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Medical Manipulation: Public Health as a Political Tool in the 1918-19 Influenza Epidemic in San Francisco

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In 1918, two wars ravaged the world: one against man and one against disease. A particularly virulent strain of influenza, dubbed Spanish influenza, killed millions all over the globe from the spring of that year until the winter of 1919 in the largest pandemic in history. Influenza struck particularly hard in the United States where troops moved in cramped train cars from military base to military base, mobilizing germs that eventually made their way to almost every city. Soon, the country's large urban centers faced overwhelming death rates that local governments struggled to mitigate.

The influenza epidemic in the United States devastated not only populations, but egos as well. American bacteriologists had taken the lead in identifying pathogens for epidemic diseases in the early twentieth century. Because they could now see these formidable organisms, they could manipulate them and establish man's dominance over germs. Despite these advances, no scientist in the world could correctly identify the organism responsible for Spanish influenza in 1918, and, therefore, nobody could find a cure for a disease that both spread and killed quickly.\[1\] In an age when reformers emphasized the axioms of science and government intervention to protect the public's health and welfare, an age known as the Progressive Era, this lack of scientific knowledge posed a threat to many of the country's civil governments. However, in some cases, the local city government exploited this knowledge gap to strengthen its own political standing. San Francisco was one of these cases.

After the 1906 earthquake, San Francisco's government strove to show the rest of the nation that it was one of healthiest and most progressive cities in America. Mayor James Rolph, Jr., mayor of San Francisco from 1912 to 1931, attempted to do this in many ways, including hosting the Panama-Pacific International Exhibition in 1915 to showcase the Progress of Man.\[2\] The influenza epidemic, though a medical crisis, provided Rolph with the opportunity to portray his city as medically and politically competent through the deployment of public health measures, such as closing public places, requiring the wearing of gauze masks, and issuing free vaccinations. In doing so, he and the San Francisco Board of Health co-produced a new scientific order in the city whereby civil and public health authorities acted in tandem to organize and control the population with medical and patriotic rhetoric. This very much fit with the progressive agenda of the early twentieth century.\[3\]

Mayor Rolph and the Board of Health effectively co-produced this scientific order during the influenza epidemic by organizing the city into a hospital model. The progressive impulse combined with peoples' intense fear that they would succumb to disease allowed both civil and health authorities to mobilize citizens as they saw fit, promising medical protection in exchange for obedience. Furthermore, the lack of space in the city's hospitals left vulnerable populations seeking the familiar salubrious haven. These authorities, then, could act as physicians and hospital administrators, sectioning the city into wards for easier management, enacting required public health measures, and effectively controlling the health of all those within the system. This strategy greatly enhanced Rolph's success in engineering his city's image as both healthy and progressive because, as Bruno Latour points out, "sciences are one of the most convincing tools to persuade others of who they are and what they should want."\[4\]

Using public health, scientific rhetoric, and patriotism also allowed civil and health authorities to target certain ethnic groups in San Francisco, whose image could be shaped to serve Rolph's goal of portraying the city as progressive and healthy. The Board of Health regarded Chinatown and the Italian enclave of North Beach as distinct wards in this larger hospital system, treating the communities there differently from the rest of the city.
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The Irish Catholic community, on the other hand, experienced this hospital model from the side of authority, since they had integrated their institutions into those of the rest of the city before the influenza epidemic struck. Each of these groups experienced the epidemic differently, in terms of both mortality rates and their roles in Rolph's progressive agenda. However, the mayor and the Board of Health attempted to incorporate all of them into the larger San Francisco population through public health measures and patriotic rhetoric, thereby illustrating the city government's exceptional ability to Americanize foreigners and keep their people healthy.

Ultimately, the rapid advancement of medical science in the early twentieth century made health a more substantial measurement of government efficiency. The influenza epidemic of 1918-19, although a monumental failure of medical science, provided the city government in San Francisco with the chance to strengthen their political stature. It went to great lengths to portray a national image as the model of salubriousness and progressive ideals by legislating scientifically based, and therefore the most effective, public health measures. It evoked both science, particularly through the hospital model, and patriotism to control the population and project an image of medical and political competence. San Francisco authorities capitalized on this tragedy to enhance their reputation and, by setting high standards in this regard, enhance the city's reputation within the United States.

Throughout the Progressive Era, Americans started placing more emphasis on science and medicine, using these as tools to measure the government's efficacy in protecting the health of its people. Increased operations overseas, including the Spanish-American War, the construction of the Panama Canal, and World War I, illuminated the need for more advanced medicine to protect Americans exposed to foreign pathogens and extreme weather conditions. By 1918, the United States had a plethora of prestigious medical institutions and some of the best scientists in the world. San Francisco, however, lacked the prestigious medical institutions of the East Coast, and the local government felt the need to develop the city's scientific community to keep up with Progressive Era standards. The influenza epidemic expedited the actions of the local government and medical community in pursuit of these ideals; these actions would foster San Francisco's competitive scientific reputation and therefore portray the city as more progressive.

Typically, the best medical scientists worked on the East Coast, which had already developed a solid reputation in the field, so institutions on the West Coast had trouble building programs that could compete. Bacteriology and public health became major foci of scientists in the early twentieth century looking to cure crowded urban centers of plague, tuberculosis, and other scourges that threatened the American population. William Henry Welch and Simon Flexner not only helped identify pathogens responsible for these diseases, but also ran the most well known medical research institutions in the United States at the time, Johns Hopkins and the Rockefeller Institute respectively. The University of California, San Francisco, a medical school built in 1864, only established a graduate program in Public Health that trained men in bacteriology, chemistry and sanitary science in 1915, years behind medical schools on the other side of the country. Many of the best and brightest minds, therefore, chose to stay in the East. Karl F. Meyer, a medical researcher in the field of public health who eventually accepted a position at UCSF after its development of this program, felt pressure to pass up positions in California: "I also talked to Simon Flexner about this, and he said, If you go to California, you will disappear in the Pacific Ocean, because the intelligentsia of the United States lives within the circumference of a hundred miles of New York." The rest of the nation dismissed San Francisco's scientific credentials, so city authorities took advantage of the influenza epidemic as a chance to prove the city's intellectual abilities.

Besides creating programs for bacteriology, public health, and eventually nursing at UCSF in 1917, medical institutions in San Francisco changed existing programs to fit national scientific standards. In September 1918, just as the influenza epidemic hit the East Coast, UCSF essentially took over operations at the Hahnemann Hospital, a hospital for homeopathic medicine, to combine allopathic medicine with a fading form of pharmacology. Allopathic medicine represented the Western medical system at this time, thereby making it seem superior to the alternative homeopathic method. Taking over to establish "a progressive and practical teaching department of industrial medicine," UCSF soon forgot about its obligations to continue Hahnemann's homeopathic traditions. In January during the second destructive wave of the influenza epidemic in San Francisco, the Board of Directors of Hahnemann declared that the hospital would best serve the city under control of the Regents of the University of
California, handing control over to the allopathic practitioners. Although the Regents agreed in the initial merger to continue to train nurses in homeopathic medicine, they made little effort to do so as scientists looked to allopathic medicine to cure influenza. This discrimination against a seemingly less advanced field of medical science reflected San Francisco's move to establish itself as competent and competitive with other cities regarding intellectual standards.

Once the influenza epidemic came to the West Coast, San Francisco tried to play a more prominent role in scientific investigation of disease than it had in past epidemics, like the plague epidemic of 1900. The city used strategic bases on a few of its islands as laboratories to test preventative measures and do bacteriological analysis of the influenza pathogen in an attempt to control the uncontrollable disease. Along with Boston officials, San Francisco Naval and Public Health authorities conducted experiments at Angel Island's Quarantine Station to determine influenza's pathology. They ran tests on fifty quarantined sailors from the US Navy base on Yerba Buena Island, finding that the presumed cause of the disease, Pfeiffer's bacillus, failed to appear in the volunteers' systems. In conducting this investigation, San Francisco displayed its importance to the nation's health, not only for its research to combat the epidemic, but also as an adequate quarantine station for the United States military. Therefore, it could claim to be a crucial element in the nation's fight against both European powers and disease in 1918.

San Francisco operated as military and medical headquarters during World War I and the subsequent epidemic, adopting the image as a standard for the rest of the state. Letterman General Hospital, a Naval Hospital in the Presidio, admitted a great number of sick patients from other military hospitals. The medical personnel there were effective in controlling disease, seeing no influenza cases in 1919, during which the epidemic still lingered, after treating 1,432 cases the previous year. They demonstrated their scientific abilities as well as their rigid military discipline in isolating patients, documenting results, and preventing disease. San Francisco presented itself as a desirable destination for afflicted persons of other diseases as well, further establishing its distinction as a national health center. The medical officer in charge of Angel Island's quarantine station wrote in a November report to the Surgeon General that "Angel Island would be a suitable site for the establishment of a leprosarium affording the necessary isolation, and yet sufficiently near a large city to procure the necessary supplies and materials for maintaining same." Authorities promoted this West Coast version of Ellis Island as a place of primary importance for protecting the American public from disease carried by incoming immigrants or caught by others in the community. Military officials organized their outposts as hospitals in 1918 to protect the people there from influenza just as the local government organized the rest of the city into separate wards that they isolated and examined through the lens of medical science. The combination of these health-based hierarchical structures of observation proved that San Francisco had united to become a great protector of America and its people, thereby serving the goals of Mayor Rolph.

Mayor Rolph relied heavily on scientific rhetoric and the opinions of doctors to portray himself as a qualified savior of San Francisco in the fall of 1918, illustrating his political acumen in the process. He immediately supported Dr. William Hassler of the city's Board of Health to lead the campaign against the epidemic disease. Rolph communicated to Hassler that the doctor should adopt any necessary measures to "protect the health of the people of this city" and that he would cooperate with these measures. Rolph transferred authority in this way to organize the city as a kind of hospital, allowing a knowledgeable doctor to isolate populations, study them, and implement regulations to defend their bodies from pathogens. This helped convince the public that Rolph cared primarily about giving them the best possible medical protection the city could offer.

Many progressive reformers and health officials touted the necessity of a clean environment to prevent disease, so Rolph took steps to ensure that San Francisco's streets were as sanitary as possible. Upon a suggestion from the Union League Club, a Republican social and political organization, Rolph requested that the Department of Public Works flush the streets and sewers with salt water to clear away the filth. However, after financial considerations and numerous complaints from citizens, Rolph and the Board of Supervisors halted the effort. While money and the opinions of citizens certainly had some effect on Rolph's decision, he justified the cessation by saying that the Board of Health, Dr. Hassler, and other "experts" felt that salt water flushing had "no effect on the influenza germ." Mayor Rolph disguised his political motivations by appealing to citizens' desire for a sense of discipline in isolating patients, documenting results, and preventing disease.
of safety from disease. This approach was very effective during the epidemic because of the frighteningly high mortality rates and inability of scientists to find one definitive and sure cure for influenza.

The people who ran San Francisco tried to change the nation's idea of the city, not known for its scientific research or disaster preparedness, by taking advantage of the influenza epidemic and its pathological uncertainties. Mayor Rolph, with help from Dr. Hassler, expanded his use of scientific rhetoric regarding the epidemic to bolster his political standing and the reputation of San Francisco as the most progressive urban city through various preventative measures beyond street flushing.

Civil authorities did not simply try to prove themselves to be as capable as those in the East; they tried to prove that they were superior by advertising San Francisco's utilization of the most effective tool to prevent influenza: the gauze mask. With few published scientific studies on the ability of masks to stop influenza from spreading, the San Francisco Board of Health easily persuaded the mayor and the public to adopt this health measure by utilizing scientific rhetoric. Even though San Francisco did not use the gauze mask exclusively during the epidemic, as the first to implement the universal wearing of masks, Mayor Rolph and Dr. Hassler claimed to be the forerunners of influenza prevention in the United States. While the public did not embrace the practice immediately, Rolph and Hassler exploited their fear of disease to enforce the measure and ultimately portray San Francisco as the most progressive city in the country.

Early on in the fall wave of the epidemic, before physicians began registering deaths due to influenza, San Francisco approached the epidemic lightly and showed little fervor in combating disease. Doctors, such as the famous Boston physician Dr. Woods Hutchinson, simply prescribed fresh air as the best preventative measure against illness.[17] Others touted the effectiveness of gas masks and homemade remedies concocted with a variety of plants, creations mocked by cartoons in the San Francisco Examiner. [18] However, as death tolls in the city increased into the hundreds per day, it was clear that these methods would not stop the disease and that the Board of Health would have to organize a more serious campaign to mitigate it. By October 19, the Board of Health recommended that all citizens wear gauze masks, "a sure preventative measure against the throes of the epidemic," although Dr. Hassler ordered all medical personnel to don masks as early as October 14.[19] Mortality rates continued to climb, more than doubling over the next week, so Mayor Rolph formally joined Dr. Hassler as a liaison between the public and the Board of Health to facilitate the implementation of public health measures.

The progressive impulse and development of bacteriology in the first two decades of the twentieth century greatly shaped Mayor Rolph's strategy in protecting the San Francisco population. Scientists had recently discovered the microorganisms responsible for so-called "social diseases" like syphilis and plague, and progressive reformers began to attribute disease to environment and living conditions rather than race or social class.[20] This rapid advancement of medical science at the beginning of the century conditioned the American public to expect health regulations substantiated by scientific evidence, and Mayor Rolph gave the public what it expected. In a speech at a special San Francisco Board of Health meeting concerning the epidemic, Rolph said that he would support the Board of Health in whatever it did.[21] Authorities from different city organizations, such as the Red Cross, the Police Department, and the Building Trades Council, made similar statements, making the Board of Health the effective commander-in-chief of the campaign against influenza in San Francisco. By throwing his support behind an authoritative body of doctors, Rolph assured the public that any city legislation would automatically have medical science's stamp of approval. This substantiated the eventual implementation of a law requiring everyone in the city to wear gauze masks.

After pleading with San Franciscans to wear masks, Dr. Hassler decided that, in order to ensure public cooperation with his public health strategy, he would somehow have to enforce this practice. Mayor Rolph, the city's beloved paladin, helped Hassler achieve this goal by evoking images of death in his appeal to the Board of Supervisors. "The Italian Supreme Command has printed on every gas mask, Who leaves this mask behind, dies,"[22] he wrote in his proposed proclamation to the public, accompanying his claim that the universal wearing of masks would cut down the number of influenza cases from 50,000 to 1,500. [22] On October 24, 1918, the San Francisco Board of Supervisors heeded the mayor's request and passed an ordinance stipulating that everyone must wear a gauze mask when in public or handling food. [23] The Board of Supervisors gave the mayor the power to rescind the
ordinance when the Board of Health determined that influenza no longer existed in the city. The requirement to wear masks, previously only implemented in hospitals, allowed the mayor and the Board of Health to force San Francisco to emulate the hospital environment, an environment axiomatically connected to the control of disease through isolation and observation and symbolized the pinnacle of medical science. The civil government's transformation of the city into this clinical structure gave Dr. Hassler, who as a physician gained the authority to control disease, command over the population as well.

This law gave the Board of Health tremendous influence in the lives of San Franciscans, and the media successfully consolidated support for this public health measure through advertisements, warnings, and articles touting the mask ordinance's success. Some physicians, such as Dr. Woods Hutchinson, began to claim that if people wore gauze masks over their nose and mouth, then influenza would cease to be a danger and "the contagion would soon end." [24] Opinions such as these marked a shift in the rhetoric concerning the prevention of influenza, which reflected the steep increase in morbidity and mortality rates in the city. Hassler and other medical authorities advertised the gauze mask not only as the best scientifically proven means of stopping the epidemic, but the "only known preventative" as well. [25] No longer would people have to try medication after medication or wear bulky gas masks to battle this disease. This justified requiring everyone to wear masks because the Board of Health, Mayor Rolph, and the news media in San Francisco convinced the paranoid public that the gauze mask was the antidote to the deadly epidemic.

The media and Mayor Rolph contributed to a public relations campaign on behalf of the Board of Health to acclaim the efficacy of the government's public health policy. Just two days after the Board of Supervisors ordered the mask ordinance, Dr. Hassler reported that 99 percent of San Franciscans were wearing masks on city streets, illustrating "one of the best signs of the spirit of San Francisco." [26] Hassler and other doctors announced that the mask was the best known preventative days before the ordinance was in place, but newspaper only began printing articles reporting that national health authorities scientifically proved the gauze mask to be effective after the ordinance passed. [27] This accompanied headlines claiming masks to be the reason for the decrease in influenza deaths, even though statistics reveal that deaths from the epidemic in the city did not reach their peak until early November. [28] However, Hassler and Rolph wanted to substantiate their actions as scientifically sound.

This campaign helped in part to bolster San Francisco's reputation as having the most advanced preventative methods among other cities in the nation, particularly among small Western cities. Mayor Rolph received telegrams from the mayors of Wallace, Idaho and Lovington, New Mexico asking about the efficacy of gauze masks, to which Rolph's secretary replied that the masks were a highly significant factor in controlling the epidemic. [29] The media in San Francisco also noted that many mayors from cities on the East Coast, which had suffered much higher morbidity rates by this time due to the nature of the epidemic's spread from its original locus in Massachusetts, asked Rolph about the efficacy of gauze masks. [30] By the beginning of November, less than one month since the peak of influenza cases in the city, Hassler said that San Francisco was "now one month ahead of any Eastern city in the work of mastering the epidemic." [31] However, statistical evidence shows that, although fewer people died in San Francisco, a comparable or higher percentage of the population died in San Francisco as in other East Coast cities such as Boston, Baltimore, and Chicago (See Figure 1). Hassler, who may not have acknowledged these statistics because they were incomplete at the time, boasted mainly to the people of San Francisco so that they would continue to wear the masks and further elevate the city in regards to influenza prevention. Rolph, taking advantage of the opportunity to make San Francisco appear a forerunner among American cities, advertised to President Wilson that the San Francisco Board of Health saved countless lives and provided a model for other local governments in being the first ones to adopt the universal wearing of gauze masks. [32] Presenting influenza case and death numbers as a type of scientific evidence, the local authorities in San Francisco heralded themselves as singularly successful in curbing the epidemic.
Figure 1 This map shows the death totals, as represented by the gray scale, and the death rates, represented by city size, in nine cities across the US during the weeks October 5 to November 16, 1918. Statistics used to compile data are from Crosby, America’s Forgotten Pandemic, 60.
Whether or not mayors on the East Coast asked Rolph as adamantly about using gauze masks as the press publicized, there were people from other cities who rejected evidence about the mask outright. Those from Los Angeles particularly scrutinized Hassler’s claims. Dr. John Kyle, an ontologist and laryngologist from the University of Southern California, said that the masks could not keep out the tiny influenza organisms given that even carbolfuchsin sprays penetrated the gauze mesh. However, criticisms emerged from outside of the medical field as well. Staff writer for the Los Angeles Times, Alma Whitaker, sneered at both the use of masks and the character of San Francisco itself: “The piquant little San Franciscan demoiselle hastened to design hers with a dashshe tries combining antiseptic gauze with her chic veil.”[34] She went on to point out that Los Angeles, a more populous city than San Francisco that encountered influenza cases many days earlier, had fared much better during the epidemic than its northern counterpart without resorting to masking. However, because other major urban centers in the East continued to suffer high death rates in late October, many local governments there called for the voluntary use of gauze masks. Public health measures deemed drastic or ineffective by some were popular in cities with an increased threat of influenza, such as San Francisco, because they reassured the public that they had it in their own power to save themselves from the fatal disease.

As death rates started to decrease in the second week of November, Hassler’s grip over the people of San Francisco loosened. Hassler was initially cautious about reopening public places in mid-November despite the drop in influenza cases, but pressure from theater owners and Mayor Rolph on the Board of Supervisors allowed public gatherings to recommence on November 16.[35] The victory celebration of Armistice Day five days before certainly helped erode the public’s interest in avoiding crowds. While the mask ordinance still applied, many people either stopped wearing the gauze or simply hung it around their ears. At a boxing match in the Civic Auditorium on November 16, less than half of the hundreds in the audience wore masks, and, of the few who did have them, only a small percentage were wearing them over their nose and mouth.[36] Incidentally, not even Mayor Rolph was part of that small percentage at that boxing match. Citizens wrote letters to the mayor, who controlled the ordinance but had to wait for approval from the Board of Health to rescind it, asking him to break the population from the bonds of gauze. After much complaining from the public and ridicule from other cities, Dr. Hassler declared influenza stamped out in the city and the mayor rescinded the mask ordinance at noon on November 21, 1918, an event marked by sirens, gongs, and bells.[37]

When Dr. Hassler declared influenza gone from San Francisco, he warned the public about visitors from the Eastern and Southern United States, the initial culprits in October, bringing influenza back to San Francisco.[38] By this point though, most San Franciscans had become indifferent or hostile to the mask. Therefore, when influenza struck the city in epidemic levels in mid-December as Hassler had predicted, few, including Mayor Rolph, welcomed the idea of another mask law. Dr. George Ebright, president of the California Board of Health, said in a meeting that the epidemic was essentially petering out and although he recommended that nurses, physicians, and attendants wear masks for protection, he left the question of enforced mask wearing to local authorities.[39] Hassler appeared before the San Francisco Board of Supervisors and Mayor Rolph, asking to revive the mask ordinance as hundreds of influenza cases appeared daily, but they rejected his plea. Because the city still experienced epidemic conditions, Hassler believed that the Board of Health’s opinion took precedence over that of political authorities in the city. As such, he utilized the Board of Health’s power of quarantine to control the epidemic, a method that military scientific authorities at nearby naval bases considered implausible in a big city like San Francisco.[40] The eventual action taken on this threat did little since, without the significant morbidity and mortality rates present during October and early November, the mayor and Board of Supervisors failed to see the need for another ordinance.

By early January 1919, death tolls rose to alarming rates reminiscent of those in mid-October, so powerful municipal players tried to appeal to the public with scientific rhetoric to try to bring back gauze masks to San Francisco. The Civic League presented positive results from an experiment with masks to sway the opinion of supervisors, who voted down the public health measure until a meeting later in the week.[41] The news media aided Hassler, who throughout the winter had lost firm control over the fight against influenza, by advertising a new, improved, and scientifically tested mask presented by the Rockefeller Institute to convince the public that authorities in the city were once again taking the most advanced measures possible to protect them.[42] However,
Mayor Rolph’s presence in support of Hassler and a new mask law, which eventually took effect in the city on January 16, was largely absent during the winter wave. Numerous letters from citizens criticizing masks for their ineffectiveness and infringement on personal rights undoubtedly influenced his lack of opinion on the subject in the media. As with any perceptive politician, Rolph expressed a basic indifference towards Hassler’s campaign, reflecting the indifference of his public. This indicates that the mayor only embraced scientific rhetoric when it was politically advantageous to do so.

Morbidity and mortality statistics in San Francisco during the epidemic in the month of January were somewhat sporadic from day to day, but Hassler and the media continued to attribute any positive change as a sign of the efficacy of gauze masks. One newspaper article praised Hassler’s insistence on the use of masks, saying, “since then [the day when the January mask ordinance took effect] there has been a rapid decline in the number of new cases.” What Hassler and others touting gauze masks failed to acknowledge during both the fall and winter waves of the epidemic, was that epidemics follow a rise and fall pattern where the disease in question naturally subsides. Figure 2 displays this pattern among major cities in the United States during the fall wave, a time when both Rolph and Hassler claimed San Francisco to be the most effective city in decreasing death rates. Deaths actually increased for over a week after the October ordinance took effect and the numbers of influenza related deaths after the January ordinance were sporadic enough to question the assertion that gauze masks played a significant role in curbing the epidemic. Whether trying to convince the public to remain calm or convince the nation that they had figured out the most progressive way to protect its citizens from the influenza epidemic, authorities in San Francisco essentially created a scientific understanding of gauze masks that they employed for their own political means.
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Deaths Due to Influenza and Pneumonia
Oct 5, 1918

Deaths Due to Influenza and Pneumonia
Oct 12, 1918

Deaths Due to Influenza and Pneumonia
Oct 19, 1918
These are a series of maps that show death totals due to influenza in nine major US cities from October 5, 1918 to November 9, 1918. Death totals are represented by colors with blue indicating the lowest numbers and red indicating the highest numbers. Maps are based on statistics from Crosby, *America’s Forgotten Pandemic*, 60.

*Figure 2* These are a series of maps that show death totals due to influenza in nine major US cities from October 5, 1918 to November 9, 1918. Death totals are represented by colors with blue indicating the lowest numbers and red indicating the highest numbers. Maps are based on statistics from Crosby, *America’s Forgotten Pandemic*, 60.
Although the use of gauze masks was Rolph’s and Hassler’s main public health initiative to portray San Francisco as progressive, they invoked science through yet another preventative measure to convince their public and the nation of the local government’s protective abilities: an influenza vaccine. Interestingly, despite Rolph’s media campaign to portray San Francisco as superior to cities on the East Coast during the epidemic, he imported Dr. Timothy Leary’s “famous” vaccine from Boston. While San Francisco’s call for help to the East conflicted with Rolph’s motivations, the media focused its reporting on the mayor’s political agency, thereby bolstering his reputation as a protector. According to reports, Mayor Peters of Boston was only going to send a few samples of the vaccine until Mayor Rolph convinced him to send enough for 17,000 people. The Board of Health, with help from various hospitals around the city, began to administer these inoculations to citizens free of charge. Other mayors in California soon asked Mayor Rolph to send vaccine down in hopes of curing influenza in their own cities. All of this drew attention away from the humanitarianism of Boston’s mayor to the leadership ability of the local San Francisco government during the medical crisis.

As with the gauze masks, Hassler could claim that with the Leary vaccine the city had the most advanced science available to protect its population. "The serum offers the only remedy," he asserted, "and we are taking advantage of it." Local politicians as well as medical authorities, unsure of the pathology of influenza, grasped at straws during the fall and winter of 1918 and 1919 and they embraced almost any measure that instilled hope of curbing death rates. Wisely, the media in San Francisco published what seemed to be scientific evidence for the vaccine straight from Dr. Leary that substantiated it as a legitimate public health tool: "In treatment (of influenza) it is most valuable in large doses (up to two cubic centimeters) in the beginning of the disease." Later studies proved the Leary vaccine to be useless in curing influenza, but Rolph and Hassler capitalized on the gap in scientific knowledge during the period to further their efforts to enhance the city’s reputation.

Rolph combined this emphasis on science with an emphasis on patriotism, a particularly effective strategy during a period of intense nationalistic fervor. Because the influenza epidemic coincided with America’s involvement in World War I, the San Francisco government’s emphasis on patriotism extended beyond the wartime cause into the public health sphere as well. Supporting the Board of Health meant supporting America. After all, the Board of Health was trying to protect American lives on the home front just as the United States military was trying to protect American soldiers in Europe. The middle and upper class community in San Francisco followed Mayor Rolph’s orders to help their neighbors fight the battle against influenza, and the mayor touted their efforts as a sign that San Francisco was an exceptionally patriotic city. While wartime patriotism and health issues sometimes conflicted during the epidemic, Mayor Rolph managed to sidestep this discord and utilize both as illustrations of the community’s success, particularly the city’s women.

Mayor Rolph and the news media appealed to women in San Francisco to become nurses, who many historians argue were more important than doctors during the epidemic because of the dearth of knowledge about curing influenza with medicine. However, before uncontrollable morbidity rates proved doctors and medicine largely useless, the media used doctors as scientific authorities to engage the female community in public health efforts. Dr. A.D. Houghton, a former medical examiner, felt certain that women could easily learn to use medical devices like clinical thermometers and that if the city emphasized the need for volunteers, "a number of public-spirited individuals will offer locations, as well as their services." Later in the epidemic, when it became clear that Dr. Hassler was the only physician whose advice people listened to, the San Francisco Examiner ran advertisements and editorials about Red Cross classes, the importance of women’s work in the epidemic, and the immediate need for more nurses. In late December and early January when death rates spiked for a second time, the Board of Health called on Mayor Rolph to help obtain more nurses to relieve those at San Francisco General Hospital working twelve hours a day, which he did through community meetings and appeals in the newspaper. This shift illustrates the authoritative hierarchy present in the fall and winter of 1918-1919; Mayor Rolph called on the public when need was the greatest while local doctors failed to incite significant public action even in the early stages of the epidemic. This reality essentially gave Rolph more power over public welfare in the crisis than medical professionals had, making him and the civil government more important players in portraying San Francisco as a medically competent city.
Rolph then praised the women for their work in the Red Cross using words and images so that others could recognize their spectacular efforts. Rolph realized that the Red Cross had become a symbol of American benevolence and patriotism, mainly because of their war work, and he allied the city with its cause. Applauding the organization for providing nurses, transportation, food, and hospital service to the sick in cooperation with the Board of Health, he noted that it was now "endured" to San Francisco.[53] His statements not only connected the Red Cross with San Francisco but also with the Board of Health, thereby justifying Rolph's faith in Hassler. Rolph, with help from the news media, further enhanced his own character by advertising his wife's work with the Red Cross. The *San Francisco Examiner* printed photos of Mrs. Rolph making gauze masks on the mayor's lawn and organizing a booth for homemade baskets, a booth which "attracted universal attention for its superiority," that the Red Cross operated to acquire funds.[54] In this way, Rolph personally allied himself with the Red Cross, integrating civil government into public health. In doing so, he could portray San Francisco as more patriotic and progressive because its government took substantive action in supporting the Red Cross and ensuring the health of its population.

San Francisco's praise of women extended beyond the Red Cross to women's clubs as well, showing other ways in which the city was patriotic. The Edgewood club, for example, received recognition for making the baskets that the Red Cross sold.[55] The media commended other women for their abilities to manage large sloughs of people in shopping areas, all the while wearing "Hoover aprons" as a sign of their dedication to the government and sanitation.[56] In the *City and County Federation of Women’s Clubs Yearbook* for 1918-1920, nearly every club discussed their participation in fighting influenza, particularly among the poor, or recruiting more women to be nurses during the epidemic.[57] All of these efforts contributed to establishing an image of an engaged and active populace in the city, particularly the females who the American public associated with mothers, caregivers, and nurturers. Even though these were mainly middle and upper class women who participated in such patriotic activities, the media espoused these women's focus on helping the poor. Therefore, San Franciscans' benevolence seemed to transcend the influenza epidemic into the larger public health sphere and the city's progressive cause.

Aside from individuals and organizations, public schools also helped strengthen San Francisco's reputation as an admirable city. The Board of Education informed San Francisco principals that the city's schools would close until further notice on October 16.[58] Few disputed the need to protect children from influenza, so principals, teachers, and janitors gave up their jobs until the epidemic subsided. While they lost their paid positions, teachers started to volunteer with the Red Cross at hospitals to care for the sick. The health department turned abandoned schools into makeshift wards for the overflowing number of patients and centers for food and medicine distribution. San Francisco newspapers praised this initiative, reporting, "if it had not been for the school teachers of San Francisco, the poorer people would have suffered a calamity of immeasurable proportions."[59] In doing this, the teachers helped Mayor Rolph achieve his goal of decreasing health disparities within the San Francisco population. Since other components of civil society worked to raise health standards, the mayor could show that everyone in San Francisco, and not just the health authorities, was progressive.

Teachers who volunteered as health workers during the epidemic displayed San Francisco's patriotism and benevolent community spirit. Mayor Rolph commended teachers for their sacrifices, using San Francisco newspapers to publicize their superior character. When the epidemic subsided in mid-November, the Board of Education, which made special mention of the newspaper coverage of these volunteer efforts, thanked the teachers and janitors for participating in "patriotic activities" such as helping the Red Cross.[60] The mayor and the media in San Francisco used the word "patriotic" to describe most of the cooperative efforts of their citizens to volunteer in the fight against influenza and follow Board of Health recommendations. Every government involved in the war placed a high importance on this quality during its duration, so Mayor Rolph never passed up the opportunity to advertise his city as one of the most patriotic in the nation. The responses to the influenza epidemic, including the closing of schools, allowed him to exploit this opportunity extensively.

Patriotism had such a strong influence on Americans at this time that Mayor Rolph sometimes advocated events supporting the war even if they compromised the health of citizens. As the threat of epidemic influenza on the West Coast loomed, throngs of San Francisco citizens packed into the Civic Auditorium for a loan rally to answer President Wilson's desperate call for war bonds.[61] On Armistice Day, San Franciscans gathered in the streets of
San Francisco to celebrate America’s victory, heightening the risk of contagion during a time when weekly death tolls still numbered nearly 200. [62] Although Dr. Hassler claimed that citizens obeyed the mask ordinance during the parade, photos from the Examiner showed a different story. Many of the attendees dangled their gauze masks from their ears while hoisting American flags, and even Mayor Rolph, over their heads. [63] Seemingly, this created a conflict between Rolph’s goal of portraying San Francisco as superior in preventing influenza, but the mayor drew attention away from this conflict by connecting patriotism and health together so that accentuating success in one area meant accentuating success in the other.

Rolph was able to avoid condemnation for the failure of San Franciscans to follow public health rules espoused in the epidemic during Armistice celebrations because Americans associated disease with the war. The defeat of the Germans meant the defeat of disease in many minds, so people celebrated two victories in November 1918. San Francisco citizen Blanche Ashley, for example, wrote to Mayor Rolph, “the Germans cannot beat us in battle, and with their german germ [...] they cannot beat us by disease.” [64] The Examiner did not blame the Germans outright for the disease, but printed articles with headlines like “Influenza, as Well as Huns Defeated,” which claimed that San Francisco had “mastered” disease just as the US mastered the Germans. [65] Even Dr. Hassler, who many thought was too strict with public health laws, contributed to the article, saying that there was a risk in congregateing so many people, but the city “had to take that chance.” [66] Hassler, like Rolph, recognized the importance of showing off San Francisco’s patriotic spirit, and, although public health officials refused to lift the mask ordinance until ten days after the Armistice, they tolerated the insalubrious conditions of city celebrations to display San Francisco’s appreciation of its country.

Despite major public health obstacles, Mayor Rolph called attention to San Franciscans’ exceptional public spirit during the epidemic. Whether it was with the Red Cross, schools, or women’s clubs, he successfully portrayed the city’s community as both altruistic and patriotic. He also committed his loyalty to the nation in the face of disease during the epidemic. Whether it was with the Red Cross, schools, or women’s clubs, he successfully portrayed the city’s community as both altruistic and patriotic. He also committed his loyalty to the nation in the face of disease during the epidemic. Whether it was with the Red Cross, schools, or women’s clubs, he successfully portrayed the city’s community as both altruistic and patriotic. He also committed his loyalty to the nation in the face of disease during the epidemic.

Mayor Rolph also manipulated public health policy in the economic sphere, protecting San Francisco’s vital commercial interests from stringent health laws during the epidemic, to illustrate yet another way in which the city was successful. With help from the Board of Health, he selectively closed certain businesses, justifying the closures with medical science, while allowing strategic industries to remain in operation. Together they protected industries that were nationally competitive, such as the shipping industry, but closed local, mainly arts-related organizations that held little sway in San Francisco’s image as an important contributor to the national economy. The devastation of the epidemic combined with America’s war needs masked Rolph’s strategy, and the San Francisco population accepted his actions because they acquiesced to the Board of Health’s scientific opinions. Therefore, the discriminating employment of scientific knowledge regarding influenza contagion worked to further Rolph’s goals of bolstering San Francisco’s reputation in spheres outside of public health as well.

One of the first public health initiatives that Mayor Rolph and the Board of Health took in October 1918 was closing public meeting places. At a Board of Health meeting on October 17, Dr. George Ebright of the California Board of Public Health recommended closing all dance halls and movie theaters, targeting places of amusement first because they confined large masses. [67] One theater owner, George Harris of the Hippodrome and Casino Theater circuits, used comparisons of San Francisco to other cities, an approach Rolph and Hassler often utilized, to express his support of the initiative: “In Seattle all show houses were closed over ten days ago. They [Hippodrome and Casino Theaters] would be more than happy to close up in San Francisco during the epidemic.” [68] Others justified the closures with records of declining ticket sales due to influenza. In some ways, owners tried to defend their choice to close their businesses with observable measurements, but these paled in comparison to much stronger yet less tangible reasons presented by health authorities and the mayor.

The importance of loyalty emerged in the business sphere as well. During such a destructive epidemic, it seemed unpatriotic to disagree with the Board of Health, the top military command for the war against disease. Wartime conditions enhanced citizens’ feelings of obligation to follow government orders and this translated to obedience...
at the local level. Mr. Price, General Manager of the Alcazar Theater, wrote to Mayor Rolph that, "the Alcazar loyally and cheerfully obeys the demands of patriotism, municipal welfare and any constituted authority."[69] Dance hall owner Mr. M. M. Lowenthal also expressed his desire to "stand behind" the orders of the Board of Health, as if he were a soldier waiting to take up arms against the enemy.[70] Some theater owners argued that they disseminated educational information about stopping influenza in their movie houses, but agreed to close their businesses nonetheless. Despite some obvious disadvantages, including income deprivation and possible bankruptcy, these businesses conformed almost immediately to health authorities' public health initiatives just as the epidemic began to claim countless numbers of victims in San Francisco.

The Board of Health did not treat all businesses alike, particularly since some contributed much more to the city's national reputation than others. San Francisco's entertainment industry, the first sector to shut down in the fall of 1918, did not attract national attention or significant revenue from outside of the city. However, shipbuilding enterprises in the major Pacific port city did, so the mayor and health authorities allowed them to remain open. The destruction of World War I in Europe had allowed the United States and the newly created Shipping Board to catch up with the maritime powerhouses across the Atlantic. The rate of shipbuilding in the United States in 1918, for example, was now triple that of Great Britain despite the effects of influenza in America.[71] Members of the US Shipping Board argued that, while it was necessary to close places of amusement, San Francisco needed to maintain its shipbuilding to sustain America through the overseas war and enlarge the city's share of this vital industry, citing a 25 percent decrease in shipbuilding on the East Coast through October 1918. [72] Mr. Frey of the US Shipping Board not only believed that the epidemic would not devastate shipping in San Francisco as much as it had in the East, but claimed, "the East is now looking to California and the western states to carry on the work of shipbuilding."[73] By allowing the shipping industry to continue its operations while citing contagion as a reason for closing less politically and economically influential businesses, health authorities and Mayor Rolph manipulated their use of scientific rhetoric to service their goals of competing with the East Coast and proving themselves to be a top city in the nation. Therefore, Rolph took advantage of this health crisis to strengthen not only San Francisco's political reputation, but its economic reputation as well.

Arguments for expanding the shipping industry in San Francisco extended further than immediate wartime needs. On November 8, 1918, when the United States and her allies all but sealed their victory over the Germans, the San Francisco Examiner printed an article, "S.F. to be On Par with All Coast Ports." It reported that San Francisco was going to change its port charges to put the city "upon an equality with every seaport on the Pacific Coast in the matter of attractive rates for seagoing commerce over its docks."[74] Now that San Francisco had taken advantage of the devastation in the east to increase its status in the shipping industry, the city would make itself the preeminent landing point and commerce center in the West. However, the influenza epidemic still claimed hundreds of lives each week at this time, showing that the disease did not hinder San Francisco's effort to strengthen its main industry. Later that year, shipping authorities charged the Potrero shipyard with "slacking," but the assistant general manager there declared that after looking at other shipyards around the country, "the percentage of slackers was smaller at the Potrero plant than any other shipyard."[75] His sentiments illuminated San Francisco competitiveness in its efforts to catch up to, if not surpass, comparable cities on the East and West Coasts in regards to the health and vigor of its economy. The fact that he omitted indications of high influenza morbidity rates in port cities like New York at the time of the Potrero plant confrontation shows that San Francisco manipulated the realities of the epidemic to benefit its own purpose and ignored it when it affected a competitor. This strategy, though often unnoticed because of the delay in data collection concerning disease victims, played an important role in Mayor Rolph's campaign to enhance San Francisco's image.

While the Board of Health's forced implementation of gauze masks incited outrage from the San Francisco community, business owners also became very impatient with health authorities over the forced closures once the epidemic subsided. Morbidity rates dropped significantly after the signing of the Armistice, so people paid less attention to the risk of catching influenza than they had in weeks before. Therefore, business owners felt that if city authorities allowed this, they should also be able to reopen their businesses. Sam Davis, representative of the American Federation of Musicians in San Francisco, summed up this constituents' feelings in a letter to Mayor Rolph, remarking, "the strenuous defense of Dr. Hassler was far greater than was called for" even though the health officer "gave all there was in him to control the situation."[76] Business owners, like most citizens of San Francisco, expressed their desire for economic recovery through the expansion of the shipping industry and the antitrust investigations into the powerful railroads of the United States.
Francisco, only embraced the policies of the Board of Health when they felt that they were in immediate danger, disregarding them when fewer people would suffer.

Businesses leaders opposed Dr. Hassler’s orders more openly during the second wave of the epidemic in December because their incomes could not withstand any more restrictive health measures. Furthermore, they did not believe that the month’s morbidity rates warranted excessive precaution. Hassler’s call for the reimplementation of another mask law drew complaints from citizens all over the city but angered business interests particularly. The Retail Dry Goods Association, for example, tried to dissuade Hassler from reinstituting gauze masks in the city on December 9 with a protest claiming that they could successfully fight influenza just by being sensible.[77] Unlike the American Federation of Musicians Union, the Association did not fear forced closure, but instead feared destruction due to a decrease in production, patrons, and revenues. While the city's economic motives had weight in the argument against excessive preventative health measures during the second wave of the epidemic, which did not kill as many victims as the first wave, scientific rhetoric and the exploitation of peoples' fears of deadly disease overcame these opposing voices. Public pressures on the mayor to keep Hassler from instituting another ordinance became less effective as death tolls climbed. After a few days of excessive influenza morbidity rates, the Board of Supervisors implemented the second mask ordinance of the epidemic on January 16 as Hassler had suggested.

Mayor Rolph appealed to the San Francisco population's sense of duty to control the city's economic interests. In doing so, he enhanced the city's reputation as an important port and as a community of patriotic and merciful citizens. However, Rolph needed the support of the Board of Health and the devastation of disease to justify his selective protection of certain industries. As seen in the winter of 1918, medical science played a vital role in shaping the business climate of San Francisco and even took precedence over economic factors. Therefore, city authorities used public health as the most influential tool in shaping San Francisco's image during the influenza epidemic.

Mayor Rolph's and Dr. Hassler's efforts to portray San Francisco as progressive entailed constructing a new social fabric through the combination of civil and scientific authority. While they attempted to do this in broad strokes during the epidemic, bringing all of San Francisco into this construction, they also targeted certain ethnic groups in the city that were on the fringe of the old, disconnected social fabric. The following three case studies display the range of experiences encountered within the city's ethnic communities, both with influenza and with public health policy. Civil and health authorities' interaction with these communities illustrate how the city's leaders tried to integrate them into the larger San Francisco population through public health, thereby fulfilling their progressive goals of raising health standards in the city and Americanizing immigrants.

Since the last decade of the nineteenth century, waves of southern European immigrants, including a large number of Italians, poured into the United States. As a major port city, San Francisco received many of these newcomers as it had done with others decades before. Because San Francisco was a landing point for many different ethnic groups, ethnic enclaves developed within the city where those with similar cultures and languages could live in a familiar community. Although Chinatown was the most widely known of these enclaves, North Beach, also called the "Latin Quarter," had grown tremendously due to the influx of Italian immigrants looking for an affordable place to settle. By 1918, North Beach was a distinct ethnic district of Italians known throughout the city for its poverty, filth, and disease.

Few San Franciscans found it necessary or desirable to go to North Beach, which was conveniently isolated in the northwest tip of the city. Therefore, immigrants with little money, resources, or connections, migrated to the district as it was one of the only places available to them. As in Chinatown, this cycle of human migration linked ethnicity, class, and geography, stigmatizing the people and the area.[78] Because North Beach was separated from downtown and the more affluent areas like Nob Hill, San Franciscans easily avoided the area while Italian immigrants could continue their cultural traditions with little interference from outsiders. Although some immigrant communities resisted local government involvement in their affairs, as the Chinese did in the nineteenth century after much harassment, the neglect of North Beach greatly reduced the living and health standards there.
Even though the combination of inadequate housing and unsanitary conditions in the Italian quarter resulted in bouts of plague and tuberculosis in the early twentieth century, city health officers did little to improve the sanitation there. The tenements in the district had poor ventilation and most did not meet sanitary codes. In 1907, the plague came back to San Francisco and, at least initially, afflicted the Italians in North Beach more so than any other group in the city. The fact that Chinatown, the scapegoat for the plague outbreak in 1900, did not experience as high morbidity rates in the 1907 epidemic reflects the evolution of ethnic enclaves in San Francisco. North Beach was a newer and therefore less developed area, much more susceptible to disease than Chinatown, where conditions had improved after many years of development. Tuberculosis, traditionally a disease of the impoverished, also struck North Beach hard during the period from 1912-1914. In fact, the district suffered higher tuberculosis rates than any other district in the city, killing 526.4 out of every 100,000 people. As more people arrived, crowding the already cramped and unsanitary houses, the danger of contagious disease increased as well.

To make matters worse for Italian immigrants, very few of the city’s hospitals were located near North Beach. The biggest hospitals, including St. Francis, Mt. Zion, and San Francisco General, were at least a mile away, either in the wealthier districts near Golden Gate Park or downtown near Market Street. Even the free tuberculosis hospital, built in 1915 to address the health needs of the poorer districts, was relatively far from North Beach. When the influenza epidemic came in 1918, the Italian district was unprepared to deal with the rapidly increasing death tolls. The hospitals in San Francisco were already overflowing with patients, so the influenza stricken North Beach residents did not get a chance to see a doctor or nurse in a medical facility. December 1918 patient records from San Francisco General Hospital, for example, recorded no patients of Italian ethnicity, a reflection of the lack of access to proper hospital care. Although Mayor Rolph and health officials eased the financial burden of fighting influenza by offering free vaccines to all citizens, the hospitals administering these vaccines were Mt. Zion, UCSF, Fairmont, and St. Francis. It was very difficult for those in North Beach, especially those who were sick, to get to these places to take advantage of the free medicine. It is unsurprising then that North Beach suffered some of the highest death rates in the city during the influenza epidemic.

Those in the community most directly involved in the fight against influenza noticed early on that the population in North Beach was suffering more than the rest of the city. In a plea to the Board of Health, a Miss Felton of the Associated Charities, a Catholic organization that cared for the sick during the epidemic, called for more assistance to indigents living in North Beach, saying that cramped living conditions exacerbated the disease there. Because hospitals were full beyond capacity, it was necessary for nurses to go out into the community and treat the sick. However, there was a shortage of nurses, and the few who were available did not frequent the outlying areas of the city where influenza rates were the highest. Families that required medical attention usually needed food as well because those who normally provided for the family were now ill. Charities and Catholic fraternal organizations dispensed rations as part of their services during the epidemic, but their leaders admitted that many neglected North Beach because families living there were extremely large and therefore hard to care for. Public recognition of this disparity led to the sending of more medical resources to the district and many volunteer organizations began to focus on helping the enclave fight off the epidemic by the end of October. Essentially, North Beach became a ward of indigents in the larger hospital model set up by Rolph, Hassler, and the Board of Health, a model that allowed them to exercise firmer control over the population’s health.

The Board of Health used the local ethnic press to reach the residents of North Beach and extend their public health measures to this marginal population. Corriere del Popolo, one of San Francisco’s Italian newspapers, published articles encouraging the use of gauze masks to prevent influenza, including scientific explanations of how gauze obstructs the travel of bacteria. Along with directions on how to make gauze masks and instructions for housewives on how to handle sick family members, the newspaper told readers to call the Department of Public Health if they encountered problems with new cases of influenza. The sentiments expressed in these articles echoed those expressed in the Chronicle and Examiner, showing that Italian publishers cooperated with the Board of Health’s campaign. Like the Chronicle and Examiner, Corriere del Popolo tried to convince the Italian community to adopt masks by citing the science touted by Dr. Hassler, the lead physician in San Francisco’s hospital model, and the city’s Board of Health. Given that Italians in North Beach were suffering
higher death rates than the rest of the population, cooperation with an organization that claimed to be protecting citizens with the best scientific evidence possible seemed to be the only hope of curbing influenza.

However, there were tensions between the Board of Public Health and the Italian immigrants they were trying to help. The Red Cross made and distributed over 100,000 gauze masks by October 26 after Mayor Rolph and the Board of Supervisors passed the mask ordinance, but few of these went to North Beach residents. Very soon after this, the Red Cross ran out of masks, unable to keep up with demand now that every person had to wear one. Therefore, people began to charge money for the masks, asking ten cents for this mandatory item. Although ten cents was by no means a fortune, immigrants, particularly large families, had difficulty buying one for themselves and their relatives. Corriere del Popolo, aware of the financial obstacles associated with the mask ordinance, printed instructions on how to make a mask with the proper dimensions of gauze. Despite these efforts, many North Beach residents did not or were unable to comply with the law. "Many of the new cases are coming from those sections of the city where the workers refuse to wear masks," reported Hassler in early November, while "in the intelligent portions of the community the influenza is absolutely under control." The sustained morbidity rates in North Beach threatened Hassler's campaign against the disease, so he attributed the disregard of his most important health measure for this abnormality, blaming the Italians' recalcitrance in the process.

There are numerous reasons why the Board of Health and charity organization leaders in San Francisco started to pay attention to the health of North Beach residents during the influenza epidemic of 1918. Because influenza spread easily between people and because it threatened so many of the city's population, it made sense to prevent poorer citizens from infecting everyone else. Dr. Hassler felt that the abundance of influenza cases in North Beach and other poorer districts like the Outer Mission and Potrero was a "menace to the entire city," which had almost fully recovered from the epidemic by early November. North Beach residents threatened all of Hassler's progress in his attempts to manage the city and manage disease.

On another level, San Franciscans trying to include North Beach as part of their health campaign reflected a larger push for Americanization. The Italian Army had joined the United States and its allies in their war with Germany and Austria, and this affected how city officials talked about the Italian people. Mayor Rolph touted Italy's sacrifice in battle against the Austrians at a November 4 meeting with the Board of Supervisors, pointing out that one of their brave boys was fighting in the American Army. Corriere del Popolo ran this story for their Italian readers, indicating that Rolph reached out to his Italian public as well. Aside from issuing general praise for the Italians, he commended the Italian community in San Francisco specifically to strengthen the relationship between the civil government and the North Beach population. With this relationship, Rolph and Hassler could more effectively deploy progressive measures associated with health and Americanization aimed at the enclave.

Officials in San Francisco incorporated the Italian enclave into the rest of the city through public health measures to pursue their desire to portray themselves as progressive. The major goal of ethnic integration under the progressives was to change how one conceived of the immigrant. No longer would an Italian immigrant be an Italian living in America, but he or she would be an American from an Italian family line. Women's clubs in the city at the time of the epidemic prided themselves on their celebration of other cultures, holding conventions with themes like "Mutual Appreciation Among Nationalities" and Americanization to show their "democratic spirit." Similarly, in October 1918 the San Francisco Examiner printed an editorial, "The Duty of Americans to Americanize the Immigrant." This article essentially criticized the failure of the United States to make the transformation to a less discordant collection of ethnic populations: "These foreign people have thrown a circle about themselves, and instead of keeping the oath [...] to grow American souls inside of them, they have studiously striven to exclude everything American and to cherish everything foreign." This article concedes that the First World War illuminated these shortcomings, but the influenza epidemic certainly contributed to this self-reflection, especially in San Francisco where enclaves like North Beach experienced morbidity rates that greatly exceeded those in the rest of the city. Part of San Francisco's effort to bolster its reputation among its peers included bringing the deleterious parts of the city up to standard, and health was a major element of this standard during the Progressive Era. Therefore, Dr. Hassler, Mayor Rolph, and charitable organizations took special notice of the devastation in North Beach during this epidemic, recognizing that they needed to reach out to the population there to meet its progressive goals.
The Irish Catholics in San Francisco also played an integral role in the local government’s progressive agenda but did so as active contributors rather than passive receivers. Once a target of San Franciscan Protestant businessmen, the Irish had integrated themselves into the city by 1918 and therefore encountered fewer obstacles to health care during the influenza epidemic. In fact, Catholics led the community effort to stamp out influenza in the city by organizing charitable campaigns, mobilizing medical resources, and acting as liaisons between bureaucrats and the rest of the population. Unlike the Italians, they had created their own medical institutions and developed a large constituency from a previous wave of immigration, making it easier for them to utilize San Francisco’s many assets to fight off disease.

During California’s Gold Rush days, the largely Protestant population in San Francisco labeled Irish Catholics as outsiders and menaces to the city. These "miscreants" entered the city in large numbers, contributing over four thousand Irish immigrants and fourteen hundred American-born Irish children to the population by 1852.[98] Tensions intensified in 1856 when, after already attracting the wrath of the city’s first Vigilance Committee in 1851, two Irishmen killed a Protestant newspaper editor and a U.S. marshal, spurring the creation of a second, more politically powerful Vigilance Committee.[99] The Irish carried this reputation with them throughout the nineteenth century as traditionally Protestant businessmen attempted to build the city as the economic jewel of the Pacific Coast. However, from 1850 to 1900, the Irish became an even larger proportion of the population, making it impossible for business leaders to suppress them for very long.

The Irish built Catholic institutions in San Francisco, further establishing themselves as a substantial presence there. Aside from schools and churches, Irish Catholics started their own hospitals as well. In 1857, a group of nuns from Ireland started St. Mary’s hospital after the California Legislature ordered each county to be responsible for the health and welfare of its own indigents.[100] By building the second hospital in San Francisco, the Irish carved out a place for themselves as an important contributor to the survival of the city.[101] Irish Catholics would later build one of the biggest and most widely visited hospitals during the 1910s and 1920s, St. Francis Hospital, thereby shifting their label from city menaces to city saviors. Although originally a targeted minority, they embraced San Francisco as their home. This acquisition of resources, particularly in the medical field, allowed them to control the welfare of their community.

Irish Catholics also protected their community through the establishment of cathedrals and charity organizations. Early Irish inhabitants built institutions such as the Old Cathedral of St. Mary of the Immaculate Conception, the Archdiocese of San Francisco, and St. Patrick Catholic Church in the 1850s. These institutions connected Catholics to each other in the somewhat hostile environment, enhancing their ability to thrive in the city. Churches and cathedrals emerged all over the city, not simply in one enclave or district. This also helped the Irish integrate themselves into the larger population and not remain isolated as the Italians in North Beach were. By establishing these institutions early, San Francisco’s Irish Catholics developed their own means of financial support over the decades, which greatly serviced the Catholic Church’s charitable mission. The Associated Charities and Affiliated Catholic Charities played important roles as caretakers by providing food, money, and shelter to the poor and the sick. Because the Irish had become so integrated into the city’s population, these organizations aided the population outside of the Irish community as well, making them that much more essential to the city’s vitality. Therefore, when the influenza epidemic struck San Francisco, the city called upon the Irish Catholics to lead the community initiative against the deadly disease.

Before the city mobilized its medical resources to protect its people, Catholic leaders attempted to unify the public through religion. After the Board of Health ordered the closure of theaters, schools, and churches to prevent the spread of influenza, Catholics convened their services outside in open air. Bishop Nicholas of the Holy Cross order expressed his mission to retain organization and order in the church, thus trying to settle paranoia among agitated citizens at a time when many struggled to support themselves, let alone their afflicted neighbors.[102] Other religious leaders encouraged the public to exercise “the cultivation of a wholesome and optimistic spirit and a serene confidence in God as the supreme Friend and Helper of all our lives,” touting God’s importance in the population’s survival.[103] The fact that they continued services at all during the epidemic showed that Catholic churches committed themselves to maintaining order and administering comfort to the San Francisco community.
In their efforts, they tried to unify the public around health authorities by using religious sentiment as well, comparing health laws to the Ten Commandments. The Catholic Church illustrated its prominence in the city and displayed its importance as a community organizer initially through religious work. However, it would soon extend its presence into the secular sphere as death tolls reached outrageous numbers.

Members of the Catholic Church stepped into city leadership roles to provide medical aid to the public in late October. Archbishop Hanna, assisted by Reverend Richard Collins, gave orders to the forty Catholic parish priests in San Francisco to relieve the Red Cross in its monumental task of caring for the sick. These priests had to acquire and dispense food and supplies to the people of San Francisco from their parishes. Because they allied themselves with the Red Cross, a non-denominational organization, they assured citizens that everyone would receive help. Archbishop Hanna, supreme director of the Affiliated Catholic Charities of the Archdiocese of San Francisco, served under the Red Cross in this capacity and disseminated support for such Board of Health initiatives as the wearing of gauze masks. The Irish Catholic community tied itself to public health and assumed responsibility for protecting San Francisco throughout both waves of the epidemic.

The Mayor, the Board of Health, and the Irish Catholic community all supported each other’s efforts, ultimately portraying San Francisco’s population as merciful and self-sacrificing. Newspaper ads listed Associated Charities as a gauze mask advocate along with Mayor Rolph, the Board of Health, and other high profile city organizations. Associated Charities, as the only religiously affiliated organization of those listed, held a position of influence in city affairs regarding health and welfare. Mayor Rolph expressed his support for the Associated Charities and Affiliated Catholic Charities in their campaign to raise money for the needy during Christmas. The media advertised their giving programs by appealing to the public’s sense of pride in being merciful, saying, “Let that selflessness, then, dominate us still. Let us make of this Christmas an opportunity for service, this time, to the unfortunate who are in our own community.” The unfortunate on whom the two Catholic organizations concentrated in 1918 consisted mainly of families stricken with influenza that had little to survive the winter. This extended their work targeting the indigent Italians in North Beach in October and November, an initiative headed by Miss Felton of Associated Charities. The Catholics became the model community during the epidemic for their charitable work and support of the Board of Health, aiding Mayor Rolph and Dr. Hassler in their public relations campaign to portray San Francisco citizens as humanitarians and bring everyone in the city up to the same high standard of health. In doing this, they allied themselves with the superior authorities in the established hospital model of the city, able to monitor and control citizens through public health as Hassler did. This reputation and status in San Francisco’s new health-based bureaucratic hierarchy reflected their integration into the city through the establishment of commendable institutions.

The Irish Catholic history of ethnic integration not only affected their prominence as community leaders during the epidemic but also impacted their well-being. Irish Catholics already built hospitals in places where they settled, making it much easier for them to access them than the Italians in North Beach for example, who had no hospitals in their district. The Irish also spread out and did not concentrate themselves in a single enclave, making it easier to access the bigger and well-supplied San Francisco hospitals that had vaccines, hospital beds, and nurses. Because the Irish had been in San Francisco for many decades, they had a stronger financial base that allowed them to purchase medicine, gauze masks, and other influenza preventative. December 1918 hospital records from San Francisco General Hospital illuminate the advantage that the Irish Catholics had in surviving the epidemic. Most of those admitted to San Francisco General at this time were Irish Catholics and many of those patients survived their bouts with the disease. Many received ambulance rides from the Central Emergency Hospital to San Francisco General, showing that they utilized the limited ambulance services as well. Their ability to stave off the disease, with exceptions of course, stemmed from the geography of the community, their long-established history in the city, and their roles as public health leaders and close allies of the Red Cross. Arguably, then, their integration into San Francisco’s population facilitated their survival in the fall and winter of 1918.

The Irish Catholic experience differed greatly from the Italian experience in San Francisco during the epidemic, mainly due to each group’s history as an ethnic community in the city. While initially an enemy to the most influential citizens, the Irish eventually integrated themselves into the larger population by building schools, hospitals, and churches. Having done this for many decades, they rose to the ranks of community leaders and
protectors of public welfare when influenza struck in October 1918, helping display San Francisco's humanitarianism to others. The Irish Catholics, therefore, survived in much larger numbers than did the Italians and played a much more active role in achieving the local government’s progressive goals.

Instead of using their interaction with the Chinese population to display their progressive successes, which they did with the Italians and Irish Catholics, the local government worked to ensure that the Chinese would not spoil their efforts. White San Franciscans traditionally blamed the Chinese for being harbingers of such epidemic diseases as smallpox and plague, and public health officials stigmatized the enclave as insalubrious and threatening to the rest of the population. Due to this exclusion, Chinatown operated as a kind of isolated microcosm of San Francisco throughout the beginning of the 20th century, which public health officials maintained during the influenza epidemic to protect other citizens. The advancement of bacteriology and reordering of world politics by 1918 changed the type of prejudice directed towards the Chinese. This new type of prejudice fit progressive ideals associated with scientific knowledge and ethnic inclusion, but did not eliminate the barriers of the community erected through public health policy. However, the Chinese seemingly benefitted from their community’s longevity in the city as well as this constructed isolation in withstanding the onslaught of epidemic disease.

The Chinese in San Francisco were scapegoats for public health issues in the late 19th and early 20th century, suffering from a negative stigma of their community that, even if limited, persisted in 1918. The Chinese came to California, mainly as railroad workers, from a continent associated with major epidemic disease. As Chinese immigrants began to take other jobs in San Francisco following the completion of the transcontinental railroad, the white population increased their efforts to exclude them from society using public health and ideas about population pollution. Due to ethnic discrimination, the Chinese could only settle in a small and undesirable section of the city, the enclave now known as Chinatown. Public health officials believed that that the cramped and unventilated living quarters there bred disease, and they later created a Nuisance Law to punish the Chinese without improving their living conditions. The rest of San Francisco's citizens did not criticize this lack of reform, but rather deemed health threats posed by Chinatown, a hotbed of "crime, misery and loathsome diseases," a product of Chinese culture. Therefore, when diseases like smallpox and plague, discovered initially among the Chinese population in the city's 1900 epidemic, hit San Francisco, public health officials and politicians immediately singled out the Chinese as the cause. This led to an increased isolation of Chinese immigrants in quarantine stations like Angel Island, as well as Chinatown itself, further exacerbating the Chinese populations’ reputation as a menace to the city's health.

The development of bacteriology and the contagion theory of disease altered the way public health officials treated Chinatown during later epidemics in the early twentieth century, so that, by 1918, public health officials no longer blamed the Chinese for spreading disease simply based on their ethnicity. In the 1907 plague epidemic, scientists discovered that rats were the breeding grounds for the plague bacillus. Public health officials translated this "epidemiological knowledge into the reproduction of space," increasing their medical authority over the entire city to target areas outside of Chinatown as well. Although bacteriologists and physicians agreed that ventilation, fresh air, and sunshine would impede the spread of influenza during the 1918 epidemic, they knew that the disease was contagious and that it spread through people rather than the environment. This new scientific understanding, combined with the pandemic quality of influenza at this time, seemed to make susceptibility objective and democratic; anyone could catch influenza regardless of his or her class, gender, ethnicity, or location. Prejudice against the Chinese existed in other forms, but the Chinese in San Francisco no longer carried the responsibility as the sole cause of epidemics in the city.

Like the Irish, the Chinese in Chinatown benefitted during the epidemic from their longevity in the city and their subsequent establishment of a miniature city within San Francisco. As mentioned earlier, housing restrictions concentrated the plethora of Chinese immigrants into a single enclave beginning in the 1870s. The white population, afraid of new competition from Chinese laborers, restricted Chinese business to Chinatown and restricted them to certain occupations, such as the laundry trade. The language barrier and distinctiveness of Chinese culture also added to the creation of a Chinese community that operated as a separate entity from the rest of the public. The Chinese constructed their own institutions in Chinatown, such as schools, temples, theaters, and even a hospital, making it possible to live entirely within the enclave. While the Irish also established these
sorts of institutions, they dispersed them throughout the rest of the city, thereby integrating themselves as well. The Italians had few if any of these institutions in 1918, a fact which, especially in the case of medical institutions, proved detrimental to their well-being. The Chinese, however, separated themselves from the rest of the city while still enjoying the resources of an organized society, and this helped them fight against both influenza and constricting public health measures during the 1918 epidemic.

Health officials essentially quarantined Chinatown during the epidemic, largely ignoring it in their intensive public health campaigns and regulating travel in and out of the enclave. San Francisco newspapers reported little about influenza among the Chinese since few health officials went into Chinatown to survey the damage. When Hassler finally investigated a few reported cases there, he found many unreported deaths and ordered a restriction on travel into and out of Chinatown.[117] This restriction illuminated the differences in treatment of the Chinese from 1900 to 1918; Hassler ordered all Asian servants to remain in the households of their white employers rather than sending all Chinese back to Chinatown.[118] In previous epidemics, public health authorities targeted all people of Chinese origin in the city and not simply the ethnic enclave. Health authorities at this time still discriminated against Chinese immigrants, barring those with the “oriental disease” clonorchiasis from entering as early as 1917, but they changed their view of the Chinese already living in the city.[119] The Chinese Exclusion Act and establishment of the Chinese Six Companies helped construct a higher-class, literate population in Chinatown that the outside community saw as more respectable than the previous generation.[120] Therefore, Hassler and his cohorts did not feel the need to impose as strict regulations on Chinatown during the influenza epidemic as public health officials had done in the past.

Chinatown received little help from the city but did not ask for it either. The Chinese had an ingrained distrust of public health officials due to their discriminatory practices in Chinatown in previous epidemics. Hassler, unwilling to take on the task of managing Chinatown due to this distrust as well as the existing cultural barrier between Chinatown and the rest of the city, sent Dr. Joseph Seung-mun Lee to fight influenza in the enclave.[121] Volunteer nurses and teachers also refused to go into Chinatown to help individual households as they had done in other districts because “no private individual can gain any information from the Chinese,” an opinion based on previous association and interaction with the ethnic group.[122] This, along with Hassler’s border regulations, helped isolate the Chinese from the rest of the city during the epidemic almost as a separate ward in the city’s hospital model. Therefore, health authorities did not have to address the problem of Chinatown when defending their successes in influenza prevention, making their public health goals much more attainable.

Because the Chinese confined their experience with influenza to their community, San Francisco could focus on helping the rest of the population instead. According to patient records from December 1918, no Chinese patients came to San Francisco General Hospital for treatment.[123] The Chinese treated disease within Chinatown since they had their own medical resources there, such as the Tung Wah dispensary and various Chinese medicine shops. They did not make an effort to report their deaths to San Francisco officials either. Chinese mortuary records, kept by the US Department of Labor Immigration Service, showed few deaths in Chinatown and San Francisco.[124] This does not necessarily mean that few Chinese in the city died during the epidemic, but that they did not report it, nor did the Department of Labor Immigration Service care to track down those cases. In some instances, medical authorities from outside Chinatown collected bodies of Chinese influenza victims, but they only did so when the bodies seemed to be a nuisance to someone. The coroner’s office picked up Chinese corpses if they were lying on the street or if someone complained about the dead body wasting away inside a building.[125] On the other hand, people from the other sections of the city would often bring in their dead for the coroner to examine. This underreporting by the Chinese helped keep death figures low in Hassler’s reports and directed aid from public health and medical authorities to the rest of the population, bolstering Hassler’s argument that San Francisco could protect its city from the epidemic better than anyone else could.

The Chinese exercised their own method of public health as well, further distancing themselves from Hassler, his officials, and the hospital model they imposed on the city. In 1899, the Chinese built the Tung Wah Dispensary as an affordable and nearby hospital that offered Chinese medical treatment, one of the major concerns of older Chinese residents who did not trust Western medicine.[126] The dispensary solved the language barrier problem as well, allowing Chinatown residents to speak with a Chinese doctor. Even though it added a Western medical
department, the Chinese still used and operated the Tung Wah Dispensary as their own entity.[127] They also took public health matters into their own hands, publishing health tips in Chinese newspapers that sometimes opposed those espoused by Hassler. On October 24, when Hassler issued the mask ordinance, the Chinese World informed the Chinese community of the law as Corriere del Popolo did the Italian community, but it warned that the masks were over priced.[128] At this time, publishers advocated the use of white handkerchiefs, boiled in water, to stop the spread of influenza instead, and hardly any Chinese wore gauze masks in October and November 1918.[129] The Examiner, Chronicle, and even Chinese World reported that few in Chinatown wore masks, leading to the arrest of many Chinese.[130] This complicated Hassler’s public health campaign, of which the gauze mask was the primary component, but the self-containment of Chinatown and underreporting of deaths ensured that the Chinese, who did not feel as constrained by outside medical authorities as they had in the past, would not spoil the public health official’s efforts.

Despite the relative isolation of the Chinese in geographical space and health policy, those in San Francisco tried to show that the ethnic group had Americanized and now aided the city’s patriotic cause. Partially because of the creation of the Republic of China in 1911 under the guidance of Sun Yat-sen, a revolutionary who embraced western systems of governance, China allied herself with the United States in World War I. Therefore, the Chinese abroad and in San Francisco contributed to America’s war effort. Shanghai newspapers advertised America’s fourth Liberty Loan drive in early October as San Francisco newspapers printed articles reminding President Wilson and the entire city that China was an ally.[131] Chinese in Chinatown contributed to San Francisco’s Loan drive totals, which Mayor Rolph and the media frequently advertised in the fall of 1918.[132] Newspapers also reported about other contributions from Chinese Americans in San Francisco, such as their service in the US Army.[133] These efforts helped portray the Chinese in the city as Americanized, a major goal of progressive bureaucratic reformers like Rolph, even though they did not always adhere to San Francisco’s health policies or move much outside of Chinatown. However, because the media advertised the Chinese community’s patriotic contributions much more so than their death rates or recalcitrance, Rolph could boast about the city’s abilities in Americanizing immigrants and thus its success in achieving its progressive goals.

Scientific understanding of disease and the generational changes in the Chinatown community ultimately serviced Hassler’s and Rolph’s goals of portraying San Francisco as having the best public health during the influenza epidemic and being the most successful in implementing its progressive agenda. Although the Chinese still resisted integration into the population through medicine and health measures, this resistance allowed Hassler to focus on helping the rest of the community and omit the Chinese from his reported death totals. By instead focusing on the politics of China and Chinese Americans during wartime, Rolph, Hassler, and the San Francisco media strategically employed the Chinese’s image for their own benefit, echoing what they did with the entire San Francisco population during the epidemic.

The influenza epidemic of 1918-19 was a great medical tragedy, yet the local government in San Francisco used it to lift themselves onto the national stage. They exploited the gaps in medical science to construct their own seemingly scientific public health measures, which the public accepted because they were the only means of protection against the deadly virus. Mayor Rolph and the San Francisco Board of Health organized the city into a hospital-like structure, providing comfort to those who craved scientific order at this time and servicing their goals of controlling people’s actions to portray the city as progressive. Furthermore, they focused on illustrating the patriotism of the city and its population and often equated loyalty to one’s country with loyalty to the city’s Board of Health. Through all of these efforts, Mayor Rolph elevated the reputation of San Francisco within the nation so that by 1920, he could claim that “San Francisco patriotically, commercially and civically has forged ahead in a manner that has attracted the attention of the whole world.”[134]

Mayor Rolph, in organizing his city during the epidemic, tried to portray his city as more progressive by raising health and scientific standards, emphasizing patriotism, and Americanizing foreigners. He connected his authority with that of the San Francisco Board of Health, constructing a scientifically based bureaucracy and showing the nation that the health of his city was his primary concern. The entire San Francisco medical community aided the mayor by constructing more prestigious medical institutions, while others in the community attempted to reduce
health disparities among the poorer populations. Rolph and Dr. Hassler also incorporated ethnic groups into their hospital model, manipulating them and their image to show the civil government as exceptional in Americanizing foreigners. They attempted to assimilate these new Americans through public health and create a new social fabric based on progressive and nationalist ideals equating both the American and San Franciscan identity with good health. Ultimately, their infusion of medical science into civil government altered the traditional political order in the United States.

City authorities in San Francisco equated the health and vigor of its population with the health and vigor of the city. Although the influenza epidemic of 1918 posed a threat to the health of cities all over the nation, Mayor Rolph, Dr. Hassler, and the Board of Health took advantage of the situation to make San Francisco the model for a salubrious urban environment and the quintessential American city. Invoking science and patriotism, they convinced the public that San Francisco was singularly successful in fighting off influenza and protecting American lives, particularly when compared to cities on the East Coast. Despite the fact that the 1918-19 influenza epidemic was one of the greatest medical failures in history, it reveals how San Francisco's public health and civil authorities aligned medical and national interests to construct a new and more reputable social order in the waning years of the Progressive Era.


Historians mark the Progressive Era in the United States between the 1890s and 1920s. During this time, reformers and activists emerged to clean up corrupt governments, curb social immorality, and Americanize immigrants primarily through scientific, medical, and engineering solutions. Progressive politicians and activists instilled the American people with an instinctive desire to strive for these reforms through scientific methods, a desire best described as the progressive impulse. For more on the Progressive Era and the progressive impulse, see Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920* (New York: Free Press, 2003).


Allopathic medicine is medicine that produces different effects than the disease it is treating. Homeopathic medicine consists of a small amount of drug that produces symptoms similar to those being treated.

Minute Book, *Hahnemann Hospital*, MSS 91-5, Carton 1, California Homeopathic Institution files, University of California, San Francisco Archives, 173.

Simon Flexner and his team of researchers came to San Francisco from the East Coast to eventually identify the plague bacillus present in 1900. More information about this epidemic can be found in Susan Craddock's *City of Plagues: Disease, Poverty, and Deviance in San Francisco* (Minneapolis, MN: University of Minnesota Press, 2000).


Office of the Surgeon General (Army), "Letterman General Hospital, Presidio of San Francisco. Annual Reports, 1918-1923," Box 7, RG no. 112, National Archives and Records Administration, San Bruno, CA.

Public Health Service, Angel Island Quarantine Station, Letter to the Surgeon General from the Medical Officer in charge, July 1, 1903- March 1, 1926, Box 9, RG 90, National Archives and Records Administration, San Bruno, CA.

Letter from Mayor Rolph's Secretary to Dr. William Hassler, October 15, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society.

Letter from J. Edinger to Mayor Rolph, October 19, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society; Memo from the Department of Public Works, October 21, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society.

"De Young is Attacked by Mayor Rolph," *San Francisco Examiner*, October 29, 1918; Report of citizens opinions on street flushing found in "High-Pressure System Under Fire by Board," *San Francisco Chronicle*, October 29, 1918.

"Open Air Best Remedy For Influenza," *San Francisco Examiner*, October 18, 1918.


[22] Letter from Mayor Rolph to the San Francisco Board of Supervisors, October 23, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society.


[27] "Efficacy of Flu' is Proven," San Francisco Examiner, October 27, 1918.

[28] Dr. Hassler reported in the San Francisco Examiner that deaths from influenza were on the decline in San Francisco as early as October 27, although statistics from Alfred Crosby, America's Forgotten Pandemic: The Influenza of 1918 (New York: Cambridge University Press, 1989) shows that the weekly death total actually continued to climb until the week of November 2.

[29] Telegram from Mayor Homer Brown to Mayor Rolph, November 13, 1918; Telegram from Edward Rainey to Mayor John Hart, November, 8, 1918. Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society


[32] Letter from Mayor James Rolph, Jr. to President Woodrow Wilson, October 31, 1918. Box 73, Folder 1, The Papers of Mayor James Rolph, California Historical Society

[33] Dr. John Kyle, "Masks and Vaccines in Influenza," Southern California Practitioner, Volume 33, edited by Dr. Geo Malsbury (Los Angeles: California Hospital, 1918), 147.


[38] Ibid.


[40] "Hassler Posts Signs on Doors," San Francisco Examiner, December 22, 1918; Opinions on implausibility of quarantine expressed by Dr. Fred Rothanger of the 12th Naval District at Yerba Buena Island at an October 1918 Board of Health Meeting. San Francisco Board of Health Minute Book, 2618.


[43] Many letters documenting the public's hostility towards masks can be found in Box 73, Folder 3 of the James Rolph, Jr. Papers at the California Historical Society.


[45] "Boston Comes to S.F. Relief with Vaccine," San Francisco Examiner, October 25, 1918.

[46] Ibid.

[47] "1,000 Receive Leary Serum Treatment," San Francisco Examiner, October 28, 1918.

[48] "20,000 Doses of Serum Are Brought Here," San Francisco Chronicle, October 29, 1918.


[51] "Clean-Up War all Over State to End Grippe," San Francisco Examiner, October 11, 1918.

[52] "City May Ask Red Cross to Supply Nurses," San Francisco Chronicle, January 3, 1918.

[53] "Rolph Pleads for Red Cross," San Francisco Examiner, December 12, 1918.


[55] Ibid.

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[57] City and County Federation of Women's Clubs- Yearbook, 1918-1920, SF Ephemera Collection, SF Associated City and County Federation of Women's Clubs, San Francisco History Center.

[58] Circular #159- A from the Board of Education, San Francisco Unified School District Records, October 16, 1918, SFH 3, San Francisco History Center Archives.

[59] Quote from City and County Hospital Superintendent Dr. Robert G. Broderick in "Teachers Help Fight Influenza," San Francisco Examiner, November 10, 1918.


[61] "Auditorium Scene of Loan Rally Tonight," San Francisco Examiner, October 11, 1918.

[62] Morbidity numbers come from Crosby, America's Forgotten Pandemic, 60.

[63] "City Drops All Restraint in Victory Fete," San Francisco Examiner, November 12, 1918.

[64] Letter from Blanche Ashley to Mayor James Rolph, Jr., November 10, 1918, Box 44, Folder 527, The Papers of Mayor James Rolph, California Historical Society.

[65] "Influenza, as Well as Huns, is Defeated, San Francisco Examiner, November 12, 1918.

[66] Ibid.

[67] San Francisco Board of Health Minute Book, 2620.

[68] Ibid.

[69] Letter from E. Price to Mayor James Rolph, Jr., October 18, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society.

[70] Ibid.


[72] San Francisco Board of Health Minute Book, 2620.

[73] Ibid., 2618.

[74] "S.F. to be On Par with all Coast Ports," San Francisco Examiner, November 8, 1918.


[76] Letter from Sam Davis to Mayor James Rolph, Jr., November 22, 1918, Box 73, Folder 1, The Papers of Mayor James Rolph, Jr., California Historical Society.


[78] For more on the relationship between ethnicity, class, and space, see Craddock, City of Plagues.

[79] Ibid., 149.

[80] Ibid., 206.

[81] List of hospitals and their general attendance listed in San Francisco Hospital Admissions Records, 1932, California Nurses Association Papers, carton 11, University of California, San Francisco Archives, San Francisco, California. Although the records are from 1932, they reflect the general size of hospitals in the city in the early 19th century.

[82] Craddock, City of Plagues, 235.


[84] "Keep up Flu' War, Citizens are Warned," San Francisco Examiner, October 30, 1918.

[85] San Francisco Board of Health Minute Book, 2616.


[89] "Le Raccomandazioni Delle Autorita' Sanitarie Per Combattre L'Influenza," Corriere del Popolo, November 5, 1918.

[90] "Distribute Free Masks," San Francisco Examiner, October 26, 1918.

[91] "Le Raccomandazioni Delle Autorita' Sanitarie Per Combattre L'Influenza," Corriere del Popolo, November 5, 1918.

[92] "Influenza Drops to 454 New Cases," San Francisco Examiner, November 6, 1918.


[95] Corriere del Popolo, November 8, 1918.

[96] City and County Federation of Women's Clubs- Yearbook 1918-1920 (San Francisco, CA: City and County Federation of Women's Clubs, 1920), 7; 46.
Quote from Judge Charles F. Amidon, "The Duty of Americans to Americanize the Immigrant," San Francisco Examiner, October 23, 1918.


Ibid., 107.


Ibid. The city's first hospital was the State Marine Hospital built in 1853.

"S.F.Churches Give Services in Open Air," San Francisco Examiner, October 21, 1918.

Ad, "The San Francisco Church Federation to the People of San Francisco," San Francisco Chronicle, October 19.


"Catholics Aid Red Cross in Fight on Flu," San Francisco Chronicle, October 25, 1918.

Ad, "Wear a Mask and Save your Life!," San Francisco Chronicle, October 22, 1918.

"Help Make this Christmas a Real Celebration," San Francisco Examiner, December 7, 1918.

San Francisco Board of Health Minute Book, 2616.


Shah, Contagious Divides, 51. Nuisance law allowed the government to intervene in situations where they thought harmful or insalubrious environments threatened public welfare. It catalogued the violations and punished the violaters, but did not actually instigate reform.

Edward Wolleb, "Why Are Not the Laws Enforced?," San Francisco Chronicle, April 10, 1876.

After the 1900 plague epidemic, many in the San Francisco city government advocated for a removal of Chinatown from the city due to health risks, but were unsuccessful. These sentiments found in "Wiping Out of Chinatown Evil Must Come Before Long," San Francisco Chronicle, July 4, 1900.

Craddock, City of Plagues, 151.

Julian Brandon, "Doctor Tells how to Avoid Spanish Flu," San Francisco Examiner, October 12, 1918. The theory of contagion, which proposed that disease spread through bacteria, replaced the miasma theory of disease, which said that an insalubrious environment and the resulting noxious gases bred disease.

Shah, Contagious Divides, 64.

Crosby, America's Forgotten Pandemic, 96.

"Law in Force Till Passing of Influenza," San Francisco Examiner, October 25, 1918.


The Chinese Exclusion Act, which Congress passed in 1882 and repealed in 1943, suspended the immigration of Chinese laborers into the United States. Those barred from the country included "skilled and unskilled laborers and Chinese employed in mining and anyone who wanted to come to America had to receive a certificate to do so from the Chinese government. "Transcript of the Chinese Exclusion Act (1882)," http://www.ourdocuments.gov/doc.php?doc=47&page=transcript (accessed May 1, 2011). The Chinese Six Companies were comprised of wealthy Chinese merchants in San Francisco who represented Chinese immigrants and Chinese-Americans, particularly in the courts. Because they had enormous political power and communicated with the non-Chinese community, they enjoyed a status above the typical Chinese immigrant.

Crosby, America's Forgotten Pandemic, 96.

"The Teachers Did Their Share," San Francisco Chronicle, November 8, 1918.


San Francisco Coroner's Office, Death Reports, October 1918, San Francisco History Center, San Francisco, CA.

Charles Leong Collection, 40th Anniversary of the San Francisco Chinese Hospital, 1923-1963 (Hong Kong: Wing On Shing Printing Factory, 1963), 1.


"California Buys Third of Loan Quota in Two Days," *San Francisco Examiner*, October 2, 1918.

"Persecution of Chinese is Charged," *San Francisco Examiner*, October 11, 1918.

Mayoral inauguration address from Mayor James Rolph, Jr. to the San Francisco Board of Supervisors, January 8, 1920, Box 96, Folder 1, The Papers of Mayor James Rolph, California Historical Society.