

“ACCEPTING THE SOCIAL ORDER AND HARVESTING BRILLIANT SUCCESS”¹

Chinese Physicians in Twentieth Century Hawai‘i

Nancy E. Riley

Abstract. The story of Chinese in Hawai‘i often focuses on how they moved from immigrant labor on sugar and pineapple plantations in the late nineteenth and early twentieth centuries to the highest levels of economic and social life by the mid twentieth century. This article argues that this story deserves closer scrutiny. Using a focus on the over-representation of Chinese in medicine, dentistry, and in public health, my analysis offers a window on several processes underway during those years that have continued to have resonance, in Hawai‘i and in the larger American society, including the racial politics in Hawai‘i; the relationship between Hawai‘i—a settler colonial society—and the U.S.; the role of health and disease in the construction of race; and the nascent model minority and neoliberal multiculturalism frameworks that were advancing during those years.

In 1953, Richard K. C. Lee was appointed to lead the Board of Health of the Territory of Hawai‘i; when Hawai‘i became a state in 1959, Lee became the first Chinese American to head a state health department. Lee’s pathway to the top public health position reflects not only “one man’s journey,”² as he described his life, but the path of many Chinese people in Hawai‘i, from early beginnings as

immigrant laborers on sugar and pineapple plantations in the late nineteenth and early twentieth centuries to the highest levels of economic and social life by the mid twentieth century. Lee was one of many from the Chinese community who entered the fields of medicine, dentistry, and public health, fields in which, by the 1940s, Chinese individuals were overrepresented. In those decades, Chinese people achieved success in other professional fields as well.

But the pathway to success of Lee and other Chinese people in Hawai'i during those years is more complicated than the "liberal moral allegory of [how] nonwhite groups [enter] into the United States"³ that is often proffered to describe Chinese experience. In this article, I argue that understanding the Chinese story requires attending to its nuances and contradictions, and what and who is overlooked and left out of the story we hear and tell. Significantly, the rise of Chinese individuals in Hawai'i occurred in the midst of several key changes that were underway during those years that were interwoven with the developing racial politics during those years: the relationship between Hawai'i—a settler colonial society—and the U.S.; the role of health and disease in the construction of race; a nascent model minority discourse; and the spread of neoliberal multiculturalism. The Chinese experience points to the ways that neoliberal multiculturalism offers a "racial bribe"⁴ to some groups; from this perspective, we can see that by playing by the rules of the dominant (haole⁵) system, some Chinese residents were allowed access to social citizenship. That history continues to resonate, in Hawai'i and in the larger American society.

I focus on the representation of Chinese people in medicine and public health for a number of reasons. In many places across the world, including in Hawai'i, Chinese people had long been associated with disease and contamination. In 1885, one of the leading newspapers in Hawai'i, *The Pacific Commercial Advertiser*, had written that Chinese people in Hawai'i were "the greatest and most inveterate offenders against sanitary laws."⁶ By the 1940s, Chinese were no longer the subject of health directives and discourse but actually dominated the medical and dental fields in Hawai'i, and began to take up leadership positions in the public health field. The decades between these two eras were important ones for Chinese people living in Hawai'i and for the society overall, as Hawai'i underwent massive changes: experiencing the growth of the sugar industry and its complete dominance of the economy; the increasing power of haole in Island life; the seizure of Hawai'i by and annexation to the United States; playing of a key role during World War II; and major changes in racial organization as thousands of immigrants arrived to work the plantations and Native Hawaiians suffered major losses of population and community.

Chinese success in medicine and public health, then, takes on several layers of importance. The movement of Chinese people into medicine and higher levels

of the public health system in Hawai'i was a visible marker of the passage of the first immigrant group from plantation laborers into middle and then professional classes; in a society where they had been closed out of the major pathway for economic and social success—the sugar industry—medicine represented an alternative route to such success, even as the American medical profession was itself undergoing change. Chinese success could be celebrated as a rise from being vilified and condemned as dangerous to being in charge of the very institutions that had helped to construct those earlier images and assumptions.

Chinese people worked hard for their achievements and acceptance in medicine and public health, even in the face of continuing discrimination. However I argue that Chinese movement into medicine was not a singular pursuit but one that reflected complicated and often fraught processes, particularly racialization in Hawai'i and between the U.S. and Hawai'i. The success of some Chinese professionals as respectable medical practitioners had reverberations beyond individual achievement; they could use their prestigious positions to break barriers in medicine and well beyond, including in the area of immigration restrictions, which have always been powerful shapers of Chinese communities. At the same time, attention to the larger context of Chinese experience allows us to examine the workings of the system in which they maneuvered, how some but not others are accepted into it, and the costs of such acceptance. We might see this process as a form of “strategic assimilation”⁷ in which a group takes on elements of the dominant ways while maintaining strong ethnic ties and community. But we also must note that Chinese success came with certain costs—to individuals, to the community, and to the wider Hawai'i society.

Also important is what is lost or missing in this narrative. Widening our lens to include Native Hawaiians in this process, we can see how the structures of a settler colonial society affect and shape groups in different ways. In the late nineteenth and early twentieth centuries, the outlook for Chinese and Hawaiians was quite different. Native Hawaiians had or were losing land, communities, nation, and population. On the other hand, as they established themselves in Hawai'i, Chinese immigrants had reason to be more optimistic about their trajectory. The decisions they made, and the way they engaged with the structures and processes during these years—as individuals and as a community—reflected that optimism.

It is also important to note that not all Chinese people found economic success or social acceptance during these years and what that meant; socioeconomic differences formed divisions within the Chinese community. Community tensions also arose around disagreements about how closely aligned to haole structures of power Chinese people should be and whether such achievements necessitated accepting a racial bribe that required subscribing to western ways

and succumbing to haole ideology and control. Chinese physicians succeeded by toeing the lines established by haole authorities; nearly always, forging a pathway in western medicine meant moving away from Chinese medicine practices, and often maintaining a distance from traditional ways of treatment, disease understandings, and notions of health and illness.

Hawai'i itself offers an important vantage point on these issues. During the Cold War years, as U.S. leaders looked for ways to convince countries in the Global South to align with the U.S. against the Soviet Union, Hawai'i became "an instrument of American foreign policy."⁸ Chinese achievements in medical and other occupations fed into U.S. Cold War arguments about Hawai'i as a racial paradise, an example to counter accusations by the Soviet Union that the United States harbored and promoted racism. Before these years, much of the American resistance to accepting Hawai'i as a state came from a concern about race—that because two-thirds of Hawai'i's population was not white, Hawai'i could never be truly "American."⁹ But during the Cold War, Hawai'i's racial make-up actually helped to make a case for statehood. Hawai'i was now valuable as a site through which the U.S. could argue that racial equality was possible in the U.S.: where anyone, no matter their origins or the color of their skin, could work hard and succeed. Though belied by evidence, even today, Hawai'i is regularly promoted as a "racial paradise." Such a claim erases the racial tensions and inequalities that continue to exist in Hawai'i. The Chinese story has not been replicated by all racial/ethnic groups. Other ethnic groups—including Filipinos, Marshallese, Samoans—continue to struggle for a place in Hawai'i society. Perhaps even more significant was the omission in statehood debates of the experiences of Native Hawaiians, whose claims to land, community and nation were ignored and disappeared in the U.S. promotion of Hawai'i as evidence of the superiority of the American system. Celebrating Hawai'i's statehood also allowed the U.S. to sidestep how its incursions into Hawai'i violated its own rhetorical support for newly independent nations during the Cold War period.¹⁰

In light of these larger politics, we see even more clearly that the ways that Chinese (and Japanese) success was celebrated—and even the construction of Hawai'i as a kind of model minority state—underscores how such narratives have contributed to and bolstered multicultural neoliberalism, a global white-dominated system and ideology that remains powerful even in places like Hawai'i where white residents have never been numerically dominant.¹¹

In this article, I first set the context for the shift of Chinese people in Hawai'i from laborers to health professionals by briefly outlining early Chinese experience generally, and then focus on issues of health and medicine, which so strongly shaped Chinese lives during those years. Part of that story includes the burning of Chinatown in 1900 as a result of an attempt to control a bubonic

plague outbreak. I then trace the rise of Chinese professionals into medical and dental fields, a rise whose significance is best captured by the appointment of Dr. Richard Lee—Hawai‘i-born, with an MD from Tulane University and a PhD in Public Health from Yale University—as head of the Bureau of Health for the Territory in 1953. In the last section of the article, I discuss ways to make sense of this Hawai‘i story, and what we can learn from it about racial constructs, the success of Asian Americans, and the role of U.S. racial politics in the construction of Hawai‘i. One of the lessons from this examination is that it is the complexities and multiple pieces that are important; no one thing led to Chinese success. It was the combination of place, time, community structures, and individual efforts as well that shaped the Chinese story. At the same time, this story reminds us there are many ways that the dominant system of power and inequality can be bolstered, including through the actions and strategies of once-marginalized groups.

METHODOLOGY

This article relies on several sources of data. In addition to secondary sources such as newspapers, magazines and published personal memoirs, I draw from government documents and extensive use of archives. The Hawai‘i State Archives (HSA) houses Board of Health (BOH) records, including licensing records, minutes, and other documents from the BOH. The Romanzo Adams Social Research Laboratory (RASRL) houses papers, documents, and data collected by faculty and students at the University of Hawai‘i from the 1920s through the 1960s. I also used the Hawai‘i Chinese History Center Archives and the Hawaiian and Pacific Collections (at the University of Hawai‘i, Hamilton Library), which include survey and census information collected during these years. I draw from interviews with Chinese people who were working at or with the BOH over the years¹²; in this article, I specifically draw from expert interviews with three respondents who had been involved in medicine and public health during the mid twentieth century as a way to represent how individuals experienced these changes and processes. The interviews varied in length; the shortest lasted seventy-five minutes and the longest involved several interview sessions, each one about 1.5 hours. I asked about the respondent’s family and educational background and experiences and focused on their work in medicine and public health over the course of their careers.

THE HISTORY OF CHINESE IN HAWAII

Chinese people were first brought to Hawaii as contract workers on sugar plantations in the 1850s; their numbers increased over the next years, peaking in 1896.¹³ Once their contracts finished, usually after five years, Chinese laborers began to leave the plantations. Some returned to China, and some settled in other rural areas of Hawaii, growing rice or other crops.¹⁴ But most often, they moved to Honolulu, where the Chinese population increased steadily. While 29 percent of Chinese people in Hawaii lived in Honolulu in 1890, that percentage had increased to 35 percent by 1900 and rose to 71 percent by 1930.¹⁵ There they worked in a variety of jobs, such as butchering, shopkeeping, and peddling, generally at the bottom of the occupational hierarchy. Contrasting sharply with California, there was little competition over these entry-level jobs in Honolulu during the early part of the twentieth century. Haole were generally of higher social and economic standing. Native Hawaiians had experienced severe population decline and the destruction of their communities, nation, and daily lives, and were thus less likely to seek such jobs.¹⁶ Most Japanese laborers were still working on plantations during these years.

Once no longer engaged in plantation work, Chinese individuals began to climb the occupational ladder. Many opened small businesses. In 1930, Chinese immigrants made up only 7.4 percent of the total population of Hawaii,¹⁷ but one third of retail dealers (996 out of 3,218).¹⁸ Such numbers point to how these businesses were serving both the Chinese and non-Chinese communities. Movement up the occupational ladder continued through the early twentieth century, with Chinese workers increasingly represented in higher-status jobs such as banking or industry. The first Chinese-owned bank opened in 1916, followed soon by others. Chung Kun Ai started a successful hardware store, City Mill, even managing to restart its operations after it was destroyed in the 1900 fire.¹⁹

Chinese children also began to enter school in increasing numbers. By 1910, 80 percent of Chinese boys and 65 percent of girls between five and twenty years old were attending school, figures that compared favorably to those for other groups, especially other immigrant groups.²⁰ Through World War II, Chinese students were overrepresented at the University of Hawaii, making up about 25 percent of all graduating classes, more than twice their representation in Hawaii's overall population.²¹ As we will see, Chinese representation in education was partly the result of the ways that many Chinese families deliberately and carefully used education as a way to gain a foothold in Hawaii society, encouraging their children to follow the local schools' prescriptions for academic success. The movement of Chinese students into schools, and increasingly to

higher grades in school, meant that there was a growing number of trained Chinese graduates who were ready to enter higher-status occupations.

Residential patterns also reflect Chinese movement into wider Honolulu society. There were no formal rules against Chinese people living in any part of Honolulu, as there were in places like San Francisco.²² Nevertheless, the first Chinese migrants to Honolulu settled in one area; in the late nineteenth century, about two-thirds of all Chinese immigrants living in Honolulu lived in the "Chinese quarter," or Chinatown. Chinatown provided advantages. Stores provided necessary and preferred items; the community made available materials and information—from signs to newspapers—in a familiar language; and immigrants could tap into Chinese social and economic networks. While Chinese immigrants appreciated these services, they also lived and worked in Chinatown because even without formal restrictive laws, they were not always welcome in other parts of the city.²³

Around the turn of the twentieth century, Chinese families began to move away from the Chinatown area, especially after the 1900 Chinatown fire. By 1920, less than half of Chinese residents in Honolulu lived in Chinatown, and by 1930, that had decreased to one third.²⁴ While they may not have been welcomed into all neighborhoods in Honolulu, as they gained economic traction, they were able to move into many new areas of the city, where they found better schools and safer communities for their families.²⁵ Here, it is important to recognize that those changes partly came from losses to Native Hawaiians. In 1848 and 1850, through both haole pressure and an effort to protect their communities,²⁶ Hawaiian leaders had privatized all lands; through this process, haole came to be the major landowners in Hawai'i and Native Hawaiians lost land rights and access.²⁷ Some of the lands seized by haole were eventually made available for purchase. Chinese people were not involved in the land seizures, but they did take advantage of them, using their newly acquired resources to buy land when it was available for purchase, create new neighborhoods, and begin to accrue wealth through land ownership.²⁸

Anti-Chinese sentiment in Hawai'i may not have been as virulent as it was in California at the turn of the last century, but evidence shows that it was widespread.²⁹ While Chinese immigrants were praised as good plantation workers, worry grew when they left the plantations to settle and make a living in Honolulu. The president of the Royal Hawaiian Agricultural Society, speaking early in the process of importing labor for the plantations, proclaimed, "The Chinese brought here...have proved themselves quiet, able and willing men...They are prompt at the call of the bell, steady in their work, quick to learn, and when well fed will accomplish more and in a better manner, than any other class of operatives we have."³⁰ By 1869, this argument had changed; another haole leader

complained, "It is hard... to keep the coolies [sic] to their contracts, and when their terms have expired what becomes of them?.... The Chinese are pagans; they won't be Christianized; they won't re-engage to labor, but are turned loose on the country, with all their vices."³¹ As Chinese began to intermingle more frequently with the haole population, we can trace rising concerns of Chinese "pollution,"³² and fears of infection of the larger population. Many haole in Hawai'i were particularly concerned about contact between Native Hawaiians and Chinese, seeing cooperation as potentially harming their own control over both groups;³³ they discouraged such interactions through rhetoric about the dangers of Chinese people. One writer commented in 1884, "This once innocent Hawaiian people are now the [victims] of John Chinaman. They are enticed into dens of debauchery, dens of deception, dens of corruption, dens of infamy, dens of gambling, dens of contagion, dens of opium..."³⁴

Over the nineteenth century, as haole assumed key government positions, they used their power to reorganize Hawai'i society, in ways that severely impacted Native Hawaiians but also affected Chinese. Haole forced King Kalākaua to rewrite the constitution in 1887 to suit their own interests; the so-called Bayonet Constitution also stripped Chinese immigrants of any citizenship or voting rights. In 1893, U.S. Marines overthrew the Kingdom of Hawai'i, leading to the formal annexation of Hawai'i by the U.S. in 1898, and requiring Hawai'i to follow U.S. laws, including the 1882 U.S. Chinese Exclusion Act, which barred the immigration of Chinese laborers. Those new restrictions added to a growing mistrust of Chinese people in Hawai'i; by then, plantation owners had already been reluctant to bring more Chinese laborers and had turned to Japan and, later, the Philippines, for labor. Even some Native Hawaiians had come to be wary of the growing numbers and power of the Chinese, whether because they accepted haole warnings about mixing with Chinese people, or because they saw Chinese workers as a real threat to their own livelihoods. Restrictions on Chinese immigration also affected recruitment of workers on Chinese-operated rice farms and led to the collapse of the rice industry.³⁵

CHINESE, PUBLIC HEALTH, AND PLAGUE

During these years, Chinese discrimination was often linked to how they were considered a health threat to the larger Hawai'i population. Such beliefs and consequent actions were not confined to Hawai'i; scholars have long understood the importance of public health in racial constructions in many places.³⁶ Assumptions about Chinese and health were part of racial constructions at the time, and were productive as well: the purported threat of Chinese to the

health of white populations shaped immigration and other laws that were put into place in Hawai‘i (and in the U.S.) in those early years. In addition, health and cleanliness became “a link to citizenship, to becoming American.... cleanliness [was transformed] from a public health concern into a moral and patriotic one.”³⁷ While immigrants in general were often seen as potentially diseased,³⁸ Chinese were especially targeted; health officials often argued that because of their foreignness, poor sanitation, and lack of interest in proper health standards, Chinese did not deserve full citizenship or even entry into the U.S.. Even though it was white westerners who had introduced new diseases to Hawai‘i that led to the massive deaths and decline of the Native Hawaiian population,³⁹ Chinese immigrants continued to be constructed as medical scapegoats,⁴⁰ seen as dirty, diseased, more dangerous, and a greater health threat than any other group. Again, it was not insignificant that these concerns rose as Chinese people increasingly interacted with the non-Chinese. An article published in 1899 in a widely circulated tourist magazine comments on Chinese homes in one part of Honolulu and suggests two sides of how Chinese people were viewed—providing necessary goods, but at the same time, living outside acceptable standards:

The cultivation is of the best, and it is a pleasure to see the rows of beans, of cabbages, of carrots and so forth, which are getting ready for the many tables of Honolulu, and for the passengers on the numerous steamers. But if the cultivation is of the best, the homesteads of Chinese and Japanese are not picturesque. They are untidy and dirty in the exterior, and in the case of Chinese, somewhat unspeakable within.⁴¹

These attitudes and beliefs about Chinese people and disease set the stage for what happened when plague reached Hawai‘i’s shores from Asia in 1899. The first plague victims were in Chinatown, by some accounts seeming to justify the characterization and discrimination to which Chinese had long been subjected. But it was the condition of Chinatown that was key here. Chinatown’s location—on less-desirable, low land near the harbor that was prone to flooding—made that neighborhood vulnerable to disease. The run-down and inadequate sanitation allowed by Chinatown’s absentee landlords also increased the chances that plague would enter the community. One writer described Chinatown as filthy:

There was no sewer system and the cesspools [were] hidden under floors and in inaccessible places...Refuse from people, dogs, chickens and horses, the wastewater from laundries and kitchens, and the sour washings from handmade poi drained into the stagnant

pools...Flies swarmed everywhere, and enormous roaches roamed over food, tables and dishes.⁴²

Most still mistakenly believed that dirt and disorder were the sources of disease; medical personnel were just beginning to understand the role of viruses and bacteria in disease and its spread. While the plague bacterium had been identified, the role of rats (and their fleas, the actual vector) in disease spread was not yet known. Thus, although it was regularly asserted that it was the conditions of Chinatown that were the source of widespread disease and threatened the health of the entire Hawai'i population, it was most likely rat infestation that led to Chinatown's exposure. Chinatown was vulnerable to the spread of plague not because of dirt and disorder but because of Chinatown's proximity to the harbor, the lack of any preventative measures to keep rats from moving from ships to land, and the organization and condition of Chinatown that permitted rats to run freely in the area.

The death from bubonic plague of one, then two more, residents of Chinatown brought the immediate attention of public health officials to the community. In an attempt to stop the spread, Chinatown was quarantined. As Hawai'i's public health officials struggled with the outbreak, there were tensions and distrust on all sides. Experience with health officials in previous disease outbreaks as well as their experience of general discrimination made Chinese suspicious of any outside intervention.⁴³ The three (haole) doctors from the Board of Health who were in charge of containing the epidemic had to navigate through this reluctance and hostility from the Chinese community. They also resisted pressure from haole officials to completely burn Chinatown, deciding to use controlled fire to burn only those sites where plague victims had been found. But in January 1900, a controlled fire meant to burn a single structure in Chinatown got out of hand and ended up destroying most of Chinatown. The fire displaced 4,300 residents, 40 percent of whom were Chinese (also affected were Japanese and Native Hawaiians); the displaced represented about a fifth of the total population of Chinese living in Honolulu at the time.⁴⁴ These residents were moved to quarantine facilities, where they were housed and fed, but also closely monitored as health officials continued to worry about the spread of plague; many found their treatment by health officials humiliating and degrading.⁴⁵ The bitterness and mistrust that arose from these events lasted for decades.

Even if the Board of Health did not burn sites strictly because of race, race clearly played a role in the plague outbreak. Most plague victims were Chinese, or had connections to the Chinese community, strengthening both attention to that part of Honolulu and the scorn and discrimination of haole toward Chinese

more generally. More importantly, Chinatown and the Chinese were vulnerable because of the way that Chinese were constructed as foreign and threatening and excluded from Honolulu society: in where they could live, in how they did not own the land or buildings in which they lived and worked, in their lack of role in decisions about the handling of the epidemic; indeed, most Chinese had been directly excluded from legal citizenship status since 1887. Given the treatment of Chinese at the time and their relative powerlessness, it is not surprising that Chinatown was both the epicenter of the disease and drew BOH attention; in this context, the Chinese belief that the fire was a deliberate attack on their community was not unreasonable.

An important factor in the treatment of Chinese people was Hawai'i's relationship with the U.S. From the late nineteenth century through the mid-twentieth century, haole leaders sought American attention and investment in Hawai'i and lobbied for statehood. Given the virulent and widespread racism against Asians in the U.S., haole leaders in Hawai'i knew that the presence of Chinese people (and Asians in general, including the Japanese community) would hinder these goals. A bubonic plague outbreak only exacerbated these tensions: with many believing that Chinese immigrants threatened the very health and future of any community they joined, Honolulu's epidemic could only strengthen doubt on the part of white Americans that Hawai'i—or the Chinese residents there—deserved inclusion into the United States. The linking of modernity and robust public health at the time⁴⁶ also came into play here: Hawai'i's inability to control disease suggested it was not ready to join a modern American society.

RISE INTO THE MIDDLE CLASS

Between 1900 and the middle decades of the twentieth century, though still segregated and discriminated against,⁴⁷ Chinese residents of Hawai'i's nevertheless had begun to develop a distinctive and increasingly supportive community and had begun tapping into resources beyond the Chinese community as well. Because Hawai'i was undergoing great economic and social change during these years, Chinese people not only rose into the middle class, but can be seen as helping to create the middle class. To compensate for their exclusion from many haole-controlled aspects of Hawai'i society, they developed a system that paralleled the haole one.⁴⁸ They opened their own banks, created their own social and business organizations, developed ties to help community members find jobs or to subsidize newly created businesses. These community ties and the small investments made in new businesses within the community were important stepping stones to a developing economic and political strength. Data

show that Chinese individuals were increasingly likely to open and contribute to savings accounts,⁴⁹ giving many Chinese workers some capital that they could use to invest, to buy land or housing, or for other family needs. Wealthy Chinese people began to hire haole attorneys to help them deal with government officials and regulations.⁵⁰ It was these growing resources and community ties that the next generation of Chinese residents relied on to ease their own pathways to acceptance by the larger Hawai'i society. The increasing number and amount of Chinese investments—in real estate and businesses—were also important in the later success of the Chinese community in Hawai'i,⁵¹ giving many Chinese individuals inroads into positions of power and influence.

The path to leadership in medicine began when Chinese began to enter medical fields, including medicine and dentistry. There were several China-born Chinese physicians who earned medical licenses in Hawai'i after training in China⁵²; two of the most important were husband and wife physicians Li Khai Fat and Kong Tai Heong who had come to Hawai'i from Hong Kong and actually aided the BOH during the plague outbreak. The work of these early pioneers was a first step toward acceptance of Chinese into the Hawai'i medical community. But it took a Hawai'i-born, U.S.-trained generation of Chinese professionals to make significant inroads into western medical practice in Hawai'i.⁵³ These doctors studied at American medical schools in the 1920s and 1930s, returned to Hawai'i, passed local licensing exams, and undertook medical practice there.⁵⁴ The steady increase in the number of Chinese doctors and dentists paralleled the general pattern of Chinese occupations: by 1950, about three-quarters of employed Chinese men worked in professional, proprietary, skilled, or clerical jobs and were overrepresented in engineering and teaching fields; overrepresentation was even higher in medicine and dentistry. By 1930, Chinese professionals made up 12.5 percent of all doctors in Hawai'i and 27 percent of dentists; by 1940, they comprised 15 percent of doctors and 18 percent of dentists and by 1949, those figures had increased to 22 percent of doctors and 23 percent of dentists.⁵⁵ Significantly, during these years, Chinese residents only made up between 6 and 7 percent of the total population of Hawai'i and three-fifths of employed Chinese men were immigrants.⁵⁶ Their accomplishments were also notable because until 1965, when the University of Hawai'i opened its medical school, they had to gain acceptance into and travel to continental U.S. schools for medical training. In public health, training also took place only in schools on the U.S. continent until 1965, when the School of Public Health opened at the University of Hawai'i.

Chinese began to make inroads into the Board of Health in the 1930s⁵⁷ and then moved into increasingly prominent positions. By the early 1950s, Chinese were well represented in the Board of Health,⁵⁸ even as the BOH was

still heavily haole. In 1951, for example, Chinese occupied key posts, including the directorships of Health Education, Sanitary Engineering, Food and Drugs, Mosquito Control, Housing, Mental Hygiene, and Local Health Services.⁵⁹ In 1953, Richard K. C. Lee was appointed by the governor to head the Territory's health department. In five decades, Chinese residents of Hawai'i had gone from being victims and targets of the Board of Health to being in charge.

The stories of two individuals in the mid-twentieth century illustrate several key pieces of the general Chinese story and the promise of this pathway. Richard Lee's childhood was marked by hardship; his father worked as a plantation laborer and died young, leaving his mother to provide for eight children. His success and that of other early pathbreakers was both aided by a tight-knit community that saw medicine as a promising career⁶⁰ and in turn helped the next generations of scholars and doctors. Lee continued to be influential, later becoming the first dean of the newly opened School of Public Health at the University of Hawai'i in 1965.

NK (pseudonym), who began working in the BOH in 1953, provides another glimpse of how Chinese found success in public health.⁶¹ Her educational achievements reflect the efforts of Chinese families to ensure their children got a good education even in the face of discrimination, believing that doing well in local schools would eventually benefit the family. Honolulu public schools developed “English standard” schools, restricted to students who spoke “proper” English, as a way to restrict Chinese (and other Asian) students from entering the best public schools. In response, NK's parents—themselves immigrant plantation workers—insisted that their children speak only English at home so that they might pass the exam. NK's exam scores allowed her to study at the mostly-haole English-standard Roosevelt High School, from which she continued her education, earning her bachelor's degree at the University of Hawai'i and her master's degree in public health at the University of Michigan. But even after receiving her MPH in 1951, she found it nearly impossible to find employment in her field in the continental United States, where it was difficult for Chinese women to get hired into professional jobs. At one point, the only job she was able to secure was selling trinkets to tourists in San Francisco's Chinatown. She returned to Hawai'i and was hired into the BOH in 1953; that the BOH was led by Richard Lee and had a strong contingent of Chinese in high level positions made it a welcoming place for a professional Chinese woman.⁶² NK eventually rose to a top position as a health education officer, participating in both local and national public health campaigns.

The stories of people like Richard Lee and NK reflect both race and class mobility; most of these professionals came from families that were relatively poor or lower middle class. We can also see the influence of community network

and support.⁶³ Though the percentage of professionals in the Chinese community was small (only 5 percent in 1930), they were vocal in their encouragement of Chinese young people to stay in school, not to “sit back and wait for help... but... to roll up their sleeves and [get] to work.”⁶⁴ In community meetings and publications, they made the case that adopting haole ways would mean less discrimination.⁶⁵ This community pressure as well as community ties which helped young people into jobs and careers were the backdrop to whatever decisions individual young people made about their own futures. As more and more Chinese individuals rose up occupational and professional ladders, they guided the next cohorts along the way.⁶⁶

The movement of Chinese into public health also reflects changes in racialization in Hawai‘i, particularly clear when we compare Hawai‘i with other places. For many of these years,⁶⁷ California laws prohibited Chinese from even practicing medicine or dentistry. That Chinese people in Hawai‘i were able not only to work in medicine but acquire higher standing in the field suggests an opening in the pathway into the public health community in Hawai‘i. That does not mean there was no discrimination—indeed there are reports of regular discrimination against members of this group.⁶⁸ But in a society where leadership roles in the dominant sugar industry were not available to non-haole, medicine provided an alternative route to economic success and social respectability. In Hawai‘i, Chinese were able to take advantage of openings, move into a sphere of society—health—that was central to their lives and to racialization in Hawai‘i, and work toward breaking down long-standing assumptions about Chinese and disease.

MAKING SENSE OF HAWAI‘I’S STORY

What does it mean that a group vilified as unclean, diseased, and foreign entered fields in high numbers, and allowed them to take power of the very institutions that enforced policies based on these assumptions? In the public health arena, that meant that rather than being controlled by health officials, Chinese medical professionals would be seen as able to understand science, “reason ‘correctly,’ follow codes of ‘civilized’ conduct,”⁶⁹ and participate in public health initiatives.

Whether early Chinese medical pioneers in Hawai‘i entered these fields in a deliberate attempt to integrate a powerful and damaging social institution is not clear, but certainly the treatment of Chinese individuals and Chinese communities by health officials underscored the importance of these institutions to the Chinese community. Writing about San Francisco, Susan Craddock argues

that health and disease were more important than economics in the anti-Chinese movement in California: "Whereas an improved economy and increasing jobs eventually eased the hostilities of the working class toward the Chinese, the stigmas of disease and filth ascribed to Chinatown lodged firmly among the upper classes and proved harder to erase."⁷⁰

As we consider why Hawai'i's Chinese population entered medicine and dentistry in such high numbers, we should note the evidence that Chinese individuals dealt with the discrimination they faced head-on. We saw that when the public school system tried to restrict Asian students from entering some schools by instituting an "English standard" requisite in the 1920s and 1930s, children like NK overcame that obstacle and entered the schools as qualified students. They might have been kept out of jobs and positions, but they then started their own companies, whether that was one of the largest hardware stores in Hawai'i, a well-established bank, or social clubs that acted to provide places for contact and connections when Chinese were barred from the mostly-haole social clubs.⁷¹ They sought ways to move to better residential communities that provided good schools for their children.⁷² The number of Chinese professionals in medicine and public health by the mid twentieth century can also be read as a form of resistance to the way the Chinese community had long been treated by both the Board of Health and the larger haole-dominated society, as diseased and contagious. At the same time, becoming a doctor was likely to be seen as an individual achievement, and it was undoubtedly clear to Chinese young people that using the power of public health to support the Chinese community could be an effective pathway to acceptance of Chinese people in the broader society.

The story of Chinese success in Hawai'i resonates with a model minority construction⁷³: how a group arrived as immigrants and made their own successful way into Hawai'i society, how their hard work and self-reliance led them to go from the bottom of the society to become one of the three most powerful ethnic groups in Hawai'i (along with haole and Japanese). Part of such a narrative assumes that it was through their own efforts—pulling themselves up by their own bootstraps—that Chinese were able to rise as they did. That story line has been powerful; some—in the community, in academics, and in the tourist business—have used Chinese mobility to tout the openness of Hawai'i society and its acceptance of a true racial plurality. As one historian of Hawai'i put it, "the transformation from the pigtailed foreigner to the full-fledged American of the 1930s represented the most successful adjustment of an immigrant group to life in Hawaii."⁷⁴ This popular narrative lauds Hawai'i as well, constructing Hawai'i as a place accepting of the differences that immigrants bring. As the first of several immigrant groups hired as contract laborers, Chinese success often foreshadowed—or was expected to foreshadow—that of later-arriving

groups, such as Japanese or Filipino immigrants. There are complications with such a neatly-told story, however. The Chinese experience in Hawai'i was not easily replicated by other groups or in other places.

First, the timing of Chinese immigrants' arrival and movement out of plantations was central to their story. They arrived to Hawai'i at a time of disruption and change, as haole foreigners were beginning to take control. While there was some opposition to Chinese mobility, particularly by haole leaders, it was also true that Chinese workers filled needs of a growing Hawai'i society, providing services and businesses that catered not only to Chinese residents but others as well, a markedly different situation from California around the same time.

A second piece of the Chinese story is how Chinese individuals moved into Hawai'i society (and medicine) not by challenging the existing social order but by adhering to social (read: haole) norms. The Chinese rise through schooling, occupational ranks, and neighborhoods did not necessarily challenge existing class rules and presumptions and may have actually reinscribed those rules. As in other situations, Chinese in Hawai'i became more accepted—"more American"—through proper consumption: of education, housing, and in business, underscoring how consumption is used by immigrant groups in their "conscious and continuous struggle for social citizenship."⁷⁵ As Park argues, while economic success is important to immigrants' acceptance, "career decisions are probably the most prominent form of conspicuously displayed consumption. This pursuit of greater social status is ultimately a pursuit of legitimate social citizenship."⁷⁶ Becoming a doctor in Hawai'i would be a very high marker of proper consumption, a way to be accepted as part of the society.

In the process, acquiring western medical education also meant a separation from the long-established practices of Chinese medical practitioners. Traditional Chinese doctors had been valued within the community for their knowledge of bodies, illness and health, and often shared their skills with Native Hawaiians as well.⁷⁷ But those medical perspectives and practices were scorned by haole and white Americans. Indeed, the U.S. medical system itself was undergoing major changes in the early part of the twentieth century, tightening restrictions on who could practice medicine, developing standards of training and education, and finding ways to exclude those who did not meet the newly established criteria of proper medical practice.⁷⁸ It was into this newly developed system that Hawai'i's Chinese doctors were making their way. Choosing to train and practice in the western medical tradition was a statement of their interest in aligning with western ways and authorities.

The first Chinese doctors to have connections to Hawai'i's public health community—Li Khai Fong and Kong Tai Heong—were trained in western medicine in China before coming to Hawai'i in the 1890s. From the time of their arrival,

they worked within the existing public health framework, a framework developed and controlled by haole. It was they who reported the first plague cases to the Hawai'i authorities in 1899. After the epidemic subsided, they continued to report sanitary violations found in Chinese communities to public health authorities.⁷⁹ Their decisions to work with the BOH often caused tensions within the Chinese community at the time; many other Chinese people—particularly Chinese laborers living in Honolulu—resented and mistrusted those connections to the haole elite. These tensions—between Chinese professionals and laborers—highlight the class and education divisions that existed in the Chinese community. As many Chinese professionals came to understand, respect, and use American institutions to their own advantage, they “resented other Chinese who did not share their Americanization vision.”⁸⁰ Sometimes mirroring the discourse of American leaders, they saw those “clinging” to Chinese ways as slowing the integration of Chinese people into Hawai'i society. Within medicine, there was a split between those who were trained in western beliefs and structures and those who practiced traditional Chinese medicine; Western trained Chinese doctors joined haole public health officials in skepticism and criticisms of Chinese practitioners and their medical skills.⁸¹ Those tensions between Western trained medical personnel and other Chinese community members continued for decades and serve as reminders that it was not only class or education that mattered in the granting of social citizenship; close alignment with the dominant society was also key. Thus, the pathway of Chinese into medicine mirrored the more general trend of Chinese alignment with a white-controlled system. That alignment bolstered individual status, but more significantly, also provided support for the system itself.

Along with career choice, another key part of proper citizenship is rooted in domestic life; adherence to norms of proper domesticity, in which women and men are properly situated within families and households and follow separate gendered roles and norms has long been considered at the heart of good citizenship and a healthy society.⁸² Chinese communities in California were disproportionately male and single because of how U.S. laws restricted the immigration of Chinese women and prohibited Chinese men from marrying outside their race. Without access to arrangements of proper domesticity and the formation of families (“manifest domesticity”⁸³), California's Chinese immigrants were viewed as not only foreign but as a threat to the white community and nation.⁸⁴ In Hawai'i, Chinese migrant men married (and were allowed to marry) Hawaiian women, and set up families; while such mixed-race marriages may have been outside racial norms (and therefore, seen as outside norms of white middle class), they were less likely to be seen as also violating gender norms. Further, in the 1890s through early decades of the 1900s, Chinese women im-

migrated to Hawai'i in greater numbers, partly because (haole) leaders believed that having more women in the Chinese community (and on plantations) would benefit the community, plantation work, and Hawai'i overall.⁸⁵ The combination of more Chinese women in the community and the marriage of some Chinese men to Hawaiian women protected the Hawai'i Chinese and Chinese community from some of the harshest rhetoric and attacks seen elsewhere. Some Chinese people—perhaps especially Western-trained physicians—were able to achieve middle class ideals of domesticity more easily and permitted into the fold of social citizenship in Hawai'i earlier or perhaps more fully than were Chinese people in California. Hawai'i's successful Chinese professionals, including doctors, were regularly celebrated for their American way of life, which included heterosexual marriage, and children. Not unimportant was how many successful Chinese people joined Christian churches and made valuable contacts through those communities.

LEARNING FROM HAWAI'I

But while we might want to conclude that the experience of Chinese in medicine in Hawai'i points to how vastly different Hawai'i was from other places in North America, further examination reveals a picture that is more complex and gives a mixed picture of Hawai'i's racial politics.

Some might celebrate Hawai'i as a "racial paradise," a place where any group can start at the bottom and rise to the top. But even a cursory look at the very different experiences of other ethnic or racial groups in Hawai'i suggests the inaccuracies of such a label⁸⁶ and makes clear that it was not universal acceptance of difference that was at play in the Chinese story.⁸⁷ During those same years, Native Hawaiians lost out completely. Hawaiian communities had been decimated over the nineteenth century, as haole takeover shaped all economic and political aspects of Hawai'i, eventually ending with the overthrow of the Hawaiian Kingdom and annexation of Hawai'i to the United States. It is notable that the upward mobility of the Chinese coincided with the weakening position of Hawaiians. The decline in the Hawaiian population cannot be attributed directly to the Chinese, but the newly arrived Chinese immigrants were able to take advantage of the openings such change created—in the labor force and in available land—and made gaining a foothold easier. Another comparison, to Filipinos, also underscores doubts about how universal the Chinese experience has been in Hawai'i; Filipinos, also brought in as contract laborers on sugar plantations, have faced serious discrimination and have not been able to gain a strong standing in Hawai'i society.⁸⁸

Recognizing how all groups do not have a pathway to success in Hawai‘i calls attention to how multicultural neoliberalism has shaped Hawai‘i’s racial politics, and underscores how Chinese success occurred in the shadow of U.S. involvement in Hawai‘i as a site of empire. It was within a model created and sustained by Americans and haole that Chinese succeeded in medicine and other professions. In this model, some groups are brought into the system, but it is those who hewed most closely to haole ways and values who were offered a “racial bribe,” “a strategy that invites specific racial or ethnic groups to advance within the existing...racial hierarchy by becoming ‘white’”⁸⁹ and through that process, are most likely to find success and acceptance. Some of those may have themselves believed in the neoliberal framework, with its adherence to capitalism as the best and only solution to any problem. But even for those who may not have agreed with such a discourse, the history of Hawai‘i over the previous century—as haole shaped nearly all aspects of society and were the leaders of an economy dominated by the sugar industry—made alternative pathways nearly impossible. Importantly, the outsiders who are permitted in do not change the system; rather, their racial difference is held up as laudable—of them and of the system.

We can see in this reading the hallmarks of model minority discourse. Chinese people in Hawai‘i demonstrated their adherence to a neoliberal model by consuming properly, working hard, forming American families, becoming Christians, and not raising their voices when they faced discrimination. Even the system and institutions Chinese residents set up when they were excluded from haole institutions were not in opposition to the haole versions but paralleled them. As it celebrates those groups (the model minorities) who have succeeded, the system is strengthened and championed as racially tolerant. As one Chinese journalist in Hawai‘i exclaimed about Chinese success, “they accepted the social order as it existed without trying to reform it, relentlessly pursued their vision of its potentials and harvested brilliant success.”⁹⁰

Celebrating these successful minority groups is also an argument that those who don’t make it in the system did not make the right choices. In the U.S. generally, African Americans are assumed to be the “non-model” minority⁹¹; in Hawai‘i, where there are relatively few African Americans, it is arguably other groups, such as Filipinos, Samoans, and Marshallese, who fill this position. Their histories and experiences point to the continuing and pervasive inequality and discrimination that many in Hawai‘i face.⁹² The absence of Native Hawaiians in this multicultural neoliberal framework points even more clearly to its limitations.⁹³ In it, there is no place for Indigenous groups, whose goal is not inclusion into the system. “Unlike other minoritized groups, the political project of Indigenous peoples is not one of inclusion, equality, or even equity (what does

the equitable distribution of stolen land and profit from enslaved labor look like?), rather it is about decolonization, a political project that begins and ends with land and its return."⁹⁴ Arguing that Hawai'i is a racial paradise—as has been done since the Cold War—disappears the experience, story, and claims of Native Hawaiians altogether.⁹⁵

But in a neoliberal model, we do not hear about who is left out. It is the story of Chinese success that is highlighted—the ways that nonwhite immigrants could make their way to Hawai'i, overcome the racism and poor treatment they faced, and rise into the top ranks. Chinese achievement in the medical fields is the epitome of such success. Because some outside groups succeed, the system is sustained. A closer reading of the Chinese story raises questions about how narrow the pathway is into mainstream society and positions of power for Chinese or other non-white groups, and what expectations come with that process. What kind of "racial bribes"⁹⁶ were Chinese people offered to adhere to a particular path? Of course, no simple answer is possible.

The multicultural neoliberal model—with its ties to model minority discourse—is powerful and has been a key cornerstone in Hawai'i's history. After World War II, Hawai'i's leaders used both racial paradise and model minority discourses to argue for statehood; they argued that Chinese (and Japanese) success underscored how Hawai'i really was *American*, an argument that was particularly powerful during the Cold War era, when the U.S. was trying to convince the world that its democratic ideals were available to all races.⁹⁷ Its efforts to convince countries in the global south to align with the U.S. rather than the Soviet Union relied on rhetoric about Hawai'i's racial makeup to make its case. Indeed, it was here that Hawai'i became important to American foreign policy goals. That many Chinese people in Hawai'i had received extensive medical training and become key public health authorities served to bolster American arguments that the U.S. supported racial equality.

We should also consider what Chinese people gained and lost in walking this path to success. Here again, the Hawai'i context is key to understanding the Chinese experience. Even as we must recognize the role of the racial politics in Hawai'i and in the U.S. in the history of Chinese people in Hawai'i, and acknowledge too the barriers that Chinese individuals and others have had to deal with, we also know that the Chinese community saw successes in their efforts to enter Hawai'i society, suggesting how Hawai'i's racial history has resulted in a different racial politics than in the continental United States. While haole were the most powerful group in Hawai'i, there was no ethnic or racial majority in Hawai'i throughout the late nineteenth and early twentieth centuries. Chinese and other immigrant groups have been able to maintain, celebrate, and see valued some of their own perspectives and culture, even as they entered mainstream

society. One indication of the efforts that Chinese (and Japanese) communities made to retain their own sense of ethnic identity was the decades-long fights to continue language schools; while those schools were closed down at various points, these communities continued to fight to reopen them, seeing them as vital to community survival.

There are other lessons to note here. By being in powerful positions in the health field, Chinese would be able to take control of the discourse about foreigners, disease, and who has the right to be a fully accepted citizen, as a few examples make clear. Fred Lam, a Hawai'i-born physician trained at St Louis University, was one of the first Chinese doctors to occupy a high position in Hawai'i's Board of Health, becoming the director of maternal and infant hygiene in 1935.⁹⁸ From that position, he challenged what he saw as the overreach of immigration officials in barring entry to Chinese who arrived to the United States with evidence of liver fluke. Lam successfully argued that liver fluke was not contagious and therefore no threat to the health of the United States.⁹⁹ In 1943, another Hawai'i-born physician, Min Hin Li, testified to the U.S. Congress to support the repeal of the Chinese Exclusion Act. He used himself as an example that "the Chinese can be assimilated" and Hawai'i as an example of a place where Chinese have succeeded, where "professional men have come forth from the rank and file of sons of former plantation laborers, and are today surgeons, physicians, dentists, lawyers, architects, and experts in Government agricultural experiment stations."¹⁰⁰ As director of the Board of Health and, later, as head of the University of Hawai'i's new School of Public Health, Richard Lee was in a strong position to shape public health and open the field to new members. He was head of the Board of Health when NK was able to find a place for her professional skills.

Medical discourse had long helped to mark Chinese bodies with "immutable racial difference."¹⁰¹ Chinese entry into public health thus allows for disruption of very powerful and damaging constructions, an effective way to break this discourse and these stereotypes. The rise of Chinese in medicine and public health, and its association with the very things Chinese were excluded from—science, rationality, intellectual ability, specialized education and high social status—may have also allowed success in other fields and occupations in turn, as Chinese people began to take a central place in Hawai'i society. While we should question whether the Chinese community in Hawai'i should be seen as a "model" group, it may also be true that Chinese incursions into the seats of power, and their subsequent ability to shape racial discourse, might have helped pave the way for other ethnic groups, at least in response to haole discrimination.

But the losses incurred with this pathway are also important and reverberate beyond the Chinese community and beyond Hawai'i. In the alignment of Chinese

MDs with western medical practices and hierarchies, Hawai'i's traditional Chinese medical practitioners lost social standing and the community lost much of its history of Chinese healing and medical practices. Chinese medicine—including herbal practices and techniques such as acupuncture—remained in Hawai'i even after the rise of MDs. But the standing of those practitioners never rivaled that of the new MDs. That history mirrors what happened in many communities across the United States, as the techniques and knowledge of traditional healers and practitioners lost ground to the increasing power of western medicine.

One of the greatest losses in the Chinese path to success—even with any deliberate “strategic” approaches they used—was what did not change with it. Chinese people faced a formidable system: again, haole control over Hawai'i's economy was near-total in the early twentieth century. Even more powerful was the increasing dominance of global capitalism, a system that relies on markets to structure societies and uses metrics of economic success to judge societies and individuals within them, and where “racial hierarchy [is] based on proximity to capitalism.”¹⁰² By buying into this system, Chinese people had little room to challenge it, nor to offer alternatives. Indeed, their adherence to it actually bolstered the system itself. In that way, not only were Chinese individuals locked into a particular pathway, but there were then even fewer opportunities for other communities in Hawai'i to challenge the prevailing system. Hawai'i's racial and economic hierarchies and inequalities remained in place.

Thus, the way that Hawai'i's Chinese community went from being subject to heavy-handed control by health officials and often seen as a source of disease and foreign threat, to being in charge of the institutions of public health in Hawai'i is a noteworthy story. It underscores the work and efforts that Chinese people made to change their own situations. But even as Chinese individuals might have experienced “brilliant success,” we need to question what social order they were required to accept in order to do so. Looking closely at the pathway that Chinese people in Hawai'i walked, from discriminated and marginalized to powerful citizens, allows us to consider how marginalized groups gain social citizenship and raises questions about the strategies available and employed by such groups and, especially, the context in which those strategies—including those that could be seen as strategic assimilationist—are used. The social and political environment, and the accompanying ideologies, encourage some paths and not others, shape the effectiveness of any strategy for different groups, and influence outcomes, including whether changing the status of the group can be effective in challenging the established order.

NOTES

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15. Clarence Glick, “Residential Dispersion of Urban Chinese,” *Social Process in Hawai’i* 2 (1936): 28–34, 30.
16. Glick, *Sojourners and Settlers*, 68.

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18. Robert Man War Lee, "Vertical Mobility Among the Chinese in Hawaii," (master's thesis in Sociology, University of Hawai'i, June 1951), 18.
19. Chung Kun Ai, *My Seventy Nine Years in Hawaii* (Cosmorama Pictorial Publisher, 1960).
20. Bernard Hormann and Lawrence Kasdon, "Integration into Hawaii's Schools," *Educational Leadership* (April 1959): 403–408; Masako Kubota, "Schools, 1872–1932," Student papers files, RASRL Collection.
21. Lee, "Vertical Mobility," 27.
22. Yong Chen, *Chinese San Francisco, 1850–1943*. (Stanford University Press, 1980).
23. Lind, *Hawaii*, 107.
24. Glick, "Residential Dispersion," 32.
25. M. L. Sunn, "Mobility: A Study of a Selected Group of Chinese People in the City of Honolulu," Soc 252 (January 1936), in RASRL "Stuff" Box 1; Glick, *Sojourners*; Douglas Yamamura and Raymond Sakumoto, "Residential Segregation in Honolulu," *Social Process in Hawaii* 18 (1949): 35–46.
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27. Julie Katz, "Ahuna and the Mo'o: Rethinking Chinese Success in the Hawaiian Commercial Food Production," *Pacific Historical Review* 84, no. 4 (2017): 606.
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45. Mohr, *Plague and Fire*.
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50. Lee, "The Coming of the Chinese," 19.
51. Glick, *Sojourners*, 105, 106.
52. HSA archives.
53. See also, Chen, "Acculturation of Chinese Intellectuals."
54. HSA archives.
55. Lee, "Vertical Mobility," 31.
56. Glick, *Sojourners*, 115; Polk's Directory of Honolulu, 1940, 1949 (University of Hawai'i Libraries, Hawaiian and Pacific Collections); U.S. Census tabulations.
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58. Personal interviews.
59. HSA archives.
60. Lee, "One Man's Journey."
61. Personal interviews.
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101. Shah, *Contagious Divides*, 102.
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