the Red-light Abatement Act December 18, 1914. Under that Act, San Francisco authorities could proceed in the civil courts against the owners of any property being used for the purposes of prostitution, but the first police raid against a Chinese man, Woo Sam, had ended up in the California Supreme Court. The Court decision handed down in early 1917 held property owners liable if their premises were used for prostitution or other immoral purposes. For a history and discussion of the "final attack upon the Barbary Coast," the public debates, the role of the church and the *Examiner*, see Herbert Asbury, *The Barbary Coast An Informal History of the San Francisco Underworld* (New York: Alfred A. Knopf, Inc., 1933), 306-314; Issel and Cherny, *San Francisco 1865-1932...*, 106-109.

⁶¹ William D. Cole to James Rolph, Jr., September 6, 1918, Rolph Papers, California Historical Society, as cited in Issel and Cherny, *San Francisco 1865-1932...*, 108, 244.

⁶² See Hassler, "Prostitution...", 271.

As further support for the effectiveness of the law and enforcement, the Health Department presented statistics showing "that isolation and treatment of the acute case as well as the chronic carrier is essential to the successful conduct of controlling Venereal Disease in the community."⁶³ "The prostitute menace" was reduced by such numbers that it reduced the number of prophylactic treatments reported by the Army. Thus, Hassler suggested, "What is true of an Army camp must hold in civil life."⁶⁴ Indeed civil life offered a few opportunities for the treatment of venereal diseases. In 1918, federal funds subsidized four of six clinics in San Francisco for civilians.⁶⁵ By October 1918, however, influenza showed larger, less selective population effects than venereal disease; and for city residents and city officials alike, issues around authority and response dominated public discussion.

⁶³ In the first month, the police and the Health Department successfully forced hospitalization for treatment of infection in only three of fifteen positive cases because lawyers had challenged the legalities of involuntary hospitalization. In order to be able to isolate and treat those infected, the State Board of Health passed a regulation making venereal disease reportable and quarantinable, and delegated the local health officer full power to quarantine all persons suffering from such disease. See Hassler, "Prostitution...", 272.

⁶⁴ Hassler used the Army's data. Captain DeLo E. Mook graphed the venereal rates and prophylactic rates of exposure in the neighborhood of San Francisco. Mook attributed the reduction between October 1917 and September 1918 to the War Department's vigorous program of law enforcement, a combined constructive and repressive program. Captain Mook insisted that prophylactic measures alone did not greatly reduce venereal disease. Especially in San Francisco, "The figures are all the more striking due to the peculiar nature and reputation of San Francisco, and the difficulties therein encountered in law enforcement." Letter April 10, 1919 from Captain DeLo E. Mook to Colonel C. C. Pierce in the Law Enforcement Division, War Department Commission on Training Camp Activities, RG90 PHS General Records, 204.8, Box 21, Venereal Disease Division 1918-1936, National Archives. October 1917, the venereal admission rate started at 167.67 and the prophylactic treatment rate at 826.18; in January 1919, these rates were 12.10 and 122.38 respectively. Fiscal year 1916, the Department of Public Health had recorded 177 positive bacteriological tests for syphilis and 109 for gonorrhea; and the University of California Hospital reported 208 cases of syphilis in 1916; 234 in 1917; and 90 cases of gonorrhea in 1916, but only 67 in 1917. See *Municipal Reports... 1916*, 514.

⁶⁵ The College of Physicians and Surgeons on 14th Street offered a free genitourinary clinic for males each day from 9:30 a.m. to 12 noon. San Francisco Hospital provided inpatient treatment and in 1919 started providing services for males and females, each group with three clinics per week from 2:00 p.m. - 10:00 p.m. at the Municipal Clinic, 1085 Mission Street. Likewise, the San Francisco Polyclinic at 1535 Jackson Street provided a genitourinary clinic every day at 9:00 a.m. for males and two clinics each week at 10 a.m. for females. The three other clinics were the University of California Hospital and Dispensary at Second and Parnassus Avenue, Stanford University Clinic at Sacramento and Webster Streets, and the Children's Hospital Dispensary at 3700 California Street. Of these clinics, the College of Physicians and Surgeons, San Francisco Municipal Clinic, University of California Hospital Dispensary, and the Stanford University Clinic received federal subsidies ranging from one hundred dollars monthly (Stanford) to nearly three hundred dollars monthly (San Francisco Municipal Clinic). See RG90 PHS General Records, 204.4, Box 21, V.D. Division 1918-1936. See Map 2.2; a five-point star icon represents the STD clinics.

Influenza Jolts Every Body and System for Control

Despite San Francisco Hospital having opened their new eight hundred forty bed facility in 1915, people were put on waiting lists during the influenza epidemic.⁶⁶ The influenza epidemic epitomized the shortage of everything--life, supplies, personnel, and agreement among official bodies.⁶⁷ A sizable number of San Francisco's middle class health professionals were in Europe to assist with the war effort leaving no surplus of personnel with the Board of Health and other voluntary organizations. The most hotly contested measure for the control of influenza--the mask ordinance--received the greatest amount of attention as the Board of Supervisors and the Board of Health displayed both their power and their controversies.

In order to protect and preserve the health and life of the residents of San Francisco, the Board of Health knew their effectiveness would be judged by the community and business leaders. After a number of special meetings with them the Board of Health adopted a resolution that closed or halted activity in all places of amusement, including billiard parlors, theaters, moving picture theaters, concert halls, dance halls, and dances in cabarets, cafes and hotels, lodges and fraternal meetings, penny arcades, merry-go-rounds, private dances, balls, club gatherings and social gatherings of whatsoever nature and kind, church services and socials, community singing, and all public and private schools and kindergartens, and a recommendation that citizens wear masks in public.⁶⁸ Despite how drastic these measures appeared, Health Officer Dr. Hassler quickly reassured the public "We want you to realize that the Board of Health is not at all hysterical in this matter. We want you to appreciate the fact that twenty percent of the population are likely to have influenza and we want San Francisco to make a record and keep it down to five or ten percent....Prevent the disease by protecting the organs of respiration and wear four thicknesses of

⁶⁶ Construction of the main group of ten buildings began in 1910 and officially opened for patients May 1, 1915. See *Municipal Reports...1916*, 571.

⁶⁷ Because of a shortage of funds, the Board of Health did not prepare an annual report after 1917.

⁶⁸ See *Hispano-America*, January 21, 1919, p. 2, 3. These meetings included the Mayor or his designee, and representatives of the various motion picture houses, theaters, dance halls, American Red Cross, Army and Navy, Chamber of Commerce, County Council of Defense, Dry Goods Association, Building Trades Council, and the United States Shipping Board. See Board of Health, Special Meeting, *Minutes...October 17, 1918*, pp. 2618-2622; *October 21, 1918*, pp. 2623-2625.

gauze over the nose and mouth." ⁶⁹ The Board of Health also asked the Chief of Police to see that these orders were obeyed.

The Board of Supervisors needed to grant their approval, however. Mayor Rolph invoked the patriotism and conscience of the Supervisors as he asked them to concur with the Board of Health, Red Cross, State Council of Defense, organized labor, organized associations of merchants, charitable organizations and other public bodies. Indeed the Supervisors responded. Andrew Gallagher introduced the ordinance requesting the public wear masks and fifteen supervisors voted its approval. Only one supervisor, the former mayor Eugene Schmitz, questioned the mask's efficacy although several other citizens objected out of their concerns for democracy and serious injury to the good name of the city.⁷⁰

The Department of Health coordinated control measures and seemed to have the essential broad-based public support to maintain their role.⁷¹ A man from the Red Cross declared publicly

⁶⁹ See Board of Health, Special Meeting, *Minutes*...October 21, 1918, p. 2625.

⁷⁰ Andrew J. Gallagher lived at 1379 Masonic Avenue, served as chairman of the Supplies Committee in 1916 and 1917, and as a member of several other committees, i.e., Auditorium, Public Utilities, and Finance. In 1920 the Mayor appointed him the Sealer of Weights and Measures. Not everyone was concerned with mask efficacy, however. Mrs. Deane, representing various women's clubs, opposed the ordinance before the Board of Supervisors and warned that the good name of the city would be seriously injured if the Board referred to the conditions in San Francisco as a city with "raging disease." Others appealed to democracy. See Mask Ordinance No. 4710, *Proceedings*... 13 (October 24, 1918): 898-899.

⁷¹ Pastor of the Saint Patrick church John Rogers offered Saint Vincent's school and convent at Fifth and Clementina in the South of Market district; the Supervisors offered the auditorium to the Board of Health and the Red Cross, and appropriated fifty thousand dollars to the Public Health Department for the relief of dependents resulting from the epidemic, as well as allotments for materials and supplies. See *Proceedings*... 13 (November 4, 1918): 924-925; (November 12, 1918): 936; San Francisco firemen visited lodging houses and apartments; see Board of Health, *Minutes*..., December 5, 1918, p. 2646. The neighborhood around Telegraph Hill Neighborhood Association cooperated with the parishes of the district, particularly that of the Italian Church, St. Peter and St. Paul. Volunteers assisted by volunteer firemen also visited every dark, ill-ventilated and overcrowded home in order to be assured that every ill person was known and visited. Of 3584 homes they visited, they reported 2573 cases of influenza and found less overcrowding than was estimated to exist. Miss Lombard, principal of the ungraded school on Union Street, also obtained permission to use her school as a hospital. They cared for 112 patients with a total of 929 hospital days. Both Ashe and Griffith were in Europe at the time of the influenza epidemic. Alice Griffith, *Report of the Board of Directors, April 1917-1919*, 2-3. According to Felton's biographer, the influenza epidemic found the Associated Charities in a position of extreme responsibility. Katharine Felton sent a circular letter to all families on relief and all foster mothers, assuring them that the Associated Charities would furnish medical and nursing care. Families were to notify the office at the first symptom of influenza, put the ill patient to bed at once, and keep them in bed until the nurse or doctor came. When the first serious case with seven patients in one family came to their attention, Felton advertised for practical nurses and caretakers (a week in advance of the epidemic). Between 20 and 30 practical nurses stayed as a working force; former foster mothers and foreign women left their factories to

...the advice of the Board of Health must be followed out by the citizens of San Francisco. When you get orders you should obey....in San Francisco cooperation means one hundred percent. There must be one central organization through which we must act in matters of this kind and that must be the Board of Health.⁷²

Unmitigated support for the Board of Health did not last despite the mask being touted as the reason for an immediate decline in the number of cases and a model for similar ordinances in other cities.⁷³ When the Board of Health recommended the Mayor issue a proclamation rescinding the mask ordinance because the epidemic ceased to exist, they emphasized that the mask had been the principal protective measure "which undoubtedly saved 20,000 cases of illness and prevented 1,500 deaths." Of course, not everyone believed this claim.

A month later Dr. Hassler asked for reinstatement of the mask ordinance as the number of influenza cases began to rise. This time the Board of Supervisors refused "despite a preponderance of evidence from recognized medical authorities and charitable organizations, including the County Medical Society, the Red Cross, the Associated Charities, the Affiliated Catholic Churches, the Jewish Charities, the Civic League of Improvement Clubs, the Downtown Association, the two great universities and others. Opposed to these were only a few individuals, and the Christian Science Church officially represented." Instead of approving Dr. Hassler's request, the Board of Supervisors sent the ordinance to their Public Health Committee: Joseph LaHaney, James B. McSheehy, and J. Emmet Hayden; and they would not report for three weeks.

This action by the Supervisors offended the Board of Health. The Board of Health adroitly issued a warning to the public and threatened use of their power for quarantine and closure—if the

nurse for the Associated Charities. The Associated Charities aided over 4500 families in all. The death rate for their cases was 0.7 percent as compared with the city death rate of 3.9 percent. See Burton, *Katharine Felton...*, 169-173. Physicians from the USPHS contributed their time; volunteer nurses from the Red Cross helped staff San Francisco Hospital. Subsequently, numerous organizations commended the San Francisco Board of Health, e.g., the American Red Cross, Civic League of Improvement Clubs, Board of Fire Commissioners, State Senator James Neylon, Wells Fargo Express, Heald's Business College, West Side Christian Church, Attorney E. H. Wakeman, Dr. G. B. Wilson.

⁷² John A. Britton of the Red Cross gave these imperatives at a Board of Health meeting attended by mostly businessmen and representatives from organized labor such as P.H. McCarthy, President of the Building Trades Council, John O'Connell, Secretary of the Labor Council, Mr. Eppinger of the San Francisco Restaurant Association, Mr. Roos from the Dry Goods Association, George McNear and Robert N. Lynch of the Chamber of Commerce, Dr. Julius Rosenstirn of the Civic League of Improvement Clubs, and Mr. Arnstein, Board of Health member and businessman with the Food Administration.

⁷³ See *Municipal Record* 11 (November 7, 1918): 356.

Board of Supervisors would not pass the legislation which it deemed proper and advisable under the circumstances⁷⁴ By the time the ordinance passed a month later, however, the danger of further disease and death had declined and the ordinance became a mute effort.⁷⁵ Further, a special study the California State Board of Health concluded that the mask ineffectively controlled the spread of influenza for the entire population, although the mask could be a means for personal protection.⁷⁶

⁷⁴ The Board of Health sent press releases to the newspapers. See Board of Health, *Minutes...* December 19, 1918, pp. 2652-2655; *Proceedings...* 13 (December 16, 1918): 1021-1023. Supervisors Deasy, Hayden, Hocks, Hynes, Nelson, Power, Schmitz, Welch, and Wolfe sent Hassler's request to their Public Health Committee while Supervisors Brandon, Gallagher, Kortick, Lahaney, McLeran, McSheehy, and Mulvihill opposed review and would have reenacted the ordinance. Citizens Grosjean, Peter B. Ross, and Robert Troy also publicly opposed the ordinance.

⁷⁵ The Board of Supervisors' Public Health Committee reported in early January. Arthur Barendt attended as president of the Board of Health; P. H. McCarthy for the Building Trades Council; C. C. Moore for the Citizens' Health Committee; Colonel Mund and Major P. S. Kellogg for the United States Army; Frank Carroll as president of the Downtown Association; Walter McArthur and W. Martin from the Haight and Ashbury Improvement Association; A. W. Scott and Dr. Julius Rosenstirn for the Civic League; Dr. John Graves as president of the San Francisco Medical Association; Dr. Hassler as Health Officer; Reverend N. P. Thomas from the Richmond Congregational Church; and J. P. Sweeney, Dr. A. J. Meininger, and Paul Elliel for the United States Navy. These men supported the Board of Health and urged immediate passage of the "best known preventive check for the spread." The Board of Health had enlisted the help of the Citizens' Health Committee in early January--a Committee that aided and assisted the Board of Health in matters of disease prevention and public health protection. Supervisors Schmitz and Nelson argued the ordinance's legality and thought the penalty for violators unnecessary. Persons who violated the ordinance were charged with a misdemeanor and could be assessed a fine of \$5.00 to \$100. or face imprisonment up to ten days, but City Attorney Lull ruled the powers did not contradict Section 18 of the City Charter. Christian Scientists Richard F. Kralischek, Mrs. Roden, Mrs. Dillenbeck, Madame Grosjean, Mrs. M. E. Bush, and Peter V. Ross publicly opposed the ordinance as did other members of the public--Dr. C. F. Buckley, Mrs. Robert Dean; H. A. Dupuey; Mrs. Scanlon; J. F. Willet; H. Eafon; H. Vollmer; Anna Clancy and Mrs. L. P. Bryce. The Board of Supervisors eventually passed the ordinance on January 17, 1919. Twelve supervisors voted in favor and two against (Schmitz and Nelson); four supervisors were absent. See Board of Health, *Minutes...*, January 9, 1919, pp. 2660-2663; *Proceedings...* 14 (January 10, 1919): 11-14; (January 17, 1919): 27-29. The Board of Health continued to use their authority although they knew that "citizens [we]re not faithfully observing the ordinance and that the ordinance could be suspended." Instead of recommending rescission, they discussed the matter further and requested that the chief of police vigorously enforce the law. Disregard was too widespread, however. Nearly 5,000 people had attended an Anti-Mask League meeting; and neither the police enforced the ordinance nor did many wear the mask. Consequently, the Board of Health suggested the Mayor rescind the ordinance. See *Proceedings...* 14 (January 27, 1919), 50; Board of Health, *Minutes...*, January 30, 1919, pp. 2672-2675; February 1, 1919, p. 2676. They gave no indication whether the declining incidence of influenza cases influenced their decision, although the number of influenza cases had started to decline by the time the mask ordinance was reinstated in San Francisco. See *Thirty-first Biennial Report...California 1928-1930*, 41.

⁷⁶ This bulletin came about the time the Board of Supervisors were considering the mask ordinance. The State study had identified lower death rates in New York City than in San Francisco; yet New York had not prohibited public gatherings or used masks. Likewise, Boston, San Francisco, Buffalo, and Washington had almost identical curves "and the same death rate per hundred thousand, and in only one of them, San Francisco, was the mask used." See Wilfred H. Kellogg, *Influenza A Study of Measures*

They argued that during the compulsory mask ordinance in San Francisco, people wore masks carefully under circumstances of least necessity, such as on the public streets and in the open air, and just as conscientiously, laid them aside in private offices, and among gatherings of friends. Therefore, the State Board of Health recommended wearing "properly made masks" in certain situations: every doctor, nurse, attendant or visitor within a hospital caring for influenza patients, every member of any family with an influenza victim; every person suffering from a head cold or acute cough or any of the other recognized symptoms of influenza or grippe.⁷⁷ Thus, the Board of Health tried using the city's political machinery to legitimate their efforts to control individual behavior in the influenza epidemic, but without active enforcement, any outcomes attributed to the ordinance were interpretations of political expediency.⁷⁸

Efforts for Health in Review

In summary, this time during 1915-1919 brought several responses from the Board of Health in an effort to address the health of the city's inhabitants. The law allowing removal of people not willing to comply with quarantine for diphtheria demonstrated the Board's use of their authority to bring citizens into "intelligent cooperation" with the program of the Health Department. The Health Department also responded when approached by members of the social and business community with health interests. Likewise, part of its work came to be defined by state and national priorities, e.g., venereal disease control. The work of preserving, protecting, and promoting the health and life of the city's inhabitants revolved around issues with disease among parts of the population--whether the "ignorant" in North Beach, or the prostitutes from the vice district--and the well-being of children. As such, these general emphases excluded the mention of

Adopted for the Control of the Epidemic, California State Board of Health, Special Bulletin No. 31 (Sacramento: California State Printing Office, 1919), 28.

⁷⁷ A properly made mask consisted of two to four layers of fine mesh gauze or six to eight layers of coarser gauze or three layers of butter cloth, 5x8 inches in size and held firmly over the face by means of tapes attached to the corners; or a clean closely woven handkerchief folded cornerwise and the two corners tied behind the head and the other corner falling below the chin. See Kellogg, *Influenza...*, 28.

⁷⁸ Using the case of the Massachusetts, Rosenkrantz discusses the public health policy when authoritative bodies differ in their prescriptions for treatment and prevention of an illness. See Rosenkrantz, *Public Health and the State...*, 106-133. Leavitt also identifies the political nature of disease control in her work on smallpox in 1890s Milwaukee. See Leavitt, "Politics and Public Health...."

particular foreign groups but in their actuality addressed non-propertied, less educated people with difficulties in language and of different cultures.⁷⁹ Contrasting with the Health Department's absence of specific care, immigrant and foreign people had a few specific agencies in the dominant cultural milieu to address their concerns and assure they received care. Organizations such as the Traveler's Aid Society, the San Francisco Young Women's Christian Association (YWCA) International Institute, and the California Commission of Immigration and Housing Complaint Division specifically existed to address the immigrant and foreign person's needs, including health care.⁸⁰

Expanding, Distinguishing, and Limiting Service in Times of Uncertainty: Expert Opinions and the Problem of Priorities, 1920-1925

Economic difficulties plagued the nation and San Francisco after World War I and threatened San Francisco's expanded health programs. Monetary deficits prompted the San Francisco Department of Health to temporarily layoff staff in their tuberculosis, school, and inspection programs and reduce emergency services as economics forced the Board of Health to

⁷⁹ Some health officials saw health work among the foreign born as largely an Americanization problem which meant approaching the foreign born with education and methods to "attract and encourage the immigrant to adopt of his own free will a new mode of life." These methods included health pamphlets for tuberculosis and infant welfare written in English and the foreign language side by side; matters like a diphtheria quarantine card, written only in the native language; home visits by nurses who had learned the ways and customs of her subjects; midwifery training; and school health programs for children. See Henry F. Vaughan, "Health Work Among the Foreign Born," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1920), 215-218. Likewise, Davis reviewed three theoretical approaches for dealing with immigrants: the 'Big Stick' theory, the laissez-faire theory, and the democratic theory. Democratic theory stressed the study of people as well as the study of technique and good nurses, community workers, interpreters, movies, exhibits, and foreign-language literature supplied the "community equipment" for health education. See Davis, *Immigrant Health...*, 4-26, 411.

⁸⁰ Because the San Francisco YWCA committed themselves to eventually assume the services, a group of women from the regional Pacific Coast Field Office obtained funds for war work and in 1918, started serving immigrant and foreign women. Ten staff women--an executive director; recreation director; office secretary and a director of English teachers and nationality workers--operated centers at 1911 23rd Street in the Russian District; 505 Columbus Avenue in the Italian District; 1031 Harrison Street in the Greek District; 897 Sacramento Street in the Chinese District and 1826 Sutter Street in the Japanese District. They documented contact with "Italians, Spaniards, Mexicans, Japanese, Chinese, Russians, and Greeks." In subsequent reports, the International Institute listed the Board of Health and other clinics as both sources of, and for referral. See International Institute of San Francisco, *Annual Report, 1924, 1926, 1927, 1928, 1929, 1930*, Unprocessed Archive. The Complaint Division in San Francisco handled an array of problems among numerous nationalities. Thirty-five different complainant nationalities in San Francisco contrasted with 13 in Los Angeles; 29 in Sacramento; 7 in Bakersfield; 20 in Fresno; and 15 in Stockton. See "Complaints January 1, 1921 to November 8, 1921," Carton No. 54, C-A 194.

prioritize and adjust programs.⁸¹ Instead of an emphasis on "teaching the public their proper relation to the health laws and ordinances..." the Board of Health participated in efforts to consolidate and avoid duplication of services to individuals with particular diseases, illnesses, or particular age groups, and children in particular. Like 1915-1919, except for those non proprietary organizations providing services among immigrant and foreign populations and the Chinese Hospital, no new services for specific nationalities developed despite efforts by the Mexican and Italian communities to begin their own hospital care.⁸²

Looking for an Efficient Distributor--The Council of Social and Health Agencies and the Community Chest

Cost of living expenses had escalated and unemployment had risen to such an extent that social agencies could not afford every kind of relief. Likewise, agencies needed more funds to support their programs but the scope and density of need required a different system of organization.⁸³ Social service workers wanted to offer more effective services by inquiring into the work and needs of all local institutions engaged in any sort of charitable work and philanthropists wanted to see a coordinated approach to solicitations. In July 1920, fourteen people cosigned and mailed a formal letter to numerous organizations indicating their desire to develop better standards and attain greater efficiency among a more closely coordinated and affiliated group of organizations. They asked each organization to appoint three delegates, namely a chief executive

⁸¹ They laid off two visiting tuberculosis nurses, one tuberculosis social service worker, two dental assistants, eight school nurses, three school medical inspectors, and four inspectors, retired nine emergency hospital surgeons, eight stewards, three chauffeurs, and two emergency hospital nurses, and closed one emergency hospital and two hospital wards. See Board of Health, *Minutes...*, February 28, 1920, pp. 2870-2871. These adjustments were to correct a \$40,000 deficit, effective March 1st.

⁸² The Mexican community designated any fundraising during their centennial Independence Day celebration be used for a Mexican Hospital. See *San Francisco Chronicle*, September 23, 1921, p. 8. The Italian community presented their request to the Board of Supervisors, but the property owners objected. First, Angelo Rossi was President of the Italian Hospital and Benevolent Association of San Francisco and a supervisor, and even if he abstained from voting, Supervisors could not approve a permit. Second, the Benevolent Association did not own the land where they wanted to build the hospital (Beach and Baker Streets); and third, building at the proposed site violated zoning ordinances. Two weeks later the Benevolent Association withdrew their request because of intense local opposition. See *Proceedings...* 19 (November 10, 1924): 1336 and (November 24, 1924).

⁸³ Bankers and businessmen had formed a Citizens' Committee during this time in order to oppose the closed shop union policies of the Building Trades Council. See Chapter One. Successful, they then joined with the Chamber of Commerce Industrial Relations Committee and became the Industrial Association of San Francisco.

and members of the board, and send them to a general meeting to discuss the idea of a central Council of Social and Health Agencies.⁸⁴

During the ensuing years, the Council and Chest approached comprehensive services through its Committee structure. Subcommittee members addressed general relief, work with young children, work with boys, work with girls and young women, neighborhood centers, hospital and health agencies, and single men and unemployment. Three members from the Council of Social and Health Agencies and two members from the Budget Committee of the Community Chest served on each subcommittee. These committees provided a link between the agencies and the Chest. They reported on problems and advised the Council on local conditions needing study or discussion, and the Community Chest coordinated an annual campaign for funds instead of each charitable agency running their own funding drive.⁸⁵ The Chest then allocated funds according to need and program among the city's social and charitable agencies in return for an agreement that any Chest agency would not conduct funding drives independent of the Chest.⁸⁶

⁸⁴ J. C. Astredo, Selah Chamberlain, Katherine Felton, Alice Griffith, Morgan A. Gunst, Edward Krehbiel, I. Irving Lipsitch, Dr. William P. Lucas, H. J. Maginity, Laura McKinstry, Dr. William Musgrave, Reverend Michael Power, Dr. Alfred C. Reed, and Mrs. M. C. Sloss signed the letter. See "Letter from the Undersigned...., July 27, 1920," Box 1, Folder No. 2, MS 94 The Babies' Aid, California Historical Society. Despite the interest, the first large meeting of eighty-four organizations represented by nearly 250 delegates came nearly two years later. See "Organizations Represented and Delegates Present Meeting Council of Social and Health Agencies October 11, 1922," Box 2, Folder No. 16, MS51 The Baby Hygiene Committee, California Historical Society.

⁸⁵ Prior to the Chest, representatives from ten of the charitable organizations, sectarian and otherwise, organized a Central Board of Charities. They hoped to effectively cover the entire relief system of the city. M. Osgood Putnam was president; Father J. B. Hannigan, vice-president; Gustave Brenner, treasurer; and Felton, secretary. See *Nurses' Journal of the Pacific Coast* 3 (December 1907): 544. The Chamber of Commerce and the Associated Charities also appointed members to a Charities Endorsement Committee. This Committee reviewed the programs and funds of charitable agencies, applied a "set standard of efficiency" in their evaluation, and asked the "charity-giving public" to refuse donations to any unendorsed charity. The Committee listed 56 charities in 1904 and 37 in 1919. See San Francisco Charities Endorsement Committee, *Handbook of Endorsed Charities*, 1904, 9-10; *San Francisco Chronicle*, October 26, 1919; Council of Social and Health Agencies, *Bulletin No. 1*, June 12, 1923, p. 2 in Box 2, Folder No. 17, MS51 The Baby Hygiene Committee, California Historical Society.

⁸⁶ The Chest approved a funding drive only in special circumstances. Leiby suggests that charitable agencies became disillusioned by political solutions characteristic of progressive reforms. Thus, in the 1920s, social and health service leaders drifted to the bureaucracy and expertise models of business and government; effectively administered health and social services became a function of well-organized community life. See Leiby, *A History of Social Welfare...*, 163-190.

As indicated, the Community Chest and the Council shared memberships. Dr. Ray Lyman Wilbur served as president of the Council of Social and Health Agencies, and he also served as a member of the Community Chest Budget Committee. Likewise, Dr. William P. Lucas served as a Board member of the Council and a member of the Budget Committee. The Chest, however, provided the organization for businessmen, providers, philanthropists, and politicians to oversee and assure that finances and social service programs existed in the city, whereas the Council addressed the overall scope and quality of charitable services in San Francisco. The Chest primarily granted funds to such established agencies as the YWCA, YMCA, Salvation Army, Fruit and Flower Mission, Catholic Humane Bureau, Associated Charities, orphanages, and kindergartens and smaller amounts to benevolent societies specific to a nationality.⁸⁷

Dr. Haven Emerson and Amy Phillips Survey San Francisco—Sick Care Most Generous and Health Education Sorely Missing

One of the first widely publicized activities of the Council came through its Committee of Hospital and Health Agencies. As Dr. Haven Emerson made clear, the "Survey of Hospitals and Health Agencies" was meant to accomplish several objectives:

1. To learn the present status of [their] work, and relations to each other and to the community....
2. To prepare a program for safeguarding health and to provide for the sick...[that] could be put into effect through the influence and resources of the Community Chest.
3. To outline the relations and share of responsibility...in such a scheme. [And]
4. To suggest a plan for future development which...provide[s] for growth of the population...[and] in the conception of services...essential to...the fullest safety and enjoyment of human life.⁸⁸

Emerson named three contributing factors to the problems of health and sickness in San Francisco—the considerable floating population, the Chinese, and the Italian colony in the Telegraph Hill region. On the other hand, several aspects of the city favored the health of the

⁸⁷ See 83/23 United Way of the Bay Area. The French Ladies' Benevolent Society and the German Ladies' Benevolent Society received small grants, and Associated Charities the largest.

⁸⁸ Emerson and Phillips conducted their survey of hospitals and health agencies in San Francisco in early 1923. The Council of Social and Health Agencies under the leadership of Dr. Ray Lyman Wilbur wanted an overall view of San Francisco's hospital, social and health services in order to screen and direct requests for funds from the Community Chest. See "Letter of Transmittal," October 27, 1923, in Haven Emerson and Anna C. Phillips, *Hospitals and Health Agencies of San Francisco 1923 A Survey* (San Francisco: Community Chest of San Francisco, 1923), i-ii.

people in San Francisco--the city topography, climate, and few densely populated areas.⁸⁹ Overall, however, San Francisco gave first priority to care of the sick.⁹⁰ Emerson and Phillips summed up the situation with the Board of Health and Divisions of Hospitals, Charities, and Health like this.

It appears that San Francisco, with a high per capita wealth, provides with much greater generosity for the sick, but is rather parsimonious in its appropriations for prevention of disease. This is probably due to the lack of public information upon the subject of health, the possibility of attaining it, and the necessity of paying for it.⁹¹

Granted the Department of Health had reduced the number of their staff designated to promote and protect the health of San Francisco inhabitants in early 1920, but that had been a temporary solution to a financial deficit. Regarding public information about the subject of health, articles often appeared in the press--the city employee magazine *Municipal Record*, other periodicals or the radio to raise questions about that deficiency.⁹² Still Emerson and Phillips had something in mind because later in their report they emphasized public education again.

⁸⁹ See Emerson and Phillips, *Hospitals and Health Agencies...*, 3, 5.

⁹⁰ Emerson and Phillips talked about nineteen major hospitals in San Francisco during 1922-1923. Two operated on public moneys: San Francisco Hospital with county funds and University of California Hospital with state funds. Emerson classified eight as privately-controlled, charitable institutions. These included: Children's, Franklin, French, Lane-Stanford, Mary's Help, Mount Zion, Saint Luke's, Saint Mary's. The remaining six hospitals were considered commercial enterprises: Dante Sanitorium; Florence N. Ward Sanitorium; Hahnemann Hospital; Morton Hospital; Southern Pacific Hospital and Saint Francis Hospital. As noted from the analysis of death certificates, all of these except Dante appeared at least once as the place of death among Mexican people. Other hospitals received at least part of their funds from paying patients. In 1922, University of California Hospital granted one-third of their patient days and another one-third were part-pay; Mount Zion and Children's hospitals granted twenty percent of their patient days; Stanford granted two percent and over forty percent were part-pay. See Emerson and Phillips, *Hospitals and Health Agencies...*, 28-32, 48.

⁹¹ See Emerson and Phillips, *Hospitals and Health Agencies...*, 8. When President Barendt from the Board of Health asked Anna Phillips to present the survey to the Board, Dr. Hassler requested that several other prominent health leaders be invited i.e., Katherine Felton, Alice Griffith, Elizabeth Ashe, Irving Lipsitch, Rev. Father Powers, Brigadier General Reed of the Salvation Army and the Superintendent of San Francisco Hospital. See Board of Health, *Minutes...*, July 19, 1923, pp. 3430-3432. When the Finance Committee--Ralph McLeran, Fred Suhr, Jr., and W. S. Scott--presented the 1920-1921 Budget for Municipal Expenditures to the Board of Supervisors, they noted that the San Francisco had a "world-wide reputation for its generous and humane care of the sick poor" and for which the Budget made liberal provisions. They did not comment on why the Budget included 360,000 dollars for materials and supplies in the Central Office. See *Proceedings...* 15 (May 24, 1920): 415.

⁹² Emerson and Phillips commented about the Health Department stopping public reports about their activities. Caused by financial difficulties, no other city departments published reports either. The *San Francisco Call and Post* stands out as among the most prolific among newspapers in their advocacy of healthy babies. They published a series of weekly articles written by Dr. Adelaide Brown, Dr. Alice Maxwell, and Dr. Lila Trimmer of the Baby Hygiene Committee and the Children's Health Center. See *San Francisco Call and Post*, "Expert's Advice to Prospective Mothers," January 20, 1923, p. 4.

First in order of importance in the field of health promotion, sickness prevention, and the postponement of death is education of the public in the principles of right living and in the means of self-protection....An uninformed, skeptical, superstitious public is more dangerous than a polluted water supply or unpasteurized milk.⁹³

And only second in interest and probably in importance to health education is the protection of child life, from the period of prenatal existence to the age of independent support or graduation from school.⁹⁴

Undoubtedly health education and health promotion were not the top priorities for the Board of Health.⁹⁵ In fact, Central Office expenses, or the general public health portion of the budget, comprised between fifteen and twenty-five percent of the Department's total.⁹⁶ Funds for San Francisco Hospital also proved inadequate, however, as the "unusual lack of rain" created an alarming increase in sickness and the subsequent use of every available bed in the hospital for "our indigent poor."⁹⁷ Nevertheless, Emerson and Phillips criticized more than the lack of health education and promotion. The system of record-keeping restricted knowledge about illness and needs among the city's population by race, class and geographic area; and visiting nurse care and social services remained inadequate.

⁹³ See Emerson and Phillips, *Hospitals and Health Agencies...*, 138-139.

⁹⁴ The Compulsory Education Act compelled children in California to enter school at no later than eight years of age. School health inspectors examined children in kindergartens and day homes to assure detection and correction of any physical defects prior to entering the formal classroom. The Board of Health also operated three Habit and Guidance Clinics for the mental examination of subnormal, behavioristic, and unadjusted children. See Emerson and Phillips, *Hospitals and Health Agencies...*, 138-139; Thos. D. Maher, "Division of School Health Inspection Fiscal Year 1927," reprinted in Archdiocese of San Francisco, California, *Tenth Report of Superintendent of Schools 1926-1927* (San Francisco: Archdiocese of San Francisco, 1927), 14-25.

⁹⁵ San Francisco Hospital opened a Psychopathic Ward in December 1923. The Board of Supervisors granted a permit to the Chinese Hospital in September 1923. In their search for a suitable tuberculosis sanitarium, the city considered sharing the Weimar Sanitarium on 408 acres in Placer County with eleven other counties but the Supervisors rejected that plan after hearing support from a few individual physicians, the County Coroner B. W. Leland, and the San Francisco Labor Council. The San Francisco Medical Society and the San Francisco Center of the California Civic League opposed Weimar because of its distance from San Francisco for families. Dr. Hassler opposed it because he wanted to build a children's tuberculosis ward at San Francisco Hospital. Subsequently, the Supervisors considered an agreement with Alameda County, but finally San Mateo County permitted San Francisco to build the Hassler Health Farm in Redwood City. See *Proceedings...* 16 (April 25, 1921): 292; (May 9, 1921): 338-343; (July 18, 1921): 629-631; 17 (February 14, 1922): 156-159; 19 (January 14, 1924): 28; 19 (February 25, 1924): 199; 19 (June 16, 1924): 677-678; and 20 (June 15, 1925): 877-879.

⁹⁶ See Figure 2.2.

⁹⁷ See Supervisor McSheehy's comments, *Proceedings...* 19 (February 1, 1924): 112. A daily average of 120 patients awaited admission to San Francisco Hospital in 1925. See Klimm, "Heed Ye...", 7, 21-22.

Visiting Nurses in One Central Agency: Starting the Visiting Nurse Association of San Francisco

To a certain extent, Emerson and Phillips contradicted themselves. They considered the city's expenditure on illness care out of proportion to the expenditures for general health education and prevention, yet they also believed that the city needed a centralized visiting nurse organization to provide sick care in patients' homes.⁹⁸ They cited eight examples in San Francisco where a visiting nurse could "see that the doctors' orders were being carried out, provide instruction as to diet, hygiene, health promotion, etc."⁹⁹

The existing visiting nurse work in San Francisco fell into four main groups. Three nurses from the San Francisco Neighborhood Association¹⁰⁰ and four from the Metropolitan Life Insurance Company provided bedside care for general sickness accompanied by health education.

⁹⁸ As debated during the early twentieth century, visiting nurses not only cared for the ill, they taught people how to stay healthy and care for themselves and others. Some distinguished between visiting nurses and public health nurses, however, and argued for generalized versus specialized practice. See Annie M. Brainard, *Organization of Public Health Nursing* (New York: The MacMillan Company, 1919); Brainard, *Evolution of Public Health Nursing* (Philadelphia: W. B. Saunders Company, 1922); Karen Buhler-Wilkerson, *False Dawn: The Rise and Decline of Public Health Nursing, 1900-1930* (New York: Garland Publishing, 1989); Buhler-Wilkerson, "Public Health Nursing: In Sickness or Health?" *American Journal of Public Health* 75 (October 1985): 1155-1161; Ella Phillips Crandall, "The Relation of Public Health Nursing to the Public Health Campaign," *American Journal of Public Health* 5 (March 1915): 226; Harriet Fulmer, "History of Visiting Nurse Work in America," *American Journal of Nursing* 2 (March 1902): 411-425; Hibbert W. Hill, "The New Public Health," *American Journal of Public Health* 2 (January 1912): 50-51; Hill, "Is the Visiting Nurse a Public Health Nurse?" *Public Health Nurse* 11 (July 1919): 486-488; Mary E. Lent, "The History and Development of Public Health Nursing," *Pacific Coast Journal of Nursing* 13 (March 1917): 148; Ysabella Waters, *Visiting Nursing in the United States* (New York: Charities Publication Committee, 1912); C. E. A. Winslow, "The Role of the Visiting Nurse in the Campaign for Public Health," Reprint, *Nurses' Journal of the Pacific Coast* 7 (November 1911): 490-502; Winslow, *The Evolution and Significance....*

⁹⁹ Two of their examples involved children, ages three and four, both with tonsillitis. One family received no instructions for home care; the other family paid for hospital care of their son yet because there had been no follow-up in the home, providers did not know the family could not follow instructions for his care. The family had been in California only a few months, "...the father, a shoemaker by trade, had only been able to get work for a day or two a week since his arrival....The mother, five months pregnant, did not know where to go for care." Even a four day stay (\$2.00) taxed this family with three children ages one to four and so handicapped by unemployment and lack of money. See Emerson and Phillips, *Hospitals and Health Agencies....*, 116; Board of Health, *Minutes....*, September 23, 1926, pp. 3917-3920.

¹⁰⁰ San Francisco Neighborhood Association was formed between Telegraph Hill Neighborhood Association and Chestnut Street People's Place to engage in "social service of the character best calculated to improve the standards of life in sections of San Francisco requiring such improvement, promoting sanitation, raising moral ideals, assimilating the foreign elements of our population into the American body politic, inspiring devotion to our Country and our Flag; and to this end cooperation with all other agencies of usefulness, public, private, church and charitable." These purposes embodied the progressive ideals of a classless, democratic society. See Ashe, *Report of the Board of Directors*, April 1920.

Stanford Clinic's Auxiliary and San Francisco Maternity, and occasionally University of California Hospital provided bedside care for maternity patients delivered at home accompanied with special instruction. Two nurses from Children's Hospital, two from Mount Zion, and one from Schmidt Lithographers provided social follow-up and health instruction of discharged hospital and of dispensary patients and occasional bedside care. Most nurses, however, whether from private, public or industrial organizations, visited for follow-up, education and/or supervision and offered no bedside care. Of these, school nurses comprised the largest group.¹⁰¹

As with the Community Chest and the Council of Social and Health Agencies, centralization and efficient delivery of services were the priorities of the day. The Council accepted Emerson and Phillips' recommendation for a centralized visiting nurse service and named a Health Committee with Dr. Harold K. Faber, chairman. The Health Committee then asked Eleanor Stockton, Director of Field Nurses of the San Francisco Department of Public Health to chair a subcommittee on visiting nurses. Stockton's committee reviewed the need and possible approaches, and concluded with a recommended budget. In the spring of 1925 the Committee appointed Miss Naomi Deutsch as director and requested individual organizations relinquish their visiting nurses in support of one centralized visiting nurse organization.¹⁰²

A visiting nurse service for the inhabitants of San Francisco residents aimed to render skilled nursing care to all in the community needing such care for the fraction of a day, whatever a person's race, color, creed, age, or sex, whether rich or poor.¹⁰³ Deutsch knew the character of a

¹⁰¹ The Department of Public Health had a total of forty-three: four nurses working in child welfare; two in juvenile court; three in nutrition; twenty-one in schools; three with the Social Service Department of San Francisco Hospital; one in social hygiene, and nine as tuberculosis home visitors. See Emerson and Phillips, *Hospitals and Health Agencies...*, 112-113.

¹⁰² Deutsch started in October 1925. At least eight other organizations relinquished their nurses so that district nursing could become a city-wide service in 1925. When the VNA headquarters opened in December at 1636 Bush Street, two blocks west of Van Ness Avenue, the Telegraph Hill Neighborhood Association, the Metropolitan Life Insurance Company, the Junior League and others "transferred their personnel in consonance with this arrangement." See Board of Health, *Minutes...*, September 23, 1926, pp. 3917-3920. Alice Griffith reported to the Health Council in January 1926 that Telegraph Hill and Metropolitan Life Insurance visiting nurses had transferred 101 cases. See Council of Social and Health Agencies, *Minutes...*, January 21, 1926, Carton No. 54, 83/23 United Way of Bay Area.

¹⁰³ Chair of the Board of Directors Alice Griffith had introduced the VNA by letter to numerous organizations in San Francisco. "The Association is prepared to give skilled nursing care, in their houses, to those who do not need, or cannot afford, a full time nurse, such care to be rendered only under the

visiting nurse service well, having worked the previous six years as the Field Director of the Visiting Nurse Service of the Henry Street Settlement in New York City, and spoke consistently about the function of visiting nurses.¹⁰⁴

The work of the visiting nurse consists of both bedside nursing and a campaign of education, the actual teaching being given in the home.... When the nurse enters a home and finds pre-school age children she advocates toxin-anti-toxin treatments and vaccination and when she finds a baby under two years of age she urges the mother to take the child to one of the well baby clinics for observation and advice.

The nurse also decided the amount each family should pay after thoroughly investigating their case.

Sometimes families paid the maximum fee of one dollar but often much less because the

Community Chest subsidized the visiting nurses' service.¹⁰⁵

Seeking the Expert for Mothers, Babies, and Children

Based on Emerson's recommendations, the Council had reformed its structure and developed two separate bodies--the Hospital Council and the Health Council.¹⁰⁶ The Health Council had successfully planned and implemented a Visiting Nurse Association with trained nurses providing physician-directed patient care, but along the way another responsibility unfolded--to make "a continuous study of San Francisco's present and future health needs in order that

supervision of a physician." Letter from Alice Griffith to Mrs. Tadini Bacigalupi, January 29, 1926, Box 2 Folder No. 19, MS51 The Baby Hygiene Committee, California Historical Society.

¹⁰⁴ Naomi Deutsch graduated from the Cincinnati Jewish Hospital School of Nursing and from the University of Columbia, New York with a Bachelor of Science degree.

¹⁰⁵ See Council of Social and Health Agencies, *Minutes...*, September 23, 1926, 83/23 United Way of Bay Area. The VNA publicized their services in newspapers, sent letters to physicians in the city and visited various industries to offer "expert graduate nurse service in time of sickness to persons in every rank of life in San Francisco." The VNA marketed the nurse for her skill rather than her time and extended that message in a variety of newspapers e.g., *South of Market Press*; *San Francisco Chronicle*; *Hayes Valley Advertiser*; *Fillmore District News*; *Divisadero District Advocate*; *Ashbury Heights Advance*; *Inglewood Advance*; *Richmond Record*; *Golden Gate Valley News*; *Twin Peaks Sentinel*; *Presidio Heights Press*; *New Mission News*; *Mission Enterprise*; *San Francisco Examiner*; *Labor Clarion*; *Western Women's Club News*; *Inside Track*; and *Organized Labor*. See Newspaper clippings, "San Francisco VNA Scrapbook," Unprocessed archive of the Visiting Nurses and Hospice Association of San Francisco, Fox Plaza, 1390 Market Street, Suite 510. More and more organizations emphasized skill and education of the nurse. The Babies' Aid demonstrated reduced hospitalization of babies under their care after they hired graduate nurses. With all practical nurses 50 of their 120 babies (41%) spent time in the hospital. When they hired part practical, part graduate nurses for the months of October 1924 through January 1925, the proportion dropped to nineteen percent and thereafter with graduate nurses continued to decline to 14.7 percent during the first four months of 1926. Although the proportion of babies admitted rose to 30.4 percent over a seven month period in 1928, only 1.7 percent required hospitalization in 1929. See Box 1, Folder No. 9, MS 94 The Babies Aid of San Francisco, California Historical Society.

¹⁰⁶ The Hospital Council worked on Emerson's recommendations regarding hospital and sick care and the Health Council on the recommendations concerning public health.

expert opinion might be readily available to philanthropists interested in public health activities."¹⁰⁷ Making continuous studies proved more difficult for the Health Council than its original task of suggesting ways to implement Emerson's recommendations, most of which had fallen to the city e.g., five new well baby health centers bringing the Department's total to nine, additional school physicians and nurses, and a social worker for the venereal clinics.¹⁰⁸ Now the Council worked in tandem with the "philanthropists." A survey satisfied the Community Chest if the Council obtained all of the known facts concerning a certain subject and any new facts that completed a report on the problem. In contrast, if the Chest wanted research, they expected the Council to link conditions with causes even though they recognized that the "closely interwoven nature of the social fabric" spawned limitless possibilities.¹⁰⁹

¹⁰⁷ See W. P. Shepard, "A Review of Seven Years of Public Health Development from the Standpoint of the Health Council Community Chest of San Francisco." Box 9, Folder No. 77, MS51 The Baby Hygiene Committee, California Historical Society.

¹⁰⁸ In November 1919 physicians with the Association of Collegiate Alumnae staffed a child health center in Visitacion Valley under the auspices of the Board of Health. Using their Child Health Center model, mothers could bring their children to the Health Center for an examination and their weight and height. During their encounter they talked about infant care and feeding. Needs presented at the clinic showed "...that health centers must do some first aid medical work and give out instruction for caring for sick children at home." Sometimes this involved a demonstration e.g., preparing a muster plaster, or exercising legs of a baby's slightly bowed legs. See "Monthly Reports 1911-1929," Box 4, Folder No. 35, MS51 The Baby Hygiene Committee, California Historical Society. Two other well child conferences opened during the following year at Bay View and Bernal Heights. Visitacion Valley was located at 66 Raymond Avenue; Bay View at 1666 Quesada Avenue and Bernal Heights at 300 Bennington Street. All of these were in the southeastern area of the city. In addition to the weekly conferences at Visitacion Valley, Bay View and Bernal Heights, the Health Department also conducted child health conferences twice a week at the Mission Health Center, Twenty-fourth and Harrison streets; twice a week at the Emporium department store, Fifth and Market streets; twice a week at the Telegraph Hill Dispensary, 1736 Stockton Street; once a week at Precita, 534 Precita Avenue; once a week at Potrero, 953 DeHaro Street; and once a week at the Russ Child Health Conference, 1085 Mission Street--the central offices of the San Francisco Department of Public Health. See Map 2.2. Child Health Clinics are represented by a building icon. Still, according to Dr. Hassler, the city needed at least twenty-three clinics to carry on the work in a modern and up-to-date manner. Prenatal work was primarily done by hospitals on a daily or weekly basis--University of California, Mount Zion, Mary's Help, Saint Luke's, Stanford and Children's. Each operated maternity clinics and in some instances. e.g., University of California, they offered a well baby conference concurrently. See Mary K. Clary, "Prenatal Work in San Francisco and Oakland," *California State Board of Health Monthly Bulletin* 17 (July 1921): 67.

¹⁰⁹ "Relief...is so closely allied to ill health and ill health to unemployment and unemployment to industrial conditions and industrial conditions to relief." Thus, the Council and the Chest wanted to know why a remarkably large number of new people had applied for relief in 1924, including 500 families who had lived in California for less than one year and 250 families in San Francisco for less than six months. The Council proposed the following questions: Who applied? From where had they come? Why did they come to San Francisco? Should they stay in the City? The increased demand for assistance during 1924 affected many agencies in San Francisco. The San Francisco Hospital census exceeded the available beds,

The use of expert opinion to direct program funds fit in well with the governing ethos of legal-rational care.¹¹⁰ During a series of articles in 1922 and 1923, physicians from the Children's Health Center had offered expert advice to every woman suggesting that the minimum supervision and care of a prospective mother involved the mother herself, her husband, her nurse, and her doctor.¹¹¹ According to these physicians, a woman's doctor reviewed the mother's health, measured her blood pressure every two weeks, measured her body framework, and monitored her weight gain. The mother, on the other hand, cared for herself in particular ways--diet, skin, teeth, hair, corset, shoes, mental hygiene; and cared for her baby under the supervision of doctors and nurses--the mother's breast-feeding and its frequency, the layette, the baby's bath, and the nursery. Further, the obstetrical nurse could "fill the gap in the otherwise perfect care" by visiting mothers right after they returned home from the hospital to answer any normal mother's numerous questions.¹¹² The

the YWCA noticed an increasing number of Mexican women, and as cited above the Associated Charities had been bombarded with requests.

¹¹⁰ See Issel and Cherny, *San Francisco 1865-1932...*, 166. From the beginning of his term Mayor Rolph sought the advice of experts and then put his energy into defending their decisions, e.g., designing the Civic Center, building the Municipal Railway and improving the water supply.

¹¹¹ These articles were not much different than the letters that the Children's Health Center developed for distribution during Children's Year except in the newspaper, any person could read the information. See Prenatal Letters 1-9; Children's Year Committee, 323 Haight Street, Unprocessed Papers Dr. Adelaide M. Brown, Prenatal Care, MSS H710 HB87, Lane Medical Archive, Stanford University, Stanford, CA. See also California Bureau of Child Hygiene, Prenatal Letters 1-10. The tenth letter was sent after birth. Basically the letter carried the same themes of examination by a physician, care of self organized around a wholesome balance of diet, rest, recreation, and exercise, and included answers to questions about having intercourse, riding in an auto, eating meat. They encouraged any reader interested in more detailed information to write to the United States Department of Labor for a copy of Mrs. Max West Children's Series II. Her booklet, republished in 1914, reviewed birth registration, living conditions, light, ventilation, heating and cleaning of the nursery, clothing, out-of-door life, how to lift, toys, care of special organs, sleep, habits, training and discipline, and how to keep the baby well among other subjects. See United States Department of Labor Children's Bureau, Mrs. Max West, *Infant Care*, Care of Children Series No. 2, Bureau Publication 8 (Washington, D. C.: Government Printing Office, 1914). West also wrote *Prenatal Care*, Care of Children Series No. 1, Bureau Publication No. 4, Fourth Edition (Washington, D. C.: Government Printing Office, 1921).

¹¹² They noted where babies could be born for families with limited finances. According to one San Francisco study, most mothers gave birth to their infants while attended by physicians in hospitals. That varied by nationality however, and available alternatives. In 1922, midwives had delivered 10 percent of reported births and hospitals, 65 percent. The proportion of maternity cases cared for in hospitals surpassed all other large cities. Emerson and Phillips retrieved the names of 105 midwives in San Francisco and categorized them by nationality. Over one-third were Italian women; nearly one-fourth Japanese, and less than two percent were Spanish, English, Austrian, Belgian, Danish, Chinese, Hungarian, Serbian and Swedish. See Emerson and Phillips, *Hospitals and Health Agencies...*, 4-5, 22-24. The nationalities of the 105 were as follows: Italian, 37 (35%); Japanese, 24 (22.9%); Russian, 8 (7.6%); United States, 8 (7.6%); German, 7 (6.7%); Swiss, 5 (4.8%); Unknown 4 (3.8%); Austrian,

careful, individual teaching during a home instruction visit to every baby born in San Francisco "so that rich and poor alike [were] taught and helped in getting started" would assure "twenty-five percent more mothers would nurse and fewer babies would die under six weeks of age...."¹¹³

The Council of Social and Health Agencies gave priority to the expert care of pregnant mothers, newborn babies and pre-school and school-age children. San Francisco boasted a national reputation for a low infant mortality rate and an even lower rate enhanced the city's image as healthy and good for business.¹¹⁴ Some explained these low rates to the development of more and better facilities for prenatal care and medical advice for the expectant mother like that from the physicians of the Children's Health Center while others related low rates to social and environmental conditions.¹¹⁵ The State Board of Health argued that the Pacific climate, its stability

English, and Spanish each with 2 (1.9%) and Belgian, Chinese, Danish, Hungarian, Serbian, and Swedish each with 1 midwife.

¹¹³ San Francisco offered prenatal care to "house service patients in San Francisco Hospital, Lane Hospital, University of California and Mount Zion hospitals but a policy of sending an instructing nurse to the mother's home the day after the mother and baby left the hospital had not been tried." See "Talks and Advice to Mothers," *San Francisco Call and Post*, October 7, 21, 28; November 4, 11, 18, 25; December 2, 9; in mid-December the caption changed subtly to "Expert's Advice to Prospective Mothers;" see December 16, 23, 1922, and January 6, 13, 20, 1923.

¹¹⁴ For years San Francisco advertised the lowest infant mortality rates of any city in the United States with a population larger than five hundred thousand. Even among cities with populations greater than 100,000 San Francisco consistently ranked in the top five during the years of this study. San Francisco did not distinguish any variations by nationality, however, at least not until the State required counties to segregate Mexicans in their reports. See Emerson and Phillips, *Hospitals and Health Agencies...*, 4; Hiscock, *An Appraisal...*, 55, 57; William C. Hassler, "The Local Health Situation," *The Commonwealth—Part II* (July 1926): 291; State Department of Health, *Twenty-seventh Biennial Report...California 1920-1922* (Sacramento: California State Printing Office, 1923), 25. Minneapolis had a lower IMR than San Francisco in 1919, both Seattle and Portland in 1920 and only Portland in 1922. For Mexican births and deaths 1926-1929, *Thirty-first Biennial Report...California, 1927-1929*, 270.

¹¹⁵ Freda M. Whyte, public health nurse with the California State Board of Health surveyed California midwives between January 1923 and January 1924. She visited and personally interviewed midwives in fifty of California's counties and corresponded with the other eight. She divided the midwives into five groups: graduate, unlicensed; licensed; practical trained, unlicensed; self-named i.e., untrained and undesirable, and the graduate nurse acting as a midwife in an emergency. These categories reflected the rules and regulations for the licensed midwife in California issued by the State Board of Medical Examiners under the Medical Practice Act. The midwife had to show at least one year of high school; a one year course in a recognized, reputable hospital; 150 hours of instruction in anatomy and physiology, 165 hours in obstetrics and 100 hours in sanitation and hygiene; and be of good moral character and health. Some midwives could not speak English and thus, although they had trained in their native schools and cared well for their patients practically and technically, they could not afford to pay twenty-five dollars for the license and another seventy-five dollars for an interpreter to translate questions on the written examination. Whyte classified forty-one midwives in San Francisco by education and licensure but not nationality; nineteen were "good graduate midwives;" thirteen were licensed; three were desirable practical midwives; six midwives were undesirable; and six midwives also ran maternity homes. The

and absence of extremes in temperature and humidity restricted death from severe diarrhea and enteritis, and

...better social conditions, absence of overcrowding, ready availability of pure milk supplies, comparative scarcity of the first generation of the foreign-born and the resultant higher education of our people, our social conscience, each and all [we]re factors in the saving of infant lives on the Pacific Coast.¹¹⁶

And San Francisco Health Officer Dr. Hassler considered expert services, social and environmental conditions part of the formula for the city's low infant mortality rate--"a clean and sanitary milk supply, no extreme climatic conditions and an efficient pre- and post-natal clinic service and visiting nurse system."¹¹⁷ He also wanted "the child from birth until school...under the supervision of a physician and where a physician [was] not affordable...under the supervision and direction of the Department of Health."¹¹⁸

Not only had services expanded through the well child, dental, and school clinics and visiting nurses, the press allocated a special editor, space, money and time to select the 'Best Babies' of San Francisco.¹¹⁹ The contest attracted lots of attention as volunteers, nurses and

undesirable midwife claimed she knew all about confinement work, kept up the gossip of the neighborhood, stayed skeptical of change, possessed many tales of traditional superstitions and lunar signs, and always believed Providence would protect her. She also made illegal hypodermic injections, inter-uterine douches and abortions. Whyte reported these "gross infractions." She cited examples of a Russian woman delivering sixteen babies in 1923 and another Russian woman--thirty-six, yet neither reported these births. Whyte found ninety percent of the midwives in California were foreign born and seventy percent of these were Japanese. Of the licensed midwives, eighty percent were Japanese. See *Twentieth-eighth Biennial Report...California, 1922-1924*, 106-112.

¹¹⁶ See *Twenty-seventh Biennial Report...California, 1920-1922*, 25.

¹¹⁷ After the National Child Health Association released figures showing the San Francisco infant mortality rate for 1925 as the lowest in the United States, a newspaper reporter asked Dr. Hassler about the formula for baby health. See "Paradise for Babies Seen in San Francisco," *San Francisco Call and Post*, 1926, "San Francisco VNA Scrapbook," Visiting Nurses and Hospice Association of San Francisco.

¹¹⁸ After six years of age, the school medical inspection program monitored the health of children--"for in the school child exists the incalculable potentialities...the vigor and integrity of the nation is dependent upon the...preventive and remedial measures...applied and accomplished." In cooperation with the Board of Education, some children were sent by the School Medical Inspectors to Nutrition and Health Supervision classes and kept under medical observation. This observation meant keeping a medical record on the child and sending a school nurse to the child's home when necessary. See Hassler, *Annual Report...1924-1925*, 12, 20.

¹¹⁹ The *Call* had hired a baby editor to register babies for examination and a possible prize, and to write about the big event. Announced well in advance and updated daily after the opening of the California Industries Exposition, "Dr. Hassler, San Francisco health officer, and a corps of child welfare experts" examined babies for two hours every afternoon and two hours every evening, November 19th to December 1st, 1923. See "Hopefuls at Post in Week. Doctors to be Judges of Race," *San Francisco Call and Post*, November 12, 1923, p. 17. This coincided with another series of articles by Drs. Brown, Maxwell, and

physicians examined over one thousand babies and women volunteers assisted from the Corona Club, the Vittoria Colonna Club, the Jugo Slav Club, and the California Club of the Federation of Women.¹²⁰ Baby photos lined the front page of the paper daily and when the day arrived for the winners, a motion picture producer Charles Kurtzman of Rothchild Entertainment filmed "six hundred--more or less--of the best babies in the world..." all lined up with their parents.¹²¹ Thus, the general population came to share a priority for the promotion and preservation of healthy mothers, babies, and children as a system of expert supervision received ongoing and greater support during 1920-1925.¹²²

Retaining Some Services in the Division of Tuberculosis and Social Hygiene

A large number of people had submitted their babies for competition and depended on the judgment of experts, but nothing as large or as extensive happened for those confronted with the

Trimmer cautioning mothers not to listen to "old wives' tales." See "Pre-Natal Baby Care. First of Series Written for Expectant Mother," *San Francisco Call and Post*, November 3, 1923, p. 1. These articles ran through the first couple weeks in January 1924.

¹²⁰ Physicians from University of California Hospital and the Health Department examined 106 babies the first day alone and in later days, as many as 134. Nurses from the Board of Health rotated through the afternoon sessions. The Baby Editor, male but not identified by name, wrote emphatically. "Every day...the tots and the little toddlers will be examined, and when the doctor men have finished examining the world will be told what the world has its ear to the ground listening to learn--Who are the fifty most nearly perfect babies, physically, in the San Francisco district?" Photographs of babies and toddlers appeared daily on the first page of the "Second Section" during the ten day event; nearly 1,000 children had been enrolled before the Exposition even opened. See *San Francisco Call and Post*, November 3, 12, 14-17, 23, 26-30 and December 1, 1923.

¹²¹ Experts picked fifty winners who were physically "perfect specimens of babyhood," (whatever that meant). The *Call* gave the winners a silver cup if they were an infant and a silver knife, fork, and spoon if they were an older child. Kurtzman ran his film at the Granada for one week to show "the world...in graphic fashion how San Francisco babies prosper..." See "Prize Awards Today to Babes. Granada to Show Kiddies in Films," *San Francisco Call and Post*, December 1, 1923, p. 3.

¹²² Clinics were available in the most densely populated areas of the city--in the North Beach, Mission, South of Market, Downtown, Potrero, Outer Mission, Bernal Heights, Bay View and Visitacion Valley. See Map 2.2; Hassler, *Annual Report...1924-1925*, 7. Dr. Adelaide Brown conducted a comparative study of the prenatal care among 144 women from San Francisco in 1922 and 146 women in 1925. She contrasted their experience with those of 129 women from twelve rural counties in California, 1925. Basically, between 1922 and 1925, more women consulted physicians early in pregnancy; physicians more likely gave physical examinations to urban women; most physicians frequently examined the mother's urine; physicians measured the pelvis more often in 1925; physicians paid increasing attention to blood pressure and pulse rate, and gave little attention to weight and control of an "over-rapid increase" in weight. See Brown's notes and papers in Prenatal Care, MSS H710 HB87, Unprocessed Papers Dr. Adelaide M. Brown, Stanford University. Brown read this paper before the San Francisco County Medical Society in August 1926 before it was published. See Adelaide Brown, "A Survey of Prenatal Care in California," *California and Western Medicine* 26 (February 1927): 182-184.

possibilities of tuberculosis or venereal diseases during 1920-1925. Rather, as in the efforts to educate parents and potential parents about medical supervision of their children,

...the whole tuberculosis campaign [became] educational. Not only [was] the person afflicted with tuberculosis taught how to get the best results from his treatment and how to avoid infecting others...the community as a whole [was] becoming more alert to the possibilities of preventing this disease....¹²³

The possibilities of preventing the disease included children and reinforced the use of medical supervision. Infants required protection; young children needed special care after exposure while they developed immunity; incipient cases of tuberculosis were curable in the majority of cases; those cured were not a menace and neither were the careful; and the health of others should be protected from the careless.¹²⁴

This educational approach focused primarily on the individual and omitted contributory living or workplace conditions. Even in the workplace after World War I, the San Francisco Tuberculosis Association allied with the employer. Together, they aimed to find those men and

¹²³ Other popular literature relayed stories about people caring for their health by being careful. For "A little message of hope, help and common sense for those who seek better health," and a story of how a man and woman beat T.B., see Mary Mack, *Outwitting the "T.B. Bugs."* (San Francisco: Cahill Publishing Company, 1920). She named "the health sextet: Food, Sun, Water, Rest, Air, Exercise." These six ingredients were widely recognized. "Open Window Week is Here--Up With Windows" appeared in the *Municipal Record* 9 (December 21, 1916): 402. The first sentence read, "With the emphasis placed more and more on the preservation of health and less on the cure of disease, the public generally is coming to realize how essential...is...good food, fresh air, work, play and rest." One section of the *Municipal Record*--The Health Corner--frequently included brief quips like "Health cannot be ordered from the drug store like food from the grocery." Or "Health--the quality of life that renders the individual fit to live most and serve best." See *Municipal Record* 11 (April 18, 1918): 125; 17 (November 20, 1924): 377. They also printed brief health-related articles. See "On the Subject of Spitting," *Municipal Record* 9 (December 21, 1916): 402; "Can the Spread of Tuberculosis be Prevented?" *Municipal Record* 11 (April 18, 1918): 124-125. The Board of Supervisors published the *Municipal Record* weekly for the "purpose of helping citizens of San Francisco to know their city better; for the preservation of records and facts that may become of historical interest." The Board started the publication in 1908 to report on the public improvements from the earlier bond issues and to keep the public informed of the details and progress made in acquiring the rights in Hetch Hetchy. In 1915 they charged a subscription fee of fifty cents a year, but in 1926 because of the pressing necessity for curtailment of city expenses, the Public Welfare committee recommended that the Board discontinue its publication. The monthly *Municipal Employee* replaced the *Record* for a little over a year before the *San Francisco Municipal Record* once again resumed its place as a communication medium for the City. See *Municipal Record* 19 (January 21, 1926): 26, 36; *Municipal Record* 3 (December, 1929): 5; Tuberculosis Association, *Report of the San Francisco Tuberculosis Association For the Three Years Ending December 31, 1920* (San Francisco: Blair-Murdock Company, 1921), 4.

¹²⁴ See Dr. Mary W. Harris, *Report...1920*, 4. Meanwhile the City worked to acquire a long term care facility for tuberculosis patients.

women in industry whose clinical history and physical condition predicted a liability to break down with tuberculosis.¹²⁵ Individuals could be improved "in various plants by moral and educative processes" because the greatest problem lay "in the physical condition of individual employees, their health habits and attitudes toward public health...." Consequently, a physical examination offered the best method of discovering these persons and for that, San Francisco industrial workers came to know about a health examination center at the San Francisco Labor Temple in late 1924.¹²⁶ The Association's way of educating the public proved to be physical examination programs, whether industrial or school health, whereas the examination, treatment, and follow-up of patients or contacts with tuberculosis increasingly belonged to the Board of Health.¹²⁷

Much to the dismay of San Francisco health and civic leaders, federal and state subsidies for the detection and treatment of venereal diseases declined after World War I.¹²⁸

¹²⁵ After World War I many superintendents and managers of shops and factories shared "a feeling that the physical well-being of industrial workers...must be better worked out in the future....realizing...that it is to their financial interest as well as a humane act to keep their workers in fit condition."

¹²⁶ The Association approved the principle of individual physical exams through a periodic ambulatory clinic in selected industries; they believed State and Municipal laws had corrected the sanitary conditions of plants and safety devices. The Association adopted their "Proposed Program for Tuberculosis Campaign in Industry" seven months later. See Tuberculosis Association, *Minutes...*, October 30, 1923; Attachment to *Minutes...*, July 1, 1924, p. 1. The Association announced the opening of the "health examination center" and placed Dr. Sappington and Miss Baker in charge of statistical studies, publicity, propaganda and education among employers and employees. After Mr. Piuti made an extensive study of the health conditions and medical facilities of leading industries, however, the Association determined they were not going to proceed on a scale large enough to justify Dr. Sappington's employment. See Tuberculosis Association, *Minutes...*, September 16, 1924; January 12, 1926; February 15, 1927, p. 3.

¹²⁷ Starr argues that the emphasis on personal hygiene and medical examinations was not always a logical response to bacteriological discoveries, but was consistent with the movement of public health from the environment to the individual. The campaign against tuberculosis used relatively simple tests for identifying the presence of disease which was influential in establishing a need for health examinations. See Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982), 191-192. In mid-1920 the Association proposed an educational campaign with individual property owners to improve sanitary conditions in lodging houses, "flop" houses, flats, and apartment houses, but it never really took off. Over time, as the Association saw the rates of tuberculosis decline, they believed their role lay in general health promotion and the prevention of other chronic diseases, e.g., heart disease and cancer. See Tuberculosis Association, *Minutes...*, June 4, 1920, pp. 552-553; January 25, 1921, p. 579. The Health Department conducted five chest clinics, the largest at San Francisco Hospital, and the others under the auspices of University of California, Stanford University, Mount Zion Hospital and Telegraph Hill Center. See Hassler, *Annual Report...1924-1925*, 10-11.

¹²⁸ When the State Board of Health rejected funding for their Bureau of Social Hygiene in 1921, eighteen San Francisco civic leaders wrote in protest to state legislators. Dr. Wm. P. Lucas, University of California Medical School; Eleanor Reeves, Social Service Director of I. Magnin and Company; Matthew Brady, District Attorney; Dr. Hassler; W. S. Wollner, San Francisco Social Hygiene Company and Head of Corporation; Josephine Merton, Social Worker; H. E. Alderson, Stanford University Medical School;

Correspondingly, physician and general public interest in protection and treatment waned.¹²⁹ Emerson and Phillips observed this resistance and indifference to reporting venereal diseases despite a city law, and commented about the lack of "constructive, educational, recreational, social, or legal" efforts to reduce the prevalence of venereal diseases. In order to develop a proactive position, Emerson and Phillips recommended that a body of people representing a wide range of health interests address the venereal disease problem in San Francisco, and offer citizens more than the usual diagnostic and treatment services found in dispensaries.¹³⁰

Emerson pointed out one other criticism about San Francisco's services for health and its protection during 1920-1925. The Department of Public Health did not analyze the births, deaths and sickness of the San Francisco population according to race or nativity, age, sex, and city district, or compare the data with their experience of previous years. Thereby public and private agencies dealing with health and disease had no means of evaluation for their work and its impact

Alicia Mosgrove, Chief Supervisor of Public Dance Halls; Sylvester McAtee, Judge in Women's Court; Suzanne Gomez, Executive Secretary of Traveler's Aid; D. J. O'Brien, Chief of Police; J. C. Astredo, Chief Probation Officer; Lily A. Craighan, Inspector of Indigents with the Emergency Hospital Service; John J. O'Meara, Captain of Police; Dr. John T. Boyer, Department of Public Health Diagnostic Clinic physician; Wm. Dorr, Saint Luke's Hospital Superintendent; the House of Friendship; and the Personnel Service Director of the Emporium. The letters pushed for continuing service under the belief that venereal disease control was not simply a war time measure. See Bureau of Social Hygiene, Public Health Records, California State Archives, Roseville, CA.

¹²⁹ For 1919-1921, San Francisco clinics reported 1,623 new cases of syphilis and 868 new cases of gonorrhea. See "Reports of California Venereal Clinics July 1919-January 1921," Bureau of Social Hygiene, Public Health Records, California State Archives. In 1919-1920 Stanford reported the most new cases of syphilis but San Francisco Department of Health clinic consistently reported the largest number of new cases for gonorrhea; and from July 1920 through January 1921, the most cases of syphilis as well. The University of California clinic discontinued their services in September 1920 which may have caused a larger attendance at San Francisco Municipal Clinic. Proportionally the clinic at the University of California had the highest ratio of new cases to total treatments, that is 1:30; Stanford, 1:17 and San Francisco, 1:8.7. The University of California later opened separate clinics for adults and children. By the mid 1920s outpatient clinics at Mary's Help, Saint Mary's, Mount Zion, Saint Luke's, and Children's treated primarily syphilis cases. Emerson and Phillips estimated a probable 2700 public cases and another 2700 private cases, yet providers reported only 1011 cases of syphilis and 935 cases of gonorrhea during 1922. See Emerson and Phillips, *Hospitals and Health Agencies...*, 21.

¹³⁰ Local community agencies may have tried more education than was known. Community member and pastor J. H. Ohlhoff with the Episcopal Mission—Canon Kip Memorial Mission (or Community House as it was later called)—requested educational materials from the USPHS. Col. Pierce, Assistant Surgeon General sent him single copies of "Keeping Fit," for boys older than 13 years of age; "Manpower," for young men older than 17 years of age; and the girls pamphlet for those leaving high school or in industry. See Letter from Colonel Pierce to J. H. Ohlhoff, March 10, 1919, RG90 PHS General Records, 204.9, Box 22, Venereal Disease Division 1918-1936, National Archives.

on the well-being of San Francisco.¹³¹ Every two years citizens and providers alike had access to statewide statistics and within those, the total number of deaths by disease category from each county, but not by age or race or geographic area.¹³² Thus, San Francisco had few agencies to address specific needs of immigrant or foreign populations. Immigrants and foreigners could use the services provided by the city through the Department of Health or other private agencies, but any of those agencies may or may not have had staff able to communicate in patients' languages. Fortunately one of the private agencies--the International Institute of San Francisco--employed persons fluent in a foreign language whether Spanish, Italian, French, Greek or Russian and developed services specific to immigrant and foreign women. The local branch of the YWCA assumed responsibility for work with foreign and immigrant women in 1920 through its International Institute. During 1921--with five nationality workers speaking ten languages--they served over twelve thousand individuals and located about three hundred women from other countries. Particularly in 1924-1925, they noticed a large increase of Mexican people in their caseload and began to identify additional needs for a nationality worker in that community along with other Spanish-speaking populations.¹³³

Recognizing the Gaps in the Face of Reorganization and Achievement, 1926-1930

...statements might be issued from the Health Department...calling attention to the healthfulness of San Francisco City....children and adults living in this type of climate are more healthful, more vigorous mentally and physically, have less periods of incapacity...feel stronger, have...less goiter, heart or digestive disorders...have a better chance for continued health, than anywhere else.... Why...do we not speak of and prove that San Francisco is the Health Center of the West....¹³⁴

Despite Emerson having pointed out the deficits in data gathering and analysis, Dr. True with the Bureau of Sanitation in the San Francisco Department of Public Health professed San

¹³¹ See Emerson and Phillips, *Hospitals and Health Agencies...*, 8.

¹³² For those causes of death most prevalent in San Francisco, see Table 4.3 in Chapter IV.

¹³³ The Institute's services with the Mexican population expanded in the late 1920s as discussed in a later chapter. See International Institute of San Francisco, *Annual Report, 1924; 1925; 1926*, Unprocessed Archive.

¹³⁴ See Herbert F. True, M.D., Bureau of Sanitation, "Observations of Health Office Activities," in Board of Health, *Minutes...*, pp. 3895-3962.

Francisco as the 'Health Center of the West.' One might ask, "As compared with?"¹³⁵ The city was still trying to work out the best system for health delivery while San Francisco civic leaders were studying the possibility of joining the San Francisco and San Mateo county governments and considering a different form of urban government in which the activities of the Department of Public Health would be supervised by a mayoral-appointed chief administrative officer instead of the Board of Health.¹³⁶ Further, the Board of Health needed bond money to expand their facilities. "After several meeting with special committees of experts on each of the projects..." the Board had petitioned for a bond issue on the November ballot in 1928. Bond money would build a new central office and enlarge the Central Emergency Hospital at the Civic Center; complete the Tuberculosis Preventorium at the San Francisco Health Farm; build a Psychopathic facility, Cancer Institute, a new Home and Nurses Training School, and additional stories to the Tuberculosis Wing at San Francisco Hospital; and build three additional units at the Laguna Honda Home.¹³⁷

¹³⁵ The Board seldom reported any data according to nationality except for the Chinese. By State regulation, the County began to segregate Mexican births and Mexican deaths in the late 1920s.

¹³⁶ See Chapter One. The composition of the Board of Supervisors changed during the fall elections, 1925. Three other new supervisors assumed office in 1928.

¹³⁷ The San Francisco Health Farm occupied 310 acres in San Mateo County at an elevation of six hundred feet. It officially opened October 27 with the transfer of five patients from the tuberculosis ward of the San Francisco Hospital. See *Municipal Employee* 1 (December 1927): 29. In 1928, Klimm claimed the splendid results at the Health Farm had convinced the Board that all of the city's tuberculosis treatment except for emergencies should be removed from San Francisco to the Health Farm. The Health Farm sat "above the fog line and dampness and had 100 days more of sunshine than the city during 1927." Klimm rationalized need in order to gain voter support of a proposed five million dollar bond issue for the health department. See Klimm, "Heed Ye...", 7, 21-22. Board member Arnstein recalled the process used to appoint a director of San Francisco Health Farm. Hassler feared a political appointment and when he heard that Gavin McNab, Democratic political boss had recommended his friend and surgeon Dr. William Mackintosh to Mayor Rolph, Hassler called Arnstein. The next morning Henry Brandenstein called Arnstein. Brandenstein was an uncle of Arnstein's wife, a former member of the Board of Supervisors and at the time, "quite a prominent attorney." He told Arnstein, Gavin McNab "helped you out two years ago on the tenement house reform and got that bill through and wants you to vote for his friend Mackintosh." After Brandenstein's call, Arnstein told Hassler that he was going directly to McNab. Hassler went too, and together they insisted that appointing a man as director of the San Francisco Health Farm who knew nothing about tuberculosis, equated with murder. After their discussion, McNab called Rolph and withdrew his nomination of Mackintosh. See *Lawrence Arnstein, Community Service...*

Recognizing Chronic Illness While Maintaining Care for Mothers, Babies and School Children

Members of the Board of Health had asked, "How can San Francisco deny care to sick people?"¹³⁸ They answered in the bond issue as the Board of Health redirected their concerns to address the long waiting lists for hospitalization and the needs of patients with chronic illness. Board of Health President Klimm maintained that the city had experienced a large increase of population between 1915 and 1928. More than 700,000 people lived in San Francisco in 1928 according to estimates from the telephone company and Spring Valley. As a result, the Board of Health cared for the sick, poor, and aged in facilities designed for a population of 500,000. The bond issue focused on particular populations of the sick and poor, however. These populations aligned with particular social concerns and the city's desire to maintain a competitive image. Part of the proposed Psychopathic Hospital would be to "care for drug addicts;" and unlike a number of other large cities e.g., New York, Chicago, Buffalo, and Detroit, San Francisco lacked a Cancer Institute despite having the highest cancer death rate in the United States.¹³⁹ Providers could use several institutions rather than extend San Francisco Hospital as the institution of choice for every illness, and thereby create ongoing and longer waiting lists. Tuberculosis patients could rehabilitate at the San Francisco Hassler Health Farm in Redwood City after acute care at San Francisco Hospital; the infirm aged and chronically ill could reside at the Laguna Honda Home; patients with cancer could receive x-ray and radium treatments at the Hospital; and patients with mental illness and drug addictions could be treated in the Psychopathic Hospital.¹⁴⁰

¹³⁸ See Board of Health, *Minutes...*, June 6, 1929, pp. 4397-4401; January 16, 1930, pp. 4485-4489. The Department of Public Health budget categories were neither simple nor mutually exclusive. Since 1924 the Board of Supervisors had apportioned care for the unemployed in the moneys allotted the Laguna Honda Home. Board Member Arthur Barendt noticed this for the first time in early 1930 when he saw that moneys had been funneled to Saint Patrick's Shelter for men. At the same time, Director of the State Bureau of Tuberculosis Edythe Tate Thompson discussed the withdrawal of subsidies for non-citizens.

¹³⁹ See Klimm, "Heed Ye the Call..." 21-22. Throughout the early 1920s the White Cross Society made several efforts with the Board of Health to develop treatment services for drug addicted people. The Harrison Federal law went into effect March 1, 1915 and prohibited anyone from buying "opium or coca or any compound, manufacture, salt, derivative or preparation thereof" unless the person had a special license and was a dealer. See "Anti-Narcotic Bill," *Pacific Medical Journal* 58 (March 1915): 133.

¹⁴⁰ Between 1925-1928, San Francisco Hospital averaged a waiting list of 120 to 271 people, excluding patients with tonsil, hernia, or maternity problems. See Klimm, "Heed Ye the Call..." 7, 21-22. On April 1, 1928 more than 270 people were waiting admission, and in addition 121 tonsil cases and 180 maternity cases. This was after the San Francisco Hospital established an Outpatient Maternity Service in December

Obviously, the Board gave less attention to health education and health promotion in the face of long waiting lists, salary adjustments, budget deficits, and changes in the leading causes of death.¹⁴¹ Still the Board operated prenatal and well-child clinics and supported the work of other agencies promoting and preserving the health of San Francisco inhabitants.¹⁴² Prenatal services and postpartum visiting services expanded from those initiated during 1920-1925.¹⁴³ By 1930, San Francisco Hospital and ten non-official agencies engaged in prenatal work, and physicians and nurses at nine Health Department clinics or one of eleven others supervised the health of children up to six years of age.¹⁴⁴ Hiscock noted that each child superseded the number of visits expected

1927 to take care of the overload. Because city physicians no longer had the responsibility of the city jails, in October 1929 they started to make home care their priority. After a month-long trial period they planned to meet with the Associated Charities and the Visiting Nurses' Association to cooperatively care for the family from the "financial point of view." Hassler predicted these changes would reduce the patient crowding at San Francisco Hospital. See Board of Health, *Minutes...*, October 31, 1929, pp. 4453-4457.

¹⁴¹ The Health Department deficit reached over sixty thousand dollars in 1929. Dr. Hassler assured the Board of Health that because San Francisco Hospital and the Laguna Honda Home had reduced their patient populations the deficit was actually less. Still the Board of Supervisors refused to correct a deficit of more than thirty-five thousand dollars. Groups of civic leaders and health providers met with the Board to discuss alternatives. See Board of Health, *Minutes...*, January 19, 1928, pp. 4119-4125; March 1, 1928, pp. 4155-4163. Circulatory diseases and cancer ranked first and second in causes of death among the general population starting in 1920.

¹⁴² By 1929 data on San Francisco births showed 82.3 percent of all registered births occurred in hospitals and 17.7 percent at home. Midwives delivered one percent of Chinese home births in 1929 (80.4 percent of 362; one percent of these were by midwives). In contrast, midwives delivered 63 percent of Japanese home births (50.4 percent of 135; 63 percent of these were by midwives); 13.8 percent of the registered white births took place at home whereas 24.7 percent of the Negro births and 33.4 percent of "Others" were classified as home births. See Hiscock, *An Appraisal...*, p. 54-55. The California Bureau of Child Hygiene licensed and yearly reinspected all maternity homes of three beds or less and maternity departments in hospitals. California confined fifty percent plus of its cases in maternity hospitals and homes in 1930, but San Francisco had already surpassed that proportion in 1919 when fifty-two percent of mothers had given birth in hospitals. See "Many Births in Hospitals and Homes," *California Department of Public Health Weekly Bulletin* 10 (August 15, 1931): 111. In 1929, the State licensed the following hospitals: Children's; Chinese; Dante Sanitorium; Franklin; French; Mary's Help; Morton; Mount Zion; Saint Francis; Saint Joseph's; Saint Luke's; Saint Mary's; Stanford University; and Sutter Hospital. In addition they licensed the following homes and individuals: The Greer Home at 6000 Fulton Street; Mrs. Namiye Murayama, 1624 Post Street; and Mrs. Ume Uyeda, 1526 Webster Street. See *Thirty-first Biennial Report...California, 1928-1930*, 236; Hattie Lezynsky and Adelaide Brown, "Infant Mortality in San Francisco in 1919," *California State Journal of Medicine* 18 (August 1920): 296-301; Hassler, *Annual Report...1924-1925*, 7.

¹⁴³ During 1929, health Department nurses made 1,750 visits for post-partum care and interns made 1,479. Each patient averaged 9.7 visits from staff. As many as 250 physicians used the Baby Hygiene Committee to make educational home visits of patients after hospital deliveries. The VNA also made 4,777 visits in behalf of infants in 1929. See Hiscock, *An Appraisal...*, 60-61.

¹⁴⁴ The ten non-official agencies engaged in prenatal work: Children's, Saint Mary's, University of California, Stanford, Mount Zion, Saint Luke's and Mary's Help Hospitals; and the Canon Kip Community Center; San Francisco Polyclinic; and Telegraph Hill Neighborhood House. The nine Health

for San Francisco's low infant mortality rate and suggested that several non-official agencies in the health center districts turn over their work of periodic physical exams, parental advice regarding hygienic feeding, habit training, and protection against diphtheria and smallpox, to the Health Department.¹⁴⁵ In addition, Hiscock recommended hiring more public health nurses to make prenatal visits, postpartum visits and work in the schools.¹⁴⁶

The work of the Health Department to fill in the gaps in the physical examination of older students, home visiting and health education instruction expanded delicately around issues of control. Dr. Hassler of the Health Department had opposed the San Francisco Tuberculosis Association's budget allotment for the examination of students in one of the high schools in 1927 because the Board of Health had adequate staff to examine those students. After all, staff with the Board of Health staff had examined more than three and one-half thousand students in 1926 and had added exams for all school teachers in 1927.¹⁴⁷ Other than scale or results, however, appeared

Department "Well Baby conferences" included those at the Central Health Office, Glen Park Health Center; Mission Health Center; and Emporium, Bay View, Bernal, Potrero Hill, Visitacion and Telegraph Hill clinics. The non-official included the Children's Health Center; Canon Kip Community Center; San Bruno Community House; San Francisco Polyclinic; Associated Charities; and the Children's, Saint Mary's, University of California, Stanford, Mount Zion, and Mary's Help Hospitals. See Hiscock, *An Appraisal...*, 56-60, 65.

¹⁴⁵ The clinics were situated at reasonably convenient locations and were open during reasonably convenient hours as corroborated by the map displaying the services. See Map 2.2; Hiscock, *An Appraisal...*, 16. The average of 6.5 visits per infant was consistent with national averages for a city with an Infant Mortality Rate of 100. In 1929, the IMR in San Francisco was 49. As previously discussed, this rate concealed remarkably higher rates among various nationalities.

¹⁴⁶ The Health Department employed seventy-two nursing personnel in 1929. One supervisor and three nurses worked in child welfare; one supervisor and two nurses worked in foster home care; three supervisors and twenty-eight nurses worked in school health; one nurse worked solo in the Chinese District; one supervisor and five nurses worked in the Mission District; one supervisor and nine nurses each worked in the social services and tuberculosis programs. Other organizations sent nurses into people's homes: San Francisco Tuberculosis Association (four of their nurses worked with the Health Department in the schools and one devoted most of her time to the study of the heart disease problem in the city). The Children's Health Center of the Baby Hygiene Committee funded one full-time nurse and one part-time for their postnatal visiting nurse program; Children's Hospital, Associated Charities, Saint Mary's Hospital, and Mary's Help Hospital each employed two visiting nurses; University of California Hospital employed four; Stanford Hospital Outpatient Department eight; and Saint Luke's and Mount Zion hospitals each employed one visiting nurse. See Hiscock, *An Appraisal...*, 85.

¹⁴⁷ In addition to Health Department staff, the State of California Bureau of Tuberculosis, the San Francisco Tuberculosis Association and the Physical Education Department of the San Francisco schools provided the staffing for a series of chest clinics in two high schools during 1926. Drs. Ruth Burr, Ethel Owen, Mary Mentzer, Ina Richter, and Isabel Clinton examined the 556 girls and Drs. Harold Trimble, Philip Pierson, Charles Ianne, and B. L. Friedlander examined the 234 boys. The female physicians found eighty-four girls with questionable lung conditions and recommended fifty-seven girls change their diet,

to be at issue with the physical examination clinics. Hassler stood firmly "against outside agencies doing health work because a dozen different agencies are seeking to set up a dozen different kinds of health work--some with merit and others worthless."¹⁴⁸ Consequently, the Association supplied additional doctors and nurses to work under the direction of Dr. Hassler and the members of the School Medical Inspection staff of the Health Department.¹⁴⁹

The Facilities for Response to Social Need: Agency Reorganization and Program

Adequate facilities with personnel organized for an efficient delivery of services continued to be of concern into the late 1920s. As agencies struggled financially and more people required assistance, people raised more questions of adequacy. The Community Chest repeatedly failed to raise the amount of funds for their budget and consequently could not apportion sufficient amounts

forty-nine girls change their more than two hours' daily home study, and thirty-seven change their more than two hours of daily work outside school. The male physicians found thirty-three boys with questionable lung conditions and recommended more food for nearly half of the boys, and more rest and work cessation for another sizable number. After 3295 students had been examined between September and October 21, the Tuberculosis Association commented that the male and female physicians classified defects differently. Perhaps that explains the more detailed report in 1926 from the female physicians. See *Twenty-ninth Biennial Report...California, 1924-1926*, 103-104; Tuberculosis Association, *Minutes...*, September 13 and October 25, 1927.

¹⁴⁸ See Board of Health, *Minutes...*, March 1, 1927, p. 4. The Board of Education and Board of Health worked to provide education for differently-abled children. The Rotary Club initially funded the Sunshine School for children with orthopedic problems (crippled primarily by tuberculosis of the hip or poliomyelitis) until the Board of Education accepted it as a public school in 1927. In 1926, the Board of Education supplied a technician to conduct phonograph audiometer tests of all children in 4th grade and older. The Board of Education also provided special classes for children with vision corrected to 15 over 70. The Board of Health operated three Habit and Guidance clinics for the mental examination of subnormal, behavioristic, and unadjusted children and a cardiac clinic. In 1927 school medical inspectors kept approximately 2,800 children under observation for being ten percent or more underweight. Practically all of the children received mid-morning lunches in addition to health teaching and correction of any physical defects. School medical inspectors also examined high school students entering physical education classes since California law required that each student pass a physical examination of the heart and lungs. Likewise, students between 14 and 18 years of age who had met certain scholastic and physical requirements could be granted working certificates. School health inspectors determined the student's physical fitness for work, but did not continue any health work with the students obliged to attend the Part-time or Continuation school. See Maher, "Report of the Division of School Health Inspection, 1926-1927," 18-19; Hiscock, *An Appraisal...*, 73-84.

¹⁴⁹ Apparently this collaboration satisfied both agencies. In December 1927 the Tuberculosis Association approved Hassler's request to continue their examinations in high schools and begin in junior high schools. This continued beyond a simple trial period. The San Francisco Board of Supervisors failed to approve funds for physical examinations and the Association continued to cover the costs until 1929. See Tuberculosis Association, *Minutes...*, December 20, 1927, p. 28; June 12, 1928, p. 42.

to their member agencies.¹⁵⁰ More than once the community questioned the Chest. Even the Board of Health voiced its criticism when the Chest denied funds to Saint Patrick's Shelter, saying the Chest was being senselessly blind to the worsened economic conditions and the rising number of homeless men in San Francisco.¹⁵¹ Dr. Hassler reassured the Board, however, that Mr. Havenner, Chair of the Finance Committee of the Community Chest, fully realized the situation and had already arranged a possible soup kitchen for the coming winter.¹⁵² Despite homelessness having been a familiar problem since the early 1920s, however, now it loomed even larger.¹⁵³

¹⁵⁰ Already in 1922, the San Francisco Community Chest had 105 member agencies: 30 on charity and case work; 35 on recreational, educational, and character building with 15 of those for girls; and 40 institutional. See "YWCA, San Francisco Application Dated November 20, 1922," Carton No. 23, 83/23 United Way of Bay Area. The Chest campaign organization divided themselves geographically with an Establishment Committee for fundraising among employers with over 20 employees. The National YWCA already recognized problems with relying on Chest funds and adopted resolutions during their 1922 meeting to work towards financial independence.

¹⁵¹ The unemployed--often homeless men, included soldiers from World War I, and workers displaced by changes in industrial--labor saving machines, consolidated industrial enterprises, and old age insurance for men above age forty-five. Higby advocated care for this floating labor supply in order for them to meet the growing economic and commercial demands of the State. See Memo to Ray W. Smith from William F. Higby, February 1, 1929, Saint Vincent de Paul, Carton No. 14, 83/23 United Way of the Bay Area.

¹⁵² Saint Patrick's Shelter for Men, located at 237 Minna Street, had only 275 beds. The Board of Health favored the establishment of a municipal lodging house that could take care of at least 1,500 to 2,000 men able to pay merely fifteen to twenty-five cents a night for lodging. The Board estimated that in 1928 the city was already paying thirty thousand dollars a year to care for this type of person in various cheap lodging houses. In 1930 the Board paid money to Saint Patrick's Shelter for Men. See Board of Health, *Minutes...*, April 5, 1928, pp. 4183-4186; June 6, 1929, pp. 4397-4401; June 13, 1929, p. 4405; January 16, 1930, pp. 4485-4489.

¹⁵³ In 1921, the city saved thousands of dollars by using unemployed people to construct the gates to Laguna Honda, build a cobblestone fence around the grounds and to bring wood to Laguna Honda from the Sutro estate. The unemployed came from three groups--ex-soldiers paid by the Red Cross; family men paid by the Associated Charities; and single men cared for by the Salvation Army. Paid according to the size of their families, the men received a 20 cent ticket for each hour of sawing wood; meals cost 20 cents each and a bed in one of the bunk houses cost 20 cents. Family men with three children could work 22 hours a week at 50 cents an hour. They could buy from a wholesale stock, 60 percent for groceries, 20 percent for meat, 15 percent for milk and 5 percent for bread. As many as 82 married men and 106 soldiers worked in one day. "...best workers are the Spaniards...poorest are the Mexicans...Porto Ricans come next. The soldiers are also very poor workers...mostly drifters and 'gold-brickers.' Some of these boys are without shoes or clothes...particularly true of the boys discharged on the Mexican border." See Wollenberg cited in Board of Health, *Minutes...*, April 7, 1921, pp. 3046-3049. Eight months later, various charities again sent married men with families to Laguna Honda for as many days work as members in their family. The men were paid in groceries. Because ex-servicemen lived on the street without a place to sleep, the Health Department contracted with six or seven rooming houses and eating places to care for these men. For 25 cents Laguna Honda issued a ticket good for one night's lodging and one meal. The Board of Supervisors and the newspaper men agreed to give no publicity to this movement because they feared it would bring the unemployed into the city from all over the state. See Board of Health, *Minutes...*, December 15, 1921, pp. 3142-3144.

Noticing the Chinese and the Filipino Outside the Care of District Offices

The worsened economy and an increased demand for services placed other populations and agencies into the public's awareness. The Board of Health opened general health centers in the Mission and Glen Park and placed a nurse in the Chinese district; and the newly operative VNA of San Francisco also opened a branch office in the Mission District and at the University of California.¹⁵⁴ These facilities, however, did not address Hiscock's concerns with two other districts--the Chinese and Japanese districts.¹⁵⁵ He recommended that the VNA and the Health Department increase their public health nursing services in these districts and address mental hygiene and nutrition problems in the homes. Indeed, the VNA's *Annual Report* for 1929 had not listed any casework with people of Chinese or Japanese nationalities although visiting nurses had worked with ten other major nationality groups, including people from the United States, Italy, Mexico, Ireland, Philippines, Germany, Canada, Russia, England, and Spain.¹⁵⁶ Still, Hiscock did not elaborate about why more public health nurses were needed in these districts.

The newly reorganized Department of Social Work of the Community Chest had been concerned with the Chinese community and had thus arranged a special study.¹⁵⁷ After their study

¹⁵⁴ The Department of Health had opened a general public health district office in the Mission and placed one nurse in the Chinese district in late 1925; two years later the Board of Health opened another generalized district in Glen Park; each district office operated with five staff nurses and one generalized supervisor. See Eleanor Stockton, "Field Nursing as Conducted by the San Francisco Board of Health With Suggestions for Betterment," February 1, 1926, in *San Francisco Medicine*, Miscellany No. 28, Bancroft Library; Hiscock, *An Appraisal...*, 93. By 1930, twenty visiting nurses of the San Francisco VNA made home visits from one of three offices. The Mission Branch office at 3398 Twentieth Street opened in 1927 and the University of California Branch at Second and Parnassus Avenues in late 1930. See "San Francisco VNA Scrapbook," Unprocessed archive of the Visiting Nurses and Hospice Association of San Francisco. District health centers were not new. Davis considered this an appropriate way to care for immigrant populations. See Davis, *Immigrant Health...* Rosen argues that as immigrant populations changed so did the need for the local health center, i.e., more individuals sought private care as their status shifted and they moved into other areas. Similarly, he suggests that most local health centers provided limited services, and private practitioners began to incorporate immunization, antepartum care and well child care into their work. See George Rosen, "The First Neighborhood Health Center Movement: Its Rise and Fall," in *Sickness and Health in America* edited by Judith Walzer Leavitt and Ronald L. Numbers, 475-489 (Madison: University of Wisconsin Press, 1985).

¹⁵⁵ See Hiscock, *An Appraisal...*, 93.

¹⁵⁶ See Hiscock, *An Appraisal...*, 88-89. The VNA grouped as many as 8.8 percent of the cases under "Other" nationalities.

¹⁵⁷ The Community Chest and Council of Social and Health Agencies restructured their organization in late 1926. The Council of Social and Health Agencies became part of the Chest as a Department of Social Work. They renamed the subcommittees "Councils." Among others, they had a Recreation Council;

disclosed particular social needs in the Chinese community, the Department of Social Work asked the Councils to make recommendations on how the Department could address the problems as identified, e.g., they referred the care of Chinese babies, the institutional care of children, and day nurseries to the Children's Council, the general problem of relief to the Relief Council, and the clinics and housing conditions in Chinatown to the Health Council.¹⁵⁸ The councils, however, recommended currently funded organizations provide the needed services. They asked the Associated Charities to care for Chinese babies and help place and care for Chinese foster children, the Chung Mei Home in Berkeley to help house Chinese boys, and they asked the Golden Gate Kindergarten Association to develop a day nursery for Chinese children.¹⁵⁹

Another health factor, however, had increased the visibility of the Chinese population around this same period of time. A cycle of epidemic cerebrospinal meningitis had started in late 1926 and was accompanied by an escalating public concern in 1928-1929 with cases among emigrating Filipinos. Although the Board of Health recorded cases of the disease in Whites, Filipinos, Chinese and a few Japanese, of those affected, proportionately more of the Chinese died from this disease.¹⁶⁰

The Department of Social Work of the Community Chest publicly addressed concerns in the Chinese Community, whereas the Board of Health focused more on problems among the Filipino population. Immigration from the Philippines had increasingly occupied the California

Health Council; Hospital Council; Children's Council; Relief Council. See Shepard, "A Review of Seven Years...."

¹⁵⁸ See Executive Committee of the Community Chest of San Francisco, *Minutes...*, February 21, 1929 and February 13, 1930, Carton No. 54, 83/23 United Way of Bay Area. Mr. Elkus outlined the need for a general Chinese survey.

¹⁵⁹ Dr. Langer's Report to the Department of Social Work, Executive Committee of the Community Chest of San Francisco, *Minutes...*, May 21, 1930. Hassler suggested these plans had to have the active cooperation of the Six companies and the Chinese Chamber of Commerce. The Chung Mei Home had applied to the Chest in 1923-1924 but were denied because the Chest had received "quite a number of applications dealing with the care of Chinese boys and girls" and wanted to "study the entire situation affecting the Chinese community." The Chest also classified the Home as a missionary agency because it was run by clergymen under the auspices of the American Baptist Home Mission Society. In 1924, the Home housed 10 Chinese boys from San Francisco. The Chest did not grant them funding until 1928. See "Chung Mei Home 1923-1942," Carton No. 21, 83/23 United Way of Bay Area.

¹⁶⁰ Of 110 cases. 47 were whites with 27 deaths; 45 were Filipinos with 19 deaths; 16 were Chinese with 11 deaths; and 2 were Japanese with one death. See Board of Health, *Minutes...*, April 4, 1929, pp. 4355-4357.

Joint Immigration Committee; and the Committee garnered information from Dr. Hassler, among others, to support their alarm about the "steady menace" of the Filipino--burdening communities by occupying jails, asylums, and hospitals.¹⁶¹ Assistant Secretary Dorothy Kaltenbach conversed with Dr. Hassler, Mr. Higby of the Community Chest, and Mr. McCarthy of the Catholic Filipino Club about the social problems presented by Filipinos and reported to the Joint Committee that

Dr. Hassler was very emphatic in his statement that the Filipinos are highly undesirable. The steamship companies bring them here, sick or well, but mostly sick and then the San Francisco Hospital is called upon to care for them. They are suffering in large numbers from tuberculosis, brain tumors, and malnutrition. In several instances the Health Department has forced the steamship companies to pay for their care with hopes that if the situation occurs more frequently the companies will be more careful to bring at least healthy Filipinos.¹⁶²

Retrospectively, his position may have been inflammatory since the next week the Committee warned their members to "keep the source of information about Filipinos STRICTLY CONFIDENTIAL."¹⁶³

Hassler's position varied considerably from that of the President of the State Board of Health Dr. George E. Ebright and Dr. J. C. Perry of the United States Public Health Service. These physicians both argued before the Commonwealth Club in 1929 that the Filipino was not a public health menace and not very much of a public health problem and for any Filipinos arriving with a

¹⁶¹ The Committee equated Filipinos with Mexicans. See California Joint Immigration Committee, *Minutes...*, January 11, 1927, Carton No. 20, C-B 800 James D. Phelan Correspondence and Papers, Bancroft Library.

¹⁶² The Joint Immigration Committee explained the increase of Filipino immigrants as a consequence of restricted European immigration. Fewer European immigrants created a partial labor vacuum that was being filled with cheap labor from México and the Philippines. Mr. Higby gave his opinion that the Community Chest would have to stop giving aid to the Catholic Filipino Club because they were irresponsible and could exhaust their allotment several times a year. The Chest funded the Club with \$339. monthly; the remainder of their operating funds came from the treasury of the Archdiocese. McCarthy indicated that 9,000 Filipinos worked on farms for less wages than whites and flocked to the cities in winter. Many of the displaced came to the Catholic Filipino Club where they received a breakfast for ten cents and dinner for twenty-five cents. See California Joint Immigration Committee, *Minutes...*, July 14, 1927; December 14, 1927. Interestingly, Hassler talked to Kaltenbach in late 1927, yet nothing appeared about the Filipino population in Board of Health meetings until early 1929.

¹⁶³ See California Joint Immigration Committee, *Minutes...*, December 21, 1927.

communicable disease, quarantine regulations and cooperation with the local health department afforded protection for the community.¹⁶⁴

Cooperation with the local health department placed more strain on the Board of Health, already short of money and space. The task of protecting, preserving and promoting the health of San Francisco's inhabitants, however, involved political pressures, as Dr. Hassler had found among members of the Board of Health. Thus, as the city considered a different structure of government, Dr. Hassler eagerly prepared for a change. Hassler suggested to his very good friend and fellow mason chairing the Committee for the Revision of the City Charter that the administrative management role of the Board of Health be rewritten to avoid possible special interest pressures from Board members. Thereby, the Board would be relegated to merely an advisory role instead of an administrative one. Arnstein objected. An advisory board possessed no legitimate authority, whereas an administrative board could assist the county health officer in the community and protect from a health officer only interested in power.¹⁶⁵ In the end, however, the City and County Charter reformulated the Board of Health role as advisory with no management authority.

Responding for the Good of the Whole Population within Acceptable Margins

In some measure the social and health agencies of the city and the Board of Health responded to all the residents of San Francisco. The Board of Health's concern with all matters pertaining to the preservation, protection and promotion of the health of its inhabitants reflected concerns apparent in the larger population with bursts of attention given to epidemic communicable diseases, mothers, infants, and children, venereal diseases, and tuberculosis as driven by the pressures of business, and local, state, and national interests. The bursts of attention for diphtheria

¹⁶⁴ See George E. Ebright, "Is the Filipino a Health Menace?" *The Commonwealth Part II 5* (November 5, 1929): 356-360; J. C. Perry, "The Filipino in Relation to Public Health," *The Commonwealth Part II 5* (November 5, 1929): 361-364.

¹⁶⁵ Arnstein reminded Hassler that the Board had helped him out most of the time in the last 18 years. Hassler had always had his way because the Board always decided when they disagreed with him that he was responsible in the end. Further Arnstein cautioned Hassler that while the role of such a Board might work for Hassler, his successor could be an entirely different kind of person. In fact Hassler died from a cerebrovascular accident shortly after the Charter became effective in 1932. A committee appointed his successor, Dr. Geiger, who did not use or call on the Board of Health during his tenure. See Arnstein, *Community Service...*

and cerebrospinal meningitis illuminated concern for foreign populations while the attention to mothers, infants, and children, venereal disease, and tuberculosis illuminated concerns for a healthy population, of the greatest good for the overall image and productivity of San Francisco and thereby good for business. Social and health agencies and business organizations further solidified their relations through the formation of the Community Chest and the Council of Social and Health Agencies. Their affiliation, however, never emphasized an evaluation mechanism reflective of the city's cosmopolitan character despite their push for surveys and research.¹⁶⁶ Neither did the Board of Health. Consequently, although recommended by the Emerson and Hiscock, the Board of Health and the Department of Social Work or the Council of Social and Health Agencies as a whole, did not generate or retrieve data to determine how agency services impacted on the health of the city's diverse population. Instead, they played the dual role of a service broker and service provider, recommending which agencies and services received funds, and providing program services in particular. Whatever programs developed services specific to a nationality came from a few private organizations concerned with the well-being of foreigners and immigrants like those of the International Institute or with the health of their own nationality, like the French and German Benevolent societies.

Aims to operate efficiently under centralized and consolidated organizations did not stop some organizations from expanding their services, especially for the Board of Health. The Department of Public Health started in 1915 with no tuberculosis clinic program, no tuberculosis sanitarium, no preventive dental program, no habit or cardiac clinics, no child welfare program other than school health inspection, and only hospital based prenatal care. Similarly, the YWCA had no International Institute to work with foreign and immigrant women; the Baby Hygiene Committee had no post-partum visiting nurse program; the Board of Education had no nutrition program or medically supervised classes; and no citywide VNA provided home care in San

¹⁶⁶ Numerous agencies used the same key figures on their boards of directors and together reviewed the services needed and fundworthy in San Francisco.

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Francisco, although numerous agencies provided their own visiting nurses.¹⁶⁷ Likewise, no Social Hygiene Education Association worked to provide information about venereal disease prevention and treatment.¹⁶⁸ These absences did not provoke a dramatic realignment of services, however, because the absences themselves were part of the familiar.¹⁶⁹

Dr. True's boasted about the "healthfulness of San Francisco City" and the "better chance for continued health, than anywhere else." His proclamation pealed a nationally-recognized truth. In 1930, the United States Chamber of Commerce gave San Francisco third place in the Class I, Interchamber Health Conservation Contest among American cities in regard to public health achievement.¹⁷⁰ The same year the Visiting Nurse Association of San Francisco conducted a survey of 1,863 children in San Francisco between the ages of two and six years for the National

¹⁶⁷ See Emerson and Phillips, *Hospitals and Health Agencies...*, 113-114. The Director of the Canon Kip Memorial Mission, an Episcopalian ministry at Second and Folsom streets, commented how they had given up their own nurse and case worker in 1926 to further establish the VNA. "And while we are especially fond of each and every member of the VNA, we feel we have not been the gainer by this change." See J. Henry Ohlhoff, *Annual Report 1939 of the Canon Kip Community House*, 5; Carton 14-A.3 Church Institutions, Canon Kip Community Center. Archives of the Episcopal Church, Office of the Archdiocese, 1055 Taylor Street, San Francisco, CA..

¹⁶⁸ The Social Hygiene Education Association started in January 1928 with an education director, executive secretary and a board of directors composed of twenty-five representatives from various social and health services. Although their work did not bring an appreciable increase in detection and treatment of active cases during the next eighteen months, the Association gave nearly 1,000 lectures to 71 different organizations and 150 groups. They gave more than 800 personal consultations; published 13 articles; and offered a selected library service prepared in cooperation with the American Social Hygiene Association. For 1928-1930, the 2,134 new cases of syphilis and 927 new cases of gonorrhea were still less than expected. The case rate of 344 per 100,000 population contrasted with the expected case rate of 600. See Hiscock, *An Appraisal...*, 36-38. The 1928-1930 data were reported in the *Thirty-first Biennial Report...California, 1928-1930*, 78. Of all the "aliens" and "seamen" examined in San Francisco gonorrhea and syphilis cases together never amounted to much even though between 25,000 and 95,000 people were screened annually. The medical examiners saw gonorrhea more often than syphilis, which likely corresponds with a mostly male population and more obvious signs of infection. The reporting officer for San Francisco mentioned gonorrhea and syphilis in his narrative report in 1928 when he found an unusually large number of cases of active venereal disease "among oriental immigrants, a class of aliens as a rule free from such ailments." See United States Public Health Service (USPHS), *Annual Reports of the Surgeon General of the USPHS, 1916, 1921, 1926, 1928, 1930* (Washington D.C.: United States Government Printing Office).

¹⁶⁹ Unfortunately, the Health Department ceased their regular annual report after June 1918, and never organized a systematic health education program.

¹⁷⁰ See Board of Health, *Minutes...* April 17, 1930, pp. 4523-4525. Dr. Toner read a communication to the Board of Supervisors from the Health Officer of Communication for the American Public Health Association. See *Proceedings...* 25 (June 30, 1930): 1687.

Committee on Medical Care for Children.¹⁷¹ San Francisco's composite of all four measures "...whether the child had ever had a health examination, a dental examination (not dental treatment), whether [the child] had been vaccinated against smallpox, and whether [the child] had been immunized against diphtheria" placed the city fifth in the nation.¹⁷²

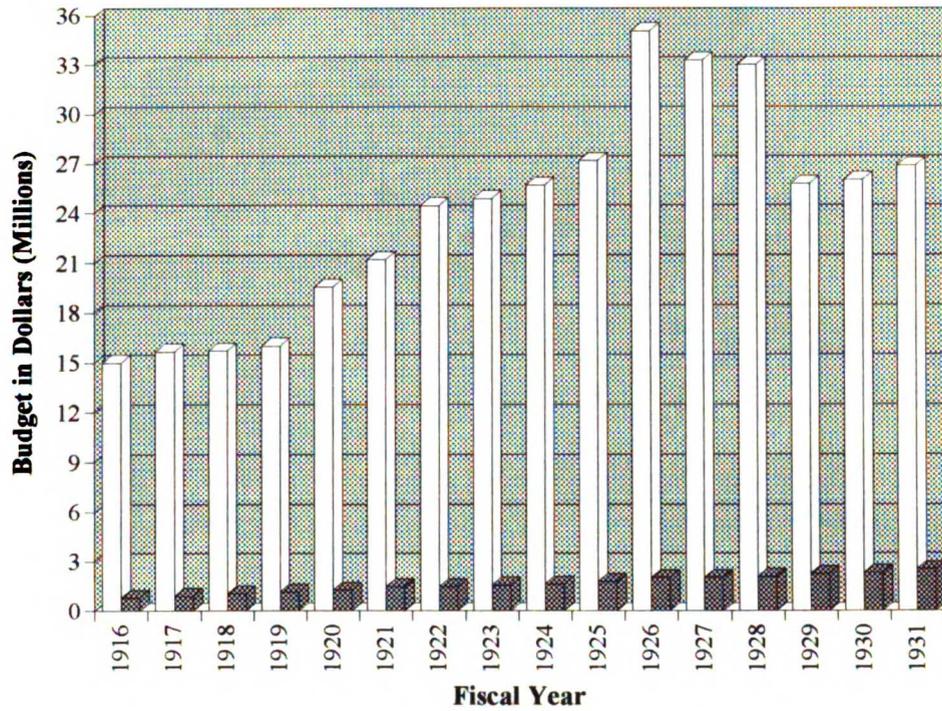
Overall, San Francisco had achieved its aim of preserving, protecting, and promoting the health of the city's inhabitants and being recognized for its accomplishments among the greatest noticeable good of the greatest noticeable number. Because the city did not have information accessible, however, to evaluate who, by geographic area, age, race, sex, or nationality, formed these numbers, the city could not provide information about the health of people in the margins--those who did not use city services until hospitalization, those who lived in dangerous housing conditions, those who lived in the city coincident with intermittent employment, those who did not speak English easily or at all. Consequently, the recognition of San Francisco as a healthful city relied on the dominant view of the whole as defined by established civic and health leaders. The health of people without definitive voices, however, varied from the picture of health portrayed by the city. Overlooked and not addressed, the health of any smaller population can eventually impact the whole, too, if they are counted; and future problems among larger populations might be avoided by careful attention in the present.

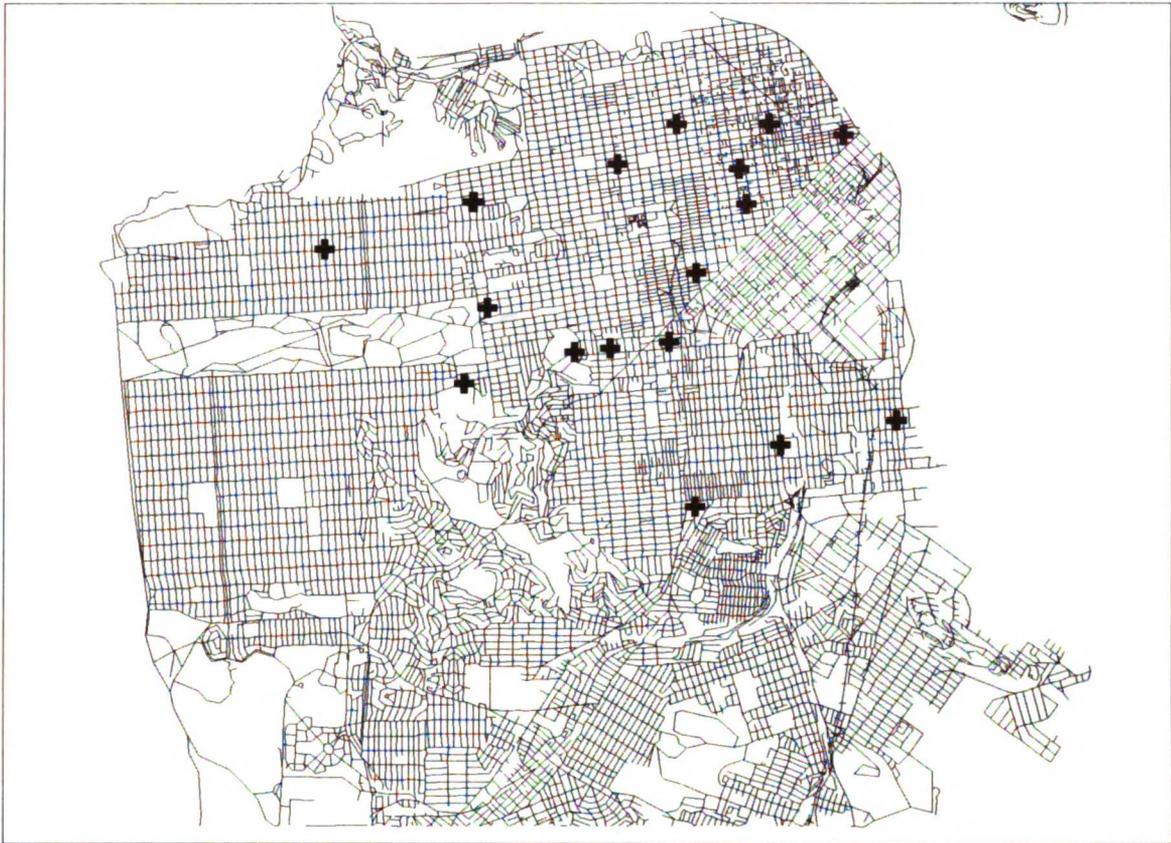
¹⁷¹ I could not find a record of why the VNA was chosen over any other agency, e.g., the Board of Health nurses. Dr. Ray Lyman Wilbur, Secretary of the Interior under President Hoover, appointed Dr. Hassler to the White House Conference on Child Health and Protection in October 1929. See Board of Health, *Minutes...*, October 24, 1929, pp. 4447-4451. The VNA surveyed the children in 1930.

¹⁷² That was fifth among 156 cities. Seventy percent of the children in San Francisco had received a health examination, 26 percent a dental health examination, 30 percent had been vaccinated against smallpox, and 23 percent had been immunized against diphtheria despite non compulsory vaccination and immunization in California. San Francisco (and Kansas City, Missouri) ranked second to Providence, Rhode Island in its proportion of preschool children having had a health examination, third in dental health, fourth in vaccinations, and tenth in immunizations. By individual categories the city placed ninth in health examinations, eighth in dental examinations, ninth in smallpox vaccinations and thirty-seventh in diphtheria immunization. Among the seven California cities--Berkeley, Long Beach, Los Angeles, Oakland, Pasadena, San Jose, and San Francisco--San Francisco ranked second in the proportion immunized. Berkeley was higher; but San Francisco consistently ranked higher than Los Angeles. See George Truman Palmer, Mahew Derryberry, and Philip Van Ingen, *Health Protection for the Preschool Child. A National Survey of the Use of Preventive Medical and Dental Service for Children Under Six*, White House Conference on Child Health and Protection (New York: The Century Company, 1931), 3. 6, 9; 119, 144-159, 180, 189, 190.

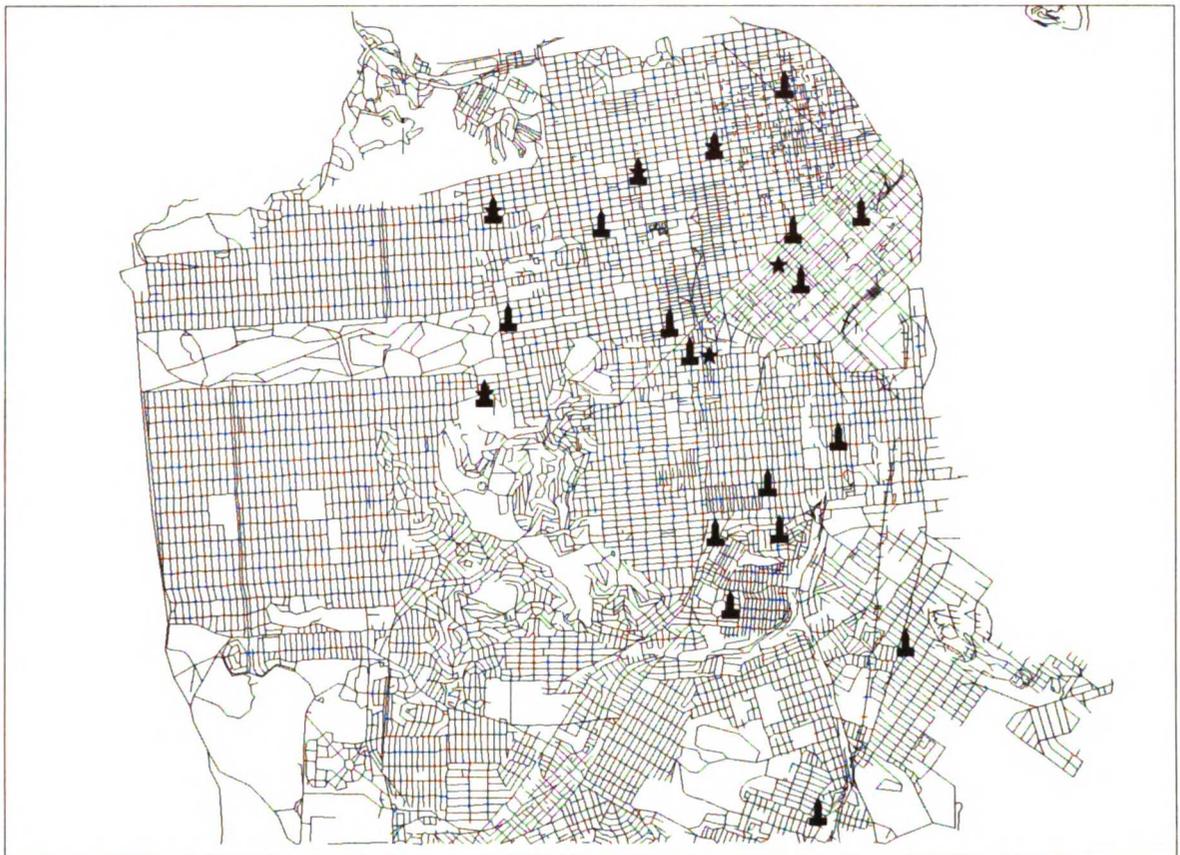
Figure 2.1

San Francisco Department of Public Health Budget in Dollars for Fiscal Years 1916-1931 Compared to Total City Budget Approved by the San Francisco Board of Supervisors





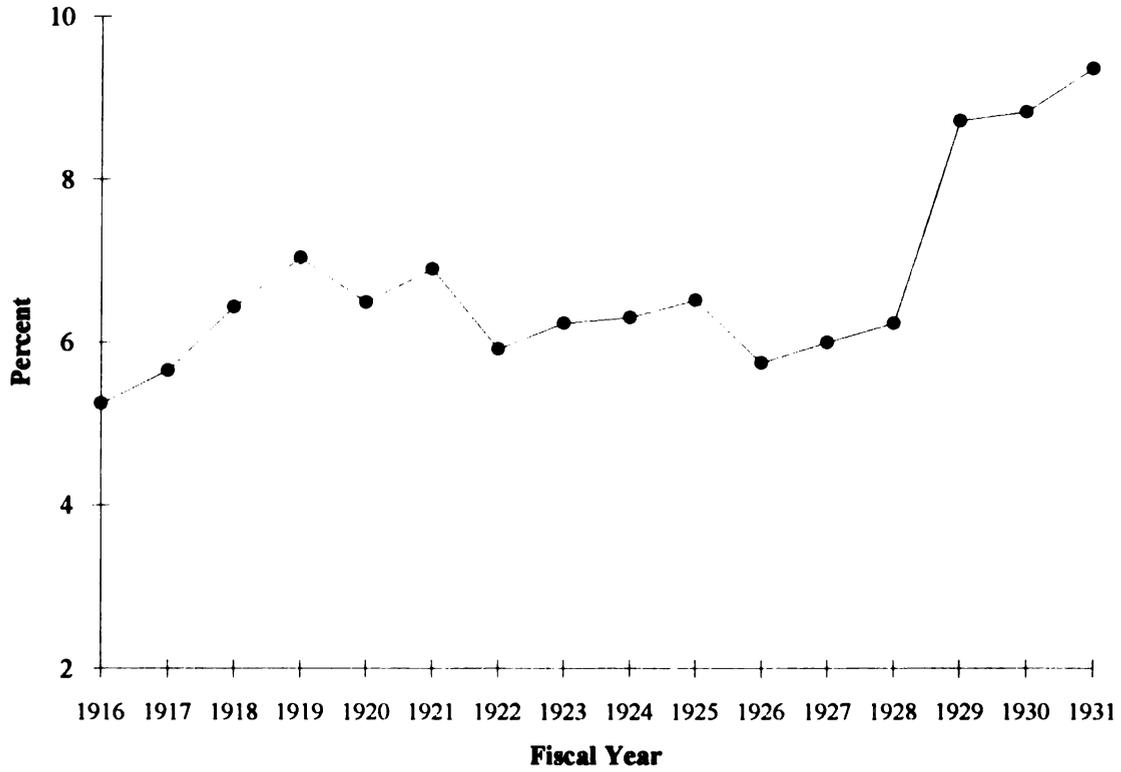
Map 2.1 Hospitals in San Francisco 1920 and 1930



Map 2.2 Child Health and Venereal Disease Clinics 1920 - 1929

Figure 2.2

**San Francisco Department of Public Health Budget for
Fiscal Years 1916-1931 as Percent of Total City Budget
Approved by the San Francisco Board of Supervisors**



Chapter Three

Mexicans in San Francisco Are too Few, New and Diverse to Procure Persistent Attention to Their Community

Numbering an estimated ten to fifteen thousand by 1930, the Mexican community of San Francisco lived in several geographic areas of the city, some more densely populated than others. In any area, however, Mexican people¹ resided among other nationalities whether, Italian, Spanish, Greek, German, Irish, Chinese, North, Central or South American. A newly-arrived person or long-time resident could have lived at the base of Russian Hill or among tenement houses in the North Beach. Likewise, a newly arrived contract laborer could have lived in the South of Market or among families and semiskilled workers in Bay View. In other words, where depended to some extent on immigration status, color and occupation, and most often involved residences in the North Beach, the South of Market, Bay View, and parts of the Western Addition. This wide variety of Mexican people living geographically disbursed, prohibited uniformity and dissuaded unity. Consequently, the voice of the Mexican community vanished in the air of a city working to maintain its image, be attractive to business and capable of preserving any person's health. As such, Mexican people counted in the larger community when gaily celebrating their Independence Day, or responding to their fellow Mexican citizens through their own organizations, or opening the way for San Francisco business within the country of México. Portions of the public, however, imparted negative attention on Mexican people in regards to their work and social patterns.

Thus, without a visible and unified community and without adequate financial resources, the diversity among the Mexican population fractured their ability to speak out loudly. Moreover, scant public information and care about the diversity of Mexican people living in San Francisco failed to prevent problems and allowed Mexicans to be epitomized at a disruptive level of public visibility.

¹ Although subject to Anglo-centric criticism and irreverent of the long-standing Indian residence in California, I have adopted the term Mexican to refer to people of Mexican descent including people born in México or born of Mexican parentage. Other authors have used Chicano, Mexican American, Hispano to refer to people of Mexican descent living in the United States. Camarillo uses Mexican or Mexicano and Chicano; López uses Chicano, Mexican American, and La Raza as umbrella terms for people of Mexican descent residing in the United States and Mexican immigrant to describe those Chicanos born in México. See Camarillo, *Chicanos in a Changing Society...*, 1; López, "Worlds Apart...", fn. 1. See also Griswold del Castillo, *The Los Angeles Barrio...*, 1-3; Emory S. Bogardus, *The Mexican in the United States* (Los Angeles: University of Southern California, 1934; New York: Arno Press, 1970), 9-12.

World War One and the Expanding Mexican Community, 1915-1919

Mexican people have always represented some portion of the population residing in California and San Francisco.² In the early twentieth century, however, more people from México moved northward and many found San Francisco a desirable place to live. In fact, the United States Census of 1920 indicated that over five thousand people in San Francisco claimed Mexican parentage or México as their country of birth--double that of ten years earlier.³

The phenomenon of Mexican immigration has attracted diverse explanations. Political, social and economic processes in México, the United States, and California created conditions favorable to migration and sometimes necessary for mere survival.⁴ In México, the Revolution in 1910 had initiated a ten year period of instability and violence, displaced the centrality of the Catholic church, disrupted agricultural and economic activities, and in consequence compelled a probable excess of one million Mexican people to flee to the United States.⁵ Likewise, in

² California was part of México between 1821 and 1848 after Mexican Independence from Spain. Then Anglo-Americans garnered California from México in the Treaty of Guadalupe Hidalgo. The United States admitted California into the Union on September 9, 1850. After the Treaty, Mexicans in California, once native residents of northern México, assumed a status as foreigners and would-be immigrants, while Anglo-Americans who had entered Mexican territory as immigrants and foreigners, inherited citizenship. See McWilliams, *North from México...*, 7-11; Bean and Rawls, *California An Interpretive History*, 79, 95. Native American people have an even longer history in California. When Spanish Franciscan missionaries moved into Indian land in 1769, the population of Indians numbered 300,000 distributed among more than 100 separate tribes or nations. See James J. Rawls, *Indians of California. The Changing Image* (Norman, Oklahoma: University of Oklahoma Press, 1984), xiii-xiv, 3-21.

³ See Table 3.1, Mexican Population in San Francisco, 1910-1930. I discuss "The Usefulness of the United States Census Statistics in Estimating the Size, Sex, Marital Status and Age of the Mexican Population in San Francisco," in Appendix A.

⁴ Grebler, director of the 1965 Mexican-American Study Project, associated business cycles with national Mexican immigration patterns. Though not without exception, seven cycles of expansion and contraction between 1919 and 1929 were associated with changes in the volume of Mexican immigration. That is, more Mexicans entered the United States when business expanded and fewer Mexicans entered when business contracted. See Leo Grebler, "Mexican Immigration to the United States. The Record and Its Implications," 84-88, Mexican-American Study Project, Advance Report 2 (Los Angeles: University of California, School of Business Administration, 1965).

⁵ "The Revolution [was] begun by Francisco I. Madero on November 20, 1910...." The reasons for the revolution have been attributed to a rapidly increasing population, with many landless and indebted, underpaid or unemployed, hungry and poor. See Cardoso, *Mexican Emigration...*, 38. See also Anita Brenner, *The Wind That Swept México The History of the Mexican Revolution of 1910-1942* (Austin: University of Texas Press, 1943); Camarillo, *Chicanos in California...*, 32-33; Gamio, *Mexican Immigration...*, 32; Martinez, "Mexican Emigration...;" Robert E. Quirk, *The Mexican Revolution and the Catholic Church 1910-1929* (Bloomington: Indiana University Press, 1973), 37-78; James A. Sandos, "The Mexican Revolution and the United States, 1915-1917: The Impact of Conflict in the Tamaulipas-Texas Frontier upon the Emergence of Revolutionary Government in México" (Ph.D. diss., University of

California, railroad and mining industries already offered Mexicans employment with higher wages, but newly irrigated lands, refrigerator railway cars, and the demands of World War One left agribusiness commanding stoop labor in unfamiliar proportions and urban manufacturing industries in need of workers.⁶ Thus, during 1915-1919 some newly arriving in San Francisco came from México for safety reasons while others came in search of opportunities, often under contract with employment agencies.⁷

Mexicans arriving in San Francisco during 1915-1919 found several residential areas inhabited by their compatriots. One area--the heart of what was known as the "Latin Quarter"--encompassed the streets west of Columbus Avenue on Green, Broadway and Washington as they intersected with Powell, Mason, Taylor and Jones streets.⁸ This older established community provided a home for recent immigrants or long-time inhabitants of San Francisco, the Spanish

California, Berkeley, 1978); and Susan Sanderson, "Peasants and Public Policy: Social Change in Rural México, 1916-1976" (Ph.D. diss., University of Pittsburgh, 1980).

⁶ A number of authors discuss Mexican immigration and economic forces spurring migration and settlement. Mexicans also worked on clearing-up operations in San Francisco after the earthquake. See Victor S. Clark, *Mexican Labor in the United States*, Bureau of Labor Bulletin, No. 78 (Department of Commerce and Labor, New York: Arno Press, 1974), 477-495; Camarillo, *Chicanos in California...*, 32-33; Cardoso, *Mexican Emigration...*, 18-31; Martinez, "Mexican Emigration..."; Pedro Castillo, "The Making of the Mexican Working Class in the United States: Los Angeles, California: 1880-1920," in *Labor and Laborers Through Mexican History*, 506-517, edited by Elsa Cecilia Frost, Michael C. Meyer, and Josefina Zoraida Vazquez (México: El Colegio de México and Tucson: University of Arizona Press, 1979); Max Sylvius Handman, "Economic Reasons for the Coming of the Mexican Immigrant," *American Journal of Sociology* 35 (January 1930): 601-611.

⁷ Ricardo Rojas came to San Francisco in 1913 from a well known family in México City. Dr. Aldana brought his family to San Francisco in February 1915 after a "long and distressing trip all over the Central American republics" in search of a safe place to live. See *Hispano-America*, June 10, 1917, p. 9; Supplement, July 5, 1919, pp. 10, 15. Julio Arce also left the dangers of the Mexican revolution and moved to San Francisco in 1915. Arce had a well-known name in the western region of México. He started the first daily in Sinaloa, *Mefistófeles*, in circulation eight years; and in Guadalajara he founded and directed the *Pacific Daily*; the illustrated magazine, *Crónica del Oeste*; and the *Guadalajara Gazette*. Arce had been jailed in México for two months before his acquittal in 1915. During that time he said he heard soldiers indiscriminately shoot their guns at all hours of the day and night, and "sacrifice many people by their disproportionate passion and purely personal hate." See *La Crónica*, December 11, 1915, p. 1; *Hispano-America*, November 20, 1926, p. 1. The Alaska Packers' Association contracted with workers from México; features appeared regularly in the Spanish-language newspaper.

⁸ López analyzed a sample of Spanish surnames found in the San Francisco City Directory of 1880. Over fifty percent of the Spanish surnamed population lived in a forty-two block area bounded by Jones, Filbert, Kearny, and Washington streets which was essentially north of Chinatown and between Russian and Telegraph hills. Two-thirds lived within the boundaries of the slightly larger area of the first, second and fourth wards, or North Beach. Still Mexican Americans comprised only ten percent of the total population in those wards. See López, "Worlds Apart...", 33-38.

national church *Nuestra Señora de Guadalupe*, and several Mexican businesses.⁹ Mexican people lived in a dispersed residential pattern, however, both in this particular area and in other parts of the city, including the South of Market, Visitacion Valley, and Bay View districts.¹⁰

Multiple Social Organizations Serve the Mexican Community

Although living in a dispersed residential pattern, Mexican people came together in diverse and numerous social organizations. Indeed, the Spanish language newspaper *La Crónica*, and subsequently *Hispano-America*, provided an important medium for distributing information. Nearly any page of social news included reports of the "Club Azteca de Señoras."¹¹ Leaders in 1915, Rosita Sutherland, Herminia Aguilar, Mrs. Hernández, and Mrs. Gómez, sponsored dances, holiday celebrations and charity parties and "as a rule invited all Mexicans and Latin-Americans."¹² Club Azteca, however, did not meet every need for affiliation.

Like other expanding Mexican communities in California, numerous other organizations began meeting for purposes of recreation, reform and the arts. "...these organizations helped

⁹ Approximately one-third of the Mexican population lived in all of the North Beach area in 1920. Rojas owned a jewelry store located at 1254 Stockton; Miss C. G. gave piano lessons at 926 Taylor; Manuel Ezquerro led the *Orchestra Típica Mexicana* from 41 Auburn; J. Narvaez held social dancing Saturdays and Sundays at 17 Hinkley Alley; Mrs. Morte owned a *Dulcería Mexicana* at 899 Broadway; Gervasio Carrillo owned the *Barbería* at 1220 Stockton and later at 649.5 Broadway; F. Mana and B. Monge operated as merchants of wine and liquors at 18 John; Julio Arce published the newspaper from 1358 Powell; a Mexican Restaurant was located at 1262 Mason Street; physician Valoquia lived at 1438 Mason in 1916, and opened his office at 916 Kearny; physician Manuel J. Urrea operated his residential office at 837 Broadway, and physician Enrique M. Aldana of Stanford-Lane Hospital held office hours at 1438 Mason Street until he moved to 1703 Jackson. See *La Crónica*, 1915; *Hispano-America*, 1918, 1919. Because no week passed without assaults, in the fall of 1915 the community requested a police agent for the corner of Broadway and Powell on Saturdays and Sundays from six in the afternoon until midnight. The community threatened to organize their own defense league from among the Spanish, Mexican and Filipinos of the community if the police did not comply. See *La Crónica*, October 9, 1915, p. 2.

¹⁰ A dispersed residential pattern contrasted with the defined and segregated barrios of Los Angeles and Santa Barbara. See Romo, *East Los Angeles...*, 61-88; Camarillo, *Chicanos in a Changing Society...*, 142-164. For a discussion of the dispersed pattern of Mexican people living in San Francisco at the turn of the century, see López, "Worlds Apart..." 33-38. In the South of Market area, A. Alsina and G. Ruiz operated "Nuevo Restaurant Mexicano" at 437 Third Street. Frank J. Palomares visited the San Francisco Spanish and Mexican communities during January 1919 as a Field Worker with the California Commission of Immigration and Housing. He told about "...a new Spanish colony in the Crocker District of southern San Francisco." See Frank J. Palomares, Carton No. 48, C-A 194.

¹¹ In 1929, the City Directory listed this Club for the first time. See *City Directory, 1929*, p. 1647. The entry read: Azteca de Señoras Club, 605 Polk; and again in the *City Directory, 1930*, p. 1859.

¹² Their dances in particular attracted the most people and generated lots of enthusiasm in the Mexican colony because as one reporter identified in 1915, the Club invested time and money in their events with "shining results." See *La Crónica*, July 7, 1915; December 4, 1915. p. 3.

perpetuate Mexican culture, language, and cohesiveness in an otherwise foreign society" by providing continual social interaction and communication.¹³ The Bohemian Club started in February 1916 as a new recreation group of young Spanish and Hispanic-Americans. Fernando Capetillo, Alejandro Ramirez, Luis R. Bustamente, and Francisco Sanchez formed their executive board and other members, José Alonso, Emilio Manchar, Lino G. Sandoval, Arturo Guzman and Mariano Zambrano, served on their Board of Directors.¹⁴ Within the same year, the Youth and Reform Club celebrated their formation by sponsoring a "great dance" to which they invited all the mutual societies and Hispanic-American recreational clubs; and in two years the Mexican community added five other organizations.¹⁵ The members of Club Montezuma labored for the art and improvement of conditions among Mexicans in San Francisco. They set a goal to establish the Mexican Típica Orchestra; and quickly acquired a reputation for being the most active and enthusiastic about the abundance of musical and literary talent in San Francisco.¹⁶ And as "...fiestas gave new immigrants an opportunity to demonstrate group consciousness,"¹⁷ Club Azteca, Club Montezuma and the Mexican Independence Club planned a *Cinco de Mayo* celebration that year; Club Hidalgo and Club Azteca sponsored a sports festival in July and months later, Club Hidalgo and Club Azteca started to collaborate with a new Mexican group, the Anahuac Mexican Society, for a Mexican Independence Day celebration.¹⁸

Controversial Celebration Stirs the Community and Challenges Unity

A few people in the Mexican community, however, noticed this array of social organizations fragmented their community. Correspondingly, the new Anahuac Society wanted Mexican members who would work for the "union of Spanish-speaking peoples without hatred, rancor, or passions" during monthly recreational meetings and when planning celebrations for

¹³ See Camarillo, *Chicanos in a Changing Society...*, 154-155.

¹⁴ See *La Crónica*, February 5, 1916, p. 6.

¹⁵ See *La Crónica*, October 15, 1916, p. 14.

¹⁶ The Orchestra soon advertised their availability for parties, club and group events among the Spanish-speaking community, and especially the Mexican community. Manuel Ezquerro directed. See *Hispano-America*, January 20, 1918, p. 14; January 27, 1918, p. 8; February 10, 1918, p. 15; July 27, 1918, p. 4.

¹⁷ See Romo, *East Los Angeles...*, 148-155.

¹⁸ See *Hispano-America*, May 5, 1918, p. 12; June 16, 1918, p. 3; July 30, 1918, p. 3.

Mexican holidays.¹⁹ Likewise, Consul General Ramón de Negri among others, encouraged Mexican residents in San Francisco to form one organization that would lend mutual and necessary help in all circumstances, cultivate the spirit of Mexicans, and bring uninvolved Mexicans together, but not just around holidays and rides.²⁰

Part of their struggle for unity involved the visibility and representation of their Mexican nationality.²¹ In a letter to the editor of *Hispano-America*, a group of Mexican residents in San Francisco protested certain irregularities on the occasion of celebrating their Independence Day.

...an alteration made to the words of the Mexican national hymn...caused surprise and annoyance...Mr. M. C. Aliphath showed up displaying the three color band on his chest, an emblem, which by right, is only used by the president of the Republic and nobody can carry without the penalty imposed by the law...and...the abundance of American flags...in the room...among which...Mexican were barely distinguished...should be the majority given the nature and purpose of the celebration...²²

The new Anahuac Society did not solve these differences because three distinct groups continued with their individual projects to celebrate Mexican Independence Day in 1918. The committee of the United Clubs sponsored an event in California Hall at the corner of Turk and Polk and counted on the attendance of a "good contingent of appreciable families." The Mexican Patriotic Club arranged for a "magnificent program" in the St. Francis Hotel and personally visited the homes of "appreciable families" to extend their invitation; and the Club Azteca arranged for another holiday celebration at the Dreamland Rink.²³

¹⁹ Thirty eight members attended their first session in the home of Emilio Carillo. They elected Daniel D. Aguerro, President; José Barbosa, Leopoldo Herrera, and José Verduzco, secretaries; and Emilio Garrucha, Treasurer. See *Hispano-America*, July 27, 1918, p. 4. Eventually in 1927, social organizations in Santa Barbara formed a confederation to help coordinate the large number of social activities sponsored by the many mutualistas. See Camarillo, *Chicanos in a Changing Society...*, 153.

²⁰ See *Hispano-America*, August 24, 1918, p. 3. Mexican consuls changed often, too, restricting their effectiveness as local community leaders. See the chronology in Appendix B.

²¹ Club Azteca had arranged this controversial celebration of Mexican Independence Day in 1917. See *Hispano-America*, September 23, 1917, p. 9, 13. Club Azteca had also sponsored previous Mexican Independence Day celebrations, e.g., at the Dreamland Rink on Steiner between Post and Sutter streets in 1915. See *La Crónica*, September 18, 1915, p. 1.

²² The newspaper printed several of their fifteen points but abstained from publishing all of them in order to de-emphasize the divisions in the Mexican colony. See *Hispano-America*, September 23, 1917, p. 19. Formal translation by Elizabeth Rolón.

²³ Apparently Mexican youth employed in the shipyards by Union Iron Works faced insurmountable difficulties when they tried to create a separate holiday celebration. See *Hispano-America*, August 17, 1918, p. 4; August 24, 1918, p. 3; September 10, 1918, p. 2; Supplement, September 1918. The Mexican community recognized social status. In June 1917 *Hispano-America* began a series of articles on the "most

Not One Church: Religious Ritual and Lived Experience

The growth and diversity of the Mexican community also surfaced in their religious life. On numerous occasions the Mexican community marked special events in their community with mass at the Catholic Spanish National church "Nuestra Señora de Guadalupe" located on Broadway Street, in the heart of the Latin Quarter. One religious holiday in particular brought people in the community together--the annual celebration of the appearance of the Virgin to the Indian Juan Diego from Tepeyac--but other community events, too, like blessing the military flag in honor of their youthful members who had marched to war in the service of the Country, the majority of whom were Mexican or Hispanic-Americans, affected community participation.²⁴

Mexican residents in San Francisco attended Catholic churches other than Nuestra Señora as well as other Protestant churches. Saint Peter and Paul's Catholic Church had a home visitor, Iride Martini, who contacted a number of Mexican families belonging to her parish in North Beach.²⁵ Martini commented that a former Italian priest and presently, an evangelical minister on Filbert Street near Mason, "had been canvassing the neighborhood for Sunday School children, apparently with indifferent results but keeping up with the assistance of some of his followers." Likewise, a new young minister who spoke Italian and had a church on Green street "worried

eminent Spanish-Americans living in San Francisco." Likewise, when a brother of Roberto Silva came to San Francisco for a course in surgery, they gave equal time to Roberto's career as a lawyer; because of his intelligence, he filled one of the most important posts of a shipping company in the "respectable firm" of A. O. Lindvig. See *Hispano-America*, October 21, 1917, p. 5; Supplement, September 1918, p. 6.

²⁴ The "greater part of the Mexican colony" attended this mass in a foreign country to celebrate one of their most traditional religious holidays, the appearance of the Virgin Mary to the Indian, Juan Diego from Tepeyac. A chorus of young Mexican women sang and a priest from Sinaloa, México delivered a sermon bound with beautiful concepts and magnificent images, and filled with Christian piety and love for the Country. See *Hispano-America*, December 18, 1915, p. 2; September 10, 1918, p. 2. The *Catholic Monitor* seldom mentioned parish activities of Nuestra Señora.

²⁵ Iride Martini filed written monthly reports on her visits to the homes of parishioners. In November, she clustered the homes of Mexicans, Spanish, and "Porto Ricans" together for a total of 47 or nine percent of her total visits. In December she separated the nationalities and indicated that she visited 21 Mexican homes, third to those she counted as Italian (371) and German (22). She noted those families attending church irregularly and therefore needing spiritual supervision. Occasionally, she added comments about the quality of their living quarters. These reports only exist for portions of 1916 and 1917 but those available indicate that some Mexicans, like others in the Catholic church, attended church irregularly and faced a variety of obstacles. See "Report, November 1916," "Report, December 1916," "Report, April 1917," Saint Peter and Paul 1916-1917, Archives of the San Francisco Archdiocese, Menlo Park, California.

himself sick over the distressing poverty...[and] worked with charities to give out material aid left and right."²⁶ Of course not every Mexican resident required assistance from charitable organizations, but the nature of work opportunities created tenuous financial circumstances for many families.

Shifting From Labor in Demand to Labor in Surplus: A Changed Appeal

Frank Palomares, Field Worker with the California Commission of Immigration and Housing reported in early 1919 that a "very large percentage of the Spanish and Mexican laborers of San Francisco are migratory, here during the winter months and in the fruit and agricultural fields the balance of the year."²⁷ He sought "the reasons for their alleged inability to secure employment..." and interviewed one hundred laborers on their way to work, staying at boarding houses, or returning to hotels in the evening. Interviewees told him they had obtained their present position without difficulty, but when he asked about discrimination in treatment or wages, some answered that they had not been able to find work that satisfied their minimum daily wage.

Some "help-wanted" ads noted a minimum daily wage but not all employment provided three dollars daily and not all positions invited both men and women to apply. *Hispano-America* recommended the Livingston Manufacturing Company at 130 Geary Street because they knew this manufacturer offered "...salaries...very different from that given in other houses..."--a weekly wage of fifteen dollars--and they wanted women seamstresses.²⁸ Likewise the Alaska Packers'

²⁶ Martini disputed the necessity for such work: "...there is comparatively little poverty among our people this year. Here and there one finds a case that needs tiding over for a few weeks on account of illness in the family or who need more clothing for their many children. Often they need medical attention and medicines, but they are not destitute in the real sense of the word...this promiscuous distribution of charity...leaves them more helpless than before...[they] often become slaves to begging--an art that often deceives the less learned in their idiosyncrasies" "Report, December 1916," Saint Peter and Paul, 1916-1917, Archives of the San Francisco Archdiocese. Club Azteca also sponsored benefits through the Catholic church, and the Society of Our Lady of Guadalupe provided relief for poor Mexican families. See *Hispano-America*, November 13, 1919.

²⁷ See "Preliminary Report, January 1919," Frank J. Palomares, Carton No. 48, C-A 194. In contrast, López has suggested Chicano males fully participated in the mature urban economy of late nineteenth century San Francisco. Compared to the cities of Los Angeles and San Jose, Chicanos in the San Francisco of 1900 were less involved in low skilled labor and more involved in skilled and white collar pursuits. Few worked as general laborers. See López, "Worlds Apart: Gender and Labor...", 15-18, 44.

²⁸ In 1918 a Mexican lady needed a Mexican woman to give personal care in her home on Twenty-sixth Street. Six months later Livingston's still wanted seamstresses. Their wage compared favorably with a State minimum wage law for women working in the fruit or vegetable canneries--a weekly wage of

Association, the American Can Company, and the Pacific Portland Cement Company each published a need for workers. The American Can Company at Fourth and Wharf streets needed "men, women, and children for simple work," whereas the Cement Company wanted permanent workers and paid one to four dollars daily "depending on the task." Cement workers received \$3.50 and packers and cement loaders, \$4.50 daily. Bauer Brothers, a ladies' garment factory at 49 Sansome, and El Pano Cigar Manufacturing Company at 554-556 Commercial each advertised for workers and also included their wage rates: \$15-\$20 weekly at Bauer's and \$4.00 for eight hours of work at the cigar factory.²⁹ Still Palomares concluded that the workers' "ignorance of the English language primarily caused the employment failures."³⁰

Perhaps his statement reflected some truth in early 1919, but unemployment burgeoned after World War One and Mexican people faced other than language-related work problems. Being a foreigner and non-citizen proved problematic. Some officials in San Francisco feared that unstable employment and a population with numerous foreign residents provided a fertile field for radical propaganda, and thus, Mexican along with other foreign born workers were suspect. Soon after Palomares concluded his visit in San Francisco, the coordinator for Americanization teachers in San Francisco, Dr. Nicholson, warned Mrs. Gibson of the Commission of Immigration and Housing that the International Workers of the World (I.W.W.) union had begun appealing to seasonal workers in the asparagus districts.³¹ Further, union stewards at the American Can Company warned Mexican employees, "become a United States citizen or lose your job."³²

Competition among workers for jobs and wages appeared again later in the year. The Riggers' and Stevedores' Union of the San Francisco Water Front declared a strike for wage

\$13.50 or a minimum hourly wage of \$.28 for piece work. See *Hispano-America*, January 27, 1918; June 2, 1918; May 17, 1919, p. 1.

²⁹ See *Hispano-America*, April 28, 1918; June 9, 1918; January 4, 1919; August 16, 1919.

³⁰ See "Preliminary Report, January 1919," Frank J. Palomares, Carton No. 48, C-A 194.

³¹ See "Correspondence 1919," Carton No. 1, C-A 194.

³² A journalist soundly criticized the demand as improper and without rationale, especially when the same company hired other foreign workers and they exempted them from these threats. See *Hispano-America*, February 11, 1919, p. 1. Historian John Higham writes. "Although few industrialists could afford to fire their non-citizen employees, many adopted and publicized a compromise policy of promoting only citizens or those in process of becoming citizens..." See Higham, *Strangers in the Land...*, 248.

increases; representation on the boards of directors of the companies; ten percent interest in the ownership of the companies; and a quarter of all future dividends.³³ Mexican Consul Zertuche, however, recognized the potential lure for Mexicans returning from Alaska--interested in work and seduced by flattering promises--to be used as strike-breakers. Therefore, he warned Mexicans to maintain absolute neutrality, observe the rights of the workers belonging to the unions, and expect no protection if they violated the strike.³⁴

Education for Mexicans: Linkages with Americanization

Despite issues of citizenship, being foreigners, and a changing labor market, Palomares concluded that workers' "ignorance of the English language primarily caused the[ir] employment failures." Palomares, however, visited San Francisco to also survey educational opportunities among the Spanish and Mexican colonies, including the possibility of new adult classes.³⁵ After Dr. Nicholson, Director of Immigrant Education San Francisco public schools, and Palomares canvassed the Spanish-speaking districts in San Francisco, and Palomares interviewed over 150 families to ascertain how many men and women would attend night and afternoon classes, Palomares approached the community and the Board of Education. Among community audiences he tried to point out the advantages offered with education and how those could be obtained.³⁶

³³ See Issel and Cherny, *San Francisco, 1865-1932...*, 94.

³⁴ Workers annually sailed up the Pacific coast to work in Alaskan salmon canneries. Because workers with the Alaska Packing Association regularly contested their rigorous and exploitative labor contracts, in 1919 the Association hired a steward, Mr. Celis, to ride with the workers and assure some measure of justice. By season's end, workers considered Mr. Celis a humanitarian who treated them "right." The journalist questioned the reliability of these improvements, however, since a salmon shortage, characteristically observed in Alaska every four years, had likely contributed to a less distressing situation. Months earlier Julio Arce had cautioned Mexican people against labor contracts and the empty promises of slave-trading wretches. For that "Nobody should trade their freedom, their peace, or their lives..." See *Hispano-America*, May 24, 1919, p. 1; September 27, 1919, p. 1.

³⁵ Palomares addressed several gatherings: a group of more than two hundred at Hotel Español at 719 Broadway; the evening school at Washington and Mason streets; and in late February, more than four hundred people at the Washington Irving School on Broadway between Sansome and Montgomery streets. He also visited the Garfield and Union Street schools. See "Preliminary Report, January 1919," Frank J. Palomares, Carton No. 48, C-A 194.

³⁶ He wrote, "I aimed to impress audiences that these are the United States with equal rights for all and special privileges to none...." Sherman Evening School near Franklin is the only school on Union Street listed in the *City Directory, 1920*. Garfield School was located at Filbert and Kearny. Thus, the Sherman School would have been closer to the area more densely populated by Mexican people. Palomares circulated a flier to announce the meeting February 25: "Atención!! A Los Extranjeros De Habla

With members of the San Francisco Board of Education, Palomares emphasized the need for a Spanish-speaking teacher and a person who would care for the children of mothers attending class. He also advised the Board of Education and the Commission of Immigration and Housing to approach the problem of education with "...infinite patience and consideration..." Word about educational opportunities would get around because Mexicans and Spaniards always told their families what they had seen or heard and people hungered "for education and the opportunities offered, but...like all Latins...a somewhat reticent and sensitive race...only need[ed] encouragement and some one to point the way."³⁷

A different word got around, however. "[Yes,] these were the United States," but not "with equal rights for all and special privileges to none." Children of their fellow countrymen in Southern California were being intentionally separated from American children in Southern California schools under the pretext of racial antagonism.

[By a] dictatorial command, issued by unknown authority...Mexican children...have been sent to those [schools] designated for negro children...³⁸

Mexican Consul de Negri protested. Similarly, Mrs. Shadburne considered their action a plot by "imperial groups, or their subservient satellites...to radically create a racial misunderstanding regarding the Mexicans," just like "disparaging articles" or "calumniating moving pictures," that deliberately depicted Mexicans in ways that created resentment. She insisted these insults and outrageous attempts to establish a color difference were not the will of the general American public, but

...the audacious work of the perfidious who make it a business of commercializing the honor of individuals and of nations, reaping their harvests from each conflict that arises....principally clients of Wall Street.³⁹

Española...." See Report by Frank J. Palomares to J. David Houser, and Flyer "Atención," Frank J. Palomares, Carton No. 48, C-A 194.

³⁷ See Report by Frank J. Palomares to J. David Houser, and Flyer, Frank J. Palomares, Carton No. 48, C-A 194. According to the Commission, many Mexican people in Southern California had immigrated in order to have a better education for their children. See "Some Notes on the Mexicans in Southern California," Mexican Data, Carton No. 50, C-A 194.

³⁸ See *Hispano-America*, June 14 and 21, 1919, p. 1. The paper lauded Shadburne's article June 21st but printed it in English which may have made it inaccessible to some readers.

³⁹ See *Hispano-America*, June 21, 1919, p. 1. (Victoria) Shadburne Jr. was one of the charter members of the San Francisco Americanization Council, a familiar advocate of Mexican people in San Francisco, and

Whether the case or not, this separation may have created doubt about the will of the Board of Education to provide English language classes.⁴⁰ Certainly segregation of Mexican school children became a point of reference in the Mexican community. For example, the community acknowledged the generous and praiseworthy conduct of policeman George Healey "[giving] his own blood to save the little Mexican child...." His act contrasted with that "ignoble race prejudice" supporting the segregation of poor Mexicans from the public schools.⁴¹

Being a Mexican and a Foreigner: Prudence and Tact

The Mexican community--children and adults--felt the disadvantages of being foreigners after the war.⁴² Finding and keeping employment proved difficult. In addition movement between

a representative on the Americanization Council for the Mexican Community Center at 851 Ashbury Street near Buena Vista Park. Her father had been a Consul of México in San Francisco. Shadburne's response to the segregation of Mexican children in Southern California and firm position on the education of Mexican children disputes Hendrick's claim of indifference among school officials and Mexican families. Hendrick acknowledges, however, that "Mexican children in the cities were often segregated..." but also "viewed as just another immigrant group in need of 'Americanisation.'" See Irving Hendrick, "Early Schooling for Children of Migrant Farmworkers in California: The 1920s," *Aztlan* 8 (1977): 11-26; Roy E. Dickerson, "Some Suggestive Problems in the Americanization of Mexicans," *Pedagogical Seminary* 26 (September 1919): 288-297; Griswold del Castillo, *The Los Angeles Barrio...*, 84-89. Where there were large concentrations of non-whites, as in San Francisco, children tended to go to separate schools either by consensus or by some type of indirect regulation. See Waldron, "Antiforeign Movements in California, 1919-1929," (Ph.D. diss., University of California, Berkeley, 1956), 256.

⁴⁰ As discussed in Chapter One, an official Americanization program under the auspices of the San Francisco Board of Education started slowly. The Board of Education was not prepared to install a home teacher in its schools after the Home Teacher Act passed in 1915, so the Board permitted the Council of Jewish Women to enact their proposal in January 1916. The Council hired a Home Teacher to work in the John Swett Grammar School--a school "located in a neighborhood thickly populated by foreigners." The 1920 Census shows a Mexican population lived in this area around McAllister and Gough. Thus, a Home Teacher could have visited a few Mexican mothers. A program of the Catholic Professional Women's Club would have been more likely to include Mexican women, although if Mexican women participated they are invisible in the existing materials. In April 1917, the Club employed Miss Zabaldano as teacher and inaugurated a school for foreign born women at 666 Filbert Street in North Beach. In 1920-1921 the school expanded and opened to both men and women. See Rebecca Jacobs, "Home Teacher Work in San Francisco," in *A Manual for Home Teachers* (Sacramento: California State Printing Office, 1918), 28-31; "School for Foreign Born Women at 666 Filbert Street," PR 159; "School for Foreign Born Adults," PR 283 Archives of the San Francisco Archdiocese.

⁴¹ The Mexican boy, playing with his friends in an alleyway around his home, suddenly fell to the ground. A bullet had ripped through his abdomen. Healey rescued the bleeding boy, stopped an emergency vehicle, and hastily transported him to Central Emergency Hospital. Despite the policeman's blood donation, the boy died two hours later from severe wounds. The boy lived at 33 Bernard Street, a half block south of Broadway between Leavenworth and Taylor streets. See *Hispano-America*, August 16, 1919, p. 1.

⁴² Still the United States military had drafted some Mexican residents of San Francisco between the ages of 18 and 31 years to fight in World War One. Further, Mexican residents had purchased nearly fifteen thousand freedom bonds. Of all the Spanish-speaking nationalities, the military fitness of Mexicans surpassed any other neutral nationality, 5794 of the 26114 (22.2%) passed their physical exam in contrast

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the two countries involved more regulations. The United States immigration and travel laws had changed to include literacy as part of the criteria for legal immigration, a ten dollar visa fee and except for México, an eight dollar head tax. Further, no one could leave the United States with a tangible form of communication other than an ordinary letter, or with unauthorized equipment, or with more than five thousand dollars in cash, or two hundred dollars in certificates or gold.⁴³

Likewise México had adopted a constitution in 1917 that protected their land ownership, established some controls on large international companies, and required Mexican laborers to show a written work contract before leaving the country.⁴⁴

In the context of these governmental changes and encroaching elections, Mexican people in San Francisco heard politicians encouraging the United States to intervene in México.⁴⁵ Many Mexican people remembered how the United States had occupied Veracruz, México five years earlier.⁴⁶ Now, if the current tensions erupted into armed conflict, Mexican people wondered whether they would be permitted to leave the United States and avoid suffering the penalties of a war with their country. Not unreasonable fears, yet some people in the Mexican community believed protesting could fuel tensions, and that it would be better for the Mexican community to observe movements by the government "...with serenity, prudence and tact."⁴⁷

to South Americans, 300 of their 2072 (14.5%) passed. Among the fighting nations, only Italians, Russians, and Austrians superseded them. Overall rates approximated 50%. María Maldonado; Fernando Maldonado; Roberto S. Silva; Luis Gaxiola; Fernando Montijo; José García. Manuela Velasco; Manuel Rivera; Camilo Rivera; Loaiza and Co., Dr. Enrique M. Aldana, Roberto Cabrera, and Francisco Seldner each bought freedom bonds. See *Hispano-America*, February 10, 1918, p. 12; April 14, 1918, p. 3; Albert G. Love and Charles B. Davenport, *Defects Found in Drafted Men* (Washington, D. C.: United States Government Printing Office, 1920).

⁴³ See *Hispano-America*, April 28, 1918, p. 6. Some authors suggest that the United States Immigration Act of 1917 deterred some Mexicans from legally entering California.

⁴⁴ The model contract for emigrant workers in the United States specified the following: the emigrant was to enjoy minimum wage; not work more than the specified maximum hours; receive free medical care for work-related accidents and if disabled, repatriate at the employer's expense; and equal treatment with fellow employees. See Cardoso, *Mexican Emigration...* 59

⁴⁵ Arce contended that some senators deliberately intensified their anti-Mexican campaigns to attract public attention and gain support from their electorate. See *Hispano-America*, December 20, 1919, p. 1.

⁴⁶ The Mexican people translated the seizure of Veracruz as an invasion by the *gringo*. See Robert E. Quirk, *An Affair of Honor Woodrow Wilson and the Occupation of Veracruz* (Lexington: University of Kentucky Press, 1972); Brenner, *The Wind...*, 46-49.

⁴⁷ See *Hispano-America*, December 20, 1919, p. 1.

Struggling to Care for Each Other Within the Mexican Community of San Francisco

Seeing the diversity within their community and the struggles created by conditions outside their community, what could the Mexican community do to address their problems? A union of various social organizations in the community groups quickly came to a halt after few attended a conference and those few agreed on little. Granted, the community wanted to support each other during these difficult times of unemployment and tense international relations, but this was not the time for an association joining Spanish-speaking groups in a confederation to "defend the interest of the race," and protect the welfare of the working Hispanic.⁴⁸ Some chided this delay.

...nearly all foreign colonies in San Francisco have done and are doing something for the benefit of their compatriots. Multiple charity societies, philanthropic groups, prominent personalities and others have contributed to the foundation of hospitals, asylums and sanitoriums....When French, Belgians, Irish, Swiss, Italians, Greeks, and other Europeans...are demolished, and sick, they always find the opportune assistance of their compatriots....

Our race, oh our race! It has nothing, and there is nothing it can do against pain and against the misfortune of their own, and our sick or invalid compatriots go through the streets, exhibiting their scars, displaying their miseries, provoking pity mixed with improper repulsion when they have to walk from door to door...begging a relief that is not always given to them.

...in some cases...some people...stretch their hands to helpless compatriots and throw a veil of ineffable consolations on sharp pains, but many others...are expiatory victims of a collective crime: the indifference of the Race.

...It is necessary that the solidarity of the feelings of the great Hispanic family, especially of those of the Mexican colony, one of the most numerous in San Francisco, carry out a charity work of love for their neighbor....⁴⁹

From all appearances, the social organization of the Mexican community provided many opportunities for self-selected affiliation. Even so, the assortment of social organizations or religious expression could not sufficiently meet the diversity of need within the Mexican community.⁵⁰ Thus, as economic and international conflicts surfaced in society at large, the community's diversity subdued any potential for a unified voice to speak in behalf of most

⁴⁸ On February 23rd the Hispanic-American conference met at Monterrey Hall on Mason Street. Those attending merely elected a provisional Board of Directors. See *Hispano-America*, February 22, 25, 1919, p. 2.

⁴⁹ See *Hispano-America*, March 29, 1919, p. 1. Formal translation by Elizabeth Rolón.

⁵⁰ Neither could the voluntary associations in Los Angeles cope with all problems faced by new immigrants. See Romo, *East Los Angeles...*, 155.

Mexicans. Still, Mexican residents faced their immediate adversities associated with unemployment, a public sentiment favoring strong nationalism, and limited Mexican entry.

Recognizing the Individual and Upholding Mexican Identity for the Benefit of Community, 1920-1925

At least one-third of the Mexican foreign-born community lived in North Beach at the time of the 1920 census, and others in various population centers scattered throughout the south, near west, and southeastern areas of the city.⁵¹ Although small, the Mexican community was visible enough that Robert H. Willson wrote a full page article for the Sunday *San Francisco Examiner*.

Taking the...Spanish language as a guide, one soon finds himself among those of a later migration from México. The Mexican population of San Francisco now numbers about 4,000. At times it is probably much larger....Mexicans are now the nomads of the West. They...build and maintain railroads...[and] also 'follow the fruit'....Nevertheless...Cinco de Mayo...demonstrates yearly that the Mexican colony of San Francisco is present and vigorous.

With the restriction of immigration Mexican labor has become almost indispensable....The returns from manual labor have become so large that it offers comparative luxury for large families of Mexicans and Spanish.

....There is a mistaken impression about the Mexican people as a whole. If some of them seem to be lacking in industry, it is because they lack incentive. Ambition anywhere must have an incentive....The Mexican who comes to San Francisco has to be ambitious at least to make money. He leaves too much behind that is alluring to come here otherwise.⁵²

Willson alluded to several tensions both inside and outside the enlarging Mexican community of San Francisco during the early twenties. Tensions of unity and diversity; employment and unemployment; mobility and stability; fear and security; and familiarity and strangeness operated in the lives of Mexicans and others in the San Francisco community as

⁵¹ The 1920 census enumerated the foreign-born population in San Francisco by state assembly districts. Of the 3,793 people born in México, thirty percent lived in an area east of Jones and North of Market and another eleven percent in the area bounded by Market, Jones and Mason, and Van Ness streets. See *Fourteenth Census of the United States...1920, Volume III*, 127. This proportion had declined from that of the late nineteenth century.

⁵² Willson focused on the area around the base of Russian Hill. "Not far from the church of Nuestra Señora de Guadalupe ...is a quaint little Mexican restaurant...There is another little Mexican restaurant in the same quarter...Close by are tiendas, panaderías and shops where all of the Mexican delicacies and curios are obtainable...." "Music and dancing are the[ir] favorite diversions." About a Mexican who had just arrived with his wife and baby and who said, "I cannot find a home," Willson acknowledged "...there are few homes in the city available to him." Contrary to Willson's view of Cinco de Mayo, accounts in *Hispano-America* suggest the Día de Independencia celebrations received more of the Mexican community's attention. See Robert H. Willson, *San Francisco Examiner*, December 2, 1923, K-3.

Mexicans became subjects in their own stories and subjects for the dominant culture. Mexicans spoke about individual successes in their community, organized around some common goals, and opposed public stereotypes while stories in the popular literature exposed particular notions about the Mexican population.⁵³

Diminished Labor Challenges the Mexican Community in San Francisco

Some writers claimed that prejudicial employment more deeply affected the Mexican community than other foreign communities.⁵⁴ Numerous manufacturers preferred and retained United States' citizens fluent in English and/or ex-soldiers but reduced their workforce overall. Others extended work hours but did not simultaneously increase wages which was part of the dispute between the Builders' Exchange and the Building Trades Council.⁵⁵

The changes in employment carried disastrous consequences for the Mexican community which could not be met by local charitable agencies. The Guadalupe Society of Christian Charity, administered by Father Antonio Santandreu, distributed aid to thirteen families on a regular basis in 1920, twenty families the following year, and four years later, fifteen families. Assistance, however, depended to some extent on the balance in the account; and the account fluctuated with the parishioners' ability to donate. During 1921—a year of financial hardship and the centennial for Mexican independence—people contributed sixty-five dollars to the fund, but the Society distributed over three hundred dollars to needy members of the parish.⁵⁶

⁵³ Chiquita Garcia, single woman and factory worker, saw a yellow shawl in the window of an antique shop on Sutter Street. The rest of the story tells of her encounters with the shopkeeper in order to obtain it. See Charles Caldwell Dobie, "The Yellow Shawl," *The San Franciscan* 2 (August 1928): 14, 34, 38, 41.

⁵⁴ Entire families faced unemployment, despite persistent efforts. See *Hispano-America*, March 12, 1921.

⁵⁵ As discussed in Chapter One, contractors with the Builders' Exchange had agreed with the Building Trades Council to increase wages concurrent with increases in cost of living, and then six months later refused. The dispute went before an Arbitration Board. See *Hispano-America*, March 26, 1921, May 7, 1921.

⁵⁶ Dependent entirely on voluntary contributions, the Society continued with their aims of helping poor Spanish-speaking families, bodily and spiritually. In 1925, a total of \$438. was distributed among needy families. See *Hispano-America*, January 28, 1922, p. 4; January 23, 1926, p. 4; *Second Annual Report of the Affiliated Catholic Charities of the Archdiocese of San Francisco* (San Francisco: Associated Catholic Charities, 1921), 13; *Third Annual Report of the Affiliated Catholic Charities of the Archdiocese of San Francisco* (San Francisco: Associated Catholic Charities, 1922), 16.

Other social and health agencies provided some assistance for Mexican people but the Mexican community itself responded with a new Mexican government-sponsored organization, Cruz Azul Mexicana.⁵⁷ A new Consul Eduardo Ruíz announced the beginning of a *Brigada de la Cruz Azul Mexicana* or "Mexican Blue Cross" brigade in San Francisco in June, 1921. The purpose of this organization was to assist those Mexicans in the United States living "under miserable circumstances," and in some cases facilitate their repatriation to México.⁵⁸ The *San Francisco Chronicle* embellished these purposes. Cruz Azul extended the "consular work of the Mexican Government, working to instill a better understanding of the United States, a more thorough patriotism and the unification and dignification of the Mexicans here as Americans by providing them with an opportunity to gain aid when it is needed."⁵⁹

Indeed, Cruz Azul maintained their office in the Clunie Building on the same floor as the Mexican Consulate offices, sought relationships with a number of influential San Francisco

⁵⁷ As discussed in Chapter Two, unemployed Mexican people participated in a city hiring program based at Laguna Honda. Superintendent Wollenberg did not say positive things about Mexican people. "The best workers are the Spaniards and the poorest are the Mexicans, the Porto Ricans come next. The soldiers are also very poor workers. They are mostly drifters and 'gold-brickers.' Some of these boys are without shoes or clothes, absolutely on their uppers when they come to us. This is particularly true of the boys discharged on the Mexican border." See Board of Health, *Minutes...*, April 7, 1921, pp. 3046-3049. Through a series of episodes around the country, the Mexican government had begun to provide travel and food expenses for desperate, unemployed Mexican workers seeking to return to their homeland. Obregón started giving assistance in early 1921. See Cardoso, *Mexican Emigration...*, 96-118. Cities and counties appealed to the United States government for assistance but the government flatly refused. Further, the government ended the waivers of 1917 and 1918 in order to make more employment available to citizens of the United States. Consequently, more Mexican workers joined the ranks of the unemployed. The week of June 4th, five hundred Mexicans from San Francisco, Berkeley, Oakland, Alameda and Redwood City returned to México. See *Hispano-America*, June 4, 1921.

⁵⁸ The San Francisco chapter became the 166th in cities across the United States. Ruíz had initiated the Blue Cross organization a month earlier in Texas. Los Angeles and Santa Barbara each had a chapter, too. Their foci included some of the same as San Francisco and differed in others. Cruz Azul of Los Angeles provided temporary shelter and hot meals after a sudden storm left hundreds of Mexicans homeless in San Gabriel, and raised funds for medical needs and assistance to families in emergencies. Cruz Azul of Santa Barbara recruited young girls and women to visit and care for the sick barrio residents unable to afford doctors' fees, and raised funds to pay medical bills or buy prescription drugs. See Cardoso, *Mexican Emigration...*, 100; *Hispano-America* June 25, 1921, p. 1; Camarillo, *Chicanos in a Changing Society...*, 153; Romo, *East Los Angeles...*, 153.

⁵⁹ Initially the *San Francisco Chronicle* story contradicted the version printed in *Hispano-America* saying the purposes and endeavors of the Mexican Blue Cross corresponded to those of the American Red Cross--relief of conditions in México. The *Examiner* added, "The organization is formed to do relief work in America, as well as to promote a more friendly feeling between Americans and Mexicans." See *Chronicle*, June 27, 1921, p. 11; September 23, 1921, p. 8; *Examiner*, August 10, 1921, p. 9.

individuals and organizations, and built coalitions in their community.⁶⁰ In public ceremonies, Ruíz and Rolph exchanged messages of good will. Ruíz applauded the Mayor's leadership--

Beloved of all Latin peoples, the sympathetic feeling which they have for San Francisco is due to the fact that she has always been so full of sympathy for foreigners who have found with her not only protection, but real help.⁶¹

and Rolph recalled that seventy-five years ago, the ground on which they stood was Mexican ground.

We treasure the memories of those early days. We are preserving the landmarks of your ancestors; the Missions built by the early padres are visited annually by thousands.

We hope the organization of which we have been made an honorary member will grow and flourish and that its efforts will assist in bringing better fellowship and feeling between the two peoples.⁶²

Mission history aside, by late July, Cruz Azul looked to buy a "Mexican House" with funds from their patriotic board and other corporations. Like Arce had envisioned in 1919, the Mexican House could be a place where Mexicans and others belonging to the Hispanic-American race could receive aid and protection. No available records, however, indicate this House ever opened despite hundreds of destitute Mexicans appearing daily at the offices of Cruz Azul.⁶³

⁶⁰ See *Hispano-America*, July 9, 30 1921; August 13, 1921, p. 13. Within the first six weeks they inducted Mayor James Rolph, Mrs. David Starr Jordan, Mrs. Aaron Schloss, Mrs. W.H. Hamilton, Margaret Curry, Mrs. W. A. Fitzgerald, and Miss Kane, as honorary members of their organization. An honor guard of twenty-five "of the prettiest señoritas from the city's Spanish colony costumed in the official uniform of white and blue..." accompanied Consul Ruíz and Eulalia Gillespie to formally present the membership diplomas to Mayor Rolph and the women.

⁶¹ See *San Francisco Chronicle*, August 10, 1921, p. 13.

⁶² See *San Francisco Examiner*, August 10, 1921, p. 9. Like the *Chronicle* account of the "prettiest señoritas", the *Examiner* focused on the participation of a "prettily uniformed group of young Mexican girls" and called them "the most picturesque feature of the ceremony." Journalists with *Hispano-America* also covered this ceremony. Courtesy of the *Chronicle*, a photo of the young women in uniforms and carrying their flags, appeared on the front page. The article introduced the ceremony as part of the week-long efforts to involve prominent people in the city who could enhance the organization's future philanthropic work. The Mexican Consul had acquired the full support of other Hispanic-American consuls before the event with the Mayor. The author also noted Ruíz "brilliant speech in proper English..." and the audience's response to the Honor Guard's impressive formation of "MÉXICO." See *Hispano-America*, August 13, 1921, p. 1.

⁶³ The money raised from a festival in September would provide further payments and equip the house for use as an emergency hospital. See *Hispano-America*, July 9, 1921, p. 4; September 16, 1921, p. 4. Cruz Azul used the basement of the church to serve repatriates their "last supper" before they returned to México--a "beautiful impression of their last hours in San Francisco," as they sat at tables adorned with offerings for their return. See *Hispano-America*, September 3, 1921, p. 1.

National Honor and Local Unity for the Mexican Independence Day Centennial

In the face of much despair among their compatriots, various organizations came together to coordinate a celebration of their Country's 100th anniversary of independence. The Patriotic Board invited delegates from the Consul's office, Club Azteca, Club México, Club Hidalgo, the United Club, the Mexican League, the Hispanic-American Center and the Hispanic-American Alliance of Oakland to meet in July.⁶⁴ This Patriotic Board resolved to work together and publicize that resolution to the Mexican residents of San Francisco. The delegates named Consul Ruiz Honorary President; Jesús Franco, organizer of Cruz Azul, President; Julio G. Arce, chief editor for *Hispano-America*, Vice-president; Benjamin Padilla, proprietor of an import-export business and member of Hispano-America Center, Secretary; Roberto Elizondo, member of Hispano-America Center, Pro-secretary; and Andres Leyva from Hispano-America. Basically the Executive Committee of the Patriotic Board represented three organizations: the Mexican Consulate, *Hispano-America*, and the Hispano-America Center.⁶⁵

Still the 1921 celebrations of Mexican Independence Day surpassed expectations and left a lasting impression on San Francisco residents. "The various and sumptuous feasts and the enthusiasm of Mexicans of all social classes" caused great pride.⁶⁶ Written accounts of their

⁶⁴ Each group named a member to the Executive Board except Club México who declined because their delegates brought no authority to take action. See *Hispano-America*, July 9, 1921, p. 1. Mexican people in San Francisco had a long history of celebrating their Independence Day. In 1865 "...Mexicans celebrated the victory of their countrymen under Cortinas, over the French, at Matamoras." See "Chronological History of Principal Events," *City Directory, 1865*, 19.

⁶⁵ No club member commented negatively about this clustering, although Club México declined to participate in any subsequent meetings. The same month as the Patriotic Board met and elected their Executive Board, a group of young women created a new recreational association, Club Alegría. Members elected only single women to their Board of Directors, offered honorary memberships to engaged or married women, and excluded young men from the executive board but included them as members. At their meeting in the home of the Arce family, the group elected Carita Rivera Quevedo, President; Dolores G. Arce, Vice-president; Moose Loaiza, Secretary; Amelia Seldner, Treasurer; and Elena Padilla, Rosita Santa Cruz, Esperanza Phelan, Esperanza Pérez and María Revilla as members of the Board. Notably, some of the same families appeared as the leaders in this organization. See *Hispano-America*, July 16, 1921, p. 4.

⁶⁶ Continuing a tradition that started with the 1915 Independence Day festivities, any community member could purchase one vote for one cent to elect a woman "Queen of the Mexican Holiday." In 1921 the community selected Amelia Seldner, treasurer of Club Alegría and "one of the most splendid beauties of our Race, belonging to one of the most distinguished families from Sonora, México, and affectionately known in all social circles of San Francisco." Having been named the Queen, she and her court appeared

celebration, however, carefully reminded readers of their 'debt' to Mexican President Obregón. His government granted money for much of the festivity because, "Except for a few financially unencumbered Mexican families in San Francisco, the Mexican Colony of San Francisco is poor...most living by means of their work, not always well remunerated."⁶⁷ Truly many had worked collaboratively during the events of their 100th Anniversary. Several not represented on the Patriotic Executive Board had actively raised funds or figured in the efforts to reach the larger San Francisco community. For example, Club Azteca sponsored dances to raise funds; and Mrs. Shadburne worked with a commission and Charles M. De Young of the Golden Gate Museum to open a Department of Mexican art--a Department which became the home for the commemorative gift to San Francisco from the Mexican community--a Manuel Centurion sculpture of "The Aztec Warrior."⁶⁸

Multiple Social Organizations Return to their Respective Aims

The grand centennial celebration appeared to bring groups together but subsequently, each returned to their respective aims. Club Azteca and Club Hidalgo primarily organized events for the major Mexican holidays of Cinco de Mayo and Independence Day, and the Cervantes Club, the Mercantile Society, Club Allende, the Recreation Club for Minors, the México Club, the Mexican Club of Mutual Aid, Cruz Azul, the Patriotic Club, and the Club Alegría each maintained separate foci. The Cervantes Club brought Spanish students together to practice speaking Spanish. The Mercantile Society with leaders, Antonio Urrea, Luis Salado Alvarez and Francisco J. Torres worked to expand trade with Hispanic-American countries.⁶⁹ The Recreation Club for Minors served the interests of those youth who studied in the universities of California. The Mexican Club of Mutual Aid led by Emilio Aguilar, carried out their beneficent, social and educational purposes

at various events, including a "foot-ball" game between "México" and "Central America." See *Hispano-America*, September 3, 1921, p. 4.

⁶⁷ Indeed as mentioned earlier, some Mexicans had begun their return to México as assisted by Cruz Azul. See *Hispano-America*, September 24, 1921, p. 1; October 22, 1921, p. 1.

⁶⁸ The Department of Mexican Art opened in December, three months after the centennial celebrations. See *Hispano-America*, July 30, 1921, p. 1; September 3, 1921, p. 4.

⁶⁹ See *Hispano-America*, January 17, 1920; February 7, 1920; March 13, 1920; October 16, 1920, p. 1. The aims of the Mercantile Society fit with the goals of new Consul Liekens. He wanted to represent all Mexicans and increase exhibits of their country's products and wealth.

with as many as eighty members, and the México Club facilitated recreation for older Mexican youths.⁷⁰

This expansion of social organizations, however, did not necessarily accompany a barrioization process, or "--the formation of Mexican neighborhoods socially, culturally, and politically segregated from Anglo sections of cities and towns--" as Camarillo argues. The different groups reflected the community's internal distinctions as much as their cultural similarities, e.g., Mexican youth, Mexican university students, Mexican laborers with the Union Iron Works.⁷¹ Membership in a particular group tested a more immediate identity in a new city and country, and perhaps granted concomitant immunity from larger problems among the Mexican population in San Francisco. At the same time, the proliferation of organizations shared an effect of barrioization--that of keeping community problems invisible and outside of the domain of civic responsibility.

Although the most active Mexican organizations in San Francisco changed little throughout the early 1920s, others consolidated around shared interests.⁷² Meanwhile, throughout the 1920s, Cruz Azul struggled with their leadership and the political nature of their organization.

⁷⁰ Club Allende sponsored dances to raise funds for earthquake victims in Veracruz and solicited contributions from various leaders in the Mexican community, including businessman Roberto Silva; physicians Dr. Urrea and Dr. Aldana; and Consul Zertuche. See *Hispano-America*, September 3, 1919; January 24, 1920, p. 4; March 13, 1920, p. 4; February 12, 1921, p. 4; March 26, 1921; May 7, 1921, p. 4; July 2, 1921, p. 4.

⁷¹ Camarillo, *Chicanos in California...*, 24.

⁷² Victoria Shadburne reinstated "Tenoxtitlán" in 1922--an organization to learn about Mexican art. With the new Department in the Golden Gate Museum and a renewed zeal for permanent peace, Mr. and Mrs. Shadburne wanted to "lift walls that divide the frontiers." Their Board of Directors included Mexican Consul Zertuche, Honorary President; Victoria Mugarrieta Shadburne, President; Margaret Curry and Lucia H. Aldana, vice-presidents; Alejandro Lubbert, Honorary Vice-president; Julio G. Arce, Secretary; and Mr. G. Vargas, Treasurer. The organization met erratically, however. Again in July 1926, the Society announced their "rebirth" and a new name: "The Women's Tenoxtitlán Club of the United States." The Latin American Club and Club Alegria to "which many distinguished Central American and Mexican families belonged" agreed to merge under a new name, the Union Social Club in 1922. The former Youth and Reform Club reactivated its work as the Hispanic-American Recreation and Instruction Club with many of the same leaders: Marcos A. García; José B. Corona; Juan A. Campillo; Miguel Ramirez; José Correa and Alfredo Zuniga. See *Hispano-America*, December 10, 24, 1921, p. 4; March 11, 1922, p. 1, 3; June 10, 17, 1922, p. 4; July 1923; September 15, 1923; November 3, 1923; December 1923; January 5, 1924, p. 1; April 25, 1925; July 17, 1926, p. 6; August 8, 1927; February 4, 1928; March 9, 1929; November 16, 1929.

First, a new Mexican Consul, José Garza Zertuche, took office; then the association's first president, Mrs. Gillespie, resigned in order to resume working at the Zellerbach Paper Company. Despite her position being vacant for several months Cruz Azul still sponsored dances, visited Mexican prisoners, actively sought pardon for a young Mexican man sentenced to death, and intermittently offered assistance for special needs.⁷³ By the mid 1920s, however, the San Francisco chapter of Cruz Azul separated itself from the problems of the national organization by deciding to operate independently under its own constitution.⁷⁴

The Mexican Community and the Challenge of Damaging Images

The press gave Mexicans in San Francisco increasing attention, but not always around celebrations or positive events.⁷⁵ For example, a sign outside a saloon in the Mission District read,

⁷³ See *Hispano-America*, December 3, 10, 1921; January 7, 1922; February 18, 1922; April 29, 1922; May 13, 1922; June 10, 1922; November 4, 1922; November 3, 10, 1923; December 8, 1923; January 26, 1924; March 8, 1924, August 8, 1927.

⁷⁴ And by the later 1920s, Cruz Azul frequently joined with Club Azteca and later the Chapultepec Mutual Aid Society to plan major holiday celebrations. This alliance kept Cruz Azul visible among established Mexican social circles in San Francisco. The success of Cruz Azul in San Francisco contrasted sharply with that of the Texas chapters. The directors in Texas dissolved their organization, returned their books, funds and documents to the Mexican consulate and resigned *en masse* over disputes in expenditures, the direct involvement of the Mexican government in their nominations of members for the leadership, and their purchase of the consular officials. According to a later piece in *La Opinión* "...Cruz Azul has not been able to evade certain contamination with our militant politics...The important, primary idea of the organization has been diluted by small ideas, showy procedures, excessive regulations, costly diplomas and honorary awards, expensive offices, and abuse of privileges e.g., cars for personal use rather than for...the organization." See *Hispano-America*, July 12, 1924, p. 1; July 25, 1925, p. 1; August 8, 1927; February 4, 1928, p. 1.

⁷⁵ A Mexican girl refused a "colored man," and was brutally beaten; a jealous Puerto Rican man killed a Mexican woman; a government secretary from México was assaulted and robbed in front of the Mexican trade building; on grounds of suspicion, authorities arrested a Mexican man when he and his friend tried to see President Harding; the man, employed by the Union Oil Company, had lived in San Francisco only three weeks; a Mexican man scheduled to work in Alaska reported that he had been assaulted by an unknown assailant at the corner of Columbus and Broadway streets; and a Mexican man who worked on the Venezuela Steamship of Panama Mail was found murdered around Wharf 46. See *Hispano-America*, October 29, 1921, p. 1; July 29, 1922; August 4, 1923, p. 1; December 20, 27 1924, p. 4, p. 1; March 31, 1923, p. 4; April 3, 1926, p. 1. President of the San Francisco Chamber of Commerce Atholl McBean, announced an excursion to México; the Chamber formally urged recognition of the Obregón government; Amelia Seldner, "a beauty of the typical Spanish type" sought to be queen of Mexican Independence Day for her second year; the pictorial section of the Sunday *Chronicle* displayed photos of young females from San Francisco. Among the various nationalities, the caption for the girl from México read, "Buenos Dias Señor" "Little maid from México tinge of southern sun on her cheeks." An editorial "México Deserves Friendship" pushed for recognition of the Mexican government. See *San Francisco Chronicle*, January 1921; February 18, 1921, p. 7; August 11, 1921, p. 6; September 25, 1921, Pictorial Section and F-1; October 17, 1921, p. 18.

"No blacks or very dark Mexicans admitted" and thus provoked the question, "How does the owner determine which persons are dark, very dark, and black?"⁷⁶ The Mexican professional class also appeared in the news, but fared well in at least one outcome. Dr. Aldana's son Enrique decided about nine o'clock one evening to borrow a car parked behind their house on Washington Street, but he did not ask for the owner's permission. Not thinking of any dangerous consequences and expecting to return shortly, he went on his way to the library. The owner, however, upon realizing her car was gone, notified the police of a robbery. The police located the 'stolen car' when Enrique came within three blocks of home. Convinced they had a car thief, they started chasing and shooting. Finally, Aldana abandoned the car in between two apartment houses and started to run toward his house, but the police delivered a rain of bullets causing their suspect to waver and fall to the ground. When the police ran up to Enrique, they were shocked. Rather than a dangerous criminal, there lay a child, unarmed and defenseless, with eight bullet wounds.⁷⁷

That Aldana was a teenager from a respectable family may have been the most striking issue in the story. Nevertheless, the event captured the public's imagination and raised fears in the Mexican community. A lengthy article in the Spanish-language newspaper criticized the policemen's blind pursuit and defended the honorable Aldana family. In contrast, an editorial in the *Chronicle* considered Aldana merely an unruly and reckless youngster, such as found in many respectable families; and while the police shooting was unfortunate, it was still in the line of official duty.⁷⁸

In the Aldana incident, Enrique survived and without a criminal record. Generally, however, Mexicans saw themselves in more stories than were true. Sometimes journalists attributed an act to Mexican people when it had been done by other Spanish-speaking people.

⁷⁶ See *Hispano-America*, February 14, 1920, p. 3.

⁷⁷ See *Hispano-America*, January 15, 1921, p. 1.

⁷⁸ The Spanish-language press portrayed Dr. Aldana's only son, Enrique, as a model student at St. Brigid's and a skillful driver of his family's car. Both Dr. Aldana and his friend Benjamin Padilla went to the chief of police asking they consider the incident a prank and not a theft. The policemen and the owner of the car agreed and expressed their sadness that the prank had caused such a tragedy. With all in agreement, the chief declared the case closed and thereby confirmed young Aldana's innocence. See *Hispano-America*, January 15, 1921, p. 1; *San Francisco Chronicle*, January 17, 1921, p. 16.

Several newspapers reported that during a picnic celebrating the centennial of Mexican Independence Day, various Mexicans had quarreled, injuring three. In actuality, the picnic had nothing to do with the Mexican holiday nor Mexicans. Rather, the Spanish Society of Mutual Welfare had the picnic and the quarreling individuals were Puerto Rican and American.⁷⁹ Thus, the Mexican community asked, "Why does the press always assign the drama to Mexican protagonists when something bad occurred among peoples of the race?"⁸⁰

Obviously, information distributed by the press could influence public opinion and perpetuate negative images.⁸¹ The Mexican community, however, faced more than the possibility of inadvertent or deliberate mistakes. The government suspected foreign-language presses of spreading discontent and anti-government propaganda and a Senate resolution proposed their curtailment. When Mexican journalist Julio Arce heard about that, he immediately urged all Spanish-speaking journalists to rebuke such a tyrannical measure. The Spanish-language newspaper existed to create opportunities and educate the Spanish-speaking public. Thus, curtailing foreign language newspapers would condemn thousands of non-English speaking people to ignorance, leave them without news of their native countries, and restrict some from reading any newspaper.⁸²

Public Opinion and Language Distinctions in the Mexican Community: Color, Accent and Education

The growing Mexican population became more distinguishable yet the larger public often clustered them with other Spanish-speaking populations. On the one hand, Mexican people did not want untrue statements assigned to them when the truth lay with the Spanish or Puerto Rican populations. On the other hand, they shared some form of the same language with educated classes

⁷⁹ See *Hispano-America*, October 1, 1921, p. 4.

⁸⁰ Another story claimed a Mexican husband murdered his wife, then killed himself. After confrontation, writers corrected the story the following week. Reliable sources admitted their Spanish origins; the husband from Biscay and his wife, from Andalusia. See *Hispano-America*, August 6, 1921, p. 1, 4.

⁸¹ In 1925 Consul Lubbert feared an inflammatory editorial in the *Bulletin* could cause incalculable damage to the process of forming political and commercial friendships between the United States and México. The editorial called the Mexican political constitution a farce and suggested that the United States serve as México's protector. See *Hispano-America*, March 28, 1925, p. 1.

⁸² He appealed to their collective interests and sought "...beautiful projects in behalf of the ideals of the Race." See *Hispano-America*, August 13, 1921, p. 1.

from other Spanish-speaking countries. Thus, when several teachers in the San Francisco schools marked on the school census card that a child spoke "Mexican," and in other cases, "Spanish-American," a few voices in the Mexican community disputed these differences. To make such distinctions only served segregationist policies and extended prejudicial claims by Spanish-language teachers of teaching "legitimate Spanish."⁸³

Language distinctions disguised the classification of 'Mexican' students by their accent and color. In reality, both public and secular private schools used language skills to legitimate their educational placement decisions, and encouraged proficiency in English.⁸⁴ In early 1922, the State Normal School operated a free kindergarten for foreign children at Hermann and Buchanan streets. The school prepared children between four and six years of age to enter public schools with the necessary knowledge of English vocabulary, pronunciation and accent. Still not every parent could enroll their child in the program because the class accommodated a maximum of thirty pupils.⁸⁵

Watching that Pictures, Rumors, and Theater Not Badger the Image of Mexicans

Early in 1922, both Mexicans living in the United States and México strenuously confronted anyone daring to present Mexicans or the Mexican nation as a country of bandits,

⁸³ Even Arce compared the language of the "erudite classes" across nations. See *Hispano-America*, October 8, 1921, p. 1.

⁸⁴ San Francisco Department of Public Health initiated school health projects that in all probability included Mexican children. Dr. Olga Bridgman, physician and director of the Pediatrics Department Psychology Clinic at the University of California, worked with the Health Department as their Director of Psychology. She examined school children referred to her by teachers, principals and school nurses. In 1925 she surveyed the entire school in Visitacion Valley. The Visitacion School was in an isolated region involving many different nationalities and social levels. Bridgman focused on children with "disciplinary problems and mental peculiarities..."and for those with language barriers, "proper placement in school or class." See Board of Health, *Minutes...*, March 12, 1925, pp. 3690-3694. For a discussion about Mexican children in the schools, see William H. Sheldon, "The Intelligence of Mexican Children," *School and Society* 19 (February 2, 1924): 139-142; George I. Sanchez, "Group Differences and Spanish-speaking Children--A Critical Review," *Journal of Applied Psychology* 16 (October 1932): 549-558.

⁸⁵ Since no subsequent reports appeared in the newspaper, young Mexican children may or may not have participated in this kindergarten. The school was next to an area where approximately four percent of the Mexican-born population lived at the time of the 1920 census. The program also cost parents a minimum of one dollar each month for milk and transportation fees. Nearly a year later, a new kindergarten opened where children four years of age and older could attend class "entirely free." The journalists believed this new department in the Jean Parker School at Broadway between Powell and Mason, would provide a real service to Spanish-speaking families. A well-known Spanish teacher in San Francisco, L. Rivas, offered lessons at the Jean Parker School from 3-4:30 p.m. See *Hispano-America*, December 10, 1921, p. 1; August 18, 1923, p. 1; November 8, 1924, p. 4.

assassins, thieves and prostitutes, or as a land of miserable resources, ridiculous mores and poverty.⁸⁶ The Mexican community warned of exploitation, as illustrated by women photographed with a film star. A New York based cinematography magazine published the photo and inserted the caption "So-and-so surrounded by various wild Mexicans."

We do not know if the persons that served for the exposure are really Mexicans or if it is one of many mystifications like those constantly made by the enterprises and the cinematographic artists, but we have to protest against that stupid photograph and against the foolish legend. There are no Mexicans, anywhere, in a state of wildness. Our women may have greater or smaller culture, be more or less educated, but they are never wild....⁸⁷

Community members approached their confrontations rationally. When word circulated that the Klu Klux Klan (KKK) had invited some Mexicans to provide reports and data on other Mexicans, people reasoned it had to be a rumor because Klansmen did not admit foreign elements into their brotherhood. Further, Mexicans would not go against their fellow countrymen.⁸⁸ Later the same summer, a vaudeville comedy act, "Texas Ruin" played at the Warfield Theater in San Francisco. One of the characters was a Mexican presented as a hardened criminal, wearing the

...indispensable broad-winged sombrero, large earrings and ridiculous clothes. Naturally, the Mexican was the most abominable person of the comedy, and the subject of repeated blows, affronts, and humiliations [and every possible moment, the other characters referred to the Mexican] with the contemptuous term of 'greaser.'⁸⁹

Outraged, Consul Lubbert spoke with the theater company and relayed the community's indignation. The company listened and explained their surprise--Mexicans from Los Angeles or the principal cities of Texas had not protested this performance. Mayor Rolph, however, also sent inspectors to view the production. His inspectors recommended withdrawal of those parts offending México and Mexicans. Subsequently, despite the company's surprise, and perhaps because of the Mayor's involvement, the company promptly changed their script.

⁸⁶ See *Hispano-America*, February 4, 1922, p. 1.

⁸⁷ The writer warned Mexicans to decline future photo opportunities with famous artists. See *Hispano-America*, February 18, 1922, p. 1. Formal translation by Elizabeth Rolón.

⁸⁸ Julio G. Arce wrote this opinion. See *Hispano-America*, May 20, 1922, p. 1.

⁸⁹ See *Hispano-America*, July 15, 1922, p. 1.

Public Bodies Recognize High Unemployment and Laborers Pass Along Their Caution

Whether in the work environment or the social environment, the Mexican community appealed to fair and honest representation.⁹⁰ After Cruz Azul had introduced themselves in San Francisco during mid 1921 and began addressing the problem of 'destitute' Mexicans in San Francisco, representatives from a number of other organizations began to look into unemployment. A local committee with members from the Associated Charities, the California Commission of Immigration and Housing, the State Employment Bureau, the California Packers' Association, the Community Service Recreation League and the State Department of Education prepared a study of: "Employment conditions of the Latin peoples in San Francisco."⁹¹ The Committee first surveyed the families who had left the city to work in the fruit fields. Two women, Miss Kane and Miss Shea of the Department of Public Instruction, traveled to Vacaville in August to count the "Spanish families hailing from San Francisco."⁹²

⁹⁰ They also stayed apprised of events in surrounding communities. For example, several property owners in Richmond wanted to remove Mexicans from their houses in a particular area of the city and confine them to a special district for "undesirables." With no legal means for removal, property owners solicited the help from the employers of Mexicans—local businesses and factory owners. Jointly they hoped to deploy their methods of tactical harassment and compel Mexican workers to move from their current housing. Local newspapers exposed the agreement between the local employers and property owners and compared it to similar conflicts with the Italians, Greeks and Japanese. The author expounded: "Race prejudices led them to declare Mexicans 'not desirable.' That, in and of itself constitutes an improper offense and a thoroughly unjust assault," but calculated measures...to confine and separate them multiplies the injustice." The paper promised to publish Consul Zertuche's protest in their next issue. See *Hispano-America*, September 8, 1923, p. 1.

⁹¹ Georgiana Carden wrote these names in her daily journal July 31st after she had been asked to join the committee: Selah Chamberlain, President of the Associated Charities and leader in the formation of the Council of Social and Health Agencies, Katherine Felton, Director of the Children's Agency of the Associated Charities and leader in the formation of the Council of Social and Health Agencies, Mr. Kearny of the California Commission of Immigration and Housing, Miss Lothrop, Mr. Sexton of the State Employment Bureau, Mr. McBryde of the San Francisco Community Service Recreation League and future member of the Community Chest Board of Directors, and Mr. Bell and Mr. Griffin of the California Packers' Association. Previously, Carden had been employed by the California Department of Education to investigate school attendance. She found migratory families were the outstanding problem. This "problem...involved financial need, racial and social prejudice, labor tangles and inflexible courses of study..." She estimated that hundreds of children were among migratory families and even more would follow as fruit and cotton acreage increased. See Daily Records and Itineraries, 1919-1920; 1920-1926, Entry July 31, 1922, 68/129c Papers of Georgiana Caroline Carden, Bancroft Library, University of California, Berkeley.

⁹² See Daily Records..., July 31, 1922; August 8, 1922, 68/129c Papers of Georgiana Caroline Carden, Bancroft Library. Miss Kane had a long-standing record of service with the Associated Charities and spoke Spanish. She also accompanied Palomares on his tour of the Mexican and Spanish communities in

Carden did not write about their findings, but she wrote of two decisions. Mr. McKinney would attempt to regulate school vacations in the bay region in accordance with the harvesting and canning season and the Commission of Immigration and Housing would advocate legislation to protect the wages of field workers, especially in situations where subcontractor's failed.⁹³

Indeed, Mexican people related to the canning industries and knew from experience not to trust every contract.⁹⁴ With more than eighty canneries along the coast and as many agents, fifty-six Mexican workers with the Alaska Packers' Association warned recruits to carefully examine the terms of any contract and directed their fellow nationals by letter to legitimate contractors with an established record of "humanity, efficiency, and good treatment for their workers," such as theirs.⁹⁵ The Mexican Consulate supported them with an appointee to monitor the process of contracting with cannery workers. The Consulate also promised to punish any worker abuse, and agreed to publish any complaint through the Alaska Packers' Association.⁹⁶

One case of worker abuse received statewide attention.⁹⁷ A Mexican worker had killed his foreman for which he faced death at San Quentin Prison. Many in and outside of the Mexican community spoke of the Pompa case as "an example of discrimination and persecution of Mexican

San Francisco in 1919. See Lucy B. Fisher, "Visiting-Nursing Notes," *Nurses' Journal of the Pacific Coast* 3 (January 1907): 33.

⁹³ School vacations never coincided with the harvesting and canning season. During the next several years Georgiana Carden worked with various county boards of supervisors and agencies to plan in advance for the education of children whose parents migrated for seasonal work opportunities. Social workers of the Telegraph Hill Settlement, Daisy Johnson, Ashe, Griffith, and frequently Katharine Felton from the Children's Services of Associated Charities, met annually in January. Together, with Carden they coordinated transfers of the "asparagus children" from the San Francisco schools to schools in the vicinity of the asparagus fields. See Daily Records.... September 5, 1922; December 15, 1922, 68/129c Papers of Georgiana Caroline Carden, Bancroft Library.

⁹⁴ The canning season in Alaska provided "sustenance and welfare" for as many as 1,500 Spanish-speaking day laborers, many of them Mexicans. See *Hispano-America*, January 5, 1924. p. 1.

⁹⁵ Their other purpose was to "expose fraudulent situations calmly and exactly." They distinguished between two types of contractors. One type, the "slavetraders" and generally Chinese, Filipinos, and Japanese, mistreated and abused their workers with fraudulent systems of credit, whereas other formal, powerful contracting companies not only satisfied the conditions of their contracts with the workers, they wanted workers to return in subsequent years. See *Hispano-America*, January 12, 1924.

⁹⁶ See *Hispano-America*, January 5, 1924, p. 1.

⁹⁷ Romo gives a more detailed account of the Aurelio Pompa story and how much energy the community expended in his behalf. See Romo, *East Los Angeles...*, 158-159.

residents in this state;" but not officials in California public administration.⁹⁸ They audaciously raised questions about the Mexican community's clamor over Pompa; after all, Mexicans "came from ferocious instincts," and daily succumbed to death in México for the cause of the revolution.⁹⁹

Achievement in the Face of Struggle: The Importance of Ancestry and Education in the Mexican Community

Questions or not, numerous stories told a similar tale--the real drama in a Mexican family revolved around issues of work and education.¹⁰⁰ The community recognized individuals for their

⁹⁸ The defendant's mother, Mexican consuls, wife of the deceased, and jury members defended Pompa before the Governor, and all parts of the Mexican colony sent petitions to him. Governor Richardson upheld the jury. The jury had ruled that Pompa had committed premeditated homicide in cold blood. Wife of the slain foreman said, however, that her husband had harshly mistreated Pompa; the coroner had disproved claims that the bullet entered through the front of the victim; and at least two women from the jury doubted that Pompa had killed in "cold blood." Pompa claimed self-defense, but was penalized with death for killing a foreman of a workers' camp--a foreman who had an unexplainable aversion for Mexicans, beat them unmercifully, and called them "greasers." On his execution day, Pompa followed a prayerful Father Santandreu to the gallows, serenely and stoically ascended the thirteen steps to the platform, and suffered fifteen minutes of torture before he died. Pompa's case prompted a movement to abolish the death penalty in California. See *Hispano-America*, February 2, 9, 23, 1924, p. 1; March 8, 15, 1924, p. 1.

⁹⁹ Still, Arce pointed out, the United States had promised equality and equity to all; therefore Mexicans believed their voices would be heard here whereas they would not be in their own country if they asked for justice and clemency. In the 1920s, several stories documented the presence of drugs and alcohol in the Mexican community--marijuana, cocaine, morphine, other narcotics, liquor. Other charges alleged fraud and violent assaults. The San Francisco International Fishing Company accused three prominent Mexicans of diverting seven million dollars from the business. A Mexican stabbed and killed his Mexican partner during an argument over their game of dice in Chinatown. Many people chased the perpetrator as they passed by on the streetcar. An unemployed Mexican husband and father of two children killed his wife and his children's mother before his sixteen year old son stopped him. See *Hispano-America*, March 8, 1924, p. 1; and also September 3, 1920, p. 2; August 5, 1922, p. 2; March 31, 1923, p. 4; March 22, 1924, p. 1; May 23, 1925, p. 1; May 1, 1926, p. 1.

¹⁰⁰ Stories repeatedly exemplified the grievous tragedies of working families. One family had been in San Francisco five years looking for work in order to provide for their children and "to educate them." The mother worked at night most of the time in an fruit export company but the family had endured too many financial hardships. The parents and their two sets of twins, twelve and six years of age now lived among the docks on Jones Street; one of the children was sick with the measles. Another family involved the heroics of a sixteen year old boy. He saved his twelve year old sister from being killed by their father after his father had killed his mother. The father did not easily find employment, worked intermittently, and lacked English language skills, so both the mother and son worked. A neighbor woman said the main reason the mother worked was for the education of her daughter, now a very advanced student in public school. The son worked in a store in the center part of the city. See *Hispano-America*, May 26, 1923, p. 1; May 23, 1925, p. 1. According to Taylor, more than sixty percent of his sample of Mexican women in Los Angeles worked because male members of the family only worked irregularly. Women gave other reasons also--large families, low wages, and high rents. See Paul S. Taylor, "Mexican Women in Los Angeles Industry in 1928," *Aztlan* 11 (Spring 1980): 99-131.

creativity, and educational and professional achievements. For example, Miss Lily Alexandre, daughter of a mechanical engineer and originally from Mazatlán, Sinaloa, resided with her family in San Francisco and received a patent for a small appliance to fit a sewing machine that would hold and cut the thread at the end of each seam.¹⁰¹ Other stories announced high school graduations of distinguished female and male students from a variety of public and private schools i.e., Saint Brigid's, Sacred Heart, and Galileo; told of students with advanced educational preparation such as those in architecture, dentistry, medicine; and publicized the group of "intelligent Mexican mechanics" in their own business of repairing automobiles.¹⁰²

The growth and the diversity of the Mexican population in San Francisco opened other educational opportunities during the early to mid 1920s. Miguel Ruelas had been concerned about Mexicans growing up away from México. He believed they were forgetting their language and were "detached from the fundamental facts and the large events that constituted the precedents of their nationality;" and detachment meant losing contact with their national soul. Thus, at a time

¹⁰¹ Her invention saved time because it replaced the relatively slow operations of holding and cutting the thread by hand (United States Patent No. 1367791). See *Hispano-America*, April 30, 1921, p. 1. .

¹⁰² Clotilde Alicia of parents Pereyra and Sotomayor, finished her studies brilliantly at the Academy of the Immaculate Conception. Maria, belonging to a highly esteemed family of Guadalajara, México and daughter of parents, Peña and Rubio, completed her studies at Sisters of Presentation. Isabel Cabrera, daughter of Mexican father Roberto and Guatemalan mother, graduated from Sacred Heart of Jesus. Hope Zazueta from one of the most reputable families of Sinaloa, México graduated from the Saline Johnston Secretary School. Enrique Aldana, Benjamin Padilla, and Francisco Santa Cruz were admitted to an "aristocratic salon," the Bohemian Club. Several Mexican students completed their doctorates at the University of California: Fernando Zazueta Bádiz from Culiacán, México, Doctor in Dental Surgery with honors; Ignacio Zuazúa de Monterrey, México, Agricultural Engineering; Germán Alejandro Fourcade from Guaymas, México, and Antonio Bassoco from Mazatlán, México, Mechanical Engineering; Manuel Martin Amieva, México, Political Economics; Ignacio Otero from Torre, México, Philosophy, honorable mention; and Lidia G. López and Teresa Irene Silva, both from México, Spanish; Luis Barraza, member of a highly esteemed family in San Francisco, Civil Engineering. Enrique Aldana, Jr. completed his studies at Galileo High School and was accepted at Stanford University. Elena Padilla and Beatriz Linares from "very distinguished families in San Francisco society" graduated; and four "Hispanos" graduated out of a class of 80 at Galileo High School. Dr. Aldana's daughter, Beatriz graduated from St. Brigid's High School. Raymundo Lopenz and Eleno Rojo opened their garage at 775 Vallejo Street. Enrique Munguia, Jr. from the University of California won honors in science. Maria Maclovia Ruiz' played beautiful classical music at the Wilkes Theater at Geary and Mason streets. Maria Elisa Ramirez graduated from Heald's Business College and became Chief of the Spanish Department for the Bank of Italy. See *Hispano-America*, June 3, 1922 p. 4; June 16, 1923; July 7, 1923, p. 4; November 23, 1923, p. 4; May 17 and 31, 1924, p. 1; January 10 and 17, 1925; May 23, 1925, p. 4 ; June 6, 1925; June 20, 1925; July 18, 1925, p. 4; January 9, 1926, p. 1; May 15, 1926 p. 1; June 6, 1926, p. 1; May 29, 1926, p. 4; September 18, 1926; January 15, 1927; April 28, 1928.

when the Mexican community faced increasing publicity about their problems with employment and relief, Ruelas proposed a remedy: "Come study our language, our geography, and our history...."¹⁰³

The community apparently needed time to consider his offer. Articles throughout the summer of 1924 emphasized that the Mexican school would offer Mexican youths the opportunity to learn the Castilian language correctly, and the geography and history of México. The problem was finding qualified teachers. Many people offered to teach Spanish but Ruelas wanted teachers with teaching experience, and who both spoke and wrote Castilian Spanish. Eventually, following a number of fundraising events and a few other delays, Ruelas opened the first of October at two locations--his home and Nuestra Señora. He taught classes for two hours in the early evening and two hours at night; and the content included twenty-four grammar lessons and twelve lessons each of geography and history.¹⁰⁴

The same year that Ruelas opened his school for Mexican youth and emphasized proper Castilian language lessons, the public schools announced daytime classes for foreign women. These classes, inaugurated by the San Francisco Board of Education earlier in the year, emphasized pragmatic English. Besides reading and writing, women practiced conversations to enhance their ability to shop, talk on the telephone and communicate with physicians. Interested foreign women could attend without charge and bring their young children to any of several locations, although they were all in the south and southeastern areas of the city--Bret Harte School, Visitacion Club, Burnett School, and Portola School.¹⁰⁵

¹⁰³ He offered his address for those interested. See *Hispano-America*, July 8, 1922, p. 1.

¹⁰⁴ The courses ran until December 19. Ruelas' home was in the Western Addition, 1452 Divisadero; Father Santandreu "kindly facilitated" the classrooms at Nuestra Señora. Dr. Enrique Aldana donated \$20. for the school and Club Azteca, \$28.15. See *Hispano-America*, July 12, 1924, p. 1; August 16, 1924, p. 4; September 6, 1924, p. 1; October 18, 1924, p. 1.

¹⁰⁵ See *Hispano-America*, August 16, 1924, p. 4. According to the 1920 census, Mexicans lived in each of these areas but not in the same concentration as in the North Beach. Residents in the North Beach may have attended the School for Immigrant Women or programs of the International Institute. The Board of Health also conducted child health clinics at Visitacion Club.

Indeed public and agency officials talked a little more about Mexicans in San Francisco than before and during the war. Willson wrote in the *Examiner* about the "Mexican quarter;" the International Institute noticed a sizable increase in the numbers of Mexican people they served through their agency; the Council of Social and Health Agencies made similar notations of increasing requests for relief among Mexicans; and Mayor Rolph added comments about the size of the Mexican colony when he spoke to those gathered in September 1924 for the annual celebration of Mexican Independence Day.

I was amazed at the growth of the San Francisco Mexican colony....The colony becomes more numerous year by year as San Francisco grows and it is gratifying to note the character and standing of the men and women who make up the colony....my warmest congratulations to the members of the Mexican colony who honor San Francisco by making our city their place of residence.¹⁰⁶

Ruelas saw a larger population in his school, too, and because of the numbers municipal authorities made Washington School at Mason and Washington streets available for his classes.¹⁰⁷

Ruelas began assuming other responsibilities in late 1925, however. He led a new organization called the Chapultepec Mexican Mutual Society. This new organization, duplicating some of the purposes and activities of Cruz Azul, was a new patriotic group of fellow countrymen, "substantially formed on the behalf of Mexican residents in San Francisco." The group aimed to genuinely represent the Mexican Colony in San Francisco and the country overall; organize patriotic, recreational, and social festivities that brought Mexicans of all elements together; and to establish a system of mutual welfare similar to other societies, including an educational and recreational center where Mexicans can attend freely and without constraint.¹⁰⁸

¹⁰⁶ See *Hispano-America*, September 27, 1924, p. 1.

¹⁰⁷ Ruelas attributed growth to the increased support from Club Azteca de Señoras and Cruz Azul. Ruelas taught classes at the Washington school from 3-4:30 p.m. Monday, Wednesday, and Friday and Cruz Azul taught daily Spanish classes for children from 2:45-4:30 p.m. at the Jean Parker School. For unexplained reasons in the fall of 1925, Ruelas offered his classes Mondays and Fridays from 4-6 p.m. and later in the evening of the same days. See *Hispano-America*, February 7, 1925, p. 1.

¹⁰⁸ See *Hispano-America*, September 12, 1925, p. 4. Members of Chapultepec elected Ruelas as their president. Ruelas had come to San Francisco fourteen years earlier as an exile from México. His father and uncle had served under President Porfirio Diaz before the President was removed from office. The elder Ruelas served as Diaz' Secretary of Foreign Affairs. In San Francisco the Mexican colony knew Miguel Ruelas as an outstanding teacher, one who zealously placed ancestral history within the reach of every Mexican person, and especially the Mexican youth of San Francisco. Consequently when Ruelas was elected president of the Chapultepec Society, *Hispano-America* wrote that his nobleness, united with

Ruelas emphasized education and ancestry and fostered broad representation of the diverse Mexican community in San Francisco. To what extent any of the educational opportunities expanded their collective consciousness or affected Mexican laborers and their families is not clear, however. More than likely some laborers and their families participated in the public school classes for foreign children and women, but as likely, they participated for reasons of language as ancestry.¹⁰⁹ The accounts about classes for learning the Castilian language correctly and Mexican geography and history imply that Mexicans who participated in these classes had time and/or funds to pay for them and a value for intergenerational transfer of formal knowledge. Regardless of who attended which classes, however, and whether their attendance was to learn English or to learn "correct" Spanish and Mexican geography and history, the Mexican community clearly operationalized a value for education and knowledge, and realized that an inability to communicate in the English language accounted for as much variation in ability as any accusations of deficient mental capability.¹¹⁰ Likewise, Mexicans undoubtedly learned and strengthened their culture in other ways than attending particular classes.¹¹¹ The "Society Notes" in the Spanish-language

unquestionable love for his country and all that is Mexican, guaranteed a solid group. See *Hispano-America*, September 12, 1925, p. 4; April 19, 1930, p. 8.

¹⁰⁹ Sanchez suggests that "Americanization programs failed to change the fundamental cultural practices of Mexican immigrant families for two principal reasons: (1) Mexican immigrants in the 1920s never fully committed themselves to integration into American life. Even when changes in cultural practices did occur, Americanization programs had little role in directing this evolution; (2) The various forces behind Americanization programs never assembled an optimistic ideological approach that might have attracted Mexican immigrant women. Instead, they presented a limited, inconsistent scheme which could not handle the demographic realities of the Mexican immigrant community." See George Sanchez, "Go After the Women: Americanization and the Mexican Immigrant Woman, 1915-1929," *Stanford Working Paper Series No. 6* (Stanford University: Center for Chicano Research), 23. According to Mohl, the International Institute of San Francisco emphasized language in their work with immigrants, different than the classes and emphases of the Institutes in Boston and Philadelphia. See Raymond Mohl, "Cultural Pluralism in Immigrant Education: The International Institutes of Boston, Philadelphia and San Francisco, 1920-1940," *Journal of American Ethnic History* 1 (Spring 1982): 35-57.

¹¹⁰ See *Hispano-America*, March 20, 1926, p. 1. Julio Arce disputed the charges of mental deficiency and noted that when Mexicans attended universities, they not only successfully completed their studies but often in less than the usual amount of time.

¹¹¹ The community celebrated religious rituals for blessing, baptism, marriage, and death through the services of Nuestra Señora de Guadalupe. Outside of parish life, families recreated "one of their most pleasant of the Mexican traditions, the Posadas." This celebration reenacts the journey of Joseph and Mary in search of lodging. After two houses reject their request and tell them they have "No room in the Inn," the third home extends their welcome with singing and delicious food. Several "appreciable Mexican

newspaper often described different parties held by and for Mexican community members, or places and times where Mexicans could purchase recorded Mexican music or listen to it on the radio, or where they could attend particular films and theater.¹¹²

Nationality, Race, and Class Consciousness **The Separation and Stratification of the Mexican Community, 1926-1930**

The Mexican population in San Francisco increased in numbers but still remained a small proportion of the total population. Mexican people had become somewhat more noticeable, however, particularly during their holiday celebrations and when trade delegations pursued business opportunities in México.¹¹³ Likewise, social service organizations occasionally noticed the Mexican population; but the Mexican community also noticed themselves, recognized their achievements and diversity and strongly refuted public stereotypes of ignorance, violence, and laziness.

Letter to National Congressmen Focuses a Public Debate on the Undesirability of Unrestricted Mexican Immigration

Local, state, and national sentiment favored citizens and fewer immigrants. Consequently, any number of non-citizens in need of relief became evidence in the logic of American nationalism,

families"--Aldana, Padilla, Rioseco, Salado, Alvarez, Arce, Saborio, Hernandez, Revilla and Munguia--celebrated Christmas this way. See *Hispano-America*, December 4, 1920, p. 4.

¹¹² Mexican records could be purchased at the International Company, 1447 Stockton Street. In 1925, the paper advertised a Mexican music shop. KPO Radio hosted Spanish night on more than one occasion, usually Tuesday night from 8-10 p.m., and different Sunday park concerts, especially when the Symphony played at Washington Park, included a Mexican musical piece. Nellie Fernandez and her company played at the Alessandro Eden Theater in the "heart of the Latin barrio," 631 Green Street. Eloisa Valdealde and the Mexican Drama Company appeared at the Verdi Theater and the Liberty Theater, 644-49 Broadway during their first visit to San Francisco in March 1926. Active entrepreneur Manuel J. Esquerro brought artists from Los Angeles, Guadalajara, and México City to the Liberty Theater located in the "heart of the Latin barrio." There patrons enjoyed a variety of programs including comedy, operettas, and Spanish and Mexican cinema. During later years a Mexican group played at the Orpheum Theater on O'Farrell between Powell and Stockton; and a nearly half-page ad announced that a major part of the film, "In Old Arizona," was in Spanish and playing at the Verdi. See *Hispano-America*, March 18, 1917, p. 2; May 2, 1925; August 1, 1925; November 7, 1925, p. 1; March 6-27, 1926, p. 1; May 8, 1926, p. 1; July 7, 1928; June 8, 1929.

¹¹³ Robert N. Lynch confided that the San Francisco directors of the Chamber of Commerce regarded the exclusion measure in the interest of commerce and international peace. Labor, however, accused the Chamber of Commerce of preaching the doctrine and dogma of trade at home and patronization of California industry, then turning around and favoring California work being done by Mexicans. See August 25, 1925 and March 2, 1928, California Joint Immigration Committee 1924-1926; 1927-1929, Carton No. 20, C-B 800 James D. Phelan Correspondence and Papers.

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whereas diversity and achievement among non-citizens mattered little in the popular imagination. The enlarging Mexican community in San Francisco confronted differences in color, character, language, and education, but a nationally-distributed letter in early 1926 required the community deal with a new level of questions. Advocates of Americanization and opponents of unrestricted Mexican immigration distrusted Mexicans because they did not enthusiastically seek citizenship in the United States. In fact the letter bearing San Francisco Archbishop Edward J. Hanna's signature and written by the California Commission of Immigration and Housing to California senators and representatives specified the point "They remain foreign" as one of seven reasons to oppose unrestricted Mexican immigration. The text of the letter, however, pointed to a Mexican population of particular concern to the Commission: "For the most part the Mexicans are Indians and very seldom become naturalized."¹¹⁴

With nationality in common, regardless of color or class, what did the Mexican community have to say? Editor Arce offered one answer.

The Mexican...has an immense attachment to his country.... For him, his country always is the affectionate mother that is waiting with open arms and to which nevermore is unknown or forgotten.

Well, now supposing that it was not in his character...should he nationalize American? For what? So that he would be a burden to charity, prison meat, noxious focus, worker obstructionist, of a low mentality, and of inferior race?

We are the first to desire that helpless Mexicans won't come to California...; but not because they are indigents, noxious, sickly, foolish or ugly, but because we want them to avoid the consequent sufferings...and unjustified idea that they have about them, and that...cause...shame and humiliations. If we could, we would write on every border entrance with indelible characters...'Mexicans without resources do not advance a step. There, ...you go the eternal pain of a wrongly understood race.'¹¹⁵

This open letter to Archbishop Hanna questioned the Archbishop's knowledge of his Mexican parishioners and systematically disputed each point. The Archbishop, however, denied attending the meeting where the Commission constructed, approved and mailed the letter bearing

¹¹⁴ See Letter to Congressmen, February 24, 1926, from the California Commission of Immigration and Housing, Mexican Data, Carton No. 50, C-A 194. The carbon letters included California representatives: Clarence F. Lea, District 1; Florence Prag Kahn, District 4; Lawrence J. Flaherty, District 5; Albert E. Carter, District 6; Henry E. Barbour, District 7; Arthur M. Free, District 8; Walter F. Lineberger, District 9; J. D. Fredericks, District 10; and senators: Samuel M. Shortridge and Hiram W. Johnson.

¹¹⁵ Open letter to Archbishop Edward J. Hanna who signature appeared on the letter as President of the Commission. See *Hispano-America*, March 20, 1926, p. 1. Formal translation by Elizabeth Rolón.

his signature.¹¹⁶ Father Santandreu of Nuestra Señora de Guadalupe relayed the Archbishop's explanation: the Commission had written the letter in response to a growing public debate on Mexican immigration, as witnessed in the Sacramento press and the December meeting of the Commonwealth Club of California. The Archbishop, publicly blamed for the ideas expressed in the letter, expressed his regrets, because the great majority of Mexicans in his diocese were of the "fine type," and contrasted with those from the Imperial Valley. His parishioners lived by means of their honorable work and constituted no load for the community.¹¹⁷

Still the damage had been done. Members of the Mexican community had been placed in the center of public conversation and suspicion with the California congressmen in Washington having received the letter and the press further distributing the Commission's ideas. Columnist Chester Rowell insisted the Archbishop had done "a fine and brave thing...to raise the question of Mexican immigration" because immigration from México had long been favored with no quota, and only a head tax and visa fee to restrict some of the "poorest class of Indian peons" from entrance into the United States.

Archbishop Hanna has no hostility to Mexicans. Religiously they are of his faith. If many of them are poor and ignorant, no one has more charity for these failings....

...no one better appreciates the fine qualities of México's civilization and of the people who reflect that civilization. But these are not the people whom our seekers after cheap labor import.

...when they get through with them, ...they fill our jails...relief institutions...hospitals with pestilence, and our schools with morons. They add nothing...but the prospect of another race problem, selected from the worst heredity of that race.¹¹⁸

¹¹⁶ Father Antonio Santandreu, highly respected in the Mexican community, met individually with the Archbishop and then spoke with reporters for *Hispano-America*. In previous years the paper published letters from Santandreu during his travels in Europe. Santandreu was born in 1853 in Berga, Cataluña Spain, began his primary studies at the age of three and six years later, entered the seminary school in Barcelona. He concluded his theological studies in Dublin at the age of 23 and began his priestly duties in 1876, the same year that San Francisco Archbishop Alemany requested his appointment as the first parish priest for Nuestra Señora de Guadalupe. See *Hispano-America*, March 26, 1921, p. 1; May 28, 1921, p. 1; October 15, 1921, p. 1; June 5, 1926, p. 3, 5.

¹¹⁷ See *Hispano-America*, March 27, 1926, p. 1. Still this letter from the Commission reversed their previous position in the early 1920s when the Commission had been asked to take a position on Japanese immigration. Previously, Commission members insisted their tasks focused on the experience of immigrant life in California, not whether they entered or not.

¹¹⁸ See *San Francisco Bulletin*, March 16, 1926, p. 13.

How Real "the Mexican Problem" for San Francisco?

The major concern about the Mexican population went beyond nationality. Being poor or of a different color, that is, "Indian" created problems, but how would immigration law make these distinctions? What Mexicans from San Francisco would become part of this targeted group? One member of the Mexican community believed the push to exclude Mexicans related to the needs for an exploitable labor supply. Americans could accept Mexicans when they contributed to the creation of the railways; when they fought bravely with the desert and proved to be the more resistant and more qualified workers; and when they got down to business and helped lift the city of San Francisco from disaster. When Mexicans received high wages and well-paid work, however, Americans recalled that Mexicans were just "greasers."¹¹⁹

Indeed, work constituted a large part of the problem. Without mentioning employment conditions, however, the Commission summed up their reasons why Mexicans presented a danger if allowed to immigrate without restriction.

1. They drain our charities.
2. They or their children become a large portion of our jail population.
3. They affect the health of our communities.
4. They create a problem of our labor camps.
5. They require special attention in our schools and are of low mentality.
6. They diminish the percentage of our white population.
7. They remain foreign.¹²⁰

In the aftermath of these allegations by the Commission, California Governor C. C. Young appointed a Mexican Fact-Finding Committee to prepare and present a report on the "facts relating to the industrial, social, and agricultural aspects of the problem of Mexican immigration into California."¹²¹ According to their report, Mexicans in San Francisco did not seem to be much of a

¹¹⁹ See *Hispano-America*, February 25, 1928, p. 3, 6. Reprinted from *Excelsior*. Cheng and Bonacich argue that Chinese and Japanese as economic competitors corresponds with restrictive immigration policies. See Cheng and Bonacich, *Labor Immigration Under Capitalism...*

¹²⁰ See Letter to California Senators and Representatives in Washington from Commission of Immigration and Housing of California, February 24, 1926, p. 3.

¹²¹ March 28, 1928 the Governor appointed a committee of three: Will J. French, Director of the Department of Industrial Relations, Chair; Anna L. Saylor, Director of the Department of Social Welfare; and George H. Hecke, Director of the Department of Agriculture. The legislature did not appropriate funds for the study so each department conducted their own investigation. The Committee prepared their

INCUBATION

problem in contrast to Mexican people in Los Angeles. The community spanned a range of occupational classifications among a few industries, lived in a dispersed geographical pattern and were fewer in number among many nationalities, or were left unreported.

Mexican people lived among twenty-nine separately reported nationalities in San Francisco but never comprised more than 3.5 percent of the foreign-born population.¹²² Moreover, as in other parts of the state, Mexicans in San Francisco did not seek citizenship in large numbers. Nearly four thousand people in San Francisco County declared their intention to become citizens in 1927. Mexican people numbered less than forty in this group and in contrast to all declarants averaging over ten years of residence in the United States, Mexican people averaged over fourteen years.¹²³ The Committee concluded that Mexican people comprised the smallest proportion of any nationality interested in United States citizenship and averaged a longer residence in the United States before seeking citizenship, although still not as long as people from Armenia, Austria, Greece, Lithuania, Yugoslavia, Hungary and Syria.¹²⁴ Thus, like the Commission declared, Mexicans in San Francisco did not readily seek citizenship, but they did not diminish the percentage of the white population.

No reports indicate that the Mexican population caused labor problems in San Francisco industries but data are scant. The Fact-Finding Committee sent out nearly a thousand queries to employers around the state asking each employer the total number of their employees as of May 15, 1928; the total number of Mexicans employed; whether Mexicans, other nationalities, and Americans were employed in the same occupations and paid the same wage rates; and the wage

report "with utmost care and without reference to the possible use to which these data may be put, either by the protagonists or antagonists of Mexican immigration." See Fact-Finding Committee, *Mexicans in California...*, 14.

¹²² Twenty-five of these countries were represented by more than one thousand people. See also Chapter One.

¹²³ Specifically, 3,768 people filed their first papers; 38 were Mexicans. Declarants lived in the United States an average of 10.4 years; Mexican declarants, 14.3 years. These contrasted with Los Angeles County, 9.4 years and 14.5 years respectively and Alameda, 11.2 and 11.1 years. See Fact-Finding Committee, *Mexicans in California...*, 69.

¹²⁴ See Fact-Finding Committee, *Mexicans in California...*, 67.

1101 12011

rates paid Mexican workers.¹²⁵ Of the San Francisco firms who responded, fifty-nine hired over eleven thousand employees, 1,231 of them Mexican, or 11.1 percent.¹²⁶ In contrast to San Francisco, more Los Angeles industrial establishments responded to the Committee's survey, and one-fifth of their employees were Mexican people. Likewise, industries in Contra Costa and San Diego counties exceeded San Francisco in their proportion of Mexican employees.¹²⁷ Because not every industrial or manufacturing establishment hired Mexicans and a few hired most, the scope of occupations among Mexicans is hard to establish from this data. In addition, the Committee did not distinguish which San Francisco industries employed Mexican people nor their ages, sex, and wages. Thus, it is impossible to say if or how San Francisco differed from other California cities.¹²⁸

José Ramos provided some information about Mexican people in San Francisco and their occupations when he spoke to the 1929 National Conference of Social Work held in San Francisco.¹²⁹ In his brief paper, Ramos reported that one thousand of the six to eight thousand Mexicans in San Francisco formed a migrant group that moved to certain agricultural districts, to various railroad projects, and to the fisheries of Alaska. In addition, more than four hundred Mexicans worked as employees of can factories and construction projects across twenty-five different occupational classifications. Their wages varied from 14 to 25 dollars a week for women and 15 to 60 dollars a week for men. Further, Ramos described ten percent of the Mexican

¹²⁵ Over eight hundred firms answered the queries but the Committee excluded fifty-six from the sample because they represented cannery and railway establishments, and those were considered separately. Therefore, the sample became nearly seven hundred industrial establishments. Of these, less than half hired Mexican workers. See Fact-Finding Committee, *Mexicans in California...*, 77.

¹²⁶ Fact-Finding Committee, *Mexicans in California...*, 85. The Committee published no data about canneries and railroads in San Francisco; further, 59 leaves out the total number of participating industries. In all likelihood, the total number was small since the state sent out less than one thousand queries, and the San Francisco Chamber of Commerce in 1928 identified more than two thousand manufacturing establishments in San Francisco.

¹²⁷ See Fact-Finding Committee, *Mexicans in California...*, 85.

¹²⁸ Romo has established differential occupational opportunities for Mexican males in Los Angeles, 1917-1918. There, 68 percent of first, second, and third-generation Mexican males worked in unskilled blue collar occupations. See Romo, *East Los Angeles...*, 119.

¹²⁹ See *Hispano-America*, July 6, 1929, p. 4. Thus, approximately 14 percent of the Mexican population in San Francisco participated in migratory labor. Ramos did not identify the source of his data.

INC 1000000

population as having sufficient comforts and a bank account while another thirty percent supported themselves well but did not save, another thirty percent were poor and required assistance intermittently, and the remaining thirty percent were poor and unemployed, but only half sought help from charity, or fifteen percent of the total Mexican population. He remarked in conclusion that Mexicans had competently performed and mastered all kinds of work and demonstrated their desire for instruction by attending night schools.¹³⁰

The 1930 Census statistics about San Francisco Mexican families reflect the trends identified by Ramos. A higher proportion of Mexican families in San Francisco than in Los Angeles had no family member gainfully employed. Both cities, however, had approximately the same proportion of families with two or more family members working.¹³¹ These similarities and

¹³⁰ San Francisco Mexicans worked around social barriers to assure their children received a significant education as they introduced and defined their own strategies for education. In 1926 Ruelas taught in his home from 3-5 p.m to avoid the difficulties of classes on the public school premises and offered classes on Saturdays in 1927. An auto transported students to and from school in 1927. Except for Cruz Azul giving recognition in May 1925 to Carmen Pifeda; Anita Mainz; Frances Montecelo; Jenie Riveira; and Vivian Wehl for their good conduct while attending Cruz Azul's "Mexican school for girls," no further announcements about that school appeared in newspaper. In order to pay their teacher, Cruz Azul charged a monthly fee of \$1.00 for one child, \$1.50 for two children from the same family and \$2.25 for three. The Chapultepec Society established a night school for Mexicans in south San Francisco also in the fall of 1925. The classes were given daily except Thursday, and included Spanish grammar, arithmetic, geography, geometry, and music and discussions of moral practices and good mores. Members of the south San Francisco Mexican colony raised the funds to pay their teachers. In the early twentieth century, the Bay View, Visitation Valley areas of San Francisco were also called south San Francisco. See San Francisco City and County Map published by Bashford Smith Blueprinter, 1915. See *Hispano-America*, February 21, 1925, p. 3; May 23, 1925, p. 4; August 1, 1925, p. 1; December 5, 1925, p. 1; February 6, 1926; February 6, 1926, p.4; March 5, 1927 and May 28, 1927. San Miguel argues, the education of Spanish-speaking children was much more diverse than commonly believed. Mexican children attended religious and secular private schools in addition to public schools. See Guadalupe San Miguel, Jr., "Culture and Education in the American Southwest: Towards an Explanation of Chicano School Attendance, 1850-1940," *Journal of American Ethnic History* 7 (Spring 1988): 5-21. Paul S. Taylor recorded how the children of three groups--Mexicans, Negroes, and Japanese--were distributed in San Francisco public and Catholic elementary schools. Among 66,286 children enrolled on February 1, 1927, 782 were Mexican, or 1.2 percent of the total elementary school population in San Francisco. This proportion is slightly less than the proportion of Mexicans in the total population if the 11,000 figure is used in 1930. See Paul S. Taylor, "Mexican Labor in the United States Racial School Statistics California, 1927," *University of California Publications in Economics*, Vol. 6, No. 4, 257-292 (Berkeley: University of California Press, 1929).

¹³¹ The difference is not large, however. Of 1,599 families in San Francisco, 92 had no family member gainfully employed (5.75 percent) whereas in Los Angeles, of 18,778 families, 801 did not (4.27 percent). The proportion of families with two or more family members gainfully employed was 36.34 percent for San Francisco and 35.56 for Los Angeles. See Table 3.2; *Fifteenth Census...1930, Special Report on Foreign-Born White Families by Country of Birth of Head With an Appendix Giving Statistics for*

differences may have been a reflection of the nativity, mobility, and size of the families. As shown in Table 3.2, a higher proportion of families from San Francisco were born in México, but they had fewer children per family; they rented more often than they owned, and although they paid higher monthly rents, they were also more likely to board lodgers.¹³²

Overall, whether the public knew it or not, the Commission's accusations did not represent much truth about Mexicans in San Francisco.¹³³ Even the charge that "[Mexicans] or their children become large portions of the jail population" did not withstand the findings of Taylor's San Francisco field study of law observance and enforcement among Mexicans in the United States.¹³⁴ When he compared arrests by nativity in San Francisco during the fiscal year ending June 30, 1929, Mexicans accounted for 1.43 percent of the 89,554 total arrests, whereas the Chinese accounted for the largest number of arrests among the foreign born population.¹³⁵ On the other

Mexican, Indian, Chinese, and Japanese Families (Washington, D. C.: United States Government Printing Office, 1933), 217.

¹³² See *Fifteenth Census...1930, Special Report...*, 212-213, 215, 217.

¹³³ Mexicans and their health is discussed in the Chapter Four and Chapter Five.

¹³⁴ Taylor reported crimes by nativity and number of arrests, but did not distinguish women from men, or how many times the police arrested the same person for the same crime. See Table 3.3 and 3.4. The project was initiated by the Committee on Scientific Aspects of Human Migration and continued by the Committee on Population; both were advisory committees of the Social Science Research Council. See Paul S. Taylor, "Crime and the Foreign Born: The Problem of the Mexican," in *Report on Crime and the Foreign Born* Section I by the National Commission on Law Observance and Enforcement, 199-344 (Washington, D. C.: United States Government Printing Office, 1931).

¹³⁵ Because Taylor did not have the 1930 foreign born population census figures, he used the numbers from the 1920 census and calculated what proportion of the total population each nativity represented. He did not calculate the proportion of the arrests among the foreign born represented by each nativity. Using his figures, the arrests of Mexican people represented 6.9 percent of the 23,408 total arrests among foreign born. According to numbers in the 1930 Census, the proportion of crimes charged to Mexicans exceeded their proportion of the total foreign born population in San Francisco (3.5:6.9); on the other hand, the proportion of arrests charged to Mexicans of the total number of arrests, 1.43 percent, mirrored their proportion of the total San Francisco population. The Chinese population in San Francisco in 1930 was 2.6 percent of the total city population and 9.3 percent of the foreign born population yet they acquired 5.6 percent of the total arrests, and 27 percent of the total arrests of the foreign born. For a more extensive analysis of Chinese and Japanese crime in San Francisco and California, see Walter G. Beach, *Oriental Crime in California A Study of Offenses Committed by Orientals in That State 1900-1927* (Stanford, CA: Stanford University Press, 1932). According to Beach's study, the percentage of Chinese arrests of all arrests in San Francisco between the years 1918-1927 ranged from 19.8 percent in 1918 to 7.2 percent in 1927 and averaged 10.1 percent. (The Japanese never exceeded 0.8 percent and averaged 0.3 percent.) Taylor's study would suggest that the proportion of Chinese arrests dropped even further in 1928-1929. Although the number of arrests of Italian and Irish people surpassed the arrests of Mexicans as shown in Table 3.3, proportionately their arrests fell below their nativity among the total San Francisco city and foreign born populations. See Paul S. Taylor, "Crime and the Foreign Born: San Francisco," In *Report on*

INDEX

hand, Mexicans accounted for a larger proportion of the arrests among the foreign born than their proportion of the foreign born population in San Francisco. Perhaps if Arce had been alive at the time of Taylor's study, he would have explained the number of arrests like he had in his open letter to the Archbishop. Some authorities non-discriminately assumed that all Mexicans were vagrant, prejudicial, without honor and without morality and therefore arrested them with the slightest provocation.¹³⁶ Instead of arrests "for the sole offense of being Mexican," however, Taylor relayed the words of a "leading Mexican citizen."

The mayor and chief of police are mostly friendly...and give us very fair treatment. The courts are very impartial...nothing but pleasure with the...handling that the Mexican receives in San Francisco. Our people...feel...they can get justice.

...one matter in which we are discriminated against...in the schools; the teachers in San Francisco...separate the Mexican from the other children, and we have had many complaints....¹³⁷

Taylor further raised important objections to the use of arrests or even convictions to gauge the proneness of Mexicans to violate the law.

...the use of statistics of arrests or convictions is open to serious criticism because racial antipathies and political and economic helplessness of Mexicans swell the figures of their apparent criminality. Mere conflict of codes, too, has the same effect...it is not to be concluded...that the immigrant is of an inherently criminal breed.....¹³⁸

Taylor knew that various social, economic and political conditions affected the crimes charged to Mexicans. Indeed, many Mexicans already knew of different priorities by people in power; the influence of individual beliefs and the potential for misapplied assistance; differential applications of justice and the possibility of death; and racial hatred and its consequences.¹³⁹

Crime and the Foreign Born Section II, 345-376. Using the 1930 Census, I calculated the total foreign born population by adding the Chinese and Japanese populations to the total foreign born white population, then I subtracted the sum from the total population of 634,394 for the total native white population. I calculated the total foreign born Mexican population by adding those 5,562 identified by year of immigration with the 1,554 born in México, and classed as white. See *Fifteenth Census...1930, Volume II*, 562, Table 21.

¹³⁶ See *Hispano-America*, March 20, 1926, p. 1.

¹³⁷ For the type of violations charged to Mexicans, see Table 3.4. See Taylor, "Crime and the Foreign Born: San Francisco," 375-376.

¹³⁸ See Taylor, "Crime and the Foreign Born: The Problem of the Mexican," 242. Beach also discussed the importance of recognizing variations in cultural codes of conduct. See *Oriental Crime in California...*, 92.

¹³⁹ Throughout 1925 the Spanish-language newspaper had published a number of articles about racially motivated fighting at San Quentin Prison. See *Hispano-America*, February 21, 1925, p. 1; March 14, 1925, p. 1; May 2, 1925, p. 1. The presence of and interest in guns sometimes became weapons of

Focusing Community Resources

Organizations within the community still addressed social and charity needs although far fewer in number than in the early 1920s. By mid 1926, one association finally accomplished their long-standing goal, a Center for Hispanic-Americans.¹⁴⁰ Plagued earlier by lack of funds and illness, eventually businessman José Aguilera took on the project and the Center opened for recreation, parties, and conferences with full amenities, including bathing facilities.¹⁴¹

Still three different organizations consistently appeared in the social news during 1926-1930: Club Azteca, Cruz Azul, and the Chapultepec Society.¹⁴² Club Azteca, the oldest of the three, retained members from established Mexican families in San Francisco e.g., Padilla, Aldana, Urrea, Gómez. They organized holiday celebrations and appealed for charity in behalf of needy Mexican children, families, and in the late 1920s, they included the Mexican elderly in their efforts. Cruz Azul of San Francisco worked in behalf of all Mexicans throughout the 1920s despite their disrupted national organization. Through active members such as Elena de Llata, Eulalia Gillespie, Maria de Cauhapé, and Juana de Galvez, the organization extended casual aid, conducted educational programs, and advocated for Mexicans in prison. They also sponsored parties, planned holiday celebrations with other organizations and, like Club Azteca, appealed for charity in behalf

prejudice and racial hatred. Manufacturers advertised their guns in the Spanish-language newspaper: "Protect yourself and your house with the imported, German automatic pistol." The size of the advertisements kept enlarging until they covered one-fourth of a full page. See June 3, 1922, p. 3; June 14, 1924, p. 2; September 1, 1928.

¹⁴⁰ This Center had been a long time coming. The rudiments of the idea and the group had started with Arce's plea for a Mexican House. Then in 1921, the Spanish-American consuls of San Francisco summoned a meeting with City Hall to discuss a center for Spanish and Hispanic-Americans. They wanted a center that would provide the basics for the development of a collective and individual culture. Still lack of funds and illness derailed any of the early projects considered by the Commission members and not until more than a year later did the group announce a project many had waited for—a Hispanic-American cultural center. The corporation, Hispanic Center "America," set their capital goal at ten thousand dollars, part of which they already had, and decided to rent if they could not buy a building within a month. They looked for a building with rooms for holiday and sports celebrations, literary and scientific conferences, a library, billiards, and dances, but they needed three more years to see their ideas become reality.

¹⁴¹ The Board of Directors included: Victor Patrón, José Rivera Rosas, Enrique Aldana, Reverend Santandreu, Leonides Plaza, Carlos Mirón, Salvador Sol, Carlos Leiva, Julio G. Arce, Manuel J. Urrea, Miguel Ruelas and José T. Linares. See *Hispano-America*, March 27, 1926, p. 1.

¹⁴² The *City Directory, 1929* printed the only the name and address of Club Azteca. A new Mexican youth club started in 1929 as the México Social Center. See *Hispano-America*, August 3, 1929, p. 8.

of needy Mexican residents in San Francisco. And the leadership of Chapultepec, like Club Azteca, drew from educated and socially visible Mexican residents in San Francisco.¹⁴³ Essentially these three organizations co-sponsored Mexican holiday activities in the late 1920s. Although it is unclear whether these organizations shared members, they each attracted and retained enough people to keep themselves viable and distinct from one another.

Like the continuity of several Mexican social organizations, some of the same religious parishes and organizations interacted with the Mexican community in 1926 as in 1918. Father Santandreu continued his leadership of Nuestra Señora de Guadalupe and celebrated his and the parish's fiftieth anniversary. In addition to other local Catholic churches, Protestant churches in the area identified specific Mexican community workers.¹⁴⁴ One church in particular, Canon Kip Memorial Mission of the Episcopal church, became more and more noticeable in health and social services among the Mexican population.¹⁴⁵

¹⁴³ For example, Chapultepec's president, Ruelas taught at Saint Ignatius and served as Director of *Hispano-America* after the death of Julio G. Arce in November 1926; their secretary, Imeldo R. Cadena, born in Acapulco, México, worked in commercial businesses while he developed his reputation as a writer. Then he moved to San Francisco, wrote for *Hispano-America*, and in his free time studied pharmacy. Arce belonged to Club Azteca, Cruz Azul, the Spanish Union of California, and the Peruvian Mutual Aid Society and had honorary memberships in the Mexican Atlas Sports Club of Oakland and the Chapultepec Society. See *Hispano-America*, April 19, 1930, p. 1, 8.

¹⁴⁴ Robert McLean in 1928-1929 documented Lenor Playo working as a social worker with the Presbyterian "Church of the Good Sheperd" at 756 Union Street. A pastor from Good Sheperd, A. V. Lucero worked at Trinity Center and San Quentin Prison. Alma R. Kindred worked as a social worker at Hotel Tynan, 62 Turk Street, and Ettore di Giantomasso worked with the Mexican community as a minister with the Methodist Episcopal Church at 841 Lombard Street. The Woman's American Baptist Home Mission Society of 15 Waverly Place also worked in or with the Mexican community. See Robert N. McLean, *The Northern Mexican* (San Francisco: R and E Research Associates, Reprinted 1971), 30, 33, 35, 38. *The Northern Mexican* was one of a series of surveys undertaken by the Home Missions Council and part of its Five Year Program of Survey and Adjustment. At the time of this survey McLean was Associate Director in charge of Spanish-Speaking Work in the Southwest under the Board of National Missions of the Presbyterian Church.

¹⁴⁵ They opened up a new building for their work in 1915. On the lower floor they devoted five rooms "to the Dispensary,...the Clothing Bureau, Men's Club room and lavatory; ...the second floor...the Chapel...and the large Social Hall for the Boys' and Girls' Club, the Sewing School, etc...; and the Day Nursery occupied the balance of the building. See "New Properties--Canon Kip Memorial Mission," *Journal of the Sixty-fifth Convention of the Protestant Episcopal Church in the Diocese of California*, Grace Cathedral, San Francisco, January 26-28, 1915 (San Francisco: Bolte and Braden Co., 1915), 124, Archives of the Episcopal Church.

INC 10000

Canon Kip--located at Second and Folsom Street--served the South of Market area. When Board Chairman J. Henry Ohlhoff wrote his annual reports for the Board of Directors of their Community House, he never tabulated their work by nationality nor with many numbers. He considered figures "at best...sort of show off things. They can tell anything and they never tell everything." He commented on nationality, however, when he compared the Canon Kip of 1919 with the Canon Kip of 1939.

The boys and girls who used this building in 1919 were by birth of different stock from those using it in 1939. Twenty years ago we had, for the most part, the good solid South of Market boys and girls with all that implies. Today we have mostly the darker pigmented Mexicans....¹⁴⁶

Throughout the years the ideal of Canon Kip stayed the same: "to better the physical and moral health, to further the personal and social well-being of all those whom it reaches..." despite the shifting nationality of populations.¹⁴⁷ When the International Institute of San Francisco and Canon Kip cooperatively expanded their group work with Mexicans in the late 1920s, some people in the Mexican community were already involved with Canon Kip; and the Mexican nationality worker with the International Institute believed that "the Mexicans most in need of recreation would not venture far from their own community to find it."¹⁴⁸ Other agendas, however, enshrouded Canon Kip.

Americanism is paramount in the teaching at the center. In every group the children are taught loyalty to the Stars and Stripes. And second to that comes sewing classes, dramatic instruction, physical education, cooking and manual training. ...Mexican Conchita, German Gretchen, and Irish Nora are her best pupils."¹⁴⁹

¹⁴⁶ See *To the President and Board of Directors of the Canon Kip Community House--Report for 1936*, p. 4; and *Annual Report 1939 of the Canon Kip Community House*, 3; Carton 14-A.3 Church Institutions, Canon Kip Community Center, Archives of the Episcopal Church.

¹⁴⁷ See *Annual Report 1939...Canon Kip*, p. 1; Carton 14-A.3 Archives of the Episcopal Church.

¹⁴⁸ See *Annual Report of the International Institute Branch of the San Francisco YWCA. for the Year 1930*, 17. Minutes Board of Directors, 1929, 1930, Unprocessed Archive, San Francisco International Institute.

¹⁴⁹ See *San Francisco Chronicle*, July 2, 1930, p.7. The children's names appeared as a caption to their photograph and the article attached to the photo said "Mexican Conchita" was part of the Canon Kip Nursery. Mrs. Meyer was a member of the Junior League and actively involved in teaching patriotism. Other articles and photos appeared in the *Chronicle*. One showed Susan Phillips, kindergarten teacher with little 'Daisy Quiros' at the Canon Kip Community House Christmas party; another showed Lila Dufton, 'Stella,' and Minnie Gottschalk. See *San Francisco Chronicle*, December 19, 1927, p. 5; December 9, 1929, p. 13.

"Mexican" Becomes an Institutionalized Category of Race

Throughout the 1920s Mexicans in San Francisco knew of being different and the subject of public debates. Mass public opinion favored their restriction but as explained by Cardoso, the alliance of most western representatives, administration officials, employers and missionaries, albeit for often radically different motives, had allowed a small minority in the country to defeat the will of the majority. Consequently, government law did not establish a quota of Mexicans, primarily because of its effect upon trade and investments.¹⁵⁰ Still other administrative actions decreased the number of illegal entries into the United States as the government increased the size of the Border Patrol, and through a deportation drive sent thousands of workers back to México.¹⁵¹

Thus, the special attention given to Mexicans in the United States Census of 1930 came as no surprise to the Mexican community. They did recognize its implications, however. A lengthy article in early January printed the questions for the 1930 Census and pointed to one of particular interest "for the individuals of Mexican nationality or origin."¹⁵² That question queried the color or race of the individual.

The Census Bureau had created a special classification for Mexicans--a category for all the persons of Mexican origin except those of "strictly white" ancestry, i.e., Caucasian. The "white" Mexicans were to be classified as they had always been--with the other "white" residents of the country. The other category, "Indian" possibly included a "small number of Mexicans." The writer added, because the census takers could not bring anthropometric appliances, how would the census taker decide if Juan López or Camilo Pérez is 'white,' 'Indian,' or 'Mexican?' That question was the point. The people answering the question would solve the problem.

...many Caucasians will be registered as 'Mexican.' Inversely, some brunette will appear as 'white,' and more to the point...an Aztec is registered as 'Indian.' Therefore, the results of this classification will not indicate much concerning the ethnic elements of the

¹⁵⁰ The United States had invested in excess of nine billion dollars in México, 34 percent of the United States' exports and 33 percent of its imports. See Cardoso, *Mexican Emigration...*, 138-142.

¹⁵¹ The Border Patrol was started in 1924. *Hispano-America* noted the changes in immigration and deportation laws, and told of Mexican deportees being processed through Angel Island, e.g., 21 returned to Mazatlán. See *Hispano-America*, July 27, 1929, p. 1; August 3, 1929, p. 8.

¹⁵² See *Hispano-America*, January 4, 1930, p. 2.

Mexican residents in the United States. But...the Census has set a precedent with their classification, that of officially creating the 'Mexican race.'¹⁵³

The San Francisco Mexican Community in Review

Despite inconsistent numbering, the Mexican population in San Francisco between 1915-1930 clearly expanded, with nearly equivalent proportions of men and women.¹⁵⁴ Mexicans moved to San Francisco from other parts of California, other western states, and cities or states along the western coast of México.¹⁵⁵ In San Francisco, Mexican residents not only lived and worked in the well-known North Beach area or the "Latin barrio" of the city, but throughout the 1920s, Mexican people moved to different areas of the city such as South of Market, Bay View, Visitacion Valley and parts of the Western Addition.

These residential patterns paralleled sites of available housing, industrial growth and work opportunities. Some members of the Mexican community worked as skilled, semiskilled, and unskilled laborers in the manufacturing, transportation, construction, or agricultural industries; others as businessmen in retail or wholesale; others as writers and artists in journalism, theater or music; and others as professionals in dentistry, medicine, or law. As many as one-third to one-half of the Mexican population in San Francisco, however, faced intermittent employment as installed by the demands of seasonal labor and shifting local, state, and national economic priorities.

The end of World War One in November 1918 marked the onset of a period of massive unemployment from which Mexican people living in San Francisco through the 1920s never fully recovered. Earlier work opportunities arising from the labor shortages and increased production of wartime, declined as employers preferred English-speaking citizens of the United States after the war. This unemployment accentuated the level of economic need among foreign populations in general and Mexicans in particular; but Mexicans turned to their community for support and identification. Through their new and reestablished organizations some called for the Mexican community to unite their efforts with other Spanish-speaking populations from Central and South

¹⁵³ See *Hispano-America*, January 4, 1930, p. 2.

¹⁵⁴ See Table 3.5.

¹⁵⁵ In the *Notas de Socias*, the writers frequently mentioned the nature of the family's reputation in San Francisco or México. The Mexican states and cities mentioned most frequently included Sinaloa, Sonora, Michoacán, Jalisco; and Mazatlán, Colima, and Guadalajara.

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America to protect the interests of *La Raza* within the city's political structure; others implored the Mexican community to begin their own mutual aid organization like a "Mexican House" to assure a place of support and healing for those who suffered; and several of the organizations invigorated the Mexican community through shared recreation and holiday celebrations during the *Fiestas Patrias* of Mexican Independence Day, Cinco de Mayo, and La Virgen de Guadalupe.

The expanding number of Mexican people participated in an array of organizations. This diversity, a strength in having a group of compatriots with whom to identify, also challenged their efforts to unify around particular issues in behalf of their nationality. Still, San Francisco Mexicans clearly opposed derogatory images of México and Mexicans whether those images appeared in film or theater, the newspapers, or in public speeches; and when the Commission of Immigration and Housing of California took a position on Mexican immigration and opposed unrestricted immigration because Mexicans drained charity services, overpopulated prisons and jails, affected the health of communities, required special attention in the schools, diminished the percentage of the white population, and remained foreign, Mexicans in San Francisco quickly refuted those accusations. Then, the Archbishop confessed that San Francisco Mexicans were primarily of the "fine type."

What the Archbishop meant by a "fine type" is unclear. Some San Francisco Mexicans received regular assistance during the early and mid 1920s from public agencies such as the Associated Charities and church organizations such as the Our Lady of Guadalupe Society; simultaneously the parish hosted benefits for poor Mexican children, families, and elders. Still, Mexicans never appeared to explicitly concern any social organizations in San Francisco for very long; yet it seems impossible that social and health service agencies, or the larger community in general separated Mexicans in San Francisco from the growing and vocal popular opinion against Mexicans. Certainly, the letter from the California Commission with the Archbishop's signature did not separate San Francisco Mexicans from the dangers posed by the general Mexican population in California. Thus, Mexicans in San Francisco, although unencumbered by a restrictive immigration policy, still felt the suspiciousness fermenting with that public opinion wishing them away.

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Most Mexicans of the "fine type" in San Francisco could have implied that enough of the Mexican community circulated among the upper social classes in San Francisco to blur any sustained visibility of those requiring public assistance. Certainly Mayor Rolph knew of San Francisco Mexican men, like Benjamin Padilla and Roberto Silva, who fostered trade relations between San Francisco and México, and he publicly acknowledged the work of Club Azteca de Señoras and Cruz Azul. In similar ways other San Francisco citizens knew of the Mexican community through festivities like the reception for President Obregón at the Fairmont Hotel hosted by Benjamin Padilla and Francisco Santa Cruz.¹⁵⁶ In contrast, other people in San Francisco worked to keep Mexicans of color away from particular public premises, like the bar in the Mission District prohibiting the entrance of "Negroes or dark Mexicans;" or those wanting to segregate Mexicans in the schools. For most of San Francisco, however, the Mexican community was not all that noticeable as a distinct sub-population because they were relatively new and few, and lived among other larger foreign populations e.g., more Italians than Mexicans lived in North Beach. Further, public social organizations basically aggregated non-English speaking people into a class of foreigners needing to learn English.

Regardless of the Mexican population who moved in and out of San Francisco, whether in conjunction with the cycles of seasonal employment or because of intensified repatriation efforts by the United States and México, the total population of Mexicans at least doubled during 1915-1930.

¹⁵⁶ When Club Azteca de Señoras celebrated their twelfth year, Esther Arzave served as their president. The writers claimed she belonged to an old and reputable Mexican family. See *Hispano-America*, April 4, 1924. Laura Galindo served as the president of Cruz Azul. Various delegations of the San Francisco Downtown Association traveled in México to exchange business ideas. Returned visitors often spoke of how their experience had contradicted the media-generated images of México as an inferior and intolerable country. See *Hispano-America*, April 4, 11, 1925, p. 1. Detective Sergeant Jack J. Cannon wrote two articles upon his return. He described the construction, procedures and population of Mexican prisons in México City and Guadalajara. The Mexican officials "took keen pleasure in making our visit interesting and pleasant and left nothing undone that might make us pleased." Moreover, he concluded that "none of their rules, regulations or laws will be adopted by any prison or jailers in our Old United States of America," although he indicated that the workers treated prisoners kindly and prepared simple and ample amounts of food, "the mañana spirit of both prisoners and keepers...is not a Stanford University by any stretch of the imagination." See Cannon, "Prisons in México," *Douglas 20 Police Journal* (May 1925): 18, 48, 49 and (June 1925): 16, 48. For an account of the reception for Obregón, see *Hispano-America*, October 23, 1925 p. 1.

Members of the Mexican community discussed issues of education, injustice, poverty, and race and established their own systems of caring for their compatriots. Information about the Mexican community, however, only appeared sporadically in the San Francisco newspapers and except for the listing of Club Azteca in 1929 and 1930, the *City Directory* listed no Mexican clubs or organizations during the years of this study. Explanations for this invisibility of Mexicans in San Francisco might factor in the size of the population, but numbers are not the only way to measure significance or the merits of civil rights. Another explanation might focus on the distribution and integration of Mexicans among the general population of San Francisco. That is, little about the Mexican community stood out as unique because Mexican people worked in a variety of occupations and lived with some diversity of income. Outside of the Mexican community, however, few people in San Francisco let on that they even noticed a Mexican population; or if they did, it came as a result of their broader contacts in the community.

San Francisco health reports did not aggregate data about the Mexican population despite statewide attention and documentation in the late 1920s regarding disease, deaths, and births. Many agencies gathered data on nationality during those years, yet something kept them from duplicating such studies as those of Los Angeles.¹⁵⁷ So, why did San Francisco public agencies not ask questions like: "What health concerns existed among Mexicans? Mexican women? Mexican children? Mexican men?" "From what diseases did Mexicans die?" "Where did Mexicans go for health care?" "What resources did they utilize in their community?" "From whom did they seek information?" Subsequently, the following chapters explore and make visible the dynamics of health and illness, and health and illness care among the San Francisco Mexican population.

¹⁵⁷ One example of the special studies conducted by the California State Board of Health came from the State Bureau of Tuberculosis; see *A Statistical Study of Sickness...*

Table 3.1 Mexican Population in San Francisco, 1910-1930

Population	1910	1920	1930
Foreign-Born White, México	1,792	3,793	1,554
Native White, Mexican Parentage	n/a	1,614	1,485
Mexican, Non-White	n/a	n/a	7,922
Total Mexican Population	1,792	5,407	10,961
Total Foreign-Born, White	130,874	140,200	153,386
Total City Population	416,912	506,676	634,394
México Born of Foreign-Born White	1.40%	2.70%	1.01%
<i>Mexican of Total Population</i>	<i>0.43%</i>	<i>1.10%</i>	<i>1.73%</i>

Source: *Thirteenth Census...1910, Volume II, 165-175; Fourteenth Census...1920, Volume II, 754; Fifteenth Census...1930, Volume III, Part I, 266-270.*

Table 3.2 Mexican Families of San Francisco and Los Angeles Compared by Nativity, Family Size, Housing, Number of Gainful Workers and Lodgers in Each Family, 1930

Mexican Families	San Francisco	Percent	Los Angeles	Percent
Total Families	1,599		18,778	
Born in México	1,490	93.2	15,771	84
Born in United States	109	6.8	3,007	16
Median Family Size	3.54		4.29	
Owners, Total	146	9.1	3,487	18.6
Value < \$1,500	14	8.4	786	22.5
Value \$1,500-\$7,499	112	76.7	2,393	68.6
Tenants, Total	1,373	85.9	14,723	78.4
< \$15 Monthly	115	8.4	3,475	23.6
\$15-\$49 Monthly	1,164	84.8	10,554	71.7
Tenure Unknown	79	4.9	564	3
Gainful Workers, None	92	5.8	801	4.3
One Gainful Worker	926	57.9	11,299	60.2
2+ Gainful Workers	581	36.3	6,678	35.5
Lodgers, None	1,280	80.1	16,272	86.7
One Lodger	175	10.9	1,412	7.5
2+ Lodgers	144	9	1,094	5.8

Source: *Fifteenth Census...1930, Speial Report...With Appendix...For Mexian...Families*, 212-213; 215, 217.

Table 3.3 Arrests in San Francisco 1928-1929 by Country of Birth and 1930 Census Population

Country of Birth	Arrests	%Total Arrests	%Arrests, Foreign	Population 1930	% Population	% Foreign
<i>United States</i>	89,554	79.27		458,308	72.2	
<i>Foreign Born</i>	23,408	20.73		176,086	27.8	
China	6,293	5.57	27	16,303	2.6	9.3
Italy	2,469	2.19	10.6	27,311	4.3	15.5
Ireland	2,101	1.86	9	16,788	2.7	9.5
México	1,615	1.43	6.9	7,116	1.12	4
Russia	746	0.66	3.2	7,455	1.18	4.2

Source: Paul S. Taylor, "Crime and the Foreign: San Francisco." In *Report on Crime and the Foreign Born Section II*, 346.

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Table 3.4 Percent of Arrests in San Francisco by Country of Birth and Category of Crime,

Category of Criminal Act	U. S.	México	China	Italy	Ireland	Russia
<i>Against Public Decency, Morals</i>	20.7	58.9	89.3	0	75.2	46.6
Drunk in Public Place		25	0.2	8.9	50.8	22.8
Visiting Gambling, Disorderly Houses		10.2	35.3	6.5	5.1	12.1
Vagrancy		19	5	4.5	11.2	5.6
Lottery Tickets, Drawings in Possession		0	36.2	0	0	0.5
<i>Against Property</i>	3.1	9.3	0.5	4.2	3.2	8.3
Petit Theft		3.5	0.2	0.9	0.8	1.6
Burglary		2.8	0.1	0.8	0.4	2.7
<i>Against Public Health</i>	2	3.4	4.3	0	6.4	3.3
State and National Prohibition Laws		1.7	0.1	0	6.4	3.2
State and Federal Narcotics Laws		1.7	2.6	0.3	0	0.1
<i>Miscellaneous</i>	70.1	22	5.8	0	12.8	34.6
Motor Act and Traffic Violations		5.7	1.5	0	6.9	20.1
Minor Violations		6.6	3.1	8.5	3.6	8.1

Source: Paul S. Taylor, "Crime and the Foreign Born," 345-376.

Table 3.5 Sex of Population Fifteen Years of Age and Older in San Francisco, Born in Mexico or Born to Mexican Parents, 1930

Birthplace	Male	Female	Total by Birthplace	Ratio M/F
Born in México	642	794	1,436	0.81
Born to Mexican Parents	359	402	761	0.89
Total by Sex	1,001	1,196	2,197	0.84

Source: *Fifteenth Census...1930, Volume II*, 1088.

Chapter Four

The Unspoken Record of Illness, Disease and Death Mark the Health of the Mexican Community in San Francisco

They [Mexicans] affect the health of our communities.¹

San Francisco health reports aggregated little data regarding Mexicans despite statewide attention in the late 1920s to diseases, deaths, and births among the Mexican population. Many San Francisco social and health agencies asked their clientele about their nationality or nativity, yet did not use that information to answer questions like: "What health concerns existed among Mexican people? Mexican women? Mexican children? Mexican men?" "From what diseases did Mexicans die?" "Where did Mexicans go for health care?" "What resources did they utilize in their community?" "What resources do Mexicans want or need in their community?"

Social and health services in San Francisco aligned their priorities with state and national concerns and health trends in the general population. Consequently mother, infant, pre-school and school-child health programs expanded but tuberculosis prevention programs became less important to voluntary agencies as deaths from heart disease and cancer climbed to the first and second leading causes of death among the general population. People could approach hospitals and clinics for the treatment of illness and physical examinations in most areas of the city including those areas where Mexican people lived. Little evidence, however, indicates these services were truly accessible for people of diverse languages or cultures.

Indeed, Mexican people intermittently sought to provide advanced care within their community. The Mexican community eventually created a space for rest and relaxation after years of effort, but the original visions for the "Mexican House" diminished in scale and scope as other community dynamics took precedence. Many in the community struggled financially with the changing employment patterns after the war, participated in numerous and separate social organizations, and defended themselves from the incisive effects of a growing unfriendly public opinion about Mexicans in general. Likewise, social and health leaders in the city did not foster services by the Mexican community but encouraged the Mexican community to assist those needing relief.

¹ Letter to California Senators and Representatives in Washington from Commission of Immigration and Housing of California, February 24, 1926, Mexican Data, Carton No. 50, C-A 194.

Health problems among Mexican people in San Francisco remained indistinct and primarily anecdotal despite the option and external pressure for information.² Data such as the causes of admission to San Francisco Hospital among Mexican people, diagnoses assigned to Mexican people at Mary's Help clinics, and causes of death among Mexican people 1915, 1920, 1925, and 1929 suggest the Mexican population faced the kind and rate of illness found among the Chinese population. The city noted the presence or absence of disease among the Chinese, and the Community Chest advocated an organized approach to correct service deficiencies. In contrast, the city lacked specific data, and social agencies in San Francisco developed few resources or programs for or with the Mexican population.³ Unlike the Mexican population living in a dispersed residential pattern, however, the Chinese population basically lived within a geographically proscribed area, maintained independent community control through the Six Companies and carried a long history of segregation and restriction in San Francisco. Thus, although debates about the unrestricted immigration of Mexicans by the mid 1920s usually incorporated statements like "They affect the health of our communities" few specific data could corroborate such a statement for San Francisco. Aggregate statistics submerged Mexicans and left them indistinguishable.

Illness and Disease in the Community as Exposed by Hospitalization or Death, 1915-1919

Sex Differences: Tuberculosis and Pregnancy and Heart Disease

The Mexican population in San Francisco obviously experienced illness, disease, birth and death during 1915-1919. According to the admission register for San Francisco Hospital, forty people received hospital care for illness and disease in 1915 and more than triple that number in

² Emerson and Phillips criticized San Francisco in 1923 for their lack of data by age, race, sex, and geographic area; the California Department of Public Health asked each county to segregate data for Mexican births and deaths beginning fiscal year 1927; and Hiscock reiterated the concerns of Emerson and Phillips in 1930. See Chapter Two.

³ A chest clinic, a permit for a new Chinese Hospital, and eventually a Board of Health office served the Chinese population. The Community Chest also conducted a special study of Chinatown in 1929-1930 and recommended specific agencies fill the need for particular services, e.g., the Associated Charities care for Chinese babies and help place and care for Chinese foster children, the Chung Mei Home in Berkeley to help house Chinese boys, and the Golden Gate Kindergarten Association to develop a day nursery for Chinese children. Hassler suggested these plans required active cooperation from the Six companies and the Chinese Chamber of Commerce. See Executive Committee of the Community Chest of San Francisco, *Minutes...*, February 21, 1929; February 13, 1930; May 21, 1930. See also Chapter Two.

1918.⁴ Tuberculosis caused most hospitalizations among males, and pregnancy among females, but Mexicans also stayed in the hospital for other conditions, some of which coincided with particular health programs or problems in the city. For example, as shown in Table 4.2 more Mexican females stayed in the hospital for gonorrhea and syphilis when the city participated in a national program commanding persons into treatment for venereal diseases. Likewise, the same year as the city's influenza epidemic, pneumonia and influenza caused the most hospitalizations among Mexicans.⁵

Like the most prevalent reason for hospitalization of Mexican males during 1915-1919, tuberculosis caused the most deaths among Mexican males in 1915. Among females, however, deaths from tuberculosis numbered the same as deaths from heart disease. Although Mexican females died from heart disease in a proportion similar to white females, proportionately more Mexican males and females died from tuberculosis than did males or females in the white population.⁶ In 1915, San Francisco public health reports identified eight hundred twenty-one deaths from tuberculosis among the white population in the city of San Francisco, or about twelve percent of all deaths; but tuberculosis caused twenty-four deaths among the Mexican population, or one-third of their deaths.⁷ This surpassed the proportions recorded for the Chinese (21.9

⁴ See Table 4.1. These data represent any patient born in México or the offspring of at least one parent born in México. The Admission Register included nativity of the patient and their parents. I started with patient no. 11922, January 1, 1915 and concluded with patient no. 41040, July 21, 1919. A total of 29,118 patients were admitted. Of that number, 400 were first or second generation Mexican people (1.37 percent). See Patient Registers 1854-1919, Series I, Volumes 24-28, AR 84-30 San Francisco General Hospital Records, Special Collections Library, University of California, San Francisco.

⁵ See Table 4.2. The conditions clustered around infectious or communicable diseases, e.g., pneumonia, influenza, syphilis, gonorrhea, infections, abscess; tonsil and adenoid problems; and accidents e.g., wounds, contusions.

⁶ These deceased Mexican people had a San Francisco address, and either they or at least one of their parents had been born in México. The total number of death certificates for 1915 was 7,586; the first cause of death listed on the certificate defined the cause of death data. See Death Records, Records and Statistics, San Francisco Department of Public Health, 101 Grove Street, San Francisco, CA. If the proportion of Mexican deaths from tuberculosis equaled that of the white population, then 5 Mexican males would have died from tuberculosis, and 3 Mexican females.

⁷ Deaths among the white population in 1915 totaled 6,827, of which 821 were from tuberculosis. Deaths among Mexican residents of San Francisco totaled 71, of which 24 were from tuberculosis. See *Municipal Reports... 1916*, 629-630. Mexicans accounted for 2.5 percent of all tuberculosis deaths in San Francisco despite the variation among public records. The State cited 954 deaths from all forms of tuberculosis in San Francisco for 1915 while the San Francisco Tuberculosis Association indicated 962. See Department of Public Health of California, *Thirty-first Biennial Report... 1928-1930*, 223; San Francisco Tuberculosis

percent) and Japanese populations (30.1 percent), and fell below that for the African-American population (37.8 percent).⁸

Tuberculosis was not merely a human disease. It was also seen as a social disorder, and the real problem--the family and the conditions under which the family lived.⁹ Although the earthquake and fire had destroyed much rundown housing, several areas of San Francisco still offered shelter in cheap, crowded, unclean tenement houses--Chinatown, the North Beach, the Waterfront, and the South of Market. Mexican people too, lived in these areas. Not surprisingly then, Mexicans dying from tuberculosis and entering San Francisco Hospital as patients, most often lived west of Columbus Avenue and South of Market; the areas with well-known housing problems and among the oldest in the city.¹⁰

Association, *The War Against Tuberculosis in San Francisco* (San Francisco: San Francisco Tuberculosis Association, 1928), 20. Tuberculosis caused a large proportion of all the deaths among Mexicans at San Francisco Hospital, but each year after 1915 and through July 1919, tuberculosis accounted for a much smaller percentage of their total admissions: 27.5 percent to 7.4 percent. On the other hand, twenty-four of fifty-three Mexicans (45.3 percent) died from tuberculosis at San Francisco Hospital between January 1915 through December 1919.

⁸ See *Municipal Reports...1916*, 630-631. Deaths from all forms of tuberculosis were: Chinese, 58 of 265; Japanese, 25 of 83; African-American, 28 of 74.

⁹ Popular and health literature linked dark, dirty, unventilated, and overcrowded rooms, and poverty with tuberculosis morbidity and mortality. See Armstrong, "Tuberculosis--The Home Hospital...;" Armstrong was a physician and director of the Department of Social Welfare, New York Association for Improving the Condition of the Poor. They managed a 48 apartment building on the lower east side of New York; used the roof of the building for a spacious solarium; and in separate areas, a fresh-air school and children's playground. Each family received all necessary furniture, clothing, and household supplies, and each family member, their own toiletries. Staff explained the precautions necessary to prevent spread of disease to well family members, and emphasized fresh air and personal hygiene. Medical services required weekly sputums and physical exams--every six weeks for the positive and suspected cases, every three months for healthy children, and every six months for healthy adults. Only two relapsed of 36 positive patients and 10 suspects discharged from the hospital, and no well member of a family had developed symptoms of tuberculosis. The San Francisco Tuberculosis Association related living conditions with disease incidence and death. See *The War Against Tuberculosis in San Francisco*, 10; *Tuberculosis*, 5, 6; *Third Annual Report...1910*, 13-17, 24-30. The Association never mentioned housing and only hinted about living conditions when they discussed the program and progress of the children in the Open Air schools in their *Report...1920*. Several authors have correlated the decline of mortality rates with improved living conditions and wages before medical science introduced effective treatment. See Thomas McKeown, "Determinants of Health," *Human Nature* 1 (April 1978): 66-67; Judith Walzer Leavitt and Ronald L. Numbers (eds.), "Sickness and Health in America: An Overview," in *Sickness and Health in America*, 3-10.

¹⁰ See Map 4.1; 4.3; 4.5. Nurse Elizabeth Ashe and social worker Alice Griffith of the Telegraph Hill Neighborhood Association continually confronted housing problems in North Beach, even after the Supervisors passed a tenement housing ordinance in June 1907. Ashe wrote that the ordinance could not have been upheld against the repeated attacks of self-interested property holders from all parts of the city if it had not been for their intimate knowledge of the tenement houses of the district. See Ashe, *Report*,

Interestingly, the residences and occupations of Mexicans decedents in 1915 did not differ geographically or categorically from Mexican patients in San Francisco Hospital 1915-1919. Theoretically, because a level of poverty predetermined admission to San Francisco Hospital, the addresses and occupations of patients could have been within a limited range, and different from the Mexican decedents. Mexicans admitted to San Francisco Hospital during 1915 to July 1919, however, most often worked in unskilled occupations, e.g., laborer, saloon porter, fireman's helper; or in semiskilled occupations such as glassworker, fireman, domestic, steamship steward, tamale maker, and seamstress; or in some instances, as "housewife." Similarly, those dying from diseases other than tuberculosis had worked in semiskilled and unskilled occupations.¹¹

Present or Not: The Question of Diphtheria, Influenza and Venereal Diseases

Several other disease problems within the city during 1915-1919 likely affected the Mexican community. In particular, the community could have been exposed to and associated with the diphtheria outbreak in 1915, the influenza epidemic in late 1918, and the wartime drive to detect and treat gonorrhea and syphilis.

No historical records indicate anything about if or how many Mexican residents in the North Beach area of San Francisco required quarantines and throat swabs for diphtheria.¹² The

April 1920, 3-4. The residential pattern did not differ remarkably from that created by the San Francisco Association for the Study and Prevention of Tuberculosis. See "A Report of the Tuberculosis Situation in San Francisco," submitted to the Department of Public Health of the City and County of San Francisco, July 1915, pF869.S3.66 S173, Bancroft Library.

¹¹ See Patient Registers 1854-1919, Series I, Volume 24, AR 84-30 San Francisco General Hospital Records, Special Collections Library. In 1915, ten of fourteen Mexicans had worked in semiskilled and unskilled occupations while another twenty-one registered their occupation as "none," "home," "housewife," or "retired." See also, Death Records, 1915, San Francisco Department of Public Health. I used the occupational categories used by López. "Laborer" falls into the unskilled occupational category and was the most frequent of any one particular category among Mexicans males dying from tuberculosis. See López, "Worlds Apart...." 40.

¹² Mexican residents knew diphtheria personally, however. A fifty-five year old, widowed Mexican female living in the western side of Pacific Heights, and in San Francisco for more than thirty years, entered San Francisco Hospital in 1918 for stomach cancer. Her admission record carried the note "diphtheria carrier." See Patient Registers 1854-1919, Series I, Volume 27, p. 19, AR 84-30 San Francisco General Hospital Records, Special Collections Library. Three others—children between the ages of two and five years—died in 1920 and 1925 from diphtheria related illnesses. Dr. Aldana cited diphtheria as the cause of death in May 1920, for a three year old non-resident male visiting from México in the Western Addition; Dr. Burlingame, San Francisco Isolation Hospital, signed diphtheria and associated diphtheretic myocarditis as the cause of death January 1925, for a 2.5 year old Mexican female; her parents lived at Nineteenth and Third streets in the Mission-Potrero area; and Coroner Dr. Leland, Central Emergency Hospital,

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Spanish-speaking press in San Francisco, however, took great interest in the influenza epidemic starting the end of September, 1918 and continuing through the end of January, 1919. They published articles again in October 1919 through February 1920 during a lighter influenza season, but none of the articles during the epidemic reflected the prevalence of influenza in the Mexican community. Neither did Board of Health reports.¹³ According to death records, however, thirty-three San Francisco Mexican residents died from influenza between October, 1918 and mid-January, 1919, or 1.3 percent of the 2,541 deaths registered with the Board of Health. Thus, in contrast to tuberculosis, influenza caused proportionately fewer deaths, but the rate of death from influenza among Mexicans still surpassed that of the general population.¹⁴

These causes of death indicate health problems with infectious and communicable diseases among the Mexican population much as Griswold del Castillo found in his study of the Mexican population in Los Angeles 1877-1888.¹⁵ Likewise, the morbidity pattern suggested by the admissions to San Francisco Hospital differs little from the mortality pattern, except in kind of infectious or communicable disease. For example, during a coordinated effort by the city and national government to detect and treat venereal diseases between 1917 and 1919, eight Mexican

explained the death of a 4.5 year old Mexican female in March 1925, as laryngeal diphtheria. Her parents lived at the foot of Russian Hill--21 Salmon Alley. See Death Records, San Francisco Department of Public Health.

¹³ Seven years later, Arce reminded Archbishop Hanna, "in the large epidemics of Spanish influenza...the Mexican community was of those which gave a smaller number of cases and deaths." See *Hispano-America*, March 20, 1926, p. 1.

¹⁴ Analysis of Death Records, San Francisco Department of Public Health. Fifteen (15) Mexican males and eighteen (18) Mexican females died from influenza. The rate of death among the Mexican population would have been 6.1 per thousand population in contrast to the city rate of 5 per thousand. See *Hispano-America*, January 21, 1919, p. 3. Many Mexicans lived around the base of Russian Hill which shared a border with Chinatown. When Supervisor Schmitz cited the Red Cross as saying that some districts in San Francisco were in a filthy condition, Mayor Rolph went immediately to the Board of Health. The Board of Health advised the Mayor "...that all districts...were...clean and wholesome...; that as far as Chinatown [was] concerned there were fewer deaths and less disease than in any other part of San Francisco...." This may have included part of the Mexican population since many Mexicans lived in the area. See *Proceedings...* 13 (November 4, 1918): 924-925. The burden of care in the Mexican community extended across the bay. Luis Rivera Melo, member of Oakland's Club Ignacio Allende, called for Spanish-speaking nurses to help in Oakland where the situation for Mexicans was serious because they were without nurses. See *Hispano-America*, January 21, 1919, p. 3.

¹⁵ See Griswold del Castillo, "Health...", 19-27. Mexican Americans were twice as likely to die before the age of 21, especially from birth-related and infectious diseases. After age 21, they were more prone to death from violent causes such as murders, suicides, accidents, and infectious diseases.

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female patients and two males entered San Francisco Hospital with a diagnosis of syphilis and six females with gonorrhea. Still this episodic data neither can nor does establish the incidence or prevalence of venereal diseases in the Mexican population.¹⁶

The little data about venereal diseases in San Francisco both compares and contrasts with data generated by the United States Public Health Service (USPHS). The USPHS studied venereal diseases in California fiscal year 1919.¹⁷ They concluded that gonorrhea was more frequent in the white race and syphilis more common in all the other races; single people contracted gonorrhea more frequently than syphilis; married, widowed, or divorced people more often contracted syphilis than gonorrhea; and males outnumbered females in both diseases.¹⁸ These patterns did not match those found among the Mexican population, however. In this population, the total number of Mexican females with gonorrhea outnumbered Mexican males, which corresponds with the few Mexican male patients entering San Francisco Hospital with gonorrhea; and unlike the statewide data, more Mexican females than males entered San Francisco Hospital with syphilis.¹⁹

¹⁶ None of the patient names appeared in duplicate. Reports from venereal disease clinics excluded patient nativity.

¹⁷ See "Venereal Diseases," RG90 PHS General Records, 204.4, Box 21, Venereal Disease Division 1918-1936, National Archives.

¹⁸ For every 100 white females with gonorrhea, there were 233 white males.

¹⁹ See Table 4.2. Dr. Bolton, Secretary of the El Monte Welfare Association, Inc., wrote in July about the Mexican population in a rural township of Los Angeles County. "...fiscal year...1917...the venereal condition can be estimated fairly as follows: A recent leaflet...by the California State Board of Health says 'Syphilis is responsible for not less than one-half of the still-born babes....' ...it is safe to conclude that if 20 percent of the population furnish 75 percent of the still-born they also furnish 75 percent of the syphilis.... Later, the California Department of Public Health analyzed Mexican admissions to Los Angeles General Hospital during the years 1922-1924. Of a total 5,361 Mexicans admitted, 91 had gonorrhea (1.7 percent); and 74 had syphilis (1.4 percent). Their analysis did not compare Mexican patients with all patients. When Los Angeles City Health Department compiled statistics of their Women's Venereal Clinic for the years 1925-1927, they classified 41.1 percent of 2,772 cases as Mexican. See Dr. Bolton's Report with Cover Letter from Dr. L. M. Powers, September 18, 1918 to Dr. A. H. Glennan, Senior Surgeon, United States Public Health Service, RG90 PHS General Records, 204.9, Box 21, Venereal Disease Division 1918-1936, National Archives; *A Statistical Study of Sickness...*, 5-7; *Mexicans in California...*, 188.

Decreased Visibility of Specific Illness and Disease, 1920-1925

...the Mexican is promoting several classes of diseases. Their proportion of tuberculosis mortality is high. Their record concerning venereal diseases is nothing enviable. They bring various border diseases which are propagated in our population, such as smallpox and typhus.²⁰

Death records and the administrative record of admissions to San Francisco Hospital have suggested particular health problems among the Mexican population during 1915-1919--namely infectious and communicable diseases like tuberculosis, pneumonia, and venereal diseases. Outside of documented unemployment and its health consequences, however, specific health problems among an even larger Mexican population became less visible rather than more visible with the advance of the 1920s.²¹ Hospital record-keepers condensed history-taking on admission and departed from questions of nationality;²² and the San Francisco Department of Public Health stopped preparing annual reports. Despite the absence of data, however, a member of the Commonwealth Club argued for restricted Mexican immigration because Mexicans promoted several classes of diseases--tuberculosis, venereal diseases, smallpox, and typhus--and threatened the biological integrity of the "American Anglo-Saxon stock."²³

San Francisco death records however, indicate the causes of death changed ever so slightly for 1920 and 1925.²⁴ While pneumonia caused more deaths among Mexican males in 1920, tuberculosis also figured prominently. Pneumonia caused two and one-half times more death in the Mexican community as in the general population, whereas, tuberculosis caused three times more. In 1925, prematurity, stillbirth, and deaths among infants less than three days old caused the most

²⁰ See Samuel J. Holmes, "An Argument Against Mexican Immigration," *The Commonwealth--Part II 2* (March 23, 1926): 22. Holmes was a Professor of Zoology at the University of California.

²¹ Health problems of the foreign born introduce "special difficulties...of two kinds, medical and social, and the two are usually combined....The physical condition most frequently...spoken of is malnutrition...and tuberculosis among...immigrants generally....The social conditions...are bad housing and overcrowding; use of midwives; illiteracy; superstition and fear; family incoordination..." Sixty-nine hospital social service departments identified these issues. See M. Antoinette Cannon, "Health Problems of the Foreign Born From the Point of View of the Hospital Social Worker," in *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1920), 219-223.

²² San Francisco Hospital Admission Registers included questions about the individual's nationality and that of their parents until mid 1919.

²³ See Holmes, "...Against Mexican Immigration," 22, 26.

²⁴ Sex-specific information is not available for the general population in the years 1920, 1925, and 1929. Refer to Table 4.3.

deaths among Mexican males, but tuberculosis and pneumonia among Mexican males and females also caused death approximately twice as often in the Mexican community as in the general population.²⁵

Like the causes of death, the residences and occupations of Mexican decedents varied little from that of 1915-1919. Decedent addresses extended further into the Western Addition, the Mission and the northern edges of North Beach and by 1925, the South of Market area; and occupations fell into two major classifications--semiskilled and unskilled.²⁶ In 1920, of those with an occupation on record, three-fourths had worked in semiskilled and unskilled occupations, although nearly as many were on record as "none," "home," or "housewife."²⁷ Five years later, however, the number of people with an occupation on record had declined; two-thirds worked in semiskilled and unskilled occupations at their time of death, and another sizable number responded with "none," "home," "housewife," or "retired."²⁸

Data from Mary's Help Clinics and Four Chest Clinics Say Little Specifically

Emerson had chided representatives from social and health agencies on the dearth of specific information about illness or sickness among any race, ethnicity, or geographic area in the city during his extensive study during 1922-1923. Obviously, Mexicans stayed among those not counted. Unlike the San Francisco Hospital Patient Register, however, Mary's Help Hospital Clinics recorded each patient's nationality along with their name, address, and diagnosis from August 1922 to November 1927. There, Mexicans comprised 1.07 percent of the patient visits

²⁵ Analyses of death records, San Francisco Department of Public Health, 1920. In 1920, tuberculosis caused 668 of the 7258 deaths in the general population and 20 of 99 in the Mexican population whereas pneumonia caused 651 deaths in the general population and 24 in the Mexican population. In 1925, tuberculosis caused 644 of the 7393 deaths in the general population and 23 of 119 in the Mexican population whereas pneumonia caused 589 deaths in the general population and 18 in the Mexican population. The causes of death in the San Francisco general population reflect those reported by the State in their biennial reports. See Table No. 20. *Twenty-seventh Biennial Report...1920-1922*; Table No. 12, *Twenty-ninth Biennial Report...1924-1926*; *Thirty-first Biennial Report, 1928-1930*, 294.

²⁶ See Map 4.1; 4.2; 4.3; 4.4; 4.5; 4.6.

²⁷ Analyses of death records, San Francisco Department of Public Health, 1920. Thirty-three death records indicated an occupation. Thirty indicated none, housewife, or home. The Department of Public Health filed a total of 7,318 death certificates in 1920 and 7,647 in 1925.

²⁸ Analyses of death records, San Francisco Department of Public Health, 1925. Twenty-two death records indicated an occupation. Thirty-four indicated none, housewife, retired, or home. Obviously the large number of infant deaths precludes any occupation.

during 1922-1925, with more visits by females than males.²⁹ Of those patients listed with a diagnosis, tonsillitis and adenoids appeared most frequently (14) followed by pregnancy (9), dental (9), and eye (6), yet the high percentage of patients (54 percent) with no diagnosis on record blurs distinctions by sex, age, or diagnosis³⁰ The Mary's Help Clinics served a relatively younger patient population than that of San Francisco Hospital during 1915-1919. That could be explained by a younger population of Mexican people living in the area near Mary's Help clinic, which is where the majority in fact, lived; or the health concerns prompting clinic treatment more likely occurred in younger ages.

Other dispensaries or outpatient clinics, however, may have had a higher volume of Mexican patients than the Mary's Help Hospital clinics. Of four San Francisco chest clinics, the number of Mexican patients ranged from as many as fourteen percent of those examined at the Telegraph Hill Chest Clinic between July 1924 and July 1926, to less than one percent of those seen at the Mount Zion Chest Clinic.³¹ This survey distinguished the age, sex, nativity and

²⁹ Mexicans patients numbered 94 of a total 8,745 patient visits during 1922-1925. See two 15"x24" leather-bound ledger books, Mary's Help Clinic Admission Registers, Seton Medical Center Library, Daly City, CA.

³⁰ Mary's Help started their dental clinic in 1923 thereby bringing in dental as a category. Of the 179 patients identifying México as their nationality, 101 had no diagnosis. I included any person with México as their nationality and any other person sharing their surname and address. People with the same surname but with different addresses were not included. Kate Johnson, a major donor to the Catholic Church in the late nineteenth century bequeathed the funds for Mary's Help Hospital and stipulated that the hospital be built in the sunshine district of the Mission. Contrary to the date cited in Emerson and Phillips, "The Articles of Incorporation for Mary's Help Hospital were signed by Archbishop Riordan and Robert Tobin on December 28, 1893 at 1100 Franklin Street in San Francisco." The original building was located on Guerrero between 13th and 14th Streets or 145 Guerrero Avenue; the hospital was managed by the Daughters of Charity of St. Vincent de Paul. They opened the first Catholic free clinic in 1913 and operated a school of nursing from 1914-1963. See Emerson and Phillips, *Hospitals and Health Agencies...*, 37-38; Marie M. Mahoney, *Reflections on Mary's Help Hospital and Seton Medical Center 1893-1985* (Daly City, CA: Seton Medical Center, 1985): 1-28.

³¹ Of all ages attending the chest clinics, patients born in Mexico accounted for four percent; however, because physicians had examined an additional forty children born to Mexican parents, the proportion of Mexican patients would have been 5.2 percent or 182 of 3,520. This proportion exceeded the Mexican's 1.73 percent of San Francisco's total population as estimated with the United States census figures of 1930. At the Telegraph Hill Chest Clinic Mexican people comprised 34 of 241 (14.1 percent); at San Francisco Hospital, 111 of 2234 (4.97 percent); at Stanford, 36 of 916 (3.9 percent); and at Mount Zion, 1 of 129 (0.8 percent). The total number of Mexican patients was 182; therefore, the majority of Mexican patients used the San Francisco Chest Clinic, or 111 of 182 (61 percent); they used Telegraph Hill and Stanford about the same--Stanford 36 of 182 (19.8 percent) and Telegraph Hill 34 of 182 (18.7 percent); and few used Mount Zion. Taking the years 1924-1926 from the Mary's Help Clinic Register, Mexicans

diagnosis of those patients examined in San Francisco Hospital, Telegraph Hill, Stanford and Mount Zion chest clinics. Overall, the number of patients born in México ranked third behind the numbers born in the United States and Italy, comprising just over five percent of all patients in these four chest clinics.³²

Paying Attention to Living Conditions

Obscure data about Mexican patients during the years 1920-1925 prohibits any inclusive analysis of Mexicans and their health. Organizations represented in the Council of Social and Health Agencies, however, reported that "...Mexican families appeared in greatly increased numbers."³³ This alarmed the Council because "San Francisco ha[d] never had a large Mexican population and those she had were fairly self-supporting...[and because]...our southern cities experience [difficulties] in handling Mexican poor families...San Francisco [needs to] analyze this situation carefully and...meet it intelligently."³⁴

Living conditions obviously affected the health and the quality of life among the Mexican population, and undoubtedly, contributed to a higher proportion of tuberculosis deaths among the Mexican population. Two areas where many Mexicans lived--the North Beach and South of Market--surfaced as concerns among social and health agencies in San Francisco.³⁵ Although fire

made 102 visits, or nearly the number for the Chest Clinic alone at San Francisco Hospital during the same years. See *Twenty-ninth Biennial Report...1924-1926*, 132-133.

³² Mexican children comprised 4.5 percent of all the children between birth and fourteen years of age examined in four chest clinics. Physicians examined fifty-one children between infancy and fifteen years of age; twenty-six males and twenty-five females. Eleven children identified Mexico as their nativity; the remaining forty-one, had been born in the United States to Mexican parents, and most had lived their lifetime in San Francisco. Although more than half of the Mexican children had been exposed to known cases of tuberculosis, physicians found disease in only one child and placed forty-five (88.2 percent) on observation. See *Twenty-ninth Biennial Report...*, 132-133.

³³ The statistics of the Council of Social and Health Agencies showed a large number of new people sought relief in 1924. 5,109 families received material aid during 1924 and 12,600 single men. Five hundred families had lived in California for less than one year and half of them in San Francisco for less than six months. See Council of Social and Health Agencies, *Minutes...*, March 30, 1925, Annual Meeting, Carton No. 54, 83/23 United Way of Bay Area.

³⁴ The Council proposed a study to find out who applied for relief, where they came from, why they came to San Francisco, and whether or not they should stay in the city. See Council of Social and Health Agencies, *Minutes...*, March 30, 1925, Annual Meeting, Carton No. 54, 83/23 United Way of Bay Area.

³⁵ Ashe noted a changing population around Telegraph Hill. "In 1890 they came from cottages with gardens...there were English speaking children to amuse. Today...Italian children are in the majority, but their parents also are moving to better homes, leaving the old to be occupied by Spanish, Mexican, and Porto Rican families, therefore the difficulties of foreign languages must be overcome, and still more

had destroyed the homes and gardens of the Telegraph Hill area in the aftermath of the earthquake, contractors raised tenement buildings in their place. To the dismay of social workers,

...the menacing ugly tenement house.... ...unsightly dark buildings...menace the life of the home....very little sun penetrates the narrow alleys....Families are crowded into these dark tenements; five people, two adults and three children often occupy one sleeping room nine by ten feet....³⁶

Such housing along with unemployment badgered the possibilities for a healthy lifestyle; and more than Telegraph Hill community workers Ashe and Griffith commented about them.³⁷ A San Francisco public health nursing student wrote about the homes and housing conditions of Mexican families in 1925.

I have found the Mexicans...below par more than any of the others. Besides being quite ignorant, they are frequently living in congested quarters, even when there may be no need for it. The children from these homes are quite representative of their environment.³⁸

Nurse Gosrow visited "...practically all...homes of poor people" during her student experience of three months and found the housing conditions "fairly good" and home conditions "only fair" overall. She contrasted several nationalities against an implicit "American way," however.³⁹ The personal habits of Italians did not measure up to those of the "thrifty American" and all Spanish fell below par in personal habits and housing conditions. Subsequently, she

intensive instruction given in the fundamentals of health measures. The nurse is still the teacher...." See Ashe, *Report, 1924-1925*, Unprocessed Archive, Telegraph Hill Neighborhood Center.

³⁶ See Ashe, *Report, April 1920*, 3. Tenement house inspection began with volunteers in 1908. After July 1914 the Board of Health appointed two tenement house inspectors to cover the entire city. Ashe considered this wholly inadequate even for the Telegraph Hill district alone. When Dr. Jessie Peixotto, Professor of Social Economics at University of California, Berkeley requested that members of her class be permitted to accompany the tenement house inspectors, the Board thought the inspectors did the better work and refused to act on it; instead they referred the matter to Dr. Hassler with authority to act as he chose. Four months later the Board approved two more inspectors. See Board of Health, *Minutes...*, October 14, 1915, pp. 2007-2011; February 10, 1916, pp. 2086-2089.

³⁷ Griffith and Ashe defended many improvements in the North Beach area by the passage of prohibition. See Chapter One.

³⁸ See Dixie E. Gosrow, "Housing Conditions in San Francisco," *The Pacific Coast Journal of Nursing* 21 (October 1925): 630.

³⁹ Home was "the dwelling place...where should center love and affection, where...children should [learn] love of others...obedience and health." Even housing conditions had come to reflect personal habits. She contrasted the "thrifty poor" with the "shiftless poor." "Shiftless poor" did not plan for the future and were "generally very untidy in their homes, often unclean in their personal habits." See Gosrow, "Housing Conditions...." 629-630.

moderated her comments about Spanish people—such characteristics belonged to the laboring class met through Public Health, "which in this country, represent the lower class of Spaniards."⁴⁰

The opinion that Mexicans fell "below par" escalated nationally, statewide, and locally during the early 1920s. In fact, the Commonwealth Club "found the Mexican within our borders to present so many interesting angles of study" that they devoted their meeting in December 1925 to the question, "Is Mexican immigration desirable for California?"⁴¹ People in favor of unrestricted Mexican immigration spoke of the economic advantages for industry, whereas the opposition argued from a biological, public health point of view. Holmes audaciously considered Mexicans an unwelcome addition because they were

...unintelligent...not react[ive] to public health measures...[knew] nothing about hygiene and sanitation.... ...would increase our mortality...infant mortality...be the means of spreading various epidemics...and in general deteriorate the physical welfare of our people.⁴²

Although Holmes cited no particular health data, he defended his opinion with the costs of the bubonic and pneumonic plague within the Mexican district of Los Angeles during the previous year and the presence of hookworm and amoebic dysentery among Mexican quicksilver mine workers.⁴³ Costs created an issue for Holmes but at the expense of focusing on etiology. The Mexican

⁴⁰ See Gosrow, "Housing Conditions....," 630. The Mexican Fact-Finding Committee wrote of more than personal habits affecting quality of housing and home among Mexican people. "The Mexican in California, like various other foreign-speaking immigrants in the United States, tends to live in colonies....The tendency...is strengthened by several conditions. On arrival he seldom speaks English and consequently is dependent upon the Spanish-speaking group for adjustment to his new environment[and he] commonly performs unskilled and consequently low paid work, so that his choice as to quarters is restricted. ...owners are naturally reluctant to rent their buildings to Mexican tenants if others can be found. In addition...prejudice against the Mexican...manifests itself in the common classification of the Mexican as 'not white.'" See Fact-Finding Committee, *Mexicans in California...*, 176. See also Alice B. Culp, "A Case Study of the Living Conditions of Thirty-five Mexican Families of Los Angeles with Special Reference to Mexican Children," (Thesis, University of Southern California, Los Angeles, 1921; San Francisco: R and E Research Associates, 1971); Bogardus, *The Mexican in the United States*.

⁴¹ See "Mexican Immigration," *The Commonwealth—Part II 2* (March 23, 1926): 1-34.

⁴² See Holmes, "...Against Mexican Immigration," 23. Ironically, at the level of policy, the Mexican government required all persons to be vaccinated and revaccinated against smallpox in contrast to California's noncompulsory vaccination policies. See *Hispano-America*, April 10, 1926, p. 1.

⁴³ See Holmes, "...Against Mexican Immigration," 23. Eight percent of the Mexican quicksilver mine workers they examined at Berkeley had hookworm, and thirty-three percent had amoebic dysentery. He did not indicate the total number of people examined or the prevalence among other mine workers.

community also knew about the pneumonic plague outbreak in the "Sonora-town" of Los Angeles; and had quickly understood its causation--infected squirrels had passed it to rats.⁴⁴

Publicly Noticed and Time to Count, 1926-1930

To discuss the health conditions of a city or state it is necessary to consider the possible menace from within as well as from without its borders...often this latter must be given the major consideration....the leper or typhus fever-afflicted can come from Mexico in four days' time and become our problem....⁴⁵

These remarks by Dr. Hassler concurred with a popular opinion that immigrants presented potential health hazards for San Francisco residents; and those from México were a source of typhus fever and leprosy. Concern about typhus fever certainly reflected the position of the California Department of Public Health, especially ten years earlier, but Hassler seldom mentioned leprosy after he had presented his concerns to other health officers during their statewide meeting in 1916.⁴⁶ Nevertheless, people boldly participated in public debates about unrestricted Mexican immigration and raised health issues with little data to substantiate their opinions other than the studies done in Los Angeles.⁴⁷

The time to count had come. A state increasingly preoccupied with Mexican immigration forced San Francisco and all counties in the state to gather data about the Mexican population by segregating Mexican births and deaths in their reports.⁴⁸ Even so, no county data appeared in their reports until 1928-1930; and then, the high death and birth rates alarmed state health officials. In fact, State Board of Health Director Dr. Dickie explained that the Mexican infant death rate was so

⁴⁴ See *Hispano-America*, November 8, 1924, p. 1; November 15, 1924, p. 1, 4; and November 29, 1924, p. 1. The State Board of Health reported the first case of plague November 1st, found a rat considered to be the source of the bubonic and pneumonic plague, and acted quickly to exterminate rats in the area. The names of all the Mexican people with plague were printed in the biennial report. See *Twenty-ninth Biennial Report...1924-1926*, 6-16.

⁴⁵ See Hassler, "The Local Health Situation," 288-289.

⁴⁶ See Lana L. Miller, "Their Health For Our Health: Mexican Immigrants and California Public Health 1915-1930," University of California, San Francisco, Unpublished paper, 1991.

⁴⁷ Most of the health data appearing in the Report to the Governor came from Los Angeles. See Fact-Finding Committee, *Mexicans in California...*, 175-196. Starting in 1916, the Los Angeles Health Department segregated its Mexican birth and death statistics in the unincorporated area of the Los Angeles County. The State started publicly reporting Mexican births and deaths by county in 1929. See *Thirty-first Biennial Report...1928-1930*, 287-289.

⁴⁸ This requirement started in 1926.

high that in order to present a true picture of infant mortality in California, the State excluded Mexican infants from the state totals.⁴⁹

Using some of the same arguments as the public health nursing student Gosrow, Dickie explained the extremely high death rate among Mexican infants to the Governor's Council. Mexican infant deaths resulted from "ignorance, lack of cleanliness, lack of care, and lack of proper feeding during infancy...."⁵⁰ High infant mortality rates, however, also alleviated the State's concerns about high Mexican birth rates. Dickie emphasized the number of Mexican births in his reports to the Governor's Council in 1929 and again in 1930. Mexicans accounted for over sixteen percent of the births in California; but Mexicans also accounted for nearly forty percent of infant deaths.⁵¹ A journalist for *Hispano-America* picked up on Dickie's relief. "...so more or less run the alarming numbers....On the other hand...an important factor...calms fears...the mortality rate."⁵² Still, Dickie wanted all governmental agencies to "put forth every energy in safeguarding the health of all Mexicans within the State...as a matter of protection to the public health of the entire citizenry..."⁵³

Infant Deaths: Too Many to Keep an Image of Health

According to the United States Children's Bureau, infant mortality was "an index of the standard of living and intelligence of a group."⁵⁴ Health providers, however, explained Mexican health by individual behaviors and intelligence, not those living conditions relegated by economic opportunities.⁵⁵

⁴⁹ See *Thirty-first Biennial Report...1928-1930*, 14.

⁵⁰ See Dr. Dickie, Director, California State Department of Public Health, *Report to the Governor's Council*, October 30, 1929, p. 3, F3204:106-107 Public Health Administration, California State Archives, Roseville, California.

⁵¹ See *Report to the Governor's Council*, March 25, 1930; October 30, 1929. The proportion of Mexican births was much higher in parts of southern California, e.g., Imperial County, 52 percent and Calexico, 71.8 percent.

⁵² See *Hispano-America*, November 2, 1929, p. 6.

⁵³ See *Report to the Governor's Council*, October 30, 1929, p. 3.

⁵⁴ See Fact-Finding Committee, *Mexicans in California...*, 187-188.

⁵⁵ For example, the fire in Cuneo Flats exposed peculiarly constructed stairways; kerosene lamps throughout the building for light and heat; and overcrowded conditions. Inspectors also cited unmoral and immoral conditions in at least half a dozen of the apartments; and the storage of large quantities of wine and other alcoholic beverages as compounding hazards from inflammables. Most of the men were Alaskan fisherman; their wives supplemented their incomes by working in the packing establishment

At least one member of the Mexican community in San Francisco challenged accusations of ignorance and lack of personal standards. Not denying the prevalence of certain diseases among Mexicans, Arce argued that Mexicans tended "to be victims" and could justifiably complain that California made them sick, not that they made California sick.⁵⁶ If Mexicans arrived in San Francisco or California with illness,

One must blame then, the sanitary stations and not the Mexicans if...[they] enter sick of contagious evils....Personally and jointly, each Mexican knows their duties with respect to health and, far from being elements of spreading diseases they tend to be victims, contaminated many times by lending assistance and help in infected places.⁵⁷

San Francisco civic and health leaders promoted San Francisco as a healthy city, not unlike the State did for itself. The historical record, however, fails to indicate whether San Francisco officials also believed Mexicans "affect[ed] the health of our communit[y]" enough to have excluded them from statistical reports.⁵⁸ Nevertheless, the data from 1928-1930 document rather startling figures about Mexican infant mortality in San Francisco.

Mexican infant deaths comprised a noticeable proportion of all deaths among the Mexican population and San Francisco infants. Among Mexican deaths in 1929, Mexican infants one year of age or less accounted for approximately one-fourth of Mexican deaths in contrast to all San Francisco infants accounting for less than five percent of all deaths in San Francisco. Among San

across the street from the tenement house; and as many as 200 little children stayed alone in the building while both parents were away. San Francisco citizens publicly denounced the tenement as a real blot to San Francisco *because* so many people from all over the United States passed by on their way to visit the recently completed art school; the people were not good tenants. Social worker Alice Griffith stuck with arguments around building code violations. See Board of Health, *Minutes...*, January 27, 1927, pp. 3975-3980; February 10, 1927, pp. 3983-3986; February 17, 1927, pp. 3987-3989. About a year later, a fire burned four buildings and damaged six others in the South of Market, between Folsom and Howard and Seventh and Eighth streets. See *San Francisco Chronicle*, June 8, 1928, p.1.

⁵⁶ See *Hispano-America*, March 20, 1926, p. 1; April 10, 1926, p. 1.

⁵⁷ See *Hispano-America* April 10, 1926, p. 1. Formal translation by Elizabeth Rolón. Director of the State Bureau of Tuberculosis Edythe Tate Thompson did not hesitate to denounce immigration laws that allowed Mexicans to enter the state without examination for disease. "California can not go on forever with her present laxity in handling some of the health hazards connected with immigration of any nationals....The real cost of this carelessness...can never be counted..." See *A Statistical Study of Sickness...*, 2-3.

⁵⁸ See Letter to Congressmen, February 24, 1926, from the California Commission of Immigration and Housing, Mexican Data, Carton No. 50, C-A 194.

San Francisco infant deaths, the proportion of Mexican infants in 1929 was over eight percent.⁵⁹ Still San Francisco did not parallel the state as a whole as shown in Table 4.5. Only eight percent of all California deaths were among infants in 1929, yet nearly one-third of all Mexican deaths statewide were infants; and Mexican infants accounted for more than one-third of all California's infant deaths in both 1929 and 1930, or 36.7 and 38.9 percent respectively.⁶⁰ In contrast, 4.7 percent of all San Francisco deaths were among infants in 1929, although nearly one-fourth of all Mexican deaths; and Mexican infants in San Francisco accounted for 7.4 percent and 4.4 percent of all San Francisco infant deaths in 1929 and 1930.⁶¹

Without birth statistics for Mexicans in San Francisco during the years of this study, the infant mortality rate specific to Mexicans can not be determined.⁶² The 1929 death records enable a comparison between those causes from which Mexican infants died and those from which all infants died under one year of age in San Francisco. The proportion of males and females in the two populations paralleled each other; among Mexican infants 57.6 percent were male and 42.4 percent female whereas for the entire county, deaths of male infants comprised 56.9 percent and females 43.1 percent. Causes of death differed between Mexican infants and all of San Francisco infants, however. Whereas, among all infants in San Francisco, a higher proportion died from prematurity followed by pneumonia, congenital malformations, and congenital debility, over forty

⁵⁹ See Table 4.4 "Infant Deaths in San Francisco...." During 1929 more than eight thousand people died in San Francisco; 378 of these counted as infants. Thus, the proportion of infants was 4.6 percent.

⁶⁰ For this reason when the State calculated the infant mortality rate, they excluded Mexicans. See *Thirty-first Biennial Report...1928-1930*, 14.

⁶¹ See Table 4.5. The number of Mexican infant deaths in 1929 differs from that of San Francisco death records. This is due to the difference between fiscal and calendar years. During fiscal year 1930, 17 Mexican infants died between July 1, 1929 and December 31, 1929 which is more than the state reported for San Francisco the entire fiscal year. Of all Mexican infant deaths within the state, Mexican infants in San Francisco were 1.48 percent of all Mexican infant deaths across the state (28 of 1,886) in 1929 and 0.73 percent (14 of 1,921) in 1930. See *Thirty-first Biennial Report...1928-1930*, 284-285; *Thirty-second Biennial Report...1930-1932*, 226-227.

⁶² Dickie did not give the number of Mexican births in San Francisco to the Governor's Council but the Fact-Finding Committee extracted the number of Mexican births in San Francisco for 1928. Mexicans gave birth to 284 infants and accounted for 3.48 percent of all births (8,169) in San Francisco. See Fact-Finding Committee, *Mexicans in California...*, 181. If Mexicans represented the same proportion of births in 1929, they would have given birth to 264 infants. Thus, with 28 deaths, the IMR for Mexican infants would have been 106.1 per one thousand live births. For the same year, Geiger calculated the Chinese infant mortality rate at 71 per one thousand live births, although with his figures I calculated a rate of 71.8. See Geiger, et al., *The Health of the Chinese...*, 21, 25.

percent of Mexican infants died from pneumonia, followed by prematurity, enteritis, and congenital debility e.g., marasmus. Similarly, most Chinese infants died from pneumonia followed by prematurity.⁶³

These data on Mexican infants in San Francisco were available when Hiscock evaluated the San Francisco Department of Public Health in 1929-1930. Nevertheless, Mexican people were not counted and not even mentioned despite the fact that data were available and a larger proportion of all infant deaths occurred among the Mexican population than among any other categorized populations. Hiscock only distinguished "White," "Negro," "Chinese," "Japanese," and "Other," and commented about the large proportion of Chinese infants dying after their first month of life in contrast to white infants dying within their first month of life.⁶⁴

Mexican Deaths from Tuberculosis and Pneumonia Still High

Pneumonia led the causes of death for Mexican infants in 1929 but among all Mexican residents in San Francisco, tuberculosis caused over twenty percent of their deaths. As with previous years, this proportion was more than double the proportion of tuberculosis deaths for all of San Francisco, but mirrored tuberculosis death rates among the Chinese population.⁶⁵ Mexican

⁶³ For all of San Francisco infants, deaths from prematurity were (n=137, 36.2 percent); pneumonia (n=55, 14.6 percent); congenital malformations (n=43, 11.4 percent); and congenital debility, (n=34, 9.0 percent). See Hiscock, *An Appraisal...*, 58. Among 33 Mexican infants, deaths from pneumonia were, (n=14, 42.4 percent); prematurity, (n=7, 21.2 percent); enteritis (n=3, 9.1 percent); and congenital debility, (n=2, 6.1 percent). See Analysis of Death Records, San Francisco Department of Public Health, 1929; Geiger, et al., *The Health of the Chinese...*, 27.

⁶⁴ One-third of those infants dying within their first month were actually within one day. Again this brings out the differing causes of death. See Hiscock, *An Appraisal...*, 57, 58. Hiscock also surveyed public health activities in Los Angeles County; he did not withhold comment about health problems among the Mexican population. See Ira V. Hiscock, *A Survey of Public Health Activities in Los Angeles County, California* (Los Angeles: Los Angeles County Bureau of Efficiency, 1928), 13, 23, 37, 41-45, 57,

⁶⁵ In 1929, 53 Chinese died from tuberculosis, 35 from pneumonia, 33 from heart disease, 24 from cancer and 23 from nephritis. He did not distinguish males from females. See Geiger, et al., *The Health of the Chinese...*, 28. Of all the cases reported to the San Francisco Department of Public Health in the mid-1930s, the largest proportion of cases fell to "White, Chinese, and Mexican," but more than one-third of the cases among the Mexican and Chinese populations were in children younger than fifteen years of age, or 39.1 percent and 38.8 percent respectively. Of all cases, Mexican people accounted for 4 percent; Chinese 8.9 percent; and White, 80 percent. See Works Progress Administration Project No. 3724, *A Study of 2739 Cases of Tuberculosis Reported to the San Francisco Department of Public Health During 1934, 1935 and 1936* (San Francisco: Works Progress Administration, 1937), 20.

females, however, died more often from heart disease than from tuberculosis--a first and coincident with the leading cause of death among the general population.⁶⁶

The geographic and occupational distribution of Mexican decedents followed the previous patterns. Geographically, the population continued stretching southwesterly from South of Market to the Mission and into Bay View and Visitacion Valley, and westward from North Beach into the Western Addition.⁶⁷ Regarding occupations, less than one-fourth of the decedents had an occupation on their death record, but over seventy percent of those who did, worked in semiskilled and unskilled occupations, while another fourth indicated "none," "retired," "home," or "housewife."⁶⁸

Bits of Data from Social and Health Agencies Intimate Need

Reports from two San Francisco social and health organizations hinted to particular needs among the San Francisco Mexican population in the later 1920s.⁶⁹ One, the International Institute of San Francisco, hired nationality workers to relate with specific foreign populations. For Spanish-speaking populations--Mexican people in particular--Carmen Mayans served as that worker between 1927 and 1930.

Mayans forcefully surveyed the Spanish-speaking population in San Francisco, first, after which the Institute generated increasingly distinct data about the Mexican population. Even though the Institute never classified the extent and nature of medical problems among the Mexican

⁶⁶ See Table 4.3 for additional causes of death. Death due to external causes or "violence"-- suicide, accidents, trauma, and homicide--manifested itself in both the Mexican and general population, thus while the number of deaths from external causes among Mexican residents might seem high, when the number is compared to that of the general population, the ratios are similar. See Hassler, "Local Health Situation...", 290. Statewide, in 1929 the leading cause of death among foreign born was diseases of the circulatory system, followed by cancer, and tuberculosis. Among Mexicans statewide, the leading cause of death was tuberculosis, followed by pneumonia, and diarrhea and enteritis. Statewide, the Chinese died most often from diseases of the circulatory system, followed by tuberculosis and nephritis. See *Thirty-first Biennial Report... 1928-1930*, 292. Data by sex are not available.

⁶⁷ See Map 4.2; 4.4; 4.6.

⁶⁸ In real numbers, 22 of 31 had an occupation on record; 34 responses fell into the categories of none, retired, home, or housewife; and the remainder did not have anything about an occupation. Mexican residents in San Francisco accounted for 138 deaths of a total 8,225 during the 1929 calendar year.

⁶⁹ In addition, a 1928 study by the Associated Charities identified three Mexican cases among their last 100; seventy-seven were American. Illness (n=40) and unemployment (n=35) accounted for 75 percent of the cases. See 83/23 "The Children's Agency... 1917-1939," Carton No. 6, United Way of the Bay Area.

population, a sizable number of Mexican people received help under the comprehensive category of "medical." The numbers ranged from 11 (3.3 percent) in 1925, to 330 (12.9 percent) in 1926; and although numerically fewer in 1929, the proportion of Mexicans receiving help for medical reasons was actually higher at 14 percent.⁷⁰

The second organization was the Visiting Nurse Association (VNA) of San Francisco. Nurses visited Mexican homes by referral, and in their only report that included nationality, nurses from the VNA of San Francisco provided care to 149 Mexican "cases." Numerically, cases among Mexican people came third after people from the United States and Italy, but both the Mexican and Italian nationalities comprised two percent of their total, or nearly the proportion of Mexican people in the population of San Francisco. Of their dismissed cases for that year, more than seven thousand, or over eighty percent claimed the United States as their nationality, which was actually higher than their proportion of the San Francisco population according to the United States Census of 1930.⁷¹ The VNA did not demarcate reasons for their visits among each nationality, nor did they comment about diverse health needs among members of the Mexican community.⁷² Nurses, however, visited individuals and families for reasons related to childbirth, infectious disease, digestive illness, respiratory illness, and health supervision. Because each category approximated

⁷⁰ See Table 4.6. and International Institute of San Francisco. *Annual Report, 1925; ...1926; ...1927; ...1928; ...1929*. The service categories did not remain mutually exclusive over the years. In 1929 what had been called friendly visits became visits for group and social interests; and they refined domestic adjustment to include the separate categories of marital, economic, and individual.

⁷¹ See Visiting Nurse Association of San Francisco, "A Skilled Nursing and Health Service AT THE CALL OF ALL." Brochure published in 1929. More precisely, visiting nurses saw 7,119 cases; 5,771 cases were classified with the United States; Italy, 147; Mexico, 145; Ireland, 100 (1.4 percent); Germany, 85 (1.2 percent); Canada, 56 (0.8 percent); Russia, 56 (0.8 percent); Others, 66 (9.3 percent). The population of Foreign Born, White according to the 1930 United States Census of San Francisco was 24.2 percent. See Table 3.1.

⁷² See VNA of San Francisco, "A Skilled Nursing....," 1929. Males comprised 35.9 percent of the cases for whom sex was known (7,112); females, 64.1 percent. The age was known for slightly fewer cases (7,039). Those 2 years and younger comprised 16.8 percent; 2-14 years, 39.2 percent; 15-44 years, 29.2 percent; and 45 years and older, 14.8 percent. In Los Angeles, Mexicans had constituted from one-third to nearly one-half of the persons served by the nursing division of the City Health Department. The proportion of Mexican patients was higher during 1920-1925 (37-42 percent) than during 1926-1930 (35-29 percent), however. The Los Angeles Health Department attributed the decrease to well-baby clinics in certain non-immigrant districts, and educational services not reflecting either sickness or poverty. On the other hand, many "desitute" Mexicans had returned to México in 1929, which may have impacted their statistics. See Fact-Finding Committee, *Mexicans in California...*, 189.

the other in number, visiting nurses undoubtedly saw Mexican individuals and families for similar reasons.⁷³

Most Vulnerable to Infant Deaths, Infectious and Communicable Diseases

During the years of this study, the Mexican population in San Francisco died most often as infants or from infectious and communicable diseases such as tuberculosis and pneumonia.⁷⁴ These age-old and familiar diseases had been declining among urban populations since the late nineteenth and early twentieth century.⁷⁵ The leading causes of death during 1915, 1920, 1925, and 1929 among Mexican people in San Francisco, however, consistently differed from those of the general population. Whereas heart disease, tuberculosis and pneumonia led the causes of death among the white population in 1915, tuberculosis, heart disease, pneumonia, and trauma caused the largest number of deaths among the Mexican population. Similarly, circulatory diseases, cancer and tuberculosis caused the most deaths among the general population in 1920, but pneumonia, tuberculosis, and heart disease caused the most deaths among the Mexican population. This pattern changed slightly in 1925 and 1929. In the general population, circulatory diseases, and cancer remained the leading causes of death, and tuberculosis fell to fifth in 1925 and sixth in 1929. In contrast, tuberculosis stayed the leading cause of death among Mexican residents of San Francisco in both 1925 and 1929, with prematurity and pneumonia ranked second and third in 1925 and pneumonia and heart disease in 1929.⁷⁶

⁷³ Nurses made most of their visits to females between the ages of two and forty-four years. The reasons for visits included: antepartum, postpartum, newborns (14.3 percent); epidemic, endemic, infectious diseases (13.7 percent); digestive illnesses (13.1 percent); respiratory illnesses (11.4 percent) and health supervision (11.9 percent). See VNA of San Francisco, "A Skilled Nursing....," 1929.

⁷⁴ These approximated those causes of death among Mexican Americans in Los Angeles, 1877-1888. See Griswold del Castillo, "Health....," 21. Interestingly, Sumaya shows that infectious diseases continue to cause excess morbidity in the Hispanic population. See Ciro V. Sumaya, "Major Infectious Diseases Causing Excess Morbidity in the Hispanic Population," in *Health Policy and the Hispanic* edited by Antonio Furino, 76-96 (Boulder, CO: Westview Press, Inc., 1992). On the other hand, in 1987 Mexican Americans had fewer low birthweight babies, less prematurity, and fewer chronic medical conditions than mainland Puerto Rican people, but had much lower levels of physician contact for chronic conditions. See Fernando S. Mendoza, Stephanie J. Ventura, Laura Saldivar, Katherine Baisden, and Reynaldo Martorell, "The Health of U. S. Hispanic Children," in *Health Policy and the Hispanic*, 97-115.

⁷⁵ See Leavitt and Numbers, "Sickness and Health in America: An Overview," 3-10.

⁷⁶ Fewer San Francisco residents died from tuberculosis, overall, whereas the number of Mexicans who died from tuberculosis remained approximately the same in each of the years sampled, and in some cases slightly increased. Thus the proportion of all tuberculosis deaths attributed to Mexicans increased.

These health problems among the San Francisco Mexican population implicate living conditions.⁷⁷ Public health interventions, however, emphasized teaching healthy behaviors to individuals in contrast to modifying the living and working environment. After all, a large number of residents in San Francisco retained suitable, hygienic living conditions while small numbers--mostly immigrant populations--maintained less suitable, unhygienic living conditions.⁷⁸ On the other hand, a sizable proportion of Mexican males and Mexican females also died from liabilities outwardly implicating personal behaviors such as avoidable accidents or trauma, and to some extent, heart disease.⁷⁹ Undoubtedly, age played a role in the rising number of deaths from heart disease among Mexican females. The average age of all Mexican decedents leveled as more infant deaths were recorded in 1920, 1925, and 1929; likewise, more females also reached older ages and died from circulatory diseases as shown in Table 4.7. In 1929, however, more than half of the deaths among the Mexican population occurred in groups younger than forty years of age--a proportion exceeding that of the Chinese population and starkly contrasting with only twenty-five percent of deaths in ages younger than forty among the white population.⁸⁰

⁷⁷ Galarza, a Mexican immigrant raised in Sacramento, addressed the National Conference of Social Work in 1929. Unemployment, wage scales, seasonal migration in search of work, education of their children and the persistence of race prejudice, characterized ongoing issues in the lives of Mexican people. See Ernest Galarza, "Life in the United States for Mexican People: Out of the Experience of a Mexican," *Proceedings of the National Conference of Social Work*, San Francisco, California June 26-July 3, 1929 (Chicago, IL: University of Chicago Press, 1929), 399-404.

⁷⁸ Condran et al., argues that improvements in living conditions involves better housing and other associated benefits like an economic ability to purchase products or treatment. The authors also argue that municipal services improved the mortality rates from infectious and communicable diseases. See Condran, Williams, Cheney, "The Decline...", 421-436. Chinatown after the fire of 1906 was a brighter, cleaner, more sanitary community. The merchants made Chinatown externally attractive and thereby avoided any new agitation of the kind that had led previously to boycotts of Chinese goods. These merchants "could not force the landlords, many of whom were white people, to provide adequate, decent living quarters for the people," however. Sometimes six or seven men lived in one small room; sometimes in basements or the back of stores, in small, poorly ventilated, windowless rooms. The Community Chest Survey in 1930 indicated that an average of 4.6 families or 28.3 persons shared one toilet; and 3.1 families or 19.1 persons shared one kitchen. See Cather, "The History of San Francisco's Chinatown...", 61-62.

⁷⁹ Not all heart disease was attributed to personal behaviors. Articles of the 1920s talked about weight, smoking, and blood pressure as factors. *Hispano-America* Chief Editor Arce died at age 56 from aortic insufficiency and chronic endocarditis. See No. 6863, Death Records, November 15, 1926, San Francisco Department of Public Health.

⁸⁰ Geiger displayed the percentage of deaths according to particular age groups for the White and Chinese population in 1929. Forty-four percent of the Chinese deaths were under 40 years of age while only 25 percent of the deaths in the white population were under forty. The same year, 58.5 percent were less than

Despite the growing population of Mexican people in San Francisco, the numbers who died did not surpass their proportion of the San Francisco population. If the size of the population has been accurately reflected in the 1920 and 1930 censuses, Mexicans comprised 1.1 percent of the population in 1920 and 1.73 percent in 1930 whereas the proportion of their deaths were 1.35 and 1.68 for those years as shown in Table 4.4.⁸¹ Thus, while the proportion of deaths among the Mexican population basically reflects their proportion of the general population, differing population estimates render these statistics mutable.⁸² The proportion of Mexican people dying from specific causes differed from the general population, however, particularly from tuberculosis and during infancy. Further, the causes of death among Mexican people resembled the causes of death among the Chinese population in San Francisco. This parallel implies that death from these causes among the Mexican population may have been as much a function of their status as foreigners and non-citizens than as Mexican. Because the city did not distinguish sex, nationality or

forty years of age in the Mexican population. See Geiger, et al., *The Health of the Chinese...*, 29; analyses of death records, 1929.

⁸¹ The death rate in San Francisco declined from 14.4 to 13.0 between 1920 and 1930; the death rate for Mexicans also declined from 18.5 to 12.6 per one thousand population. These numbers, however, must be interpreted cautiously because of the difficulties with the United States Census and inconsistencies between the two census years. See Appendix A. For the rate of death, I used the number of deaths from the death records for 1920 (n=99) divided by 5,407 (or 5.407 to use per one thousand denominator) which is the total Mexican population based on the 1920 Census as presented in Chapter Two. Similarly for 1929, I used the death records and the 1930 Census--138 total Mexican deaths divided by 10,961 or 10.961. By using the numbers from the 1930 United States Census presented in Table 17, *Fifteenth Census... 1930, Volume III*, 266--the same table that reports the Chinese population--the rate would be 138 divided by 7,922, or 17.3. For the general population, I used the same census figures and the total number of deaths to calculate the rate per one thousand. For 1920, I divided 7,318 by the total population 506,676 or 506.676. This rate of 14.4 differed slightly from that of 14.2 presented by Hiscock. He may have used a higher population figure or a lower total number of deaths, however. Indeed the State data record 7,258 deaths whereas the San Francisco Department of Public Health has a record of 7,318 deaths. This may be the difference between a fiscal and calendar year. For 1929, I divided 8,225 by the total population 634,394 for a death rate of 13.0 per thousand population. Again, this is slightly higher than that of Hiscock's rate of 12.7 per one thousand, and the same differences may apply. These figures paralleled those for the Chinese population despite Hiscock's claims to the contrary. Hiscock claimed that 282 Chinese died in 1929 or 3.54 percent of the total deaths, and added that the Chinese were only 1.53 percent of the total population. According to the 1930 census, 16,303 Chinese lived in San Francisco, although Geiger quoted 16,340 and Cather cited 25-30,000; with these figures, the Chinese comprised at least 2.6 percent of the population. Geiger also indicated that 282 Chinese died in 1929 and calculated their death rate as 18.1 per one thousand population in contrast to city-wide rates of 12.69. See Hiscock, *An Appraisal...*, 17, 18; Geiger, et al., *The Health of the Chinese...*, 4, 25; Cather, "The History of San Francisco's Chinatown...", 61; Analyses of Death Records, San Francisco Department of Public Health.

⁸² Statisticians at the Health Department calculated birth and death rates for 1925 based on an estimated population of 680,000; in 1920, they used 539,038. These estimates affect the death rates.

age, however, a strict comparison with other groups remains impossible, and is left for future scholarly work.

The popular opinion that Mexican people negatively affected the health of the San Francisco community has not been substantiated. Mexican people, however, struggled with infectious and communicable diseases and infant deaths during 1915-1930. These facts, being hidden by not being counted, restricted the impact of health information and services in San Francisco, and limited the opportunity for Mexican people to display personally and collectively "their duties with respect to health."⁸³ Furthermore, few agencies worked intensively and none worked only with Mexicans, and except for the public concern expressed during an annual meeting of the Council of Social and Health Agencies, no organization attempted to systematically address the old and familiar health problems represented among the Mexican population. Nevertheless, the Mexican community utilized some of their own and the community's resources as discussed in the next chapter.

⁸³ See *Hispano-America*, March 20, 1926, p. 1; April 10, 1926, p. 1.

**Table 4.1 Mexican Male and Female Admissions to San Francisco Hospital,
January 1, 1915 to July 21, 1919**

Year	1915	1916	1917	1918	1919
Total Admissions	3,995	5,895	6,374	8,584	4,270
Mexican Male Admissions	26	31	48	75	23
Mexican Female Admissions	14	25	47	66	45
Total Mexican Admissions	40	56	95	141	68
Percent Mexican	<i>1.00%</i>	<i>0.95%</i>	<i>1.49%</i>	<i>1.64%</i>	<i>1.59%</i>

Source: Patient Registers 1854-1919, Series I, Volume 27, p. 19, AR 84-30 San Francisco General Hospital.

Table 4.2 Reasons for Mexican Male and Female Admissions to San Francisco Hospital, January 1, 1915 to July 21, 1919

1915	
<i>Male</i>	<i>Female</i>
Tuberculosis (10)	Pregnancy (3)
Abscess, Infection (3)	Abortion
Wounds, Contusions (3)	Abscess
Cholecystitis	Chronic Arthritis
Hernia	Pneumonia
Peritonitis	Tuberculosis
Sciatica	
Sinusitis	
1916	
<i>Male</i>	<i>Female</i>
Tuberculosis (7)	Pregnancy (8)
Tonsils, Adenoids (2)	Abortion (2)
Cancer	Abscess, Infection (2)
Cardiac	Tonsils, Adenoids (2)
Chronic Arthritis	Tuberculosis (2)
Chronic Malaria	Cardiac
Epilepsy	Chronic Nephritis
Hernia	Neuralgia
Phlebitis	
1917	
<i>Male</i>	<i>Female</i>
Tuberculosis (8)	Pregnancy (6)
Tonsils, Adenoids (5)	Tuberculosis (5)
Pneumonia (3)	Tonsils, Adenoids (4)
Cardiac	Pneumonia (4)
Chronic Arthritis	Cardiac (3)
Wounds, Contusions	Abortion (2)
	Syphilis (2)
	Cancer
	Cholecystitis
	Charcot Left Knee
	Wounds, Contusions

1918	
<i>Male</i>	<i>Female</i>
Pneumonia (15)	Pneumonia (7)
Tuberculosis (11)	Gonorrhea (5)
Influenza (8)	Pregnancy (4)
Tonsils, Adenoids (4)	Syphilis (4)
Cardiac (2)	Tonsils, Adenoids (4)
Syphilis (2)	Hernia (3)
Wounds, Contusions (2)	Wounds, Contusions (3)
Abscess, Infection	Cancer (2)
Cancer	Influenza (2)
Chronic Cystitis	Abortion
Chronic Mastitis	? Cardiac
Hernia	Chronic Malaria
Liver Calculi	
1919	
<i>Male</i>	<i>Female</i>
Influenza (3)	Pregnancy (5)
Pneumonia (3)	Tuberculosis (4)
Tuberculosis (2)	Tonsils, Adenoids (3)
Cancer	Abortion (2)
Cardiac	Pneumonia (2)
Chronic Prostatitis	Syphilis (2)
Tonsils, Adenoids	Abscess, Infection
	Bursitis
	Cardiac
	Cervical Laceration
	Chronic Cystitis
	Diabetes
	Elongated Cervix
	Gonorrhea
	Influenza

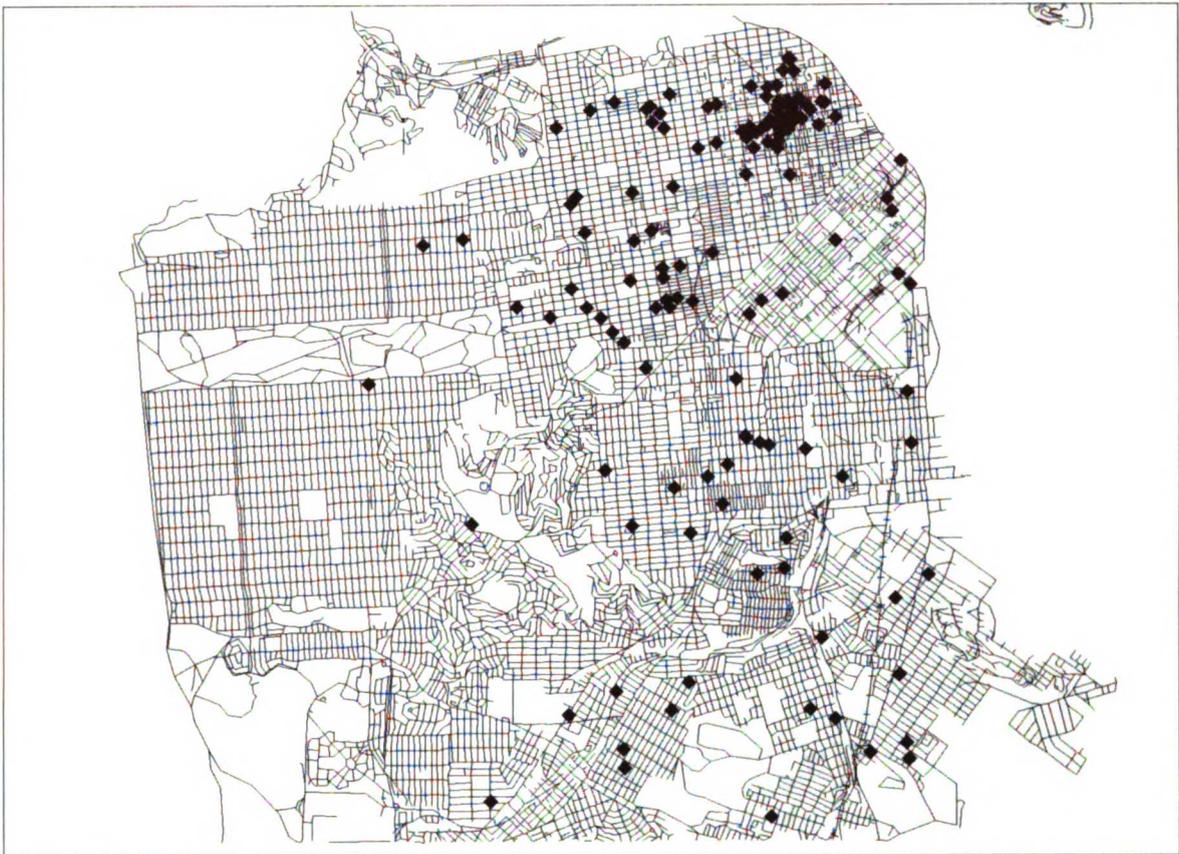
Note: Nine Mexican females and five Mexican males did not have a reason for admission, but two of the females were admitted to Ward P, the same ward as females admitted for pregnancy; one male was admitted to the tuberculosis ward. Analyses of Patient Registers 1854-1919, Series I, Volumes 24-28, AR 84-30 San Francisco General Hospital Records.

Table 4.3 Leading Causes of Death Among Mexican Male and Female Residents of San Francisco Compared to the General Population, 1915, 1920, 1925 and 1929*

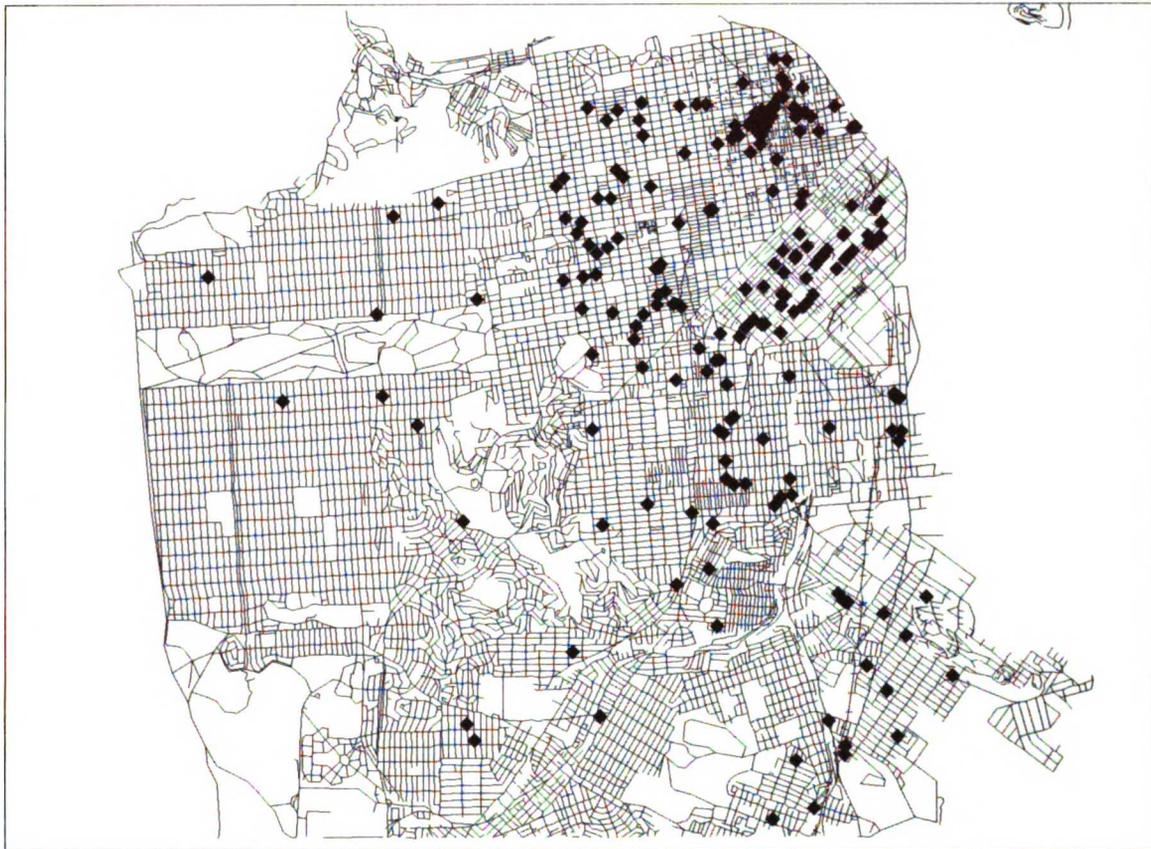
1915	
Mexican	
<i>Male (35)</i>	<i>Female (36)</i>
Tuberculosis, All Forms (16)	Heart Disease (8)
Trauma, Suicide (7)	Tuberculosis, All Forms (8)
Heart Disease (4)	Cancer (5)
Cerebral Hemorrhage (3)	Pneumonia (4)
Pneumonia (3)	Cerebral Hemorrhage (2)
	Gastroenteritis (2)
White Population	
<i>Male (4178)</i>	<i>Female (2649)</i>
Heart Disease (708)	Heart Disease (513)
Tuberculosis, All Forms (588)	Cancer (291)
Pneumonia (450)	Pneumonia (256)
Trauma, Suicide, Homicide (447)	Tuberculosis, All Forms (233)
Nephritis, Bright's Disease (379)	Nephritis, Bright's Disease (213)
1920	
Mexican	
<i>Male (42)</i>	<i>Female (57)</i>
Pneumonia (13)	Pneumonia (11)
Tuberculosis, All Forms (9)	Tuberculosis, All Forms (11)
Cancer (3)	Heart Disease (10)
Liver Cirrhosis (3)	Nephritis, Genitourinary Disease (4)
Cerebral Hemorrhage (2)	Intestinal Obstruction (3)
Encephalitis (2)	Surgical Shock (3)
Nephritis, Genitourinary Disease (2)	Cerebral Hemorrhage (2)
Premature, Stillborn (2)	Encephalitis (2)
Dysentery (2)	Gastroenteritis (2)
Total Population	
<i>Male and Female (7258)</i>	
Circulatory Diseases (1310)	
Cancer (769)	
Tuberculosis (668)	
Pneumonia (651)	
Nervous System (632)	
Suicide, External Causes (575)	

1925	
Mexican	
<i>Male (60)</i>	<i>Female (59)</i>
Premature, Stillborn (16)	Tuberculosis, All Forms (9)
Tuberculosis, All Forms (14)	Pneumonia (8)
Pneumonia (10)	Premature, Stillborn (7)
Heart Disease (8)	Cerebral Hemorrhage (6)
Trauma, Accident (4)	Cancer (5)
Cancer (2)	Cholecystitis (4)
	Heart Disease (4)
	Nephritis (4)
	Anemia (2)
	Diphtheria (2)
Total Population	
<i>Male and Female (7393)</i>	
Circulatory Disease (1557)	
Cancer (901)	
Nervous System (743)	
Suicide, External Causes (676)	
Tuberculosis (644)	
Pneumonia (589)	
1929	
Mexican	
<i>Male (70)</i>	<i>Female (68)</i>
Tuberculosis, All Forms (18)	Heart Disease (19)
Pneumonia (13)	Pneumonia (12)
Premature, Stillborn (13)	Tuberculosis, All Forms (10)
Trauma, Suicide, Homicide (11)	Cancer (8)
Cancer (6)	Premature, Stillborn (5)
Heart Disease (4)	Cerebral Hemorrhage (2)
Gastroenteritis (2)	Cholelithiasis (2)
Nephritis (2)	Gastroenteritis (2)
Total Population	
<i>Male and Female (7967)</i>	
Circulatory Disease (1833)	
Cancer (1014)	
Nephritis (876)	
Suicide, External Causes (702)	
Nervous System (631)	
Tuberculosis (621)	

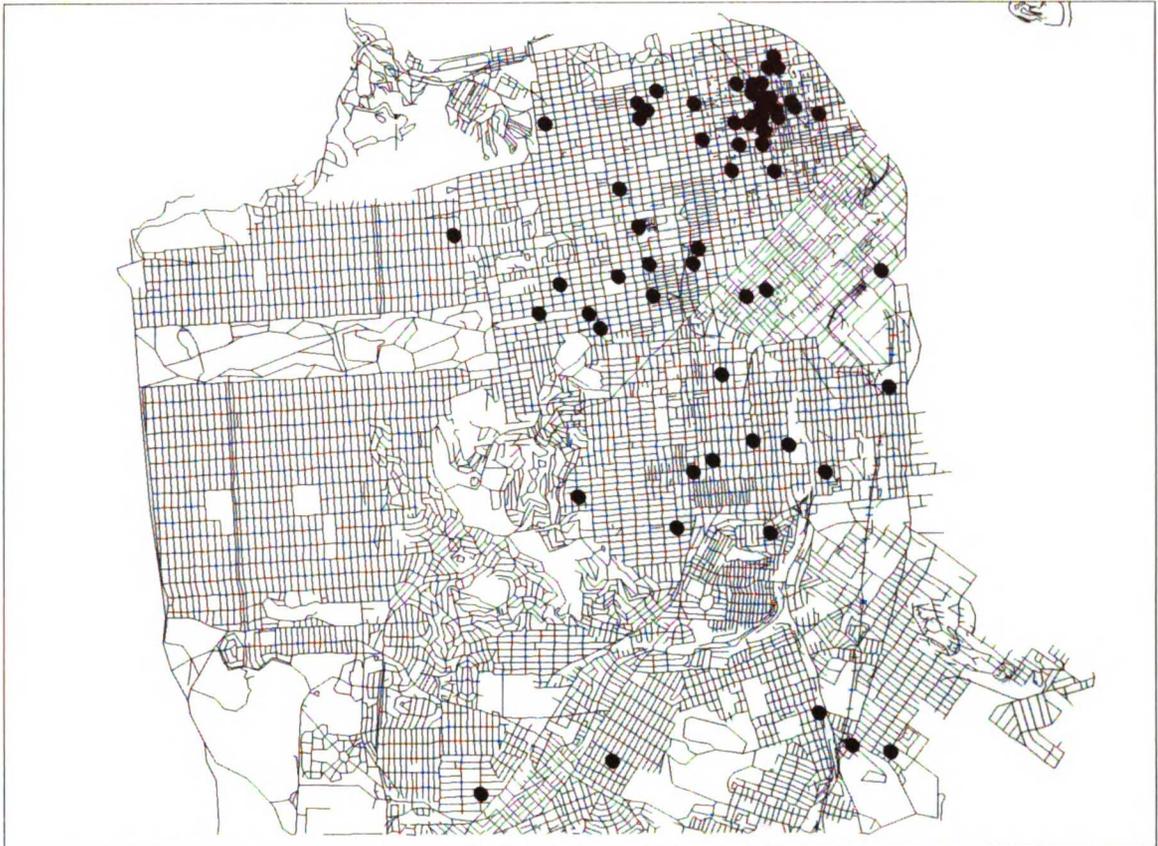
*This summary does not include any single cause of death.
Analyses of Death Records, San Francisco Department of Public Health.



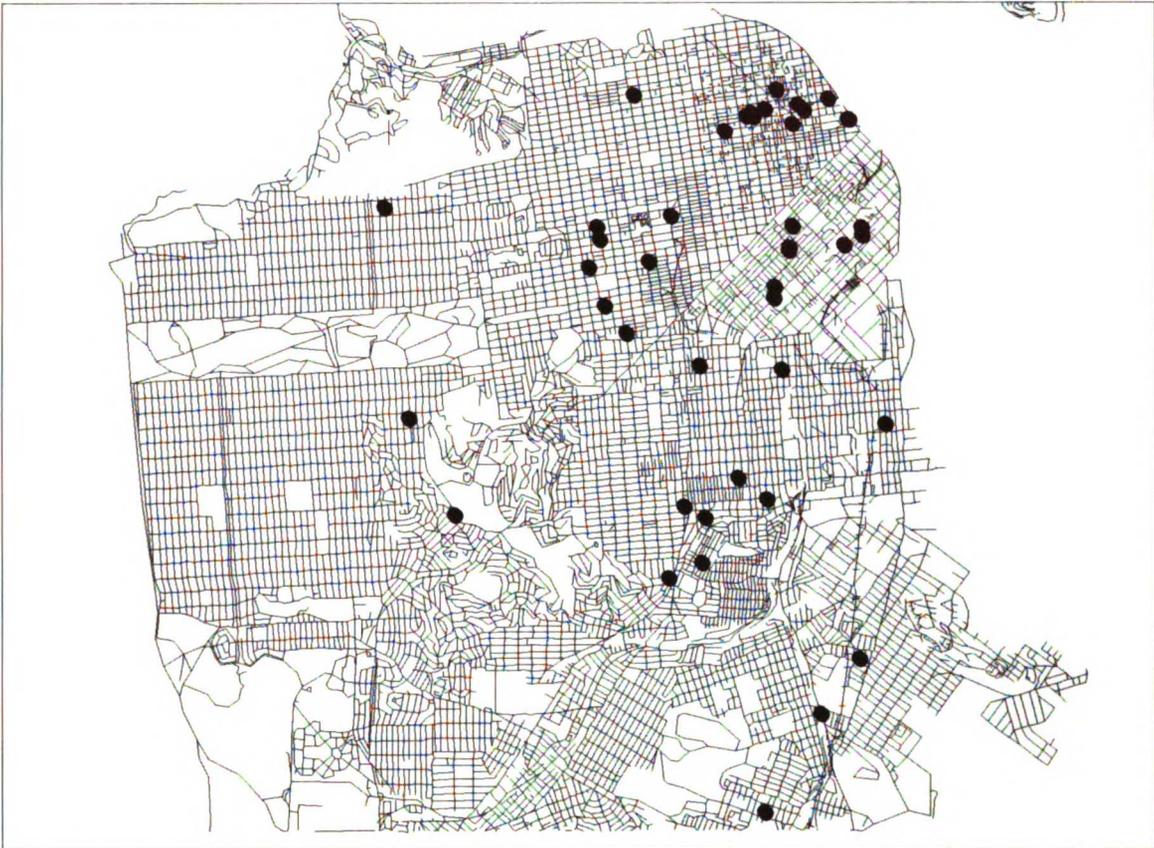
Map 4.1 Addresses of Mexican Deaths 1915 and 1920



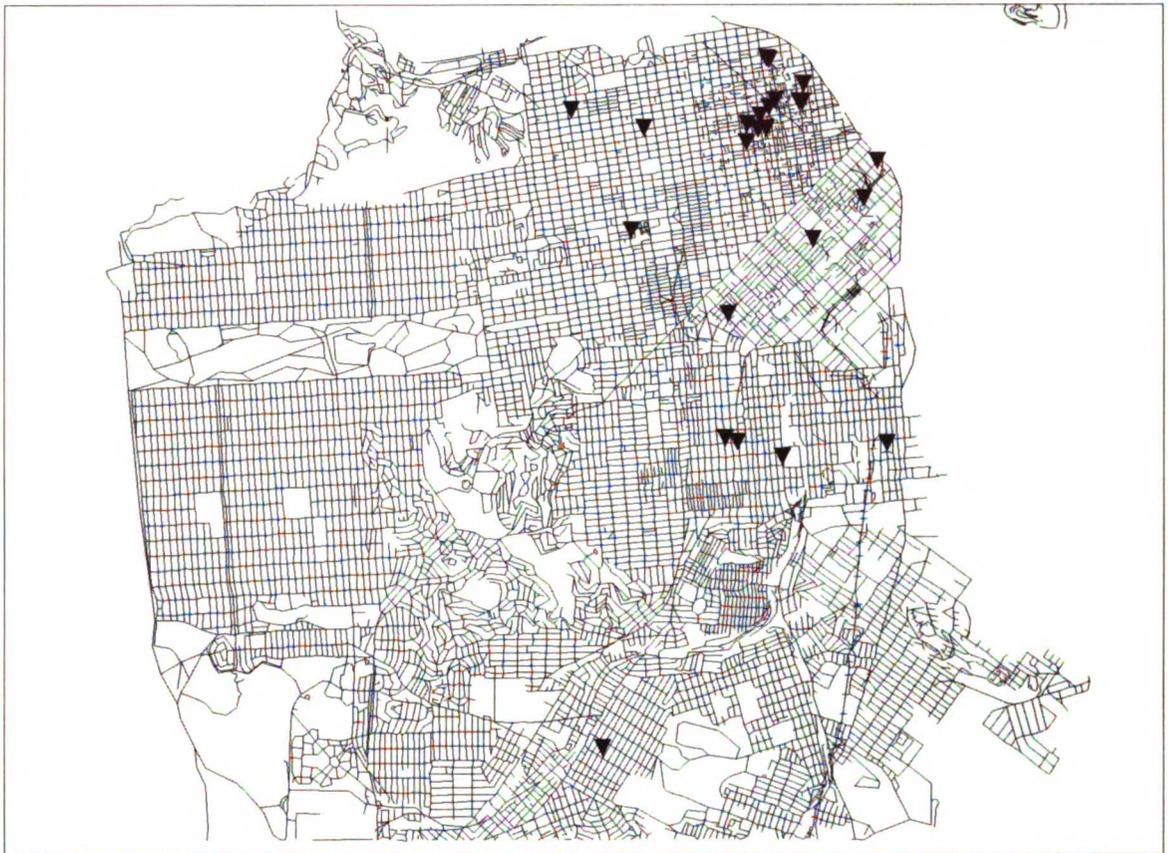
Map 4.2 Addresses of Mexican Deaths, 1925 and 1929



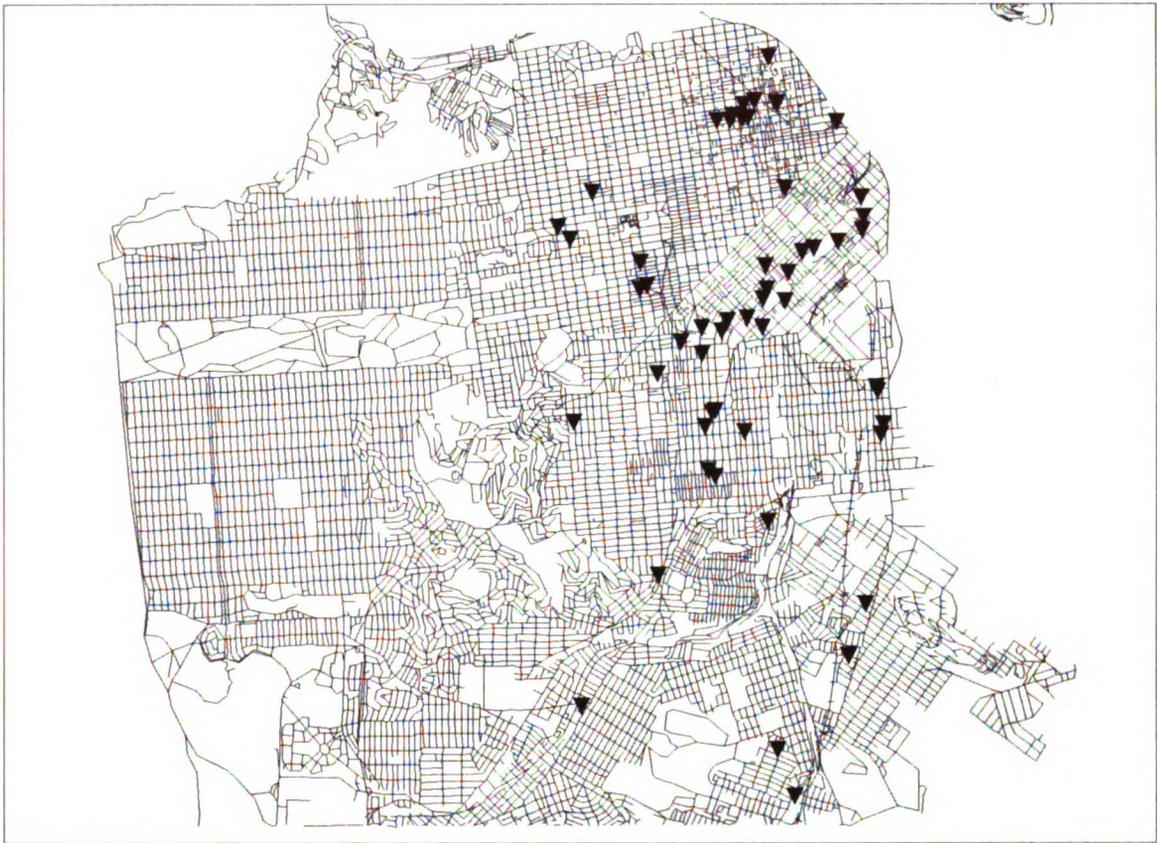
Map 4.3 Addresses of Mexican Tuberculosis Deaths 1915 and 1920



Map 4.4 Addresses of Mexican Tuberculosis Deaths 1925 and 1929



Map 4.5 **Addresses of Mexican Infant Deaths 1915 and 1920**



Map 4.6 Addresses of Mexican Infant Deaths 1925 and 1929

Table 4.4 Number of Mexican Deaths, Their Proportion of Infant and All Deaths, Compared with Deaths in San Francisco 1915, 1920, 1925 and 1929

Deaths	1915	1920	1925	1929
<i>San Francisco</i>				
Total Population	7,586	7,318	7,647	8,225
Infants	571	527	481*	378*
Percent Infants	7.53	7.2	5.9	4.6
<i>Mexican</i>				
Total Mexican	71	99	119	138
Infants	5	19	29	33
Percent Infants	7.00	19.20	24.37	23.91
<i>Percent Mexican</i>				
Of All Infants	0.88%	3.61%	6.03%	8.73%
Of All Deaths	0.94%	1.35%	1.56%	1.68%

*These data are based on fiscal years.
Analyses of Death Records, San Francisco Department of Public Health.

Table 4.5 Number and Proportion of Infant Deaths in San Francisco and California by Race, 1929 and 1930

Infant Deaths	1929	Percent	1930	Percent
<i>Total San Francisco</i>	378	7.36	315	6.37
White	311	82.28	274	86.98
Mexican	28	7.41	14	4.45
Chinese	26	6.88	16	5.08
Japanese	5	1.32	5	1.59
Indian	1	0.26		
Negro	1	0.26	1	0.32
Other	6	1.59	5	1.59
Infant Deaths	1929	Percent	1930	Percent
<i>Total California</i>	5,139		4,945	
White	2,901	56.45	2,716	54.92
Mexican	1,886	36.70	1,921	38.85
Chinese	54	1.05	34	0.69
Japanese	141	2.74	110	2.22
Indian	44	0.86	56	1.13
Negro	78	1.52	76	1.54
Others	35	0.68	32	0.65

Note: These data are based on fiscal years and therefore do not reflect the total number of deaths among Mexican infants cited in other sections of this study.

Table 4.6 Summary of International Institute Workers' Contact with Mexican Individuals and Families in San Francisco, 1924-1930

Contacts	1924	1925	1926	1927	1928	1929	1930
Newly Arrived		72	116	56	31	27	46
New Contacts	53	568*	522	198	254	191	255
Continued Contacts	72	246*	765	67	149	124	182
Visits to Clients	90	*	724	293		623	
On Behalf of Client	80	*	380	117		248	
Interviews	256	*	1618	30		732	
Letters	2	*	41	19		89	
<i>Total</i>	<i>428</i>	<i>*</i>	<i>2763</i>	<i>459</i>		<i>1692</i>	
New Cases				2	24	26	68
Renewed Cases		81*		3	7	17	62
Services Provided							
Friendly		134	1168	277		102	
Employment		80	145	46		165	
Domestic Adjustment		53	500	14		118	
Interpreting		24	286	37		243	
Legal		18	74	2			
Medical		11	330	23		207	
Group Interest						419	
Education						131	
Other		10	61	9		96	
<i>Total</i>		<i>330</i>	<i>2564</i>	<i>408</i>		<i>1481</i>	

* Clustered under Spanish-speaking category with no distinction by nationality.
Analyses of Annual Reports, International Institute of San Francisco.

Table 4.7 Average Age of Death Among Mexican Male and Female Residents of San Francisco, 1915, 1920, 1925 and 1929

Age in Years	1915	1920	1925	1929
All Mexican Deaths	38.50	33.80	30.10	31.70
Mexican Females	39.20	28.30	32.70	34.00
<i>Range</i>	<i>(0 - 85)</i>	<i>(0 - 87)</i>	<i>(0 - 109)</i>	<i>(0 - 78)</i>
Mexican Males	30.20	27.95	25.40	24.70
<i>Range</i>	<i>(0 - 74)</i>	<i>(0 - 89)</i>	<i>(0 - 76)</i>	<i>(0 - 84)</i>

Analyses of Death Records, San Francisco Department of Public Health.

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Chapter Five

Searching the Community for Resources

If the Mexican community primarily experienced death among infants and from tuberculosis and pneumonia, the question still remains—Did anyone in the Mexican or San Francisco community address these concerns as they applied to the Mexican population? Or were these causes too commonplace, too familiar, or not scary enough to prompt a response as Duffy shows happened with pestilences in the late nineteenth century?¹ Or were the Mexican people too few in San Francisco to really make a difference?

National social and health leaders advocated geographic or population-based health services and the use of field workers for attending to foreign populations.² San Francisco city leaders, however, did not publicly acknowledge that foreign populations prompted their child health centers in Visitacion Valley, Bernal Heights, or Bay View or their district health centers in the Mission and Glen Park areas of the city. In fact, except for a few comments about health and social services for the Chinese population; information about diphtheria and a hospital for the Italian population; and the outbreak of cerebral meningitis among Filipino émigrés, foreign populations were seldom mentioned. Thus, no city agency addressed specific health concerns among the Mexican population; and few voluntary organizations used field workers to approach the Mexican community.³ For the most part, the Mexican community was left to use whatever services they could.

Instead of special health services for foreign populations, the city had other priorities. As discussed in previous chapters, San Francisco civic and business leaders consolidated, organized and maximized business opportunities for the city's growth. Concomitantly, new or expanded local health services in San Francisco developed in accordance with local, state, and national priorities to

¹ Perhaps Hassler mentioning typhus and leprosy invoked more fear. See Hassler, "The Local Health Situation," 288; Duffy, "Social Impact of Disease in the Late 19th Century," 414-421.

² Often visiting and public health nurses were the field workers. See Michael M. Davis and Bessie Ammerman Haasis, "The Visiting Nurse and the Immigrant," *Public Health Nurse* 12 (October 1920): 823-834; Davis, *Immigrant Health...*, 299-304; 404-410; Rosen, "The First Neighborhood Health Center Movement...", 475-489.

³ The International Institute of San Francisco provided a Mexican nationality worker; the VNA hired visiting nurses; and in 1930, a Russian nurse to work with the Russian community living around Potrero Hill. Likewise, San Francisco Department of Public Health hired public health nurses for their tuberculosis, school, and child health programs.

improve maternal and child health care and tuberculosis rehabilitation. Health and social services promoted pre-school and school child health and dental examinations, and added interventions during the antepartum, postpartum, and early infancy in later years. The state subsidized hospital tuberculosis care but left the organization and provision of that care to counties. In San Francisco County, the Board of Health initiated their own Bureau of Tuberculosis to guide the city's direct services for tuberculosis. Thereby, the San Francisco Tuberculosis Association withdrew their clinic services and shifted to general health education and disease prevention services. In contrast to these programs for child health and tuberculosis rehabilitation, however, funding for venereal disease prevention and treatment waxed and waned with the war.

Granted, Mexican people constituted one of the many and diverse nationalities living in San Francisco. Some nationalities, however, organized assistance for their needy members through mutual aid associations. Occasionally this involved running their own hospitals, as in the German, French, Mount Zion, and the Chinese hospitals; but similar interest among the Mexican community wavered during the years of this study because the community could not consistently generate the required level of economic support. Further, the Mexican population in San Francisco lived non contiguously in more than one geographic area, and being relatively few in number as compared to the total city population, they did not command the city's persistent attention. So, what services and information were known among the Mexican population living in San Francisco?

Surveying the Resources Within and Outside the Mexican Community, 1915-1919

Diphtheria, tuberculosis, pneumonia, influenza and venereal diseases interrupted the lives of at least some Mexican people in San Francisco during 1915-1919. Because Mexicans lived in the North Beach area and some attended Saint Peter and Paul Catholic Church, undoubtedly some Mexican residents would have known about the diphtheria epidemic.⁴ No archival documents however, have disclosed if, and how Mexican residents in this area responded to quarantines and

⁴ Martini, visitor for Saint Peter and Paul parish, documented Mexican families in her reports. Mexican children could have been examined and given information through the school health inspection program of the Board of Health. See "Report, November 1916," "Report, December 1916," "Report, April 1917," Saint Peter and Paul 1916-1917, Archives of the San Francisco Archdiocese.

throat swabs, or whether they accessed information written in Spanish like that written in Italian.⁵ Likewise, the Spanish-language newspaper did not print information about diphtheria.

The Spanish-language newspaper listed hospital services and health care providers, however. Initially the paper printed the addresses for the emergency hospitals in San Francisco, the City and County Hospital, and the offices for registering births and deaths, all under the Department of Health. These services would have been useful under circumstances of acute illness or accidents, because several of the emergency hospitals were approximate to residential areas known to Mexican people. For example, the Central Emergency Hospital operated at Stevenson near Seventh Street in the South of Market area; and the Harbor Emergency at the end of Clay Street in the wharf area of the Downtown and North Beach; and for residents needing hospitalization, the new San Francisco Hospital ward buildings graced the edge of Potrero and the Mission.⁶

Likewise, various health care providers advertised their specialties in the Spanish-language newspaper--a midwife, three physicians, and three dentists.⁷ A. Gialdini Boccio, Midwife and graduate of Italy and Buenos Aires, offered reasonably priced home births and treatment for women's illness; Dr. Henry D. Brusco specialized in heart, lung, and kidney problems and offered his expertise for secretory illnesses; Dr. F. R. Orella, specialist of medicine and surgery, also practiced as a gynecologist; Dr. C. Scaparone did not indicate his specialty; and dentists Dr. H. R. Morton, Dr. Juan A. Scannavino, and Dr. Carlos M. Lee offered dental services.⁸

⁵ Several Mexican people personally knew about diphtheria. See Chapter Four.

⁶ See example of list in *La Crónica*, November 27, 1915, p. 4. The city had other emergency hospitals-- Park Emergency at Stanyan and Waller; Mission Emergency at 23rd and Potrero Street affiliated with San Francisco Hospital; and Potrero Emergency at 1152 Kentucky Street near Union Iron Works and the railway shipping depots. The Central Emergency Hospital moved after World War I to the Civic Center. For unexplainable reasons, the publication of these addresses did not continue in other years. To be eligible for admission to San Francisco Hospital, the patient had to be a resident of at least three months, not be able to pay for hospital care, and in need of hospital treatment.

⁷ Davis reviewed medical advertisements in foreign-language newspapers. A few were legitimate professional business cards of ethical foreign-born doctors; and most were inserted by quack doctors, quack companies, chemical companies or laboratories for a purely commercial purpose. Davis included newspapers from San Francisco, i.e., *Prometheos* (Greek) and *L'Italia* (Italian) but none in the Spanish-language. He identified 12 quack advertisers. See Davis, *Immigrant Health...*, 145-167.

⁸ One large ad extended over two columns. The unnamed specialist claimed expertise with the secretory illnesses of men, blood infections, and skin problems; and held office hours at 215 Kearny in the North

Mexican Physicians in the San Francisco Community

Many of these providers practiced their specialties in areas of known Mexican residences, but may or may not have been members of the Mexican community. That changed however, when two Mexican physicians moved to San Francisco and became known to the Mexican community-- Enrique M. Aldana and Manuel J. Urrea.

Aldana, from one of the "most distinguished families" of México, brought his family to San Francisco in February 1915 after a "long and distressing trip all over the Central American republics" in search of a safe place to live. He had been practicing medicine in México since 1899 and had fought against the outbreak of bubonic plague in Mazatlán in 1903, served as a field physician and surgeon for the Mexican military and chief of their military hospital in México City. Prior to his departure from México, he had been a consulting physician for the Southern Pacific Railway of México. Thus, he arrived in San Francisco with lots of medical experience. Because of his Mexican medical education and credentials, however, Aldana could not practice medicine in the United States. So he enrolled in a special English course and regularly attended clinics at the Stanford University Medical School over a period of nine months until "Finally in October 1916," he passed his examination to practice medicine in California. Then Aldana opened his own office and within six months to his "model clinic, clean and equipped with modern, magnificent appliances" in the heart of the Latin Quarter.⁹

Beach from 10-6 daily and 10-2 on Sundays. This consultant may have been one of those Davis identified or like the California State Board of Health labeled, "ADVERTISING SPECIALISTS" who "...are more interested in your money than your health." The first rule of the California State Board of Health's "Instructions to Those Having Gonorrhoea," and "Instructions to Those Having Syphilis," warned against patent medicines, medical institutes and advertising specialists. See *La Crónica*, January 9, 1915 and January 15, 1916, p. 2; Attachments to Letter from Clyde N. White to Dr. Adelaide Brown, February 9, 1915, Unprocessed Papers of Dr. Adelaide M. Brown, Prenatal Care, MSS H710 HB87, Lane Medical Archive, Stanford University. The addresses for these services included: Boccio, 464 Columbus; Brusco, 583 Green; Orella, 323 Geary; Scaparone, 4 Columbus; Morton, 549 Columbus; and Lee, 301.5 Columbus. Orella graduated from Cooper Medical College; Scaparone came from Italy; Brusco was licensed in California in 1908. See *American Medical Directory*, 1921, pp. 237, 244-245. Evidently some women had been using the Maternity House on Valencia Street operated by the Stanford University physicians. Dr. Spalding, Professor of Obstetrics and Gynecology at Stanford Hospital announced its closure and assured readers the same physicians and nurses would attend patients at Stanford University Women's Clinic; non-paying patients went to Lane Hospital. See *La Crónica*, June 19, 1915, p. 3.

⁹ His office was at 1438 Mason Street; later for unexplained reasons he moved his office to 1703 Jackson. Stanford Lane Medical School appointed Aldana to their medical faculty in 1922. See *Hispano-America*, June 10, 1917, p. 9; Supplement, July 5, 1919, pp. 10, 15; November 18, 1922, p. 1. *The American*

With less fanfare about his arrival and in contrast to Dr. Aldana's clinical and academic career, Dr. Urrea opened an office of general medicine at 837 Broadway, within a block of Aldana's office. Less is known about Urrea's medical career than Aldana's. One of his roles in San Francisco was writing responses to health questions people sent to the Spanish-language newspaper offices. The newspaper published his answers and occasionally published his poetry.¹⁰ Anecdotes praised Dr. Urrea's successful and attentive interventions. One talked of his healing a well-known youth in the Mexican community, Luis R. Bustamante, after Luis teetered between life and death for fifteen days.¹¹ Further, the Mexican community used both of these physicians for events of death. During the influenza epidemic in 1918, Dr. Aldana signed four death certificates and Dr. Urrea, one.¹²

The Resources of Products and Information

The Mexican community used other resources in San Francisco, too. Some included facilities designated for illness care while others involved pharmacies and self-help remedies. Most Mexican residents died at home during 1915, and especially females, which was true in nearly half of all deaths in San Francisco for the same year. Although more Mexican people died at facilities under the control of the Board of Health, they also died elsewhere. Death records showed fifteen other locations and among them, Children's, French, Mary's Help, Saint Francis, Saint Joseph, and Saint Mary's hospitals.¹³

Medical Directory first listed Aldana in 1918 and in each subsequent edition through 1929. In 1918, his specialty was surgery; and starting in 1925, gynecology. See *American Medical Directory*, 1918, 281. Except for 1920-1923 and 1929, from 1918 forward, the *San Francisco City Directory* listed Dr. Aldana in bold typeface under "Physicians."

¹⁰ Dr. Urrea and Dr. Aldana were born the same year--1873--and were licensed in California the same year--1916. Urrea's name did not appear in the *American Medical Directory* until 1925. See p. 252. He wrote the poem "Homage" for Father Antonio Santandreu's jubilee celebration. See *Hispano-America*, June 5, 1926, p. 3.

¹¹ See *Hispano-America*, June 10, 1917, p. 9; October 14, 1917, p. 7; April 7, 1918, p. 15.

¹² Analyses of San Francisco Death Records, October 1918 through January 20, 1919, San Francisco Department of Public Health.

¹³ See Table 5.1. One other Mexican person died at Laguna Honda for a total of 25. Thus, 34.7 percent died at facilities under control of the Board of Health whereas for San Francisco as a whole, 20.5 percent (1,485 of 7,249) died at these same facilities. See *Municipal Reports...1916*, 667-668. Analyses of San Francisco Death Records, 1915, San Francisco Department of Public Health.

As with the general population, Mexican people heard about the astonishing impact of particular products on some people's health. Consistently, the Chinese Herb Company, the Republic Herb Company, the Sun Hing Herb Company, or the Chan and Kong Herb Company, or those who had seen Dr. Lau Yit Cho proclaimed customer satisfaction and often published testimonies from people with Latino surnames. These local herb companies along with the names and addresses for several other pharmacies like Botica Española, or the A. Zabaldano Drug Company provided immediate access to self-care remedies while tonic-like products--Zendejas, or Nuga-Tone--required a return mail order.¹⁴

Health information was not always attached to products, however. One author emphasized the importance of physical exercise to muscles, particularly the heart muscle; but other than the San Francisco Tuberculosis Association's "Don't Spit" cards in the Spanish-language, little is known about the kind of health information distributed by official and non proprietary agencies among the Mexican population in San Francisco.¹⁵

The Most Publicity About Influenza

Except for one article about mistreatment in the workplace creating a fertile field for the development of tuberculosis, little or no written material informed the Spanish-speaking population about the etiology, prevention, and treatment of tuberculosis.¹⁶ That contrasts remarkably with the information available during the influenza epidemic. The editorial staff of San Francisco's Spanish-language newspaper took great interest in influenza, and starting the end of September 1918 through the end of January 1919, and again in October 1919 through February 1920, they

¹⁴ The pharmacies and herb companies were approximate to known Mexican communities, e.g., Republic Herb Company on Stockton between Jackson and Washington; or the A. Zabaldano Drug Company on Stockton between Pacific and Broadway. For examples of advertisements, see *La Crónica*, February 13, 1915, p. 4; May 15, 1915, p. 4; June 19, 1915, p. 3; September 25, 1915, p. 2; December 31, 1915, p. 8; *Hispano-America*, September 16, 1917; January 18, 1919, p. 2; February 25, 1919, p. 4. Dr. Lau Yit also appeared in English language newspapers. Nuga-tone came from Chicago; Zendejas primarily from the Southwest, i.e., New Orleans, LA; Phoenix and Douglas, AZ; Laredo and Corpus Christ, TX.

¹⁵ See *La Crónica*, November 6, 1915, p. 3. Dr. George H. Evans wrote in his clinical report that they had freely circulated "Don't Spit" cards to their clinic patients in 1910. These were printed in Spanish, English, Italian, and Chinese, but no later reports mentioned language-specific materials. See San Francisco Association for the Study and Prevention of Tuberculosis, *Annual Report...1910*, 30.

¹⁶ Spanish-speaking people held to hard work saw their vigor demolished, felt their energy diminish, and felt the despondency of extreme physical poverty. See *Hispano-America*, October 25, 1919, p. 1.

published weekly articles. Through these articles, the Spanish-reading community learned about the history, prevalence, treatment, and prevention of influenza, including the city's mask ordinance.

According to Spanish physician Arias Carvajal, for the past eight centuries people recognized certain symptoms as influenza—general weakness and fatigue, chills, muscle aches and painful joints, and headache followed by rhinorrhea, loss of appetite, stomach pain, vomiting or diarrhea.¹⁷ As in centuries past, these symptoms marked the world-wide Spanish influenza virus of 1918-1919. The virus manifested itself in two main varieties. One began with chills and chilliness, catarrhal, coughing and sneezing, headache, backache, fever and prostration. The other was marked simply by chills, fever and prostration; and either form could be accompanied by nausea and vomiting. Prostration, and aches and pains in the head and back, however, set influenza apart from the ordinary cold.¹⁸

Regardless of the form, the medical establishment varied little in their treatment for influenza victims. Health Officer Dr. Hassler suggested a preventive snuff or nasal douche—powdered boric acid as snuff and Dobell's or a similar antiseptic solution for douching; and aspirin, salicylates and quinine along with other drugs indicated by the complications of influenza.¹⁹ Likewise Carvajal suggested to *Hispano-America* readers—rest, expectorants for an intense cough, purgatives for constipation, and quinine in small doses.²⁰

¹⁷ See *Hispano-America*, January 7, 1919, p. 3.

¹⁸ Published in the *British Medical Journal* and cited by William C. Hassler, in "Reporting of Epidemic Diseases," *California State Journal of Medicine*, October 1918; Reprint, "The Influenza Situation," *Municipal Record* 11 (October 10, 1918): 328.

¹⁹ During a Board of Supervisors meeting Dr. Hassler dispelled notions that smoking disinfected and alcohol combated influenza and swimming baths were dangerous. Cleanliness, rational habits of exercise and eating, and personal hygiene afforded the best conditions for health preservation. Later the Board of Supervisor commended the Owl Drug Company for giving away free Dobell solution. See *Proceedings...* 13 (October 24, 1918); (November 4, 1918): 925.

²⁰ An influenza poster issued in late 1918 by the California State Board of Health paralleled Carvajal's recommendation for rest and purgatives. Instead of mentioning anything about expectorants, salicylates or quinine, the poster instructed patients to: take some nourishing food such as milk, egg-and-milk or broth every four hours; only allow others into the room with a gauze mask; open all the windows and keep them open except in rainy weather; and stay in bed until told by a physician that it is safe to get up. The State Board of Health borrowed most of the content from the Massachusetts State Department of Health. See Kellogg, *Influenza...*, 17.

Remedies aside, the incidence and prevalence of influenza in the Mexican community of San Francisco was never discussed. Instead, only Palomares mentioned influenza during his visit in January and that it compounded problems of unemployment in the Mexican community; and members of the community read about how deadly influenza had been in a number of their home Mexican states.²¹ Influenza had magnified some need in the San Francisco community, however. Members in the Mexican community began discussing how to care for each other during these times; but until that care could be organized, Mexican people relied on their fundraising for needy children—especially at Christmas time—and relief from outside religious and community agencies.

Doing Something About the Lack of Resources, 1920-1925

Much of the population in San Francisco had increasing needs. Unemployment, union controversies, and the costs of influenza had affected many and economically stretched the city's resources. Slowly, the Board of Health had expanded their preventive services for children while concomitantly providing care for the sick and infirm. Between 1916 and 1920, additional school nurses had examined school children for physical defects, and in cooperation with the Baby Hygiene Committee, physicians and nurses had started examining preschool children in three well child health centers in Visitacion Valley, Bernal Heights, and Bay View. In fact, by the early 1920s, the Board of Health operated nine child health clinic sites. Non proprietary agencies like Canon Kip and the Children's Health Center, operated four others. Many of the clinics provided their services in known places of Mexican residence, such as Telegraph Hill, Canon Kip, Mission, or the Emporium, but the extent to which Mexican people used the clinics has not been documented.²²

In any event, these clinic services did not decrease the proportion of Mexican infant deaths and stillbirths.²³ Instead, a previously identified regional pattern continued. The previous pattern

²¹ See *Hispano-America*, January 18, 1919, p. 2. The news came from Mexico on January 14 and reported nearly one-half million deaths from influenza during 1918. This epidemic had taken more than 48,000 lives in Michoacán alone, but only 3,500 in Sinaloa. The Revolution claimed an average of 300,000 lives although that figure did not include the number of deaths among the Indigenous population.

²² See Map 5.1.

²³ See Chapter 4, Table 4.3, 4.4.

showed the highest infant mortality in the "crowded Italian quarter" and the second highest in "the ghetto" of the Western Addition. Both had "a large foreign population and crowded quarters" and included Mexican families.²⁴

This pattern demonstrated to Dr. Adelaide Brown that services were not enough, although the California Department of Public Health attributed lower infant mortality rates in California to services.²⁵ Brown urged health and social leaders in San Francisco to address infant mortality by focusing on these residential areas with the highest rates. First, she wanted parents to know the causal relation between death of the unborn or newborn and parental syphilis because syphilis contributed or actually caused premature birth or debilitated infants; and second, she wanted parents to know the value of maternal feeding, clean milk, etc., because gastro-intestinal diseases still caused twenty-eight percent of the deaths in San Francisco for infants between two and twelve months. Because this information along with better housing and better health reduced infant mortality, any person with a social and public health viewpoint needed to care more *intensively*, and that meant prenatal care providers and public health nurse teachers.²⁶

²⁴ Hattie Lezynsky, Mrs. Blumlein and Mrs. Hoyle from the San Francisco Civic Center Public Health Committee had analyzed infant deaths in 1919. See Lezynsky and Brown, "Infant Mortality...", 300. Supposedly the Board of Health mailed a health circular on baby care to every mother registering the birth of a child. In San Francisco these circulars were printed in English, French, German, Italian, and Greek. Spanish is notably missing. See Graupner, "Infant Welfare Work...San Francisco," 379. Several hospitals like Stanford-Lane, Mount Zion, and Children's fell within or close to the Western Addition area.

²⁵ The State Bureau of Child Hygiene licensed and yearly reinspected all maternity homes of three beds or less and maternity departments in hospitals. In 1919, fifty-two percent of mothers in San Francisco gave birth in hospitals; by 1929 that figure was over eighty-two percent. See "Many Births in Hospitals and Homes," *Weekly Bulletin* 10 (August 15, 1931): 111.

²⁶ Lezynsky and Brown, "Infant Mortality...", 300-301. Because Mexican officials discussed the problem of venereal diseases and their link to stillbirths in Mexico, even recent immigrants could have arrived with knowledge of the disease and its consequences. "The almost universal occurrence of syphilis among the conquering population...continues to be one of the most marked drains on the welfare of society, the rate of infant mortality being heavily increased by stillbirths due to it." See Herbert I. Priestley, "The Problems Confronting México," in *Some Mexican Problems* by Moises Saenz and Herbert I. Priestley (Chicago: University of Chicago Press, 1926), 98. Priestley, History Professor at the University of California, Berkeley, gave a Harris Foundation lecture in 1926 at the annual summer institute at the University of Chicago. He appeared with Moises Saenz, Sub-Secretary of the Department of Education of México; José Vasconcelos, former Secretary of Education of México; and Manuel Gamio, former Director of the Bureau of Anthropology and Sub-Secretary of the Department of Education of México.

According to the existing record, no agency publicly adopted her agenda either with Mexican people or other populations.²⁷ The most other agencies and organizations talked about offering temporary assistance as related to relief. None of the agencies sending delegates to the Council of Social and Health Agencies or receiving Community Chest funds discussed Mexican health care needs.²⁸ Further, Mexican-specific organizations, like those of Cruz Azul and Club Azteca never appeared on any of the Council's attendance lists, and whether they received invitations has not been discovered.

Clearly, the newly formed Council of Social and Health Agencies reinforced a network of established people and organizations. While some organizations worked among the Mexican population, for example, the Associated Charities, Telegraph Hill Neighborhood Association, Visiting Nurse Association, Traveler's Aid, Canon Kip Community Center, Mary's Help Clinics, Helpers of the Holy Souls and the Young Women's Christian Association, the Mexican community had to rely on the integrity of administrative decision-makers in the larger organization to address their specific concerns.²⁹ Neither the Community Chest agencies nor the Mexican community in San Francisco, however, could fill the gaps in needed services and relief.³⁰

²⁷ Dr. Brown with the Children's Health Center on Haight Street, started prenatal services and post-natal nurse visits.

²⁸ Other organizations like the French Ladies Benevolent Association, the German Ladies' Benevolent Association, the Eureka Benevolent Society, the Italian Board of Relief and the Mizpah Charity Club sent representatives to the meetings.

²⁹ If funded programs received their grants based on a presentation of population-specific needs, these did not appear in applications to the Community Chest. I reviewed the applications of more than 35 agencies for the years 1922-1930. No agency mentioned targeting services for the Mexican population. Eighty-three percent of the Chest Agencies in Los Angeles did not serve any Mexican people. Most service originated in several of their largest charitable agencies. This may have been true for San Francisco with the Associated Charities. In 1928, the Boys' Aid reported one Mexican boy out of nearly one hundred fifty in 1928. Saint Catherine's Training School, a Chest agency, had one Mexican female of their sixty-seven. Saint Catherine's was one of San Francisco's Chest Agencies. San Francisco had 29 Mexican children or 3.2 percent of a total 899 living in institutions for dependent children. Dependent Mexican children in the Northern Counties numbered 85 or 2.8 percent of the total. See Fact-Finding Committee, *Mexicans in California...*, 191-193, 199-200; "Saint Catherine's Home and Training School, 1924-1932," Carton No. 19; Carton Nos. 18-23, 29, 30, 33, 37, 62-63, 83/23 United Way of Bay Area.

³⁰ The Associated Charities had sent Mexican men to work at the Laguna Honda Home in return for small wages and food commensurate with their family size. The Guadalupe Society provided consistent relief for between thirteen and twenty Spanish-speaking Mexican families. Cruz Azul proposed raising the needed funds to open an emergency home and hospital for Mexicans. See Chapter Three. See *Hispano-America*, July 30, 1921, p. 1.

Expert, Product, and Information Resources

Mexican people used some clinics and a wider array of hospital services during 1920-1925. As presented in the previous chapter, Mexicans attended Mary's Help Hospital Clinic, and the chest clinics at Telegraph Hill, San Francisco Hospital, and Stanford.³¹ Likewise, as fewer Mexican people died at home, their places of death involved more facilities. Mexican people died at twenty-three different locations in 1920 and eighteen in 1925. In contrast to more than half of all deaths occurring at home in 1915, the proportions in 1920 and 1925 approximated only one-third.³²

Facilities under the control of the Board of Health did not absorb all of the differences in place of death. The proportion of deaths at facilities operated by the Board of Health increased only slightly from 34.7 percent in 1915 to nearly 38.8 percent in 1920; but then with fewer locations in 1925, rose to 45.5 percent. Thus, Mexican people had contact with a larger number of health care institutions as represented in Table 5.1 and 5.2.³³

Obviously, as in other years, the Mexican community knew about other resources in San Francisco, whether those resources were physicians, dentists, pharmacies, herb companies or purchasable remedies. Mexican physicians Dr. Aldana and Dr. Urrea, as well as Dr. Orella and Dr. Scaparone continued publicizing their office hours in the professional directory of *Hispano-America*; but other physicians also announced their services.³⁴ Dr. J. D. Reeng specialized in

³¹ In 1922 patients at the Stanford and University of California clinics accounted for 70 percent of all dispensary visits. Of nine dispensaries in the survey by Emerson and Phillips, two operated from public moneys San Francisco and University of California hospitals; five operated under private control--Children's; Stanford-Lane; Mary's Help; Mount Zion; and Saint Luke's (associated with Canon Kip) hospitals; and three operated their dispensaries independently--Homeopathic Hospital; San Francisco Polyclinic, and Telegraph Hill Neighborhood dispensary. Mary's Help and University of California hospitals most closely approached the standards advocated for modern dispensary operation, and Telegraph Hill maintained the highest percentage of neighborhood service. See Emerson and Phillips, *Hospitals and Health Agencies...*, 83-105.

³² In 1920, 38 Mexican people or 32.8 percent; in 1925, 36 Mexican people or 27.3 percent died at home. Analyses of San Francisco Death Certificates, 1920, 1925.

³³ Analyses of San Francisco Death Records, 1920, 1925, San Francisco Department of Public Health. In 1920, 45 Mexican people or 38.8 percent died in facilities under the control of the Board of Health; in 1925, 60 Mexican people or 45.5 percent. In addition to those facilities listed in Table 5.1 under 1920 and 1925, Mexican people died at Fairmont, Franklin, Mary's Help, Mount Zion, Saint Francis, and Saint Mark hospitals. These can be corroborated by those human interest stories about illness and death published in the newspaper e.g., French Hospital, Stanford-Lane, University of California, Saint Joseph's.

³⁴ Dr. Aldana signed seven death certificates in 1920 and four in 1925. Dr. Urrea signed three in 1925.

medicine, surgery, and genitourinary diseases; Dr. Carlos Leiva, a faculty member in Salvador, Paris, and California, specialized in medicine, surgery and obstetrics; German physician Dr. M. Neumann specialized in genito-urinary, kidney, and skin diseases, diabetes and tuberculosis; Spanish-speaking Dr. Larz A. Smith specialized in eyes, ears, nose and throat; and Dr. T. J. O'Hara ran a laboratory service to diagnose any chronic illness. Several other professionals presented their dental services: Dr. Lloyd C. Bailey had worked fourteen years in Mazatlán, spoke Spanish, and specialized in surgical dentistry; Dr. Manuel Pereyra specialized in plates and bridges, Dr. G. Melendez offered general dentistry services and Teresa Moscatelli advertised her midwifery services.³⁵

All of these professionals worked in proximity to Mexican residential areas making a physician at least geographically accessible.³⁶ Office hours also extended into the evening among those specializing in genitourinary diseases which would have made those visits more accessible to a non-itinerant, working person. Similarly, community-based Mexican physicians, Urrea and Aldana, consistently offered their services until seven or eight in the evening.

Still, the community was exposed to other forms of treatment than physicians, some of which addressed specific conditions and offered hope for a healthier life. Primarily products fostered these hopes albeit with a few exceptions like Professor M. C. Martinez of Los Angeles, known for restoring the health of thousands without medicines.³⁷ Products, however, expanded

³⁵ Providers' office addresses in 1925 included: Aldana, 1703 Jackson; Urrea, 837 Broadway; Orella, 909 Hyde in the Medical Building; Scaparone, 916 Kearny; Reeng, 760 Market; Leiva, Flood Building at Powell and Market; Neumann, 649 Kearny; Smith, 135 Stockton, Butler Building; Guerra, 1360 Park Street in Alameda; O'Hara, 1028 Market; Bailey, Post and Grant; Pereyra, 405 Columbus; and Melendez, 902 Broadway. Teresa Moscatelli advertised in 1921 with an address of 634 Filbert near Stockton. Reeng's ads appeared in July 1921, September 1926, September 1928, and April 1930. If Mexican people wanted to cross the bay, Dr. Arturo L. Guerra on faculty in Washington D. C. and México, specialized in medicine and surgery especially for Spanish-speaking clientele, and practiced in Alameda; and Dr. Joseph B. Enos specialized in medicine and surgery, particularly diseases of the lungs and stomach, and practiced at 748 Adeline in Oakland. See *Hispano-America*, January 8, 1921; July 2, 1921, p. 2; December 30, 1922, p. 4; August 1, 1925, p. 2.

³⁶ Howell and McLaughlin argue that race affected the expense on physicians but not on medicines. See Howell and McLaughlin, "Race, Income, and the Purchase of Medical Care...1917 Working-Class Urban Families."

³⁷ Martinez was available for appointments in San Francisco the second week in July at the home of Manuel Palacios, 23 Auburn Street. He also encouraged people to write to him, describe their symptoms,

beyond the earlier Nuga-Tone and Zendejas. Now, people could buy Tratamiento Azteca through mail order, or "Depurativo Grosso" at La Botica Española.³⁸ These products professed remedies for numerous illnesses of the body and emotions. For example, Depurativo Grosso cleansed the body of blood illnesses caused by syphilis and other infections.³⁹ Other products capitalized on popular attention to health habits such as dental hygiene. "When your hands are dirty you clean them, why not your teeth?" "Care of our teeth is a habit we should get accustomed to" so use Colgate dental cream.⁴⁰

These products may or may not have figured into the patterns of daily life for Mexican people. Likewise, such products may not have dramatically affected their health status either positively or negatively; but saying these products solved or prevented health problems may have allowed some people to reinterpret persistent symptoms or ignore the development of others. One product in particular, the Borden Company's 'Eagle Brand' condensed milk used as an infant food, created this potential.

'Eagle Brand' Condensed Milk as a Behavioral Solution Contrasted with the Message from San Francisco Physicians

The Borden Company began by advertising their 'Eagle Brand' condensed milk for children with unsatisfactory weight gains, or for children with restless, irritable, and disrupted sleeping behaviors. On occasion, the Company introduced additional material like the "value of milk for good health" as promoted by the Department of Agriculture during a national exhibition.⁴¹ Following each blurb, mothers or anyone interested in 'Eagle Brand' condensed milk could clip a coupon and mail it to the Borden Company in New York in exchange for instructions in Spanish on preparing the milk and caring for children.⁴²

and then he would send them an estimate of the cost and treatment for their situation. See *Hispano-America*, June 7, 1924, p. 3; January 17, 1925, p.3.

³⁸ Tratamiento Azteca came from Los Angeles. La Botica Española or the Broadway Drug Company as known in English, was located on the corner of Broadway and Powell. La Botica was the exclusive agent for "Depurativo Grosso." See *Hispano-America*, December 10, 1921, p. 3; December 30, 1922, p. 4.

³⁹ See *Hispano-America*, See December 30, 1922, p. 4.

⁴⁰ See *Hispano-America*, February 19, 1921, p. 4.

⁴¹ See *Hispano-America*, December 30, 1922, p. 4.

⁴² Advertisements started in early 1920. See *Hispano-America*, April 10, 1920, p. 2.

Eventually *Hispano-America* published weekly, and what seems an entire booklet, in the "Sección Para Bienestar del Niño."⁴³ Perhaps Spanish-speaking people from San Francisco had mailed the coupon to Borden's and the Company believed they had an "information-hungry" audience. Neither their nor parallel advertisements appeared in English-language newspapers, however. Therefore, rather than altruistic information, the Company used a national, state, and local interest in improving the health of mothers and children to present their product to the Spanish-language community.⁴⁴

Pertinent Information about Maternal and Infant Care

The first article emphasized the responsibility of motherhood for "There are thousands of creatures that die because of the negligence of their progenitors."⁴⁵ The parents had a duty to try their best both before and after birth to protect and assure the life and the health of their offspring; Furthermore, the life, health, and normal development of any child depended primarily on the health and care of its mother, and both on sufficient revenue to cover the family's needs. Some infants died because their mothers did not know how to breast-feed or care for their breasts. Thus, the Borden Company embraced care of the mother as part of the maternal responsibility by recommending several actions before the birth of any child.

- Visit the doctor and receive a complete physical examination, pelvic measurement and frequent analyses of urine.
- Develop a hygienic nourishment plan with milk a dietary staple.
- Watch for weight gain, measure weight frequently, and minimize intake of sugar.
- Drink liquids abundantly, especially milk or water.
- Adjust diet to assure regular bowel movements.
- Bathe daily to activate skin elimination.
- Attend meticulously to teeth and keep them clean.
- Maintain sufficient rest and sleep.
- Exercise and work moderately and avoid fatigue.
- Wash extra clothing and amuse and distract yourself.

⁴³ *Hispano-America* started printing the Borden articles January 27, 1923, p.4, and continued printing them over a period of at least four years.

⁴⁴ For an extensive discussion of the social history of infant feeding, see Rima D. Apple, *Mothers and Medicine A Social History of Infant Feeding 1890-1950* (Madison: University of Wisconsin Press, 1987).

⁴⁵ *Hispano-America* started printing the Borden articles in January 1923. See January 27, 1923, p.4.

- Be outside daily; breathe pure air and ventilate the sleeping room.⁴⁶

Other articles focused on infant and child care. They talked about constipation; diarrhea; toys and play; punishment; exercise; juice; bathing; care of the eyes, ears, nose, mouth, and teeth; weight; bladder functions; intestinal functions; and habits. Whenever they included information about feeding, however, they simultaneously inserted that for mothers unable to breast-feed, or needing to supplement their breast milk, 'Eagle Brand' condensed milk provided the best alternative. Furthermore, they added several generations of Spanish mothers had raised their children with this milk.

Incidentally, the general content of these articles did not fundamentally differ from content in a Mexican nurse's essay in the Spanish-language newspaper or the English-language press regarding the general care of mothers and children.⁴⁷ The Borden Company, however, widely applied their 'Eagle Brand' condensed milk as part of the solution to many child behavior problems whether those problems were in the areas of eating, growing, activity, or sleeping. This contrasted sharply with Cortina's approach, the information in the English-language newspapers and medical opinion.⁴⁸

Jovita B. Cortina clearly included knowledge as part of the process for creating future generations of healthy citizens. She mourned children born with diseases or left to the improper care of ill-prepared mothers and advocated that all women anticipating motherhood seek a person to teach them how to attend to a child before and after birth. Furthermore, nurses needed to spread the word about hygiene to poor, ignorant people in order to prevent more victims of ignorance in

⁴⁶ See *Hispano-America*, February 3, 1923, p.3.

⁴⁷ For example, four dozen diapers, four flannel strips for the abdomen, six dresses, twelve white undershirts, six flannel petticoats (underskirts), four sleeping shirts or nightgowns, two jackets, three blankets, six bibs and a carton of safety pins comprised the infant's first equipment. Except for the quantity, these items parallel those printed in Prenatal Letter No. 5 as distributed by the California State Bureau of Child Hygiene. See *Hispano-America*, February 17, 1923, p. 3; Prenatal Letter No. 5, Ellen S. Stadtmuller, M.D., California State Board of Health, Bureau of Child Hygiene, 1924, Unprocessed Papers of Dr. Adelaide M. Brown, Prenatal Care, MSS H710 HB87, Lane Medical Archive, Stanford University.

⁴⁸ Carnation and Libby advertised their evaporated milks in the *San Francisco Call and Post* without even mentioning infants. "For every milk or cream requirement in your family, for cooking...coffee...baking." See *San Francisco Call and Post*, November 16, 1923, pp. 20, 22. Other companies like Mellin's Food Company of Boston; Denno's Food Company of Portland; S.M.A. of Cleveland; and Mead Johnson and Company of Evansville advertised their infant-specific dietary products in medical journals. See *California and Western Medicine Advertiser*, 1924, pp. 771, 790, 798.

the future.⁴⁹ Likewise, physicians with the Children's Health Center wrote a series of informational articles for the *San Francisco Call and Post* emphasizing preparation and consultation with experts. Thus, although the Borden Company mentioned physicians in their articles, they most emphatically associated proper nutrition with the daily ingestion of a couple spoonfuls of 'Eagle Brand' milk dissolved in water.

Contradictory Views of Feeding: Not Every Milk is Milk

The Borden Company's product-associated solutions countered prevailing medical opinion in San Francisco. Leading San Francisco physicians strongly and publicly advocated breast-feeding and the San Francisco Medical Milk Commission of the County Medical Society pushed for regulation of imitation or artificial milk, including evaporated and condensed milks, so as to make it impossible for them to be considered a substitute for milk.⁵⁰

The public, however, used condensed milk, much to the dismay of physicians. According to Ernest L. Botts, of 125 babies followed by physicians at the Stanford Well Baby Clinic and 327 babies followed by the Children's Health Center, nearly one-half of the children drank pasteurized cow's milk, over twenty percent condensed milk, and fifteen percent certified milk; although certified milk "should be at the head of the list."⁵¹ When he compared the health of the infants by their source of milk, he found that breast-fed babies fared better than those fed other milks and

⁴⁹ See *Hispano-America*, August 9, 1924, p. 3; July 19, 1924, p. 3. Later the same year Cortina advocated that any person interested (women) in nursing should be a mature respectable woman. See *Hispano-America*, October 25, 1924, p. 3.

⁵⁰ Borden's preservation with sugar led most physicians to decry its use for infant feeding, but because physicians often confused Eagle Brand sweetened condensed milk with unsweetened, companies like Pet, Carnation, and Libby often had difficulty getting physicians to accept their product as an infant food. See Apple, ...*A Social History of Infant Feeding...*, 45. Dr. Brown appeared before the Board of Health at a special meeting to discuss the milk ordinance being considered by the Senate. She warned that artificial, evaporated, and condensed milks increased infant mortality, which was one of the dangers with the evaporated milk being sold in Los Angeles. See Board of Health, *Minutes...*, February 20, 1919, pp. 2686-2690. Adelaide Brown chaired the San Francisco Medical Milk Commission until she resigned in February 1928 after serving on the Milk Commission for 21 years. Dr. Alex Keenan, President of the County Medical Society Board of Directors and member of the Board of Health, appointed Dr. Ina M. Richter to the position. See "Dr. Adelaide Brown Leaves Milk Commission," *Bulletin of the San Francisco County Medical Society* 1 (March 1928): 9-10.

⁵¹ See Ernest L. Botts, "Unsupervised Diets of Infants Up to One Year of Age," *California and Western Medicine* 22 (October 1924): 485-487. Dr. A. Brown read this paper at the Fifty-third Annual Session of the California Medical Association. Botts completed this study as part of the requirements for graduation from Stanford Medical School.

condensed milk showed the worst results, with more constipation, more diarrhea and more skin rashes. Although infants developed properly if mothers fed their infants artificial milk under a physician's supervision, Botts still concluded "breast milk is the better food for the untrained mother to give her child."⁵² Definitely, mothers needed information and guidance, to which Dr. Brown added, "We have yet to see [a book on infant hygiene] which endorses condensed milk as an infant food, and yet twenty-one percent of these babies appeared at the health center on condensed milk....The mother needs to be taught...."⁵³

Controversies about infant feeding practices did not deter the Borden company from presenting their product in *Hispano-America*.⁵⁴ Authorities considered sweetened condensed milk like that of Eagle brand undesirable because the degree of dilution required by the high sugar

⁵² Regardless of breast milk being the better food, only one-third of the mothers associated with the Children's Health Center breast-fed at the end of three months in contrast to nearly two-thirds of those associated with the Well Baby Clinic. Dr. A. Brown added her own comments after she finished reading Botts' paper. See Botts, "Unsupervised Diets....," 486-487.

⁵³ Author Mae West of the 1914 government publication "Infant Care" refused to give directions on the subject of infant feeding because none met with general agreement. She suggested mothers seek and follow the advice of a good doctor. See West, "Infant Care," 41. According to Priestley, milk had been brought under control in México by certification and pasteurization after a campaign of bitter opposition on the part of the producers. See Priestley, "The Problems Confronting México," 134. Mephram discusses the process of creating alternatives to breast milk in Britain. High rates of infant mortality were highly correlated with working mothers' early return to employment following birth, abandonment of breast-feeding and substitution with far less suitable practices. The scientifically established norms by a few chemists, however, prohibited the development of a milk product the same composition as human milk and thus, products were much more pragmatic than biochemically related. See T. B. Mephram, "Humanizing' Milk: The Formulation of Artificial Feeds for Infants (1850-1910)," *Medical History* 37 (July 1993): 225-249. Smith also described an infant welfare movement in Australia that was "shaped by intense belief systems conveyed by charismatic figures, foremost of whom was Dr. Frederic Truby King, the New Zealand child health authority." See Philippa Mein Smith, "That Welfare Warfare': Sectarianism in Infant Welfare in Australia, 1918-1939." In *Women and Children First International Maternal and Infant Welfare 1870-1945* edited by Valerie Fildes, Lara Marks, and Hilary Marland, 230-256 (London: Routledge Publishers, 1992): 230. Brodie argues that a baby's milk allowed nurses to link with mothers and effectively teach health practices. See Barbara Brodie, "Baby's Milk: A Source of Trust Between Mothers and Nurses," *Public Health Nursing* 8 (1991): 161-165.

⁵⁴ No records indicate that physicians or consumers expressed concern with these advertisements, although the Board of Health was known to bring up the subject of false representation or "perverted views on public health," and strategize opposition to these views. In the late 1920s, Dr. Hassler brought up subject of "charlatans and quack doctors broadcasting their theories over the radio giving out perverted views on public health etc." The Board opposed using the radio to disseminate misinformation, misquoted and unqualified statements in regard to health matters. They asked the League for the Conservation of Health running the health column in the *San Francisco Examiner* to involve KYA Radio in this matter. Hassler also presented his concerns at the State Medical Society Meeting. See Board of Health, *Minutes...*, December 15, 1921, pp. 3142-3144; April 18, 1929, p. 4367.

content rendered it deficient in fat and put infants at risk for rickets.⁵⁵ Thus, practicing Borden's advice modified the potential health impact of their information about child growth and development. The advocacy for their milk as a daily source of nutrition for infants and children disregarded the disproportionate number of deaths from gastroenteritis found statewide among Mexican children under two years of age, or the possibility of rickets.⁵⁶ Indeed, San Francisco Mexican infants did not die often from gastroenteritis, however, rickets caused the death of two children and contributed to the deaths of three others in 1925.⁵⁷

Eventually the Company expanded the uses for its product although not before they elongated the years of its usefulness in childhood. "A child will be satisfied with 'Eagle Brand' milk for the moment but not forever. The same food they have needed to develop strong small healthy bodies must form part of their diet even if they may have already started solids." So they added its benefits as a supplement for adolescents, too.⁵⁸ Additional uses did not come until three years later. Then, Borden began suggesting that consumers use condensed milk in coffee and for baking; and by September 1926, the name Borden did not even appear with an informational article about foods for children from eighteen to twenty-four months of age.⁵⁹

⁵⁵ Milk fat prevented rickets. The relationship of milk supplies to public health was a world-wide problem, national in its scope, local in its application. See Charles E. North, "Milk and Its Relation to Public Health," in *A Half Century of Public Health* edited by Mazyck P. Ravenel, 236-289 (New York: American Public Health Association, 1921), 262.

⁵⁶ Statewide, in 1929, 548 Mexican children less than two years of age died from diarrhea and enteritis. The total number of deaths in this category was 840. Thus Mexican children accounted for 65.2 percent of the deaths from diarrhea and enteritis while Mexican people comprised 9.1 percent (5,943 of 65,363) of all deaths statewide. See *Thirty-first Biennial Report...1928-1930*, 292. In the 1910s and 1920s various studies documented that the overwhelming majority of infants who died from diarrheal diseases had been bottle-fed, however, investigators usually realized the importance of other conditions—better living conditions and maternal education. Apple cites numerous studies in her notes. Apple, *...A Social History of Infant Feeding...*, 171; see also S. Josephine Baker, *Child Hygiene* (New York: Harper and Brothers, Publishers, 1925), 190-199, 210-212.

⁵⁷ One Mexican child also died from rickets in 1929. Analyses of Death Records, 1925, 1929, San Francisco Department of Public Health.

⁵⁸ See *Hispano-America*, March 31, 1923, p. 4.

⁵⁹ See *Hispano-America*, December 26, 1925, pp. 3, 4; September 4, 1926, p. 5.

Nationality and Language Specific Workers Among the Community Enhance Opportunities for Care, 1926-1930

Borden did not advertise 'Eagle Brand' condensed milk as an infant food in the later 1920s but other companies continued selling their products to fortify weakened bodies or cure coughs.⁶⁰ Despite the association of health information with products, however, more content appeared independent of a name. For example, one article upheld the importance of teaching children the dangers associated with smoking cigarettes, since evidence linked tobacco with heart and lung problems and throat cancer.⁶¹ Others discussed health and normal weight, blood pressure, and the recent triumphs in medical science such as salvarsan and the control of meningitis.⁶²

More Physicians and Dentists

Time, culture, and society defines whether information is a resource. Clearly the Mexican community valued knowledge and professionals with whom they could relate. As previously discussed, the Mexican community applauded two of their physicians, Aldana and Urrea; and both continued their medical practice into the late 1920s.⁶³ Moreover, as in 1920-1925, the number of specialists and Spanish-speaking physicians and dentists expanded. Dr. José A. Samaniego, specialized in medicine and surgery, women's illnesses and secretory illnesses of both sexes; Dr. P. Obarrio specialized in eyes, ears, nose, and throat; and Dr. Luis Paredes on faculty of California, El Salvador, and Costa Rica specialized in medicine and surgery; Dr. Roberto Herdocia specialized in medicine and surgery and the eyes, ears, nose and throat; and Dr. J. Pinto specialized in medicine and surgery and the illnesses of women and children; and Dr. Neumann, Dr. Scaparone,

⁶⁰ For example, Picot Laboratories ran large illustrated ads for their granules using images of women. Women worked in a munitions factory alongside men; sat before a mirror at a dressing table clothed in a sheer slip; and also sat in bed clothed in a sheer negligee as a physician stood holding the solution. Sold at pharmacies, Picot Granules relieved periodic aches and pains and women's irregularities and came with the popular saying "an ounce of prevention is worth more than a pound of cure." Other products like the cough medicine, "Padre Juan," Zendejas, Nuga-Tone, and Tratamiento Azteca were still being sold; and more advertisements appeared for laxatives, aspirin, and topical applications e.g., musterole, Zemo. See *Hispano-America*, September 18, 1926, p. 5; November 24, 1928, p. 8; December 29, 1928, p. 5; February 9, 1929, p. 7; August 24, 1929, p. 6.

⁶¹ Still, subsequent issues carried ever larger ads for Camel cigarettes. See *Hispano-America*, January 14, 1928, p. 4; May 18, 1929, p. 7.

⁶² See *Hispano-America*, January 5, 1929, p. 4; June 29, 1929, p. 7; December 14, 1929, p. 4.

⁶³ Aldana signed six death certificates and Urrea, one in 1929. Analyses of Death Records, 1929, San Francisco Department of Public Health.

Dr. Smith, and Dr. Reeng continued their practices. More dentists also practiced than previously. In addition to Bailey, Melendez, Pereyra, and Lee, Dr. Ramiro Cruz, Dr. Eduardo Maldonado, and Dr. Alfonso B. Perez opened offices in San Francisco.⁶⁴

The Mexican population also developed other resources within their community by soliciting foster homes for Mexican children in cooperation with the Children's Agency of the Associated Charities. Children--innocent victims of misfortune by parents unable to provide because of disease and physical incapacity, death, or more grievously, abandonment--needed the community. They needed a Latin household they could call their own because more than a place to call home, the children needed a family in whose veins ran the child's blood, customs, and feelings.⁶⁵

More Deaths at Home and Fewer at Board of Health Facilities

In contrast to the increasing number of physicians in private practice and efforts to build community-based foster care for Hispanic children, little changed by way of other city services. In 1929 a slightly lower proportion of Mexicans died in facilities under control of the Board of Health--forty percent as contrasted with forty-six percent in 1925--but more Mexicans died at home--over one-third as contrasted with over one-fourth.⁶⁶ Why more Mexican people died at home might be explained by the long waiting lists for admission to San Francisco Hospital. The Hospital had been battling off and on with waiting lists ever since the influenza epidemic. During 1926-1929, the Hospital averaged between 120 and 271 patients on admission waiting-lists, despite shorter lengths of stay, the completion of the Hassler Health Farm for care of tuberculosis

⁶⁴ See *Hispano-America*, November 10, 1928, p. 4; September 15, 1928, p. 2; January 5, 1929, p. 4 and January 4, 1930, p. 2. The addresses of providers included: Samaniego, 718-720 Flood Building; Obarrio, 350 Post; Paredes, 1081-1083 Flood Building; Herdocia, 617 Oak; Pinto, 821 Market in the Pacific Building; Cruz, 291 Geary near Powell; Maldonado, 384 Post; and Perez, 1756 Fillmore at Sutter.

⁶⁵ See *Hispano-America*, April 12, 1930, p. 2. This program required households with an income separate from the income provided by the Children's Agency of the Associated Charities. The State reimbursed families providing foster homes for children with \$17.50 monthly.

⁶⁶ In 1925, 60 Mexican people or 35.5 percent died in facilities controlled by the Board of Health; and 59 in 1929, or 39.9 percent. In addition to those facilities listed in Table 5.1, in 1929, Mexican people died at Franklin, French, Hahnemann, Mary's Help, Saint Joseph, Saint Mary, and United States. Marine hospitals. Whereas, 27.3 percent died at home in 1925, 34.5 percent (51) of the decedents did so in 1929. Analyses of San Francisco Death Records, 1925, 1929, San Francisco Department of Public Health.

patients, and the inauguration of an Outpatient Maternity Service.⁶⁷ More people wanted care, too, however. According to the Hospital social service worker, formerly it had been considered somewhat of a disgrace to seek county care for yourself or your relatives; now indigent and non-indigent alike chose San Francisco Hospital.⁶⁸

Visits by Nurses to Mexican Homes

As in the Outpatient Maternity Service and nurse home visits, the home was also a place for health care; and particularly, services for women and children. Hiscock wrote "One of the most important phases of infant hygiene work [was] the home nursing care given infants and the hygienic instruction given mothers." These nurses were to teach the value of breast milk to the future development of the child; to urge the mother to take her well baby regularly to her own physician if possible, and if not, to a health conference for examination and advice in feeding; and to insure that the advice given by the physician or in a health conference was understood and might be carried out under conditions at home.⁶⁹

The Visiting Nurse Association (VNA) and the San Francisco Department of Public Health furnished by far the majority of these nurses by 1929-1930. The Health Department employed forty-two nurses working in child welfare, foster homes, schools and social services; and the VNA employed seventeen.⁷⁰ As cited in Chapter Four, the VNA worked with 142 Mexican "cases" that year.

Whether the nurses visiting Mexican homes communicated with their patients, however, could be debated. According to Graupner in 1916, the Board of Health mailed a health circular on baby care to every mother registering the birth of a child. At that time the circulars were printed in "English, French, German, Italian, and Greek;" so, had the Board of Health added Spanish by

⁶⁷ See Klimm, "Heed Ye...;" see also Chapter Two for a more complete discussion of the Hospital.

⁶⁸ See "The Social Service Division San Francisco Board of Health," Addendum to Minutes, July 1926.

⁶⁹ See Hiscock, *An Appraisal...*, 61.

⁷⁰ See Hiscock, *An Appraisal...*, 85-93. These numbers excluded those designated as supervisory personnel. By 1929, the Department of Public Health operated a District Office in Chinatown from which one nurse visited homes; and the Mission District Office from which five nurses visited in homes. The Mission District had become a place for many organizations to establish their district offices--the VNA opened an office there in 1927; the YWCA had a district office there also.

1926? If not, what did nurses do for and with Spanish-speaking people? How could the purposes explicated by Hiscock have been achieved in the face of language difficulties, particularly when the Mexican community had just as likely read about 'Eagle Brand' in their own language? How many agencies sought Spanish-speaking nurses?

Here and there, Spanish-speaking visiting nurses worked in San Francisco. Kane, of the Associated Charities as known for her Spanish language skills and long-standing work in the Mexican community. Likewise, the VNA had acquired visiting nurses from the Telegraph Hill Neighborhood Association and since Mexican people lived in that area, and Mexican people attended the Telegraph Hill Chest Clinic, some means for communicating must have been established. The invocation of a city-wide visiting nurse service, however, may have also changed the accessibility or desirability of visiting nurse care among Mexican people. The director of at least one agency in a Mexican residential area claimed that in giving up their own nurse and case worker to further establish the VNA, they had "...not been the gainer by this change."⁷¹

One Spanish-speaking nurse worked with the VNA for a short period of time--Marguerite Zaldevar. Zaldevar had come to work at the San Francisco Marine Hospital after graduating from the Walter Reed Hospital School of Nursing and completing her public health course at Columbia University. She wanted some prenatal and infant welfare experience, however, before she returned to do public health nursing work in Salvador or a South American country. Thus, she worked three months with the VNA before taking charge of a new government hospital in San Salvador.⁷² What the VNA did after her departure can not be evaluated, but the VNA did not appear as a cooperating and contact agency of the International Institute until 1929 and 1930; and not as source of their

⁷¹ See *Annual Report 1939...Canon Kip*, p. 5; Carton 14-A.3 Archives of the Episcopal Church.

⁷² As a daughter of Salvador's Minister to Washington, and granddaughter of the former President of Salvador, Zaldevar was in a privileged position. Before Zaldevar's transferred to the Marine Hospital, Superintendent of the USPHS, Lucy Minnegerode asked the Assistant National Director of the American Red Cross Nursing Service from San Francisco, Dorothy Ledyard, to help Zaldevar arrange the experience she desired. She graduated from Walter Reed in 1924, and had practiced at Henry Street Settlement during her public health course at Columbia. Naomi Deutsch would have still been the Director of Field Nursing when Zaldevar worked there. Zaldevar spoke Spanish and French. See Letter from Dorothy Ledyard to Dr. Adelaide Brown, June 16, 1925, Box 2, Folder No. 18, MS51 The Baby Hygiene Committee, California Historical Society; "San Francisco VNA Scrapbook," Visiting Nurses and Hospice Association of San Francisco.

new cases until 1930. Because the International Institute had been in contact with many Mexican people long before then, however, the absence of the VNA on their agency lists raises questions.⁷³

Mexican National Workers with the International Institute of San Francisco Expand Resources in the San Francisco Mexican Community

Undoubtedly, language skills created some barriers to health services for and with the Mexican population. One agency--the International Institute of San Francisco--addressed issues of language. The Institute recognized an increasing number of women from México among their contacts beginning in late 1924. Fortunately, the University of California School of Social Work's Fieldwork Training program coincided with the Institute's growing emphasis on group work, because the Institute aptly involved social work students from México attending the University. Thus, when Teresa Guerrero resigned from the International Institute in December 1926 and returned to México, Judith Mangino, a student in social work and from México, started to work with the San Francisco Mexican population.⁷⁴

Mangino contacted the Mexican and Spanish organizations in San Francisco and tried to work out "some central scheme whereby the existing organizations could assume some responsibility for their own people." Before she developed that scheme, however, the Mexican government called Mangino back to México for "a special piece of rural work." That left Carmen Mayans to flesh out the details of the Institute's cooperative efforts with existing organizations in the Mexican community.

Mayans studied the San Francisco Spanish-speaking community. She identified where Spanish-speaking people lived and worked, the different strata of Mexican life, their organization and their leaders and the reaction of people in the community who did not belong to these

⁷³ Executive Secretary Laura McKeen listed the VNA of San Francisco in her 1929 report as one of the more than twenty agencies with whom the Institute had contacted during that year. In 1930 the VNA appeared both on the list of more than thirty agencies contacted by International Institute workers and among the list of agencies who made referrals to the International Institute. See International Institute of San Francisco, *Annual Report, 1929; Annual Report, 1930*, Unprocessed Archive.

⁷⁴ The Mexican government through its Department of Education paid for Mangino's studies at the University of California, Berkeley where she was enrolled in the School of Social Work.

organizations.⁷⁵ After obtaining this knowledge, she began attending the University of California clinics on Wednesday mornings to interpret for Spanish-speaking patients.⁷⁶ She also proposed to work in the community by offering "simple folk programs...based on her knowledge of their informal social life under happier conditions at home." She hoped the established Mexican residents living in San Francisco and Americans with "knowledge or interest in immigrant Mexicans..." would cooperate "...to give these simple people a sense of their own value."⁷⁷

Giving people a sense of their own value required positive external references. Thus, Lillian Burns, Director of Group Activities and part-time worker in the International Institute's group recreation program, wanted more participation from young Mexican women at their annual summer camp at Lohoya. Notoriously some young women did not attend, especially young women of color; but this year they would move to have "a Mexican representation to break down prejudice for Mexicans."⁷⁸ In order to involve young Mexican women, the Institute granted Mayans an extra week of vacation to attend the camp herself and pledged to raise money for her expenses. Meanwhile, Mayans had to "work up interest among several Mexican girls" so that she could "take them with her."⁷⁹

Unquestionably, the International Institute's work with Mexicans expanded because Carmen Mayans deliberately went to them, in their areas of residence. Mayans further broadened participation by associating with Canon Kip and adapting other group activities of the Institute to

⁷⁵ Mayans replaced Mangino in July 1927. See International Institute of San Francisco, *Annual Report, 1927*, pp. 1, 6, Unprocessed Archive. Davis had suggested several practical steps that Mayans used—contacts with immigrant leaders of various groups, and the development of local neighborhood committees. See Davis, *Immigrant Health...*, 411-417.

⁷⁶ See *Hispano-America*, September 1, 1928, p. 4. According to a schedule published in 1927, the University of California conducted several children's clinics on Wednesday mornings. A well baby clinic, a pediatric clinic, and a posture clinic received patients from 8:30 a.m. to 11:00 a.m. each Wednesday and a chest clinic from 9:00 a.m. to 11:00 a.m. See Child Health Center Survey, 1927, Box 8, Folder No. 60, MS51 The Baby Hygiene Committee, California Historical Society.

⁷⁷ See International Institute of San Francisco, *Annual Report, 1927*, p. 7, Unprocessed Archive.

⁷⁸ Burns had worked with Mayans on the extensive Mexican survey. See International Institute of San Francisco, *Minutes of Regular Committee Meeting*, April 1928; May 4, 1928, Unprocessed Archive.

⁷⁹ Attendance was a problem among Chinese girls also. The Chinese nationality worker, Miss Rietveld wanted to demonstrate the effects of a day at camp to girls and mothers. No subsequent minutes reported on Mayan's success with taking young Mexican girls to camp.

recognize México and Mexican people in San Francisco specifically.⁸⁰ That few from the Mexican community attended programs at the Institute's headquarters on Washington Street implies they did not need the Institute's social and recreational programs. For one thing, many Mexican social organizations operated from within the same area; opportunities existed for learning Spanish and about México through classes for Mexican children and youth; and the emphases of the Telegraph Hill Neighborhood Association and the People's Place included similar social and recreational programs. Moreover, class status may have discouraged those living in the South of Market area from attending programs in the older and more established Mexican community at the base of Russian Hill. With the Institute's programs, however, Mexican residents around Canon Kip in the South of Market had an opportunity to connect with people of their own nationality and language, in their own community. There, they found themselves in the center, not in the margins of people already placed in the margins of society by their language, nationality, or culture.

The attendance, complexity, age range and range of interest in the Institute's monthly community meetings at Canon Kip grew rapidly in 1929 and plans for work with groups of Mexicans extended into 1930. In conjunction with the Canon Kip Recreational Department, the International Institute planned monthly parties with the Mexican community held on the fourth Saturday of each month at Canon Kip; a sewing class for a maximum of twelve held on the second and fourth Tuesdays each month and taught with the assistance of two volunteer teachers; and weekly meetings for a group of 20-25 Mexican girls eighteen to twenty-four years of age, to talk

⁸⁰ Two hundred fathers and mothers and young men and women attended the Mexican Christmas Party. Twenty of these participated in the Posadas. During mid-1929, the International Institute staff suggested that Americans needed a greater appreciation and respect for Mexican culture. For this effort, the International Institute arranged for Dr. Priestley, History Professor at the University of California, Berkeley, to give one lecture; and a graduate student coordinated the remaining six sessions. Approximately fifteen attended each session, including Mexican youth with guest cards. Fifty people came for the last session to hear a lecture by an Mexican artist. One especially interested female student of Mexican parentage and from San Francisco State Teachers' College, had never been to México. She brought her boyfriend too, because she felt "ashamed she knew so little about the country of their fathers...She could always be depended on to start the question period and would take issue with the replies if so inclined." The International Institute had run two other series through their Education Department--"Problems of the Pacific," and "Outlines of the Histories of China and Japan." See International Institute of San Francisco, *Annual Report, 1929*, p. 2; *Report, January 1930*, pp. 4-5, Unprocessed Archive.

with volunteers about fashion, etiquette, and beauty culture, and to occasionally extend their gathering to friends. Canon Kip also planned a class on hygiene for Mexican mothers with a physician, Dr. Christianson from Canon Kip clinic.⁸¹

As 1930 progressed, the Institute organized contact with parents and their children through the Irving Scott School district around Army and Tennessee streets in the lower Potrero, Bay View areas. International Institute staff scoured the names of Mexican children in the school district from the Attendance Bureau records, then visited their homes and invited the mothers to attend a picnic with their children at the beginning of the school year. Thirty-four mothers and children attended and three of the mothers became so interested in a plan for their community that they decided to hold a community evening. They brought 130 fathers, mothers, and children together for a "friendly gathering" in November and the next time at their Christmas party, more than 150 children between the ages of one and five years.⁸²

Mayans interpreted more than language. She translated culture for people in the Mexican community to the service community.⁸³ When the staff with the YWCA Mission Center saw ten to

⁸¹ Indeed some of the groups started in late 1929 and early 1930. Mayans' accident delayed the club for older Mexican young women and the group for Mexican mothers, because the young women who were to be a part of the young women's group spoke little or no English and for that reason among others, Mayans' participation was essential. One group that started was a "natural group" of young women--some attended high school and some worked in the factories. They wanted to hold dance parties. Because their first dance had attracted approximately "two hundred and an unusually large number of men," who had left fifteen whisky flasks behind, the women and leaders from the International Institute discussed the situation. They decided to hold another dance in December, but this time make every effort to discourage the young men from leaving the hall during the dance. A number of Mexican mothers attended both of the dances. Mrs. Lucero also volunteered with the International Institute and helped carry on the Mexican work in 1930. See International Institute of San Francisco, *Report, January 1930*, pp. 17, 18, Unprocessed Archive.

⁸² This community stayed active. They organized monthly community meetings and started a sewing class. Group activities with Mexicans had started with the Violetas Group in 1927. This recreational group under the leadership of the nationality worker and a group worker and comprised of males and females from peasant, town or city backgrounds, met nearly twice a month (23) with an average of 12 in attendance. This group was held at 1860 Washington, headquarters for the International Institute. See International Institute of San Francisco, *Annual Report, 1927*, p. 4, Unprocessed Archive. Canon Kip also held a Christmas Party; older women sang the Posadas, and the children broke a piñata.

⁸³ For example, a new Mexican fraternal organization discussed with her where their organization could hold meetings. They had been meeting every Friday and holding dances every Saturday at 824 Twenty-second Street; but now they found their space inadequate. She held back no surprise about the level of business ability among the twelve men who met with her. Their leader, Mr. Famora, was an Indian of the Huichol Tribe who did not speak any Spanish until 18 years of age. Mr. Ramirez, secretary of the

twelve Mexican children registering for their gymnasium classes and the schools referring an average of four Mexican families each month to the Center for clothing, they proposed the Center "offer more service to this race." The staff believed they were seeing a dramatic increase in the Mexican population, but Mayans believed the Mexican population and the Center had become more aware of each other. Thus, Mayans recommended the Center invite the Mexican girls to join their classes as their initial step. Subsequently, the staff could make a decision on the type of group work they would offer after they learned a great deal more about the Mexican community surrounding the Center.⁸⁴

Summarizing the Presence and Use of Services

Of course Mexicans saw many of the same illnesses in their community as members of any other small and largely immigrant community, albeit in larger proportions than most. Likewise, tuberculosis, pneumonia, syphilis and gonorrhea, infant deaths, and other illnesses in general occurred among the entire population in San Francisco. So, why even consider the health of the Mexican population apart from the health of the aggregate population? Were not any of the services in the city available to Mexican people as they needed them?

If left uncounted, no one knows for sure, and no one is accountable. Likewise, being few and part of an aggregate diminishes the visibility or importance of certain problems. Thus, Mexican people in San Francisco experienced death from those causes most linked to living and working conditions but in decline among the general population. Because of their numbers, however, Mexican health concerns and mortality patterns would not have dramatically impacted citywide data; and with no numerical record of illnesses and death among the Mexican population, city officials failed to see that the existing services were not moving the health status of the

organization, interpreted for Famora. See International Institute of San Francisco, *Report, January 1930*, p. 4, Unprocessed Archive.

⁸⁴ By 1933, more Mexican people participated in a Mexican Folk Dance Group, Girls' First-Aid Class, and a weekly Home Hygiene Class. These all took place at the South Side Center. Lillian Burns reported that an unemployed Honduran nurse Miss Bogan, taught the Home Hygiene class. Bogan volunteered with the Red Cross and was recommended by VNA Director, Deutsch. Overall, twenty women attended and the Instructor awarded eleven certificates to attendees. See International Institute of San Francisco, *Report, January 1930*, p. 4; "International Institute Club and Group Schedule, May 1933;" "Mexican Home Hygiene Group," p. 2, Unprocessed Archive.

Mexican population in a positive direction. Instead, infant deaths and tuberculosis and pneumonia consistently caused disproportionate losses in the Mexican community.⁸⁵

Griswold del Castillo argues that for the Mexican American community of Los Angeles during 1850-1887, the care of infants and the treatment of infectious diseases created a public health inferior to that of the Anglo American community. Further, although urban crowding and segregation in the barrio undoubtedly complicated the control of infectious diseases among the Spanish-speaking, their poverty, their inability to obtain quality medical attention and systematic exclusion from particular public facilities--sewers, paved roads, regular garbage disposal, potable water--added to their problems.⁸⁶

In the 1920s, unhealthful living conditions also affected the health of the Mexican community in Santa Barbara. Camarillo describes how many were forced to live in overcrowded, unsanitary conditions because they neither could afford their own homes nor ten to fifteen dollar monthly rentals. Like San Francisco, Santa Barbara boasted one of the lowest death rates in the United States but death of babies was highest among Mexican people--four to five times higher than for "white" infants. Health officials explained these higher rates by the population's migratory work patterns. These patterns interrupted their prenatal health care and thereby contributed to some of the problem of excessive infant death; however, the city of Santa Barbara also operated an open dump in the Mexican barrio. Camarillo concludes that except for the services provided by the

⁸⁵ As in the data gathered from the death certificates for the years 1915, 1920, 1925, and 1929, of all the deaths among Mexicans at San Francisco Hospital 1915-1930, tuberculosis in all forms accounted for more than sixty percent of the deaths during the years 1915, 1916, 1920, 1922-24, and more than fifty percent during the years 1925-1929. If tuberculosis were added to other infectious diseases like meningitis, typhoid fever, influenza, pneumonia, syphilis, the proportions are even higher. These proportions are also based on a small number of deaths at the hospital each year; the lowest in 1916 was 8 and the highest in 1929 was 27. Not all of them were written in the register, however, because the death records for 1929 showed San Francisco Hospital as the place of death for 56 people. See Death Registers 1874-1938, Series VIII, No. 8, AR 84-30 San Francisco General Hospital Records, Special Collections Library. The largest proportion of tuberculosis cases were hospitalized at San Francisco Hospital, but other hospitals in the city received tuberculosis patients at least for temporary care--United States Marine, Chinese, Letterman, Laguna Honda, French, Lane, Children's, Southern Pacific, University of California, and Saint Luke's. Each of these recorded ten or more deaths of tuberculosis patients for the year 1929. See Hiscock, *An Appraisal...*, 47.

⁸⁶ See Griswold del Castillo, "Health..." 21, 25. See also Griswold del Castillo, *The Los Angeles Barrio, 1850-1890*.

East Side Social Center and the Visiting Nurse Association's well-baby clinic for Mexican families, the various welfare agencies did not succeed because they failed to grasp the root of the problem facing most of the Mexican population--few jobs and inadequate wages.⁸⁷

Contrary to the circumstances described by Griswold del Castillo and Camarillo, Mexicans in San Francisco did not live in one densely settled area of the city. Rather, they lived in a number of different locations, interspersed among other foreign population groups like those of the North Beach and South of Market areas. This prohibited a kind of systematic exclusion from public facilities like those of sewers, water, and garbage disposal. Services, however, needed to address other unhealthful living conditions and because services focused little on the root causes, Mexican residents in San Francisco and males in particular, continued to die more often from infectious and communicable diseases. Ironically, these causes of death approximated Griswold del Castillo's findings in nineteenth-century Los Angeles. Likewise, Mexican infants in San Francisco died at a rate higher than the general population as Camarillo also found in Santa Barbara.

Obviously, despite the popular notion that "through scientific inquiry the details of life in every phase [were] being submitted to numerical analysis, and statistics...[directed] practically every line of human effort...," San Francisco health officials did not analyze "the details of life" among a relatively small Mexican population in San Francisco. Consequently, statistics did not direct services for or with the Mexican population in San Francisco.⁸⁸

Considering Tuberculosis Services

Health services in industries and schools revolved around information and early detection of disease through physical examinations. These programs reported little disease among the Mexican population. Likewise chest clinics screened a higher proportion of Mexicans than represented in the total population but did not report higher disease rates.⁸⁹ The San Francisco

⁸⁷ Camarillo, *Chicanos in a Changing Society...*, 159-162.

⁸⁸ See Edward M. Coffey, Chief Clerk and Statistician, "Vital Statistics in their Relation to the Activities of the Department of Public Health," Addendum to the San Francisco Board of Health, Minutes, July 1926, p. 1.

⁸⁹ The tuberculin test disclosed that latent tuberculosis infection was widespread in the population; large numbers of people were infected without being ill. Thus, strengthening resistance by improving nutrition, housing, and working conditions might have been as valuable as preventing infection. Over one million

Tuberculosis Association explained that tuberculosis mortality declined in the general population as a result of a widespread campaign of public education, expanded opportunities for early intervention, better wages, homes, and food, fewer work hours, more time for rest and recreation, more time in the sunshine and fresh air, and more participation in outdoor sports.⁹⁰ If these factors explained the decreasing numbers of tuberculosis deaths, particularly as a result of concentrated efforts in the areas of education and early intervention, then why did a consistent proportion of Mexicans die from tuberculosis during the same years that the rates declined overall? Mexican people went to San Francisco schools; Mexican people worked in San Francisco industries. Could it be that Mexicans did not share the programmatic advantages and "were compelled, in order to gain a livelihood, to work amidst unhealthful surroundings, or too long hours....?"⁹¹

Except for the special study of Mexican children in four chest clinics, 1924-1926, Mexicans with tuberculosis in San Francisco were part of the "white" aggregate. Emerson had demonstrated in 1923 that planning local tuberculosis work could be enhanced by analyzing the distribution of deaths from tuberculosis by race and age groups, but neither he nor Hiscock in 1929 specifically identified Mexicans as part of their concern. Officials with the San Francisco

people in the United States were sick with tuberculosis; but also thousands of people reacted to the tuberculin test who had no signs of tuberculosis. Although many developed tuberculosis, especially during their years of greatest stress (ages 20-40 years), the majority successfully resisted it. See F. C. Smith, "Tuberculosis Its Predisposing Causes," *Public Health Reports* 38 (April 13, 1923): 777-784; Starr, *The Social Transformation...*, 191-192.

⁹⁰ The earthquake and fire displaced numerous people and destroyed many old buildings, and thereby reduced noxious living environments conducive to development of tuberculosis. About the same time, however, San Francisco Hospital started open-air treatment and segregation of the tuberculous; the San Francisco Association opened free clinics, employed field nurses, offered medical inspection of school children, and initiated a widespread campaign of public education about health; and the number of public and private hospitals for the treatment of persons with tuberculosis expanded. Other persons believed that influenza killed many persons in the epidemics of 1918 and 1919 who would otherwise have died of tuberculosis. See *The War Against Tuberculosis in San Francisco*, p. 20, 21.

⁹¹ Clinics were approximate to Mexican residences. The Stanford Clinic moved from the San Francisco Tuberculosis Association clinic at 1547 Jackson Street in 1915; the Mission Clinic opened in 1916. The Chinese clinic opened in 1918, and in 1919, closed in 1925 and the University of California moved its service from the clinic at 1547 Jackson Street to the University Hospital. On July 1, 1921 the Division of Tuberculosis in the San Francisco Department of Health assumed the responsibility for clinic and field nursing work. The Board of Health closed the Jackson Street Clinic and transferred the Mt. Zion clinic work to the Mt. Zion Hospital. They opened a chest clinic at Telegraph Hill Neighborhood House and moved the Mission district clinic to the San Francisco Tuberculosis Hospital. See Hiscock, *An Appraisal...*, 42. See also *The War Against Tuberculosis in San Francisco*, 12; *Tuberculosis*, p. 6.

Tuberculosis Association and the Board of Health, however, often commented on the high rates of tuberculosis morbidity and mortality among the Chinese population and occasionally, the high mortality rates among the African-American and Japanese populations.⁹²

The lack of specific and public information about the tuberculosis problem among the Mexican population may or may not have affected services. Perhaps the State gave enough publicity to Mexicans and tuberculosis that San Francisco could ignore giving direct attention to their own problem within the city. Still, for whatever reasons, city officials noted that tuberculosis was a problem among the Chinese when they registered fifty-three deaths in 1929 or an alarming 8.5 percent of the total tuberculosis deaths in the city. The same officials did not notice, at least publicly, that 4.5 percent of the total tuberculosis deaths were among Mexican residents of San Francisco, and affected similar a proportion of its population.⁹³

Mexicans in San Francisco were smaller in number and so dispersed residentially that any attempts to address the tuberculosis problem among Mexicans might have promulgated unnecessary fears and unintended consequences. The possibility of individual behavior has to be considered, however. The highest death rates for tuberculosis existed among Mexican males; therefore, perhaps males resisted, or could not for reasons of work, attend clinics; or males may

⁹² Like Emerson, Hiscock found "detailed epidemiological study [of] race, industrial and economic groups of the population...required by modern science..." impossible because San Francisco was "considered as a unit rather than as a composite of numerous district areas or neighborhoods, each with its separate needs and resources." See Hiscock, *An Appraisal...*, 24. The Health Department wanted to reopen the tuberculosis clinic at the Chinese Hospital under Board of Health nursing supervision, and with added services addressing "the underweight and undernourished children of the oriental quarter." See Board of Health, *Minutes...*, February 19, 1925, pp. 3672-3680. The Tuberculosis Association announced "a study of health problems of Negroes in San Francisco" in 1924. The Chinese community asked the Tuberculosis Association to help reestablish their clinic at the Chinese Hospital; after a preliminary yes, the Association questioned their undertaking and postponed a final decision. The steady death rates among the Chinese population contradicted the Association's belief in a declining tuberculosis mortality. Because of such a decline, however, they wanted to expand their health education activities to include heart and venereal diseases. See Tuberculosis Association, *Minutes...*, December 2, 1924; September 18, 1928, p. 44; February 26, 1929, p. 53; November 19, 1929, p. 68. Emerson calculated the following death rates (per 100,000) from tuberculosis: White, 111.9; Chinese, 725.5; Japanese, 382.7; and Negro, 552.7. See Emerson and Phillips, *Hospitals and Health Agencies...*, 15.

⁹³ See Hiscock, *An Appraisal...*, 40. If I take the 1930 population figures for Chinese and Mexicans in San Francisco, 53 of a total population of 16,303 represents 0.33 percent; 28 of a total population of 7,922 represents 0.35 percent. See *Fifteenth Census...1930, Volume III*, Table 17, 233.

have smoked cigarettes heavily.⁹⁴ Nevertheless, these explanations do not account for the lack of specific attention to the high death rates from tuberculosis among the Mexican population. On the other hand, none of the available information indicates that tuberculosis was a specific concern in the Mexican community either.⁹⁵

School Services Were There But How Well Did They Communicate?

Although health services ignoring work and living conditions made little impact on the prevalence or incidence of infectious diseases among Mexican residents in San Francisco, services for children retained priority. Throughout the 1920s, in addition to accessing children through the community clinics, the San Francisco Tuberculosis Association, San Francisco Board of Education and the Board of Health conducted nutrition classes, offered bread and milk lunches in nearly all of the public schools, taught an intensive health program and weighed and measured children for physical defects.⁹⁶ Still the extent to which these services took language into account is unknown.

⁹⁴ Smith revised the material he originally issued in the supplement by adding occupation and race and separating those sections on climate and age. See F. C. Smith, "Tuberculosis Its Predisposing Causes," Supplement No. 3 *Public Health Reports* (February 7, 1913): 3-7 and 38 (April 13, 1923): 777-784. Bogardus summarized conditions favoring the development of tuberculosis in the Mexican population. "Tuberculosis is one of [their] deadliest enemies...undernourishment is widespread. Doctors are...shunned or unknown; hospitals are feared." "...the unhealthful and unsanitary conditions of many Mexican communities" is in part "...irresponsible attitudes of people of the United States" toward Mexicans; income-producing, tuberculosis-infected properties occupied by Mexicans but owned by citizens of the United States have been allowed to continue in their illness-producing and death-dealing roles because love of money by some Americans exceeds love of the Mexican's health and life.... See Bogardus, *The Mexican...*, 33.

⁹⁵ See *Hispano-America*, October 25, 1919, p. 1. People in México knew of tuberculosis. "The most widely disseminated of the ills which beset human life in Mexico, perhaps after those of the stomach and intestines, are the respiratory diseases and tuberculosis." Residents in the most densely populated Central Plateau of México had the highest rates for pneumonia, and the Northwest Coast area the highest for tuberculosis. *Hispano-America* most often mentioned Sonora, Sinaloa, Durango, Jalisco, Guadalajara, Michoacán, and México—all states or cities that fell in these two regions. See Priestley, "The Problems Confronting México," 98.

⁹⁶ The California Bureau of Tuberculosis released an illustrated booklet for use in educating children about tuberculosis. After specific content they prepared questions for the children to answer. Self-care meant rest; fresh air; good and plentiful food; certain climates. See California Bureau of Tuberculosis, *Tuberculosis Primer for School Children* (Sacramento: California State Printing Office, 1916). See Tuberculosis Association, *Minutes...*, June 6, 1922, p. 671; November 28, 1922, p. 707; December 26, 1922, p. 715; January 9, 1923; March 13, 1923; November 20, 1923; March 1, 1927, p. 1; September 13, 1927, p. 19; September 27, 1927, p. 20; October 25, 1927, p. 23; December 20, 1927, p. 28; April 17, 1928, p. 39; January 15, 1929, p. 50; *The Pacific Coast Journal of Nursing*, 20 (February 1924): 88. The California Dairy Council with the California State Board of Health and the State Superintendent of Public Instruction conducted a "School Milk Survey" in 1919. Of 46,360 school children, over half of the twelve thousand children of the "Foreign Element" district did not drink milk daily. Forty percent of the 3,557

Language barriers did enter into the quality of health services for the Mexican population in San Francisco. During the diphtheria epidemic of 1915, the Board of Health worked with the Italian population in North Beach and provided circulars written in Italian. The Board of Health never mentioned circulars written in Spanish, although a large number of the Mexican population lived in the area. Likewise, in 1916 Graupner did not indicate that any circulars sent to the homes of a newly registered birth were written in Spanish; and in 1928, the International Institute Mexican nationality worker Mayans still needed to provide interpretation services for Spanish-speaking people during clinics at the University of California. The Spanish-language newspaper publicized Mayans' services, whereas the paper did not publicize the diphtheria epidemic, or opportunities in the city for free well child checkups, or visiting nurse services, or tuberculosis clinics, or prenatal services.

Alternatives Within the Community: Finding Someone Who Cares

Evidence of morbidity patterns in the Mexican community of San Francisco has been left to the obscurity of broad categories, but resources within the Mexican community suggest that individuals considered illness seriously and wanted to assist their community members. Mexican people could turn to Mexican physicians in their own community, or select from services advertised in their own language, including several products purchasable by mail or from the local

children of the "Factory" district did not, and thirty-six percent of nearly 31,000 in the "Residential" district did not. Approximately one-third drank one glass of milk daily. Because milk-users were taller and heavier than the non-milk users and non-milk-using children were older in each grade than the milk-using children, the California Dairy Council (Dr. Everett C. Beach, Supervisor of the Department of Physical Education of Los Angeles) concluded that milk was essential to the normal growth and development of children and to their intellectual, physical and social progress. See California Dairy Council, *Report of the School Milk Survey*, 1919. The San Francisco Board of Education and Board of Health arranged a nutrition course for principals and teachers; Drs. F. C. Fleischner, Phillip King Brown, Adelaide Brown, W. C. Hassler, H. K. Faber, W. P. Lucas and Agnes Fay Morgan, and Ellen M. Bartlett, Supervisor of Home Economics, and three other women taught the classes. After completing height and weight tests, nutrition classes were started in ten schools. These included Mission Grammar; Daniel Webster; Monroe; Buena Vista and Michelangelo (open air schools); Redding; John Swett; Marshall; Crocker; and Jefferson. By 1925, more than 90 schools were serving mid-morning lunches. See Letter to Principals and Teachers from Office of Superintendent, Department of Public Instruction, Circular No. 3, August 24, 1921; "Nutrition News," San Francisco Public Schools, Office of the Supervisor of Home Economics, September 15, 1925, Unprocessed Papers of Dr. Adelaide M. Brown, Prenatal Care, MSS H710 HB87, Lane Medical Archive, Stanford University.

pharmacy.⁹⁷ The community also held onto some desires for resources they needed and did not have, such as a place where ill or destitute Mexicans could find help.⁹⁸

Outside of the Mexican community, the Council of Social and Health Agencies along with the Community Chest operationalized their goals for centralized and efficient services. Any agency participating with the Chest could not raise funds for shifts in program or need without formal approval. Consequently new directions, services, or emphases came from within the structure of existing agencies or through future applications to the Chest. Further, consolidating services had its costs, like that of the visiting nurse association, for example. Centralized visiting nurse services may have allowed for a more uniform, systematic, and standardized visiting nurse service for the entire city, but it also meant that services were rationalized based on the needs represented in the entire city. Local, neighborhood-based population needs evaporated in the presence of larger city issues. On the other hand, without immediate proximity of a community-based nurse, the community opened themselves to a worker aware of language, culture, organization, and nationality.⁹⁹

⁹⁷ None of the documents have suggested particular or unusual beliefs about health among the Mexican population. Herbal remedies were popular and advertised in English-language newspapers also. Other authors like Griswold del Castillo and Clark have noted particular health beliefs and the use of herbal remedies and curanderos among Mexicans, both before and after the time period of this study. See Griswold del Castillo, *The Los Angeles Barrio*,.... Medical Anthropologist Clark studied the Sal si Puedes barrio in San José, California. She discussed folk medicine and various beliefs about illness as well as the medical relations in the barrio. See Margaret Clark, *Health in the Mexican-American Culture A Community Study* (Berkeley: University of California Press, 1959), 162-239.

⁹⁸ See *Hispano-America*, March 29, 1919, p. 1.

⁹⁹ This may explain why the Visiting Nurse Association did not appear as one of the cooperating agencies with the International Institute until the Mexican nationality workers had established themselves and acquired an understanding of need within the community.

Table 5.1 Places of Death of Mexicans in San Francisco by Year, 1915, 1920, 1925, and 1929*

1915	
Mexican Males	Mexican Females
Home (9)	Home (28)
San Francisco Hospital (8)	San Francisco Hospital (3)
Tuberculosis Hospital (6)	Park Emergency Hospital (2)
Emergency Hospitals (5)	
1920	
Mexican Males	Mexican Females
Home (13)	Home (25)
San Francisco Hospital (15)	San Francisco Hospital (10)
Southern Pacific Hospital (12)	Isolation Hospital (5)
Children's Hospital (3)	Stanford-Lane Hospital (3)
Emergency Hospitals (2)	University of California Hospital (3)
Morton Hospital (2)	Children's Hospital (2)
Stanford-Lane Hospital (2)	
1925	
Mexican Males	Mexican Females
Home (19)	Home (17)
San Francisco Hospital (22)	San Francisco Hospital (21)
Southern Pacific Hospital (12)	Laguna Honda Hospital (7)
Children's Hospital (3)	Children's Hospital (3)
Stanford-Lane Hospital (3)	Emergency Hospitals (2)
University of California Hospital (3)	French Hospital (2)
Emergency Hospitals (2)	Saint Luke's Hospital (2)
Laguna Honda Hospital (2)	
Saint Mary's Hospital (2)	
Tuberculosis Hospital (2)	
1929	
Mexican Males	Mexican Females
Home (23)	Home (28)
San Francisco Hospital (33)	San Francisco Hospital (23)
Southern Pacific Hospital (6)	Stanford-Lane Hospital (5)
Children's Hospital (3)	Children's Hospital (3)
Emergency Hospitals (3)	Laguna Honda (3)
Stanford-Lane (3)	Saint Francis Hospital (2)
	Emergency Hospitals (2)

* Includes non-residents. With few exceptions, non-resident males died at Southern Pacific Hospital. Any facility listed once in a given year was not included. A list of all facilities appears in Table 5.2



Map 5.1 Prenatal, Well-Child, Child Health Clinics 1925 - 1929

Table 5.2 All Places of Death of Mexicans in San Francisco, 1915, 1920, 1925, and 1929

Home (162, 34.6%)

Hospitals (297, 63.5%)

Children's

City Emergency Hospitals

Harbor

Central

Mission

Park

Fairmont

Franklin

French

Hahnemann

Laguna Honda

Mary's Help

Morton

Mount Zion

Saint Francis'

Saint Joseph's

Saint Luke's

Saint Mark's

Saint Mary's

San Francisco City and County

San Francisco

Isolation

Tuberculosis

Southern Pacific

Stanford Lane

U. S. Marine

University of California

Miscellaneous (9, 1.9%)

Pier

Roman Catholic Orphan Asylum

Sanitoria

Buell

Florence N. Ward

Park

Stanford Women's Clinic

Steam Ship

Analyses of Death Records, San Francisco Department of Public Health.

Conclusion

This historical study of Mexican people and their health in San Francisco during 1915-1930 has sought to answer several questions. What health concerns were presented by and about the Mexican population in San Francisco? What strategies addressed the health concerns of the Mexican population, under what circumstances and with what effects? How did the public image of the Mexican population affect these health concerns and strategies?

**What Health Concerns Were Presented By the Mexican Population?
The Social and Economic Environment Make the Well-Being of Mexicans Vulnerable**

The Mexican population expressed few direct concerns about particular physical health problems but noted interrelationships between working conditions and diseases. The community documented acute episodes of illness among their socially prominent members through news items in the Spanish-language newspapers. Sometimes those reports included the name of a specific illness, and their hospitalization and location. The more prominent health concerns, however, involved the interrelationships between working conditions and disease. This perspective challenged public images of Mexican people as perpetrators of disease by shifting the focus from Mexican people as inherently inferior to the medical examiners at the border, and the nature of work and working conditions in the United States for Mexican people. If Mexican people actually entered the United States with disease then the medical examiners at the border had been either too corrupt or too ignorant about how to detect disease; and if people became ill from a contagious disease while in California then their living conditions in all probability had fostered and complicated their illness.

On the other hand, a few articles focused on health information and prevention without localizing illness in the San Francisco Mexican community. Discussion about influenza focused on the prevalence of influenza in general and approaches to its treatment and control, e.g., rest, expectorants, purgatives, and quinine in small doses and gauze masks to cover the mouth and nose when in public. In contrast to no information about the incidence of influenza among the Mexican population in San Francisco, the Spanish-language paper reported the overwhelming number of influenza deaths in México, state by state. Likewise, the Mexican community in San Francisco

knew about the outbreak of pneumonic plague in the Mexican barrio of Los Angeles and the alarm in the California Department of Public Health over the high rate of Mexican births. According to the available documents, however, they did not discuss the incidence and prevalence of diseases within the Mexican community of San Francisco.

The publicity about illness and death in Mexican communities outside of San Francisco, i.e., México and Los Angeles, demonstrates the community's regard for social connections in their lives and the importance of community resources to well-being. Problems of the intermittently employed or unemployed person and their families, however, are apparent only in terms of the community's activities--their annual fund raisers at Christmas time for the elderly and poor children, or their work to reverse the death sentence for an improperly sentenced prisoner, or the pleas for social benevolence during times of increasingly visible problems among Mexican community members.

Information Helps Foster Health Among the Population and Especially Children

The Mexican community in collaboration with other writers provided some information to promote children's health in general, albeit without cultural specificity, and paradoxically combined with products. Introduced by bold ads for the sweetened condensed milk, Eagle Brand of the Borden Company, subsequent articles emphasized the well-being of children through proper nutrition, elimination, habit training, play, and the daily use of Eagle Brand. Much like child health promotion among the general population during the early twentieth century, the health of Mexican children depended on diligently applied knowledge, and a mother's knowledge in particular. Likewise, readers of the Spanish-language newspaper were encouraged to make the dangers of smoking known to their children, little brothers, and little friends while at the same time they read and visualized increasingly dramatic advertisements from Camel cigarettes--the best and the modern preference.

Still, saying to children: "Hate tobacco," or saying to mothers: "Care more for your children and through the kind of food you prepare," or saying to poor people: "Practice hygiene and prevent disease," portrays a kind of concern about health and disease in the community.

Simultaneously, these concerns also reflected the ethos of the dominant culture--give information to individuals; and then informed individuals change and affect their own patterns of health and illness.

What Health Concerns Were Presented About the Mexican Population? Health Concerns Presented About Mexicans by Providers in the City

No one seemed particularly interested in health concerns among the Mexican population in San Francisco despite some awareness that an increasing number of Mexican people lived in San Francisco. Elizabeth Ashe approached the Board of Health about North Beach residents being non-compliant with quarantine for diphtheria, but neither they nor members of the Board of Health suggested that the diphtheria information be distributed in Spanish or publicized in the Spanish press. In fact, public documents from the broader community of publicly and privately controlled agencies in San Francisco conveyed little by way of specifics about the health of any particular population groups in San Francisco except on occasion, particular disease episodes among the Italian population, the cerebral meningitis among the Filipino population, and the health of the Chinese population.

Basically, except for one study addressing the examination of Mexican children in chest clinics of San Francisco and the work of the International Institute of San Francisco, health and social service providers scantily referenced Mexican people in the context of other problems and services. Primarily, the occasions for noticing the Mexican population involved them in problems of relief or living conditions.¹ The unemployed or under-employed, dependent population in San Francisco with their homelessness and high rates of tuberculosis periodically surfaced as a concern of some agencies. The concern was large enough for them to give a parting glance to the Mexican population in San Francisco. The Committee on Homeless Men of the Council of Social and

¹ The Associated Charities in 1910 talked of Mexican families as they talked of other nationalities needing relief--Irish, Italian, German and Spanish families, etc.. Elizabeth M. Kane, a community nurse from the Associated Charities, historically attended community clinics. e.g., the Fruit and Flower Mission Dispensary, and with her knowledge of their language, proved a "most valuable assistant" to the physicians caring for a large number of Latin speaking patients. See Associated Charities of San Francisco, *Annual Report, 1910*; Fisher, "Visiting Nurse Notes," 33.

Health Agencies focused on a particular population, however--those without lodging--and thus excluded most men of foreign nationalities who found rooms within their respective communities like "Mexican, Oriental, Greek, Italian, and Russian" casual laborers.

In response to their concern, the San Francisco Board of Supervisors, the Red Cross, the Associated Charities, the Salvation Army, and the Board of Health created a program whereby unemployed men periodically received payment in goods and services for hourly work at the Laguna Honda Home. Some Mexican males participated in this program in the early 1920s and were isolated merely for contrast of their work habits with Spanish and Puerto Rican people and soldiers. Likewise, the Council of Social and Health Agencies focused on relief needs among the Mexican population when they found more Mexican families among those approaching agencies for relief in 1924. The increase in Mexicans alarmed some of the Council enough that they paused to study the situation, because "traditionally Mexican residents in San Francisco had been self-supporting."

Another level of provider made comments about the Mexican population and their housing conditions. The majority of houses had "sufficient room space, enough windows to let in sunlight and ventilation...and plumbing...usually adequate to meet the needs." As regarding house and home among the poor, Gosrow found Mexicans below par more than Americans, Italians, or Spaniards. She did not want these conditions, however, to reflect her contact with "many exceptions of very intelligent, industrious and altogether hygienic people whom having struck upon some snag of adverse circumstances, needed help over the rough places."²

The California Department of Public Health and the International Institute of San Francisco conducted the more focused studies on health concerns among the Mexican population in San Francisco. The California Department of Public Health prompted a study of Mexican children in four of the city's chest clinics and later required each county to separate Mexican infant births and deaths from the aggregate of infant deaths. The International Institute, however, and their

² Mentioned in Chapter Four. Dixie Gosrow wrote on "Housing Conditions in San Francisco" for the "Student's Page" of *The Pacific Coast Journal of Nursing*.

Mexican Nationality workers, Judith Mangino and Carmen Mayans focused most extensively on the Mexican population in San Francisco. The Institute advertised social gatherings in the Spanish-language newspaper well before Judith Mangino had begun her work with the agency, but the Institute's comprehensive survey of the San Francisco Mexican community increased their visibility and focused their work.³ The survey uncovered a need for recreation and education groups that provided Mexican people "with a sense of their own value" and a need for an interpreter during clinics at the University of California.

Different Perspectives on Health Concerns

In principle, the overall health concerns implied or presented about Mexicans included some of the same concerns presented by Mexicans about themselves--illness and well-being, social and economic viability, access to care and services, and individual knowledge. The relationships among these concerns differed sharply, however. Through the press, Mexican people mentioned illness in the context of their life events and often, as related to the extension and building of their community. The Mexican community was not alone with illness, but its impact and importance became most dramatic when considering circumstances external to the local community. Further, some Mexican people acquired a status as poor, sick, and/or dependent by working in the United States, and as they became visible to their own community in San Francisco, the Mexican community asked each other to put aside political and class differences and reach out to provide their compatriots with an opportunity for recovery. Individuals operating with a personal awareness about sanitation and hygiene had the ability to take information and apply it, whether that was in the care of themselves or their children, or in the selection of a product.

The health concerns among the Mexican population as portrayed by a variety of publicly and privately controlled institutions contrasted with the way Mexican people interpreted their health concerns. Whereas nationality, culture, and community life experiences provided the frame

³ Announcements and/or reports of parties hosted by the International Institute appeared in *Hispano-America* September 25, 1920, p. 4; January 29, 1921, p. 4; February 26, 1921, p. 4; February 23, 1924, p. 4; March 15, 1924, p. 4; March 22, 1924, p. 4; and the interpreting services of Carmen Mayans appeared September 1, 1928, p. 4.

of reference for health concerns presented by Mexican people about Mexican people, a broad-based, local, state and national frame of reference with emphases on citizenship, rank, and individual or group deficiencies steered the direction of the scant reports for health concerns presented about the Mexican population in San Francisco. Unemployed Mexican men did not work as hard; most Mexican people in San Francisco were of the "fine type," or were fairly self-supporting, which differed from the experience of southern California cities; Mexican children had reason to be tested for tuberculosis in four chest clinics; Mexicans lived in crowded conditions and lacked knowledge; and some Mexican people needed recreational opportunities to give them a sense of their own value.

**What Services By the Mexican Community Addressed Their Concerns?
Strategies Within the Mexican Community: Hindered by Inadequate Funds**

The Mexican community addressed some of their concerns about illness and dependency arising from and within harsh living conditions. One effort focused on a system of comprehensive relief generated by the community; another encouraged caution with employers and employment and provided information; and yet another focused on the preservation and solidarity of culture. Each of these efforts relied on the community's organizational strength and collective individual capacities as cultivated by jointly sponsored events.

Individuals belonging to the mother country of México came together in a variety of organizations.⁴ Despite their diversity, most separate groups put aside their respective differences to celebrate Mexican Independence Day and Cinco de Mayo together. Divisions among groups, however, also restricted consolidation and unity, especially when some political and class differences already separated the Mexican community in San Francisco. The community contemplated solidarity among the "great Hispanic family, especially those of the Mexican colony, that would enable them to carry out a work of charity and love for their neighbor," with a Mexican House; but a common nationality and a jointly sponsored effort with the Mexican government through the organization Cruz Azul, could neither bridge the monetary deficiencies nor equalize

⁴ A diverse number of groups proliferated especially during 1918-1923.

social status. Still, the community raised funds for their relief, sponsored festivals at Christmas time for the children and elderly, and continued trying to organize their own relief organization for persistent needs among their community members.

Generally, the Mexican community promoted caution with employers likely to overuse and misuse the Mexican worker. In addition to employer-employee stories and recommending worksites, the Spanish-language newspaper publicized a list of community resources such as the post offices, emergency hospitals, public hospitals and consular offices. As the community grew larger in subsequent years, however, the community resources became a professional directory with the names, addresses, office hours, and specialties of various Mexican, or other Latin American and Spanish-speaking professionals. Similarly the community disseminated information about their organizations, classes, and parties by word of mouth or printed announcements; and publicized various "health-related" products.

Some leaders in the Mexican community believed that cultural knowledge would decline as families remained away from México and community members became targets of national and local Americanization efforts. Consequently, Mexican youth were encouraged to learn the Spanish language, and Mexican geography and history to maintain the cultural knowledge necessary for building a common self-understanding. In a somewhat similar vein, this desire to promulgate and protect culture also surfaced when the newspaper editor collaborated with the Children's Agency and solicited foster for homes Hispanic children.

What Services "For" the Mexican Community Addressed Their Concerns? Try Using the Services Available

In the broadest sense, publicly and privately controlled social and health service agencies in San Francisco used no particular strategies to address health concerns among the Mexican population in San Francisco. The agencies publicized and provided services whether for relief, a specific illness or disease, or for the well-being of women and children. The Board of Education, the International Institute, and the Catholic Professional Women's Club held language and civic classes for foreign populations, Mexican people included. The majority of agencies within the city,

however, did not isolate any particular health concerns among the Mexican population in San Francisco, and thus, neither did their strategies emphasize any concerns different than those among the general population.

Nothing in the available documents indicates that Mexican people in San Francisco were denied access to services by publicly or privately controlled agencies. The community's identified need or desire for an interpreter during clinics at the University of California Hospital, however, questions the extent to which those services were truly accessible in terms of culture or language. Interpretation had traditionally been a part of the Institute's services; but it became time and place-specific after the Institute completed their intensive effort to know the needs of the San Francisco Mexican community.

The International Institute implemented several seemingly effective strategies in their work with the Mexican community of San Francisco. First, they utilized the Spanish-language newspaper. As previously indicated, even when the International Institute did not have a Mexican nationality worker born in México, the Institute announced various events in the paper. Second, as the Institute branched into group work they aligned themselves with the social work program at the University of California, Berkeley and employed a person born in the country of México who could operationalize the Institute's goals for a responsive, community-based work among foreign-born populations, and the Mexican population in particular.

This worker focused on building resources in the community in behalf of the community. She identified and interviewed Mexican community leaders, responded to and initiated referrals, and formed a variety of groups. Affiliation through personal interviews, home visits, and group leadership, as strengthened by a shared language, nationality and culture, gave her work coherence. Likewise, her outreach expanded community participation in the Institute's programs and most likely, the services of other social and health agencies in the city as indicated by larger lists of cooperating agencies.

The increasing number of Mexican people in San Francisco engaged the Institute in an expanded work with the Mexican population. The Institute's work among the Mexican community,

however, also coincided with a realignment of social and health agencies in San Francisco. One of the changes was a Visiting Nurse Association (VNA) for San Francisco. The Council of Social and Health Agencies and the Community Chest planned and initiated this service as a result of the Emerson survey and the subsequent study of the city's needs for coordinated and non-duplicated services. Visiting nurses with the Telegraph Hill Neighborhood Association and the Metropolitan Life Insurance Company became employees of the San Francisco Visiting Nurse Association; other organizations, like the Canon Kip Community House, relinquished their visiting nurse and social worker services in support of the newly created VNA.

The VNA and San Francisco Department of Public Health opened district offices in the Mission and the VNA at the University of California. Likewise, the Department and various clinics and hospitals offered an array of maternal, infant and preschool health services. Dental and school health examination programs in public and parochial schools brought children of all ages in contact with health personnel and any detectable physical problems resulted in referrals for follow-up and treatment.

Nevertheless, the results of these strategies failed to move the health of the Mexican population in San Francisco in a direction that mirrored that of the general population. Throughout 1915-1930, infant deaths, and tuberculosis and pneumonia caused the most deaths among the Mexican population. "Why" did the health of the Mexican population remain undisclosed and buried in the records of various agencies and as a result allow services to disregard particular health problems among the Mexican population? The "Why" involves a complex array of factors-- the dynamics of city life in San Francisco and the Mexican community, and the prevalence of particular diseases and services during a period of time in San Francisco history.

Mexicans and Their Health in So Cosmopolitan a City: A Blend of Convenience

The Why of So Little Visibility

City Life and the Interests of Business

Mexican people in San Francisco lived among an urban population representing more than thirty other nations--predominantly those of Italy, Germany, Ireland, England and Canada.⁵ Early during the time period of this study, San Francisco celebrated the Panama-Pacific International Exposition and the unity required to host such an event so close to the earthquake and fire. As in other urban areas following World War I, however, San Francisco registered the effects of national and international economic instability and the rising tensions between citizens and non-citizens, natives and foreigners. Political leaders collaborated with business leaders as the needs of business increasingly controlled the direction of growth for the city, including the organization of the city government.

The city had a surplus of laborers and among them, Mexican laborers. Returning soldiers after World War I and industrial changes had created a massive reserve labor supply of mostly men. Thus, laborers not being a limited resource allowed the business leadership in San Francisco to ignore the protection of a particular body of Mexican people at any one given time. Not noticing migratory, intermittently employed Mexican people, however, did not mean that the Chamber of Commerce did not want Mexican laborers. In fact, the San Francisco Chamber of Commerce favored unrestricted Mexican immigration and along with the Downtown Association visited México to develop business opportunities. Even so, with the rising public sentiment to restrict Mexican immigration into the United States, San Francisco businessmen had other labor resources like those of the Philippine population in the late 1920s.

Thus, Mexican people in San Francisco comprised one of many foreign nationality groups but not always the one of greatest concern to civic leaders. National attention focused on limiting European immigrants and the possibility of restricting Mexican immigrants, and people in San Francisco also remembered those populations who posed economic threats. Still the Mexican

⁵ At least this number of nations were represented in the 1920 and 1930 censuses.

community in San Francisco felt the repercussions of rising sentiments against Mexican people when leaders from San Francisco appealed to national congressmen for immigration limits with Mexican people entering the United States.

Not Counted, But Among the Foreigners Living in Areas Known for Disease

Unquestionably, healthy able-bodied workers brought economic strength. Moreover, Mexican people in San Francisco as part of an industrial and migratory work force were no exception; but Mexican people also carried public associations with a larger Mexican population in the State, and the State boldly named the Mexican immigrant as a source of disease. The San Francisco Department of Public Health, however, did not give public attention to particular health and illness patterns among the Mexican population in the city. Thereby, they neither reinforced nor challenged the statewide impressions that Mexicans brought diseases and burdened local services.

For the Board of Health to address concerns by nationality, however, could have meant numerous small programs for the more than thirty different nationalities identified in the censuses.⁶ On the other hand, available public records do not indicate an awareness among health personnel that the Mexican population experienced a high proportion of infant deaths and deaths from tuberculosis, during a time in which deaths from these causes declined among the San Francisco population as a whole. Thus, the other side of this lack of knowledge meant that social and health agencies did not attempt to modify their strategies for preventing and treating tuberculosis or for lowering infant mortality, including those of harmful living and working conditions.

The idea of gathering and analyzing data by geographic area, race, sex, or age was not new concept. Even after Emerson explicitly criticized the city for lacking this kind of data, however, he proceeded to cite three contributing factors to the problems of health and sickness in

⁶ The City and County of San Francisco supposedly had a "statistical record of number of deaths of each sex, and from each disease, showing age, social status, color, nativity, residence and place of death of deceased" from 1917 forward. Employees with the Historical Records Survey Program of the Work Projects Administration identified these records when they inventoried the archives of the City and County of San Francisco. This raises a question about why neither Emerson nor Hiscock used these statistical records to evaluate the health of the San Francisco community. See Work Projects Administration, *Inventory of the County Archives of California No. 39 The City and County of San Francisco Volume II* (San Francisco: Northern California Historical Records Survey Project, May 1940), 252-253.

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San Francisco that would have needed the kind of data he said did not exist. These three factors were the considerable floating population, the Chinese, and the Italian colony in the Telegraph Hill region.⁷

Although Emerson had mentioned race and geographic area as important for understanding health and illness in different parts of the city, the Board of Health never publicized any subsequent analyses using those suggestions. Neither did they develop an extensive health education program. In contrast, however, the Council of Social and Health Agencies used his recommendations to support the expansion of child health services, acute care facilities, and home supervision by nurses with a centralized visiting nurse service for people with tuberculosis.

The Systematic Delivery of Health Services Were Especially for Children

Indeed, the organization of health services in San Francisco shifted during the years 1915-1930. The Board of Health increasingly provided health examinations and screening in preschool, prenatal, post-natal, and school-age programs, and eventually a range of tuberculosis care whether in their clinics, hospitals, or in community follow-up care. Likewise, a few other institutions within the city such as the University of California, Saint Luke's, Mary's Help, Stanford University and Lane hospitals and clinics, and the Children's Health Center, also addressed pre- and post-natal care and preschool child health examinations. Consolidation and movement toward specialized services throughout the city, however, simultaneously changed the focus on individual communities and their environments. Instead of community-based, localized services, the visiting nurses, formerly of the Telegraph Hill Neighborhood Association became part of the visiting nurses of San Francisco; the visiting nurse and social service worker of Canon Kip relinquished her position in support of one VNA; and the San Francisco Tuberculosis Association stopped their clinic services and started health promotion work.

The Size, Diversity, and Distribution of the Mexican Population

The omission of comment about the Mexican population does not necessarily suggest that few if any health concerns existed for them in San Francisco. Rather the relatively small number--

⁷ Once again, certain aspects of the city favored the health of the people in San Francisco--the city topography, climate, and few densely populated areas.

approximately two percent of the city's population--the diversity, and geographic distribution of the Mexican population affected representation of their health concerns. Some Mexican people had lived in San Francisco for a long period of time and others, much shorter, although most had been born in México. Still, Mexican people arrived in San Francisco by steamship, rail, or auto over a period of years which made their increasing numbers less dramatic in contrast to other immigrant populations like those from the Philippines who arrived intermittently by steamship.

Recent immigrants from México lived in primarily two geographic locations of the city--the western area of North Beach and South of Market. Mexican people living in the North Beach around the base of Russian Hill found themselves among a number of long-standing Mexican residents of San Francisco, other Latinos, established Mexican businesses, and the Spanish nationality church, Nuestra Señora de Guadalupe under the leadership of Father Antonio Santandreu. In contrast, those living in the South of Market area found themselves among the laboring class and more transient populations and the outreach of the Canon Kip Community Center, mission of the Episcopal church. Nevertheless, by the later 1920s, Mexican people also lived in greater numbers among populations in the Western Addition and the Mission neighborhood areas.

The size and geographic distribution of the San Francisco Mexican community expanded as did their social organizations. The expansion of specific organizations among the Mexican community in San Francisco could not address the extent nor variety of need among members of the Mexican community, however, and to a certain extent, kept some community problems invisible and outside of the domain of civic responsibility. Because few in the community shared a secure economic well-being, more shared what Camarillo suggests was a common denominator among other Mexican neighborhoods--poverty.⁸

Tuberculosis as an Old Familiar in the City and Not a Big Enough Problem

As the general population exhibited a greater incidence of death from heart disease and cancer, the death rates among the Mexican population continued most extensively in the areas of

⁸ Camarillo, *Chicanos in California...*, 37.

infant death and tuberculosis and pneumonia. These problems certainly represented statewide concerns about the Mexican population; and local concerns in the area of infant deaths.

Tuberculosis, however, was an old, familiar disease in the city; and after extensive debates, the city found its programmatic priority in the area of long-term rehabilitative care. Such realities meant that the Board of Health's responsibility for tuberculosis-screening, detection, treatment and follow-up developed gingerly behind public and intensive planning for longer-term hospital care of adults and children. Consequently, prevention programs targeting higher risk populations did not appear in the forefront of health planning efforts, although by the late 1920s, more children had been brought under surveillance through expanding school health examination programs. Thus, while it is not possible to determine if the familiarity and distribution of tuberculosis in the San Francisco population as a whole led health officials in the city to disregard tuberculosis as a specific problem among the Mexican population, most assuredly, the existing services did nothing to address Mexican people in particular.

As with the State's concern about tuberculosis among Mexicans, the State also publicized their concern about the high rates of birth and death among Mexicans and Mexican infants. San Francisco health officials, however, did not identify particular problems with infant deaths among its Mexican population. San Francisco, as a whole, boasted a low infant mortality rate and wanted to keep it that way. Prenatal care, hospital deliveries, and maternal education advanced their cause of a healthy city with fewer infant deaths among cities of its size and larger. Had the Mexican population in San Francisco been any larger with their higher rate of infant death, however, they may have altered this rate and forced the city to at least, notice them.

The Poor as the Explicitly Targeted Population

Except for the Chinese and some mention of the Italian and Philippine populations in scattered reports, the Department of Public Health focused on general services to the sick poor and children in San Francisco and not on any specific health problems among nationalities. Some changes in Board of Health services originated with providers from non-profit, private organizations and the Council of Social and Health Agencies affiliated with the Community Chest.

None appear to have arisen from within the community, although such factors may have been taken into consideration when the Board of Health opened its district health centers in the Mission and Chinatown. The rationale for opening these district health centers in the mid-1920s remains obscure.

Indeed, the diversity of populations living in San Francisco limited any particular services to designated populations. Among most other nationalities, city health officials did not count Mexican people; neither did they distinguish Mexican people in the public record of morbidity and mortality. If the statisticians and providers had counted Mexican people, they may have initiated other services of the kind demonstrated by the International Institute of San Francisco. The International Institute hired nationality workers, followed population shifts in the Mexican community, localized their work among particular areas, and thereby increased community participation in their programs.

Data available during 1915-1930 suggest that the reports could have but did not distinguish differences in health and disease patterns among the Mexican population. Clearly an operationalized public health approach emphasizing the greatest good for the greatest number omitted populations in smaller numbers with equally important or severe diseases. Considering the city as a whole, however, permitted a somewhat mythic image of the city—healthy, and a clean and attractive place for business. The Department of Public Health could ignore particular health problems among some populations and claim the health status of the whole population better than what existed for many, in this case, Mexican people with their high rates of infant deaths and tuberculosis and pneumonia.

Both infant mortality rates and tuberculosis have been considered indices of living conditions. Consequently, adopting the general data suggesting improvements in the death rates among infants and people with tuberculosis allowed the city to ignore living conditions which if corrected or addressed may have reduced death from largely preventable causes. The Mexican population, while integrated to a certain extent, still did not have the power of numbers or unity to increase their visibility and because they did not threaten the dominant culture politically or

socially, and in fact contributed to the cultural fabric of city life and its outlook for investment, Mexicans and their health remained peripheral to city life in San Francisco, 1915-1930.

Thinking in the Present

The uncovered past inspires questions for contemporary visionaries. Public health professionals, community leaders, and health policy makers face a challenge of deciding where, what kind, and how to offer health services to a mobile, diverse population within an economically compromised system. Likewise, the "who" is also important and represents a myriad of possible definitions, whether that be an age group, socioeconomic affiliation, geographic locality, nationality, or particular health problem. Today, as in 1915-1930, significance most often relates to the number affected, their visibility and the threat of particular problems to the larger population. Even if small populations organize and make themselves visible, however, the political and economic priorities of the city, the content and organization of its health services, and state and national health priorities moderate those concerns expressed by the population itself.

On the one hand, during the time period of this study San Francisco health officials did not generally segregate or isolate foreign populations as suggested by the national movements to identify community-based, population-specific health concerns and thereby, services. This was in spite of expressed statewide concerns about health and disease in the Mexican population. On the other hand, neither did San Francisco know the effects of their interventions and expenditures on the health of particular populations, and in this case, the Mexican population. Thus, despite a popular notion in the early twentieth century that vital statistics controlled and directed public hygiene, health concerns among the Mexican population were not submitted to numerical analysis, and statistics did not direct the city's human efforts to affect their health. Certainly, numbers do not say all; neither do services. Examining who matters enough to count, and when the good of a few means something for the good of all does affect measurement and the blind application of health services, however, and consequently, the health of entire populations.

Bibliography

Archives and Collections

Archive of the Archdiocese of San Francisco. Menlo Park, California.

Babies' Aid (MS94). California Historical Society, North Baker Library, San Francisco.

Baby Hygiene Committee of the San Francisco Association of Collegiate Women (MS51).
California Historical Society, North Baker Library, San Francisco.

Church Institutions, Canon Kip Community Center. Archives of the Episcopal Church, Office of
the Archdiocese, San Francisco.

Department of Industrial Relations, California Commission of Immigration and Housing
(C-A 194). Bancroft Library, University of California, Berkeley.

International Institute of San Francisco, Annual Reports, Minutes of Executive Board Meetings.
Unprocessed Archive, International Institute of San Francisco, San Francisco.

James D. Phelan Correspondence and Papers (C-B 800). Bancroft Library, University of
California, Berkeley.

*Journal of the Sixty-fifth Convention of the Protestant Episcopal Church in the Diocese of
California.* Archives of the Episcopal Church, Office of the Archdiocese, San Francisco.

Mary's Help Clinic Admission Registers 1922-1927. Seton Medical Center Library, Daly City,
California.

Minutes of the San Francisco Board of Health, 1915-1930. San Francisco Department of Public
Health, San Francisco.

Minutes of the San Francisco Tuberculosis Association, 1915-1930. American Lung Association
of San Francisco, San Francisco.

Oral History Transcript. *Lawrence Arnstein Community Service in California Public Health and
Social Welfare.* Interviewed by Edna Daniel and Willa Baum, 1961, 1964. Bancroft
Library, University of California, Berkeley.

Oral History Transcript. *Norman Loyall McLaren Business and Club Life in San Francisco
Recollections of a California Pioneer Scion.* Society of California Pioneers Series.
Interview conducted by Gabrielle Morris and Ruth Teiser, 1978. Bancroft Library,
University of California, Berkeley.

Papers of Georgiana Caroline Carden (68/129c). Bancroft Library, University of California,
Berkeley.

Public Health, San Francisco County, 1926-1954. California State Archives, Roseville.

Public Health. California State Archives, Roseville.

Public Health Administration (F3204:106-107). California State Archives, Roseville.

Public Health Administration, 1922-1940 (F2595:96-2). California State Archives, Roseville.

Records and Statistics, Death Records. San Francisco Department of Public Health.

San Francisco Association for the Study and Prevention of Tuberculosis. "A Report of the Tuberculosis Situation in San Francisco" July 1915 (pF869.S3.66 S173). Bancroft Library, University of California, Berkeley.

San Francisco General Hospital Records (AR 84-30). Death Registers 1874-1938, Series VIII, No. 8. Special Collections Library, University of California, San Francisco.

San Francisco General Hospital Records (AR 84-30). Patient Registers 1854-1919, Series I, Volumes 24-28. Special Collections Library, University of California, San Francisco.

United States Public Health Service, General Records (PHS RG90). National Archives, Civil Reference Branch, Washington, D. C.

United Way of the Bay Area (83/23). Bancroft Library, University of California, Berkeley.

Unprocessed Archive of the Telegraph Hill Neighborhood Association. San Francisco.

Unprocessed Papers of Dr. Adelaide Brown. Prenatal (MSS H710 HB87). Lane Medical Archive, Stanford University, Palo Alto.

Visiting Nurse Association, 1929, 1931 (917.9461 So136). San Francisco Social Service Publications. San Francisco Archives, San Francisco Public Library, San Francisco.

Scrapbook of VNA. Unprocessed Archive, Visiting Nurses and Hospice Association of San Francisco, San Francisco.

Newspapers

Hispano-America.

La Crónica.

San Francisco Call and Bulletin.

San Francisco Chronicle.

San Francisco Examiner.

Journals

American Journal of Nursing.

American Journal of Public Health.

Bulletin of the San Francisco County Medical Society.

California State Board of Health Monthly Bulletin.

California State Department of Health Weekly Bulletin.
California State Journal of Medicine.
California and Western Medicine.
Douglas 20 Police Journal.
Journal of Proceedings of the Board of Supervisors, City and County of San Francisco.
Municipal Employee.
Municipal Record.
Nurses' Journal of the Pacific Coast.
Pacific Coast Journal of Nursing.
Public Health Nurse.
Public Health Reports.
The San Franciscan.

Government Publications

- Association of State and Territorial Health Officials (ASTHO). *Multicultural Public Health Capacity Building Pilot Projects Final Report*. Washington, D.C.: ASTHO, 1994.
- Board of Health. *San Francisco Municipal Reports 1916-1917*. San Francisco: Neal Publishing Company, 1919.
- Board of Health. *San Francisco Municipal Reports 1915-1916*. San Francisco: Neal Publishing Company, 1918.
- California Bureau of Registered Nurses. *Survey of Schools of Nursing and List of Accredited Schools*. Sacramento: California State Printing Office, 1917.
- California Bureau of Tuberculosis. *Tuberculosis Primer For School Children*. Sacramento: California State Printing Office, 1916.
- California Bureau of Tuberculosis. *A Statistical Study of Sickness Among the Mexicans in the Los Angeles County Hospital from July 1, 1922, to June 30, 1924*. Sacramento: California State Printing Office, 1925.
- California Department of Public Health. *Thirty-first Biennial Report of the Department of Public Health of California, July 1, 1928-June 30, 1930*. Sacramento: California State Printing Office, 1930.
- California Department of Public Health. *Thirtieth Biennial Report of the Department of Public Health of California, July 1, 1926-June 30, 1928*. Sacramento: California State Printing Office, 1928.
- California State Board of Health. *Twenty-ninth Biennial Report of the State Board of Health of California, July 1, 1924-June 30, 1926*. Sacramento: California State Printing Office, 1926.
- California State Board of Health. *Pneumonic Plague Report of an Outbreak at Los Angeles, California, October-November 1924*. Sacramento: California State Printing Office, 1925.

- Committee of Immigration and Naturalization, House of Representatives. *Hearings on Immigration Border Patrol*. Washington, D.C.: United States Government Printing Office, 1930.
- Committee on Immigration, United States Senate. *Hearings on Restriction of Western Hemisphere Immigration*. Washington, D.C.: United States Government Printing Office, 1928.
- Daggett, Emerson L. "Trends in Size, Circulation, News and Advertising in San Francisco Journalism 1870-1938 Volume IV." In *History of San Francisco Journalism* by Work Projects Administration of Northern California, No. 10008. San Francisco, February 1940.
- Geiger, J. C. *The Health of the Chinese in an American City--San Francisco*. San Francisco: San Francisco Department of Public Health, 1939.
- Governor C. C. Young's Mexican Fact-Finding Committee. *Mexicans in California*. Reprint. San Francisco: California State Printing Office 1930; San Francisco: R and E Research Associates, 1970.
- Hiscock, Ira V. *An Appraisal of the Public Health Program San Francisco, California for the Fiscal Year 1929-1930*. San Francisco: Board of Health, 1931.
- Hiscock, Ira V. *A Survey of Public Health Activities in Los Angeles County, California*. Los Angeles: Los Angeles County Bureau of Efficiency, 1928.
- Jordon, Frank C. *California Blue Book or State Roster 1913-1915*. California: State Printing Office 1915.
- Kellogg Wilfred H. *Influenza A Study of the Measures Adopted for the Control of the Epidemic*. California State Board of Health, Special Bulletin No. 31. Sacramento: California State Printing Office, 1919.
- San Francisco Bureau of Governmental Research. *The San Francisco Survey*. San Francisco: San Francisco Chamber of Commerce, 1928.
- San Francisco Department of Public Health. *Annual Report of the Department of Public Health, San Francisco, Calif. 1924-1925*. San Francisco: Department of Public Health, 1925.
- San Francisco Education Committee. *The Public School System of San Francisco, Cal. Summary of Bulletin No. 1917, United States Bureau of Education*. San Francisco: San Francisco Teachers' Association, 1917.
- State Commission of Immigration and Housing of California. *A Manual for Home Teachers*. Sacramento: California State Printing Office, 1918.
- State Commission of Immigration and Housing of California. *The Home Teacher*. Immigrant Education Leaflet No. 5. Sacramento: California State Printing Office, 1918.

- Taylor Paul S. "Crime and the Foreign Born: The Problem of the Mexican." In the *Report on Crime and the Foreign Born*, Section I, by the National Commission on Law Observance and Enforcement, 193-344. Washington, D. C.: United States Government Printing Office, 1931.
- Taylor Paul S. "Crime and the Foreign Born: San Francisco." In *Report on Crime and the Foreign Born*, Section II, by the National Commission on Law Observance and Enforcement, 345-376. Washington, D. C.: United States Government Printing Office, 1931.
- United States Bureau of the Census. *Fifteenth Census of the United States: 1930 Population Volume II, III*. Washington, D. C.: Government Printing Office, 1933.
- United States Bureau of the Census. *Fifteenth Census of the United States: 1930. Special Report on Foreign-Born White Families by Country of Birth of Head With an Appendix Giving Statistics for Mexican, Indian, Chinese, and Japanese Families*. Washington, D. C.: United States Government Printing Office, 1933.
- United States Bureau of the Census. *Fourteenth Census of the United States: 1920 Population Volume II, III*. Washington, D.C.: United States Government Printing Office, 1922.
- United States Bureau of the Census. *Thirteenth Census of the United States: 1910 Population Volume II*. Washington, D.C.: United States Government Printing Office, 1913.
- United States Public Health Service. *Annual Report of the Surgeon General of the United States Public Health Service*. Washington, D. C.: United States Government Printing Office, 1930.
- United States Public Health Service. *Annual Report of the Surgeon General of the United States Public Health Service*. Washington, D. C.: United States Government Printing Office, 1928.
- United States Public Health Service. *Annual Report of the Surgeon General of the United States Public Health Service*. Washington, D. C.: United States Government Printing Office, 1926.
- United States Public Health Service. *Annual Report of the Surgeon General of the United States Public Health Service*. Washington, D. C.: United States Government Printing Office, 1921.
- United States Public Health Service. *Annual Report of the Surgeon General of the United States Public Health Service*. Washington, D. C.: United States Government Printing Office, 1916.
- Work Projects Administration. *Inventory of the County Archives of California No. 39 The City and County of San Francisco*. San Francisco: Northern California Historical Records Survey Project, May 1940.

Work Projects Administration. *A Study of 2739 Cases of Tuberculosis Reported to the San Francisco Department of Health*. Project No. 3724. San Francisco: Work Projects Administration, 1937.

West, Mrs. Max. *Prenatal Care*. Care of Children Series No. 1. Bureau Publication No. 4. Fourth Edition. Washington, D. C.: United States Government Printing Office, 1921.

West, Mrs. Max. *Infant Care*. Care of Children Series No. 2. Bureau Publication No. 8. Washington, D. C.: United States Government Printing Office, 1914.

Directories

American Medical Directory. Tenth Edition. Chicago: American Medical Association, 1929.

American Medical Directory. Ninth Edition. Chicago: American Medical Association, 1927.

American Medical Directory. Eighth Edition. Chicago: American Medical Association, 1925.

American Medical Directory. Seventh Edition. Chicago: American Medical Association, 1921.

American Medical Directory. Sixth Edition. Chicago: American Medical Association, 1918.

American Medical Directory. Fifth Edition. Chicago: American Medical Association, 1916.

Crocker-Langley San Francisco City Directory. San Francisco: H.S. Crocker Co., Inc., 1920.

Polk's Crocker-Langley San Francisco City Directory. San Francisco: R. L. Polk & Co. of California, 1930.

Polk's Medical Register and Directory of North America. Twelfth Edition, Revised. Chicago: R. L. Polk and Company, 1913.

Wolfe, W. C. *Men of California Illustrated Record of Men*. San Francisco: Western Press Reporter, Inc., 1925.

Books, Chapters, Proceedings

A San Francisco Neighborhood Guide. San Francisco: California Living Books, 1980.

Acuña, Rodolfo. *Occupied America A History of Chicanos*. New York: Harper and Row Publishers, 1981.

Apple, Rima D. *Mothers and Medicine A Social History of Infant Feeding 1890-1950*. Madison: University of Wisconsin Press, 1987.

Asbury, Herbert. *The Barbary Coast An Informal History of the San Francisco Underworld*. New York: Alfred A. Knopf, Inc., 1933.

Associated Charities of San Francisco. *Annual Report for 1910*. San Francisco.

- Baker, S. Josephine. *Child Hygiene*. New York: Harper and Brothers, Publishers, 1925.
- Barrera, Mario. "Class Segmentation and the Political Economy of the Chicano, 1900-1930." In *New Directions in Chicano Scholarship*, edited by Richard Romo and Raymund Paredes, 167-181. Chicano Studies Monograph Series. San Diego: University of California, 1978.
- Beach, Walter G. *Oriental Crime in California A Study of Offenses Committed by Orientals in That State 1900-1927*. Stanford, CA: Stanford University Press, 1932.
- Bean, Walton, and James, Rawls. *California An Interpretive History*. New York: McGraw-Hill Book Company, 1988.
- Bean, Walton. *Boss Reuf's San Francisco The Story of the Union Labor Party, Big Business, and the Graft Prosecution*. Berkeley: University of California Press, 1952.
- Bogardus, Emory S. *The Mexican in the United States*. Los Angeles: University of Southern California, 1934; New York: Arno Press, 1970.
- Bonacich, Edna. "Some Basic Facts: Patterns of Asian Immigration and Exclusion." In *Labor Immigration Under Capitalism Asian Workers in the United States Before World War II*, edited by Lucie Cheng and Edna Bonacich, 60-78. Berkeley: University of California Press, 1984.
- Brainard, Annie M. *Organization of Public Health Nursing*. New York: MacMillan Company, 1919.
- Brainard, Annie M. *Evolution of Public Health Nursing*. Philadelphia: W. B. Saunders Company, 1922.
- Brenner, Anita. *The Wind That Swept México The History of the Mexican Revolution of 1910-1942*. Austin: University of Texas Press, 1943.
- Bruce, John. *Gaudy Century The Story of San Francisco's Hundred Years of Robust Journalism*. New York: Random House, 1948.
- Buhler-Wilkerson, Karen. *False Dawn: The Rise and Decline of Public Health Nursing, 1900-1930*. New York: Garland Publishing, 1989.
- Building Trades Council of San Francisco. *Arguments for Increase in Wage for Fifteen Crafts*. San Francisco: James H. Barry Company, 1921.
- Bullough, Bonnie, and George, Rosen. *Preventive Medicine in the United States 1900-1990 Trends and Interpretations*. Canton, MA: Watson Publishing International, 1992.
- Burton, Jean. *Katharine Felton and Her Social Work in San Francisco*. Stanford University: James Ladd Delkin, 1947.

- Camarillo, Albert. *Chicanos in a Changing Society From Mexican Pueblos to American Barrios in Santa Barbara and Southern California, 1848-1930*. Cambridge: Harvard University Press, 1979.
- Camarillo, Albert. *Chicanos in California: A History of Mexican Americans in California*. San Francisco: Boyd and Fraser Publishing Company, 1984.
- Cannon, M. Antoinette "Health Problems of the Foreign Born From the Point of View of the Hospital Social Worker." In *Proceedings of the National Conference of Social Work*, 219-233. New Orleans, Louisiana April 14-21, 1920. Chicago: University of Chicago Press, 1920.
- Cardoso, Lawrence A. *Mexican Emigration to the United States 1897-1931 Socioeconomic Patterns*. Tucson: University of Arizona Press, 1980.
- Castillo, Pedro. "The Making of the Mexican Working Class in the United States: Los Angeles, California, 1880-1920." In *Labor and Laborers Through Mexican History*, edited by Elsa Cecilia Frost, Michael C. Meyer, and Josefina Zoraida Vazquez, 506-517. México: El Colegio de México and Tucson: University of Arizona Press, 1979.
- Chafe, William H. *The Paradox of Change American Women in the 20th Century*. New York: Oxford University Press, 1991.
- Clark, Margaret. *Health in the Mexican-American Culture A Community Study*. Berkeley: University of California Press, 1959.
- Cleland, Robert G. *California in Our Time 1900-1940*. New York: Alfred A. Knopf, 1947.
- Commons, John R. *Races and Immigrants in America*. New York: MacMillan Company, 1930.
- Commonwealth Club of California. *The Population of California*. San Francisco: Parker Printing Company, 1946.
- Condran, Gretchen A., Henry Williams, and Rose A. Cheney. "The Decline of Mortality in Philadelphia from 1870-1930: The Role of Municipal Services." In *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 421-436. Madison: University of Wisconsin Press, 1985.
- Davis, James J. *Selective Immigration*. St. Paul, MN: Scott-Mitchell Publishing Company, 1925.
- Davis, Michael M. *Immigrant Health and the Community*. New York: Harper and Brothers, 1921.
- Dillon, Richard. *North Beach The Italian Heart of San Francisco*. Novato, CA: Presidio Press, 1985.
- Emerson, Haven, and Anna C. Phillips. *Hospitals and Health Agencies of San Francisco 1923 A Survey*. San Francisco: Community Chest of San Francisco, 1923.

- Fairchild, Henry Pratt. *Immigration A World Movement and Its American Significance*. New York: The MacMillan Company, 1914.
- Federal Writers' Project. *San Francisco The Bay and Its Cities*. New York: Hastings House Publishers, 1940.
- Galarza, Ernest. "Life in the United States for Mexican People: Out of the Experience of a Mexican." In *Proceedings of the National Conference of Social Work*, 399-404. San Francisco, California June 26-July 3, 1929. Chicago: University of Chicago Press, 1929.
- Gamio, Manuel. *Mexican Immigration to the United States A Study of Human Migration and Adjustment*. Reprint. Chicago: University of Chicago, 1930; New York: Dover Publications, 1971.
- Grebler, Leo. "Mexican Immigration to the United States The Record and Its Implications." In *Mexican American Study Project. Advance Report 2*. Los Angeles: University of California, School of Business Administration, 1965.
- Griswold del Castillo, Richard. *La Familia Chicano Families in the Urban Southwest, 1848 to the Present*. Notre Dame: University of Notre Dame Press, 1984.
- Griswold del Castillo, Richard. *The Los Angeles Barrio, 1850-1890 A Social History*. Berkeley: University of California Press, 1979.
- Gumina, Deanna Paoli. *The Italians of San Francisco 1850-1930*. New York: Center for Migration Studies, 1978.
- Hansen, Marcus Lee. *The Immigrant in American History*. Cambridge: Harvard University Press, 1948.
- Higham, John. *Strangers in the Land Patterns of American Nativism 1860-1925*. New York: Atheneum Publishers, 1963.
- Hirtzler, Victor. *The 1910 Hotel St. Francis Cook Book A Classic Reissued*. Sausalito, CA: Windgate Press, 1988.
- Hofstadter, Richard. *The Age of Reform From Bryan to F. D. R.* New York: Alfred A. Knopf, Inc., 1955.
- Holliday, J. S. *The World Rushed In*. New York: Simon and Schuster, 1981.
- Issel, William, and Robert Cherny. *San Francisco, 1865-1932 Politics, Power, and Urban Development*. Berkeley: University of California Press, 1986.
- Jones, Maldwyn Allen. *American Immigration*. Chicago: University of Chicago Press, 1960.
- Kazin, Michael. *Barons of Labor The San Francisco Building Trades and Union Power in the Progressive Era*. Urbana: University of Illinois Press, 1987.

- Leavitt, Judith Walzer. "Politics and Public Health: Smallpox in Milwaukee, 1894-1895." In *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 414-421. Madison: University of Wisconsin Press, 1985.
- Leavitt, Judith Walzer, and Ronald L. Numbers. "Sickness and Health in America: An Overview." In *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 3-10. Madison: University of Wisconsin Press, 1985.
- Leavitt, Judith Walzer and Ronald L. Numbers. "Public Health Reform." In *Sickness and Health in America*, Second Edition, Revised, edited by Judith Walzer Leavitt and Ronald L. Numbers, 383. Madison: University of Wisconsin Press, 1985.
- Leiby, James. *A History of Social Welfare and Social Work in the United States*. New York: Columbia University Press, 1978.
- Lewis, Oscar. *The Big Four The Story of Huntington, Stanford, Hopkins, and Crocker and of the Building of the Central Pacific*. New York: Alfred A. Knopf, 1941.
- Lubove, Roy. *The Progressives and the Slums Tenement House Reform in New York City 1890-1917*. Pittsburgh: University of Pittsburgh Press, 1962.
- Mack, Mary. *Outwitting the "T. B. Bugs."* San Francisco: Cahill Publishing Company, 1925.
- Mayer, Robert. *San Francisco A Chronological and Documentary History*. New York: Oceana Publications, 1974.
- McDonald, Terrence J. *The Parameters of Urban Fiscal Policy Socioeconomic Change and Political Culture in San Francisco, 1860-1906*. Berkeley: University of California Press, 1986.
- McGloin, John B. *San Francisco The Story of a City*. San Rafael, CA: Presidio Press, 1978.
- McWilliams, Carey. *North From Mexico The Spanish Speaking People of the United States*. Philadelphia: J. B. Lippincott Company, 1949.
- Mendoza, Fernando S., Stephanie J. Ventura, Laura Saldivar, Katherine Baisden, and Reynaldo Martorell. "The Health Status of U. S. Hispanic Children." In *Health Policy and the Hispanic*, edited by Antonio Furino, 97-115. Boulder, CO: Westview Press, Inc., 1992.
- Mowry, George E. *The California Progressives*. Berkeley: University of California Press, 1951.
- North, Charles E. "Milk and Its Relation to Public Health." In *A Half Century of Public Health*, edited by Mazyck P. Ravenel, 236-289. New York: American Public Health Association, 1921.

- Palmer, George Truman, Mayhew Derryberry, and Philip Van Ingen. *Health Protection for the Preschool Child A National Survey of the Use of Preventive Medical and Dental Service for Children Under Six*. White House Conference on Child Health and Protection. New York: The Century Company, 1931.
- Priestley, Herbert I. "The Problems Confronting México." In *Some Mexican Problems*, edited by Moises Saenz and Herbert I. Priestley. Chicago: University of Chicago Press, 1926.
- Quirk, Robert E. *An Affair of Honor Woodrow Wilson and the Occupation of Veracruz*. Lexington: University of Kentucky Press, 1972.
- Quirk, Robert E. *The Mexican Revolution and the Catholic Church 1920-1929*. Bloomington, IN: Indiana University Press, 1973.
- Rawls, James J. *Indians of California The Changing Image*. Norman, OK: University of Oklahoma Press, 1984.
- Risse, Guenter B. "Hospital History: New Sources and Methods." In *Problems and Methods in the History of Medicine*, edited by Roy Porter and Andrew Wear, 175-204. New York: Croom Helm Ltd., 1987.
- Risse, Guenter B. *Hospital Life in Enlightenment Scotland Care and Teaching at the Royal Infirmary*. Cambridge: Cambridge University Press, 1986.
- Robin, Ron T. *Signs of Change: Urban Iconographies in San Francisco, 1880-1915*. New York: Garland Publishing, 1990.
- Romo, Ricardo. "The Urbanization of Chicanos in the Early Twentieth Century." In *New Directions in Chicano Scholarship*, edited by Ricardo Romo and Raymund Paredes, 183-207. Chicano Studies Monograph Series. San Diego: University of California, 1978.
- Rosen, George. "The First Neighborhood Health Center Movement: Its Rise and Fall." In *Sickness and Health in America, Second Edition, Revised*, edited by Judith Walzer Leavitt and Ronald L. Numbers, 475-489. Madison: University of Wisconsin Press, 1985.
- Rosenberg, Charles E. "Social Class and Medical Care in 19th-Century America: The Rise and Fall of the Dispensary." In *Sickness and Health in America, Second Edition, Revised*, edited by Judith Walzer Leavitt and Ronald L. Numbers, 273-286. Madison: University of Wisconsin Press, 1985.
- Rosenberg, Charles E. *The Care of Strangers The Rise of America's Hospital System*. New York: Basic Books, Inc., 1987.
- Rosenkrantz, Barbara G. *Public Health and the State Changing Views in Massachusetts, 1842-1936*. Cambridge: Harvard University Press, 1972.

- Ryan, Mary P. *Womanhood in America From Colonial Times to the Present*. New York: Franklin Watts, 1983.
- San Francisco Chamber of Commerce Industrial Committee. *Directory of Manufacturers of San Francisco, California*. San Francisco: Phillips and Van Orden Company, 1920.
- San Francisco Charities Endorsement Committee. *Handbook of Endorsed Charities*. 1904.
- San Francisco Tuberculosis Association. *The War Against Tuberculosis in San Francisco*. San Francisco: San Francisco Tuberculosis Association, 1928.
- San Francisco Tuberculosis Association. *Report of the San Francisco Tuberculosis Association For the Three Years Ending December 31, 1920*. San Francisco: Blair-Murdock Company, 1921.
- San Francisco Association for the Study and Prevention of Tuberculosis. *Third Annual Report for Year Ending December 31, 1910*. San Francisco: San Francisco Association, 1911.
- Saxton, Alexander. *The Indispensable Enemy Labor and the Anti-Chinese Movement in California*. Berkeley: University of California Press, 1971.
- Shepard, Susan. *In the Neighborhoods*. San Francisco: Chronicle Books, 1981.
- Smith, Philippa Mein. "'That Welfare Warfare': Sectarianism in Infant Welfare in Australia, 1918-1939." In *Women and Children First International Maternal and Infant Welfare 1870-1945*, edited by Valerie Fildes, Lara Marks, and Hilary Marland, 230-256. London: Routledge Publishers, 1992.
- Smith-Rosenberg, Carroll. *Disorderly Conduct Visions of Gender in Victorian America*. New York: Oxford University Press, 1985.
- Starr, Kevin. *Inventing the Dream California Through the Progressive Era*. New York: Oxford University Press, 1985.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, Inc., 1982.
- Stevens, Rosemary. *In Sickness and in Wealth American Hospitals in the Twentieth Century*. New York: Basic Books, Inc., 1989.
- Sumaya, Ciro V. "Major Infectious Diseases Causing Excess Morbidity in the Hispanic Population." In *Health Policy and the Hispanic*, edited by Antonio Furino, 76-96. Boulder, CO: Westview Press, Inc., 1992.
- Vaughan, Henry F. "Health Work Among the Foreign Born." In *Proceedings of the National Conference of Social Work*, 215-218. New Orleans, Louisiana April 14-21, 1920. Chicago: University of Chicago Press, 1920.

Visiting Nurse Association of San Francisco. *Annual Report Visiting Nurse Association of San Francisco*, 1931.

Waters, Ysabella. *Visiting Nursing in the United States*. New York: Charities Publication Committee, 1912.

Winslow, C.-E. A. *The Evolution and Significance of the Modern Public Health Campaign*. New Haven: Yale University Press, 1923.

Articles

"Anti-Narcotic Bill." *Pacific Medical Journal* 58 (March 1915): 133.

Archdiocese of San Francisco. *Tenth Report of Superintendent of Schools 1926-1927*. San Francisco: Archdiocese of San Francisco, 1927.

"Are We Equipped to Provide for Immigrants?" *California State Board of Health Monthly Bulletin* 16 (December 1920): 87.

"Board of Health Inaugurates Series of Health Talks." *Municipal Record* 9 (September 28, 1916): 303.

"Can the Spread of Tuberculosis Be Prevented?" *Municipal Record* 11 (April 18, 1918): 124-125.

"Criticism of Claxton School Survey." *Municipal Record* 10 (December 27, 1917): 422.

"On the Subject of Spitting." *Municipal Record* 9 (December 21, 1916): 402.

"Three New Supervisors Are Inducted Into Office." *Municipal Employee* 2 (January 1928): 5.

Armstrong, Donald B. "Tuberculosis--The Home Hospital Experiment." *Public Health Reports* 30 (January 1, 1915): 1-9.

Averbach, Alvin. "San Francisco's South of Market District, 1850-1950: The Emergence of a Skid Row." *California Historical Quarterly* 52 (Fall 1973): 197-223.

Botts, Ernest L. "Unsupervised Diets of Infants Up to One Year of Age." *California and Western Medicine* 22 (October 1924): 485-487.

Brodie, Barbara. "Baby's Milk: A Source of Trust Between Mothers and Nurses." *Public Health Nursing* 8 (March 1991): 161-165.

Brown, Adelaide. "A Survey of Prenatal Care in California." *California and Western Medicine* 26 (February 1927): 182-184.

Brown, Adelaide M. "Report on Children's Year in California." *California State Board of Health Monthly Bulletin* 14 (June 1919): 399-409.

UCSF LIBRARY

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- Buhler-Wilkerson, Karen. "Public Health Nursing: In Sickness or Health?" *American Journal of Public Health* 75 (October 1985): 1155-1161.
- California Department of Public Health. "Mexican Births in California Show Increase." *California State Board of Health Weekly Bulletin* 8 (November 2, 1929): 153.
- Cannon, Jack J. "Prisons in México." *Douglas 20 Police Journal* (May 1925): 18, 48, 49.
- Cannon, Jack J. "Prisons in México." *Douglas 20 Police Journal* (June 1925): 16, 48.
- Clary, Mary K. "Prenatal Work in San Francisco and Oakland." *California State Board of Health Monthly Bulletin* 17 (July 1921): 67.
- Coffey, Edward M. "Board of Health." *Municipal Employee* 1 (July 1927): 15.
- Commonwealth Club. "Schools of San Francisco." *Transactions of the Commonwealth Club of California* 12 (December 1917): 415-447.
- Commonwealth Club. "Mexican Immigration." *The Commonwealth--Part II* 2 (March 23, 1926): 1-34.
- Commonwealth Club of California. "Filipino Immigration." *The Commonwealth--Part II* 5 (November 5, 1929): 307-378.
- Craig, Gertrude M. "Federal, State, and Local Quarantine Laws." *Pacific Coast Journal of Nursing* 11 (February 1915): 58-63.
- Crandall, Ella Phillips. "The Relation of Public Health Nursing to the Public Health Campaign." *American Journal of Public Health* 5 (March 1915): 226.
- Daniels, Douglas Henry. "Black Neighbors." In *New Directions in California History: A Book of Readings*, edited by James J. Rawls, 187-202. New York: McGraw-Hill Inc., 1988.
- Davis, Michael M., and Bessie Ammerman Haasis. "The Visiting Nurse and the Immigrant." *Public Health Nurse* 12 (October 1920): 823-834.
- Dickerson, Roy E. "Some Suggestive Problems in the Americanization of Mexicans." *Pedagogical Seminary* 26 (September 1919): 288-297.
- Dobie, Charles Caldwell. "The Yellow Shawl." *The San Franciscan* 2 (August 1928): 14, 34, 38, 41.
- Ebright, George E. "Is the Filipino a Health Menace?" *The Commonwealth--Part II* 5 (November 5, 1929): 356-360.
- Editorial. "State Health Creed." *California State Journal of Medicine* 13 (February 1915): 85-86.

- Fisher, Lucy B. "Visiting Nurse Notes." *Pacific Coast Journal of Nursing* 3 (January 1907): 33.
- Fisher, Lucy B. "Visiting-Nursing Notes." *Nurses' Journal of the Pacific Coast* 3 (January 1907): 33.
- Franzosi, Roberto. "The Press as a Source of Socio-historical Data: Issues in the Methodology of Data Collection From Newspapers." *Historical Methods* 20 (Winter 1987): 5-16.
- Fulmer, Harriet. "History of Visiting Nurse Work in America." *American Journal of Nursing* 2 (March 1902): 411-425.
- Gibson, Mrs. Frank A. "Educating Parents--A California Problem." *California Outlook* 18 (February 6, 1915): 9-10.
- Gosrow, Dixie E. "Housing Conditions in San Francisco." *Pacific Coast Journal of Nursing* 21 (October 1925): 629-630.
- Goubert, J. -P. "Twenty Years On: Problems of Historical Methodology in the History of Health." In *Problems and Methods in the History of Medicine*, edited by Roy Porter and Andrew Wear, 40-56. New York: Croom Helm Ltd., 1987.
- Graupner, Elsie W. "Infant Welfare Work in San Francisco." *California State Board of Health Monthly Bulletin* 11 (February 1916): 377-380.
- Griswold del Castillo, Richard. "Health and the Mexican Americans in Los Angeles, 1850-1887." *Journal of Mexican American History* 4 (1974): 19-27.
- Handman, Max Sylvius. "Economic Reasons for the Coming of the Mexican Immigrant." *American Journal of Sociology* 35 (January 1930): 606-611.
- Hassler, William C. "Prostitution in Its Relation to Public Health in San Francisco." *California State Journal of Medicine* 17 (August 1919): 270-274.
- Hassler, William C. "Health Department Cares for the Human Family." *Municipal Employee* 2 (October 1928): 6, 46-47.
- Hassler, William C. "State Control (Institutional or Otherwise) of Lepers." *California State Board of Health Monthly Bulletin* 15 (December 1916): 190-192.
- Hassler, William C. "The Influenza Situation." *Municipal Record* 11 (October 10, 1918): 328.
- Hassler, William C. "The Local Health Situation." *The Commonwealth--Part II* (July 1926): 288-303.
- Hendrick, Irving. "Early Schooling for Children of Migrant Farmworkers in California: The 'Americanization.'" *Aztlán* 8 (1977): 11-26.

- Hill, Hibbert W. "Is the Visiting Nurse a Public Health Nurse?" *Public Health Nurse* 11 (July 1919): 486-488.
- Hill, Hibbert W. "The New Public Health." *American Journal of Public Health* 2 (January 1912): 50-51.
- Holmes, Samuel J. "An Argument Against Mexican Immigration." *The Commonwealth--Part II* 2 (March 23, 1926): 21-27.
- Howell, Joel D., and Catherine C. McLaughlin. "Race, Income, and the Purchase of Medical Care by Selected 1917 Working-Class Urban Families." *Journal of the History of Medicine and Allied Sciences* 47 (October 1992): 439-461.
- Klee, Linnea. "The 'Regulars' and the Chinese: Ethnicity and Public Health in 1870s San Francisco." *Urban Anthropology* 12 (1983): 181-207.
- Klimm, Frank J. "Heed Ye the Call of the Sick, Aged and Infirm." *Municipal Employee* 2 (August 1928): 7, 21-22.
- Lent, Mary E. "The History and Development of Public Health Nursing." *Pacific Coast Journal of Nursing* 13 (March 1917): 148-153.
- Lezynsky, Hattie, and Adelaide Brown. "Infant Mortality in San Francisco in 1919." *California State Journal of Medicine* 18 (August 1920): 296-301.
- McKeown, Thomas. "Determinants of Health." *Human Nature* 1 (April 1978): 66-69.
- Mephram, T. B. "'Humanizing' Milk: The Formulation of Artificial Feeds for Infants (1850-1910)." *Medical History* 37 (July 1993): 225-249.
- Mohl, Raymond. "Cultural Pluralism in Immigrant Education: The International Institutes of Boston, Philadelphia and San Francisco, 1920-1940." *Journal of Ethnic American History* 1 (Spring 1982): 35-57.
- Perry, J. C. "The Filipino in Relation to Public Health." *The Commonwealth--Part II* 5 (November 5, 1929): 361-364.
- Romo, Ricardo. "Responses to Mexican Immigration, 1910-1930." *Aztlán* 6 (June 1975): 172-193.
- San Miguel, Guadalupe Jr. "Culture and Education in the American Southwest: Towards an Explanation of Chicano School Attendance, 1850-1940." *Journal of American Ethnic History* 7 (Spring 1988): 5-21.
- Sanchez, George. "Go After the Women: Americanization and the Mexican Immigrant Woman, 1915-1929." Stanford Working Paper Series No. 6. Stanford University: Center for Chicano Research.

- Sanchez, George I. "Group Differences and Spanish-speaking Children--A Critical Review." *Journal of Applied Psychology* 16 (October 1932): 549-558.
- Sheldon, William H. "The Intelligence of Mexican Children." *School and Society* 19 (February 2, 1924): 139-142.
- Smith, F. C. "Tuberculosis Its Predisposing Causes." Supplement No. 3. *Public Health Reports* February 7, 1913.
- Smith, F. C. "Tuberculosis Its Predisposing Causes" *Public Health Reports* 38 (April 13, 1923): 777-784.
- Stearns, Peter N. "Social History and History: A Progress Report." *Journal of Social History* 19 (Winter 1985): 319-334.
- Taylor, Paul S. "Mexican Labor in the United States Migration Statistics." Reprint. *University of California Publications in Economics* 6. Berkeley: University of California, 1929; New York: Arno Press, 1970.
- Taylor, Paul S. "Mexican Labor in the United States Racial School Statistics California, 1927." *University of California Publications in Economics* 6, 257-292. Berkeley: University of California Press, 1929.
- Taylor, Paul S. "Mexican Women in Los Angeles Industry in 1928." *Aztlan* 11 (Spring 1980): 99-131.
- Trauner, Joan B. "The Chinese as Medical Scapegoats in San Francisco." *Bulletin of the Chinese Historical Society of America* 9 (April 1974): 1-19.
- Willcox, W. B. "An Historian Looks at Social Change." Reprinted from *Journal of Social Issues*, 1961 17(1), 50-65; *Journal of Social Issues* 39 (April 1983): 9-23.
- Willson, Robert H. "San Francisco's Foreign Colonies--Spanish, Mexican." *San Francisco Examiner*, December 2, 1923, K-3.
- Winslow, C.-E. A. "The Role of the Visiting Nurse in the Campaign for Public Health Nurses." *Journal of the Pacific Coast* 7 (November 1911): 490-502.

Theses, Dissertations

- Cather, Helen Virginia. "The History of San Francisco's Chinatown." Thesis, University of California, 1932; Reprint, San Francisco: R and E Research Associates, 1974.
- Culp, Alice B. "A Case Study of the Living Conditions of Thirty-five Mexican Families in Los Angeles With Special Reference to Mexican Children." Thesis, University of Southern California, Los Angeles, 1921; Reprint, San Francisco: R and E Research Associates, 1971.

UCSF LIBRARY

- Flood, Marilyn E. "The Troubling Expedient: General Staff Nursing in United States Hospitals in the 1930's A Means to Institutional, Educational, and Personal Ends." Ph.D. Diss., University of California, Berkeley, 1981.
- Guerin-Gonzales, Camille. "Cycles of Immigration and Repatriation: Mexican Farm Workers in California Industrial Agriculture, 1900-1940." Ph.D. diss., University of California, Riverside, 1985.
- Klee, Linnea. "All That Man Holds Dear: Illness and Health Care in 1870s San Francisco." Ph.D. diss., University of California, San Francisco, 1983.
- Lipshultz, Robert J. "American Attitudes Toward Mexican Immigration, 1924-1952." Ph.D. diss., University of Chicago, 1962.
- López, Richard V. "Worlds Apart: Gender and Labor in the Chicano Community of San Francisco, 1880-1900." M.A. History, Stanford University, 1989.
- Martinez, John R. "Mexican Emigration to the United States, 1910-1930." Ph.D. diss., University of California, Berkeley, 1957.
- Sanderson, Susan. "Peasants and Public Policy: Social Change in Rural México, 1916-1976." Ph.D. diss., University of Pittsburgh, 1980.
- Sandos, James A. "The Mexican Revolution and the United States, 1915-1917: The Impact of Conflict in the Tamaulipas-Texas Frontier Upon the Emergence of Revolutionary Government in México." Ph.D. diss., University of California, Berkeley, 1978.
- Waldron, Gladys. "Antiforeign Movements in California, 1919-1929." Ph.D. diss., University of California, Berkeley, 1956.

Appendix A

The Usefulness of the United States Census Statistics in Estimating the Size, Sex, Marital Status and Age of the Mexican Population in San Francisco

Size and Accuracy

The United States census figures presented in this research portray a rise in the Mexican-born population between 1910 and 1920 and a decline between 1920 and 1930. These figures represent the number of documented Mexican immigrants living in San Francisco during the census but confound the population known as Mexican. The 1920 census enumerated "native white" persons born to one or more Mexican parents, and thereby added over one and a half thousand to the Mexican born population. For the 1930 census, however, definitions of "Mexican" changed. The Department of Commerce instructed census workers to classify as Mexican "all persons born in Mexico or having parents born in Mexico who are not definitely white, Negro, Indian, Chinese, or Japanese."¹ Under these instructions, 1,554 people born in Mexico, 1,485 "Native white of Mexican foreign parentage, and 7,922 not definitely white, Negro, Indian, Chinese, or Japanese" comprised the total Mexican population in San Francisco in 1930.²

Questions about the accuracy of census data are long-standing. Contemporaries in the 1920s criticized the Census Bureau for underestimating the populations of San Francisco and particularly the foreign-born. Anne Godfrey, educational representative of the Naturalization Service for the states of California, Arizona and Nevada wrote, "These figures [in the 1920 Census] are exceedingly low, and after consultation with the state Immigration and Housing Commission, immigration officials, and the Chamber of Commerce, we believe that these figures should be increased by forty percent. According to this method of accounting, there are in San Francisco...196,280 foreign-born white and 19,936 Chinese and Japanese."³

¹ See *Fifteenth Census...1930, Volume II, Part I*, 27.

² See Tables 11 and 15 of the *Fourteenth Census...1920, Volume II and III*, 947, 754, and 127. The numbers of foreign-born Mexican in Table 12 of Volume III are 17 less than the numbers in Table 15 of Volume II. I took the number 1,614 from Table 11, total native white of foreign or mixed parentage. Tables 17, 18, 19 of the *Fifteenth Census...1930, Volume III, Part I*, 266-270.

³ See Anne M. Godfrey, "Survey of the Population of San Francisco." ca. 1924. "Citizenship," Carton No. 64, C-A 194 California Commission of Immigration and Housing, Bancroft Library. The Naturalization Service was under the United States Department of Labor.

Definitely a larger foreign population would have suited Godfrey. She wanted to see an intensive educational campaign to stem the "fertile field for radical propoganda" among the large group of non-English speaking and non-English reading population in San Francisco; but the Board of Supervisors also disputed the 1920 Census. So much so, that in 1925 the San Francisco Board of Supervisors and the Mayor obtained a cost estimate from Registrar Zemansky for a "correct official census of the city," because "the census in the past has been very unfair to us."⁴

With the growing anti-immigration sentiment, the mid and later 1920s were a popular period for reporting on foreign populations, and the Mexican population in particular. Size proved illusory, however. In late 1923, Willson writing about San Francisco's "Spanish-Mexican colony" in the Sunday *San Francisco Examiner* estimated their number in San Francisco as "about 4,000." Willson recognized the number was probably much larger since the "Mexicans are now the nomads of the West."⁵ Willson grossly underestimated the total Mexican population in San Francisco if we consider Godfrey's suggestion to increase the foreign-born population by forty percent. Under her terms the foreign-born Mexican population would have outnumbered Willson's total Mexican population by more than a thousand.⁶

We could also consider two references within the Mexican community, the average of which approximated the number cited in the United States Census of 1930.⁷ One of the sources, José Ramos, told the National Conference of Social Workers in 1929 that between six and eight thousand Mexicans lived in San Francisco. On the other hand, the Mexican Consul estimated the San Francisco Mexican population was fifteen thousand.⁸ These adjustments then for 1920 and

⁴ Zemansky sent an estimate for the census to the Supervisors' Public Welfare Committee, but nothing indicates that anyone ever completed a new census. See *Proceedings...* 20 (May 5, 1925): 588; (September 8, 1925): 1275.

⁵ See Willson, December 2, 1923, K-3.

⁶ Adding 40 percent to 3,793 would have meant that 5,310 people born in México lived in San Francisco at the time of the 1920 Census.

⁷ Or a total Mexican population in San Francisco of nearly eleven thousand as portrayed in Table 3.1.

⁸ See San Francisco International Institute, *Annual Report 1930*, p. H-5. The average of the middle of Ramos' estimate and the Consul's estimate is 11,000. This approximates the total of Foreign-born white from México, Native white of Mexican parentage and those "definitely not white" as determined by the Census workers.

1930 figures presented in Table 3.1 portray a much larger Mexican population than the censuses of San Francisco and suggest dramatic changes of more than one hundred percent in both decades.⁹

Sex, Marital Status, and Age

Representing the sex, marital status, and age of the Mexican population in San Francisco is more difficult. Of the population born in Mexico residing in San Francisco January 1, 1920, males comprised 52.7 percent and females, 47.3 percent for a ratio of 111.3 males to 100 females.¹⁰ This ratio was one of the lowest ratios among the foreign-born population and suggests a migration pattern that included a greater number of females, whether single or married. The 1930 census presented data differently about males and females which prohibits a strict comparison. Instead of the total population of males and females born in Mexico as documented by the 1920 census, the 1930 census presented data on the marital condition of the male and female population of foreign birth and foreign parentage.¹¹ Mexican-born females fifteen years old and over outnumbered Mexican-born males of the same ages. Likewise, females of Mexican parentage outnumbered males of Mexican parentage.¹² This higher proportion of females substantiates the higher proportion of females suggested in the 1920 census although the data from the two censuses can not be strictly compared since census workers also collected the data in two different months, January 1920 and April 1930, and more males may have migrated to areas outside of San Francisco for seasonal employment by the time of the 1930 census.

Whether females were born in Mexico or born to Mexican parents did not alter the proportion of females who married. Females born in Mexico were less often single and more often widowed or divorced than females born in the United States and of Mexican parentage. In contrast, males born in Mexico were more often single than males of Mexican parentage, and less often divorced or widowed than those of Mexican parentage.

⁹ See *Hispano-America*, July 6, 1929, p. 4.

¹⁰ See *Fourteenth Census...1920, Volume II*, 754.

¹¹ See *Fifteenth Census...1930, Volume II, Part I*, 1088.

¹² The ratio of male to female for those born in Mexico was 81 to 100 and for those born of Mexican parentage, 89 to 100. See *Fifteenth Census Volume II...*, 1088.

Census information about the age of the Mexican population is not available other than the number of people over fifteen years of age in 1930. Of 1,554 people born in Mexico, 1,436 were fifteen years old and older and of 1,485 native white of Mexican parentage, 761 were fifteen and older.¹³ Moreover, Taylor, Professor of Economics at the University of California, Berkeley, recorded how the children of three groups--Mexicans, Negroes, and Japanese--were distributed in San Francisco public and Catholic elementary schools. Among 66,286 children enrolled on February 1, 1927, 782 were Mexican, or 1.2 percent of the total elementary school population in San Francisco. Using the 11,000 estimate for 1930, this percentage is slightly less than the proportion of Mexicans in the total population.¹⁴

¹³ That 92.4 percent of those born in Mexico were fifteen years and older compared to just over half or 51.2 percent of those born of Mexican parentage is consistent with their status as first generation immigrants. See *Fifteenth Census Volume II...*, 1088.

¹⁴ This study was Taylor's fourth of the published researches on Mexican labor in the United States conducted with a grant from the Social Science Research Council. See Taylor, "...Racial School Statistics California, 1927."

Appendix B

A Chronology of Events and Services With a Focus on the Mexican Population and Health in San Francisco and California

- 1852 California State Board of Education created
- 1855 California legislature provided for a Board of Prison Directors
- 1870 California State Board of Health created, six months after Massachusetts; advisory and informational body
- 1874 California legislature passed Compulsory Education Act requiring children to attend school no later than age eight
- 1876 Porfirio Diaz entered office, México; country population 9.384 million
- 1877 San Francisco School Board adopted policy to eliminate students who miss more than eight days in one month
- 1878 Judge Solomon Heydenfeldt and merchant Samuel Levy start Public Kindergarten Society in San Francisco; hired Kate Wiggin, graduate of Marwedel Kindergarten Training School in Boston
- 1879 Sarah Cooper, San Francisco resident started second kindergarten on Jackson Street in the infamous Barbary Coast District
- 1880 Fruit and Flower Mission incorporated to visit the suffering; 420 Post Street
Dr. Charlotte Blake Brown founded Children's Hospital Training School for Nurses, December 6th
Four hundred kindergartens operating in thirty states of United States
- 1882 Federal Government passed Chinese Exclusion Act
- 1883 California Bureau of Labor Statistics created
Phoebe Hearst financed Union Street Kindergarten (\$80,000 by 1906)
- 1884 Cooper Golden Gate Kindergarten Association operated six classes; Harriet Alexander, daughter of Charles Crocker, and Mary Crocker, her mother, financed these kindergartens in San Francisco (\$12,000 by 1894)
Jane Stanford gave Cooper adequate money (\$4,000) to start Leland Stanford, Jr. Memorial Kindergarten
- 1887 California Act passed to permit counties to spend \$1000 annually to encourage immigration to the State
- 1888 Associated Charities organized, March; purposes: raise needy above relief; prevent begging; diffuse knowledge of the needs presented; prevent indiscriminate and duplicate almsgiving; encourage friendship between dependent and independent

- Spreckels established system to refine sugar in Watsonville
- 1890 Elizabeth Ashe, Alice Griffith, and Mrs. Sherman started the City Front Association and offered classes
- 1895 Forty free kindergartens in San Francisco with 3,588 children enrolled mostly from poor and immigrant homes
- 1897 Los Angeles City approved payment for visiting nurse with College Settlement
- San Francisco Fruit and Flower Mission employed visiting nurse to visit sick poor; salary paid by private individuals
- Dingley Tariff, United States Congress imposed 79 percent duty tax on imports; domestic production increases
- 1898 Nurse from Fruit and Flower Mission transferred to Associated Charities; second visiting nurse employed
- Tehama Street Nurses' Settlement, 420 Tehama Street, formed to provide a "wholesome normal home...amid a people...not...taught how to lead healthy, and wholesome lives..."¹
- 1899 Elizabeth Ashe entered nursing school at New York Presbyterian Hospital
- 1900 Mexican population in California 8,806 United States Census
- 1902 Anti-Tuberculosis League organized during meeting of Southern California Medical Society, Dr. F. M. Pottenger, President
- Elizabeth Ashe worked at Henry Street Settlement in the Lower East Side of New York and saw school nursing inaugurated
- Elizabeth Ashe returned to San Francisco in December and started Telegraph Hill Neighborhood House at 427 Vallejo Street
- Visiting nurses Elizabeth Ashe and Daisy Johnson started work in conjunction Telegraph Hill Neighborhood House
- United States Reclamation Act established funds for irrigation of arid land in southwest
- 1903 United States Immigration Act exempted Mexicans from head tax
- Telegraph Hill Dispensary and clinics started
- California Association of Nurses organized April 1903
- California legislature approved law creating Board of Charities and Corrections

¹ San Francisco Charities Endorsement Committee, Handbook of Endorsed Charities, 1904, p. 66.

- Commonwealth Club of California established by Edward F. Adams as a public service club for investigating problems affecting the welfare of the Commonwealth and to aid in their solution
- 1904 Telegraph Hill Neighborhood Association incorporated
- Telegraph Hill visiting nurses started demonstration of school nursing in four schools under the Board of Education
- 1905 School nursing discontinued by Telegraph Hill visiting nurses; other visiting nurses voluntarily took up work in the kindergartens Daisy Johnson--Hearst and Silver Star Kindergartens; Mrs. Hutton of the Cathedral Mission--Mail Dock Kindergarten; Lucy B. Fisher of the Associated Charities--Two Friends' and Wilmerding
- Political Code that established State Board of Health rewritten; expanded powers and established Board as a unit in the state government; approved March 20, State Vital Statistical Act, July 1905
- California entered United States Death Registration Area
- N. K. Foster, Secretary State Board of Health started publishing Board of Health *Monthly Bulletin*
- California Public Health Association organized as a membership of health officers
- Senate Bill 677 Registration of Nurses in California, March 21, 1905; registration to be supervised by the University of California Board of Regents
- National Association for the Study and Prevention of Tuberculosis organized
- Medical Social Services started at Massachusetts General
- San Francisco labor union leaders formed Asiatic Exclusion League
- Drought began in México that lasted three years; lost agricultural exports
- 1906 Los Angeles City Council formed city Housing Commission
- Interested people in San Francisco met to plan the San Francisco Association for the Study and Prevention of Tuberculosis; planned campaign of "prevention through education"
- Plans for nine tents on the grounds of San Francisco City and County Hospital fenced with wire to provide open air treatment and some segregation of the tuberculous; one tent completed early April before earthquake and fire
- April 18, 1906 Earthquake and fire; destroyed Telegraph Hill House which had been moved to 650 Filbert Street
- Dr. James W. Ward, President San Francisco Board of Health, appointed 23 nurses to manage and assist with dispensaries at refugee camps following the earthquake

Board of Health Sanitary Inspector accompanied by Italian interpreter to explain sanitary regulations to foreign inhabitants; sanitary regulations printed in English, Spanish, and Italian; visits made to every "tent, shack, and house, and to each family in the dwelling"

Pneumonia included as one of the reportable contagious diseases; obligatory disinfection of rooms occupied by such patients; San Francisco City Ordinance No. 3042, Sec. 6

San Francisco Board of Education adopted an order requiring Japanese children to attend the Oriental School

1907

Tehama Street Settlement moved to 19th and Iowa Streets after fire burned other house; five nurses working

Central Board of Charities organized in San Francisco; representatives of ten charitable organizations formed the Association; Katharine Felton, Secretary

State of California law required physicians, nurses, and others having charge of cases of pulmonary tuberculosis to report in writing to health officers; prohibited expectorating in public places

New buildings erected for Telegraph Hill Neighborhood Association designed by Bernard Maybeck, 1736 Stockton Street

San Francisco Board of Health accepted offer from nurses Elizabeth Ashe and Daisy Johnson to start school nursing in Garfield, Irving, and Hancock schools

Fruit and Flower Mission hired graduate nurse Miss Dodge for obstetrical cases; Dodge graduate of Lane Hospital; visits made to mothers daily until mothers able to be up and care for themselves and their infants

Saint Luke's and Saint Francis Hospital pupil nurses started accompanying physicians with the San Francisco Maternity Clinic to confinement cases night and day and visited them until nurses' care no longer needed; Maternity Clinic run by Dr. A. B. Spalding

Gentleman's Agreement with Japan allowed emigration of Japanese relatives; did not allow skilled or unskilled Japanese laborers to obtain passports

Recession in México caused many railway workers to lose jobs

United States Immigration Act exempted Mexicans from head tax

Economic recession in United States and California

1908

San Francisco Association for the Study and Prevention of Tuberculosis reestablished with officers and directors, June; Mrs. William H. Crocker presided at luncheon; incorporated in 1911

School nursing resumed under Board of Health in eighteen schools with one medical director and four nurses

- 1909 Katharine Felton of San Francisco Associated Charities took seventy-two children from the Foundling Asylum and began boarding them in foster homes; mortality dropped 30-40 percent
- Certified Milk and Baby Hygiene Committee (later Baby Hygiene Committee) of the Association of Collegiate Alumnae began buying certified milk for foster mothers and organized a feeding clinic attended by physicians; visiting nurse taught feeding to mothers or foster mothers in their own homes
- San Francisco Association for Study and Prevention of TB conducted first tuberculosis clinic in clinic rooms of the Telegraph Hill Neighborhood Association
- California Health Officers began to meet separately as a Health Officers' Section of the League of California Municipalities
- American Association for the Study and Prevention of Infant Mortality organized National Committee for Mental Hygiene created
- President Theodore Roosevelt convened White House Conference on Children
- 1910 Course in public health nursing, Teachers' College, Columbia University, New York
- Cotton introduced into the Imperial Valley
- Mexican population in California 33,694, United States Census
- Porfirio Diaz ousted from office, México; country population 15.161 million
- 1911 Madero entered office, México
- San Francisco Chamber of Commerce formed by merger of Merchants' Association, Downtown Association, Chamber of Commerce, and Merchants' Exchange
- President Taft signed resolution designating San Francisco as site for the official celebration of opening of Panama Canal, Panama Pacific International Exposition
- State Board of Health appointed Tuberculosis Commission, fifty members representing physicians, social workers, legislators, health officers, architects, public officials
- State of California legislature passed women's suffrage amendment
- California Nurse Registration Act amended to authorize registration supervised by the State Board of Health
- During previous two years 1,973 Mexicans immigrated to California; 52,135 to the United States
- 1912 Rural Nursing Service of the American Red Cross initiated nurse services in the rural areas (later named Town and Country Nursing Service)

National Organization for Public Health Nursing organized; first nursing organization to encourage non-nurse membership

Federal Children's Bureau established

Mayor James Rolph began first of five terms as mayor of San Francisco

Club Azteca de Señoras founded

Feeding classes and well baby clinic opened; certified milk provided by Baby Hygiene Committee

1913 Huerta entered office after Madero assassinated, México

California Department of Tuberculosis with an appointed Advisory Board established under the State Board of Health with Dr. Burt F. Howard, Chief

California legislature created and appointed members to the Commission of Immigration and Housing, with powers over labor camp sanitation, housing, and immigrant affairs after Wheatland riots at Durst hop ranch

Alien Land Law passed; aliens ineligible for American citizenship could not own land in California or lease land for more than three years

California Bureau of Registration of Nurses established under the State Board of Health with Anna C. Jammé, R.N., Chief, San Francisco

Federal Committee on Industrial Relations formed

Minimum Wage law passed for women and children

1914 State of California created Commissions of Industrial Welfare, Industrial Accident

Construction of Hetch Hetchy Reservoir started

Stockton Street tunnel opened

World War I started in Europe

United States military landed at Veracruz, México April 21, seized city and occupied the city for more than six months

During previous two years 2,579 Mexicans immigrated to California; 46,044 to the United States

Dental clinic opened at Telegraph Hill Dispensary

1915 Carranza entered office, México; decreed restoration of lands to peons

Ramón P. DeNegri, Consul of México, San Francisco

**Panama Pacific International Exposition opened February 20 and ran for 288 days
Bernard Maybeck the architect of the Palace of Fine Arts**

Diphtheria outbreak, predominantly in North Beach; Board of Supervisors passed amendment to Ordinance on Contagious Diseases and allowed for forced removal of contagious persons from their homes; police called for enforcement of quarantine

Adelaide Brown, M.D. appointed by Governor Hiram Johnson to State Board of Health, January 19, 1915; first woman to serve on the Board

Department of Tuberculosis and its Advisory Board replaced by Bureau of Tuberculosis under the control of the State Board of Health
Edythe Tate Thompson, Director

California Legislature passed Home Teacher Act, one home teacher for every 500 children in school

National Americanization Committee formed May 1915 to serve as a clearinghouse, plan and organize work for local organization, and standardize Americanization work

New San Francisco Hospital opened with 840 beds

Construction of Exposition Auditorium (Civic Center) completed (January)

Construction of City Hall completed (December)

1916 Waterfront workers went on strike, summer

San Francisco Preparedness Day Parade July 22, two days after an Anti-preparedness Demonstration; at beginning of parade July 22 a bomb explosion left nine killed and forty wounded

San Francisco Chamber of Commerce established Law and Order Committee

Strike by culinary workers broken with assistance from Law and Order Committee

President Wilson ordered General Pershing to pursue Pancho Villa in Northern México; Pershing crossed border in March with six thousand men

State Legislature passed law requiring physicians and midwives to register with County health officer; 1100 physicians, 90 midwives registered in San Francisco

San Francisco Association for...TB opened Open Air school with the Board of Education; Michelangelo School, Greenwich and Jones streets

San Francisco Board of Supervisors gave funds to establish Bureau of Tuberculosis in Department of Health; three nurses supplied for TB work with municipal funds

Mothers' clubs installed dental chairs at Garfield and Visitacion schools

Mary Lent, R.N., consulted with Los Angeles Health Department and proposed reorganization of nursing services

Board of Health accepted proposal of Baby Hygiene Committee and Associated Charities to hire nurse to supervise and teach foster mothers; Eleanor Stockton appointed on recommendation; nurse's salary paid by Baby Hygiene Committee for at least one year

Anti-picketing initiative passed

Retail lumberyards became an open shop

1917

United States entered World War I

California Bureau of Social Hygiene established as a war measure, and continued to function until 1924

Vice-district in San Francisco closed in February; venereal disease control accelerated with war measures

Twin Peaks tunnel opened

Strike by metal trades workers resolved with federal mediators; pay increases

New main San Francisco public library opened in the Civic Center

United States Immigration Act established literacy as part of criteria for legal immigrants; \$8. head tax, \$10. visa fee

México passed their Constitution; required emigrants to show signed contract for work with rights in the United States

During previous two years 3,217 Mexicans immigrated to California; 44,629 to the United States

Rafael N. Millan y Alva appointed Consul of México, San Francisco, January

San Francisco hospitals operated fourteen of sixty-nine accredited schools of nursing in California

Baby Hygiene Committee opened Children's Health Center, 323 Haight Street, focused on examination and teaching not treatment of sick

Senate Bill 173 Counties authorized to employ public health visitors who possess public health visitors' certificate, March 1917

California entered United States Birth Registration Area

1918

Ramón P. DeNegri appointed Consul of México, San Francisco, January

J. C. Sloss chosen as Americanization Coordinator for San Francisco, May

Young Women's Christian Association (YWCA) Field Office began service work with foreign and immigrant women and called it the International Institute of San Francisco

Board of Health Resolution recognized right of women to compete with men in any examinations for State District Health Officer, May 1918

August, State Board of Health created Bureau of Child Hygiene

Chamberlin-Kahn Act, federal legislation that began active education campaign against venereal diseases, established clinics for treatment under special funds paid through state boards of health

President Wilson declared 1918-1919 as Year of the Child

Mrs. Albert McLaughlin President of San Francisco Children's Year Activities

Dr. Adelaide Brown, President of California's Children's Year Activities

Influenza epidemic started in late October; mask ordinance passed

World War I ended mid-November

1919

Influenza outbreak in San Francisco continued through January

California legislature passed acts that added new sections to Chapters 135, 136 of Political Code; authorized the appointment of public health nurses in cities and towns(3062) and counties (4225a) by administrative boards

California Dairy Council incorporated February 4 to: promote and develop dairy industry of the State; encourage consumption of pure dairy products as human food; inform the public of the food value by publicity and demonstration

Baby Hygiene Committee provided physicians for Board of Health well child conference, Visitacion Valley

State Board of Health, Bureau of Child Hygiene began operating following legislative approval; functions: to investigate the conditions affecting the health of children and disseminate educational information; Ethel Watters, M. D., Director

Prohibition passed in January by 36 states to be effective January 1920; Eighteenth Amendment

Strike by Riggers' and Stevedores' Union; union asked for wage increases, representation on company boards, quarter of all future dividends; strike declared unconstitutional according to the Local's bylaws

Zapata the "Villa of the South" killed

José Garza Zertuche appointed as Consul of México in San Francisco, August

1920

Obregón entered office, México

California legislature approved license for trained attendants

Course for Teachers of Nursing September 1920, Stanford University

District Attorney Matthew Brady created San Francisco Bureau of Domestic Relations to handle failures to provide for minor children, abandonment and neglect of wives, failures to provide for poor parents, cruelty to minor children and cases of unmarried mothers

Orphan Act amended to include child of the tuberculous and permanently incapacitated father

California Senate Bill 411 appropriated \$200,000 for hospital care of the needy who are legal residents of the state; preference established for needy children and mothers

During previous two years 10,100 Mexicans immigrated to California; 97,488 to the United States

Mexican population in California, 88,771 United States Census

National Health Council established

Board of Health concerned about high unemployment and plight of returning soldiers

People's Place and Telegraph Hill Neighborhood Association merged and became San Francisco Neighborhood Association

Metal Trades Council conceded defeat to the open shop

San Francisco Chamber of Commerce Law and Order Committee became Industrial Relations Committee

México started repatriation of Mexican citizens living in the United States

Enrique Lickens appointed as Consul of México in San Francisco, October

Baby Hygiene Committee with Board of Health started two additional well child conferences, Bernal Heights and Bay View

1921 Mary Morgan elected as San Francisco's first female member of the Board of Supervisors; took office January 1922

Building Trades Council presented case for wage increases among fifteen crafts to Board of Arbitration set up by Board of Supervisors; Arbitration Board recommended 7.5 percent decrease

Chamber of Commerce formed Citizen's Committee of bankers and businessmen to support contractors with the Builders Exchange in dispute with Building Trades Council

Movie "Clansman" protested by African-American community as inciting race hatred

California State Department of Labor and Industrial Relations created with various divisions, one of which Division of Immigration and Housing

Sheppard-Towner Act signed by President Harding in December; funds available for the promotion of the welfare and hygiene of maternity and infancy

Nutrition and health supervision classes started through cooperative effort of San Francisco TB Association, Board of Health and Board of Education

Alberto Mascarenas appointed as Consul of México in San Francisco, January

Eduardo Ruíz appointed to Consul of México in San Francisco, June

Cruz Azul started in San Francisco, one chapter of 166; Mexican Consul, Ruíz started organization in Texas to assist and protect dependent Mexicans living in the United States

State mandated education of migrant children; Georgiana Carden designated leader

Centennial celebration of Mexican Independence Day; sculpture by Manturion, "Aztec Warrior" presented to San Francisco

Business delegation from San Francisco visited México

Emergency Immigration Quota Act established quotas: 3 percent of a nationality's population in 1910 United States Census

Legal foundation established for the War Memorial project with War Memorial Trust Agreement between Regents of University of California and representatives of San Francisco Art Association; San Francisco Musical Association; and American Legion

City levied Alien Poll Tax requiring each male 21-65 years of age to pay annual ten dollar registration fee; proceeds for school construction after subtracting eleven percent to cover collection costs

Industrial Relations Committee and Citizen's Committee formed one permanent body known as Industrial Association of San Francisco

1922

Department of Mexican Art established in the DeYoung Museum of Art

José Garza Zertuche resumed post of Consul of México in San Francisco, January

D. Alejandro Lubbert appointed to Consul of México in San Francisco to develop business and trade, March

In February California State Board of Health *Monthly Bulletin* became *Weekly Bulletin*

Appropriations from Sheppard-Towner available March 20, 1922; effort to improve maternal and child services especially in rural counties

Council of Social and Health Agencies formed; late in the year Community Chest formed; replaced Charities Endorsement Committee

1923

Pancho Villa killed

During previous two years 15,210 Mexicans immigrated to California; 110,558 to the United States

Law accepted the provisions of the Sheppard-Towner Act and empowered the Bureau of Child Hygiene to cooperate with the United States Children's Bureau in administering the provisions, April 30, 1923

Haven Emerson contracted to study the hospitals and health agencies of San Francisco

San Francisco Board of Supervisors granted permission for the Chinese Hospital Association to maintain and operate a hospital at corner of Jackson and Trenton streets, September (Res. 21510; included clause 'revocable at will')

Public health nurses in San Francisco: home bedside sickness care, seven; home bedside maternity care, two; home bedside care and social follow-up, teaching, 5; follow-up, teaching, private organizations, 14; public organizations, 45; industrial organizations, 13; total 86

440 public health nurses in California, May

Nurses' Section, American Public Health Association established as a permanent section after two year probation, October

Business delegation from San Francisco visited México

José Antonio Valenzuela appointed to Consul of México in San Francisco, September

1924

United States Immigration Quota Act: 2 percent of a nationality's population in 1890 United States Census

Concern raised by the Council of Social and Health Agencies about increasing number of Mexican people applying for relief

United States established Border patrol; medical exam required before entering from México

Lazaro Garza Leal appointed Consul of México in San Francisco, February

Pneumonic plague outbreak in Los Angeles in "Mexican Quarter," October

Propositions passed for city to assume ownership of M.H. DeYoung Museum and California Palace of the Legion of Honor

1925

San Francisco Board of Supervisors wanted an accurate city census be done by the Registrar of Voters but too costly

Nursing Education Foundation established at University of California, July

Booker T. Washington Center for African-Americans allowed to stay at site in Western Addition

Delegation from San Francisco visited México

Guillermo Davila Cabellero appointed as Consul of México in San Francisco, September

Visiting Nurse Association of San Francisco started with visiting nurses from Telegraph Hill Neighborhood Association and Metropolitan Visiting Nurses, December; Naomi Deutsch, RN Jewish Hospital Cincinnati, eight years director of field nurses Henry Street Settlement Visiting Nurse Service

December meeting Commonwealth Club, San Francisco discussed Mexican immigration

1926

During previous two years 27,722 Mexicans immigrated to California; 162,664 to the United States

February 1926 California Commission of Immigration and Housing sent letter to California Senators and Representatives and asked that Mexican immigration be restricted

Nine month strike begun by Carpenters' Union

Voters accepted deed from the United States War Department for Palace of Fine Arts

Cristero Rebellion in México started and intensified next three years; Catholic bishops expelled from México

Bracero contract specifications established

Aurelio L. Gallardo appointed as Consul of México in San Francisco, October

800 public health nurses in California, July

1927

VNA of San Francisco opened district office in the Mission District

Women's Building opened in San Francisco on 18th Street built by 6,000 members and 10,000 additional members from allied organizations of women; opened June with an auditorium, ballrooms, a complete dining service, 120 sleeping rooms, athletic facilities, a swimming pool, a children's department, a roof garden and lounging rooms

San Francisco Health Farm, tuberculosis sanitarium, opened on 310 acres in San Mateo County (October, Redwood City)

State Department of Industrial Relations succeeded the Department of Labor and Industrial Relations; work of the Division of Immigration and Housing transferred to Division of Housing and Sanitation

Effective 29 July 1927, California State Board of Health became Department of Public Health of the State of California; Walter M. Dickie, M.D., appointed Director by Governor C. C. Young

Section 16 Public Health Act amended; city and/or county health officer required to report the number, character of infectious, contagious or communicable diseases from and which locations the cases reported

Carmen Mayans, International Institute Nationality Worker completed intensive survey of Mexican and Spanish-speaking communities in San Francisco

San Francisco Hospital started Outpatient Maternity Service, December to take care of overload at San Francisco Hospital

1928 Requirements for Public health nurse certificate amended; registered, eight month public health nursing course; public health nurse experience for two years; six week summer course; four month course if not six weeks

Bureau of Registration of Nurses moved from San Francisco to Sacramento, November 15

Obstetrical Specialist physician added to staff for one year term at Bureau of Child Hygiene to arouse interest amongst rural physicians in medical aspects of prenatal care

Duboce (or Sunset) Tunnel completed

University of California transferred trust funds for the War Memorial to the City

Carmen Mayans started interpreting for Spanish-speaking patients at University of California Clinics Wednesday mornings

1929 San Francisco Board of Supervisors adopted official slogan for advertising the city "It's Cool in San Francisco"

Department of Public Health reorganized Bureau of Child Hygiene, Bureau of Registration of Nurses placed in the newly created Division of Public Health Education Bureau of Tuberculosis placed in Division of Communicable Diseases

School health in Health Department 12 part-time physicians; 12 part-time dentists; 2 full-time dental hygienists; 36 full-time nurses; services in public and parochial schools

Public health nurses in San Francisco: Board of Health, 72 ; VNA, 17; Private organizations/hospitals, 23.5; Public organizations/hospitals, 4

Board of Health operated nine well baby conferences; eleven conducted by voluntary agencies

During (1925-1928) 37,196 Mexicans immigrated to California; (1927-1929) 166,891 to the United States

Alejandro Martinez appointed as Consul of México in San Francisco, December

1930 Approximately 1,000 public health nurses in California

Mexican population in California: 368,013 United States Census

Prenatal Care Nurse Specialist conducts series of institutes for nurses on aspects of teaching and methods for classes

1932 971 public health nurses in California

1933 Eighteenth Amendment repealed; Amendment Twenty-one effective December

Appendix C

Directory of Archival Resources 1992-1993

Archives of the Archdiocese of San Francisco

320 Middlefield Road
Menlo Park, CA 94025
415/328-6502

Contact: Dr. Jeffrey Burns

Archives of the Episcopal Church

Office of the Archdiocese
1055 Taylor Street
San Francisco, CA 94108
415/673-5015

Contact: Father Rawlinson

Bancroft Library

University of California, Berkeley
Main Library Annex, East Entrance
Berkeley, CA 94720
510/642-6481

California Historical Society

North Baker Library
2099 Pacific Avenue
San Francisco, CA 94109
415/567-1848

California State Archives

Secretary of the State
Roseville, CA 95661
916/773-3000

Civil Reference Branch (NNRC)

National Archives
Washington, D.C. 20408
202/501-5395

International Institute of San Francisco

2209 Van Ness Avenue
San Francisco, CA 94109
415/673-1720

San Francisco Archives

San Francisco Public Library, History Room
Main Library, Civic Center
San Francisco, CA 94102
415/557-4567

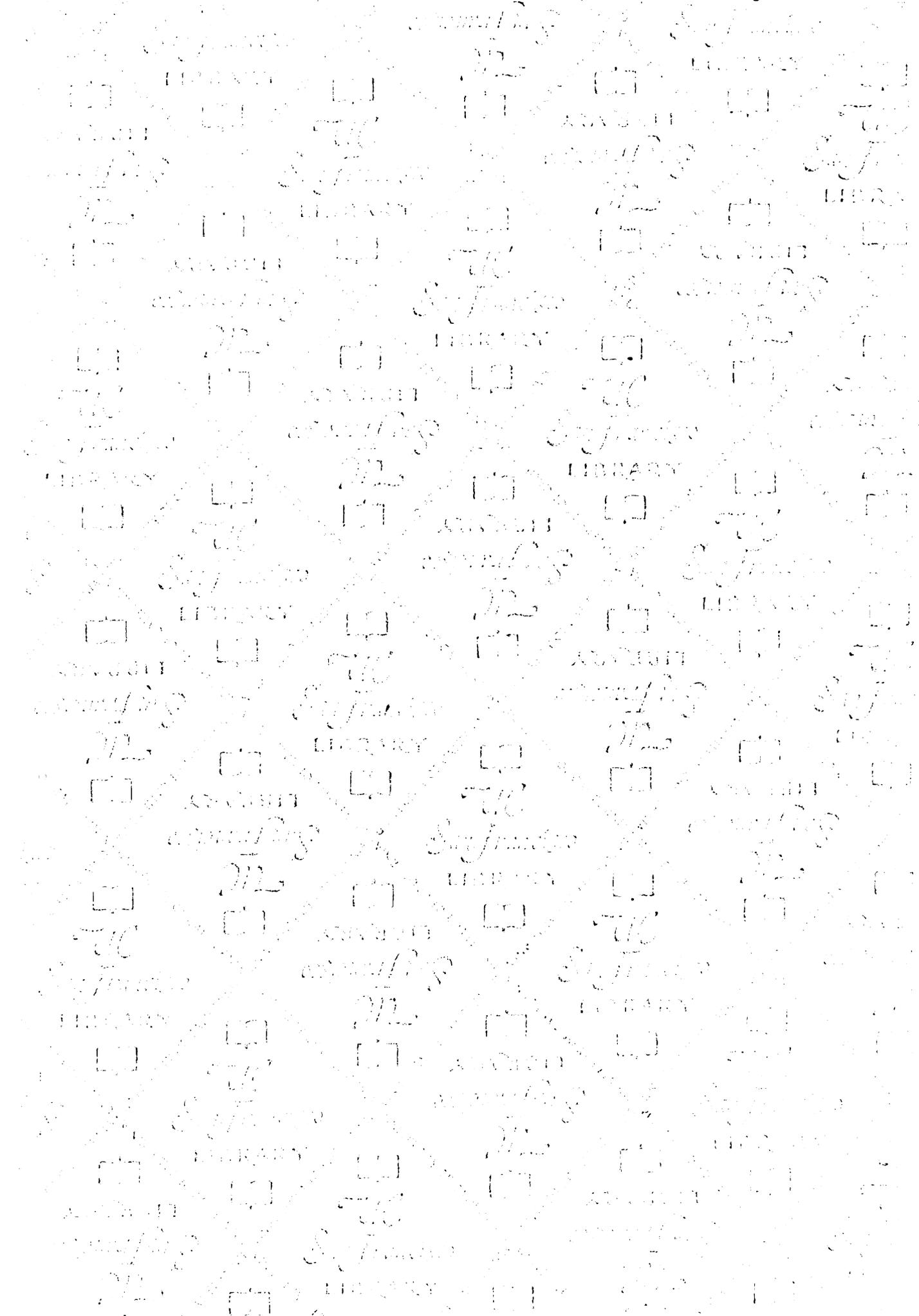
San Francisco Department of Public Health
Director of the Department of Public Health
Third Floor
101 Grove Street
San Francisco, CA 94102
415/554-2700
Contact: Kathy Green, Administrative Assistant

San Francisco Lung Association
562 Mission Street
San Francisco, CA 94105
415/543-4410

Stanford University Lane Medical Library
Medical Center
Lane Building
Stanford, CA 94305
415/723-6831

Special Collections
Library, Fifth Floor
University of California, San Francisco
San Francisco, CA 94143-0840
415/476-8112
Contact: Nancy Zinn

Visiting Nurses and Hospice of San Francisco
Fox Plaza
1390 Market Street, Suite 510
San Francisco, CA 94102
415/861-8705
Contact: Brent Hawk
Community Relations Coordinator



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