

# Not Fit to Stay

*Public Health Panics and  
South Asian Exclusion*

**Sarah Isabel Wallace**



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## *Introduction*

A RUMOUR RIPPLED ACROSS Washington State in the fall of 1907. The *Blaine Review* first broke the story that the newly arrived South Asian labourers working in local mills had been responsible for an outbreak of spinal meningitis the previous spring. Methodist bishop James Mills Thoburn, who had recently returned home from India after nearly thirty years, asserted that “Hindoo immigration to the coast was responsible for a great deal of the plague, cerebro-spinal meningitis and other diseases that have been sweeping the country,” as South Asians were “leaving India in the hopes of escaping the plague, the germs of which they carry with them.” He warned that “great trouble would result” unless Americans excluded the newcomers.<sup>1</sup> While Thoburn’s assertions had no basis in fact, the connection he drew between South Asians and contagious disease offered local residents an attractive rationale for opposing South Asian immigration.

Between 1899, when South Asians began migrating to North America, and 1917, when the United States legislated Indian exclusion, more than 13,000 South Asian immigrants entered British Columbia and the US Pacific coast states to work and to establish communities. Typically referred to as “Hindus” or “Hindoos” by government officers, the press, and members of the general public, almost all were male Sikh labourers from the northern Indian province of Punjab. As Sikhs, most wore turbans and some or all of the other five dress requirements of males in this monotheistic religion – uncut hair and beard, a comb worn under the turban, a special, loose-fitting cotton underwear garment, a small steel sword strapped on the hip, and a steel bangle (bracelet) on the wrist.<sup>2</sup> The vast majority settled in BC and California, although some moved to the logging and agricultural zones throughout Washington State and Oregon. As South Asians arrived on the coast in ever-increasing numbers, local labour leaders, politicians, and community groups perceived them as

labour competition and as threats to “white” (mainly western European) culture and society. Despite a steady need for unskilled labour along the Pacific coast, and the general reliability of Indian workers, regional trade unions and politicians lobbied successfully to bar most South Asians from Canada in 1908, and from the United States in 1910.

Beginning in 1906 in BC and in 1907 in Washington State, Oregon, and California, South Asians encountered escalating hostility. The opponents of South Asian immigration, who viewed the new arrivals as “uncivilized” and “undesirable” members of a racial minority and as physically unsuited to the Pacific Northwest’s climate, almost immediately adopted the argument that immigrants from India suffered from medical conditions and diseases that could be specifically attributed to their race. This idea was initially a subset of a broader argument that South Asians could not assimilate because they had a lower standard of living, followed caste prejudices, and spoke a different language. Quickly, however, the disease argument took on a life of its own and came to dominate the tide of opposition to the South Asian presence along the coast. The timing of this opposition was critical: the first wave of South Asian migrants to BC coincided with a massive public outcry against immigrants from Japan (evident especially in the 1907 Vancouver riot).<sup>3</sup> To appease labour groups without utterly excluding Japanese immigrants, Canada’s federal government under Wilfrid Laurier effectively barred South Asians from the country. The initial South Asian arrival in the Pacific coast states coincided with the reappearance of meningitis and especially bubonic plague in the region, and this cemented Americans’ association between the new arrivals and disease.<sup>4</sup>

This book analyzes the many ways in which the issue of public health shaped official and popular responses to first wave South Asian immigrants in Canada and the United States. It also examines how these racially based responses led to the exclusion of South Asians from the continent. In Canada, the 1908 legislation excluding Indians from the country was the direct result of a vociferous two-year campaign in BC built on precepts of South Asian racial “otherness”; shortly thereafter, a similar movement in the Pacific coast states brought about American exclusion of South Asians. At its heart, this book argues that while South Asians were widely categorized as “Asians” by policy-makers, sociologists, and racial theorists, their physical appearance, social customs, religion, and especially their association with disease set them apart from (and in many cases below) other races in the evolving racial hierarchy of the Canadian and American west;

as a consequence, they became medical scapegoats in Pacific coast communities.<sup>5</sup> All of this both challenges and expands on traditional interpretations that focus almost exclusively on Chinese and Japanese immigrants in discussions about nativist perceptions of Asians as inferior, backward, and diseased.

The coast's widespread anti-Indian sentiment was based in part on a well-exploited but empirically unsupported argument that South Asians were unsanitary and suffered from racially attributable medical conditions that impaired their productivity and/or endangered community health. Since the late nineteenth century, many Americans had believed that the cost of meeting the nation's constant need for immigrants was social deterioration through economic recession, overcrowding, and (especially) labour competition. John Higham's now-classic text on American nativism defines it as both a conscious perpetuation of native cultural characteristics and an economic and socio-political policy promoting the welfare of established residents over those of immigrants. Nativism, as a "complex of ideas," manifested itself in several ways, including the application of natural science and Galtonian theory in immigration policy. Howard Markel and Alexandra Stern add that this new approach to immigration embraced "the ubiquitous racializing and 'othering' discourses of the Progressive Era" – discourses that workers mobilized in an attempt to safeguard their jobs.<sup>6</sup> Specific ethnic groups, including Asians, Jews, Italians, and Eastern Europeans, became special targets of what Alan Kraut refers to as "medicalized nativism," which arises when "the justification for excluding members of a particular group includes charges that they constitute a health menace and may endanger their hosts." Although some members of a given immigrant population may indeed carry and transmit disease, the "association with disease in the minds of the native born" stigmatizes all members of that immigrant population: each newcomer is reduced from "a whole and usual person to a tainted, discounted one."<sup>7</sup>

In addition, India's colonial status planted discourse on the "Hindu" issue at the crossroads of medicalized nativism, eugenics, and colonial theory. In this context, charges of racial and genetic inferiority often spilled over into other, more sensational areas – for example, South Asians were associated with sexual deviance and criminality. While many immigration gatekeepers were genuinely concerned that South Asians threatened public health and morality, others realized that this concern was ungrounded. Many who fell within the latter group nevertheless employed

the disease argument as a veil or guise for objections to South Asian immigration based on racial or labour reasons. In BC, as in the Pacific coast states, Asians encountered widespread (albeit varying) levels of resistance and hostility to their presence. This variance of opinion persisted at the medical, bureaucratic, and political levels, as well as within the press and civil society, but since there was widespread popular acceptance of the disease argument, it soon became an important thread interwoven with the racial, social, political, and economic arguments for South Asian exclusion.

The vast majority of first wave South Asians in both BC and the Pacific coast states came from a similar socio-economic background in India. They had left the Punjab at roughly the same time and for the same economic opportunities, and they took similar types of logging, railway, and agricultural work on both sides of the Canada–US border. Thus, I will be treating their migration to North America as one movement, not as two. As South Asians arrived on the continent, first at BC ports and later in Washington State (through BC or by sea), in Oregon, and finally in northern California, local populaces on both sides of the border perceived them as one unified group. This perception ensured that the local reception of individual South Asians was essentially the same along the Pacific coast, although there were some key differences between Indian immigrant experiences in Canada and the United States. A major anti-Asian riot in Vancouver prompted the Canadian government to legislate South Asian exclusion in early 1908, yet a specifically anti-Indian riot in northern Washington State did not compel US officials to do the same at that time. The political reasons for these disparate official reactions to the riots will be discussed in [Chapters 2](#) and [5](#). The Canadian arguments that South Asians were unsuited to the Pacific coast climate, and that as a group they were especially susceptible to tuberculosis, gained less currency in the United States than in Canada. Moreover, the Canadian treatment of South Asian immigration overall was partly influenced – although by no means determined – by the fact that Canada and India were both part of the British Empire.

While recognizing these important differences, this book also demonstrates the significant similarities between the South Asian experiences in BC and the Pacific coast states. The disease argument transcended the 49th Parallel and was taken up (although sometimes contested) by physicians and other health workers, government officials, labour organizations, politicians, members of the press, and others. Furthermore, by 1910,



the US Department of Commerce and Labor's Immigration Service's (IS) policy of executive restriction – a term first coined by Joan Jensen to mean a stringent, often questionable interpretation of immigration legislation – ensured that most South Asians were effectively barred from the United States only two years later than in Canada.<sup>8</sup> IS agents and Canadian immigration officers often corresponded and even met face to face to discuss policy alignment on the “Hindu issue,” especially during the early stages of South Asian immigration in 1906, and then later after the Americans encountered hookworm (ancylostomiasis) among South Asians at the Angel Island quarantine station in California in 1910. Exclusionist literature and activities by the San Francisco-based Asiatic Exclusion League (AEL) often crossed the border – as a prime example, AEL members participated in and even helped organize the 1907 Vancouver riot. A guiding precept of the AEL and of the major labour organizations representing the interests of white workers – the Canadian Trades and Labour Congress (TLC) in BC, and the American Federation of Labour (AFL) in the Pacific coast states – was that South Asians threatened the public health, morality, and society of the entire Pacific coast.

The South Asian response to exclusionist campaigning was also transnational. Especially after 1907, South Asians often travelled across the border, by legal or illegal means, to find work, participate in community gatherings, or organize and engage in protests over their treatment on the continent. Also, anti-imperial revolutionary ideologies and materials routinely circulated among South Asians on both side of the border, especially in the years directly preceding the First World War, when some migrants used transnational platforms to challenge the disease argument.<sup>9</sup> All of this highlights the need for a Canadian–American study of first wave South Asian immigration.

Using the theoretical lenses of nativism, race theory, post-colonial theory, Orientalism, Diaspora theory, and scientific racism, I compare and contrast the Canadian and American treatment of South Asians in British Columbia and the Pacific coast states in the first two decades of South Asian settlement in North America. In this examination of race, labour, and especially public health, I show that official and popular efforts to exclude Indians for health reasons were, at least in some cases, motivated by concerns about South Asians settling down in white communities and participating in the workforce rather than by a genuine desire to protect public health. Bringing immigrant subjectivity to the forefront as much as possible, I discuss the experiences of this racialized group, whom white populations

perceived and treated as “others” separate from other Asians, and, in Canada, as members of the British Empire but not equal citizens. In so doing, I address the imbalance in scholarship that historian Tony Bal-lantyne points out has traditionally favoured post-1970s Sikh migration at the expense of “the struggles and successes” of first wave Indian migrants, whose stories “are too frequently glossed over” or “are merely treated as a prelude to the recent histories of community formation.”<sup>10</sup>

A significant breadth of historiography has explored important elements of the South Asian immigration question – especially the government surveillance of independence activists in North America and organized labour’s response to the entry of “Hindu” workers.<sup>11</sup> Recent work has also investigated issues relating to sexuality within the broader framework of South Asian immigration and settlement.<sup>12</sup> These key topics in the history of Indian immigration and settlement serve as important building blocks to my narrative but are never its sole focus. Instead, I address the many instances when municipal, provincial, state, and federal politicians, bureaucrats, medical doctors, labour leaders, press editors, and others argued that South Asians presented a public health threat because of their purported racial predilection to have and spread disease, to live in unsanitary conditions, and to engage in abhorrent cultural practices and immoral behaviour. Scientific racism, the theoretical backbone of the Eugenics movement, is generally defined as any ostensibly scientific and medical explanations, approaches, or findings used to validate racial stereotypes and ethnic categorizations.<sup>13</sup> Whether or not the anxiety behind these anti-Indian arguments was genuine, all of this fostered a particular form of scientific racism that was heightened when Canada’s Immigration Branch of the Department of the Interior (hereafter the Immigration Branch) and the American IS exaggerated their concerns over the health, hygiene, and supposedly inherited racial characteristics of this ethnic group.

In exploring the “Hindu disease” thesis in its broader context, this book seeks a middle ground between the narrative-driven teleological accounts that have long fallen out of favour among social historians, and postmodern structuralist literature that foregrounds theme and theory at the expense of both time and the possibility of causality.<sup>14</sup> Thus the following chapters are organized roughly by chronological order, but within each chapter, events are discussed and interpreted thematically. K.N. Panikkar, a scholar of the post-colonial history of India, convincingly asserts that an approach is needed that recognizes the meaning that actors (such as

Indian colonial subjects) gave to the events of their time and that broadly recognizes how these actors influenced societal, political, and/or economic outcomes.<sup>15</sup> This book thus pursues a balance between Immanuel Kant and Michel Foucault's assertions that events cannot be seen as causal factors leading to specific outcomes within a grand narrative frame, and G.W.F. Hegel's defence of teleology as a useful mechanism for understanding how and why events and actions can shape certain outcomes.<sup>16</sup> In other words, I strive to avoid both the trap of historical progress and the argument that the struggles of first wave immigrants were necessary for the broad acceptance of South Asians in North America today, while still recognizing the significance of those struggles and their connections to the events that followed them.

The following pages offer a similar balance between methodologies on migration. Adam McKeown, Tony Ballantyne, and other scholars of migration adopt a transnational approach that moves beyond national borders and seeks out social, cultural, and economic transactions between geographically separated communities. This approach is "international" in that it studies the connections between two or more countries or diasporas and, in the case of Ballantyne, emphasizes the shared experiences and enduring connections among migrants throughout the British Empire. George M. Fredrickson and others instead compare "cross-national" commonalities and disparities between two or more groups of related or similar peoples who have migrated to different countries. For example, Stanley Elkins has made the now classic argument that African slaves experienced slavery differently in American and Spanish territories because of the diverging religious and political views of their overseers; thus, the distinctions between slavery in the American South and the Caribbean require a distinctly nationally based approach for studying the experiences of the involuntary migrants of those territories.<sup>17</sup>

Kevin Kenny convincingly argues that neither methodological approach is adequate. A purely transnational study often fails to capture the ongoing control and influence of various nation-states and the evolution of "nationally specific ethnicities that sharply differentiate an ostensibly unitary 'people' ... across time and space." National comparisons ignore the complex interactions among migrants, the consequences of their resettlement around the globe, their engagement in the domestic politics of their country of origin, and, perhaps most importantly, the germination and expansion of a shared culture, literature, and politics that ties groups together despite their geographic separation. Indeed, Paul Kramer agrees

that the “nation state as historical ‘container’ was and is both a function of and a participant in nation-building programs, and insufficient for tracking and resolving the threads that bind a tangled world.” Kenny thus calls for a history of migration that includes both the “transnational” and the “cross-national” so as to situate migration and settlement within a broader global milieu.<sup>18</sup>

The following pages on the South Asian diaspora in western North America will thus integrate information about the reasons for its establishment – what Kenny would call its transnational “origin, articulation, and temporality” – and its various national consequences.<sup>19</sup> In this book, “transnational” primarily refers to the social and cultural transactions that transcended the 49th Parallel, but I also employ the term to describe the enduring connections between migrants and the Indian Subcontinent. Here the terms “nation” and “state” hold two meanings. First, they designate “Canada,” the “United States,” and other populations separated by political boundaries. In analyzing the South Asian experience in these countries, I affirm Erika Lee’s method of examining how exclusion “at its bottom fringes” was enforced and contested in each national case.<sup>20</sup> Second, moving beyond political borders, “nation” and “state” also refer to the religious and cultural identities in India that distinguish Sikh from Hindu and Muslim, and Punjabi from Bengali; these distinctions remained important after the group’s settlement in North America.<sup>21</sup>

**Chapter 1** examines the arrival of first wave South Asian immigrants on the Pacific coast between 1904 and 1907. Despite a labour shortage throughout most of the region, by 1906 Vancouver civic officials were seeking Dominion intervention to stop the increase in South Asian immigration, a request echoed by the province’s federal Members of Parliament, Dominion immigration agents stationed at Pacific coast ports, and the Superintendent of Immigration himself. Rising tensions between federal and municipal officials culminated in a well-publicized crisis on Vancouver’s waterfront, which was resolved only days before city residents turned their attention to the dramatic allegation that South Asians had committed a horrific crime against a white woman. When the Canadian government stalled on the Indian issue, exclusionists mobilized the “disease” theory – along with the argument that South Asians were uniquely unsuited to BC’s climate – to agitate for South Asian exclusion. The chapter then turns to the Pacific coast states, where South Asians began to arrive only months after landing in Canada. Seizing on recent theories of scientific determinism and Orientalist conceptions of Asian exoticism, immorality, and disease, American opponents of South Asian immigration,

like their counterparts in Canada, began to associate Indians with bubonic plague, tuberculosis, and “poor physique.”

Opening with the causes and consequences of two major riots in Bellingham and Vancouver in September 1907, [Chapter 2](#) details the beginning of Canada’s executive restriction of South Asians in that month, as Immigration Branch executives tasked Dominion medical examiners at BC ports with finding reasons to keep out as many of the prospective immigrants as possible. Vancouver municipal reports about the unsanitary living conditions of South Asians further hardened public opinion against the newcomers, and Immigration Branch officials used these conditions and the broader “Hindu disease” and climate arguments to lobby for legislative exclusion. South of the 49th Parallel, the coincidence of the initial South Asian arrival with the reappearance of meningitis and especially bubonic plague offered a timely justification for exclusion. Meanwhile, because of the strong popular resentment against their presence, IS inspectors on the Pacific coast began to exclude South Asians either for a supposed lack of physical unfitness or for being likely to become a public charge (LPC).

[Chapter 3](#) begins by examining the intent of the 1908 “continuous journey” legislation and the Dominion government’s unsuccessful attempts to influence Britain and India to limit South Asian immigration to Canada. The outcome of a plan to deport BC’s South Asians to a tropical colony forced officials to reconsider the still popular “climate” argument, and opponents of the South Asian presence in Canada further revitalized the “disease” theory. The chapter then shows the mixed results of US executive restriction between 1908 and 1910, as officials struggled to bar South Asians after two successive US presidents refused to introduce exclusionary legislation. Employing the South Asian reputation for disease that resonated through most sectors of American Pacific coast society, US officials diagnosed some South Asian arrivals at Pacific coast ports with “poor physique.” This assertion, and the related contention that South Asians threatened public health, was difficult to prove.

Opening with the initial impact of the 1910 discovery that South Asians arriving at San Francisco were carrying hookworm, [Chapter 4](#) explores how this finding affected the admission of new arrivals from India to that port. As it turned out, San Francisco was the last US Pacific port to enact executive restriction. The hookworm discovery would influence the closing of a key loophole in the US executive exclusion of South Asians. Turning to Canada, the chapter then demonstrates how Canadian immigration officials mobilized the American hookworm discovery to screen

the small number of South Asians arriving at BC ports after 1911 and to prepare for a major challenge to legislative exclusion in 1914.

**Chapter 5** begins by showing how a rising star in Canada's Immigration Branch influenced a key decision on the continuous journey provision in 1912. Echoing BC popular opinion and testimony delivered during a 1913 provincial study on labour issues, federal officials used health- and eugenics-based arguments to rationalize the government's treatment of the passengers of the *SS Komagata Maru* at Vancouver in 1914. Watching events at Vancouver's harbour in the summer of 1914, American opponents of South Asian immigration warned that Canada's *Komagata Maru* incident might set a precedent for others from India to increase their efforts to migrate to the continent; for this reason, US officials reporting from Canada emphasized the urgent need for exclusionary legislation. That same year, exclusionist participants in the "Hindu Immigration Hearings" in Washington, DC, used public health arguments to lobby a bipartisan government committee for South Asian legislative exclusion. The chapter concludes with a discussion of how these same issues later resurfaced in the congressional push for American legislative exclusion.

After exploring the continuing anti-Indian sentiment within Canada's Immigration Branch during and immediately after the First World War, **Chapter 6** discusses the outcome of the Dominion's opposition party leader's investigation into introducing the South Asian franchise in 1922. The focus then shifts to the South Asians' quest for the franchise in the United States. Several of them had become citizens in the first two decades of the century, but in 1923 a major court decision revoked their citizenship and decreed that South Asians could no longer become citizens. I explain how the US federal government maintained this policy by resorting to the argument that South Asians could not assimilate because of their health practices and morality, and how the perpetuation of these same arguments in the Pacific coast states and especially in California legitimized and affirmed America's legislative exclusion of South Asians.

The concluding chapter revisits key themes and concepts addressed in earlier chapters, and briefly describes the transition to an Indian immigration quota system in both countries in the period immediately following the Second World War. The chapter further suggests areas for a future study with a wider, comparative focus on all Asian immigrant groups, and especially the widespread conception that "Oriental" diseases threatened non-Asian public health in the first half of the twentieth century.