

HEALTH, MEDICINE, AND POWER IN THE SALT LAKE VALLEY, UTAH,  
1869-1945

by

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## STATEMENT OF DISSERTATION APPROVAL

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## ABSTRACT

This dissertation examines the social history of medicine in the Salt Lake Valley, Utah, from the late nineteenth to the mid-twentieth century. It contends that race and class played disproportionate roles in the creation and evolution of Progressive Era health reforms. White middle-class residents embraced new scientific theories about physical health to bring about much needed programs in public sanitation and vaccination, hospital care, welfare services for the poor, and workplace safety legislation—all of which became necessary as Utah experienced increased immigration, industrialization, and urbanization at the turn of the century. Although these programs sometimes became embroiled in religious disputes between Mormons (members of the Church of Jesus Christ of Latter-day Saints) and non-Mormon “gentiles,” after Utah statehood in 1896 and efforts by Mormons to Americanize, religious tension diminished to allow powerful whites to implement and unequally benefit from these programs. As a result, affluent Mormons and gentiles enjoyed increased opportunities to improve the cleanliness and health of their bodies, living and working spaces, and to claim membership in the upstanding white American middle-class. By virtue of their racial, ethnic, and socio-economic status, however, poor non-white immigrants from southern and eastern Europe, Asia, Latin America, and beyond suffered decreased opportunities to do the same. They experienced higher rates

of contagious and infectious disease, accidents and injuries, poor living and working conditions, and accusations of their inability or unwillingness to assimilate into the healthy national mainstream. Yet they resisted inequality through a variety of means, including building hospitals, establishing mutual aid programs, practicing Western medicine, and embracing folk cures. Progressive middle-class whites observed, overlooked, or diminished the significance of these activities to grade and differentiate the laboring poor. White British miners seemed to be more committed to health and progress than did Greek, Italian, Chinese, and Mexican migrants, while Japanese residents appeared to be the cleanest, most American, and acceptable non-whites, until the Japanese bombing of Pearl Harbor. After World War II, health inequality continued to drive many poor non-whites from Utah and allow middle-class whites to retain control over medicine, health, and power in the Salt Lake Valley.

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## INTRODUCTION:

### AN UHEALTHY PRECEDENT: LEPROSY IN TOOEELE COUNTY

On Thursday, June 4, 1896, news that would arouse fear and suspicion among the residents of the Salt Lake Valley, Utah, appeared on the second-to-last page of the *Salt Lake Tribune*. A column titled, “LEPROSY IN TOOEELE COUNTY,” identified the site of the outbreak as Tooele’s Polynesian settlement, Iosepa. Three Hawaiians, or *kanakas*, contracted the disease, and threatened to infect more islanders, as well as surrounding farmers and ranchers, if preventative measures were not taken. The *Tribune*, a Catholic-owned newspaper, reported that residents near the settlement petitioned the county court to quarantine Iosepa, and to erect isolation buildings for the “lepers.” At least one businessman from Salt Lake City traveled to support the petition. In response, the court appointed a three-man committee comprised of doctor F. M. Davis, settlement manager Harvey Cluff, and nearby resident Samuel Woolley to investigate the matter.<sup>1</sup>

Two weeks later, the *Salt Lake Herald*, a newspaper whose publishers served as elders in the Church of Jesus Christ of Latter-day Saints (L.D.S. Church, or the Mormons), printed a full-page article supporting and elaborating on the *Tribune*’s coverage. Pitying the “poor creatures” at Iosepa, the article

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<sup>1</sup> Salt Lake Tribune, June 4, 1896.

asserted that, unlike “white people,” “the race to which the Kanakas belong [to] is predisposed” to leprosy. These non-whites possessed a “taint in their blood,” and spread leprotic bacteria through engaging in unsanitary practices, such as bathing in culinary water and “living together” in squalid homes. They lacked modern medical knowledge, but seemed to be willfully ignorant of it. Some showed grave alarm about their physical welfare, while others did not and appeared to be unconcerned about infecting and endangering the public. As a result, the *Herald* denounced the Hawaiians’ “indiscriminate” living, while also branding them “unfortunate victims.”<sup>2</sup>

In response to this “serious situation,” county officials mandated that Iosepa remain under guarded quarantine, and that a new isolation hospital be built one mile “outside of town.” Sick Hawaiians would be separated from well ones, and transferred to the hospital where doctors would examine, educate, and provide them with experimental therapeutics for the then incurable scourge.<sup>3</sup> Cluff and his family would continue living inside the settlement, but separately from Hawaiians. Keeping the public apprised of developments, newspapers encouraged residents to help enforce the county’s decision to keep the “revolting disease”—as well as its “dusky” Polynesian carriers—far from surrounding communities. In this way, the *Tribune* claimed, the public’s health, as well as the Hawaiians’ “once . . . fine race,” might be preserved.<sup>4</sup>

Amalgamating concerns about disease, race, and class, the incident at Iosepa revealed the evolving nature of public health and medicine in the United

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<sup>2</sup> *Salt Lake Herald*, June 20, 1896.

<sup>3</sup> *Ibid.*

<sup>4</sup> *Ibid.*, *Salt Lake Tribune*, April, 13, 1875; September 20, 1895.

States during the late nineteenth and early twentieth centuries. Public health existed to promote welfare by preventing or mitigating sickness, which historically seemed to result from miasmas, dirt, and moral culpability. Cleanliness and character could protect a person's body even as it preserved the nation's republican government and society. This idea, touted by sanitary reformers since the early 1800s, began to shift eighty years later as medical scientists like Robert Koch and Louis Pasteur embraced the germ theory of disease, which demonstrated that illnesses spread via deadly microbes. Bacteria and viral matter crossed boundaries of race and class to contaminate entire communities, and underscore the importance of communal responsibility and reform. By the turn-of-the-century, in many American towns and cities, reforms like compulsory vaccination, as well as sanitation and quarantine, became vital means of protecting and promoting the common good.

Historians refer to the late nineteenth and early twentieth centuries as the Progressive Era. The Iosepa affair took place during this era, which witnessed increased public health activism as well as heightened social activism in general, in reaction to the nation's rapid economic and urban growth, new immigration, and perceptions of political and moral decay. After the Civil War, the U.S. economy expanded at an unprecedented rate to support industrialization. Capital grew to dominate labor, with employers expanding their wealth in contrast to employees who remained permanently dependent wage earners. At the same time, towns and cities grew and proliferated due to the increased availability of jobs at new urban factories, mills, railroad and tool yards, and catalogue stores, as well as

the massive influx of “new” immigrants from southern and eastern Europe, Asia, and Latin America. To many native white Americans, this influx seemed ominous, as new immigrants looked, thought, and acted differently, settled in distinct ethnic enclaves, and competed for industrial jobs. They also relied on “ward healers” or local ethnic strongmen who often occupied municipal governments, for political and economic favors, corrupting politics.

Interpreting these changes as symptomatic of national decline, many young white men and women emerged with a spirit of progressive reform. Many of these so-called progressives grew up in middle-class Protestant households and attended college. They viewed their religious convictions as a catalyst for social action, which included “righting moral wrongs and . . . uplifting the human spirit.”<sup>5</sup> They remained distressed at the expanding gap between the rich and poor, besides the apparent immorality and corruption of American politics. Many progressives were educators, political and business officials, clergymen, and medical and health professionals, but many others did not belong to the middle-class and still supported reform. To reverse national declension and expand the American promise of liberty and equality, progressives worked to subdue the power of trusts, cleanse politics from graft, and improve the moral foundation of the country; breaking up streetcar monopolies, reforming election laws, and attacking vices such as prostitution, gambling, and drinking all became common activities. Although reformers composed a diverse group, they generally agreed

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<sup>5</sup> John Murrin, et al., Liberty, Equality, Power: A History of the American People 5<sup>th</sup> ed. (Boston: Thomson Wadsworth, 2008), p. 626.

that a strong government, in addition to private and grassroots activism, served as the best means to achieve their goals.<sup>6</sup>

In recent years, historians have examined public health and medicine vis-à-vis the Progressive Era. They have identified efforts to protect and improve the nation's medical welfare as essentially in harmony with the goals of social justice and moral reform. Just as reform-minded businessmen used new quantitative methods to organize and streamline industrial capitalism, so did progressive health professionals use new medical science and the germ theory of disease in particular to justify much needed improvements, including sanitary water supplies, sewer and garbage removal, school vaccinations, hospital care, welfare and health education services for the poor, and workplace safety legislation. Humans seemed to share a basic medical chemistry, allowing progressives to see the germ theory as providing an objective framework for understanding human infection, sickness, and health. Historians, however, have generally emphasized that the germ theory of disease "reconfigured rather than dissolved older expectations about the social and moral determinants of personal and public health and susceptibility to disease." Rather than supporting equality and justice, medical science appeared to intensify racism and class prejudice as "disease germs came to be associated in the thinking of many middle-class

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<sup>6</sup> General histories of the Progressive Era include, Richard Hofstadter, The Age of Reform (New York: Vintage, 1960); Arthur S. Link, Woodrow Wilson and the Progressive Era, 1910-1917 (New York: Harper Torch, 1963); Robert Wiebe, The Search for Order, 1877-1920 (New York: Hill and Wang, 1966); Paula Fass, The Damned and the Beautiful: American Youth in the 1920s (New York: Oxford University Press, 1979); Jackson Lears, No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920 (Chicago: University of Chicago Press, 1994); Alan Brinkley, The End of Reform: New Deal Liberalism in Recession and War (New York: Vintage, 1996); Daniel T. Rodgers, Atlantic Crossings: Social Politics in A Progressive Age (Cambridge: The Belknap Press of Harvard University Press, 2000); Jackson Lears, Rebirth of A Nation: The Making of Modern America, 1877-1920 (New York: Harper Perennial, 2010).

Americans with the poor, with immigrants, and with people of color.”<sup>7</sup> Affluent whites recognized the need for medical reforms, but they frequently overlooked the larger structural and social inequities that belied susceptibility to disease and ill health. White racist thinking emphasized the supposed biological and cultural inferiority of poor non-whites, and their need for medical isolation, education, and moral discipline. Ethnic minorities responded by insisting on their equality, and resisting, embracing or providing scientific and folk medicine. Solidarity and division between and among impoverished non-whites also contributed to the politicization of health.

Historian Nancy Tomes argues that “marketplace forces and mass advertising” techniques helped progressives expose Americans to the “gospel of germs.” Reformers joined urban institutions, including public health departments, hospital boards, city councils, civic clubs, settlement houses, labor unions, newspaper and life insurance companies to produce “posters, slogans, and other forms of propaganda to ‘sell’ their message” of medical enlightenment.<sup>8</sup> This message yielded key changes in personal and public behavior and thinking. Homeowners, for instance, worked to eradicate sewer gas and defective plumbing that appeared to contain lethal microbes, while city officials discouraged unguarded coughing and sneezing, and supported municipal projects such as sanitary waterworks, sewers, garbage collection, immunization, and quarantine. As Suellen Hoy argues, these changes served to transform

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<sup>7</sup> John Harley Warner and Janet Tighe, eds., Major Problems in the History of American Medicine and Public Health (New York: Houghton Mifflin Company, 2001), p. 234.

<sup>8</sup> Nancy Tomes, The Gospel of Germs: Men, Women, and the Microbe in American Life (Cambridge: Harvard University Press, 1998), p. 9.



cleanliness from a means of preserving health only, to a sign of social membership in progressive modern America.<sup>9</sup> Ridding one's body and environment of disease-breeding grime and viruses signified shedding barbarism and rationally embracing civilization. Imposing cleanliness, health, and a successful American identity onto poor non-whites, and thereby remaking them into the middle class's own image comprised a key objective of the nation's progressives.<sup>10</sup>

Yet, excluding and asserting their alleged superiority over foreigners remained a progressive agenda, too. Reformers often accepted "racial, ethnic, and gender hierarchies" as normative, and worked directly or indirectly to strengthen them.<sup>11</sup> Reformers rarely recognized the tension between progress and subjugation. As historian Natalia Molina argues, they provided inexpensive public health services, such as well-baby clinics for new immigrants, but not more costly public sanitation, housing, and living wage programs. Consequently, poor non-whites like the large Mexican-American community of Los Angeles remained without critical sanitary technology. Middle-class whites viewed them as a people plagued with filthy diseases and less healthy, responsible, and American than upstanding whites, but similar to "dirty" Japanese and Chinese immigrants.<sup>12</sup>

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<sup>9</sup> Suellen Hoy, Chasing Dirt: The American Pursuit of Cleanliness (New York: Oxford University Press, 1995).

<sup>10</sup> Michael McGerr, A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920 (New York: Oxford University Press, 2003), p. xiv. On the significance of immigrant medical examinations for initiating immigrants into the industrial working-class, see, Amy L. Fairchild, Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force (Baltimore: The Johns Hopkins University Press, 2003).

<sup>11</sup> Glenda Elizabeth Gilmore, Who Were the Progressives? (New York: Bedford/St. Martin's, 2002), p. 221.

<sup>12</sup> Natalia Molina, Fit to Be Citizens? Public Health and Race in Los Angeles, 1879-1939 (Los Angeles: University of California Press, 2006), p. 11.

This racial-medical social pyramid also existed in San Francisco, where city authorities used public health policies to strengthen theories about Chinese laziness and propensity towards infection (particularly, bubonic plague, syphilis, leprosy, and smallpox), besides their alleged inability to assimilate into the clean energetic mainstream. By World War II, however, the Chinese middle-class successfully harnessed medical discourse to recast themselves as “model citizens,” superior to other non-whites, writes Nayan Shaw.<sup>13</sup> Many others historians, linguists, and anthropologists have explored the matrix of socio-economics, health, and American identity during the Progressive Era, and beyond.<sup>14</sup>

However, few scholars have examined the relationship between religious thought and practice, and cleanliness, health, and medicine during the first half of the twentieth century. This remains curious since Western religiosity has historically portrayed literal and figurative purity as central to society. Pre-Christian Greeks and Jews identified behavior that they regarded as vital to preserving and extending physical and spiritual life, while post-Roman

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<sup>13</sup> Nayan Shah, Contagious Divides: Epidemics and Race in San Francisco's Chinatown (Los Angeles: University of California Press, 2001).

<sup>14</sup> Alan Kraut, Silent Travelers: Germs, Genes, and the “Immigrant Menace” (Baltimore: The John Hopkins University Press, 1994); James Mohr, Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown (New York: Oxford University Press, 2005); Keith Wailoo, Dying in the City of Blues: Sick Cell Anemia and the Politics of Race and Health (Chapel Hill: University of North Carolina Press, 2001); Alyssa Picard, Making the American Mouth: Dentists and Public Health in the Twentieth Century (New Brunswick: Rutgers University Press, 2009); Bert Hansen, Picturing Medical Progress from Pasteur to Polio: A History of Mass Media Images and Popular Attitudes in America (New Brunswick: Rutgers University Press, 2009); Allan Brandt, No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880 (New York: Oxford University Press, 1987); David Barton Smith, Health Care Divided: Race and Healing a Nation (Ann Arbor: University of Michigan Press, 1999); Margaret Humphreys, Malaria: Poverty, Race, and Public Health in the United States (Baltimore: The John Hopkins University Press, 2001); Michael Kevak, Becoming Yellow: A Short History of Racial Thinking (Princeton: Princeton University Press, 2011), pp. 101-123.

Christendom witnessed the emergence of a material culture consisting of books on manners to encourage physical refinement, presentability, and courtliness.<sup>15</sup> In British North America, Methodist preacher Charles Wesley likened cleanliness to godliness in an attempt to encourage Christian reform and respectability, even as bodily purity migrated from a sign of religious etiquette to a means of preserving health and society, during the antebellum era.<sup>16</sup> In the early 1900s, many progressive doctors, nurses, surgeons, and sanitary engineers embraced the Social Gospel ideal of combining biblical ethics with scientific methods to address social concerns, including public health.

In Utah, religion at times complicated, though ultimately worked to simplify, the essentially racial-economic character of its medical history. The Iosepa affair revealed an unhealthy precedent of Mormons and gentiles agreeing on the alleged inferiority of poor non-whites, and acting accordingly, even while occasionally disagreeing about Utah's history, destiny, and means of preserving human health. The Mormons, an experimental religious group dating to the Second Great Awakening, emerged in upper New York in 1830 after Joseph Smith founded the Church of Christ (later renamed the Church of Jesus Christ of Latter-day Saints) following a series of reported heavenly visions, which in part led him to translate buried golden tablets. His translation became the Book of Mormon, one of the church's inspired texts (along with the Pearl of Great Price,

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<sup>15</sup> Mary Douglas, Purity and Danger: An Analysis of Concepts of Pollution and Taboo (New York: Routledge, 2002); Virginia Smith, Clean: A History of Personal Hygiene and Purity (New York: Oxford University Press, 2007).

<sup>16</sup> Richard Bushman and Claudia Bushman, "The Early History of Cleanliness in America," The Journal of American History Vol. 74 (March 1998): pp. 1212-1238, esp. 1217-1222; Richard Bushman, The Refinement of America: Persons, Houses, Cities (New York: Vintage, 1992).

the Doctrines and Covenants, and the Bible) that quickly attracted followers who formed a church. The church migrated in a westward trajectory to establish various Zionistic, or utopian cities, but encountered hostility from outsiders who regarded the Saints as neither Christian nor American because of their embrace of plural marriage (polygyny, often referred to as polygamy, or “celestial marriage”), continuous revelation, bloc voting, and collective economic practices. The founding prophet and church president, Joseph Smith, was murdered at the hands of an angry Illinois mob in 1844, after which his successor, Brigham Young, led the Saints to the Salt Lake Valley three years later. Part of the Mexican republic until the conclusion of the Mexican-American War in 1848, Utah would become the setting of the Saints’ Great Basin Kingdom.

To facilitate kingdom building, Mormon missionaries began to evangelize the South Pacific (and the British Isles and Scandinavia) after failing to convert miners in the California Gold Rush. Converting Hawaiians, Samoans, and other Polynesians, missionaries “gathered” converts first to the north shore of Oahu, and then to the Salt Lake Valley, the spiritual and administrative center of Zion. Rigid immigration restrictions prevented kanakas from leaving the Kingdom of Hawaii until the 1870s when Hawaii relaxed its regulations, allowing Mormon Hawaiians to settle near the Warm Springs neighborhood (Beck’s Hot Springs) in Salt Lake City.<sup>17</sup> Residents believed the Warm Springs possessed physical and psychic healing properties. The springs, nonetheless, existed on the city’s Westside, known for its miasmatic swamps, heavy industry, and run-down

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<sup>17</sup> On early Mormon missionary work in Hawaii, see, R. Lanier Britsch, *Moramona: The Mormons in Hawaii* (Laie, Hawaii: The Institute for Polynesian Studies/Polynesian Cultural Center, Brigham Young University, Hawaii, 1989).

immigrant shanties. By 1889, approximately seventy-five islanders lived near the Warm Springs, contending with “linguistic and cultural barriers” that made assimilation into the primarily white populace difficult.<sup>18</sup> Arguably, the most significant barrier remained the view that white Utahns held of the Polynesians’ medical and racial status, both of which seemed in decline.

Since the early 1800s, theories about Polynesian devolution existed. Western businessmen, soldiers, scientists, and missionaries penetrated the Pacific Rim, viewing islanders favorably, with indifference, or in Matthew Frye Jacobson’s words, as “living fossils of Stone Age mentalities and lifeways.”<sup>19</sup> Americans like Richard Henry Dana, Jr., believed that kanakas were “interesting, intelligent, and kind-hearted,” but the latter view remained predominant among Yankees who perceived barbarism in the kanakas’ seeming indolence, ignorance, and simplicity, and especially in the prevalence of leprosy in Hawaii.<sup>20</sup> Also known as Hansen’s disease, leprosy is an affliction that spreads through tiny respiratory droplets that attack the peripheral nervous system. It can cause serious, and sometimes permanent, damage to the eyes, skin, limbs, and nerves to deform the body. Historically, in the West, victims endured severe social stigma, as the Bible appeared to ascribe leprosy to immoral, often sexual, behavior. In Hawaii, few whites contracted the disease, which according to Hawaiian monarchs and subjects, was first introduced to the islands by the

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<sup>18</sup> A succinct overview of Iosepa’s founding can be found in, Tracey Panek, “Life at Iosepa, Utah’s Polynesian Colony,” Proclamation to the People: Nineteenth-century Mormonism and the Pacific Basin Frontier, eds. Laurie Maffly-Kipp and Reid Neilson (Salt Lake City: University of Utah Press, 2008), pp. 170-180.

<sup>19</sup> Matthew Frye Jacobson, Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876-1917 (New York: Hill and Wang, 2001), pp. 141-142.

<sup>20</sup> Richard Henry Dana, Jr., Two Years Before the Mast, and Twenty-Four Years After: A Personal Narrative (London: Sampson Low, Son, and Marston, 1869), p. 150.

Chinese. Viewed as both immoral and foreign, leprosy seemed to confirm the kanakas' declension and inability to self-govern.<sup>21</sup> Hawaiian royals worked to protect Hawaiian health by working with Christian clerics and American political and business officials to remove infected kanakas to the remote island colony of Molokai. Yet, islanders commonly resisted these and later public health efforts, which they perceived as dividing and conquering the indigenous population and paving the way for foreign colonization.

In 1898, the United States annexed Hawaii, confirming kanaka fears and allowing Americans increased opportunities to observe and categorize Hawaiians. In Utah, newspapers printed nearly three hundred articles between 1862 and 1920 describing Hawaiians largely in terms of moral and racial decline, as lepers who were resistant to Western medical authorities. The *Deseret News*, for instance, described the Hawaiian islands as a "Kingdom infected with leprosy" that should outlaw "kanaka kissing" in order to prevent further contamination; still, the *News* admitted, it likely remained "impossible for the authorities to ferret out all the cases of leprosy existing, the victims being concealed or secreted by relatives or friends, that they may not be doomed to perpetual banishment."<sup>22</sup> The *Salt Lake Tribune* chimed in, describing islanders as cannibalistic "child-eaters," and Mormon kanakas in Utah as possessing leprotic "spots." Their infection jeopardized their own physical health, as well as the public's, as did their propensity to raise children in "filthy" domestic environments; the Salt Lake City Health Department, wrote one reader, should investigate this "nuisance to

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<sup>21</sup> Gavan Daws, *Holy Man: Father Damien of Molokai* (Honolulu: University of Hawaii Press, 1973), p. 46.

<sup>22</sup> *Deseret News*, August 6, 1873; April 25, 1873.

the neighborhood.” Duped by Mormon missionaries, Hawaiian converts should be returned to their island homes, the *Tribune* argued. Utah’s territorial courts should also deny the Mormon Church’s apparent attempt to naturalize converted Hawaiians.<sup>23</sup> Appealing half-heartedly to a spirit of ecumenism and humanity, the *Tribune* wrote,

We are not discussing this matter because these people who come here, come as Mormon converts. If they were Methodists or Baptists or Catholics or Free Thinkers we should have the same objection. There is no possible reason why the United States should suffer the danger of having an incurable and most loathsome disease planted in the heart of the Republic, through bringing these people here. Moreover it is frightfully cruel to the people themselves. They have been all their lives accustomed to a climate of perpetual summer, half their food heretofore has been tropical fruits. They have never been accustomed to hard labor. To live here at all they will have to bear the rigors of this climate, they will have to eat food which they have never been accustomed, and they will have to work unceasingly. . . If the Mormon authorities have a particle of either humanity or common sense they will stop this Kanaka immigration at once.<sup>24</sup>

Clearly, Mormons and gentiles shared a racist logic that perceived whiteness as superior. Yet religious culture prevented a racial alliance from forming easily. This religious division ran deep and wide, emerging first during the Saints’ colonization of Utah Territory, intensifying in the years leading up to statehood, and diminishing thereafter. During the Iosepa affair, the *Deseret News* embraced the same racial rhetoric as the *Salt Lake Tribune*, but it appeared to be somewhat tempered by the fact that some Hawaiians were Mormon converts. This religious contention informed other aspects of Utah’s social medical history in the late nineteenth and early twentieth centuries, but

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<sup>23</sup> *Salt Lake Tribune*, April 13, 1875; May 24, 1883; June 2, 1889; September 20, 1895; July 20, 1900; *Deseret News*, January 15, 1891.

<sup>24</sup> *Salt Lake Tribune*, April 24, 1883.

increasingly less so as Utah Americanized and Mormon and gentile progressives allied behind a host of public and private medical improvements, which became mainly influenced by race and class. A new social pyramid complicated by health, melanin, economics, and American identity emerged as a result, replacing the Mormon-gentile binary with a figurative ladder of superior progressive whites on top, and poor working-class non-whites below.

This religious cleavage between Saints and gentiles appeared shortly after the Mormons' colonization of the Salt Lake Valley. In 1847, Congress created Utah Territory and President Millard Fillmore appointed Brigham Young as territorial governor. During his tenure, rumors swirled of Mormon persecution of gentiles, disloyalty to the United States, and the practice of plural marriage, all of which forestalled Utah statehood and provoked new federal coercion. In 1857, President James Buchanan ordered a military "expedition" to oust governor Young and suppress a reported Mormon rebellion. After the newly established Republican Party dubbed polygamy as one of the "twin relics of barbarism," (the other being slavery), and after the Civil War outlawed slavery, the federal legislature reaffirmed its support of Mormon assimilation by seeking to crush Mormon polygamy and intransigence. In 1862, Congress passed the Morrill Act, which prohibited plural marriage and disincorporated the Mormon Church. Ironically, Mormons fought the law unsuccessfully by arguing that polygamy as a religious principle was protected under the free exercise clause of the U.S. Constitution. During the 1870s and 1880s, legislators passed further anti-Mormon statutes, the most powerful being the 1887 Edmunds-Tucker Act.



Reasserting the church's disincorporation, the Act permitted federal officials to seize church assets valued at \$50,000 or more, and imprison polygamous lawbreakers. Pressured by external forces, "desiring to project a more positive public image," and ultimately acting to preserve its temples from federal confiscation, in 1890 the Mormon Church issued its Manifesto, disavowing all future plural marriages.<sup>25</sup> Six years later, Utah Territory achieved statehood.

This Americanization process began with Buchanan's "Utah War," but accelerated with the completion of the transcontinental railroad at Promontory Summit, Utah, in 1869, and especially during the decade of Utah statehood. The inpouring of gentiles, capital investors, foreign and native labor, progressive reformers, and the consequent growth of urban and suburban settlements, all helped to fuel the process. In the Salt Lake Valley, industrial enterprise yielded hundreds of millions of dollars in investor profits and municipal revenue. It also precipitated a surge in middle-class professionals and poor laborers who helped transform Salt Lake City, the state political and cultural capital, from a small country village to a major urban center of more than fifty thousand people by 1900. Half of the city population remained non-Mormon and attended Christian, Jewish, and Buddhist churches, or none at all. According to historian Leonard Arrington, Mormon Church leaders supported this evolution in part by working to ease "the accommodation of the Mormon economy to that of the national economy."<sup>26</sup>

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<sup>25</sup> Thomas Alexander, *Mormonism in Transition* (Urbana: University of Illinois Press, 1986), xii.

<sup>26</sup> Leonard Arrington, *Great Basin Kingdom: An Economic History of the Latter-day Saints, 1830-1900* (Urbana: University of Illinois Press, 2005), p. 410.

Because Americanization remained slow and nonlinear, Mormon-gentile tension peaked just prior to Utah statehood. Consequently, Mormon Hawaiians in Utah found themselves not in a tranquil desert utopia, but amongst the “pitched battles of Mormon political, economic, and cultural hegemony over the Great Basin,” writes historian Matthew Kester.<sup>27</sup> Hawaiian-authored sources do not exist, but kanakas likely viewed the creation of Iosepa in 1890—six years before Utah statehood—and the public health laws that emerged in response to the leprosy outbreak there, as racial exercises supported mainly by gentiles, and some Mormons. It proved to be detrimental to both official Mormon racial dogma, and the reluctant assimilation of the Mormon Church. Mormon Church officials like apostle George Q. Cannon embraced the prophetic view that Polynesians literally descended from the twelve tribes of Israel. These tribes were arranged in order from the most favored (Manasseh, Ephraim, and Judah) to the least favored. As Brigham Young viewed it, blacks were cursed descendants of Cain and remained outside of tribal designation, while American Indians and Jews were redeemable descendants of ancient Israel. Converted gentiles were given the responsibility of bringing the restored gospel of Christ to lost Israelites and gentile peoples.<sup>28</sup> Mormon missionaries found much success in converting western and northern Europeans, giving their church a “decidedly Anglo-Scandinavian or Nordic cast.”<sup>29</sup> Polynesians received Mormon teachings,

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<sup>27</sup> Matthew Kester, “Race, Religion, and Citizenship in Mormon Country: Native Hawaiians in Salt Lake City, 1869-1889,” *Western Historical Quarterly* Vol. 40 (Spring 2009): 59.

<sup>28</sup> Armand Mauss, *All Abraham's Children: Changing Mormon Conceptions of Race and Lineage* (Urbana: University of Illinois Press, 2003), pp. 1-13.

<sup>29</sup> Newell Bringhurst, *Saints, Slaves, and Blacks: The Changing Place of Black People within Mormonism* (Westport, Connecticut: Greenwood Press, 1981), p. 206.

too, and church leaders developed a theology of the islanders' blessed tribal membership, and their responsibility to gather to Zion.

Mormonism's universalistic ideals frustrated gentiles, or non-Mormons, in Utah as kanakas settled near the Warm Springs. Kanakas appeared to be filthy and contaminated with leprosy, a fundamentally "un-American" disease.<sup>30</sup> But they also seemed to signal Mormon domination in Salt Lake City, the territorial (and future state) capitol, which gentile business, political, and church officials worked to prevent. On June 2, 1889, the Catholic-owned *Salt Lake Tribune* editorialized that leper kanakas were "pretty tough specimens of humanity," similar to "blacks" or "niggers," and legally unfit for naturalization.<sup>31</sup> Granting them citizenship would provide the Mormon Church a critical edge at polls, frustrating federal and local government attempts to Americanize Utah, and the Far West. The *Deseret News* responded that at least one Mormon attorney filed a petition in Third District Court against Hawaiian naturalization, perhaps to maintain the white racial integrity of his state, and his church. The *News* also sought to allay fears that naturalized kanakas would threaten the public with leprosy by asserting that, "whites seem much less susceptible to the disease," and that the "kanaka race [was] dying out."<sup>32</sup>

Failing to naturalize the Hawaiian neophytes and thereby potentially sway the contested municipal election in the fall of 1889, besides desiring to avoid further federal ire against their church, and responding to lay Mormons who did

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<sup>30</sup> Michelle T. Moran, *Colonizing Leprosy: Imperialism and the Politics of Public Health in the United States* (Chapel Hill: University of North Carolina Press, 2007), p. 12.

<sup>31</sup> *Salt Lake Tribune*, June 2, 1889; September 20, 1895; *Salt Lake Herald*, September 26, 1902.

<sup>32</sup> *Deseret News*, June 8, 1889; March 10, 1893; January 14, 1901.

not yet believe Polynesians to be part of Abraham's lineage, Mormon Church officials reluctantly agreed to remove the kanakas from the Warm Springs neighborhood to an isolated colony in Tooele County, seventy miles west of the Salt Lake Valley.<sup>33</sup> In the summer of 1889, the First Presidency (the governing body of the L.D.S. Church) established the Iosepa Agriculture and Livestock Company as a joint stock colonizing company owned by the Mormon Church. Church leaders established a committee comprised of former Hawaiian missionaries Harvey and William Cluff, and Frederick Mitchell, as well as kanaka converts J. W. Kaulainamoku, George Kamakaniau, and Napela to select a site for Iosepa, the Hawaiian word for Joseph, named in honor of church president Joseph F. Smith. Located on the former ranch of John T. Rich in the Skull Valley, Iosepa covered nearly two thousand acres with five streams and their appurtenant water rights. The committee purchased livestock, including one hundred and twenty-nine horses and three hundred and thirty-five cattle. The Mormon Hawaiians would ranch, farm, and build granaries, barns, cattle sheds, and a tool shop, besides a school and a ward (a local congregation similar to a parish) meetinghouse. Trying to put a positive spin on Iosepa, the *Deseret News* reported, "Led by their faith from their homes in the balmy islands of the Pacific, where work is an experimental incident, [the Polynesians] have accustomed themselves to the rigors of Utah winters and the 'dry heat' of Utah summers and go out each day to work upon the farm with cheer and thankfulness."<sup>34</sup>

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<sup>33</sup> Many scholars have explored the gap between official and unofficial Mormon views about race, including, Hokulani Aiku, *A Chosen People, A Promised Land: Mormonism and Race in Hawaii* (Minneapolis: University of Minnesota Press, 2012), esp. pp. ix-53.

<sup>34</sup> *Deseret News*, December 19, 1903.

Yet, not all was happy in Mormondom. During the 1890s, the *Salt Lake Herald*, published by Mormon elders William Dunbar and Edward Sloan, accused the *Deseret News*, and by implication the First Presidency, of caving to gentile and lay Mormon prejudice by isolating the Polynesians. Though possessing dark skin, the kanakas “[were] the same as other people,” the *Herald* exclaimed. They might have been predisposed to leprosy, but only a few cases existed in the Warm Springs neighborhood, hardly a reason for removing all seventy or more Hawaiians from the city. Shortly after the kanakas arrived at Iosepa, manager Cluff noticed numerous infections of influenza, pneumonia and filth diseases like typhoid fever and diphtheria. The cold, minimally insulated barracks probably contributed to the sickness, as did the absence of sanitary waterworks and sewer mains. By 1896, Cluff observed two cases of leprosy grow to ten, but worked to keep them secret so as to avoid unwanted attention. When news emerged about the leprosy outbreak at Iosepa, Cluff and the *Deseret News* allegedly asserted against “medical authority” that “all necessary precautions [had] been taken,” and that “nobody in Tooele or elsewhere [would] be touched by the disease if they [left] the Hawaiians alone.”<sup>35</sup> Observing the Mormon Church’s failure to provide the kanakas with sufficient medical attention, the *Herald* asked, “Suppose a white person does not contract the malady. Are not the uninfected Kanakas as good as ‘other people,’ and are they not entitled to the same protection as those born with white skin?”<sup>36</sup>

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<sup>35</sup> *Salt Lake Herald*, June 20, 1896.

<sup>36</sup> *Ibid.*, June 22, 1896.

By 1916, the *Herald* could answer “yes” in theory (or theology) but “no” in reality. That year, Iosepa closed due to economic difficulties, social isolation, and the near completion of the Mormon temple at Laie, Oahu. Undoubtedly, difficult living conditions also contributed. Iosepa suffered a high mortality rate of approximately 20 percent due to infectious and contagious diseases, compared to less than 1 percent across the nation. Deaths took place due to leprosy, influenza, pneumonia, and diphtheria, the latter two emerging because of malnourishment, exposure to extremes of hot and cold, and human waste. Mormon Hawaiians raised their own wheat, oats, corn, squash, and fruits, but failed to show a profit from selling surplus crops and feed to livestock owners. Colonists may have tried to weather the financial storm of the 1890s by selling vital and surplus food stores, and potentially endured malnutrition and poorly insulated barracks, besides unsanitary conditions. Unlike affluent progressives in Salt Lake City, the colonists at Iosepa lacked funds to build a sanitary water system (and a sewer). In 1901, after Myra Waddoups, the colony manager’s wife, fatally contracted typhoid fever after drinking infected water from an irrigation ditch, the First Presidency recommended building a new water system. Subsequent attempts to clean up the colony’s streets, yards, and homes emerged, and resulted in an award from the state sanitary inspector in 1915. But by then, those attempts seemed to be too little too late, as almost four-dozen of approximately two and twenty-five hundred kanakas had died.<sup>37</sup>

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<sup>37</sup> Panek, pp. 177-178.

As this study will show, many of the themes that surfaced during the Polynesian experience in Utah —the complex effects of non-white immigrants on the relationship of Saints and gentiles; the competing responses to sickness, disease, and modern medical advances according to race, ethnicity, and religion; the desire for health, welfare, and community membership; and the strategy of medical and health segregation as a response to, and a reflection of, difficult race relations— served as portents of things to come, from the late nineteenth to the mid-twentieth century, but this time in relation to a broader set of characters, racial and ethnic groups.

Chapter 1 begins by demonstrating that a “gospel of sanitation” emerged in late nineteenth-century America to help rid cities of accumulating human, animal, and industrial waste. In Salt Lake City, too, the need for new sanitary reforms seemed clear due to previous and future desires for growth. Yet middle-class Mormons and gentiles initially sparred over the precise timing, place, and significance of water mains, sewer lines, and garbage collection. Still, by the turn-of-the-century, their interests seemed more similar than different, allowing sanitary improvements to appear in their workplaces and neighborhoods to cleanse and to beautify. By contrast, these improvements appeared at neither the same rate nor at the same time in poor, foreign, and working-class neighborhoods, mainly located on the Westside. National and city finances, municipal legislation, and racial housing covenants explain the inequality that resulted in dirty, unhealthy, and at times perilous living conditions. It also contributed to the first building blocks of a new social hierarchy that placed

progressive and working-class whites above allegedly clean Japanese immigrants and less pure Italians, Greeks, and Chinese.

The second chapter reveals that the inchoate alliance between progressive gentiles and Mormons could still falter over religiosity. During the smallpox outbreak of 1901, many Saints viewed vaccination and epidemiology as the tools of gentile oppression and as an abridgement of their constitutional rights. Non-Mormons, meanwhile, claimed that the Saints threatened public health by foregoing forced immunizations. However, a small pro-immunization group of progressive reformers also emerged to cut across the religious divide. For their part, African Americans and new non-white immigrants largely avoided vaccinations since they remained wary of “well intending” white public health officers; as a result, these non-whites remained susceptible to infection and seemingly out of touch with progressive order.

Modern medical technology like vaccination, invasive surgery, and X-ray became less a bone of contention than a point of progressive commonality by 1905, however. In Chapter 3, evidence shows that church-sponsored hospitals in Salt Lake City, such as St. Mark’s Episcopal, Holy Cross (Roman Catholic), and L.D.S., accepted, served, and employed persons of all creeds, but not all classes, races, and genders equally. Progressive white doctors, nurses, and hospital administrators worked to transform hospitals from charitable to profitable institutions, catering disproportionately to white middle-class patients, while denying career advancement to white female nurses, and supporting Jim Crowe policies. Industrial business executives at times encouraged or discouraged



workers' safety, health, and hospital care depending on their laborers' ethnic and racial profiles. Consequently, hospitalization seemed to work across the fields of religion, race, class, and gender to reinforce the specter of supremely healthy affluent whites, comparatively less well adjusted Japanese immigrants, moderately adjusted Greeks, Italians, and Mexicans, and fundamentally inferior black women and men.

By the 1920s, Salt Lake's progressive white alliance and its strong health profile remained firmly intact. Conversely, working-class non-whites appeared to be less clean, less well, and less American. Thus in Chapter 4, I show that poor non-whites responded by establishing an alternative health community for and by themselves. Primarily located on the Westside, this community often went undetected by middle-class whites, but sometimes received white patronage, or persecution. Medical mutual aid organizations formed a key component of this community because it provided members with hospital care, doctor's exams, and workmen's compensation. Unlicensed foreign doctors, folk healers, and midwives also contributed to this community, providing sophisticated and familiar health care to residents long marginalized by, and suspicious of, affluent whites. Poor non-whites often crossed lines of race, ethnicity, and gender to access this care; similarly, they usually availed themselves of New Deal-era health and welfare services administered by white public health doctors, nurses, and welfare agents. Yet, rather than being racialized equally, poor non-whites witnessed health officials work to elevate the less numerous and seemingly less dependent Japanese who appeared to be less sickly and more eager to adopt American

standards of purity. By contrast, the growing Mexican and Mexican-American population remained the object of progressive scorn, and at the lowest rung of the social ladder since it sought public assistance in the greatest numbers, particularly during the bleakest years of the Great Depression. Viewed as drains on vital public assistance traditionally reserved for white men, middle-class whites worked to forcibly repatriate Mexicans.

The fifth chapter explores the health, medical, and welfare experiences of Issei and American-born Nisei Japanese residents during World War II. In contrast to the Japanese in the Salt Lake Valley, those in Central California and the West Coast in general were often portrayed as dirty, diseased, and opposed to patriotic assimilation. With the bombing of Pearl Harbor, coastal Japanese residents legally became “enemy aliens” who were pressured to “voluntarily” migrate to the western interior, or be rounded up and shipped by armed military guards to federal assembly and internment centers. Migrants and interned Japanese faced inconvenient and sometimes harsh living conditions, as whites remained suspicious of Japanese loyalty, and their commitment to the white public’s safety, welfare, and health. Military and civilian leaders protected themselves by segregating the Japanese to government camps that often lacked adequate health and welfare services, to neighborhoods with generally poor living conditions, and to low-paying jobs that often remained dirty and dangerous. By the end of the war, the anti-Japanese biases that peaked during the conflict diminished but remained intact to paradoxically discipline, marginalize, and

assimilate some Japanese. In the process, powerful Caucasians ethnically whitened the Salt Lake Valley.

Finally, I conclude that the historical legacy of public health and medicine became clear during the 1970s as Utahns prepared for a possible swine flu pandemic. Preparations were informed by the shifting sands of Utah's racial, socioeconomic, and religious history, which discouraged opposition to swine flu vaccination. Disciplined and marginalized, racial and ethnic minorities began migrating from the Salt Lake Valley to neighboring states during the Depression, minimizing potential protests against vaccination among non-white residents. The Mormon Church also continued to Americanize by embracing regular medicine and immunization in particular to mitigate any outstanding religious and cultural disputes between Mormons and non-Mormons. The apparent absence of tension over medical affairs during the swine flu scare served to manifest the historical distance from the Progressive Era, a time in which powerful whites transcended religious boundaries to improve the health of their bodies, working and living spaces, as well as their patriotic credentials, over and sometimes at the expense of those of "other" people.

## CHAPTER 1

### “THE TAIL END AND CESSPOOL OF OUR CITY”<sup>1</sup>

As soon as City Creek approaches its upper limit its waters are drawn off right and left, and distributed in brisk rills, one on each side of every street, the regular slopes of the delta upon which the city is built being admirably adapted to this system of street irrigation. These streams are all pure and sparkling in the upper streets, but, as they are used to some extent as sewers, they soon manifest the consequence of contact with civilization, though the speed of their flow prevents their becoming offensive, and little Saints not over particular may be seen drinking from them everywhere.<sup>2</sup>

In the mid-1870s, John Muir rightly scorned Salt Lake City’s water supply.

Water remained “pure and sparkling in the upper streets,” but it became contaminated the further it traveled from City Creek to the lower portions of the city. Salt Lake City paralleled other cities across the nation that experienced rapid population, industrial, and geographic growth during the Gilded Age, but failed to efficiently address the health hazards they created with new sanitary laws, practices, and technology. Human and animal excrement, and household and industrial waste increased to accumulate in city streets, vacant lots, flood canals, and water supplies. Filth created an eyesore, but also threatened public health by producing noxious gases (“miasmas”) that were traditionally believed to cause disease, and harbor and spread deadly germs. Sanitation diseases like diphtheria, cholera, and typhoid fever became a collective scourge, increasing urban deaths and infections.

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<sup>1</sup> Salt Lake Herald, June 3, 1907.

<sup>2</sup> John Muir, Steep Trails, edited by William Frederick Bade (New York: Houghton Mifflin Company, 1918), p. 108-109.

Across the country, sanitary reformers responded by promoting “a broad strategy for civic revitalization that not only sought social uplift but also the preservation of urban life and the restoration of more pristine physical standards,” observes historian Martin Melosi.<sup>3</sup> This strategy appeared more frequently in the American East than in the American West, which possessed fewer cities and investment capital for public reforms. Still, by the 1870s, reforms became necessary in Salt Lake City where the rate of filth-related mortalities rose to surpass that of most western cities and even approach that of the nation’s most squalid municipalities, including Philadelphia and Chicago.<sup>4</sup> The anti-Mormon *Salt Lake Tribune* lamented this development, and reported in 1880 that Salt Lake was “swiftly acquiring the name of being an unhealthy city.”<sup>5</sup>

The Mormon-dominated city council had taken steps to improve sanitary conditions, however. In 1877, the council oversaw the creation of a piped waterworks system in the central business district (CBD). This system promised to increase sanitation but unwittingly touched off citywide resistance and debate over who would and should have access to clean water and under what conditions. Race, class, and religion subsequently mixed in curious ways to map sanitary improvements, wellness, and sickness in Salt Lake City. This map also

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<sup>3</sup> Martin Melosi, *The Sanitary City: Environmental Services in Urban America from Colonial times to the Present* (Pittsburgh: University of Pittsburgh Press, 2008), p. 75.

<sup>4</sup> Groves-L.D.S. Hospital surgeon Ralph T. Richards calculated over 14,000 cases of typhoid fever in Salt Lake City before 1904, with a mortality rate of about 6.5%. From 1911 to 1915, that rate increased to 13.2% against the national average of 16.38% among cities with populations of 100,000 to 125,000, and then 18.1% versus 10.9% amongst the same in 1917. Ralph T. Richards, M.D., *Of Medicine, Hospitals, and Doctors* (Salt Lake City: University of Utah Press, 1953), p. 167; *JAMA: The Journal of the American Medical Association* Volume 70 (March 16, 1918): Table V, p. 778; D.C. Houston and Rey M. Hill, *Health Conditions and Facilities in Utah*, Utah State Planning Board (Salt Lake City, 1936), p. 15. On the health of western municipalities compared to those in the East, see, John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), p. 146.

<sup>5</sup> *Salt Lake Tribune*, June 6, 1880.

provided a unique means of observing and understanding Progressive Era notions of public health, cleanliness as a cultural value, and the formation of a health-based social hierarchy that became complicated by race, class, and gender, and that emerged from the struggle over sanitation.

Originating at the top of City Creek canyon, water descended through cast iron mains and filters before reaching the northern edge of the district, its businesses, shoppers, and residents fourteen miles below.<sup>6</sup> The Mormon Church-owned *Deseret News* praised the arrival of “good, clean water” that represented an “inestimable boon” to downtown whose importance grew as affluent residents encouraged capital development and the city’s integration into a national economic framework.<sup>7</sup> Initially costing \$180,000, the waterworks system received funding from city taxes and license fees after downtown business owners rejected the city council’s request that they foot the bill.<sup>8</sup> The central business district and its buildings—“stores, tenement houses, hotels, and Chinese washhouses”—solely benefitted from the waterworks system, causing citywide protests to emerge about the council’s partiality.<sup>9</sup> On January 15, 1878, Mormon Heber P. Kimball and twenty-nine others petitioned the council for a more “just and equitable plan” for extending water mains. The city should “tax all property where the mains are laid,” but also ensure that taxes collected “be used

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<sup>6</sup> USHS, PAM 21648, Leroy Hooton, “City Creek: ‘The Beginning’” (n.d.), p. 20; Noble Warrum, Charles Morse, W. Brown Ewing, *Utah Since Statehood, Historical and Biographical Vol. 1* (Chicago: The S. J. Clarke Publishing Company, 1919), pp. 571-72.

<sup>7</sup> *Deseret News*, October 6, 1876; Leonard Arrington, *Great Basin Kingdom: An Economic History of the Latter-day Saints, 1830-1900* (Urbana: University of Illinois Press, 2005), pp. 380-415.

<sup>8</sup> SLCRO, *City Council Minutes*, June 15, 1878; Hooton, 22.

<sup>9</sup> *Deseret News*, May 11, 1888.

exclusively for the extension of water mains.”<sup>10</sup> Because the city lacked legal authority to assess and collect taxes for waterworks construction, in March, the territorial legislature amended the city charter. Kimball and his fellow protesters seemed to be assuaged, and turned thereafter to petitioning for a special water main to be laid in the Avenues, an affluent suburb also known as the “dry bench.”

Clearly, Salt Lake City struggled with equity and discrimination in the distribution of municipal sanitary services. On the one hand, the struggle paralleled that in other cities where class and race worked to complicate public health history. In Detroit, Atlanta, and Los Angeles, “central business districts and outlying suburbs were favored in the distribution of sewer lines to the detriment of minority and working-class neighborhoods.”<sup>11</sup> Capital and whiteness surely benefitted as affluent white district owners and suburbanites received sanitary technology first, while those with lesser means and darker skin received them last, if at all. Likewise, in Salt Lake City, water, sewer and garbage removal appeared first in the CBD, and then in the desirable Avenues, Eastern Slope, and Sugarhouse district. Not surprisingly, their sanitary conditions improved while the value of suburbs increased due to their apparently superior health, cleanliness, and beauty. Property values also soared in the central business district where sanitary services benefitted powerful white landowners, shoppers, and,

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<sup>10</sup> SLCRO, City Council Minutes, June 15, 1878.

<sup>11</sup> Melosi, 103; David S. Torres-Rouff, “Water Use, Ethnic Conflict, and Infrastructure in Nineteenth-Century Los Angeles,” Pacific Historical Review Vol. 75 (206): pp. 119-140; Werner Troesken, “The Limits of Jim Crow: Race and the Provision of Water and Sewerage Services in American Cities, 1880-1925,” The Journal of Economic History Vol. 62 (2002): pp. 734-772; Stanley Schultz and Clay McShane, “To Engineer the Metropolis: Sewers, Sanitation, and City Planning in Late-Nineteenth Century America” The Journal of American History Vol. 65 (1978): pp. 389-411.

unwittingly, the Chinese, whose national reputation for dirtiness and disease supported white efforts to remove them to the Westside.

The working-class Westside received sanitary services much later, even though it hosted the city's landfills, garbage canals, and incinerators. The Westside was industrialized and noisy, and became more malodorous, squalid, and the site of the city's worst filth-related epidemics. Poor native and white British and Scandinavian immigrants initially inhabited the area, which evolved into an enclave for immigrants from Japan, southern and eastern Europe, and Mexico by the turn-of-the-century. To affluent natives, these new immigrants often appeared as unclean carriers of disease who opposed American standards of purity. Yet immigrants and poor white Westsiders commonly saw the need for sanitary reforms and worked to attain them through a variety of means and spaces—in city council, church, and neighborhood meetings—but usually to no avail due to economic and racial barriers. Salt Lake City's Westsiders thus experienced the least sanitary conditions and became victims rather than progenitors of illness.<sup>12</sup>

On the other hand, Salt Lake City's public health history remained exceptional as it showcased the salience of religiosity. As waterworks in the central business district revealed, sanitary reform became a bone of contention between Mormon city councilors and the Catholic-owned *Salt Lake Tribune*. That dispute intensified and spread to Mormon and gentile businessmen, church

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<sup>12</sup> Alan Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (Baltimore: The John Hopkins University Press, 1994). Kraut emphasizes "the American tradition of suspicion of the unassimilated," and the tendency of the medical establishment to blame epidemics "on the immigrants' traditions, ethnic habits, or genetic heritage"; back cover.



leaders, city officials, newspapers, and Mormon-led Improvement Leagues, which sought to influence plans for improving, developing, and extending water, garbage, and sewer services. In this dispute, religious politics appeared to be complex and malleable, with Mormons and gentiles battling each other and sometimes, themselves. Over time, however, more powerful and progressive whites overlooked their religious differences to ally in support of needed sanitary improvements. Because the improvements served affluent white residents in the CBD and the suburbs, that alliance worked to reassert their claims to health and national membership, while racializing non-whites as unclean and unhealthy. It also helped to stigmatize the Westside as the undesirable bastion of the city's less assimilated and patriotic citizens. By 1915, with the first wave of sanitary improvements complete, the consequences were that progressive white residents successfully mitigated their religious tensions and used apparently objective sanitary science to not only redefine the socioeconomic and cultural map of Salt Lake City, but also to create a new health-based social hierarchy complicated by race, ethnicity, and class.

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As with other cities in the American West, the sanitary mapping of Salt Lake City followed an unprecedented era of population, industrial, and geographic growth. Growth triggered new sanitary problems, which threatened future growth and required new sanitary laws, practices, and technology. Growth accelerated in the 1890s due to commercial causes mainly, even if it began much earlier with the city's religious origins.

Established in 1847 by the Mormon Church, Salt Lake City expanded through natural increase and immigration, the fruits of the Saints' global missionary efforts. Fifteen hundred persons inhabited the city, but that number grew to over six thousand by 1850. During the next ten years, the population swelled to eight thousand, or four times the amount needed for urban status. This increase resulted from "celestial marriage," or polygyny, which the Mormon Church publicly affirmed in 1852, as well as the entrance of gentile settlers, trappers, traders, federal officials, and evangelical ministers. From then until 1890, the city expanded at a rate of more than 55 percent annually to become the largest metropolis in the Great Basin and a numeric rival to Los Angeles. The western extension of the U.S. Army contributed to this growth by placing four thousand troops at Fort Douglas and nearby Camp Floyd. Most significant was the transcontinental railroad, whose construction attracted workers from China, Britain, and Italy, and whose completion in 1869 at Utah's Promontory Summit stimulated Salt Lake City's mining, smelting, and manufacturing industries. Such industries drew about twenty-five million non-white immigrants to U.S. shores during the 1890s, with several thousand adding to Salt Lake's population of fifty thousand-plus by the early twentieth century.<sup>13</sup>

A steady supply of labor and improved transportation attracted additional development. In the 1870s, a small but powerful generation of gentile capitalists like Samuel Auerbach and William McCornick emerged to transform Salt Lake City from a remote theocratic commonwealth primarily dependent on home

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<sup>13</sup> On the growth of Salt Lake City, see, Thomas Alexander and James B. Allen, *Mormons and Gentiles: A History of Salt Lake City* (Boulder, Colorado: Pruett Publishing, 1984), pp. 1-15.

manufactures and agriculture into a nationally integrated market and financial center.<sup>14</sup> They promoted commercial intercourse via private capital ventures in railroads, mining, smelting, manufacturing, merchandising, real estate, insurance, and banking. They also established local and regional business networks, such as the Alta and Timpanogos clubs and the Salt Lake Chamber of Commerce, whose membership counted prominent Mormon Church officials and gentiles.<sup>15</sup> Chamber headquarters existed downtown, or the central business district, which emerged as a distinct socioeconomic space during the late nineteenth century. The CBD encompassed a quarter square mile, sat adjacent to Temple Block, and emphasized high-density business and residential use.<sup>16</sup> Hotels, banks, theaters, bathhouses, department stores, restaurants, and markets emerged to serve middle and upper-class customers. High-rise buildings appeared on original farming lots to host businesses such as Kahn Wholesale, the Walker Brothers, and Deseret National banks.<sup>17</sup> City agencies such as police, telephone, and telegraph services established departments near those for medical, dental, and legal professionals. Older buildings, such as single-family dwellings and dilapidated mansions, evolved into tenements, charity homes, and boarding houses for the working-class and poor.<sup>18</sup> By contrast, affluent Mormons

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<sup>14</sup> Marilyn Reed Travis, "Social Stratification and the Dissolution of the City of Zion in Salt Lake City" (PhD Dissertation, University of Utah, 1995), pp. 181-255.

<sup>15</sup> JWML, Special Collections, PAM 13310, 9515, "Commercial Club;" PAM 7165, "Women's Chamber of Commerce;" Don Woodward and Joel Campbell, Common Ground: 100 Years of the Salt Lake Chamber (Montgomery, Alabama: Community Communications, 2002).

<sup>16</sup> Robert Fogleson, Downtown: Its Rise and Fall, 1880-1950 (New Haven: Yale University Press, 2001), pp. 9-43

<sup>17</sup> By 1870, less than a sixth of heads of households in Salt Lake City farmed for a living. Alexander and Allen, 4.

<sup>18</sup> Liza C. Julien, "The Transitional Landscape and Architecture of Downtown Salt Lake City, 1898-1911" (MA Thesis, University of Utah, 1995), pp. 2-16.

and gentiles worked in the central business district, but settled in the suburban Avenues, Eastern Slope, and Sugarhouse neighborhoods.

As Salt Lake City grew, it became less regulated and subject to careful municipal oversight. The original “Plat of the City of Zion,” envisioned by Joseph Smith Jr., organized the city around its literal and spiritual center, Temple Block, located at South Temple and Main Street (originally, East Temple). Starting at South Temple, or latitudinally “0,” streets that ran north-south were numbered by 100s; the same principle applied to streets running east and west from Main. The City-County Building, which lies four blocks south and two blocks east of Temple Block, for example, retains the address of 400 South/200 East (or South and Second East). The southernmost edge of the city existed at 2100 South, and the westernmost at the Jordan River, approximately 1000 West. Beginning in 1847, church officials designated city lots for housing, farming, and gardening, and fields south of the city for large-scale farming and ranching. While ordered religious-agrarian communities were common in the nineteenth-century American West, Salt Lake City remained the most successful.<sup>19</sup>

Yet this older religious plan gradually gave way to a new commercial focus. Business elites—“private owners, promoters, and land speculators”—began assuming “the principal roles of city management from church leaders” to emphasize maximum financial growth. The Salt Lake Chamber of Commerce

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<sup>19</sup> A classic study of ordered utopian communities is, Charles Nordhoff, The Communistic Societies of the United States (New York: Dover, 1966).

hoped that the city would shift from “a city of the poor” to a “city of the rich.”<sup>20</sup> To those ends, elites promoted important changes in urban planning, including unregulated lot and building subdivisions, street and alley openings, and rapid industrial expansion downtown and on the Westside.<sup>21</sup> They promoted the “naturally healthy” climate of the Wasatch Front, its “scenic” landscape, and abundant resources. During the nineteenth and early twentieth centuries, health seekers flocked to Colorado, southern California and other dry, warm, “salubrious” places in the West to improve their constitutions.<sup>22</sup> Faith in the health of western lands and in the inherent goodness of a capitalist free market seemed to influence city boosters to overlook the need for sanitary provisions, particularly those designed to protect the environment from industrial and human hazards. Consequently, city officials remained especially slow to prevent dirt and various filth from contaminating the municipal water supply, the liquid foundation of financial and human health.

Fed by snowmelt and high mountain springs, City Creek provided the bulk of the city’s water. Entering the city near Temple Block, the Creek divided into two streams, with one following the land’s natural slope southwest to the Jordan

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<sup>20</sup> JWML, Special Collections, Accn 0854, “Salt Lake Chamber of Commerce Records,” Box 16, folder 1, Salt Lake City and Surroundings, prepared by the Salt Lake Chamber of Commerce (Salt Lake City: Tribune Printing and Publishing Company, 1889), p. 35.

<sup>21</sup> Cecilia Parera, “Mormon Town Planning: Physical and Social Relevance” Journal of Planning History Volume 4 (2005), p. 168; John Reys, Town Planning in Frontier America (Columbia: University of Missouri Press, 1989), pp. 282-290. In emphasizing Salt Lake’s wildcat growth, Parera joins other historians like Richard White in arguing against Robert Wiebe’s contention that city business leaders epitomized progressive “rationalization, order, simplification, and legibility”—values that played out in municipal planning. Robert Wiebe, The Search for Order, 1877-1920 (New York: Hill and Wang, 1994); Richard White, Railroaded: The Transcontinentals and the Making of Modern America (New York: Norton, 2011), xxix-xxxi.

<sup>22</sup> USHS, Denver and Rio Grand Western Railroad Records, 1907-1947, Mss B 294, Box 3, Uinta Basin Material; Deseret News, December 14, 1907; John Baur, The Health Seekers of Southern California, 1870-1900 (San Marino, California: The Huntington Library, 2010); Billy Jones, Health-Seekers in the Southwest, 1817-1900 (Norman: University of Oklahoma Press, 1967).

River and the other traveling west on North Temple to the same destination. Both streams entered roadside ditches that supplied the city's needs, including drinking and irrigation water for approximately five thousand acres of vegetable gardens.<sup>23</sup> Ditch water supplied domestic purposes, too, such as bathing and washing, and for manufacturing and commerce. Ditches aided the city fire station and street sprinkling department, the latter intended to subdue blowing dust, dried excrement, and other filth. To supplement City Creek water, residents on the eastern and southern edges appropriated Red Butte and Emigration creeks. Due to their poor quality and meager supply, however, especially after their appropriation by Fort Douglas in 1862, they provided little value.

As a public utility, water received oversight from Mormon bishops and, later, city councilors who administered its distribution, supply, and purity. Such officials seemed to fulfill their responsibilities until the 1860s when residents petitioned for more water sources to keep up with growing demand and pollution. Rainfall seemed to be normal during these years, but ditch water decreased due to increased consumption and the absence of metering rates.<sup>24</sup> The purity of water declined as well, as the city failed to consistently enforce purity laws.<sup>25</sup> The main culprits of water pollution were domesticated animals. Livestock grazed in City Creek canyon to befoul its outflow, while dead animals (horses,

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<sup>23</sup> Esther Ruth Truitt, "Home Gardening on City Lots in the Salt Lake Valley, 1847-1918" (M.S. Thesis, University of Connecticut, 1986), pp. 1-60.

<sup>24</sup> USHS, MSSA 2520, "The Water-Supply System of Salt Lake City," (Salt Lake City Public Works Department, n.d.), p. 1; "History of Salt Lake County," Auditor's Office, Internal Audit Division" (in author's possession).

<sup>25</sup> Richards, 175; USHS, "Third District Court: Salt Lake County, Criminal Case Files, 1896-ongoing," Series #1471, #3291 (case transcripts), #1650 (minute books). Although criminal statutes indicate that citizens could be charged with "befouling water" by building privies, cow-yards, and chicken coops next to city streams, charges were rarely filed.

cats, dogs, pigs, and chickens) and their excrement remained in city streets and alleys for days before their removal, contaminating ditch water.<sup>26</sup> Humans and industry contributed, too. City population, production, and consumption increased to allow residents to frequently see garbage and filth “choking and obstructing the ditches and defiling the water.”<sup>27</sup> Salt Lake City joined Kansas City in reputedly having the dirtiest streets in the West, with waterborne diseases including infantile diarrhea, cholera, typhoid fever, and diphtheria, “dominat[ing] the health picture,”<sup>28</sup> according to physician Ralph T. Richards.

Since the 1840s, indoor piped water remained an American obsession and an aspect of patriotic identity. Historian Maureen Ogle argues that plumbing embodied key cultural values, such as the “desire to create excellent domestic environments and thereby effect national progress.” The best homes seemed to convey respectability and “convenience,” which entailed support for domestic labor, a diminished reliance on servants, protection of family health, and an improved home life.<sup>29</sup> Many Americans pursued convenience by routing pipes to their homes themselves rather than relying on municipal waterworks projects. Beginning in the Civil War-era, however, they increasingly obtained water and sewer service from public projects, as sanitary reformers used “new scientific theories about air and water in disease causation and transmission” to push city officials to take a greater interest in public health. Sanitation seemed to be vital

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<sup>26</sup> SLCRO, *City Council Minutes*, June 21, 1881.

<sup>27</sup> *Ibid.*, April 2, 1878; October 23, 1883.

<sup>28</sup> Thomas Alexander, “Cooperation, Conflict, and Compromise: Women, Men, and the Environment in Salt Lake City, 1890-1930,” *BYU Studies*, Vol. 35 (1995): 12; Richards, 20.

<sup>29</sup> Maureen Ogle, *All the Modern Conveniences: American Household Plumbing, 1840-1890* (Baltimore: John Hopkins University Press, 1996), pp. 35, 17.

to public life, and government officials worked with scientists, teachers, health journals, and newspapers in promoting outdoor municipal baths for the urban poor, as well as indoor bathing, showering, and washing.<sup>30</sup> “Domestic science,” or efficiency in home affairs, became a common theme during the early twentieth century in part due to the appearance of large-scale production and the mass availability of plumbing materials.<sup>31</sup> However, in the late nineteenth century, the costs of plumbing—its connection and usage fees in particular—made domestic science and its notions of progress and patriotism a luxury reserved primarily for the white middle and upper class.

To help solve Salt Lake City’s water problem, on August 9, 1864, Mormon city councilman Elijah Sheets proposed augmenting the water supply by devoting City Creek to domestic and manufacturing exclusively, while using Utah Lake water for agriculture. Lake water remained unsuitable to drink due to its high salinity and warm temperature, but sufficient for irrigating crops. Sheets suggested obtaining lake water by damming the lake and building a thirty-five mile canal from the dam through the Jordan River to the city. A separate but more immediate and less costly plan included boring artesian wells in each of the city’s twenty-plus municipal wards.<sup>32</sup>

Although these ideas provoked interest, neither came to fruition.

Construction costs for the Jordan Canal remained high and Salt Lake City

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<sup>30</sup> ACU, “Holy Cross Records,” The Intermountain and Colorado Catholic, May 12, 1900; JWML, Special Collections, “Course of Study in Health Instruction, Elementary Schools” (Salt Lake City: Board of Education, 1928), p. 20. On municipal baths, see, Marilyn Thornton Williams, Washing ‘The Great Unwashed’: Public Baths in Urban America, 1840-1920 (Columbus: Ohio State University Press, 1991).

<sup>31</sup> Ogle, 151.

<sup>32</sup> SLCRO, City Council Minutes, August 9, 1864; Hooton, p. 2.



remained a cash-poor society.<sup>33</sup> Obtaining user rights and rights-of-way remained legal hurdles, and artesian wells seemed to be too inefficient for sustaining urban growth. Thus, other ideas emerged, including hiring private contractors to furnish bottled water to paying customers. The most viable option was proposed by the *Salt Lake Tribune*, which lobbied for a piped waterworks system. In the spring of 1871, the *Tribune* upbraided the Mormon-dominated city council while pitching its proposal:

Salt Lake City seems like an overgrown and dull country village. There seems to be no public spirit exhibited by the City Authorities, unless it be in hunting down liquor dealers who refuse to pay extortionate licenses. . . . We need first-class waterworks which should place an ample supply of the bright sparkling water of city creek in the house of every resident in the city, to promote health and comfort.<sup>34</sup>

At first glance, the *Tribune's* suggestion made sense. Other cities that lacked cash built waterworks after experiencing rapid growth, with about 40 percent of western municipalities adopting them by 1890.<sup>35</sup> Waterworks could be built piecemeal when funds became available, and homes and businesses could pay for and thus limit their consumption. Waterworks were more predictable than rivers and creeks, and dispensed water from watershed areas owned and protected by the public. Finally, they encouraged urban and industrial expansion, as piped water reached residents living beyond the immediate confines of City Creek.

These benefits influenced city councilors to embrace waterworks before the *Tribune's* suggestion. Councilors began discussing plans for a waterworks

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<sup>33</sup> Alexander and Allen, 52.

<sup>34</sup> *Salt Lake Tribune*, April 27, 1871; May 19, 1871.

<sup>35</sup> Melosi, 82-83.

program after learning that the federal government planned to entrust public lands and their appurtenant water rights to mayor and trustee Daniel H. Wells.<sup>36</sup> The city's Mormon water superintendent, Theodore McKean, toured the East to observe waterworks programs in other large cities and to gather bids for materials and its shipping costs.<sup>37</sup> Because a national bond market did not exist, Salt Lake would have to limit construction to areas that could immediately pay for it. In December 1870, city councilors proposed a subscription plan by which property owners in the central business district paid for construction. They believed businesses would support the plan since they previously requested permission to lay private pipes in City Creek.<sup>38</sup> Customers and tourists often complained about tainted water and the need for purer supplies to ameliorate their downtown and shopping experience.

The following spring, however, Mormon and gentile businesses rejected the plan, arguing that district property owners and affluent gentiles in particular paid the majority of city taxes.<sup>39</sup> Paying cash for water remained novel and cash itself remained scarce. Frustrated by their response but desiring growth and likely pressured by the probusiness gentile Liberal Party, the Mormon city council accepted their rejection and decreed that waterworks would be funded

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<sup>36</sup> Hooton, 16-18. The federal government established a title office in Salt Lake City in 1869, allowing deed holders to obtain legal titles. This development signaled the possibility of public lands being entrusted to a public representative. On June 12, 1872, the federal government awarded Salt Lake an official patent granting public lands to city inhabitants in trust of mayor Daniel H. Wells, thereby transferring City Creek to all residents within city limits. At the time, city limits included Plats A and B.

<sup>37</sup> CHLA, Ms 2050, Box 20, folder 2, no. 1, "Theodore McKean," p. 8. Also see, reel 15, July 1872.

<sup>38</sup> For example, on October 25, 1870, James Townsend submitted a petition "asking the privilege of laying pipes from City Creek to the hotel." SLCRO, City Council Minutes, October 25, 1870; February 23, 1872; March 15, 1872; January 16, 1872; April 1, 1873.

<sup>39</sup> Alexander and Allen, 92.

through general city taxes and license fees, and that blueprints and construction materials would be ordered soon.<sup>40</sup>

On September 3, 1872, construction began in City Creek canyon, with city engineer T. W. Ellerbeck and city police overseeing prison inmates who dug trenches for six-inch laminated wood and cast iron mains. Mains ran west on North Temple and then through and around the central business district.<sup>41</sup> Dam construction and canyon cleanup followed, in addition to the purchasing and zoning of additional watershed lands.<sup>42</sup> Four years later, in October 1876, the *Deseret News* observed the partially completed system:

The fall of the steam is rapid, and sufficient, without artificial pressure, to take it into the highest rooms in the main portions of the city, which is a great advantage. It now remains for the citizens, who reside where the pipes are laid, to take advantage of these circumstances and have service pipes laid to take the water into their houses, so that they may enjoy the inestimable boon of good, clean water constantly at hand and in their very rooms, as many of them as they may wish, and in quantity and quality at all that can reasonably be desired.<sup>43</sup>

By June 1877, construction finished and downtown property owners petitioned for laterals and home connections.<sup>44</sup> The price of connections varied over time and space but averaged fifty cents per front foot a decade later.<sup>45</sup> Water consumption, however, averaged “10 cents per thousand gallons” after businessmen—“Merchants, Bankers, Hotel, and Livery Stable Keepers”—

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<sup>40</sup> SLCRO, City Council Minutes, February 13, 1871; October 13, 1871. On the origins and platform of the Liberal Party, see, Edward Tullidge, The History of Salt Lake City and its Founders (Salt Lake City: Star Printing Company, 1886), pp. 428-432; Tullidge's Histories, Vol. II (Salt Lake City: Juvenile Instructor, 1889), pp. 306-313; New York Times, February 9, 1870.

<sup>41</sup> Warrum, Morse, Ewing, 571.

<sup>42</sup> USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1907 (Salt Lake City, Century Printing Company, n.d.), pp. 206-207.

<sup>43</sup> Deseret News, October 6, 1876; SLCRO, City Council Minutes, October 12, 1875.

<sup>44</sup> *Ibid.*, May 18 1880.

<sup>45</sup> *Ibid.*, September 27, 1887.

pressured city councilors to reduce charges; consumption for charitable or non-profit institutions like the Mormon Tabernacle, gentile churches, and hospitals remained free.<sup>46</sup> Businessmen comprised the majority of property owners who included Mormon Church president Wilford Woodruff (r. 1889-1898) and future mayor and Salt Lake City's first millionaire William Jennings. Powerful Mormons typically owned property on the northern end of downtown, and wealthy gentiles usually on the southern. Cutting across religious geography, however, the new waterworks system supplied paying customers regardless of their religious affiliation with liquid "health and comfort."<sup>47</sup>

That waterworks existed in the central business district did not mean the end of the city's water problem. Polluted water still ran in ditches and city councilors estimated that only "thirty per cent [sic] of the citizens have been directly benefited" by waterworks, despite all having shared the estimated \$283,000 cost for construction.<sup>48</sup> Echoing Heber Kimball's complaint about inequity, citizens like John Pike complained that public water mains were built for the "wealthy portion of the community" at the expense of the "poor portion of the community."<sup>49</sup> Accused of class bias, the city council responded by approving a more equitable plan for waterworks construction that included building the Jordan Canal, which promised to benefit the entire city.

Constructed between 1879 and 1882, the Jordan Canal traveled from Utah Lake north along the Wasatch Range to an open conduit at North Temple

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<sup>46</sup> Ibid., August 1, 1876; May 18, 1880.

<sup>47</sup> Ibid., April 24, 1877.

<sup>48</sup> Ibid., April 15, 1884.

<sup>49</sup> Ibid., October 3, 1888; Deseret News, September 12, 1888.

and Main Street; from there, it flowed by gravity to the Jordan River. Residents tapped the canal to irrigate lots and to power grist mills, paper, sugar, and woolen factories; ditch water was reserved for potable purposes only. Part of the canal already existed, having been built to float granite from Little Cottonwood Canyon used in Mormon temple construction during the 1850s, but a significant portion still needed to be constructed. As with waterworks construction downtown, religious tensions surfaced during canal construction when the *Salt Lake Tribune* accused the Mormon-dominated city council of approving a \$250,000 canal bond to enrich and empower the Mormon Church, and specifically its president John Taylor. Through public lectures and publications, Taylor had allegedly lobbied city councilors to support the canal since it required the city's Cottonwood ditch—which Taylor claimed ownership of—to function properly. The city council sided with Taylor's claim and paid him \$40,000 for the ditch, while the city's Mormon surveyor Jesse Fox hired "Mormon pilgrims arriving from the old country" exclusively to construct the canal.<sup>50</sup> According to Charles C. Goodwin, the *Tribune's* editor, the "jobbers who carried through the corrupt canal scheme" were incompetent in their task, as the canal habitually leaked.<sup>51</sup> Moreover, the canal fouled drinking water on the Westside where the canal mixed Utah Lake with City Creek water at the conduit before descending to the Jordan River and Westside ditches. This water supplied working-class Mormons and gentiles, blacks, and foreigners on the Westside. Goodwin exclaimed, "And of the inhabitants of that whole [western] portion . . . who receive

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<sup>50</sup> *Salt Lake Tribune*, April 4, 1880.

<sup>51</sup> *Ibid.*, July 27, 1882.

water below the point where the canal discharges? They all have equitable claims for relief in this matter, for a very positive and comprehensive damage has been done there. Even a little foul water will taint a large stream, and the abuse is flagrant.” Dismissing Goodwin’s allegations of religious bias and failing to recognize his implicit race and class critique, the church-owned *Deseret News* countered that the canal was a success, efficiently carrying “a steady supply of voluminous water” to the city.<sup>52</sup>

Goodwin’s suggestion that race and class now complicated the religious politics of sanitary water mattered little to city councilors who focused less on water purity than supply. During the 1880s, the city population grew at a rate of 115 percent annually to reach forty-four thousand by the end of the decade, swelling downtown and the Westside, while stimulating suburban growth on the eastern and northern parts of the city. This growth increased demands for water even as undersized or mismatched mains decreased supply and pressure.<sup>53</sup> To help resolve the issue, in 1888, the city brokered a trade agreement with Parley’s Canyon farmers to the south, whereby the latter agreed to exchange Jordan Canal water for high quality drinking water flowing in and around Parley’s Canyon. Following the agreement, the city constructed a reservoir at the mouth of Parley’s Canyon where a conduit shuttled eight and a half millions gallons daily along the city’s eastern bench to a reservoir at 100 South/1300 East; gravity then carried water to suburban neighborhoods east of downtown.<sup>54</sup> Assuming a

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<sup>52</sup> *Deseret News*, quoted in the *Salt Lake Tribune*, July 30, 1882; July 1, 1899.

<sup>53</sup> *Ibid.*, August 19, 1890; September 16, 1890; SLCRO, *City Council Minutes*, May 3, 1890.

<sup>54</sup> The LeRoy W. Hooton Public Utilities Building, Salt Lake City, Utah; Map #8491 “Sketch Showing Principal Sources of Water Supply to Salt Lake City,” (June 28, 1932); USHS, LeRoy W.

future need for additional water, the Salt Lake Chamber of Commerce pressured city officials to negotiate a similar trade agreement in 1907 with Big Cottonwood Canyon farmers, in which the city purchased eight to ten million gallons, or 50 percent of the canyon's daily yield, in return for a similar amount of canal water to farmers.<sup>55</sup>

With an abundant supply of pure water now available, affluent suburban residents petitioned for water mains, laterals, and connections. Suburbs emerged during the nineteenth century as the nation experienced economic growth, improved sanitation, and as white affluent Americans fled from the growing noise, congestion, and squalor of downtown to the allegedly more peaceful, beautiful, and healthy climes outside the city.<sup>56</sup> In Salt Lake City, suburbs revealed race and "class-oriented spacial growth," as their residents belonged to the richest 20 percent who owned approximately 92 percent of city property.<sup>57</sup> The Eastern Slope, for example, consisted of genteel businessmen, doctors, dentists, attorneys, and ministers, and to a lesser extent, affluent Mormons. The Slope existed between Main Street and 600 East on the west and east, and South Temple and 900 South on the north and south, with its terrain rising steadily in an easterly direction from Main Street to the eastern bench of the Wasatch Range. Electric streetcars serviced the Slope, which provided a

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Hooton, "The Jordan and Salt Lake City Canal" (1993); Salt Lake Tribune, February 3, 1891; March 18, 1892; February 2, 1894.

<sup>55</sup> Deseret News, November 7, 1902; February 6, 1907; USHS Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1906 (Salt Lake City: Tribune-Reporter Printing Company, n.d.), pp. 181-182; Salt Lake Tribune, July 1, 1894.

<sup>56</sup> Kenneth T. Jackson, Crabgrass Frontier: The Suburbanization of the United States (New York: Oxford University Press, 1987), pp. 3-11.

<sup>57</sup> Perera, 170.

quiet retreat for residents living in spacious Queen Anne, Victorian, or Greek Revival homes, and for convalescents and staff members at St. Mark's Episcopal and Holy Cross hospitals.<sup>58</sup> Collectively, suburbs were an "ideal place for Progressive People," claimed the Salt Lake *Progressive*.<sup>59</sup>

South of the Eastern Slope existed the Sugarhouse district, a white professional and business class Mormon suburb and the site of a speculative real estate boom.<sup>60</sup> Bounded by 500 East and 2100 East on the west and east, and 1300 South and 2700 South on the north and south, Sugarhouse was annexed by the city after the Mormon Church suspended sugar beet operations there, and after the Chamber of Commerce emphasized the area's health and potential for development.<sup>61</sup> The area possessed abundant fertile land, good air, and opportunities for exercise and recreation at Salt Lake City's Country Club (est. 1905) and Parley's Canyon Hollow, which offered golfing, tennis, hiking, fishing, swimming, and hunting.

To add comfort, beauty, and value to their neighborhoods, suburban residents requested the city to supply them with Parley's Canyon water. The city responded without delay and ordered waterworks construction to begin in the Eastern Slope, and several years later in northern Sugarhouse, with mains going to homes first and then to vacant lots in order to encourage further

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<sup>58</sup> Paul Wright, "The Growth and Distribution of the Mormon and Non-Mormon Populations in Salt Lake City" (MA Thesis, University of Chicago, 1970), pp. 121-122. Wright refers to the Eastern Slope as the "Near East." Another good source on Salt Lake's suburban history is, Marilyn Reed-Travis, "Social Stratification and the Dissolution of the City of Zion in Salt Lake City, 1847-1880," (PhD. Dissertation, University of Utah), 1995.

<sup>59</sup> *The Progressive: A Free Field and a Fair Fight* Vol. 4 (June 6, 1914): 14.

<sup>60</sup> SLCRO, *City Council Minutes*, November 19, 1889, notes that the southeastern portion of the city had become "thickly settled" with many residents who worked in the central business district.

<sup>61</sup> JWML, Western Americana Collection, *The Salt Lake Journal of Commerce, published under the auspices of the Salt Lake Chamber of Commerce*, Vol. IV (February 15, 1892).



development.<sup>62</sup> Gentile mayor George Scott, a member of the probusiness Liberal Party, heartily endorsed these plans, as he believed, "nothing more strongly invites improvements than a good water supply."<sup>63</sup> This belief, and the powerful interests supporting it, overcame the opposition of several African American and other poor residents who inhabited the Slope's western and eastern edges (collectively dubbed "nigger town"), and who argued that construction imposed too high a financial burden on them.<sup>64</sup> Costs could equal \$275 for home connections and \$600 for neighborhood mains, the latter of which averaged about 80 percent of an annual working-class salary. City councilors amended water ordinances to require all beneficiaries to pay three-quarters of home construction costs, plus fifty cents per front foot of home lateral connections.<sup>65</sup> The city also claimed the right to seize property from owners who failed to pay, although in extreme cases, beneficiaries could pay in two or three installments.<sup>66</sup>

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<sup>62</sup> Salt Lake Tribune, April 26, 1891.

<sup>63</sup> USHS Series 4882, Annual Message of the Mayor with the Annual reports of the Officers of Salt Lake City, Utah, for the Year 1891 (Salt Lake City, 1892), p. 12.

<sup>64</sup> SLCRO, City Council Minutes, November 29, 1881; LTP, Special Collections, Charles Redd Center for Western Studies, Nurses Oral History Project, MS OH 02228, Margaret May, p. 4.

<sup>65</sup> SLCRO, City Council Minutes, August 1888, various entries; September 27, 1887. On construction costs, see, April 15, 1884; May 24, 1884. About 220 African Americans lived in Salt Lake City circa 1890. Most lived on Franklin Avenue on the western edge of the Eastern Slope. For more on the city's African American population, see Wright 121-121; Thirteenth Census of the United States Taken in the Year 1910, Vol. III, Population, Table IV, "Composition and Characteristics of the Population for Wards of Salt Lake City" (Washington, D.C.: Government Printing Office, 1913), p. 890; George Ramjoue, The Negro in Utah: A Geographical Study in Population (M.A. Thesis, University of Utah, 1968): p. 10; James Boyd Christensen, A Social Survey of the Negro Population of Salt Lake City, Utah (M.S. Thesis, University of Utah, 1948). For a white's perspective on race-based spacial segregation in Salt Lake City, see, JWML, Special Collections, "Interview with Caucasians in Utah," Ms 483, Box 1, folder 14, p. 13. I based the average annual working-class salary on \$3 per day, at five days a week, totaling \$720 per year.

<sup>66</sup> SLCRO, City Council Minutes, April 15, 1884; October 15, 1889.

Gravity, in addition to powerful interests, also influenced the placement of waterworks on the Eastern Slope. Prior to the advent of electric and diesel engines, engineers relied on gravity to move water. Salt Lake City inhabited the former lakebed of the prehistoric Lake Bonneville, which as it receded, created a natural amphitheatre with the land rising north and east towards the Avenues and eastern bench (the former shoreline of the Lake) at around five thousand feet elevation. Water, whether from Emigration or Red Butte creeks or from Parley's Canyon, thus traveled south and west from the northern and eastern benches towards the Jordan River. This phenomenon explains in part the creation of the Eastern Slope and Sugarhouse district, both of which sat below creeks. It also explains why until the settlement of affluent Mormons and gentiles in the 1880s, the Avenues retained the unflattering sobriquet of the "dry bench."<sup>67</sup>

Platted in the 1850s, the Avenues comprised a high sloping bench northeast of downtown and above the city's water lines. Its earliest settlers included working-class artisans and farmers, although a few wealthy Mormon Church leaders settled to the extreme southwest near Temple Block. Poor artisans and farmers settled there because of the area's abundant cheap land. However, they also remained repulsed by its dearth of water, a small portion of which supplied the Avenue's extreme western and eastern edges via City Creek and Red Butte Creek. To improve their prospects, a few residents dug shallow wells, laid private pipes in City Creek, or hired private companies to deliver

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<sup>67</sup> Karl T. Haglund and Philip Notarianni, The Avenues of Salt Lake City (Prepared by the Utah State Historical Society, 1980), pp. v-4.

barreled water to their homes.<sup>68</sup> The majority, however, carried buckets of water from springs and ditches lower in the city.

By the 1870s, this hardship motivated Avenues residents to establish the Dry Bench Committee and lobby city councilors to devise a means of relieving their problem. In August 1874, Septimus Sears appeared before the city council on behalf of over eleven hundred residents to request public aid. After hearing his complaint, the council redirected him to the county court, which allegedly possessed the sole legal right to grant the Avenues the surplus of Big Cottonwood water. This response did not appease Sears, however, who insisted that the city act equitably: just as the Avenues helped finance waterworks in the central business district, so should the central business district help finance waterworks in the Avenues. By the next year, Sears' petition yielded no positive change. Councilors reiterated their historic warning not to settle above the city waterline, and the county court observed that no means existed to transport Cottonwood water to the Avenues.<sup>69</sup> The Dry Bench Committee still complained that the Avenues "suffered in health, comfort, and convenience," as its poor inhabitants could not fund a waterworks program themselves. Fortunately, the Committee demanded and received city tax refunds for previous years. Yet unfortunately, these refunds were duplicitous as the city later imposed taxes for

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<sup>68</sup> Salt Lake Tribune, March 22, 1885; May 22, 1885; SLCRO, City Council Minutes, March 21, 1876; April 9, 1878.

<sup>69</sup> *Ibid.*, March 30, 1875.

building the Jordan Canal, which Avenues residents “had been led to believe . . . would bring them relief.”<sup>70</sup>

With mayoral support, in 1884, the city council approved building a water main through Sixth Avenue from City Creek to the city cemetery. In 1890, another main appeared to increase water volume by 66 percent.<sup>71</sup> Both of them provided water for residents living below the mains to South Temple (formerly Brigham Street). Residents included affluent Mormons and gentiles, primarily mine owners, bankers, attorneys, doctors, dentists, municipal officers, and real estate developers such as Daniel Jackling, John Daly, Thomas Kearns, Joseph Walker, and George Downey.<sup>72</sup> These residents built luxurious Victorian homes on land they purchased from original Mormon settlers who intended to profit from increasing property values. They normally traveled by streetcar to work, shop, politic, and worship downtown. As part of the Gilded Age’s nouveau riche, they remained categorically different from the city’s poorer and less influential residents, some of whom lived above the Sixth Avenue main. Lacking political power, they pooled their interests and established the North Bench Committee in the 1880s to argue that the upper half of the Avenues—approximately five hundred acres and twenty-two hundred people—suffered “unjust discrimination” that threatened their health and caused their land to become nearly worthless. In

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<sup>70</sup> Ibid., January 16, 1877; February 6, 1877; December 11, 1877; January 29, 1878; February 20, 1883.

<sup>71</sup> Ibid., March 13, 1883; Salt Lake Tribune, September 28, 1890.

<sup>72</sup> Margaret Lester, Brigham Street (Salt Lake City: Utah State Historical Society, 1979), pp. 1-14. Of the original one hundred and ninety-two property holders in the Avenues, one hundred and fifty-one or 78 percent were Mormon. Through the mid-1890s, Mormons would constitute 60 percent of Avenues homeowners. As gentile economic power increased in the early twentieth century; however, that percentage fell to fifty percent around World War II. Haglund and Notarianni, v-51.

1888, relief emerged when the Committee requested a reservoir in City Creek, but instead gained access to a water main running north on G Street from South Temple, supplying homes and undeveloped lots.<sup>73</sup>

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The emerging inequity of waterworks in Salt Lake City exemplified the disproportionate power of the wealthy and the white during the Gilded Age. Capitalists and professionals influenced municipal officials to support them and their agendas since, they argued, they built businesses that empowered municipal and national development. In Salt Lake City, Mormon and gentile city councilors embraced this argument and crafted water legislation accordingly. Their laws ensured that water mains would be laid in places where wealthy residents could pay for them, such as the eastern, northern, and southern suburbs, or not pay for them directly but generate more than enough revenue to do so indirectly, such as the central business district. They also allowed water mains to be laid in speculative areas that might in the future yield significant municipal revenue, as in the case of Federal Heights, which emerged on the northeastern bench in the 1890s. By restricting sanitary technology to these affluent or potentially affluent areas, city councilors helped to associate physical with financial health, urban progress, and reform. Conversely, they worked to stigmatize the dilapidated margins and pockets of the city, as well as their impoverished white and non-white residents who sometimes demanded

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<sup>73</sup> SLCRO, City Council Minutes, March 31, 1885; August 2, 1887; Alexander and Allen, 152. The city zoned Federal Heights in 1892, and provided water mains there in 1908.

improvements but witnessed the power of racial, class, and religious biases to discourage or deny them.

One pocket that revealed the power of sanitary inequity to extend and reinforce rather than diminish and weaken white biases against non-white immigrants was Salt Lake City's Chinatown. In the 1870s, many of the ninety thousand Chinese immigrants living in the American West resided in downtown ethnic enclaves. Many previously labored on the transcontinental railroad, and afterwards pursued jobs that remained culturally and legally open to them. One such job included washing laundry, which white native men historically viewed as feminine and thus appropriate for apparently less masculine Chinese men. Washing laundry was a necessary but risky trade since it allegedly led to occasional infections from soiled clothing.<sup>74</sup> In Salt Lake, Chinese males opened laundries in the "miserable shanties" of Plum Alley and Commercial Street, together comprising Chinatown, the Red Light, gambling and drug-trafficking district. This area seemed to reek of filth, Chinese food, and opium smoke, while its dark alleys, lack of bacteria-killing sunlight, prostitutes, and pimps appeared to confirm the "yellow peril's" natural proclivity for dirt, germs, and despair.<sup>75</sup>

Despite attempts by some white Christian missionaries to convert and purify the "heathens," some of who appeared to be "bright" and "clean," the Chinese often rejected their efforts.<sup>76</sup> Rather, many immigrants clung to their

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<sup>74</sup> Richard T. Page and J. J. Bloomfield, Evaluation of the Industrial Hygiene Problem of the State of Utah, 1938 (Washington, D.C., Division of Industrial Health, National Institutes of Health, United States Public Health Service, 1938), p. 27.

<sup>75</sup> Salt Lake Tribune, November 15, 1879; October 2, 1899; October 15, 1900.

<sup>76</sup> *Ibid.*, May 25, 1884; January 4, 1885; JWML, Special Collections, Mss 0558, Utah Federation of Women's Clubs, Box 49, folder 1 "Reports, 1932-1933." Historian Reid Neilson notes that "members of various Utah Christian denominations attempted to evangelize the Chinese," and

traditional spiritualities, such as Buddhism and ancestral worship, and to their favorite pastimes, including smoking and selling illicit non-medicinal opium. They continued to live with other men and female prostitutes (they “live in herds and droves like pigs, a hundred of them occupying the house room that would be required by a white laborer and his family,” said one observer) in cramped stuffy quarters, which seemed to threaten their bodies with infections by sex- and drug-related diseases.<sup>77</sup> Some white residents believed that their diseases could be passed to customers since Chinese launderers relied on traditional mouth sprayers instead of new expensive sanitary steam and chemical technology used at businesses like Standard Steam Laundry, Deseret Chemical Cleaning, and American Linen Supply. While the Chinese had access to sanitary water by virtue of their inhabiting the CBD, it ultimately proved to be unable to wash away white biases against them.<sup>78</sup>

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won some converts. “Normally missionary-minded Mormons,” however, “did next to nothing to fellowship and evangelize the Chinese in Utah,” thereby contributing to the existence of separate Chinese and white spheres in nineteenth century Utah. Laurie Maffly-Kipp and Reid Neilson, eds., Proclamation to the People: Nineteenth-century Mormonism and the Pacific Basin Frontier (Salt Lake City: University of Utah Press, 2008), p. 272.

<sup>77</sup> Salt Lake Tribune, July 11, 1873.

<sup>78</sup> Ibid., November 15, 1879; October 11, 1883; May 25, 1884; September 11, 1885; January 20, 1886; SLCRO, City Council Minutes, August 18, 1874; October 23, 1883; October 30, 1883; Salt Lake Tribune, August 10, 1883; September 19, 1883; October 14, 1883; September 10, 1892; Salt Lake Herald, November 11, 1883; Roger Daniels, Coming to America: A History of Immigration and Ethnicity in American Life (New York: Perennial, 2002), p. 244; Daniel Liestman, “Utah’s Chinatowns: The Development and Decline of Extinct Ethnic Enclaves,” Utah Historical Quarterly Vol. 64 (Winter 1996): 80-83; Michael Lansing, “Race, Space, and Chinese Life in Late-Nineteenth Century Salt Lake City,” Utah Historical Quarterly Vol. 72 (Summer 2004): 219-238; CHLA, Ms d 1776, “Hiram Clawson Jr.”; Clawson remembers watching the Chinese smoke opium in and around Plum Alley in Salt Lake City’s Chinatown. Paul Siu notes that Chinese laundrymen, in particular, seemed filthy to on-looking whites because the launderer spread diseases by spitting water “through a tube held in his mouth” onto clothing waiting to be pressed. Paul Siu, “The Chinese Laundryman: A Study in Social Isolation” (PhD diss., University of Chicago, 1953), p. 80. Arwen Mohun notes that Chinese laundries were viewed by late nineteenth century whites as economic competition, and therefore barred from most, if not all, laundry associations and lobby groups. Arwen Mohun, Steam Laundries: Gender, Technology, and Work in the United States and Great Britain, 1880-1940 (Baltimore: The John Hopkins

Instead, affluent white progressives continued to see the Chinese and later immigrants from Europe and Mexico as public health threats due to their racial, ethnic, and class backgrounds. Native whites often associated sickness with foreign identity and poverty despite the advent of germ theory that revealed the ability of germs to cross sociocultural lines.<sup>79</sup> In this context, progressive lawmakers across the nation designed a set of educational and segregationist strategies to encourage and protect American progress by pressuring new immigrants to embrace Western concepts of purity and health. Historian Suellen Hoy writes that, “in a nation bent on progress,” “filth bred chaos and barbarism, while cleanliness ensured order and advancement.”<sup>80</sup> Rejecting these values remained tantamount to rejecting scientific truth and the American way.<sup>81</sup>

In 1883, various white interests rallied to pressure city councilors to draft laws segregating Chinese laundries from downtown. Mormon city attorney Aurelius Miner suggested that the city purchase land “away from the thickly settled portion” of downtown near the Jordan River for the establishment and maintenance of “Chinese Wash Houses.” Miner also suggested a “special ordinance” to prohibit Chinese launderers from working outside of this land.<sup>82</sup>

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University Press, 1999), pp. 58, 67-68; R. L. Polk, Salt Lake City Directory, 1900 (Salt Lake City: R. L. Polk and Company, 1900), p. 95.

<sup>79</sup> John Harley Warner and Janet Tighe, editors, Major Problems in the History of American Medicine and Public Health (New York: Houghton Mifflin, 2001), introduction.

<sup>80</sup> Hoy, 69-70, 88.

<sup>81</sup> Salt Lake Telegram, December 23, 1912; Suellen Hoy, Chasing Dirt: The American Pursuit of Cleanliness (New York: Oxford University Press, 1995); Evelyn Jorgenson and Laura Poe, A Legacy Remembered: History of the Utah Nurses Association, 1914-1995 (n.d.), p. 237; LTP, Special Collections, History of Dr. W. H. Groves LDS Hospital School of Nursing, 1905-1955 (Published by the Dr. W. H. Groves Latter-day Saints Hospital School of Nursing Alumnae, 1970), p. 17.

<sup>82</sup> Salt Lake Tribune, August 10, 1883; Deseret News, February 2, 1882, lists “A. Miner” as city attorney. For a short biography of Miner, see, History of the Bench and Bar of Utah (Salt Lake City: Interstate Press Association, 1913), p. 98.



Seeking to remove local Chinese launderers belied the national anti-Chinese laundry trend of the late nineteenth century that aimed to diminish the economic, racial, and cultural competition that Chinese immigrants posed to whites.<sup>83</sup> The anti-Chinese laundry movement, in turn, formed a key part of the general anti-Chinese sentiment that swept the American West especially after the 1870s, as economic downturns accelerated job competition between white and Chinese miners. Influenced by racist xenophobia, the federal government passed the Chinese Exclusion Act of 1882 outlawing Chinese immigration and citizenship to Chinese people already in the country. In this context, the Catholic-owned *Salt Lake Tribune* embraced anti-Chinese attitudes and editorialized that Miner's proposed ordinance remained a "good suggestion," which if carried out would prevent "poisonous vapors" from harming the "health of the public." Continuing, the *Tribune* tied physical to moral health by asserting that removing Chinatown's dope fiends and "houses of ill repute" would purge the CBD of Chinese prostitutes, "'the meanest of moral ulcers.'"<sup>84</sup>

Following Miner's suggestion, on September 18, 1883, Chinese resident Jim Lung appeared before the city council to allegedly speak on behalf "of the Chinese residents of the city." Lung asserted that Chinese laundries did in fact pose a risk to public health since they used

a large amount of common soap, the ingredients of which, when exposed to the sun, and through being allowed to remain in stagnant places, from the lack of sewerage, readily decomposed and induced malaria calculated

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<sup>83</sup> *New York Times*, March 18, 1890; March 21, 1890; July 26, 1891.

<sup>84</sup> SLCRO, *City Council Minutes*, August 7, 1883; *Salt Lake Tribune*, August 10, 1883; "moral ulcers" quoted in, Daniel Liestman, "Utah's Chinatowns: The Development and Decline of Extinct Ethnic Enclaves," *Utah Historical Quarterly* Vol. 64 (Winter 1996): 77.

to produce quick fevers, scarlatina [sic], and other malignant, if not fatal, diseases.<sup>85</sup>

Likely surprised but grateful, the Mormon city council approved Lung's petition—and thereby deepened cleavages in the Chinese community—before hearing that of Mr. H. A. Reed, who represented the white female launderers of the city.

Citing “many” cities in “California and Nevada” as examples, Reed suggested that Salt Lake City also impose a high tax on Chinese laundries, but not on “whites laboring in the same business.” This promised to drive the Chinese out of the laundry trade. Reed remained candid about his disdain for the Chinese, but not about his alleged “inducements” to Lung to speak against his fellow Chinese. On October 30, Jack Fong and eighteen other Chinese immigrants asserted that Lung did not speak for the Chinese community, but that he was likely motivated by white anti-Chinese interests such as Reed.<sup>86</sup> Fong stated that Chinese launderers were “hard working men and poor” who leased washhouses, which they kept “as cleanly as possible.” Rather than taking umbrage at health laws, they agreed to “whatever restrictions or regulations might be enacted for the disposition of soap suds or wash water used by them.”<sup>87</sup> To the contrary, claimed the *Salt Lake Tribune*, some Chinese immigrants installed “fake” sewer pipes to pass sanitary inspections.<sup>88</sup>

For reasons unknown, the city council ultimately allowed Chinese laundries to remain downtown. This decision differed from that in other western

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<sup>85</sup> SLCRO, City Council Minutes, September 18, 1883.

<sup>86</sup> *Salt Lake Tribune*, “The Chinese Must Go,” October 11, 1883.

<sup>87</sup> SLCRO, *City Council Minutes*, September 18, 1883; October 9, 1883; October 30, 1883.

<sup>88</sup> *Salt Lake Tribune*, July 24, 1890.

towns like Park City (located twenty-five miles away) where Chinese laundries were prohibited from Main Street and relegated to Silver or “Poison” Creek, the city’s de facto sewer for its seven thousand inhabitants.<sup>89</sup> However, the council’s decision generated a similar result as in Park City. Although city attorneys seemed to be unable or unwilling to draft new laws against the Chinese specifically, Chinese laundries gradually disappeared from downtown by the 1890s.<sup>90</sup> Expired or nonrenewable leases, anti-Chinese sentiment, reduced Chinese immigration, and growing competition from white laundries likely forced the Chinese out of washing clothes and into other pursuits, especially farming.<sup>91</sup> Migrating to undesirable but affordable lots on the Westside, Chinese farmers worked and lived by growing fruit and vegetables for city residents.<sup>92</sup> Often lacking sanitary water or sewer mains yet within reach of the severely polluted Jordan River, the Chinese’ lots remained dirty and polluted, and thus fit for an allegedly unclean and unhealthy people.<sup>93</sup>

That waterworks appeared in affluent white areas first and worked to improve the health profiles of their residents but remained unable to challenge

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<sup>89</sup> David Hampshire, Martha Sonntag Bradley, Allen Roberts, A History of Summit County (Salt Lake City: Utah State Historical Society, 1998), p. 106; “Sanborn Fire Insurance Map of Park City, 1889,” sheets 5, 6; USHS, Microfilm Series 84866, Revised Ordinances of Park City and Revised Statutes Relating to Cities and Towns, 1906, Title VII, chapters 1-4, 126; PCHM, “Interview of Thon Gin by Anji Buckner, May 22, 2000,” p. 4; George Thompson and Fraser Buck, Treasure Mountain Home: Park City Revisited (Salt Lake City: Dream Garden Press, 1993), p. 71.

<sup>90</sup> On the problem of legislating laws for specific racial groups, especially the Chinese, see SLCRO, City Council Minutes, October 31, 1893. On this date, the city attorney reported the difficulty of drafting a law specifically against Chinese vegetable peddlers.

<sup>91</sup> On September 11, 1885, the Salt Lake Tribune editorialized, “Chinese Laundries Must Go.” Later, on January 20, 1886, the paper titled an article, “Boycotting Chinese Laundries.”

<sup>92</sup> Walter Jones, “Chinese Vegetable Gardeners in Salt Lake City: A Study in Ethnic Dispersion and Short-Term Residential and Economic Integration,” (Presented at the meeting of the American Historical Association Pacific Coast Branch in Tucson, Arizona, on August 3, 2002), in author’s possession.

<sup>93</sup> JWML, Special Collections, “Sanborn Fire Insurance Map of Salt Lake City, 1898,” sheets 71-74, 78-79.

white perceptions of Chinese filthiness, underscores a key inequity of Salt Lake City's sanitary history. Even more, that whites encouraged the migration of allegedly dirty and diseased non-whites to the increasingly unclean Westside manifested the callous logic of their actions. As Chinese and other poor natives and immigrants settled on the Westside, they faced challenges to becoming clean and healthy. Sanitary improvements appeared tardily on the Westside and occasionally contaminated its inhabitants when improvements appeared in the northern and eastern suburbs. Water mains, for instance, originally developed as a sanitary response to the increasingly unsanitary condition of ditch water. Yet they frequently created new sanitary hazards for Westsiders who were not benefitted by main construction. The Jordan Canal fouled ditch water, homes, and bodies on the Westside, too.<sup>94</sup> On July 27, 1886, Mimmie Howard appeared before city councilors to explain that the Jordan Canal repeatedly leaked to fill her cellar "to the depth of ten inches, which was getting so offensive from remaining stagnant that there was imminent danger of sickness to her children." In addition, her tenants told her that "they would be obliged to seek other and more healthful quarters unless the water was drained off." Referring her petition to the Committee on the Jordan and Salt Lake City Canal, city councilors secretly feared that the Canal might not exist in the future, for "it could no longer afford to pay legal judgments against it brought by citizens"; only emergency aid would prevent it from falling into bankruptcy.<sup>95</sup>

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<sup>94</sup> SLCRO, City Council Minutes, September 12, 1893.

<sup>95</sup> *Ibid.*, July 27, 1886; June 8, 1886.

Water mains on the upper east and north sides also produced an increased amount of wastewater in the Westside that created stagnant miasmatic pools. Since the 1850s, city residents recognized that the Westside suffered deficiencies in drainage that led to creation of stagnant pools, mudflats, and malarial swamps, which in turn produced an allegedly disease-breeding stench.<sup>96</sup> This topography seemed to result from the city's clay and sand-based soils, in addition to the Westside's low elevation. Beginning at Main Street—a “regular back-bone, the grades falling east, west, and south,” and the political boundary separating western and eastern wards—the city descended until it reached the Jordan River.<sup>97</sup> Wastewater traveled north through the Jordan River to the Great Salt Lake or remained in the Westside to threaten public health. On June 15, 1880, forty-six residents complained that a “stagnant pool of water . . . on South Temple between Seventh and Eight West Streets” yielded “effluvia arising from decayed and putrefying matter” to injure “their health and comfort.”<sup>98</sup> In 1893, city health director Theodore Beatty reported that numerous complaints emerged about “a large amount of stagnant water on Sixth West Street between South Temple and First South Street,” creating an “extremely offensive and a dangerous nuisance.”<sup>99</sup> Several years later, city sanitary inspector William Showell testified that “foul ditches” near Pioneer Square (300 West) yielded an

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<sup>96</sup> Observing Salt Lake City in the early 1850s, Hubert Howe Bancroft wrote, “The streams all discharge into lakes or are lost in the alkali soil of the bottom-lands. . . . Around Salt Lake the soil is poor; in the north and east are narrow tracts of fertile land.” Hubert Howe Bancroft, History of Utah 1540-1886 (Memphis: General Books, 2010), p. 265. Later in 1870, city surveyor Jesse Fox reported to the Committee on Improvements that a ditch needed to be dug “in order to carry off the surplus water now accumulating on . . . lands on the west part of the City.” SLCRO, City Council Minutes, September 30, 1870; June 29, 1880.

<sup>97</sup> Salt Lake Tribune, September 1, 1888.

<sup>98</sup> SLCRO, City Council Minutes, June 15, 1880.

<sup>99</sup> *Ibid.*, March 28, 1893.

odor that remained strong enough to “cause every person living on the block a fit subject for the hospital.” Meanwhile, Mrs. Giovanni Cereghino requested that the city abate the “stagnant pools of water on Eighth South Street, between Third and Fourth West streets [sic].”<sup>100</sup> While complaints about standing water and their harmful odors emerged throughout the city, they came mainly from the Westside, with adequate redresses rarely and then slowly coming.

During the late nineteenth century, the Westside evolved from a marginal agricultural space inhabited by poor Mormon and non-Mormon farmers into the city’s non-white industrial district. Following the arrival of the Utah Central (1870) and Denver and Rio Grande Western (1883) railroads, non-white immigrants arrived from Italy, Greece, Japan, the American South, and Mexico. Initially totaling about two thousand persons, these immigrants found jobs in railroad depots and yards, tool shops, factories, smelters, and mines. They settled together in inexpensive hotels, apartments, and shanties to offset the high cost of rent that was made more extreme by their poverty. Together, these dwellings created ethnic enclaves that approximated the racial and cultural dynamics of their home environments. Little Italy, Greek Town, Japan Town (or, *nihonmachi*), and Mexican Town existed between South Temple and 600 South on the north and south, and 100 West and 500 West on the east and west; African Americans settled on Franklin Avenue adjacent to Chinatown. These ethnic enclaves featured foreign-language schools, churches, synagogues, markets, pharmacies, saloons, and bath and coffeehouses that denoted immigrants’ presence and

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<sup>100</sup> Ibid., October 20, 1896; March 16, 1897.

difference.<sup>101</sup> They contributed to the Westside's racialization as non-white, foreign, and poor, a process that accelerated with the simultaneous outmigration of original Mormon settlers and white Catholic immigrants from Wales, Cornwall, and Ireland to the east side of the city.<sup>102</sup>

In addition to becoming more industrialized and commercial, foreign, and less white, the Westside became blighted and befouled. Industrialization brought dirt, noise, and garbage to drive property values down. Property owners divided original city blocks into back alleys and courts and built tenements, charity homes, and boarding houses for the working poor.<sup>103</sup> These places often existed close to industrial infrastructure, such as railroad tracks and depots, water towers, and coal yards. They also existed close to drainage canals that were built in the 1870s to encourage community safety and health by preventing and mitigating spring flooding from mountain runoff and the Jordan River.

One canal existed on 900 South that served to channel runoff and debris to the Jordan River, while other canals existed from 400 to 1000 West to transport runoff north to Hot Springs Lake.<sup>104</sup> Over time, however, these canals became "open sewer[s]" that caused many observers to collectively brand them a "menace to public health."<sup>105</sup> They became choked with weeds, leaves, and silt,

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<sup>101</sup> JWML, Special Collections, MS 479, "Interviews with Greeks in Utah," Box 2, folder 7, Constantinople Skedros, p. 17.

<sup>102</sup> Martha Sonntag Bradley, "Colliding Interests: Mapping Salt Lake City's Westside," Journal of Urban History Vol. 31 (November 2004): p. 64.

<sup>103</sup> John McCormick, The Westside of Salt Lake City (Salt Lake City: Utah State Historical Society, 1983), p. 152; Salt Lake Herald, January 1, 1905.

<sup>104</sup> SLCRO, City Council Minutes, September 30, 1870; November 1880, various entries; April-June 1889, various entries.

<sup>105</sup> One citizen complained that the Eight West Street Surplus canal did "great damage to the value of abutting property" and that "it is at all times a grievance to the health of the residents along its line." Then again, thirty-two residents testified that inadequate coverings permitted

and often contained dirty hazardous wastewater from upper ward ditches, bathhouses, sanitariums, and breweries.<sup>106</sup> They collected garbage, trash, and human and animal excrement to form a particularly toxic brew.<sup>107</sup> Although a public landfill existed west of the Jordan River on North Temple, the city failed to provide garbage collection as a municipal service until 1895, and then primarily for the central business district.<sup>108</sup> The city also required citizens to dispose of their refuse, but worked with the Salt Lake Real Estate Association to prohibit dumping on the affluent Eastside.<sup>109</sup> To comply with city ordinance and to save money in the wake of the 1893 depression, citizens living in the eastern, northern, and southern sides joined city health and street officials in depositing their refuse in Westside canals.<sup>110</sup> Throughout 1893 and 1894, city health commissioner Theodore Beatty requested and gained permission to abate the “unsanitary” canals on 700 and 800 West by filling them with malodorous but “harmless” horse manure.<sup>111</sup> Yet by August 1895, the latter canal remained partially filled to “cause much sickness in this vicinity,” according to city health

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several children to drown in the canals. SLCRO, City Council Minutes, November 18, 1889; March 18, 1884; Salt Lake Telegram, August 17, 1906.

<sup>106</sup> SLCRO, City Council Minutes, March 18, 1884; January 22, 1889; August 13, 1889; October 1, 1889; November 19, 1889; September 8, 1891; October 16, 1894.

<sup>107</sup> *Ibid.*, September 11, 1894; July 6, 1903.

<sup>108</sup> *Ibid.*, September 27, 1887; September 12, 1893; USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1893 (Salt Lake City: Salt Lake Lithographic Co., 1894), p. 252. In 1904, Salt Lake City began providing refuse collection and disposal service for the entire city. See, USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1904 (New York: Harper Brothers, n.d.), p. 153.

<sup>109</sup> SLCRO, City Council Minutes, February 19, 1906; March 12, 1906. Charles Duffy observed that “generally, accumulated piles of garbage and refuse characterized most urban areas. The one exception included neighborhoods occupied of the well-to-do that often received special attention from city authorities.” Duffy, 175.

<sup>110</sup> SLCRO, City Council Minutes, October 8, 1895.

<sup>111</sup> *Ibid.*, September 26, 1893; December 12, 1893; January 30, 1894; February 13, 1894; April 27, 1894; September 11, 1894;



commissioner William Dalby.<sup>112</sup> In response, Mormon and gentile women of the Utah Federation of Women's Clubs proposed that the city cease canal dumping and embrace "more sanitary garbage disposal under supervision of town authorities."<sup>113</sup>

Besides canals, vacant lots on the Westside also became sites of illegal dumping. In 1906, city health commissioner and member of the anti-immigrant (and anti-Mormon) American Party, M. R. Stewart, joined city sanitary inspector W. H. Margetts and four city garbage wagon drivers in illegally dumping "garbage, swill, etc." on the property at 1000 and 1100 West, precipitating their arrest.<sup>114</sup> Three years later, industries like Utah Gas and Coke "pumped filth" into the 900 West Canal to create "a dangerous sanitary condition" on its adjoining lots; activity like this was often done under the cover of night.<sup>115</sup> While Westside lots became filthy, the city landfill and crematory on 500 South/500 West also became renowned for harboring and breeding rats and mice, besides producing noxious fumes due its practice of burning household garbage, industrial waste, deceased animals, and nightsoil.<sup>116</sup>

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<sup>112</sup> Ibid., August 27, 1895.

<sup>113</sup> JWML, Special Collections, Mss 0558, Utah Federation of Women's Clubs, Box 66, folder 4, "Three Decades of General Federation Work."

<sup>114</sup> Salt Lake Herald, August 7, 1906. The American Party in Utah stood mainly for anti-Mormonism. Yet it also promoted unflattering views of foreign non-whites. When asked about the party's decision to move the "stockade," or red light district, to the Westside, Martin E. Mulvey offered the logic of his fellow American Party members on the city council: "We found that most of the better class of residents were leaving the area anyway, because of the influx of Italians and Greeks who lived in that neighborhood." See, Salt Lake Herald, December 18, 1908, and, John McCormick, "Red Lights in Zion: Salt Lake City's Stockade, 1908-1911," Utah Historical Quarterly Vol. 50 (Spring 1982), 178.

<sup>115</sup> SCLRO, City Council Minutes, September 8, 1909.

<sup>116</sup> Nightsoil referred to human excreta mixed with dirt, and then transported, usually by cart, for burial.

As Westsiders witnessed their living conditions and property values fall, some, primarily working-class Mormons, established improvement leagues. The Westside Improvement League and the Eight West Improvement League emerged as lobbying groups to pressure city councilors to deliver sanitary services to the Westside, prevent unsanitary dumping, and to punish those who broke the law.<sup>117</sup> League members might have met with city officials in Mormon wards to attach a somewhat religious veneer to their cause, while a few members turned to local newspapers to publicize the Westside's blight and the city's alleged culpability for it. On June 3, 1907, "one of the sufferers" editorialized:

We, on the west side, pay our taxes and we pay double the amount proportionately to the value of our property as the people do on the east side. We are poor people, of the working class, and the assessor knows what each individual owns and he taxes to the full extent of its value. The money is taken to build boulevards, gardens and buy electric chandeliers to beautify the east side of the city. . . Our ditches are not kept clean or open. Our canals are not filled up at the mouth because there is not sufficient money allowed for the west side. [The] Jordan river at the mouth has to make a new channel every year. All the filth and debris which is washed into it comes down through the second and third precincts and no effort at dredging or making an opening at the mouth of it has ever been made. . . We are the tail end and cesspool of our city.<sup>118</sup>

Despite complaints, sanitary improvements remained elusive as the city allowed Westside canal and lot dumping to exist until 1916.<sup>119</sup> Although the city leased a new landfill in 1907 that featured a special garbage train, the cost of garbage transportation remained high, ranging from \$7.50 to \$9.00 per load.

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<sup>117</sup> SLCRO, City Council Minutes, September 10, 1906.

<sup>118</sup> Salt Lake Herald, March 17, 1902; January 1, 1905; June 3, 1907; March 6, 1908; September 19, 1913.

<sup>119</sup> USHS, Series 4882, Annual Reports of the Officers of Salt Lake City, Utah, for the year 1915; Published by the Authority of the City Commissioners (Salt Lake City: Western Printing Co., 1916), p. 543.

Thus, city health and sanitation officials routinely avoided the landfill and justified their “happy-go-lucky” method of dumping on the Westside by arguing that it saved the public money even if it was “not to the best interests of sanitation and health.”<sup>120</sup>

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If disposing of garbage, trash, and other filth in the “least desirable neighborhoods” was a national trend, as Martin Melosi has observed, so was privileging central business districts and outlying suburbs in the construction of sewer lines over impoverished white and non-white neighborhoods.<sup>121</sup> In most large cities during the late nineteenth century, sewers became necessary as more Americans moved to urban areas, used waterworks, and overflowed their cesspools, dry earth closets, and privy vaults. To encourage responsible civic growth and to prevent hazardous human contact with waste, Salt Lake officials initially worked to regulate the size, location, and technology of waste repositories, and thereby ensure the harmless dilution of waste in nonwatershed soil.<sup>122</sup> Soil, at the time, was believed to be a natural filter for excreta that allowed its liquid component to dissipate and harmlessly nourish surrounding flora. However, that theory came under attack as urban areas grew during the 1880s. In Salt Lake City, health officials reported that wastewater from upper wards increasingly entered and slid through the earth to lower wards,

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<sup>120</sup> SLCRO, City Council Minutes, April 1, 1907; Salt Lake Telegram, January 20, 1911; USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1907 (Salt Lake City: Century Printing Company, n.d.), p. 199; Annual Reports of the Officers of Salt Lake City, Utah, for the year 1911 (Salt Lake City: Century Printing Company, n.d.), p. 354.

<sup>121</sup> Melosi, 115-116.

<sup>122</sup> SLCRO, City Council Minutes, March 6, 1883.

contaminating their well water. Downtown citizens informed the city that “their wells [had] been tainted from the water oozing through the soil in a southwesterly direction” and that water mains were now necessary to preserve their health.<sup>123</sup> Later, thirteen people on the western edge of the Eastern Slope testified that a “long residence” in this lower portion demonstrated that it remained “impossible to obtain pure water from their wells, owing to the want of proper sewage facilities.” Their wells possessed bacteria from filth diseases like diphtheria, cholera, and typhoid fever that infected residents and manifested the need for water and sewer mains.<sup>124</sup> During the 1890s, infections increased dramatically to influence city chemist Herman Harms to conclude that lower ward wells were generally infected with surface drainage from the “higher portions of the city.” As he explained, water “filter[ed] through cesspools, dry closets, and other places of filth . . . [to carry] germs and impurities directly into wells.”<sup>125</sup>

In response, the *Salt Lake Tribune* argued that downtown had become “a breeding place for disease” much in need of a sewer system. Salt Lake City seemed like an “unhealthy city,” a view that deterred tourism and investment capital.<sup>126</sup> By contrast, the Mormon *Deseret News* disagreed and believed that sewers were too expensive and that no outlet existed; besides, lowering the mortality rate and achieving health could be assured by embracing key tenets of Mormon religiosity—a proper diet, personal cleanliness, trusting in God, and

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<sup>123</sup> Ibid., April 29, 1879.

<sup>124</sup> Ibid., June 22, 1880.

<sup>125</sup> *Salt Lake Herald*, August 27, 1903; See also, October 24, 1901; November 23, 1902; January 27, 1903; August 13, 1903; August 29, 1903; September 6, 1903.

<sup>126</sup> *Salt Lake Tribune*, May 23, 1888.

receiving the laying on of hands by elders when sick.<sup>127</sup> One *News* reader asserted that the pro-sewer conversation was a lot of “nonsensical sanitary talk” since in “no portion of this city [was] the soil unclean, or impregnated with unhealthful effluvia. . . . Such a condition is a scientific impossibility.”<sup>128</sup>

By 1883, the *News*’ sentiment changed as Mormon and gentile city councilors began drafting plans and ordinances for sewer construction. *News* editor Charles Penrose affirmed that the “more thickly populated of the city is so situated that sewage could easily be collected,” and that the best outlet for sewage disposal was the Jordan River, and ultimately, the Great Salt Lake.<sup>129</sup> Understandably, this proposition provoked anger from working-class Mormons and gentiles on the Westside who, in response, called a mass meeting for “everybody who value[d] their health and homes.” Residents condemned the sewer plan as undemocratic and akin to the waterworks plan that supported “wealthy men” in the business district as well as “non-tax paying tenants and [the] Chinese.” Residents also proposed alternative plans such as sewage farming, which entailed the transportation of liquid sewage via the Jordan Surplus Canal and the irrigation of nutrient poor lands west of the Jordan River.<sup>130</sup>

Gladdened by the *News*’ change of heart, the *Tribune* continued to play religious politics by condemning Mormon Church leaders and city councilors—“the damned old elders of Israel”—who initially resisted sewer construction and

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<sup>127</sup> *Deseret News*, September 10, 1881.

<sup>128</sup> *Deseret News*, November 14, 1888.

<sup>129</sup> *Ibid.*, November 4, 1887.

<sup>130</sup> *Ibid.*, May 9, 1888; May 11, 1888; May 16, 1888; October 24, 1888. On sewage farming in Progressive Era Los Angeles, see, Anna Sklar, *Brown Acres: An Intimate History of the Los Angeles Sewers* (Los Angeles: Angel City Press, 2008).

counseled health and sanitary advice based on Mormon religion and practice. Rather than supporting American progressive reform, they supported “a sort of Asiatic progress.”<sup>131</sup> Rather than supporting a democratic plan, they supported one that favored the rich and exploited working-class Mormons, gentiles, and the Jordan River. Finally, after city officials approved sewer construction in 1888, the Mormon Church allegedly began importing religious converts from throughout the state to perform construction, and more importantly to sway the fall 1889 (and 1893) election in favor of the Mormon People’s Party.<sup>132</sup> Although the Liberal gentile party won and presided over sewer construction in the early 1890s, the *Tribune* still criticized the “Mormon sewer” for shoddy craftsmanship.<sup>133</sup> Deriding Mormon religiosity while highlighting cleavages between working-class Mormon laity and leaders, the *Tribune* underscored the religious tensions that peaked during the 1880s as federal officials worked to compel Mormon Americanization, largely by enforcing antipolygamy legislation (such as the Morrill and Edmund-Tucker acts). Yet, religious tensions aside, the *Tribune* still allied with working-class Mormons and gentiles to denigrate the Chinese in downtown. Unworthy, un-American, and backwards, the imaginary Chinese served as mutually useful tools for competing white religious and class interests during city sewer and waterworks construction.

As with waterworks, sewer mains emerged first in the city’s most valuable areas where residents could pay for them right away or in several installments. In 1890, the city’s most powerful lobby, the religiously bipartisan Chamber of

<sup>131</sup> *Salt Lake Tribune*, May 8, 1888; May 23, 1888.

<sup>132</sup> *Ibid.*, September 24, 1889; October 2, 1889; November 5, 1893.

<sup>133</sup> *Ibid.*, August 6, 1890; August 14, 1890.

Commerce, joined the Ladies Literary Club in canvassing downtown to rally support for a new sewer system in the central business district. Progressive white women increasingly played the role of “municipal housekeeper,” extending their domestic duties to the public sphere. Their efforts proved to be vital to advancing public health reforms and medical modernization, particularly in hospitals. Yet the *Deseret News* reported that their efforts “would have been defeated” without the Chamber’s support. The Chamber possessed unrivaled financial and political clout that the newspaper clearly believed remained vital to spurring reform.<sup>134</sup>

In 1890, the city collected over \$70,000 in tax revenue to fund sewer construction in the CBD, with the first main being laid on Main Street.<sup>135</sup> Working-class whites and non-whites, especially Greeks, performed sewer construction, which after ending in the CBD, continued in the lower Avenues and Eastern Slope, collectively known as Sewer District One.<sup>136</sup> Sewer service became mandatory by 1892 and residents who lived without the district could receive service after a majority of property owners filed a petition, received, and paid property assessments on three-quarters of main construction cost. Residents then paid \$1.00 each for sewer permits, plus charges for residential hookups. Total costs for individual properties could range from one to several hundred dollars, with the bulk of the costs stemming from main assessments

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<sup>134</sup> *Deseret News*, January 18, 1890; Alexander, *Cooperation, Conflict, and Compromise*, p. 8.

<sup>135</sup> USHS, Series 4882, City Documents, No. 2, *Second Annual Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the Year 1889* (Salt Lake City, 1890), pp. 13-15, 63-71; *Deseret News*, October 17, 1888.

<sup>136</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 7, Mr. and Mrs. Michael Bapis, p. 3; folder 11, Mr. and Mrs. Paul Borovilos, p. 2.

calculated at several dollars per property foot. Combined with those for water service, taxes for sewer service contributed to the growth of municipal taxes by 300 percent during the Liberal Party's administration.<sup>137</sup>

Although the sewer emerged incrementally, it functioned by 1893 to drain sewage from the suburbs and the central business district. Sewage traveled through brick-lined pipes south on Main Street and then west on 500 South to a sump at the Jordan River, which then pumped it into the Surplus Canal and eventually to the Great Salt Lake. The pump remained underpowered, however, and thus only 40 percent of the sewage reached the Canal, with the other 60 percent entering the Jordan River. Native wildlife and poor riverside residents thus became sick, sometimes fatally. Yet officials never intended for the city's sewage to drain into the Jordan. In the winter, the Jordan slowed to allow southeasterly winds to carry miasmatic fumes to downtown; other cities like Denver, which deposited its filth into the South Platte, apparently did not have this problem. In 1894, health concerns, plus the annual costs of the pump (\$4,000-\$5,000), influenced city officials to begin building a new gravity-powered sewer.<sup>138</sup>

Drafted by city engineer Abraham F. Doremus and New York City civil engineer J. J. Croes, the new brick gravity sewer drained sewage from 400 East/900 South in a northwesterly direction to its western most point at 400 West/South Temple, and then to a sewage farm near Hot Springs lake, four miles

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<sup>137</sup> Deseret News, October 25, 1892; Salt Lake Tribune, June 1, 1892.

<sup>138</sup> Ibid., December 28, 1892, January 11, 1894; USHS, Series 4882, City Documents, No. 2, Second Annual Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the Year 1889 (Salt Lake City, 1890), pp. 13-15, 63-71.



north of the city. According to the *Tribune*, the new gravity sewer seemed to be full of promise, as it remained sufficiently powered, expertly designed, and able to serve “the best residence portion and the business center of the city . . . for a long time to come.” Still, the *Tribune* admitted,

the gravity sewer [would] only be able to receive sewage from that portion of Salt Lake living east or north of it, an area embracing two-thirds of the city. The sewage of the west side will have to flow into another sewer lying south and north along the Jordan. . . . This is a future consideration however.<sup>139</sup>

Thus, powerful whites could add sewer improvements to their monopoly list of sanitary services. Their neighborhoods remained “best” in terms of their financial value as well as their ability to mitigate, if also carry away, dirt and disease. Marginalizing these hazards signified progress and worked to stabilize white middle-class claims to superior patriotic identity, health, and purity.

The new gravity sewer began operation in 1896, with nearly all of its customers receiving service by 1905.<sup>140</sup> The sewer experienced some minor glitches in leaking, cracking, or sagging in wet soil, but functioned well enough to remove excreta from city confines. The Mormon-owned *Salt Lake Herald* observed its salubrious effect, proclaiming, “Salt Lake is growing healthier all the time,” and comparable to other cities.<sup>141</sup>

Yet this proclamation overlooked the inferior living conditions of non-sewered areas, collectively known as Sewer District Two, or the Westside.

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<sup>139</sup> *Salt Lake Tribune*, December 28, 1895; January 11, 1894; USHS, Series 4882, *Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1893* (Salt Lake City: Salt Lake Lithographic Co., 1894), pp. 55-56, 117; The LeRoy W. Hooton Public Utilities Building, Salt Lake City, Utah; Map “Salt Lake City Water/Sewer Systems By Year Installed” (January 11, 2011), in author’s possession.

<sup>140</sup> *Deseret News*, August 20, 1905.

<sup>141</sup> *Salt Lake Tribune*, May 14, 1893; *Salt Lake Herald*, November 23, 1902.

Although the city made plans for a western sewer shortly after District Two's creation in the 1890s, bond sales for the project and construction did not start until 1906, with sewer service not commencing until after 1910, and in some cases not until the 1930s.<sup>142</sup> In the meantime, run-off, commercial wastewater, and some excreta from unsewered homes on the eastern and northern slopes and downtown collected in western wells, vacant lots, and canals. As a result, in the 1890s, health officials acknowledged that the "the west side of the city" was becoming the main habitat of waterborne sanitation diseases. In response, the Salt Lake City Health Department and Mormon medical doctor Martha Hughes Cannon suggested that residents build new dry earth closets and boil their well water before drinking and bathing in it.<sup>143</sup> Significantly, however, health officials remained silent about the basic need for expensive structural sanitary improvements in the Westside.

Starting in the 1890s and continuing into the early 1900s, Salt Lake City experienced an unprecedented spike in sanitary diseases, especially typhoid fever and diphtheria. Shallow wells appeared to be the main source of the problem, as they were infected with bacteria from upper and lower ward cesspools. Between August and October 1894, typhoid sickened one hundred and three residents, killing thirty-four and representing the highest contamination rates in the city's history. While residents from throughout the city suffered,

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<sup>142</sup> Salt Lake Telegram, February 5, 1910; Map, "Sewerage System of Salt Lake City," The Journal of the Association of Engineering Societies Vol. 42 (1909), in author's possession.

<sup>143</sup> USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1893 (Salt Lake City: Salt Lake Lithographic Co., 1894), pp. 55-56; Sherilyn Cox Bennion, "The Salt Lake Sanitarian: Medical Adviser to the Saints," Utah Historical Quarterly Vol. 57 (Spring 1989), pp. 125-137; Mari Grana, Pioneer, Polygamist, Politician: The Life of Dr. Martha Hughes Cannon (Helena, Montana: Twodot Press, 2009), p. 95.

including the son of Mormon bishop Samuel A. Woolley who succumbed at the family residence at 405 South/300 East, those in the Westside suffered disproportionately. The *Salt Lake Tribune* reported that the “vast majority of cases manifest[ed] themselves in the western part of the city where the ground is low and damp and affording, at present, poor facilities for drainage.” Both built and artesian wells apparently spurred the outbreak.<sup>144</sup>

Another serious outbreak occurred in 1903 when thirsty citizens drank water from a well infected with typhoid bacillus. Early symptoms included high fever, abdominal pain, and rash, but some victims were apparently asymptomatic and continued to be for years. Subsequently, victims unwittingly passed the fever after defecating and urinating and then handling food and water; flies also probably passed the bacteria after feeding on feces. At the peak of the outbreak, local health officials counted sixty-five victims but suspected many more. Hiding remained a common practice among typhoid victims, particularly among foreign women (like Irish immigrant “Typhoid Mary”), the non-white poor, and other powerless individuals who were often forced by authorities into isolation to prevent further contamination.<sup>145</sup> After mapping the disease, health officials concluded that the outbreak originated at a well at 300 West/900 South. Secondary outbreaks probably emerged at other Westside wells, all of which were contaminated.<sup>146</sup>

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<sup>144</sup> CHLA, Ms d 1556, boxes 1-2, “Samuel A. Woolley”; *Salt Lake Tribune*, January 1, 1895; January 27, 1895.

<sup>145</sup> Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public's Health* (Boston: Beacon Press, 1997).

<sup>146</sup> *Salt Lake Herald*, August 29, 1903.

In response, public officials, civic groups, and political parties such as the city's small Progressive Party launched a statewide campaign to address the symptoms—rather than the cause—of their structural problem by educating the public about the importance of cleanliness, sanitation, and hygiene. The campaign lasted throughout the 1930s and revolved around annual “cleanup crusades.” These crusades were common in large cities throughout the Progressive Era and targeted vehicles of disease transmission, including unwashed bodies, uncovered garbage cans, leaky garbage wagons, unpasteurized milk, impure food and ice, and the housefly—“the worst immigrant.”<sup>147</sup> Educational programs appeared in public schools, while organizations such as the Chamber of Commerce, Utah Federation of Women's Clubs, and Progressive Party worked to educate foreigners in particular about the dangers of dirt and the need for domestic and personal cleanliness.<sup>148</sup>

Yet these efforts remained basically moot, as the city's sanitary infrastructure remained unequal and well suited to encouraging rather than obliterating filth diseases among the non-white poor. In 1909, the city experienced the “most serious typhoid fever epidemic in its history,” with seven hundred and twenty-one cases in the Westside, one hundred and eighty-four in the Eastern Slope, and two hundred and sixty-eight in the Avenues.<sup>149</sup> More

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<sup>147</sup> Richards, 196; JWML, Special Collections, Utah Federation of Women's Clubs, MSS 0558, Box 1, folder 1, “A Brief History of Utah Federation of Women's Clubs, 1912-1950,” October 1912-October 1914; Salt Lake Herald, January 24, 1909.

<sup>148</sup> JWML, Special Collections, MSS 0558, Utah Federation of Women's Clubs, Box 2, volume 2, October 1918-September 1921, Box 48, folder 1, “Early Reports, 1916”; RA, RG 5, Series 1.2, Box 5, folder 76, December 18, 1915; Joseph Morrell, M.D., Utah's Health and You: A History of Utah's Public Health (Salt Lake City: Deseret Book Company, 1956), p. 125; N.A., Course of Study in Health Instruction, Elementary Schools, 1928 (Salt Lake City: Board of Education, 1928).

<sup>149</sup> Salt Lake Herald, September 21, 1909.

specifically, the *Salt Lake Herald* reported that, “foreigners dying in Salt Lake largely outnumber[ed] other classes with 376. Natives of the city passing away were 193 in number and 294 were natives of Utah.”<sup>150</sup> Foreigners who sought medical attention included the Cappucio, Cannochi, Capicciosi, Koukopoulos, Kootsuki, and Skiliris families. Some of these immigrants were likely wealthy, politically connected, and less concerned about keeping their illnesses and identities secret.<sup>151</sup> Many others were more clandestine, as city ordinances required citizens to report suspected cases of infectious disease; on one occasion, a “Korean” suspected of illness was rounded up for detainment and deportation.<sup>152</sup> Detainment was handled by the state Immigration Department, whose creation, like that of the cleanup crusades, was championed by the nationalistic and racist Progressive Party.<sup>153</sup>

The *Herald's* pronouncement that Westside foreigners remained the most likely to die from or become infected by sanitary diseases remained significant. The newspaper effectively confirmed what white middle-class residents long suspected about the immigrant poor: they remained sickly, ignorant, and unwilling to embrace American standards of health and progress. Their race, character, and ethnic origins were deficient to inhibit their participation in modern society. They failed in their moral duty to protect the public's health, and thus

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<sup>150</sup> Ibid., February 3, 1909.

<sup>151</sup> Helen Papanikolas recalled that Greek women were “very secretive” and “frantic” over contracting tuberculosis. JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 2, folder 3, Helen Papanikolas, p. 12.

<sup>152</sup> SLCA, Series 4560, Salt Lake County Health Department, Box 1, records and indexes 02-161; SLCA, Salt Lake Valley Health Department, Vital Statistics Division, Contagious Disease Index, 03-440, “Index to Contagious Diseases, Book 1910-1911, box v-3; Morrell, 135. About deportation, see, the *Deseret News*, May 16, 1907, and the *Salt Lake Herald*, May 17, 1907, which reported the detainment and deportation of a Korean immigrant.

<sup>153</sup> *The Progressive: A Free Field and a Fair Fight* Vol. 4 (May 30, 1914): 16.

their rights to privacy should be challenged. Yet, even though public and private health remained interconnected, local newspapers looked away at the failure of urban planning. Instead, the *Herald* focused on personal character and declared that “the great majority of the people [in the Westside] pay no attention to sanitation.” Japanese victims like A. Akimoto and M. Tamoble who contracted typhoid fever thus did so because they allegedly lacked responsibility, while local Greek residents spread sickness as they “wander[red] loose” when sick rather than seeking medical attention.<sup>154</sup> In a more veiled reference, the *Telegram* scapegoated domestic servants, many of whom were new foreign and black women, and Japanese boys, for allegedly spreading typhoid fever by mishandling their and their employers’ waste: “Another point that can be made with justice is that housekeepers are careless about their disposal of garbage. Very few of them know how to handle it.”<sup>155</sup> Agreeing with the *Herald*, hospital nurses chastised immigrant miners and railroad workers who embraced “low standards of living” and thus suffered sanitary diseases. Public school teachers noted likewise that the “children of immigrants [remained] eager to play but reluctant to wash.” By contrast, newspapers, health professionals, and teachers rarely, if ever, chastised industrial employers for failing to provide sanitary facilities—screened privies or sewerred toilets—or Mormon dairymen in rural counties for remaining slow to adopt modern sanitary methods.

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<sup>154</sup> *Salt Lake Telegram*, December 30, 1903; July 9, 1910.

<sup>155</sup> *Ibid.*, September 4, 1903; George Ramjoue, “The Negro in Utah: A Geographical Study (M.A. Thesis, University of Utah, 1968), p. 21; JWML, Special Collections, Accn. 1209, “Interviews with Japanese in Utah,” Box 3, folder 4, Jasuo Sasaki, p. s1:15.

If most foreigners resisted American standards of purity, some did not. First generation (Issei) Japanese immigrants were commonly viewed by progressives as the most clean, healthy, and “progressive” of all immigrants.<sup>156</sup> On the one hand, Issei men built traditional bathhouses for the Japanese community. Bathhouses existed to encourage fraternity but also physical cleanliness and vitality. They appeared to correlate with the purpose of municipal baths and swimming pools that provided opportunities for the urban poor who lacked domestic plumbing to become clean and physically fit. On the other hand, Japanese women, many of who arrived as picture brides (women who married by proxy in Japan to a Japanese man already in the United States), attended public health seminars intended for immigrants to learn about “American methods of developing ‘better babies.’”<sup>157</sup> Their attendances seemed to gain sanction from Meiji government officials who periodically traveled from Japan to the United States to observe and adopt Western sanitary and medical protocol.

Critical to the favorable image of Issei residents in Salt Lake was the fact that the Japanese population remained small, educated, of some means, and thus a minor threat to white middle-class dominance. The smallness of the population resulted from the Gentlemen’s Agreement of 1907, which required Japan to restrict emigration to the United States. Nativists throughout the American West and California in particular pressured federal legislators for this pact in order to retain the state’s racial purity and to diminish foreign labor

<sup>156</sup> Deseret News, August 10, 1901; April 18, 1903.

<sup>157</sup> JWML, Accn 1209, “Interviews with Japanese in Utah,” Box 2, folder 7, Toki Nakashima; Salt Lake Telegram, December 25, 1912; August 1, 1915.

competition; they also remained offended at the sight of allegedly “un-hygienic” Japanese “shack dwellers.”<sup>158</sup> In the Salt Lake Valley, only two-dozen immigrants called the area home in 1900. That number increased to eight hundred and seventy by 1910, but the Issei and second-generation Nisei population remained the third or fourth smallest of immigrant communities until the World War II-era. By contrast, twenty-three hundred Greek immigrants and twelve hundred and thirty Italian migrants lived in the Westside and continued to grow until the 1920s when federal restrictions impeded southern European immigration, and Mexican nationalists entered the American Southwest after fleeing their revolution.

More numerous and financially needy, these non-white immigrants seemed to be less sanitary than the Japanese, too. By 1915, several hundred Greeks and Italians resided in the Salt Lake Valley, often living in squalid boarding houses, tenements, and charity homes. White progressives viewed these immigrants with a combination of sympathy and disgust. University of Utah public health graduate student Katherine Groebli, for instance, studied immigrant housing in the Westside, where the “contrast between filth and cleanliness [seemed to be] the most evident.”<sup>159</sup> Housing there normally lacked showers, toilets, and baths, although a few better places offered “modern conveniences”

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<sup>158</sup> Helen Papanikolas, ed., The Peoples of Utah (Salt Lake City: Utah State Historical Society, 1976), p. 338. Historian Alice Kasai notes that “unlike the Balkan and Mediterranean immigrants who were almost totally from the poorly educated classes, Japanese aliens included artisans, merchants, students, professionals, and bankers.” On Japanese “brownness,” see, the Deseret News, April 3, 1900.

<sup>159</sup> Katherine Elizabeth Groebli, “On the Housing Problem in Salt Lake City” (M.A. Thesis, University of Utah, 1915), p. 5, 15; Thirteenth Census of the United States Taken in the Year 1910, Vol. III, Population, Table IV, “Composition and Characteristics of the Population for Wards of Salt Lake City” (Washington, D.C.: Government Printing Office, 1913), p. 890.



for a premium. Cheaper rent could be found in “adobe and cheap frame” multi-family units that remained “the most unsanitary.” The city provided free housing in subsidized rentals intended for the sick-poor, particularly those with tuberculosis, a “poverty disease” that emerges due to malnutrition, overcrowding, and cold and wet conditions. Yet, these rentals usually lacked hot water and furnaces, exacerbating an “endless chain of misery.”<sup>160</sup> White Westside landlords also preferred white American renters to non-white foreign immigrants who faced higher rent due their racial and ethnic backgrounds.<sup>161</sup>

Groeble agreed that the Japanese were superior to other immigrants. They were “a clean, energetic and advancing people” who lived in “spotless homes.” “Negroes were more clean in their homes than the Italians,” who with Greeks seemed to be “the most careless and shiftless people.” They also embraced the “most unsanitary conditions.”<sup>162</sup> The Chinese, who were relegated by 1915 to the polluted riverbanks of the Jordan, did not figure into Groeble’s social hierarchy. Neither did poor white residents who inhabited run-down spaces, many of them lacking sanitary improvements.

Despite petitions for better living conditions, Westside immigrants rarely received them.<sup>163</sup> Although progressives believed that empowered governments should support reform, prior to the existence of a municipal bond market, individual homeowners paid for domestic sanitary improvements. This occurred

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<sup>160</sup> Ibid., 22.

<sup>161</sup> Groeble, 3, 18.

<sup>162</sup> Ibid., 46.

<sup>163</sup> For example, the following individuals petitioned for water mains: G. Lavagnino, SLCRO, City Council Minutes, September 14, 1903; Anthony La Torres, February 29, 1904; Mrs. G. Cereghino, June 18, 1906; R. Kobayashi, June 25, 1906; Angelo Caloiro, October 21, 1907; Antonio Cesco, March 9, 1907; John Muccono (sewer mains), March 23, 1907; N. P. Stathakos (toilet plumbing permit), August 28, 1911.

in Salt Lake City where property ownership served as the criteria for requesting water, sewer, and garbage collective service. This remained problematic since most foreigners remained poor and racially unable to own property. Thirteen percent of foreigners in the Westside lived in rent-to-own properties, while 87 percent resided in rentals; race-based housing covenants, meanwhile, prevented the majority of non-whites from owning homes outside of dilapidated areas and inside better areas in the eastern, northern, and southern sides. Not coincidentally, it was not until 1916 that a non-Western surname appeared on county water assessment rolls.<sup>164</sup> Moreover, immigrants often rented property from landlords who remained absent or unwilling to pay the “oppressive costs” of sanitary improvements.<sup>165</sup> Landlords frequently hid the “inherent defects” of their property (by painting, usually) to escape city fines. The city lacked the legal power to enter private courts or alleys, or to impose improvements on the financially destitute, allowing many landlords and renters to remain without the sphere of sanitary progress.<sup>166</sup>

Conversely, as a result, many renters remained within the realm of racial bias. Greek immigrant Andy Katsanevas remembered that cleanliness was an elusive possession in his Westside neighborhood of Rigby Court, while insults

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<sup>164</sup> SLCA, “Salt Lake County Water Assessment Rates,” Assessment Rolls, 17-7-D-3.

<sup>165</sup> Deseret News, November 14, 1890; August 20, 1905; F. C. Kelsey, “Map of Salt Lake City, Utah, City Engineer’s Office, Showing Sewer System” (1896), in author’s possession; SLCA, Salt Lake County Welfare Board Minutes 1933-1946, 1937-1942, 03-522, Box W-1, “Minutes of the Meetings of the Salt Lake County Board of Public Welfare, August 28, 1935,” September 6, 1935. In one case, the Welfare Board found that a “landlord would not make basic sanitary improvements because the renting family was too poor to pay anything.”

<sup>166</sup> USHS, Series 4882, Message of the Mayor with the Annual Reports of the Officers of Salt Lake City, Utah, for the year 1893 (Salt Lake City: Salt Lake Lithographic Co., 1894), p. 117.

like “dirty Greek” remained ever-present.<sup>167</sup> He stated that he identified more as “Greek and not [as an] American while living on the Westside.” Mary Mousalimas, also a Greek immigrant, recalled growing up on the Westside where she felt dirty and marginalized like a “nigger.”<sup>168</sup> George Zeese tried to improve his situation by taking showers at the Young Men’s Christian Academy, only to endure mockery by affluent white onlookers.<sup>169</sup> Mary Smith, who’s father escaped slavery and migrated to Salt Lake City around 1900, understood the Westside to be generally “blighted” for want of sanitary improvements. According to city engineering records, her home on 300 West lacked a flush toilet and relied on a well.<sup>170</sup>

The parents of Rebecca Horez Alvera typified the health experiences of many Mexicans who arrived shortly after the Mexican Revolution of 1910 and endured epithets like “greaser” and “dirty Mexican.” Living in railroad company housing—a railroad car with seats removed but without a toilet—near the tracks at 602 West/700 South, the Alvera family suffered the loss of eleven of twelve children, likely due to sanitary diseases.<sup>171</sup> Similarly, John Florez, who lived in a tent on 600 West, endured “rats gnaw[ing] away at him while he [slept].” He also witnessed six of his siblings die after drinking diphtheria-laced “water used by

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<sup>167</sup> JWML, Special Collections, “Interviews with Greeks in Utah,” MS 479, Box 1, folder 12, p. 5, 56. Devon and Rigby courts, which no longer remain, existed at 122 West/400 South and 146 West/400 South, respectively.

<sup>168</sup> JWML, Special Collections, “Interviews with Greeks in Utah,” MS 479, Box 3, folder 5, Mary Mousalimas, p. 22.

<sup>169</sup> Helen Papanikolas, *A Greek Odyssey in The American West* (Lincoln: University of Nebraska Press, 1987), p. 287.

<sup>170</sup> JWML, Special Collections, “Interviews with Blacks in Utah,” MS 453, Box 2, folder 16, pp. 14-15, 24.

<sup>171</sup> JWML, Special Collections, “Interviews with Hispanics in Utah,” Accn 1369, Box 1, folder 4. Although Rebecca Alvera did not mention her family lacking a toilet, Nick Kryger of the Salt Lake City Public Utilities Department confirmed that no sewer connection existed at her residence.

railroad engines.”<sup>172</sup> Because diphtheria is contagious, overcrowding exacerbates the danger of poor sanitation. Overcrowding remained a problem for immigrants in Salt Lake City, as the U.S. Public Health Service reported that “the average family size among the poorer classes [was] six.”<sup>173</sup> These poorer families belonged to the nearly four thousand city residents whose homes lacked waterworks and relied on tainted wells, and to the over fifteen thousand people who lacked sewer connections. Consequently, the dynamics of family size, poverty, and sanitary inequality coalesced to make sanitary diseases a common experience among the poorer non-white classes.<sup>174</sup>

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For Salt Lake City and other turn-of-the-century municipalities, therefore, sanitary services became more than a means of encouraging public health and progress. They also served as a referendum on the relative social and historical positions of city residents. Growth, both human and industrial, had created unsanitary conditions in which garbage and filth threatened city water supplies as well as Salt Lake’s ability to thrive and even exist as an urban industrial center. Residents from throughout the city asserted the need for sanitary waterworks, but Mormon city councilors followed the national trend of serving affluent whites of the central business district first and at the public’s expense. Likewise, in the

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<sup>172</sup> Ibid., Box 1, folder 9, pp. 4-5, s1:3-15.

<sup>173</sup> JWML, Special Collections, Reports of the Utah-White House Conference on Child Health and Protection, April 6 and 7, 1931, “report of the committee on the infant and pre-school child,” pp. 1-2.

<sup>174</sup> JWML, Special Collections, J. Wesley Noall, “Quality of Water Supply of Salt Lake City,” (M.A. Thesis, University of Utah, 1931), p.48; David C. Martin and Arnold M. Marston, “Well Development for Salt Lake City Water Supply,” (M.A. Thesis, University of Utah, 1931); D. C. Houston and Rey M. Hill, Health Conditions and Facilities in Utah (Salt Lake City: Utah State Planning Board, 1936), pp. 40-43.

1890s and the early twentieth century, probusiness gentile and Mormon city councilors worked with powerful white interests—local health officials, the Chamber of Commerce, female reform societies, real estate associations, newspapers, and middle- and upper-class white residents—to install progressive health improvements in Salt Lake’s most desirable northern and eastern suburbs, even if it meant relegating the city’s Westside to even worse living conditions. In so doing, they helped to create and then recreate the city’s socioeconomic and cultural map. Affluent white suburbs became “the most healthful portions of the city,” while working-class Mormon and non-white neighborhoods in the Westside increasingly devolved into the worst and most stigmatized.<sup>175</sup> Race and class thus reinforced and informed geography as the key lines in Salt Lake’s evolving cityscape.

The alliance of affluent and powerful Mormons and gentiles behind progressive health reforms also served to reimagine the historical dynamics of religiosity in Salt Lake City. Historically, residents regarded religiosity as the key fault line in their personal and public lives, with Mormons and gentiles rarely, if ever, crossing it. Beginning in the 1880s as the federal government and the Mormon Church squared off over Utah statehood, theological and cultural differences worked to usher residents into competing Mormon People’s or the gentile Liberal parties. With the simultaneous need for and onset of sanitary improvements, religious contention also appeared in editorials by the Catholic-owned *Salt Lake Tribune* and *Salt Lake Telegram* and their Mormon corollaries, the *Deseret News* and the *Salt Lake Herald*. Yet, while religious tensions

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<sup>175</sup> Salt Lake Herald, September 21, 1900.

continued to exist, they increasingly diminished as progressive Mormons and gentiles allied behind needed public health improvements, which promised to reform and improve their city and their affluent suburban neighborhoods. In this scenario, cleavages appeared within Mormon and gentile communities, as poor and working-class individuals rallied for sanitary services against middle- and upper-class individuals who sought to deny them. Although Westside whites gradually migrated east of Main Street, they and those who remained joined working-class whites in the upper Avenues as marginalized segments of the white community.

The progressive Mormon and gentile alliance also helped to give meaning and shape to the city's health-based social hierarchy. Already viewed as dirty and disease carrying, non-white immigrants were ironically denied sanitary services that would have cleansed and healed them. Having installed water and sewer mains, collected the city's garbage, and labored as maids and janitors to help keep homes, department stores, and city "comfort stations" antiseptic and litter free for the city's white middle and upper classes, they remained without sanitation and were thus punished for being unsanitary. Even though the Chinese found themselves originally within the first water district by virtue of their location in the central business district, their national reputation as dirty and diseased worked to their disadvantage and the Mormon city attorney joined white working-class women and men in urging their removal. Upper class whites also viewed other non-whites—African Americans, Italians, and Greeks—as less clean and therefore less American and less acceptable. Japanese immigrants,

whose population remained small and nonthreatening, also embraced sanitary and other public health services, but they were the exception. Even still, they arguably remained a notch below working-class whites in the Westside and the upper Avenues who later retained sanitary services, and thereby became unwitting actors in Salt Lake's evolving racial drama. Thus, in Salt Lake City, as in Los Angeles according to Natalia Molina, racialization remained more than simply a matter of labor exploitation and legal exclusion. Rather, it also existed as a discourse of public health ideas, practices, and technology that intentionally and unintentionally assigned negative characteristics to working-class whites and non-whites.<sup>176</sup>

In the history of public health and medicine in the Salt Lake Valley, the significance of race and class generally increased over time but occasionally became overshadowed by religiosity. Contention between Mormons and gentiles remained a factor during the Progressive Era despite the cross-religious alliance behind public health improvements. Some Mormons retained their own prescriptions for personal and community health, which served to challenge the ideals espoused by public health officers and medical doctors who remained largely without the Mormon fold. Between 1899 and 1901, as the Salt Lake Valley witnessed the emergence of sanitary services, it also experienced a smallpox epidemic national in scope, but local in its ability to reinvigorate religious tensions between Mormon and gentile partisans of vaccination.

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<sup>176</sup> Natalia Molina, *Fit to be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Los Angeles: University of California Press, 2006), pp. 1-11.

## CHAPTER 2

### “AT THE BIDDING OF GENTILE DOCTORS AND THEIR FOLLOWERS”<sup>1</sup>

In January 1900, John E. Cox filed a lawsuit in Third District Court, Salt Lake County, against the Salt Lake City Board of Education and the principal of Hamilton school, Samuel Doxey. Mr. Cox asserted that on January 23, Mr. Doxey broke the law by forbidding his ten-year-old daughter, Florence Cox, to enter Hamilton school on account of her failure to provide satisfactory proof of smallpox vaccination from a qualified medical doctor, a condition of school attendance. This condition existed due to the highly contagious nature of smallpox and the close social interaction that schools promoted. Several cases of smallpox existed in the Salt Lake Valley, with about two hundred more in the state, and the likelihood of an epidemic remained high. Yet Florence possessed “sound health” and no obvious signs of contagious disease; therefore, she had been “wrongly excluded.”<sup>2</sup> Cox’s attorney asserted, “Neither boards of health nor boards of education have a right to exclude unvaccinated children from schools, unless express authority is given by the Legislature or ordinance to that effect.” In the case at bar, “the health board is passing rules which in effect are legislative enactments.”

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<sup>1</sup> LTP, Special Collections, “Letter to Mormon Church president Lorenzo Snow, December 26, 1900,” William John Silver scrapbook (Vol. 1): 126.

<sup>2</sup> USHS, series 1622, Third District Court, Civil Case Files, case #2971, January 23, 1900.



This case represented the latest salvo in a contentious battle over public health that divided Salt Lake City residents in complicated ways. Although affluent whites crossed religious lines to establish sanitary improvements that promised to advance their city, their welfare, and their claims to racial and patriotic superiority over poor whites and non-whites, that alliance remained fragile. In this case, religion threatened that alliance as Cox and his attorney represented many Mormons who perceived their fight against compulsory vaccination as a fight against state interference in the private lives and bodies of individuals. Gentile doctors disagreed and argued that the measure protected the community and therefore the common good against a virulent outbreak of smallpox. This religious division, however, obscured a key class division that cut across traditional religious divides and marked a shifting landscape among Mormons and non-Mormons over issues of social medicine. Breaking with their religious community, some progressive Mormon health officials and middle-class professionals joined gentiles in supporting compulsory vaccination. Salt Lake City's vaccination controversy thus remains a transformative event in which partisans and critics of compulsory vaccination seemed at times to coalesce around old religious alignments, while at other times around new alignments that celebrated progressive medicine and middle-class affluence. In this regard, the smallpox outbreak and Salt Lake City's response to it served as harbingers of things to come, especially as the progressive impulse pushed the city to tackle a variety of public health issues in the first few decades of the twentieth century.

The Cox trial served as a matrix within which many historical medical issues took shape. As that trial played out, city defendants responded to the charges that Cox and his attorneys rose with assertions of their own. Defendants argued that historical legal precedents and municipal and state health laws invalidated the rigid legal philosophy that Cox's attorney put forward and made the reverse plausible: "The police power of the state is large and expansive enough to meet and satisfy all demands upon the government in this respect. The power is only restricted by the limitations of government." The honorable A. W. Cherry, despite a personal belief in the efficacy of vaccination, ruled on January 29 for the plaintiff by disputing the power of the city's health and education boards to compel city schools to make vaccination compulsory. He also questioned the authority of the state health board to require local officials to enforce its vaccination rule. At first reluctant, the city later appealed the verdict to the state supreme court after receiving assurance of support from Dr. Theodore Beatty, the state secretary of health. On April 26, the higher court overturned judge Cherry's decision, much to the chagrin of anticompsory Latter-day Saints and the church-owned *Deseret News*.<sup>3</sup>

That the higher court's decision provoked a negative reaction among some Mormons was not unexpected. Mormons, like other religious sects of the nineteenth century, remained suspicious of elite medical claims to knowledge and encouraged ordinary people to rely on their own experiences and authority to adjudicate health matters. Some prominent Mormons accused doctors of

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<sup>3</sup> USHS, *Utah Reports*, volume 21, pp. 401-428; USHS, "Reports of Cases Determined in the Supreme Court of the State of Utah, including Portions of the October Term, 1899, and February Term, 1900," volume 21 (Chicago: Callaghan and Company, 1901), pp. 421-428.

pecuniary interests and of wittingly providing harmful or ineffective medical cures. Church circulars reinforced these sentiments by dispensing information about botanical and faith healing, as well as dietary reform. Several weeks before the Cox case, the *Deseret News* encouraged readers to avoid vaccination and embrace folk remedies, such as eating and hanging onions, and ingesting an organic prophylactic; tea made from sheep droppings apparently comprised another remedy.<sup>4</sup> The *News* also counseled Mormons to embrace scriptural prescriptions that included oil blessings, herbal cures, and the laying on of hands by church elders. Outside the Mormon community, such advice seemed sinister, if also dubious. The Catholic-owned *Salt Lake Tribune* wrote in response,

The *News* has been fighting the matter [vaccination] covertly from the first. It has taken the ground that there is no authority to complete the doing of what all the scientific authorities agree should be done. . . . Just last evening [the *News*] threw off this thin disguise and said, 'There are many elders in this city, the writer of the article among the number, who have laid hands upon persons afflicted with the malignant as well as the mild form of smallpox, and the patients have recovered, while the elders administering have escaped the contagion.'

Charles Penrose, *News* editor and professor of Mormon theology at

Brigham Young Academy, fired back:

This is a sample of the blasphemous utterance so often indulged in by the editor of the *Tribune*, who ridicules one of the sacred principles of the gospel introduced by Christ in his ministry and enjoined upon the Saints by Him. When it comes to a question of 'Mormonism,' no principle of the Gospel believed in by the Latter-day Saints is too sacred for the abuse and ridicule of the editor of the contemptible *Tribune*, who hates the

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<sup>4</sup> *Deseret News*, December 13, 1900; November 13, 1900; January 15, 1900. "Take two ounces cream of tartar, one ounce of Epsom salts and one lemon, sliced. Pour one quart boiling water over these ingredients and sweeten to taste. To be taken cold, a small wine (glassful) three times a day, or in a little larger quantity night and morning. That is for adults; smaller quantities for children according to age, and not enough to act as too much of a purgative." N. Lee Smith, "Herbal Remedies: God's Medicine?" *Dialogue: A Journal of Mormon Thought* Vol. 12 (June 1979): 52.

'Mormon' people and their faith with all his heart, no matter if it is Scriptural, reasonable, and uplifting to mankind.<sup>5</sup>

The politics of vaccination in Salt Lake City remained heated for nearly a year after the Cox affair, and in many ways paralleled those in other cities and states across the nation. In the early twentieth century, supporters and critics of vaccination squared off in courtrooms, legislatures, and neighborhoods to craft and debate policies about how to prevent contagion. Concerns about health and sickness, safety and risk, freedom and coercion framed their debates. Those who supported vaccination—most doctors, nurses, and pharmacists, medical lobbyists, academics, government officials, and newspapers—embraced modern medical advances, especially the germ theory of disease, which demonstrated the microbiological origins of illness and the utility of vaccination. Vaccination comprised injections of cowpox germs, which deterred smallpox germs. It also appeared to be safer, more hygienic and effective than inoculation, an older procedure that entailed arm-to-arm transfers of pustular material. In the late nineteenth century, smallpox produced fewer deaths and illnesses than sanitary diseases like diphtheria, cholera, and typhoid fever, but it remained highly contagious and potentially lethal, particularly in North American cities. To defend against smallpox and promote community health, supporters worked to make vaccination compulsory.<sup>6</sup>

Notwithstanding, critics including patients and practitioners of alternative medicine, religious sectarians, and citizens committed to libertarian and anti-

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<sup>5</sup> JWML, Special Collections, "Journal History of the Church of Jesus Christ of Latter-day Saints," reel 96, January 17, 1900.

<sup>6</sup> Arthur Allen, Vaccine: The Controversial Story of Medicine's Greatest Lifesaver (New York: Norton, 2007), pp. 70-111.

government views argued that vaccination remained ineffectual and dangerous. It left sore arms and sometimes life-threatening or unpleasant infections like lockjaw. Moreover, as the Latter-day Saints asserted, natural and spiritual remedies existed to combat illness and promote the biologic and mystical wholeness of the body. Compulsory vaccination smacked of un-American tyranny and an invasion of personal privacy by statist bureaucrats and pushy reformers. Critics avoided vaccination themselves, but also worked through courts, legislatures, newspapers, and political clubs to keep vaccination from becoming compulsory. Because proponents worked first to make immunization for smallpox compulsory, critics focused on smallpox immunization first, then on those for diphtheria and polio. As evident in the Cox affair, their efforts could be frustrating by contradictory court rulings that demonstrated the legal instability of vaccination, conflicting views about the power of the state, and the evolving role of medical science in a democratic society.<sup>7</sup>

Historians have interpreted opposition to smallpox vaccination in the Progressive Era as a response to several powerful and intersecting developments in science and society: first, the epidemiological shift of variola, the virus that causes smallpox; second, the real and perceived risk of vaccination injury; and third, the expansion of medical technology, state, and municipal reform. By circa 1900, the epidemiological features of smallpox appeared to be less threatening, and vaccination seemed more dangerous than the virus itself. At the same time, writes James Colgrove, factories produced “biologic products

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<sup>7</sup> I have relied heavily on James Colgrove’s interpretation of the problem of medical coercion in a democratic society. James Colgrove, State of Immunity: The Politics of Vaccination in Twentieth-Century America (Los Angeles: University of California Press, 2006), pp. 1-16, 45-80.

for preventing and treating illness” on a larger scale than ever before, and reform efforts “expanded the reach of the state into previously private spheres” to cause bitter debates about “whether the government and civic institutions should use advances in scientific medicine to dictate the action of individuals.”<sup>8</sup>

Salt Lake City’s vaccination controversy complicates this understanding by revealing the power of religiosity to provoke different thoughts and actions about smallpox and immunization. Although historians like Michael Willrich have diminished the significance of religion, Latter-day Saints typically rejected vaccination as dangerous, ineffective, and superfluous in light of miraculous healing and revealed medical wisdom.<sup>9</sup> Mormons further saw efforts to compel vaccination as oppressive and correlative with historical attempts by gentile state authorities to legislate and enforce policies inimical to Mormonism. Rather than challenging Mormons’ American identity and their efforts to assimilate, protesting compulsory vaccination seemed to evidence and strengthen it. To rally against state mandated vaccination, some Mormons turned to speeches, newspapers, political demonstrations, and meetings, besides appealing to church leadership, sermons, and religious texts. Many also engaged in civil disobedience by violating vaccination and quarantine laws. Gentiles, however, usually saw vaccination as efficacious, progressive, and community-minded. Mormons, they argued, assailed modern medical science and continued their practice of acting

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<sup>8</sup> Ibid., p. 47.

<sup>9</sup> Michael Willrich, *Pox: An American History* (New York: Penguin Press, 2011). Willrich writes, “There is little evidence to suggest that most Mormons viewed antivaccination as a Mormon cause,” p. 277; Eric Bluth, *Pus, Pox, Propaganda and Progress: The Compulsory Smallpox Vaccination Controversy in Utah, 1899-1901* (MA Thesis, Brigham Young University, 1993). Bluth contends, “The religious factor played a minor role in the controversy,” p. 129.

in unison to exploit and magnify their power. Because of these differences, vaccination seemed to threaten reform, reconciliation, and Americanization in the new state. Yet by 1901, a tenuous rapprochement emerged, in addition to a shaken but intact cross-religious alliance among affluent white church, state, and business leaders committed to progressive era health initiatives in Salt Lake City.

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While the vaccination controversy would center in Salt Lake City, the event originated eighty miles south in Sanpete County. Directed by Brigham Young in 1849, settlement of the county initially consisted of about two hundred Mormons spread across several small ranching and farming villages. By the new century, however, Sanpete grew to more than sixteen thousand people in a half-dozen towns connected by roads, trails, and the Salt Lake and Salina Railroad, bolstering the community's economic clout and transforming it into "Utah's granary."<sup>10</sup> Still, population growth and improved transportation also increased Sanpete's susceptibility to contract, host, and spread contagious and infectious diseases. Since the completion of the transcontinental railroad at Promontory, Utah, in 1869, white Americans traveled in unprecedented numbers for work, pleasure, and to resettle. Sick travelers intermixed with healthy ones to exchange diseases and unwittingly trigger epidemics in communities linked by rail routes. A powerful "chain of infection," the railroad facilitated the "westerly

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<sup>10</sup> Utah History Encyclopedia, ed. Allan Kent Powell (Salt Lake City: University of Utah Press, 1994), p. 489.

movement of disease along with its humans hosts.”<sup>11</sup> Nationally, public health departments responded by focusing on preventing and detecting contagion.<sup>12</sup> In Sanpete County, public health officials embraced sanitary and antibacterial measures to discourage disease. “Nuisances” and “filth” were removed, and in the event of infection, victims were quarantined and their personal belongings fumigated. A county physician attended to victims, and assistant medical officers patrolled county health districts.<sup>13</sup>

Although vaccines became more available in the late nineteenth century, in the United States health officials still struggled to keep a ready supply on hand. Densely populated cities often ran out, and in rural areas like Sanpete County, vaccines were often scarce or nonexistent. Natural immunity only came by surviving a previous infection (which manifested in bodily scarring). A sense of unease thus seemed natural when, in November 1899, county health officials received complaints from residents in the town of Sterling, all of whom suffered from similar symptoms—headaches, backaches, muscle pain, malaise, nausea, and fever. Several days later, small reddish spots appeared in their mouths, throats, and tongues, which were followed by rashes on their heads, faces, chests, and appendages. Although causing discomfort, the symptoms were mild, prompting the county physician to delay action. When the symptoms worsened to include white pus-filled lesions, the physician investigated and confirmed the

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<sup>11</sup> Donald R. Hopkins, The Greatest Killer: Smallpox in History (Chicago: University of Chicago Press, 2002), p. 284, 239, 269, xi; Lester Bush, Health and Medicine among the Latter-day Saints (New York: Crossroads, 1993), p. 44.

<sup>12</sup> John Duffy, The Sanitarians: A History of American Public Health (Urbana: University of Illinois Press, 192), p. 126.

<sup>13</sup> George Thomas, Civil Government in Utah (New York: D.C. Heath and Co., Publishers, 1912), p. 96.



infection to be variola, the virus that causes smallpox. A man who allegedly traveled by train while seeking to escape quarantine in Butte, Montana, had brought the virus to Utah's Sanpete County.<sup>14</sup>

Several days later, more than twenty additional cases appeared, besides others in the adjacent towns of Manti and Ephraim. In an effort to control the spread, county health officials contacted state secretary Theodore Beatty, who placed Sterling under police quarantine and instructed doctors to vaccinate as many residents as possible. At first, Sanpete County residents complied and the infection rate apparently slowed. By the first week of December, however, over two hundred cases appeared in twenty-four towns across southern Utah, with new victims emerging further north in more populated areas. On December 15, an itinerant painter from Gunnison brought variola to Salt Lake City, the state capitol and the Great Basin's most densely populated city. Given the rapidity by which the virus spread and the possibility of a medical crisis, Beatty declared a general epidemic. He also planned to meet with state and local health officials at the state capitol, and a special committee of the Salt Lake City board of education.<sup>15</sup>

At the meeting, held in Salt Lake City, public health officials recommended vaccination for the general public, but proposed requiring the same or proof of immunity for schoolchildren. City health commissioner Patrick Keogh asserted that "in no way could the imminent danger of a smallpox epidemic be reduced to

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<sup>14</sup> Joseph R. Morrell, M.D., Utah's Health and You (Salt Lake City: Deseret Book Company, 1956), p. 99; Deseret News, December 19, 1899.

<sup>15</sup> Salt Lake Herald, November 20, 1899; November 21, 1899; November 22, 1899; December 15, 1899; December 20, 1899; Deseret News, December 16, 1899; December 19, 1899.

a minimum in Salt Lake better than by compelling the vaccination of every person in the public schools.”<sup>16</sup> Twelve thousand students and teachers comprised the city educational system, but Beatty assured the committee that all could be vaccinated during the Christmas and New Year holidays. Moreover, the city health department could reduce costs by providing vaccines for twenty-five cents apiece, or free for indigent students.<sup>17</sup>

Given the history and efficacy of vaccination, the proposal seemed reasonable. For nearly a century, most doctors in the Western World had regarded vaccination as a useful medical practice after British physician Edward Jenner demonstrated that cowpox, a bovine virus, was an effective deterrent of variola. The procedure (“variolae vaccinae” in Latin, adapted from vacca, or “cow”) comprised injections of calf’s lymph, which provided key antibodies that repelled dangerous antigens. In the late nineteenth century, health scientists credited vaccines with reducing smallpox in the United States, while the mainstream press heralded vaccination as a signifier of human progress, order, and American destiny.<sup>18</sup> Although vaccination could produce unpleasant side effects like nausea, they were mild in comparison to smallpox’s symptoms.

Vaccination provided defense against viral infection, and when practiced on a

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<sup>16</sup> Ibid., December 16, 1899.

<sup>17</sup> Ibid., December 16, 1899; Salt Lake Herald, December 16, 1899.

<sup>18</sup> The New York Times predicted that when “the human family . . . places itself unhesitatingly under the ‘aegis of Jenner,’” smallpox, “if it does not disappear entirely, will become less frequent and fatal.”<sup>18</sup> On the other hand, Charles Dickens praised “the protective power of vaccination . . . among all races of mankind,” while Mark Twain extolled his fictional patient who “with cow’s virus in his blood, walked through the small-pox hospital unscathed.”<sup>18</sup> Meanwhile, Harper’s Weekly praised vaccination as “the greatest event in the medical history of the last centennial period” whose adoption in the United States evidenced a triumphant “progressive spirit.”<sup>18</sup> New York Times, February 10, 1872; Charles Dickens, ed., Household Words: A Weekly Journal, Volume 1 (May to October 1881): 197; Mark Twain, The Innocents Abroad; or, The New Pilgrim’s Progress (Melbourne: George Robertson, 1871), p. 150; Harper’s New Monthly Magazine, Vol. 53 (June to November 1876): 74.

large enough scale, produced “herd immunity,” a condition in which entire communities are protected when enough individuals become vaccinated. An older method of inducing smallpox to preempt more severe natural infections, inoculation often spread smallpox. Vaccination, however, was less risky. Moreover, vaccination for smallpox seemed to be critical to public health, as the virus remains highly contagious. Spreading through the air, particularly in respiratory droplets from the nose and mouth, smallpox can infect without manifesting symptoms. Asymptomatic victims can also remain contagious, and any object containing smallpox’s genetic material—clothing, food, paper—can extend the infection. As a virus, smallpox remains impervious to antibiotics and undeterred by good hygiene and sanitation. Because schools promoted close social interaction, health officials in Salt Lake City argued that all schoolchildren should be vaccinated to ensure “utter immunity.”<sup>19</sup>

As the health officials who supported vaccination, Beatty, Keogh, and St. Mark’s hospital surgeon James Critchlow were “regular” or orthodox medical doctors that trained at the country’s first generation of modern medical schools. Learning new disciplines like physiology, pharmacology, and bacteriology, all of which appeared during the mid-to-late nineteenth century, these doctors embraced an empirical approach to medical science as well as a philosophy that saw clinical interventions as sometimes necessary to promote human health.<sup>20</sup> Uncertain at first, but increasingly confident about modern medical techniques

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<sup>19</sup> Deseret News, December 16, 1899; Salt Lake Herald, December 16, 1899; Salt Lake Tribune, December 16, 1899.

<sup>20</sup> John Harley Warner, The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885 (Cambridge: Harvard University Press, 1986), pp. 83-232.

and therapies by the 1880s, regular doctors supported compulsory immunization in addition to sanitary services and modern hospitals. In Utah, most doctors were non-Mormon, raised outside of the state, and identified as occupationally separate from the local Mormon “medicos” or “quack” doctors.<sup>21</sup> They usually worked for public health departments or for Christian hospitals, and often attended Protestant or Roman Catholic religious services.<sup>22</sup> Adhering to biblical teachings, they nonetheless interpreted miraculous healings described in the New Testament as essentially confined to the apostolic era.

The authority of orthodox medicine remained unstable before and even for a short time after the rise of modern disciplines. In the early nineteenth century, American medicine remained highly pluralistic, with a cacophony of techniques and therapies abounding. Regular doctors prescribed traditional techniques, collectively referred to as “heroic” medicine for the courage needed to endure bloodletting or doses of mercury. The absence of medical consensus and legitimacy as well as the cliquishness of medical practitioners encouraged many Americans to rely on popular health theories, practices, and medical sects. Mormons, for instance, embraced basic sanitary principles, yet eschewed regular heroic protocol. Like many new religious sects, they also claimed the supernatural powers of Christianity, including faith healing, the laying on of hands, and the ministration of oil during times of sickness and disease.<sup>23</sup> Many

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<sup>21</sup> Salt Lake Herald, January 5, 1900.

<sup>22</sup> For example, state secretary of health Theodore Beatty, St. Mark’s Hospital surgeon Augustus C. Behle, and St. Mark’s Hospital director emeritus Daniel Tuttle attended St. Mark’s Episcopal Cathedral in Salt Lake City, Utah.

<sup>23</sup> James 5:14-15; Alma 16: 5-11; 4 Nephi 5. When a smallpox outbreak threatened Tooele County, Utah, in 1872, the New York Times reported that Mormons declared a day of “fasting and prayer to prevent the spread of small-pox (sic).” New York Times, December 19, 1872.

Mormons further embraced the botanical health movement with its emphasis on “mild foods” and herbal remedies, particularly those promoted by self-taught botanical doctor Samuel Thomson.<sup>24</sup> A New England farmer turned charismatic healer, Thomson began selling herbal remedies and medical licenses after receiving a patent for them in 1813. He believed that diseases stemmed from diminishing body heat, and thus counseled lobelia and cayenne pepper to purge, prepare, and warm the body. Preaching the ideals of self-reliance, virtue, and equality, Thomsonianism spread from the Atlantic to the Ohio River Valley to challenge orthodox medicine, and promote health and dietary reforms; alternative medical systems, including hydropathy and homoepathy, emerged in this context to attract many followers, especially religious sectarians.<sup>25</sup>

In 1831, Thomsonianism’s appeal emerged in Kirtland, Ohio, the first headquarters of the Latter-days Saints, and the place where herbal physician and Mormon convert Frederick Williams introduced the botanical system to church prophet and president, Joseph Smith Jr. Open to medical and religious sectarianism, Smith produced in 1833 his revelatory “Word of Wisdom,” which closely paralleled Thomson’s theories. Smith encouraged the consumption of herbs, fruits, vegetables, wheat, and meat in moderation, while counseling

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<sup>24</sup> Doctrines and Covenants, 42:43. For an index of Mormon prophylactics, as well as an analysis of the church’s shifting attitudes about smallpox, see, Scott G. Kenney, “Mormons and the Smallpox Epidemic of 1853,” The Hawaiian Journal of History, vol. 31 (1997): 1-26. On Mormon medical and healing theories in general, see, Bush, pp. 69-100, and Robert Divett, Medicine and the Mormons: An Introduction to the History of Latter-day Saints Health Care (Bountiful, Utah: Horizon Publishers, 1981), pp. 120-128.

<sup>25</sup> Historian Paul Starr writes, “More than a qualified analogy links religious with medical sects; they often overlap. The Mormons favored Thomsonian medicine and the Millerites hydropathy. The Swedenborgians were inclined toward homeopathic medicine. And the Christian Scientists originated in concerns that were medical as well as religious.” Paul Starr, The Social Transformation of Medicine: The Rise of a Sovereign Profession and the Making of A Vast Industry (New York: Basic Books, 1982), p. 95.

against coffee, tea, and alcohol. Smith never explicitly endorsed Thomsonianism, yet many Mormon leaders such as Williams, whom Smith appointed a counselor in the First Presidency of the church (a high governing body of Mormonism), and laypersons including Willard and Levi Richards—the latter Joseph Smith’s personal physician—did. Like Thomson, Smith suffered in his childhood at the hands of regular medical doctors, and from then on believed along with second church president Brigham Young that regular doctors were essentially pecuniary, and would “kill or cure to get your money.”<sup>26</sup> In Nauvoo, Illinois, during the 1840s, Mormon leaders reinforced herbalism as the quasi-official medicine of the church by establishing a city botanic board of health, with Thomsonian doctors later forming Salt Lake City’s Council of Health (est. 1849) to promote “the superiority of botanic practice.” Mormon midwives also existed to administer herbs to support deliveries and expel common colds.<sup>27</sup> Although Mormon and gentiles (including Presbyterian minister and health reformer Sylvester Graham) embraced herbal healing during the nineteenth century, Utah remained “the last bastion of Thomsonianism” well after its decline starting in the

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<sup>26</sup> Bush, 90; Linda P. Wilcox, “The Imperfect Science: Brigham Young on Medical Doctors,” Dialogue: A Journal of Mormon Thought (June 1979): 26-36; Sherilyn Cox Bennion, “The Salt Lake Sanitarian: Medical Adviser to the Saints,” Utah Historical Quarterly (Spring 1989): 127. Richard Bushman has acknowledged the childhood origins of Smith’s disdain for doctors as the physical and financial suffering he and his family experienced at the hands of Dartmouth Medical College doctors, who charged a significant fee for attempting—but failing—to heal Smith’s leg, which suffered an infection from typhoid fever. Richard Bushman, Joseph Smith: Rough Stone Rolling (New York: Vintage, 2005), pp. 20-21. For a comprehensive summary on Mormon attitudes toward botanic medicine and medical doctors, as well as a list of herbal remedies and medical advertisements, see, Kate B. Carter, Heart Throbs of the West Vol. 7 (Salt Lake City: Daughters of Utah Pioneers, 1946), pp. 189-223.

<sup>27</sup> Claire Noall, “Superstitions, Customs, and Prescriptions of Mormon Midwives,” California Folklore Quarterly Vol. 3 (April 1944): 110; “Mormon Midwives,” Utah Historical Quarterly Vol. 10 (1942): 84-144.

1850s, and during the rise of homeopathy and eclecticism, the latter combining regular and botanical medicine.<sup>28</sup>

Given these significant medical-religious differences between gentiles and Mormons, vaccination would remain an unequal proposition interpreted and contested differently and sharply. In turn, these differences would presage a battle for public health officials compelling vaccination.

At the December meeting in which health officials voted unanimously to support compulsory vaccination, the school committee remained ambivalent. One member rejected the measure for extending state power at the expense of personal liberty and privacy, while James Moyle, a Mormon and former city attorney, suggested that city officials use persuasion rather than coercion to bring about widespread vaccination.<sup>29</sup> Committee chairman Critchlow, however, viewed mandatory immunization as vital to public health and safety. Protecting citizens from disease had long been a government responsibility, and beginning in the late nineteenth century, school officials across the country embraced child health safety campaigns including those to eradicate smallpox, in cities like New York, Boston, Atlanta, and Chicago.<sup>30</sup>

The historian Donald Wilcox has observed that, “by and large, persons living in Atlantic coast states in the United States accepted vaccination more

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<sup>28</sup> For this section, I have relied heavily on the Thomas J. Wolfe’s essay, “Steaming Saints: Mormons and the Thomsonian Movement in Nineteenth-Century America,” in, Disease and Medical Care in the Mountain West: Essays on Region, History, and Practice, edited by Martha L. Hildreth and Bruce T. Moran (Reno: University of Nevada Press, 1998), pp. 18-28.

<sup>29</sup> Orson F. Whitney, History of Utah: Biography, Vol. 4 (Salt Lake City: George Q. Cannon and Sons, Publishers, 1904), p. 564; Deseret News, December 16, 1899; December 20, 1899.

<sup>30</sup> James G. Hodge, Jr., and Lawrence O. Gostin, “School Vaccination Requirements: Historical, Social, and Legal Perspectives,” Center for Law and the Public’s Health at John Hopkins and Georgetown Universities (February 15, 2002), pp. 27-28.

readily than did residents of central and western United States.”<sup>31</sup> That statement applies to Salt Lake City where Mormons historically remained cautious of and even antagonistic to elites and orthodoxy, and vigilant of their constitutional liberties. Historically dubbed by gentiles as un-American followers of a tyrannical church, Mormons asserted their American identity in part by demanding their constitutional freedoms. Sharing these sentiments, on December 19, the Salt Lake City Board of Education rejected compulsory vaccination on constitutional grounds, citing a violation of personal and medical privacy and arguing that only voluntary immunizations remained legally plausible; paradoxically, school principals were instructed to invade personal privacy and report all cases of “suspicious eruption or illness in schools.”<sup>32</sup> State and city mandates remained silent about school immunization, and the Board asserted that if the vaccination proposal passed, legal precedent would prevent enforcing it in one city but not in others.

Notwithstanding, health officials who attended the meeting claimed their legal authority to police the community’s health and compel vaccination, if necessary. Smallpox posed a danger to community health, and immunization remained the best defense against pathogenic exposure. Individuals who refused vaccination would undermine herd immunity, and thus justify the “harm principle,” or the philosophy that individual coercion became necessary when “imminent harm” threatened society.<sup>33</sup> Unvaccinated individuals would also

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<sup>31</sup> Hopkins, 293.

<sup>32</sup> Betty Brimhall, “A History of Physical Education in the Salt Lake City Schools” (M.S. Thesis, University of Utah, 1953), p. 18.

<sup>33</sup> John Stuart Mill, quoted in Colgrove, 4.



crowd the small city quarantine hospital in Emigration Canyon. Therefore, compulsory vaccination needed to remain policy.<sup>34</sup> At the end of the meeting, Beatty affirmed that the state health department would “issue the [vaccination] order and depend on the board of education to enforce it. Teachers [would] be required to send home all children not vaccinated, and if the parents object[ed], they [would] have to seek redress through the law.”<sup>35</sup> Teachers, however, would be able to exercise their own judgment and decide whether to receive immunizations or not.

In all likelihood, health officials suspected the Mormon Church-owned *Deseret News* of influencing the education board’s decision to reject the proposal. Having published a daily edition since 1899, the *News* served as the semi-official voice of Mormon Church officials and laity, providing a steady flow of information to the Saints—about half of Salt Lake City’s fifty-three thousand persons—with the purpose of shaping and securing their interests.<sup>36</sup> Leading up to the board’s decision, the paper published editorials from church officials and lay subscribers who typically opposed vaccination in practice and in principle. On December 16, after city health officials met with the education committee, the *News* published an editorial assailing their proposal of compelling vaccination. Editor Penrose, the most vocal opponent of vaccination who spearheaded Salt Lake’s antivaccination movement, warned readers, “A smallpox scare is being raised” in order to “force upon the people of Salt Lake, and ultimately all of Utah,

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<sup>34</sup> SLCRO, *City Council Minutes*, March 17, 1851; May 17, 1852.

<sup>35</sup> *Deseret News*, December 20, 1899.

<sup>36</sup> Paul Wright, “The Growth and Distribution of the Mormon and Non-Mormon Populations in Salt Lake City” (M.A. Thesis, University of Chicago, 1970), p. 24.

the repulsive and oppressive system of compulsory vaccination. . . . We warn its promoters it will be vigorously resisted.”<sup>37</sup> Two days later, he redoubled his criticism by appealing to personal privacy and family sovereignty, the latter especially relevant to the Mormon doctrine of eternal marriage and kinship. He also admonished the growing reach of the state: “Allow parents who are opposed to the system to exercise their judgment and protect their little ones from that which they abhor, and let school boards and health doctors keep within the lines which define their official authority.”<sup>38</sup>

On December 18, as the city board of education considered the committee’s proposal, the *News* spoke again for its Mormon readership, many of whom identified as parents and public school patrons who denied the “police power” of the state: “It is to be hoped that the Board will pause and consider the extent and also the limit of its lawful powers.”<sup>39</sup> Then, after learning of the board’s decision and in a sequence of articles penned over two days, Penrose applauded school officials for voting the “public sentiment” and avoiding the “deserved odium” that would have befallen them for supporting vaccination. Through his writings, Penrose politicized religion by questioning medical orthodoxy and, subliminally, the non-Mormon doctors who embraced it.

The action taken by the Salt Lake City Board of Education, as to compulsory vaccination, is quite satisfactory and will be commended by nine-tenths of the people. As the *Deseret News* has already pointed out, the Board of Education is not endowed with authority to force upon the school children and teachers something that is not required by law. . . . The virtues of vaccination are by no means a settled question. We are aware that a very large number of reputable medical men and women

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<sup>37</sup> *Deseret News*, December 16, 1899.

<sup>38</sup> *Ibid.*, December 18, 1899.

<sup>39</sup> *Ibid.*

have satisfied themselves that vaccination is a preventive, to some extent at least, of smallpox. Most of them have drifted with the tide of accepted theory. It is orthodox. That, however, does not prove it to be correct. . . . We are aware that in the orthodox school of medicine [the benefit of vaccination] is considered a settled thing. Properly graduated doctors have been trained to view the matter in this light. They are like graduates in orthodox theology in this respect. The idea that these so-called settled theories are open to dispute causes a satisfied smile upon their contented countenances. . . . Let the debate come on!<sup>40</sup>

Born in London in 1832, Charles Penrose converted to Mormonism in 1850. After serving two missions in England, he migrated with four thousand-plus British Mormons to Salt Lake City in the 1860s. In 1861, he assumed the editorial chair of the *Deseret News* while teaching part-time at the Brigham Young Academy. Described by contemporaries and Mormon Church historian Edward C. Tullidge as an “unfailing fountain of instruction,” Penrose used his authority, which increased after joining the Quorum of the Twelve Apostles (another high governing body of Mormonism) and the First Presidency, to shape Mormon opinions about a variety of issues, especially vaccination.<sup>41</sup> During the time of his conversion, England had followed other European nations in making smallpox immunization compulsory. Mortality rates had reached 35 percent and influenced Parliament to pass the Vaccination Acts of 1853, 1867, and 1871, requiring infants to be immunized within the first three months of their birth. Because vaccination carried real, though limited, risks of bodily harm, anti-vaccination groups emerged to voice anxieties about “the safety of the body and

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<sup>40</sup> *Ibid.*, December 19, 1899; December 20, 1899; December 21, 1899.

<sup>41</sup> Edward W. Tullidge, *History of Salt Lake City* (Salt Lake City: Star Printing Company, 1886), p. 144.

the role of the modern state,” writes Nadja Durbach.<sup>42</sup> In Salt Lake City, Penrose channeled historical English anxieties about state-led vaccination to gain for himself and the *Deseret News* a reputation among non-Mormons as consistently opposed to public health and progressive medicine. Arguably, such sentiments inspired Mormons globally, in Utah, and in Salt Lake City, where nearly half of them had immigrated from Great Britain.<sup>43</sup>

Following the Board of Education’s decision, state and city health officials met during the end of December to reconsider their proposal. At the forefront of their minds was the reality that a “general opposition” to vaccination existed in Salt Lake City and before that, among residents in Sanpete County, who at first complied with Beatty’s recommendations but later resisted after Penrose and the *News* “bitterly attacked vaccination.”<sup>44</sup> The most significant development of these meetings came on December 19 when an envoy consisting of Beatty, state health president Francis Bascom, and Mormon medical doctor Martha Hughes Cannon conveyed the state attorney general’s opinion about the legality of forced immunization. Trained at regular medical colleges in the United States, doctor Cannon understood the threat that smallpox posed and the utility of vaccination.

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<sup>42</sup> Nadja Durbach, Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907 (Durham: Duke University Press, 2005), pp. 5-6.

<sup>43</sup> Dean May calculates that 53% of the global Mormon population was English. Dean May, “A Demographic Portrait of the Mormons, 1830-1980,” in, The New Mormon History: Revisionist Essays on the Past, edited by D. Michael Quinn (Salt Lake City: Signature Books, 1992), p. 126.

<sup>44</sup> USHS, Series 240, Biennial Report by the State Board of Health, 1901 (December 31, 1901), pp.16-17. About vaccination attempts in Sanpete, State Health Secretary Beatty reported, “There soon developed . . . a serious and unfortunate opposition to the efforts of the local officers, from an unexpected quarter. The *Deseret news*, a paper of extensive circulation in the State, bitterly attacked vaccination, the only means by which it could be hoped to confine the disease within its original limits or prevent its invasion of the entire State. The effect of the flood of unfounded assertions against this measure, which were persistently published was to create an unreasonable prejudice in the minds of the people, which soon rendered it impossible to control the spread of the disease by general vaccination.”

Despite the essentially unified Mormon front against vaccination, Cannon remained a progressive Mormon voice that supported compulsory vaccination, and agreed with Beatty who asserted that, “The [state health] board has power to compel vaccination of such people as it might designate wherever it [is] necessary for the public health. These duties and powers were granted the board by the Legislature.” Then again, “if the local board shall fail to perform their duty in this regard, the State Board would have authority and be fully warranted in enforcing such rules and regulations.”<sup>45</sup> Such reasoning paralleled that of Progressive Era jurists who, according to Michael Willrich, believed that “states could take any action necessary to protect their citizens from the ‘present danger’ of a deadly infectious disease. . . . Individual liberty and property rights melted away before the state’s power—indeed its inherent legal duty—to defend the population from peril.”<sup>46</sup> By supporting this logic, Salt Lake City health officials demonstrated their embrace of a progressive statist philosophy that not only welcomed a larger role for government in managing the health risks of a modern urban-industrial society, but one that would shape public health and medical policies in the future.<sup>47</sup>

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<sup>45</sup> Utah Senate Journal, 1899 (Salt Lake City: Tribune Printing Company, 1899), pp. 188, 239. About Cannon’s public health work, on February 14, 1899, she introduced senate bill number 40, “an act providing for the suppression of nuisances and contagious diseases, prescribing quarantine rules and regulations therefore, and relating to burial permits, health of schools, diseased animals and veterinary surgeons.” Deseret News, December 19, 1899; Salt Lake Tribune, December 22, 1900; Senate Journal, Third Session of the Legislature of the State of Utah, 1899 (Salt Lake City: Tribune Job Printing Co., 1899), p. 359; Biennial Report of the Attorney General of the State of Utah, 1899, 1900 (Salt Lake City: Deseret News Press, 1901), pp. 401-402.

<sup>46</sup> Willrich, 89-90.

<sup>47</sup> On the “socialization of risk,” see, *ibid.*, 166.

By January 1901, legal persuasion moved gentile and Mormon health officials to unanimously defend and institute compulsory vaccination. Local officials were ordered to enforce the measure, requiring all students who lacked immunity to be sent home and any person knowingly exposed to smallpox to be vaccinated. Critics, however, were left to seek recourse in the courts.<sup>48</sup>

Or, as health officials surely anticipated, they would turn to local newspapers, which already swayed popular opinion. During the Christmas and New Year holidays, articles circulated in the *Deseret News* that alleged the apparent dangers and the physical risks of immunization. In late December, for example, John T. Miller, a phrenology enthusiast and a teacher at Brigham Young Academy, editorialized that compulsory immunization represented an imperious “assault against healthy bodies” that inspired the “right of resistance.” Vaccination “forb[ade] perfect health” by transmitting life-threatening ailments such as “crysipeias [sic], jaundice, scrofula, [and] leprosy.” Better “to have more confidence in nature and less in drugs” than to rely on vaccination—a “mere experiment”—that could kill.<sup>49</sup> Another reader claimed that a botched vaccination resulted in a patient losing his arm. Beatty responded by offering \$1000 for proof of this claim, which did not emerge.<sup>50</sup> In similar fashion, editor Penrose warned that vaccination was usually filthy, powerless, or lethal, and justly defended against: “There are hosts of people who . . . would stand with a shot-gun, as

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<sup>48</sup> *Deseret News*, December 20, 1899; December 21, 1899; *Salt Lake Herald*, December 21, 1899.

<sup>49</sup> *Deseret News*, December 30, 1899; *Salt Lake Herald*, January 14, 1900; Davis Bitton and Gary L. Bunker, “Phrenology Among the Mormons,” *Dialogue: A Journal of Mormon Thought* (March 1974): p. 56.

<sup>50</sup> *Salt Lake Tribune*, January 13, 1901.

ready to use it upon a person attempting to put vile matter from a diseased bovine into the bodies of their healthy children, as if he were trying to make them swallow a dose of poison.”<sup>51</sup> Even still, according to one anonymous *News* reader, vaccines possessed an inconsistent quality, little verified clinical power, and existed mainly as an elite fad, or a “Jewish theory” that relied on an “absence of information” and a “blind faith which the average citizen repose[d] in the doctors.”<sup>52</sup> Doctors were probably aware of the deceit, but promoted vaccinations anyway to “pose before the people and a consuming vanity to have their names in print.”<sup>53</sup> Another *News* reader editorialized that doctors supported the measure for personal monetary gain.

To Miller, Penrose, and many other Saints, then, vaccination presaged a combination of physical, political, and moral threats to Zion. As they saw it, compulsory vaccination seemed to physically endanger Mormons while also eroding their personal liberties. It secured the financial and political interests of the medical and religious outsiders who promoted it, even if insiders like Martha Hughes Cannon supported it. By overlooking that fact, Mormons interpreted medicine and public health as a gentile dominated discipline that threatened to rupture, rather than to heal, the historical wounds of religious and cultural strife in Salt Lake City and the state.

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<sup>51</sup> *Deseret News*, December 20, 1899. For other articles on the alleged physical dangers of vaccination, see the *Deseret News*, December 25, 1899; December 18, 1899; December 16, 1899; JWML, Special Collections, “Journal History of the Church of Jesus Christ of Latter-day Saints,” reel 96, January 12, 1900.

<sup>52</sup> *Deseret News*, February 19, 1900.

<sup>53</sup> *Ibid.*, December 18, 1899.

While doctors acquired little wealth through administering vaccination, antivaccinationists during the Progressive Era viewed doctors, nurses, pharmacists, and pharmaceutical companies as part of a sinister trust or an “octopus” besieging the American citizenry. As one scholar put it, “Beneath the aura of public service surrounding vaccination policy . . . lay an unholy conspiracy of self-dealing health officials, profit-seeking vaccine makers, and regular physicians bent on monopoly: the ‘cowpox syndicate.’”<sup>54</sup> Seeking to address these concerns, St. Mark’s hospital surgeon Augustus C. Behle spoke at the Salt Lake County Medical Society meeting on January 11, 1900. Knowing the meeting’s minutes would be published in full, Behle elaborated:

The assertion so frequently made by ignorant or unscrupulous laymen that the profession has been influenced in its exertions to maintain the practice by motives of pecuniary benefit is so obviously ungenerous as to only call for a passing notice. The number of doctors who derive any substantial benefit from the practice of vaccination is very small, and those who consider that the bulk of medical men are so inordinately mercenary as to lend themselves to the support of a false system for the sake of a few dollars a year should remember that it is the prevalence of disease and not its prevention which best pays the practitioner.<sup>55</sup>

Rather than focusing on the alleged chicanery and material motivation of doctors, critics should consider the scientific evidence that allegedly proved the utility of immunization, argued Behle. Citing a handful of European medical reports, the Society argued that immunization diminished the scarring effects of variola as well as the virus’ morbidity and mortality rates. They also argued that children’s immunization produced “almost absolute immunity from smallpox up to about ten years of age” without their having to be revaccinated. Moreover, the

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<sup>54</sup> Willrich, 95, 264;

<sup>55</sup> Deseret News, January 11, 1900.



technology of vaccine delivery had become safer and no longer entailed arm-to-arm transfers of pustular material that occasionally transmitted blood-borne diseases like syphilis. Instead, since the 1860s vaccines were usually formulated directly from infected cattle raised at “vaccine farms” and factories, the precursors to modern pharmaceutical labs. Lab workers, usually doctors, extracted calf’s lymph, which they then glycerinated, bottled, and sold to public health departments or private medical practices.<sup>56</sup> In the early twentieth century, the American Medical Association responded to growing public concerns about vaccine safety by recommending the careful screening of pharmaceuticals. Thereafter, some states, including Utah in 1911, began employing bacteriologists to test the purity of vaccines.<sup>57</sup>

At the conclusion of the Medical Society’s meeting, secretary Beatty sarcastically offered to pay the *Deseret News* to publish the meeting’s minutes, as the *News* opposed vaccination and “reached a class of readers that no other paper did.” The Society also permitted newspapers to publish its scientific medical reports, with the hope of persuading some Mormon critics and disabusing them of their community’s assent to nonscientific medicine. Nevertheless, as gentile doctors, most Society members believed that most Mormons would not be persuaded since Penrose had already molded lay opinions and committed “more harm to the vaccination idea than all the doctors

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<sup>56</sup> Hopkins, 268; Colgrove, 7, 19.

<sup>57</sup> Morrell, 95.

could atone for in a thousand years.” The *News*, too, in particular, had done “untold injury to the cause.”<sup>58</sup>

During the winter and spring, reports from around the globe appeared to validate the Society’s fears. The *British Medical Journal*, for instance, reported that five smallpox cases emerged at Mormon missionary headquarters in Nottingham, England, allegedly due to the receipt of contaminated letters from Salt Lake City. In addition, in January 1901 Mormon counselor and apostle John Henry Smith recorded that “some Elders . . . having the small pox [sic]” had spread the disease to the Scandinavian mission, endangering personnel there.<sup>59</sup> Outbreaks occurred in New Zealand as well, with authorities apparently tracing the virus to missionaries from Utah. On the other side of the globe, in Juarez, Mexico, Helen and Owen Woodruff succumbed to a “virulent form of smallpox” after deciding against immunization and believing that they were “on the Lord’s errand and God would protect them.”<sup>60</sup> Closer to home, in Logan, Utah, Avery Woodruff reported that “few of the students have been vaccinated and they do not seem to inforce [sic] it.”<sup>61</sup> And in Salt Lake City, future church president Spencer Kimball suffered an infection but was “miraculously cured,” while English

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<sup>58</sup> *Deseret News*, January 11, 1900; “California and Western Medicine,” Vol. XXIII No. II (November 1925): 1471; Ward B. Studt, M.D., et al, *Medicine in the Intermountain West: A History of Health Care in the Rural Areas of the West* (Salt Lake City: Olympus Publishing Co., 1976), p. 49.

<sup>59</sup> P. Boobbyer, “Small-pox in Nottingham,” *British Medical Journal* 1 (1901): 1054, quoted in, Charles T. Ambrose, “Osler and the Infected Letter,” *Emerging Infectious Diseases* Vol. 11 (May 2005): 690; *The Diaries of John Henry Smith*, ed. Jean Bickmore Smith (Salt Lake City: Signature Books, 1990), Thursday, January 10, 1901.

<sup>60</sup> *Post-Manifesto Polygamy: The 1899-1904 Correspondence of Helen, Owen, and Avery Woodruff*, eds. Lu Ann Faylor Snyder and Phillip A. Snyder (Logan: Utah State University Press, 2009), pp. 36-37,

<sup>61</sup> Snyder and Snyder, 72.

Mormons Duckworth Grimshaw and his family avoided vaccination and chose instead to ride out the disease in self-imposed home isolation.<sup>62</sup>

Even still, as Society members would realize, opposition to vaccination was directed neither exclusively by unofficial church leaders like Penrose nor officially by the Mormon Church. Instead, room existed for Saints to negotiate their responses to progressive medicine. Some Mormons perceived gentile health officials as threatening their rights as parents and citizens, and therefore rallied in an organized manner to speak, contest, and forcefully apply their views. They emphasized the potential danger of vaccines and sought to combat illness with historically Mormon modes of healing. Progressive middle-class Mormons, however, including doctor Martha Hughes Cannon, journalists, and elected officials perceived the merit of immunization and the severity of the smallpox epidemic as an opportunity to ally with like-minded gentiles. Such Mormons had begun embracing progressive medicine during the 1870s as Brigham Young and Female Relief Society president Eliza Snow began sending Mormon men and women east to acquire university medical training. Upon return, Cannon and other doctors including Ellis Reynolds Shipp, Romania Pratt, Brigham Young's nephew Seymour Young and Joseph S. Richards advocated vaccination besides other regular medical and public health reforms. Such advocacy appeared infrequently in the *News*, although more commonly in the Mormon-owned *Salt*

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<sup>62</sup> [http://www.mormonwiki.com/Spencer W. Kimball](http://www.mormonwiki.com/Spencer_W._Kimball). On Duckworth Grimshaw, see, Kate B. Carter, *Our Pioneer Heritage* Vol. 12 (1969): p. 265.

*Lake Sanitarian*, which remained in circulation for only a few years (1888-1891).<sup>63</sup>

The influence of Mormon progressives like these and the *Sanitarian* remained slight but discernable during the smallpox vaccination controversy. Some Mormons amalgamated regular and traditional Mormon herbalism to yield medical eclecticism. Others, like Frederick Gardner, an English Mormon and self-trained regular doctor, stressed the former to investigate smallpox, while making and selling alcohol-based “tinctures” or cures.<sup>64</sup> Apostle John Henry Smith did likewise, while requesting Mormon physician Joseph S. Richards to vaccinate his son and his four siblings after the former “had broken out with a rash.” In between reading “Darwin and Huxley” and taking Turkish baths at the Salt Lake sanitarium for his own health, Smith watched over his quarantined son, who eventually recovered.<sup>65</sup> Finally, in Ciudad Jaurez, Mexico, Mormon stake president Anthony Ivins recommended that all missionaries receive immunizations. Compelled by one of their own rather than by gentile physicians, most Mormon missionaries, including the Woodruffs, complied and reported that they were being “protected by vaccination from smallpox, although [they were] surrounded by Mexicans and Indians who were dying from the disease.”<sup>66</sup>

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<sup>63</sup> Ellis Reynolds Shipp, While Others Slept: Autobiography and Journal of Ellis Reynolds Shipp, M.D. (Salt Lake City: Bookcraft, 1985); Bennion, 125-137; Lester Bush, “Ethical Issues in Reproductive Medicine: A Mormon Perspective,” in, Multiply and Replenish: Mormon Essays on Sex and Family, ed. Brent Corcoran (Salt Lake City: Signature Books, 1994), chapter 9.

<sup>64</sup> A Mormon Rebel: The Life and Travels of Frederick Gardiner, ed. Hugh Garner (Salt Lake City: Tanner Trust Fund, University of Utah Library, 1993), pp. xvii, 73.

<sup>65</sup> Smith, Saturday, March, 9, 1901; Tuesday, March 12, 1901; Thursday, March 21, 1901.

<sup>66</sup> Deseret News, December 18, 1900; Snyder and Snyder, 152, 157.

As public health officials sought to overcome resistance to vaccination, they faced the simultaneous task of convincing skeptics that a lethal smallpox epidemic did in fact exist. A new strain of variola emerged in North America during the 1890s that appeared milder than the “red death” of the past, which normally killed 20 to 40 percent of its victims. By contrast, this strain that medical authorities dubbed “variola minor” to distinguish it from “variola major,” yielded fatality rates of less than 1 to 2 percent. Emerging in Florida in 1896, the new virus spread north to New York, Pennsylvania, and Massachusetts before heading west to California by 1898. Highly contagious, variola minor possessed a higher incidence rate than its more severe cousin, which health authorities would eradicate in the U.S. by the 1940s. Popularly called the “itch,” “Cuban itch,” “Filipino itch,” “Nigger itch,” “Mexican bumps,” or “the bumps,” variola minor revealed the profound complacency of many Americans, but also the xenophobic and racist attitudes of many turn-of-the-century whites. Surgeon General Walter Wyman warned Americans of the new strain’s potentially lethal character and its ability to undermine national power, but most people, including most Mormons, overlooked this advice and chose instead to risk infection by “the mild type.” Critics of vaccination, by contrast, used the public’s ambivalence to portray vaccines, not variola, as the chief danger to national health.<sup>67</sup>

In Utah, variola minor first entered the state in the mid-1890s but remained undetected until state health officials diagnosed victims in Sanpete County. Unaware of this new strain, critics disputed the diagnosis by arguing that “true” smallpox yielded high mortality rates and symptoms, including fever, vomiting,

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<sup>67</sup> In this paragraph, I have paraphrased Willrich, “The Mild Type,” 41-74, and Colgrove, 18-19.

and rashes, besides subcutaneous bleeding and lesions that became infected before scabbing and falling off. The virus in Utah, by contrast, produced symptoms that appeared so mild that victims typically went about their daily activities unhindered. Others hid or broke their quarantines.<sup>68</sup> As several historians have observed, hiding illness occurred throughout the nation, especially among non-white foreigners and black men and women who remained targets of public health and immigration officials. Hiding, in turn, often meant resistance to native white oppression and medicine, or belief in one's personal health. That hiding less often symbolized non-white's assertion of constitutional liberties, as it did among the Mormons, revealed the unequal historical experiences of vaccination according to race, ethnicity, and religion. Hiding already occurred in Salt Lake City among non-whites during the outbreak of sanitary diseases on the Westside, and likely continued during the smallpox epidemic. The city possessed several thousand non-white residents, and smallpox remained highly contagious, yet newspapers mentioned only one "colored" victim.<sup>69</sup>

Poor and middle-class whites also kept their infections secret and refused vaccination, but they remained untargeted and unprosecuted by city officials.<sup>70</sup> Their actions also gained backing from the *Deseret News*, which mocked the "alleged smallpox outbreak" and the "panic" caused by health officials. As "no State in the Union . . . [remained] freer from smallpox," wrote editor Penrose,

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<sup>68</sup> *Salt Lake Herald*, November 6, 1901; November 24, 1901.

<sup>69</sup> On January 28, 1903, the *Deseret News* reported a "colored" individual among the 75 others presently infected.

<sup>70</sup> On June 21, 1903, the *Salt Lake Herald* urged readers to "stop quarantine breaking."

Utah retained a healthy climate and a robust population. “A single case” of infection might exist, but it was probably nothing more than “a simple rash.” Precautionary measures should be taken, but the attempt by public health officials to “frighten the public” into vaccination was repugnant and unjustified.<sup>71</sup> Even so, vaccination for a mild illness seemed to be overkill and a crime against humanity, as thousands of healthy kids would be hurt or killed by the procedure.<sup>72</sup> Echoing Penrose, one *News* reader advised doctors to use common sense and see that “chickenpox,” not smallpox, “was the alleged disease,” which did not require vaccination.<sup>73</sup> In disbelief, the *Intermountain and Colorado Catholic*, published in Salt Lake City, wrote, “It is so seldom [that] anything appears on that [editorial] page of the *News* which might add to the word’s knowledge, that the habit of skipping it comes natural.”<sup>74</sup>

That confusion existed among some medical professionals about the precise nature of the disease served to hinder the vaccination cause, and deepen the religious and class divides between Mormons and gentiles. L. Emmett Holt, a professor of pediatrics at Columbia University, for instance, observed that physicians often mistook variola minor for chickenpox, while Henry N. Mayo, the director of Salt Lake City’s isolation hospital, argued that none of the sixty-one cases of “so-called smallpox” under his care “presented the characteristics of genuine smallpox.”<sup>75</sup> Other physicians, including Philo Jones of

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<sup>71</sup> *Deseret News*, December 16, 1899; December 20, 1899.

<sup>72</sup> *Ibid.*, December 25, 1899.

<sup>73</sup> *Ibid.*, March 5, 1900.

<sup>74</sup> ACU, *Intermountain and Colorado Catholic*, December 7, 1900.

<sup>75</sup> L. Emmet Holt, M.D., LL.D., *The Diseases of Infancy and Childhood* (New York: D. Appleton and Company, 1905), p. 977; *Deseret News*, May 15, 1900.

the County Medical Society, believed that residents in Salt Lake City contracted only a benign rash “closely resembling smallpox.”<sup>76</sup>

Most other doctors, however, rejected these views and asserted that variola was the source of contagion. They also asserted that without vaccination, Salt Lake would be more susceptible to a virulent form of smallpox in the future. Because Beatty, as one these doctors, perceived vaccination critics as eager to exploit this disagreement and portray immunization as unnecessary, he and city health commissioner J.C.E. King worked to encourage and portray solidarity among health professionals. At a public meeting of the County Medical Society, they enjoined members to confirm the presence of variola, and the necessity of vaccination. Beatty also, despite discouragement from colleagues, admonished Mayo and Jones for making “unjustified” comments which, he argued, added the specter of legitimacy to the critiques of Penrose and other Mormons:

The dictum of one ignorant, bigoted man, who sits behind the editorial chair of the Deseret News, has been accepted by 15,000 people—No, by 15,000 families in this State as final. . . . The health officers have been telling these parents to have their children vaccinated, and it has not been done.<sup>77</sup>

Progressive Mormons and their medical institutions, however, validated the presence of smallpox, the efficacy of vaccination, and encouraged cooperation with gentile medical authorities. L.D.S. Hospital doctors L. W. Snow and C. G. Plummer, for instance, agreed with the Medical Society’s contention that smallpox threatened the community.<sup>78</sup> Doctor Ellis Reynolds Shipp, also a

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<sup>76</sup> Deseret News, May 15, 1900.

<sup>77</sup> Ibid., May 15, 1900.

<sup>78</sup> Ex Luminus, The Groves L. D. S. Hospital School of Nursing (Salt Lake City, Utah, 1929), p.70; Deseret News, May 15, 1900.



Saint, urged patients to “avail themselves of [immunization] as a guard against smallpox.”<sup>79</sup> Governor Heber Wells, the son of Mormon counselor Daniel H. Wells, requested nurses from Holy Cross Hospital to help staff the city quarantine hospital in Emigration Canyon.<sup>80</sup> Even still, Seymour Young penned an editorial in the *News* that asserted his belief that a variola outbreak existed, and that it remained “proper to vaccinate school children.” Vaccination promoted personal and community health, and Young trusted the twenty-five regular doctors in Salt Lake City who, he believed, “would not use anything connected with this operation but the best material, accompanied by the proper methods and precaution.”<sup>81</sup> Rather than fearing gentiles, Mormons should trust gentile doctors to Salt Lake City’s benefit. Further, the *Deseret News* should stop portraying antivaccination as a staple of Mormon religiosity. The Mormon-owned *Salt Lake Herald*, historically supportive of vaccination, agreed and editorialized:

There are a great many people in this city and state who have an impression that vaccination in contrary to the teachings of Mormonism, and that its practice is condemned by the head of the dominant church. This impression has been created unconsciously and unintentionally, no doubt, by the attitude of the *Deseret News*, which, being the official organ of the church, is supposed by many to speak authoritatively upon every topic that it treats. . . . It seems that the *News*, in fairness, ought to correct this prevalent impression that the church or church authorities are making this fight against vaccination, and that it is a religious duty to oppose the board of health.<sup>82</sup>

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<sup>79</sup> Merrell, 100.

<sup>80</sup> ACU, Holy Cross Records, folder 710.8, “Holy Cross Hospital, Salt Lake City,” p 6.

<sup>81</sup> *Salt Lake Tribune*, December 21, 1899; *Deseret News*, January 17, 1900.

<sup>82</sup> *Salt Lake Herald*, January 25, 1900; On January 22, 1882, the *Herald* wrote, “Vaccination is not a satisfactory prevention but it is the only thing that has the right to claim any virtue as a preventive. Quacks and fanatics sometimes deny its efficiency and charge it with producing rather than relieving disease; but experience long since proved the value of vaccination, the discovery which has been incalculable worth to the human family.”

In an increasingly common example of medical solidarity among progressive middle-class Mormons and gentiles, the Catholic-owned *Salt Lake Tribune* and the *Salt Lake Telegram* echoed the *Herald*. After ridiculing the Saints for preferring faith healing to vaccination, *Tribune* editor C. C. Goodwin also upbraided the *News* for failing to progress, threatening community health, and resisting medical modernity: “True to its ancient barbarous instincts, the *News* now thinks that vaccination is dangerous, and that anyway it is not needed here as the climate is healthy. . . . That it is in direct defiance of the united medical authorities of the world [did not] matter. . . . These are progressive times in which we are living.”<sup>83</sup>

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Convinced of the epidemic, the Salt Lake City council met on January 9, 1900, to draft an ordinance that required city education officials to prohibit unvaccinated or nonimmune students from entering public schools. Beatty, who represented the city’s fifth municipal ward, also attended and proposed that vaccinations be provided at public expense. Not only was this consonant with the health policies of other cities, but it also remained urgent, as the epidemic seemed to be gaining strength.<sup>84</sup> Councilman George Canning, a Mormon and a shepherd by trade, scoffed at Beatty’s notion and declared that a “genuine

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<sup>83</sup> *Salt Lake Tribune*, March 1, 1900; *Salt Lake Telegram*, August 28, 1907. On January 17, 1900, the *Deseret News* explained the “doctrine and practice of the Church in reference to the sick. It was shown that faith is curative. That when exercised in sufficient force the sick are healed. . . . That the ordinance of the laying on of hands is the means employed by which such faith is exercised and aroused. That it is a divine institution. That testimonies are numerous in support of the doctrine, and that it is a Christian establishment.” The *News* also related that healings of accidents, diseases, and bodily distresses occurred in the “latter days” of the nineteenth century, and that “it is faith that constitutes the moving force in these healings.”

<sup>84</sup> *Ogden Standard Examiner*, January 20, 1900.

case of smallpox” had been mistaken for “black measles” or “a sort of itch.” Because Canning had “lived in Salt Lake [for] thirty-nine years and considered the climate and health of the people to be A No. 1 (sic),” the idea of an epidemic in Salt Lake City seemed unreasonable.<sup>85</sup> Having led an unsuccessful effort to deny Beatty’s proposal, Canning worked the following week with fellow councilman Frans Fernstrom, a member of the Salt Lake stake’s High Council (a twelve man governing council which oversees the ecclesiastical affairs of Mormon stakes, a geographical unit roughly equivalent to a Catholic diocese) to reduce the powers of the city health department and reverse the council’s decision to mandate compulsory immunization in schools.<sup>86</sup> Failing at these efforts, Canning and Fernstrom protested gentile mayor and future founder of the anti-Mormon (and anti-immigrant) American Party Ezra Thompson’s decision to temporarily close all Sunday schools. Although Roman Catholic parishes, Protestant churches, and Jewish synagogues all acquiesced, Mormon stakes and the meeting places of Christian Scientists remained open, with the Saints arguing that “clean and healthy” citizens attended Sunday schools, and that Thompson used his decision to punish Mormons. Entering the fray and revealing the wide religious cleavages that immunization could render, Rabbi C. H. Lowenstein of temple B’Nai Israel criticized city and state health officials for “lacking backbone” in failing to close all places of worship. In contrast to anti-vaccination Mormons and Christian Scientists, he continued, both the “ritualistic

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<sup>85</sup> Deseret News, January 10, 1900; January 23, 1900; Salt Lake Herald, January 10, 1900.

<sup>86</sup> See diary entry on March 24, 1904, in, A Ministry of Meetings: The Apostolic Diaries of Rudger Clawson, ed. by Stan Larson, (Salt Lake City: Signature Books in association with Smith Research Associates, 1993).

and modern Jew has been taught sanitary measures from childhood. Moses has been called the great health officer. . . . During the recent smallpox scare, every one of the fifty children attending the jewish [sic] Sunday school has been vaccinated.”<sup>87</sup>

Faced with coercion and risk at the hands of gentile doctors and government health officials, antivaccination Mormons rallied on January 13 to establish a grassroots community of resistance. Led by Thomas Hull, a member of the “federal bunch” that supported LDS apostle Reed Smoot’s bid to take control of Utah’s Republican Party from Catholic senator Thomas Kearns, the Utah Anti-Compulsory Vaccination League (UACVL) consisted of over one hundred working and middle-class Mormon and gentile parents whose children attended public schools. Seven members emigrated from Great Britain, two from Sweden and one from Germany, all countries where compulsory vaccination was law.<sup>88</sup> The League, like other antivaccination societies, existed to influence public policy and specifically to prevent compulsory vaccination and permit medical alternatives for preventing variola. Because of its predominately Mormon composition, however, League proceedings took on a peculiarly religious atmosphere.<sup>89</sup> Meetings occurred at the fourteenth and sixteenth ward meetinghouses, where church elder and League secretary Nephi Y. Scofield introduced sermon-like speeches denouncing the immorality and “evil” of

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<sup>87</sup> Salt Lake Herald, January 29, 1900; February 3, 1900; Deseret News, January 22, 1900; Juanita Brooks, The History of the Jews in Utah and Idaho (Salt Lake City: Western Epics, 1973), p. 107. Brooks identifies the rabbi as either C. H. or D.H. Lowenstein.

<sup>88</sup> Willrich, 276.

<sup>89</sup> Bluth, p. 35; Thomas Alexander, Mormonism in Transition: A History of the Latter-day Saints, 1890-1930 (Urbana: University of Illinois Press, 1986), p. 28; Willrich, 276; Deseret News, January 11, 1900; January 13, 1900; December 18, 1900.

vaccination. To one speaker, vaccinating children undermined the “Christian duty” of parents to protect and provide, while another argued that vaccination was a “sin against nature,” confounding the divine order. Other members used spiritual themes to rally the “troops” against “the army of pro-vaccination.”<sup>90</sup> Although that army was strong, said Joseph Parry, a Welsh Mormon and senior member of the League, “thousands in [this] city [would] never submit to the thrusting of a blood-poisoning, disease-breeding virus into their children’s system.”<sup>91</sup>

By late January, such words seemed to be prophetic as League members rallied vaccine critics to withhold their children from schools in wake of the League’s failure to compel education officials to rescind their compulsory vaccination policy. On January 20, the *News* reported that 62 percent of the city’s approximately twelve thousand schoolchildren remained home from school, with local officials confirming that a majority of parents opposed vaccination. Attracting national attention as a Mormon organization, the ACVL, argued the provaccination *New York Times*, lacked “sense and education” among its members but still remained successful at “deluding public opinion.”<sup>92</sup>

At the prodding of the ACVL, on January 26, League member John E. Cox filed suit against the city board of education and principal Samuel Doxey for denying his unvaccinated daughter Florence Cox entrance to Hamilton school.

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<sup>90</sup> Ibid., February 3, 1900; January 22, 1900; March 5, 1900; *Millennial Star*, Vol. 46, (Liverpool, England: John Henry Smith, 1884), p. 189.

<sup>91</sup> *Deseret News*, January 23, 1901; Joseph Hyrum Parry, *Missionary Experience and Incidents in the Life of Joseph Hyrum Parry, Written by Himself* (1855).

<sup>92</sup> *New York Times*, February 14, 1901. On January 22, 1900, the *Times* wrote, “The Mormon people, as a rule, object to vaccination, and several public meetings have been held to protest against it. However, many have been frightened into it by the prevalence of the dread disease.”

Orlando Powers, a gentile and former state justice who “opposed any attempt to prosecute the [Mormons] on religious grounds” crossed religious lines to serve as counsel to the ACVL.<sup>93</sup> Agreeing with Powers that school officials lacked authority to make and enforce a rule requiring school vaccination, and that health boards existed merely as “administrative bod[ies],” judge Cherry issued a peremptory writ against the city.<sup>94</sup> The State Health Board followed by rescinding its school vaccination edict. Mormon Church officials remained silent about the verdict, but the *News* proclaimed victory before enlisting donations to recoup ACVL’s \$500 legal debt and to fund its future efforts against the city’s appeal.<sup>95</sup> Their exultation proved short lived, however, as the state Supreme Court reversed Cherry’s decision on April 26, citing extant health laws. In its majority opinion, the court argued that city health officials had the duty to “exclude from the schools any person suffering with a contagious or infectious diseases,” and that given the severity of the epidemic in Salt Lake City, the likelihood of student exposure to variola remained high.<sup>96</sup> Dissenting with the majority, anti-Mormon activist Robert N. Baskins followed Powers in defending the ACVL, contending that no evidence existed to prove Florence Cox’s contamination, and that current health laws never envisioned coercion as a public health strategy.<sup>97</sup>

Immediately following the court’s ruling, and for several years after, city newspapers engaged in a heated debate over the meaning and significance of

<sup>93</sup> New York Times, January 3, 1914.

<sup>94</sup> Deseret News, January 26, 1900.

<sup>95</sup> JWML, Special Collections, “Journal History of the Church of Jesus Christ of Latter-day Saints,” reel 96, Deseret News, February 17, 1900.

<sup>96</sup> *Ibid.*, April 26, 1900.

<sup>97</sup> On Baskins, see, Robert N. Baskins, Reminiscences of Early Utah: With Reply to Certain Statements by O.F. Whitney (Salt Lake City: Signature Books, 2006).

the court's decision. Predictably, the *News* and its readers saw the ruling as a blow to American civil liberty and supportive of "Gentile doctors [who were] trying to force Babylon into the people." Gentile doctors figuratively (or literally) attacked Mormon bodies, and in doing so believed they were "doing God service."<sup>98</sup> Though agreeing with the *News* that the state attacked Mormon bodies, the *Tribune* also portrayed the state as attacking the Mormon faith itself:

The Supreme court, in declaring the law of the State in regard to the protection of the public from the contagious and infectious diseases allows the Board of Health to require (among other things) vaccination when an epidemic of smallpox is on or is threatened; but the Mormon Church doctrine in this matter is that faith, with the laying on of hand by the Elders, cures the disease in any of its forms and prevents its spread; therefore the Supreme court has attacked the faith of the 'Mormon' Church.<sup>99</sup>

In seeking to narrate and analyze events, however, both newspapers overlooked the historical and present cleavages within Mormon and gentile ranks. In turn, they ignored the shaken but present cross-religious progressive alliance that supported compulsory vaccination. Throughout the nation during the early twentieth century, white middle class Americans rallied to support progressive health programs aimed at preventing and minimizing the harmful effects of urban industrial life. They also began stressing the empirical scientific and environmental reasons for sickness and health, while gradually minimizing the older emphasis on character and morality as the chief determinants of physical wellbeing. If progressives nationally began seeing "scientific knowledge" as "a more logical explanation" than religious morality for health, as historian Charles Duffy has argued, in Salt Lake City, some progressive Mormons

<sup>98</sup> *Deseret News*, February 7, 1901.

<sup>99</sup> *Salt Lake Tribune*, April 29, 1900; JWML, Special Collections, "Journal History of the Church of Jesus Christ of Latter-day Saints," reel 97, *Deseret News*, April 30, 1900; May 1, 1900.

and gentiles began seeing the former as informing or consonant with the latter.<sup>100</sup>

Several months after the state Supreme Court's ruling, for instance, Mormon Church president Lorenzo Snow spoke for many church leaders when he portrayed vaccination as religiously permissible and even advisable. In an editorial in the *News* on November 17, 1900, he and counselor George Q. Cannon encouraged Mormons to receive immunizations, although they remained silent about the legality or prudence of state compulsion.<sup>101</sup> Moreover, at a fall meeting of the Utah State Medical Society, pastor Alexander Paden of First Presbyterian Church endorsed immunization by likening medical to religious orthodoxy:

The intelligence or common sense and civilization of a community is largely determined by its attitude toward disease and physicians. The calling of a doctor . . . commends him to the community, because he is here to assist nature and to redeem from the sickness of the body, as the Christ redeems from the sickness of the soul.<sup>102</sup>

Medical progressives in Salt Lake City, however, comprised a small community compared to the "ignorant but popular majority," according to the Mormon-owned *Herald*. That majority resisted modern health sanctions, which by December 1900 included quarantine for victims and mandatory vaccination for all primary and secondary school students.<sup>103</sup> Hundreds of new smallpox cases appeared during the summer and fall months, with seventy-four in Salt Lake City and almost four thousand in the state by year's end. Twenty-six deaths resulted, and health officials feared that the virus had turned virulent, prompting city and

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<sup>100</sup> Duffy, 128.

<sup>101</sup> *Deseret News*, November 17, 1900; Alexander, 195.

<sup>102</sup> *Ibid.*, October 4, 1901.

<sup>103</sup> *Salt Lake Herald*, February 3, 1900.



state health officials to create new measures. They required city education officials to hire a physician to look for new cases of variola, and stipulated that all colleges enforce compulsory vaccination. In compliance, Joseph T. Kingsbury, president and professor of chemistry at the University of Utah, held a special campus meeting with students on December 20 in which he reiterated the need for immunization. He also “scored the Deseret News for its attitude toward vaccination,” which incited “a few hisses” from the crowd.<sup>104</sup> Further west near the central business district, however, L.D.S. College president Joshua H. Paul held his ground by resisting the city health ordinance, as it went “beyond [his] jurisdiction to exclude [nonvaccinated] pupils,” and because the college board of trustees directed him to only encourage vaccination. In response, city health commissioner J. C. E. King, with Mayor Thompson’s hearty approval, directed the county attorney to arrest and prosecute Paul who was ultimately found guilty of disobeying the board of health, and fined fifteen dollars.<sup>105</sup> King also arrested city education board president W. J. Newman for failing to enforce the vaccination edict.<sup>106</sup>

Paul and Newman’s arrests, combined with the attempt by health officials to compel the legislature to mandate school vaccination, undoubtedly pushed the ACVL to reinvigorate its activity. When the ACVL rallied parents to keep their children home from school, over 60 percent of students failed to attend classes beginning on January 8, 1901.<sup>107</sup> Moreover, at a “citizen’s mass meeting” held in

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<sup>104</sup> Ogden Standard, December 21, 1900.

<sup>105</sup> Deseret News, January 26, 1901; January 29, 1901; February 18, 1901.

<sup>106</sup> Salt Lake Tribune, January 31, 1901.

<sup>107</sup> Deseret News, January 8, 1901.

the fourteenth ward assembly hall on January 23, League members reasserted their commitment to writing and petitioning public officials, including Governor Heber Wells (whose father was church apostle Daniel H. Wells), justices of the Supreme Court, and prospective candidates of congress to prohibit laws requiring immunization. In a futile effort to persuade the Mormon Church to retract its public support of vaccination, League and Mormon Church member William J. Silver wrote president Lorenzo Snow:

Dear Brother, I as well as hundreds of others in this City who are members of the Church are opposed entirely and intelligently on principle to the practice of vaccination on us or our children believing it to be a vile practice and one decidedly opposed to religion and commonsense. . . . I am aware that those who are in favor of compulsory measures are opposed to any discussion that will expose their fallacies; knowing as they do that in a full and free discussion they will have the worst of it, but are endeavoring to so influence our legislators that compulsory vaccination shall be enacted which I would consider disastrous and disgraceful to our state and would of itself as a tyranny create the right of resistance. I do not ask the [Deseret] News to take sides in this controversy, but to publish the statement of both parties thereto without excluding either. We left our native countries, and in so doing, we endeavored to leave behind their corrupt practices, and it does seem oppressive in the highest degree to be in any manner compelled to have again such practices forced upon us at the bidding of Gentile doctors and their followers.<sup>108</sup>

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At the state capitol on January 25, the ACVL submitted a lengthy petition in support of the McMillan Bill, introduced a week earlier by Salt Lake City Republican William McMillam, to prevent compulsory vaccination in public schools. League secretary Nephi Scofield appeared before the House Committee on Public Health to push for a speedy passage in order to suspend

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<sup>108</sup> LTP, Special Collections, "Letter to Mormon Church president Lorenzo Snow, December 26, 1900," William John Silver scrapbook (Vol. 1): 126.

present and future proceedings against Paul and Newman.<sup>109</sup> Editor Penrose closely followed events, and tried to steer legislation by inciting fear into the state's constituents and lawmakers. In the *News*, he wrote, "If vaccination could be made a precedent to attending school, it could be to voting, and to carry the compulsion further, the scriptural revelation prediction might be fulfilled, and no one would be allowed to buy or sell without having 'the mark of the beast.'"<sup>110</sup> Beatty and the Salt Lake County Medical Society, however, petitioned the congressional committee to reject the bill, as the state's abysmal smallpox record could grow even worse as the epidemic had turned virulent.

After receiving over two thousand "petitions from different parts of the State praying for the passage of such a measure," the bill passed in the House on January 29, 1901, with all but one Mormon Democrat supporting, and a mixed Mormon/gentile Republican contingent voting the same.<sup>111</sup> In the Senate, after formally reprimanding commissioner King for jailing Paul and Newman, senator Orson F. Whitney, a Mormon apostle and assistant church historian, joined all other Mormon legislators minus one in passing the McMillan Bill.<sup>112</sup> Still, after receiving telegrams from over thirty state governors from across the country claiming to have special statutes excluding unvaccinated children from schools, Governor Wells vetoed the bill.<sup>113</sup> Dean of Presbyterian Sheldon Jackson

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<sup>109</sup> USHS, House Journal of the Fourth Session of the Legislature of the State of Utah, published by authority (Salt Lake City: Star Printing Company, 1901), p. 86; 106; Deseret News, January 25, 1901.

<sup>110</sup> Deseret News, January 25, 1901.

<sup>111</sup> Bluth, 124. Of House Republicans supporting the bill, sixteen of eighteen LDS legislators partnered with eight of eleven non-LDS ones.

<sup>112</sup> Ibid.

<sup>113</sup> USHS, Series 235, Governor Heber M. Wells Correspondence, Reel 10, 9232; Reel 11, 9236, 9254.

College (now, Westminster College), Robert G. McNiece, and city health commissioner King congratulated Wells for taking a “manly and heroic” stance on the position.<sup>114</sup> Although Wells recognized that compulsory vaccination constituted an “infringement upon the personal rights of the individuals,” he justified the measure in the name of public health, safety, progress, and on firm medical grounds. Quoting doctor William Osler, professor of medicine at The John Hopkins University, Wells wrote,

‘The protective power of the inoculate cowpox is not a fixed and constant quantity. The protection may be for life or it may last only for [a] year or two. The all-important fact is this: That efficiently vaccinated persons may be exposed with impunity, and among large bodies of men . . . in which revaccination is practiced, smallpox is unknown.’<sup>115</sup>

Because of the veto, some Saints perceived a growing threat to themselves, their culture, and their spiritual headquarters in the Salt Lake Valley not seen since the territorial period. In the Tabernacle on February 9, Brigham Young Jr., president of the Quorum of the Twelve Apostles, openly challenged church policy and progressive Mormons who supported vaccination by asking the faithful to reflect on the historical, present, and cultural meaning of contagion and vaccination to Mormon preservation:

It is nonsense to think that we, as a people living in this free country, should submit to all the various diseases brought here by the different people who have chosen to come and live among us, and that many prevail in the world. When we had a governor from Kentucky who came here years ago to govern this then Territory, the laws and ideas of Kentucky prevailed; later we had an official from Indiana, when it was desired that the notion of the people of that State should prevail and so it has been with different executive officers sent here, and by lawyers, doctors, and others who have come here to reside. They try to cover us over with a blanket of their ideas and notions, but the garment does not fit,

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<sup>114</sup> Ibid., Reel 11, 9236, 9254.

<sup>115</sup> Ibid., Reel 10, 9223-9224.

because we live different [sic] from their beliefs. . . . Latter-day Saints, do not worry over laws that may be made, but be concerned over your relationship with God. If we are living right before Him He will manage everything to His own glory and our salvation.<sup>116</sup>

Yet the specter of domination by cultural outsiders—and even cultural insiders—proved to be short lived. During the following week, lawmakers overrode the governor's veto, forcing the bill to become law on March 2. Beatty, King, and other gentile officials who supported vaccination, although embittered by the legislature as well as the *Deseret News* and the Mormon-dominated ACVL, shifted their focus in the following months to other health-related concerns and refrained from pushing another immunization ordinance in the future. Like antivaccination leagues across the country and in Europe, Utah's ACVL disbanded after having won its victory. In the meantime, however, variola continued to spread across Salt Lake City and throughout the state so that during the early twentieth century, Utah's infection rate exceeded the national average and that of provaccination Atlantic states by several hundred percent.<sup>117</sup>

Still, the *Salt Lake Tribune* and the *Salt Lake Telegram* kept stoking religious antagonisms by denouncing Mormon prejudice for weakening community health. Mormon antivaccination and church leaders' slowness to support sanitary services, particularly sewer construction in the 1890s, seemed to illustrate the Saints' lack of progress and unwillingness to assimilate into modern progressive America. Even though progressive Mormons—doctors, attorneys, elected officials, journalists, church leaders, and laity—had supported

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<sup>116</sup> *Deseret News*, February 10, 1900. Caleb West, originally from Kentucky, served as territorial governor from 1886 to 1888.

<sup>117</sup> D. C. Houston and Rey M. Hill, *Health Conditions and Facilities in Utah*, Utah State Planning Board (Salt Lake City, 1936), p. 10; Smith, 51.

immunization over personal independence and medical privacy, and in some cases against fellow Mormons, religious prejudice died hard for Salt Lake City's non-Mormon newspapers.

However, its death, which began appearing with the progressive alliance of white middle class Mormons and gentiles during debates over sanitary improvements in the 1870s, continued during the vaccination controversy and after. During the controversy, that alliance had sought to protect the common good by requiring immunization to ward off one of the country's most prolific killers. It had also worked to disabuse antivaccinationists of all religious backgrounds of their apparent paranoia, misinformation, and among Mormons, their religious bias against regular gentile doctors.

If that alliance had worked during the vaccination controversy to help reduce religious tensions while strengthening and celebrating its members' common embrace of regular medicine, in addition to their progressive white, middle class, and patriotic bonds, it would do the same in and through Salt Lake City's first modern hospitals. Catholic, Protestant, and Mormon churches developed hospitals in the late nineteenth century to address the growing health needs of the industrial working class and to evangelize the Mormons, or to preserve and extend Zion in the face of gentile encroachment. In the early 1900s, however, they evolved to serve white middle-class residents mainly without regard to their personal religious beliefs. Religious tensions between hospitals diminished, and gave way to cooperation in serving the city's affluent white population, which often came at the expense of poor whites and non-

whites. The hospitals' evolution helped stabilize the city's powerful white alliance, and added to its disproportionate access to public sanitation and vaccination initiatives, thereby reinforcing its claims to superior health, race, and patriotism. This evolution, in turn, would provoke different reactions and experiences among working-class whites and non-whites to reveal the growing ascendancy of race, class, and, increasingly gender, over religion in Salt Lake's medical and health history.

## CHAPTER 3

### INSTITUTIONALIZING INEQUALITY IN THE “HOUSE OF GOD”<sup>1</sup>

“But he answered one of them, ‘I am not being unfair to you, friend. Didn’t you agree to work for a denarius? Take your pay and go. I want to give the one who was hired last the same as I gave you. Don’t I have the right to do what I want with my own money? Or are you envious because I am generous?’ “So the last will be first, and the first will be last.”<sup>2</sup>

On January 4, 1905, “distinguished” citizens gathered near the corner of 8<sup>th</sup> and C Street in the Avenues to dedicate the new W.H. Groves-LDS Hospital. Located far from the “squalor” of downtown, the dedication commenced when Mormon Church president Joseph F. Smith led guests in singing and a short prayer. Bishop Robert T. Burton then outlined hospital policies and amenities, including healing rituals for Mormons and accommodations for patients “of all creeds.” The hospital featured “the most up-to-date knowledge of medicine and surgery,” and technology included “antiseptic tints,” X-ray machines, surgery rooms, and a steam laundry. The building’s décor, more hotel than infirmary-like, featured white painted walls, white tiled bathrooms, room service, private rooms, and personal nurses for affluent guests. Staff members embraced immunizations, “morality and sobriety,” besides. Before adjourning, the dedication also paid homage to William H. Groves (d. 1895), a Mormon dentist who willed \$50,000 to the church after receiving care at St. Mark’s Episcopal

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<sup>1</sup> Guenter Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), p. 422.

<sup>2</sup> Matthew 20:13-16 (NIV).



Hospital. Originally intending to build a library, he reconsidered after seeing the need for a similar Mormon-owned institution. Although contested by his estranged wife, his will remained intact to combine with church funding and private donations, including furniture and medical equipment from *Salt Lake Tribune* owner Thomas Kearns and his business partner David Keith, to realize the hospital.<sup>3</sup>

Heralding a new era of official Mormon Church support for regular medicine, religious détente, and cooperation with gentiles, in addition to middle-class American respectability, the Groves-LDS Hospital dedication presaged a deeper entrenchment in health inequality according to race, class, and gender. Already apparent in public sanitation and vaccination projects, health inequality became more evident as hospitals evolved and became more firmly embedded in the community's fabric. Salt Lake City's first hospitals—Groves-LDS, St. Mark's Episcopal, and Holy Cross—originated as charitable institutions dedicated to addressing the growing health needs of the industrial working-class, mainly miners, evangelizing the Mormons through “applied Christianity,” or serving women and defending Zion from encroaching gentiles. In the early twentieth century, however, they evolved away from these aims toward principally serving

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<sup>3</sup> *Deseret News*, January 1, 1905; January 5, 1905; May 4, 1895; *Salt Lake Herald*, July 20, 1902; CHLA, *LDS Hospital Records*, MS 13321, reel #1, “The Dr. W. H. Groves Latter-day Saints Hospital,” p. 4. The *Salt Lake Tribune* reported that following the death of William Groves in April 1895, his estranged wife Fannie appeared in probate court seeking part of his fortune. She argued that she fled the marriage when she was 15 years old (and he 41), and allegedly failed to seek an official divorce. Her marriage and legal claim to Groves' fortune thus appeared intact. *Salt Lake Tribune*, November 23, 1895. The official history of LDS Hospital makes no mention of Groves' divorce, or of Fannie's court hearing, but does perhaps allude to the former, saying that Groves' “life style changed abruptly and mysteriously. He shunned his friends, retired from practice and became a recluse living in a poorly furnished room above an undertaking parlor.” See, *A Tradition of Excellence: LDS Hospital, 1905-1980* (Salt Lake City: 1980), p. 16.

affluent whites. The evolving hospitals not only offered whites greater access to premium accommodations and amenities, but more and better opportunities for hospital employment. They increased white chances for better health, and thus elevated their claims to racial, class, and especially during the World War I era, patriotic superiority. More than institutions of social control and repression, however, these hospitals afforded medical, surgical, and job opportunities to poor whites and non-whites. Yet those opportunities differed over time, space, and quality, and according to class, gender, and nationality, provoking reactions and responses according to these markers. By the mid-1920s, this evolution toward inequality was complete, with Salt Lake City's hospitals serving as sites to reinforce and complicate more than weaken and simplify the community's evolving social hierarchy.

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The origins of hospital care in Salt Lake City can be traced to the complex and evolving interplay of local, regional, and national trends after the Civil War. These trends included the evolution of hospitals themselves, the growth of injuries and ailments among industrial miners and smelters, Christian missionary activity, and Mormon self-preservation. Although these developments appeared separately throughout the American West, only in Salt Lake City did they converge simultaneously to produce new expressions of hospital discrimination and power according to race, class, gender, and nationality.

The completion of the transcontinental railroad hastened this convergence by shuttling gentiles to Salt Lake City to help underwrite new industrial ventures

in the 1870s. The most significant projects included large-scale mineral processing inspired by Fort Douglas Col. Patrick Edward Connor and his California Volunteers (who arrived in 1862). Connor and his men reported large deposits of gold, silver, and copper in and around the Salt Lake Valley, and the colonel encouraged gentile immigration so as to diminish the power of the Mormon Church, which opposed mining. By the 1870s, the Salt Lake Valley witnessed the establishment of industrial mining corporations.<sup>4</sup> The Silver King, Emma, and Utah Copper corporations developed mines in Park City, Big and Little Cottonwood Canyons, and Bingham Canyon, and produced millions of dollars for investors including George Hearst, Thomas Kearns, and D. C. Jackling. Park City soon rivaled other silver boomtowns like Leadville and Virginia City, while Bingham Canyon's open-pit copper mine seemed to be "the greatest industrial site in the world" to John D. Rockefeller.<sup>5</sup> These corporations helped establish over a dozen smelters in the Salt Lake Valley—"the most important smelting center in the United States"—in addition to an array of new brokerage houses, including The Miners' First National Bank and the Salt Lake Mining Exchange.<sup>6</sup> New railroad development also appeared, attesting to Salt Lake's ideal location between California, the Midwest, and the East Coast, as well as its steady provision of industrial jobs. By the 1870s, railroads transported thousands of Irish, English, Welsh, and Scandinavian immigrants to Salt Lake

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<sup>4</sup> Brigham D. Madsen, Glory Hunter: A Biography of Patrick Edward Connor (Salt Lake City: University of Utah Press, 1990), pp. 227-243.

<sup>5</sup> Quoted in, Leonard Arrington, "The Commercialization of Utah's Economy: Trends and Developments from Statehood to 1910," in, Dean May, ed., A Dependent Commonwealth: Utah's Economy from Statehood to the Great Depression (Provo: Brigham Young University Press, 1974), p. 24.

<sup>6</sup> "Metallurgical Progress in Utah and Nevada During 1910," in, Metallurgical and Chemical Engineering Vol. 9 (January 1911): 45.

City, with many obtaining wage-labor positions in Park City's mines and nearby smelters. Black and new non-white foreign immigrants from Japan, Italy, Greece, and Mexico followed starting in the 1890s to work as smelters, steel workers, railroad laborers, and miners in Bingham Canyon.

Although many immigrants suffered the severe health costs of industrialization, those arriving first experienced a glaring lack of available health care providers, a void the new hospitals helped to fill. The cost to their health included sickness, disability, and death, conditions that stemmed from the many hazards inherent in the mining frontier.

Industrial mines often existed in remote mountain and canyon locations where avalanches, floods, fires, mud and rockslides imperiled miners and their kin. At Park City's Ontario Mine, for instance, a mountain of snow descended on two cabins following a "terrible storm," "demolishing" the structures while injuring a miner and killing his wife and children.<sup>7</sup> On another occasion, spring floods took the life of miner John Harrington's son who fell into the icy and "angry waters" of Silver Creek, despite efforts to revive him.<sup>8</sup>

Below ground, miners entered a hazardous world of darkness, isolation, and at times intolerable heat (mines could reach one hundred and fifty degrees Fahrenheit). They experienced deafening noise as well, in addition to serious and lethal trauma from an array of powerful industrial equipment—elevators, cranes, trams, sandblasters, dynamite, electric and steam drills—designed to supply the growing demand for hard commodities. Drilling or hammering stopes

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<sup>7</sup> Park Record, February 23, 1884.

<sup>8</sup> Park Record, May 8, 1897.

(veins of ore visible in shaft walls), for instance, often sent shards of rock and metal into miners' eyes, or triggered cave-ins that bruised, crushed, or trapped their bodies.<sup>9</sup> Blasting dynamite regularly scattered debris on or around miners, while picking into unspent explosives often led to disastrous results. Miner George Addy, for instance, lost an eye after drilling into unused blasting powder, while an errant explosion left Park City miner Alva John Baum "washed down the flume crawling trying to chew his fingers off" because of the pain.<sup>10</sup> Driving heavy rumbling trams also caused shafts to collapse, and occasionally smashed miners against shaft walls. Willie Cunningham endured the former when a wagon carrying twenty thousand pounds of ore ran over his leg. The *Park Record* reported, "His leg was broken and badly mangled below the knee and the lower part of the right foot was crushed to a jelly."<sup>11</sup> Getting caught in moving devices such as gears, pulleys, wheels, and belts also threatened miners and smelters. On one occasion, a belt operator "got his left hand entangled in the machinery and had his arm torn off near the elbow." On another occasion, a man at a smelter was "crushed to death by being dragged between a revolving belt shaft and the concentrator floor."<sup>12</sup>

The most common hazard, however, included breathing poisonous or dusty air. The former occurred when miners inhaled carbon and sulfur dioxide and carbon monoxide, produced when the exhaust of diesel engines accidentally

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<sup>9</sup> Frank Crampton, *Deep Enough: A Working Stiff in the Western Mine Camps* (Norman: University of Oklahoma Press, 1956), pp. 94-95.

<sup>10</sup> *Park Record*, January 23, 1909; JWML, Special Collections, Accn 405, Joe Davich Papers, Box 1, folder 7, "Letter from Edith Baum to Joe Davich."

<sup>11</sup> *Park Record*, April 26, 1913.

<sup>12</sup> Alan Derickson, *Workers' Health, Workers' Democracy: The Western Miners' Struggle, 1891-1925* (Ithaca: Cornell University Press, 1988), pp. 35-36.

mixed with aerosolized dynamite. These asphyxiants killed thousands of miners nationally during the turn-of-the-century, including thirty-five at Park City's Daly-West mine in 1902 after a worker fatally entered the powder magazine with a lit candle.<sup>13</sup> Breathing dusty air, in addition, produced chronic respiratory, neurological, and reproductive diseases. Drilling or blasting ore released fine silica particles that attached to and eventually smothered one's lungs. Causing labored breathing, coughing, and bloodied sputum, cases of consumption or "silicosis" increased as mining companies turned to using dynamite, drills, and sandblasters ("widowmakers," or "orphanisers"). Finally, lead poisoning or "wrist drop" produced headaches, renal failure, and the temporary loss of motor functions. Developed due to acute exposure to or ingestion of lead dust generated during silver mining operations, the ailment tortured countless miners in Park City, Bingham Canyon, and at smelters in Murray (a suburb south of Salt Lake City).

By 1900, miners and smelters performed some of the most dangerous work in the United States. The federal census reported that miners and "quarrymen" suffered an "excessively high" death rate (378/100,000) due to ailments and injuries compared to that (139.9/100,000) of other outdoor workers. Over the next decade, their death rate increased, and miners remained over ten times likelier to sustain fatal workplace accidents than laborers in

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<sup>13</sup> Durango Democrat, July 17, 1902. The Associated Press reported, "The explosion occurred at 11:20 last night and in a twinkling the most deadly gas was being generated throughout the mines. It crept through every tunnel shaft and incline and in a very short space of time scores of miners found themselves face to face with death."

manufacturing.<sup>14</sup> As new methods of production increased mining output, the mines themselves became more dangerous. In an age of the weak state, governmental oversight required few or no health and safety regulations, and not until the World War I era did Utah and federal mine safety regulations emerge.<sup>15</sup> By contrast, powerful corporations worked with the Salt Lake City Chamber of Commerce to oppose efforts to improve safety, health, hygiene, and sanitation, thereby implicitly emphasizing the traditional emphasis on character and personal responsibility over the emerging progressive emphasis on environment to health security.<sup>16</sup> Forced to work long hours while fatigued or ill and struggling to survive in treacherous working conditions, mineral workers in the Salt Lake Valley and throughout the West endured the harsh health realities of their time and place.

Although miners accepted, and even celebrated, the physical risks of underground mining as a symbol of their white working-class manly identities, as historian Gunther Peck has pointed out, they paradoxically worked to prevent, diminish, and cure the physical consequences of those risks as well.<sup>17</sup> Miners thus turned to a variety of self-help traditions that remained common among the laboring rank-and-file, but particularly among those from England (Cornwall,

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<sup>14</sup> U.S. Bureau of the Census, Twelfth Census of the United States, 1900, Census Reports Vol. 3, Vital Statistics Part 1, Analysis and Ratio Tables, section 3, "Occupations in Relation to Death" (Washington, D. C.: United States Census Office, 1902), ccxciii; Derickson, 36-37.

<sup>15</sup> In Utah, many mines began abandoning the dry crushing of ores in the 1910s, and built changing rooms and baths in the 1915s. Yet state mine safety regulations did not emerge until 1917 when the legislature created the State Industrial Commission. These regulations were loosely enforced, however. At the federal level, statutes for coal mining existed in the early twentieth century, but did not appear for metal mines until 1966. In 1941, the state drafted its first Occupational Disease Law.

<sup>16</sup> JWML, Special Collections, Accn 0854, Salt Lake Chamber of Commerce Records, Box 20, folder 2, "Board of Governors Minutes, 1941," p. 3.

<sup>17</sup> Gunther Peck, "Manly Gambles: The Politics of Risk on the Comstock Lode, 1860-1880," Journal of Social History Vol. 26 (Summer 1993): 701-723.

especially) and Ireland where ore extraction existed as a hereditary occupation for many men over many centuries.<sup>18</sup> In Park City, these white miners poured water into holes before or while drilling, or wrapped old overalls (“Levi’s”) around drill bits to diminish dust. Others lit candles to determine whether enough oxygen existed in their mineshafts. Less experienced miners worked with more experienced ones, while all workers warned others of perilous conditions. In addition, most miners joined unions like the Western Federation of Miners, which occasionally struck to protest new technology, such as oil lamps, which Park City’s local deemed to be “unhealthful, dirty, and inconvenient.” Although mine management often refused union appeals, on this occasion, Daly-West managers obliged after determining candles were cheaper.<sup>19</sup>

In the event that miners became sick, they typically embraced working-class traditions of wellness. As workingmen from Britain who remained intent on asserting their white racial identity, which remained dubious according to native (white) Protestants, their traditions became a means of solidarity, of improving their health, and of assimilating into respectable white America.<sup>20</sup> One tradition included visiting sick, injured, or otherwise disabled miners. Another included paying union dues for health benefits, which included missed wages and sometimes medicine.<sup>21</sup> Some miners made medicines at home, while others bought them at camp or nearby drug stores. The most popular remedies

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<sup>18</sup> In this paragraph, I rely on the scholarship of Alan Derickson, 4-5, 57-85.

<sup>19</sup> *Park Record*, June 2, 1906; June 9, 1906; Derickson, 59-60.

<sup>20</sup> On the contested nature of British white identity, see, David R. Roediger, *The Wages of Whiteness: Race and the Making of the American Working Class* (New York: Verso, 1991), esp. pp. 133-166.

<sup>21</sup> Derickson, 64-65.



included opium (in laudanum form), Epsom salts, castor oil, lobelia, lemon juice, and ginger extract, as well as most forms of alcohol, especially whiskey, brandy, and gin. In Salt Lake's Emigration Canyon, the municipal "pest house," or quarantine hospital, received a steady flow of "patients" from Park City as it contained "a barrel of whiskey and a few decanters," according to one emigrant.<sup>22</sup> To address more severe illnesses and injuries, miners underwent operations in their homes, boardinghouses, or hotels rooms where family or friends performed simple medical and surgical procedures.

Occasionally, miners also entered proprietary, or profit-making, hospitals. According to sociologist Paul Starr, these hospitals predominated in the Far West and South in contrast to the East Coast and Midwest where nondenominational voluntary and church-sponsored hospitals were more numerous. The Far West and South were "stunted by the economic aftereffects of the Civil War," and thus possessed fewer private philanthropists, which allowed profit-making hospitals to emerge.<sup>23</sup> Christian missionaries, however, also established hospitals in the West, a point that Starr slights as he presents hospital history in relation to market growth. After the war of the rebellion, much of the nation turned its attention to the Rocky Mountain and Great Basin West. Seeking to "rescue the land from a variety of real and imagined dangers," Protestant and Catholic missionaries set out to suppress the alleged moral threats facing the nation, including the "barbarism" of Indian wars and culture, the moral laxity and religious

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<sup>22</sup> Jeffrey Carlstrom and Cynthia Furse, The History of Emigration Canyon: Gateway to the Salt Lake Valley (Logan: Utah State University Press, 2003), p. 39; John D. Unruh Jr., The Plains Across: The Overland Emigrants and the Trans-Mississippi West, 1840-1860 (Urbana: University of Illinois Press, 1979), p. 315.

<sup>23</sup> Starr, 170.

skepticism of miners, the presence of free-thinking deist societies, and the heretical and aberrant Mormons. “The success of the American political system, the clerics argued, rested primarily on the moral health of its citizens. If moral decay were to increase, it would invariably produce political decay,” writes historian Ferenc Szasz.<sup>24</sup> Sponsored by their denominations and the Holy See in Rome, in addition to a host of lay organizations such as the American Bible Society and the American Home Missionary Society, Protestant and Catholic missionaries traveled west to distribute Bibles and appropriate literature, to debate nonbelievers, and establish churches, female rescue homes, colleges, and hospitals.<sup>25</sup>

In Salt Lake City, hospital building formed a key part of Christian missionary strategy since it provided a key need to miners and smelters, and a subtle means of missionizing the Mormons. Direct or confrontational evangelism had failed since the mid-1860s when Congregationalist preacher Normal McLeod established Independence Hall (1864) as a non-Mormon church. Named to emphasize the hall’s autonomy from the dominant religious culture, Independence Hall gathered Jews, Catholics, Protestants, and many ex-Mormons in addition to soldiers and officers from Fort Douglas for Sunday services. The Hall became renowned for its anti-Mormon “sermons,” Sunday school lessons taught by doctor J. King Robinson (until his assassination), and

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<sup>24</sup> Ferenc Szasz, The Protestant Clergy in the Great Plains and Mountain West, 1865-1915 (Albuquerque: University of New Mexico Press, 1988), p.12; Religion in the Modern American West (Tucson: University of Arizona Press, 2000), pp. 3-70; Charles Nordoff, The Communitistic Societies of the United States (New York: Dover Press, 1966), pp. 99-113, 333-339; Laurie Maffly-Kipp, Religion and Society in Frontier California (New Haven: Yale University Press, 1994), pp. 110-147.

<sup>25</sup> On female rescue homes, see, Peggy Pascoe, Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939 (New York: Oxford University Press, 1993).

weekly meetings of the Woman's Antipolygamy Society. It also became the headquarters for other missionaries, including Baptists and Presbyterians, who reported about polygamy and the Mountain Meadows Massacre (1857) to church periodicals like *Home Mission Monthly*, and the national press. Inspired and sensationalized by their reports, government officials worked to undermine the Saints through federal legislation, including the Edmunds Act (1882) and Edmunds-Tucker Act (1887), which abolished plural marriage and sent many Saints into hiding. Not surprisingly, these missionary efforts failed to produce many Mormon conversions.<sup>26</sup>

Not all missionaries embraced these evangelical tactics, however. In 1866, the year of Robinson's assassination, Columbia University lecturer Daniel S. Tuttle settled in Salt Lake City as the new bishop of Montana Territory, with jurisdiction in Idaho and Utah, for the Protestant Episcopal Church in the United States. Tuttle believed that the Mormons were heretical, but also sought to evangelize them through supporting their community, the local mining industry, and generally cooperating rather than contending with the Saints. Tuttle understood the irrelevance of previous missionary attempts, and met with Mormon Church president Brigham Young who encouraged the bishop to manifest his "better sense and education," and to go ahead with his non-combative, community-minded approach.<sup>27</sup> Tuttle followed suit, and in several

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<sup>26</sup> Leonard Arrington and Davis Bitton, *The Mormon Experience: A History of the Latter-day Saints* (Urbana: University of Illinois Press, 1992), pp. 161-184; T. Edgar Lyon, "Evangelical Protestant Missionary Activist in Mormon Dominated Areas, 1865-1900" (Ph.D. diss., University of Utah, 1962).

<sup>27</sup> Daniel Tuttle, *Missionary to the Mountain West: Reminiscences of Episcopal Bishop Daniel S. Tuttle, 1866-1886* (Salt Lake City: University of Utah Press, 1987), p. 60; (hereafter cited as *Reminiscences*).

years oversaw the construction of several schools and churches, while helping to provide medicine and other provisions, alongside Mormon bishop Edwin Wooley, to residents of the thirteenth ward (on Salt Lake City's Eastern Slope); prior to hospital care, Mormon ward bishops visited the sick, helpless, and needy.<sup>28</sup>

By the 1870s, Tuttle's philosophy intersected with the health needs of miners and smelters to encourage hospital building. Many members of the Episcopal Church worked in the local mining industry, and in March 1872 Colonel Edmund Wilkes proposed that Tuttle help build a hospital. A lay leader, investor, and manager of a mining and smelting company, and the American Fork Railroad, Wilkes had witnessed a rise in mine-related injuries during the past year.<sup>29</sup> Tuttle supported the idea, and pitched it to parishioners John F. Hamilton and Robert C. Chambers, a surgeon and a mine manager, respectively, who accepted. Seeing their mutual religious and industrial interests, Tuttle secured a building through Miners' National Bank president and Episcopal Church member Warren Hussey. Chambers provided a loan, signed the hospital's incorporation papers, and sat on its board of directors.<sup>30</sup> Mining magnate, banker, and ex-Mormon Matthew H. Walker became a hospital trustee as well, underscoring the nexus of gentile capital, mining, and Christian colonization in Salt Lake's hospital history.<sup>31</sup>

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<sup>28</sup> Reminiscences, 394; Arrington and Bitton, 231.

<sup>29</sup> Reminiscences, 399; Mines Register: Successor to the Mines Handbook and the Copper Handbook Vol. 10 (Houghton, Michigan: Horace J. Steven, 1911), p. 1171.

<sup>30</sup> JWML, Special Collections, David Walden Papers, Box 2, folder 14, p. 3; Reminiscences, 396.

<sup>31</sup> JWML, Special Collections, Mss 686, Episcopal Diocese of Utah, Box 80, Record and Minute Book of St. Mark's Hospital, Board of Directors, 1909-1924, January 22, 1913; Orson F. Whitney, History of Utah Vol. IV (Salt Lake City: George Q. Cannon and Sons, 1904), p. 627.

Located at 400 South/500 East, St. Mark's Hospital opened in May 1872. The hospital featured several beds, medicines, surgical equipment, and various supplies—"blankets, bed linens, shirts, and few dressing gowns"—donated by eastern churches.<sup>32</sup> It served the community generally, and functioned officially as the Salt Lake City and County hospital, at the request of Mormon public officials.<sup>33</sup> Yet it served miners mainly. At the suggestion of Wilkes, laborers paid dollar-a-month fees in exchange for unlimited hospital care; injuries and ailments sustained on the job were covered, but reflecting the moral intents of most hospitals before the twentieth century, illnesses and injuries gained through "moral impropriety," such as venereal diseases and fighting, were not.<sup>34</sup> St. Mark's hospital contract represented an early form of health insurance that allowed working-class individuals nationally to offset the rising costs of medical and surgical services. It also helped to close many proprietary hospitals nationally, including Salt Lake's only for-profit institution (started by doctor and future Salt Lake City health commissioner, Patrick S. Keogh). It also led to severe overcrowding at St. Mark's, which was relieved briefly by its move to a larger twenty-room building in 1875.<sup>35</sup>

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<sup>32</sup> Reminiscences, 399.

<sup>33</sup> Ibid., 403.

<sup>34</sup> Ibid., 395-396; JWML, Special Collections, Accn 2136, Frederick Quinn Papers, Box 9, folder 1, Daniel Tuttle, 6<sup>th</sup> Annual Report (September 21, 1872), p. 7. Refusing to treat venereal diseases for miners remained a policy at St. Mark's through the 1930s. See, JWML, Special Collections, Mss 686, Episcopal Diocese of Utah Records, Record and Minute Book, Board of Directors, January 25 to May 1938, "Agreement, July 1, 1932, between St. Mark's Hospital and State of Utah by and through the Industrial Commission of Utah acting as the Board of Control of the State Hospital for disabled miners, as provided in chapter 63, session laws of 1931."

<sup>35</sup> JWML, Special Collections, Accn 2136, Frederick Quinn Papers, Box 9, folder 1, Daniel Tuttle, 13<sup>th</sup> Annual Report (August 22, 1879), p. 5; California and Western Medicine Vol. XXII No. 12 (1924)p. 648.

It was also alleviated by the emergence of the new Roman Catholic Holy Cross Hospital. Located a few block away, Holy Cross opened through the efforts of Lawrence Scanlan, an Irish Catholic priest who arrived to pastor Utah's vicariate and, like Tuttle, evangelize the Saints through "applied Christianity."<sup>36</sup> After settling in Salt Lake City in 1873, Scanlan visited local mining camps, and learned about laborers' health needs. About eight hundred miners attended Roman Catholic or Episcopalian churches in Utah, and likely saw Scanlan and Tuttle as their advocates. In 1875, Scanlan requested the Indiana-based Sisters of the Holy Cross, one of several Roman Catholic nursing orders responsible for hospital creation throughout the American and Canadian West, help him establish a hospital.<sup>37</sup> The Sisters arrived, and like others nationally, worked to mitigate nativist suspicions of their alleged Old World Catholic traditions by stressing their "non-sectarian character and openness to modern American medical standards and practices."<sup>38</sup>

At both Holy Cross and St. Mark's hospitals, miners' primary complaints were silicosis and lead poisoning. Over six thousand complaints emerged between 1880 and 1900, a figure not duplicated anywhere in the nation, according to physician Ralph T. Richards.<sup>39</sup> "Silicotics" usually entered hospitals

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<sup>36</sup> Raye Ringholz, The First Century: St. Mary of the Assumption Catholic Church (Salt Lake City: American Graphics, 1997), p. 17; Salt Lake Herald, November 28, 1901; Bernice Maher Mooney and Msgr. J. Terrence Fitzgerald, Salt Lake of the Earth: The History of the Catholic Church in Utah, 1776-2007 (Salt Lake City: University of Utah Press, 2008), pp. 42-44.

<sup>37</sup> Dawn Nickel, "Hospitals and Health Care in Montana and Alberta, 1880-1950," Montana: The Magazine of Western History Vol. 59 (Autumn 2009): 25-45.

<sup>38</sup> Kathleen M. Joyce, "Science and the Saints: American Catholics and Health Care, 1880-1930" (Ph.D. Dissertation, Princeton University, 1995), iii.

<sup>39</sup> Reproduced patient log from St. Mark's Hospital, in, W. Dee Halverson and David M. Walden, St. Mark's Hospital, 1872-1997: A 125-Year Legacy of Quality Health Care in Utah (Salt Lake

in poor physical condition and struggling to breathe while walking with assistance or in a wheelchair. After a few days of rest, some patients returned to mining, while others remained in the hospital to contend with secondary infections, such as pneumonia or tuberculosis, which emerged easily in compromised silicotic lungs.<sup>40</sup> Miners often attributed their condition to dust, yet doctors disagreed and attributed silicosis to bacteria and the lack of vaccines rather than to poor working conditions. In retrospect, the introduction of industrial hygiene legislation was thus postponed and the suffering of many miners extended until the emergence of progressive workers' legislation in the late 1930s. Even more damaging, many miners and smelters developed a strong distrust of medical health professionals who they perceived as aloof, and likely allied with capital.<sup>41</sup>

Meanwhile, the nearly three thousand miners and smelters in the Salt Lake Valley who struggled with severe lead poisoning, or "leaders," had few options other than leaving the mines and convalescing at hospitals for long periods of time. Some, however, took to drinking large quantities of milk, the calcium from which delayed lead absorption.<sup>42</sup>

The second most common diagnosis was "miscellaneous injury," which comprised "ordinary accidents" such as crushed or severed digits and limbs, or more serious, life-threatening trauma.<sup>43</sup> Regarding the latter, St. Mark's Hospital

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City: Heritage Associates, 1997), 5, 15; Ralph T. Richards, Of Medicine, Hospitals, and Doctors (Salt Lake City: University of Utah Press, 1953), pp. xiii, 126-127.

<sup>40</sup> Richards, 28.

<sup>41</sup> David Rosner and Gerald Markowitz, Deadly Dust: Silicosis and the On-Going Struggle to Protect Workers' Health (Ann Arbor: University of Michigan Press, 2006), pp. 13-15. Not until the advent of radical labor protests and social welfare programs in the 1930s did industrial hygienists and public health experts seek physical and legal preventatives or mitigates for dust.

<sup>42</sup> Richards, 138. Richards calculated this number based off statistics from 1872-1904.

<sup>43</sup> Salt Lake Tribune, May 6, 1904.

surgeon Augustus C. Behle recalled a miner “who was tamping dynamite in a hole while smoking and half his face was blown away in the resulting explosion.” After surgery, skin and bone grafts, the patient received a new face, including a new mouth.<sup>44</sup> John Ford, meanwhile, was hospitalized for sixteen months after picking into unspent blasting powder while assessing a claim in City Creek Canyon, losing an eye and suffering a crushed head and torn abdomen in the process.<sup>45</sup> Because trauma surgery remained so ordinary, surgeons complained of their “plebean” or “mercenary work,” and their lack of more sophisticated cases.<sup>46</sup>

Initially, laborers seemed content with the level of care they received at Salt Lake City’s hospitals. By 1880, thirty-six hundred patients had sought treatment at St. Mark’s, precipitating its second move to a larger building.<sup>47</sup> Two years later, growth led to the construction of two additional rooms, followed by the hospital’s relocation in 1893 to a more extensive three story facility opposite the Warm Springs—known for its alleged healing properties—at 200 West/700 North.<sup>48</sup> This move occurred in part through the funding of Utah Copper, which established hospital contracts for its laborers starting in the early 1900s. Holy

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<sup>44</sup> William Behle, Biography of Augustus C. Behle, M.D., With an Account of the Early History of St. Mark’s Hospital, Salt Lake City, Utah (Salt Lake City: Edwards Brothers, 1948), p. 64, 38; Halverson and Walden, p. 21.

<sup>45</sup> Charles Keller, “Tales of Four Alta Miners,” Utah Historical Quarterly Vol. 68 (Spring 2000): 103; Salt Lake Tribune, July 13, 1910; Salt Lake Telegram, November 8, 1913.

<sup>46</sup> Behle, p. 38; JWML, Special Collections, Accn 588, Holy Cross Hospital Records, Box 4, folder 2, “Holy Cross Hospital Staff Meeting, November 12, 1903,” p. 8.

<sup>47</sup> JWML, Special Collections, Accn 1789, St. Mark’s Hospital Minute Book, “Report of the Medical Director,” June 7, 1880, pp. 33-35.

<sup>48</sup> Salt Lake Tribune, July 9, 1893.



Cross, which provided contract and charity care as well, also moved to a more commodious space to accommodate growth.<sup>49</sup>

According to overseers, workers seemed to improve physically, spiritually, and emotionally while hospitalized. After touring St. Mark's Hospital and witnessing patients' progress, Tuttle proclaimed the institution performed the merciful work of the "Great Physician."<sup>50</sup> In similar fashion, the *Salt Lake Tribune* and the *Deseret News* touted Salt Lake's hospitals. The papers reported that miners received excellent treatment, and were often observed "improving nicely" and "resting comfortably." They benefited from doctors and surgeons as well as the daily care of female nurses or nuns, who acted as "angels of mercy."<sup>51</sup>

Like other nurses nationally, those at St. Mark's and Holy Cross came primarily from respectable white middle- and working-class families. They trained at the first generation of professional nursing schools established during the Gilded Age to improve the sanitary conditions of hospitals, and to replace menial female servants. Working at church sponsored hospitals, they also sought to provide religiously inspired physical care. Students and graduates of St. Mark's Hospital School of Nursing (1894) were trained in "the art and science of caring for the sick, according to the principles of Christianity," as expressed in Holy

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<sup>49</sup> Marilyn Barker and R.P. Morris, M.D., *The Early Holy Cross Hospital, Salt Lake Valley* (1975), p. 5, 15.

<sup>50</sup> JWML, Special Collections, Accn 2136, Frederick Quinn Papers, Box 9, folder 1, Tuttle, 6<sup>th</sup> Annual Report (Salt Lake City, September 1, 1872), p. 7; JWML, Special Collections, Accn 426, Episcopal Diocese of Utah Records, Box 7, folder 4, "letter to Gillogly," February 14, 1888; Tuttle, *Reminiscences*, 425.

<sup>51</sup> *Salt Lake Tribune*, January 1, 1882; *Deseret News*, February 2, 1902.

Cross Hospital School of Nursing's (1901) charter.<sup>52</sup> These principles combined religious faith with medical science to envision hospitals collectively as a modern "House of God." They also taught a sympathetic, religiously inspired *modus operandi*, especially a bedside manner. One nursing manual stated:

When it is clear that your patients is dying, your quiet self-possession and unobtrusive sympathy will be of the first importance. Do all in your power for your charge; even if [he or she is] unconscious there are numberless things to do for the dying person. Moisten the lips frequently, wipe away the sweat gathering on face and hands. Keep the feet as warm as possible. Fan the forehead. Allow the friends of the patient to do anything that can add to his comfort.<sup>53</sup>

The same compassion could be manifest while assisting operations, washing bodies, changing dressings, and administering medicines.

Of course, not all treatment was sympathetic. In one instance, a nurse forcibly stabilized the "hand of one young man with a mashed hand while the doctor stitched it back together without giving him anything for the pain." The nurse recalled, "He put his arm around my neck, and yelled as loud as he could, 'Mumma mia-Mumma mia.'"<sup>54</sup> In many other cases, nurses performed the expected "woman's work" of cleaning floors, laundry, and dishes, as well as cooking and serving food.<sup>55</sup> While city sanitation or "municipal housekeeping" projects extended the ethos of female domesticity to the public sphere, so did hospitals by transferring female housework to an institutional setting.

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<sup>52</sup> Evelyn Jorgenson and Laura Poe, *A Legacy Remembered: History of the Utah Nurses Association, 1914-1995* (Utah Nurses Association, 1996), p. 4; Sandra Hakes Noall, "A History of Nursing Education in Utah," (Ph.D. diss., University of Utah, 1969).

<sup>53</sup> Sister Mary Berenice Beck, *Handmaid of the Divine Physician: The Religious Care of the Sick and Dying* (Milwaukee, Wisconsin: n.d.), in, Nickel, 38.

<sup>54</sup> *Holy Cross Hospital School of Nursing: From Beginning to End, 1901-1973* (n.d.), p. 38.

<sup>55</sup> Tuttle, *Reminiscences*, 272.

Labor policies at Salt Lake hospitals clearly expressed a “separate spheres” ideology that transitioned at the turn-of-the-century, and portrayed women as “naturally” pious, submissive, and suited to gender-specific duties in both public and private environments. Such policies no doubt relieved the anxiety of some male doctors and surgeons who opposed professional nursing schools on the grounds that “educated women would not do as they were told.” In Salt Lake City, most doctors and surgeons accepted nursing schools since nurses were needed, and likely since nurses worked gratuitously or cheaply as part of their training; little or no pay, however, led some nurses to embrace other “women’s work,” including prostitution, to help make ends meet.<sup>56</sup> Many doctors’ wives also supported a gender-specific labor ideology.<sup>57</sup>

Women played a different but similar role at the short-lived Deseret Hospital. Existing to serve Mormon women and to defend Zion from encroaching gentiles, Desert Hospital reflected the old religious tensions that preceded the Progressive Era’s cross-religious alliance. The hospital emerged mainly through

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<sup>56</sup> St. Mark’s Hospital nursing student Clara Snively Booth recalled that nurses were paid stipends that usually went towards purchasing books, and that “their poverty was well known.” In 1913, she recalled, “a student entered training for the express purpose of soliciting girls for the ‘Red Light District’ or ‘women of the streets!’ The woman encouraged students to go out on dates with her and she would teach them easier ways of making a living! This student’s stay at the hospital was short lived.” In, Lottie Felkner with the assistance of Mildred Larsen, The St. Mark’s Hospital School of Nursing Story (Salt Lake City: St. Mark’s Hospital Nurses’ Alumni Association, 1970), p. 39.

<sup>57</sup> Mary Donovan, A Different Call: Women’s Ministries in the Episcopal Church, 1850-1914 (Wilton, Connecticut: Morehouse-Barlow, 1986), p. 127; Jane E. Schultz, “The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine,” Signs Vol. 17 (Winter 1992): 363-392; Holy Cross Hospital School of Nursing: From Beginning to End, 1901-1973 (n.d.); Starr, 155. The wives of doctors Straup, Merrell, and Lecompte belonged to the Utah Federation of Women’s Clubs (est. 1912), which asserted at one meeting, “Woman’s work is to make the world we live in a cleaner place for little children to be born into. A safer place for the boys and girls of the day to grow to manhood and womanhood. A refuge for the aged and a place for the saints gone before to look upon.” See, JWML, Special Collections, Utah Federation of Women’s Clubs, Box 14, folder 5, “Minutes, November 1922-October 1924.”

the efforts of Zina D. H. Young, a plural wife to Brigham Young who believed that a Mormon hospital would provide “a training center for the sisters who had come from near and far to learn the scientific care of mothers during childbirth.” Some “sisters” had been inspired by progressive Mormon women like Martha Cannon and Romania Bunnell Pratt, who (at Brigham Young’s insistence) had become regular medical doctors, rather than nurses, in order to assist expectant or new mothers. The territory possessed a high infant mortality rate, and regular medical care promised to diminish it. Many Mormon (and gentile) women remained uncomfortable with male assistance during childbirth, especially that from gentile doctors who along with other non-Mormons seemed intent on undermining the Mormon Church, and wresting control of Utah Territory from Mormon hands.<sup>58</sup> Mormon women also seemed uncomfortable with performing Mormon healing rituals in non-Mormon hospitals.

In this context, Young and Relief Society president Eliza Snow petitioned church president John Taylor for hospital support. They asserted that the hospital’s practice of modern regular medicine would permit and even strengthen Mormon identity rather than undermine it:

Without faith in God, how could life be saved? . . . We realize that the other hospitals are excellent institutions, but we want one where our own Elders can walk freely in and perform the ceremonies of the church without having the eyes of the curious upon them.

Housed in a renovated barn, the Deseret Hospital opened in 1882 at the corner of 500 East and 100 South. The hospital assigned women mainly to be

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<sup>58</sup> Kate B. Carter, “Pioneer Medicines,” Heart Throbs of the West Vol. 7 (Salt Lake City: Daughters of Utah Pioneers, 1946), p. 221.

doctors and surgeons, as well as nurses and midwives.<sup>59</sup> These sisters applied regular medicine to carry out their church duty of providing physical bodies to eternal spirits through childbirth. They also taught classes in nursing and physiology twice weekly to support the Relief Society's efforts to sponsor women's education in hygiene and medicine.<sup>60</sup> Using regular medicine to grow and defend their exceptional religious community, the Deseret staff paradoxically used their unique opportunities as female medical doctors to reinforce a conventional and unequal "separate spheres" ideology.

Closing in 1890 due to financial hardship, the Deseret Hospital gave way to the W.H. Groves-LDS Hospital in 1905.<sup>61</sup> Established fifteen years after the former, the latter continued its predecessor's tradition of serving and strengthening the Mormon community via regular medical science. Emerging in the poststatehood era, however, it also remained less concerned with growing and defending the Mormon Church from gentiles and more with serving, working with, and mimicking gentiles and their institutions. Although many Saints remained slow to embrace medical orthodoxy, the hospital's all-Mormon trustees (who were directed by the Presiding Bishopric, or the highest governing body over welfare service and temporal matters of the Mormon Church) enforced orthodox medical techniques and tools, including vaccinations for hospital staff, X-ray, and sterilizing machines. They permitted Mormon healing ordinances,

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<sup>59</sup> The hospital employed doctors Washington F. Anderson and Seymour B. Young as the only male staff members.

<sup>60</sup> Joseph Morrell, M.D. Utah's Health and You: A History of Utah's Public Health (Salt Lake City: Deseret Book Company, 1956), p. 112.

<sup>61</sup> Other sources indicate Deseret Hospital closed in 1896. MCL, Special Collections, Leonard J. Arrington Historical Archive 1, Series IX, Box 44, folder 1, Bradley Earl Morris, "The Involvement of the LDS Church in Hospital Building," pp. 1-5; Claire Wilcox Noall, "Utah's Pioneer Doctors: The Story of Deseret Hospital," The Improvement Era Vol. 42 (May 1939): 274-275.

such as the laying-on-of-hands and oil blessings, and prohibited operations on Sundays (unless for emergencies), but made no provisions for botanical or other alternative therapies.<sup>62</sup> They also sought national hospital accreditation, and thus hired university trained regular medical doctors and surgeons exclusively. Progressive Mormons, such as writers for the *Salt Lake Herald*, also asserted that “home doctoring”—a traditional staple of Mormon religiosity—often lacked efficacy or even made some medical matters worse.<sup>63</sup>

As the trustees publicized Mormon Americanization, they also made great strides to achieve religious and cultural détente with gentile doctors, and vice versa, in Utah. The trustees hired and permitted doctors and surgeons from St. Marks and Holy Cross to practice at their institution. Holy Cross doctor Joseph S. Richards (whose father Willard was a Thomsonian doctor and member of the First Presidency, or the highest governing body of the Mormon Church) became the new medical director of Groves-LDS, while St. Mark’s surgeons Samuel Pinkerton and William Tyndale received subordinate positions. Theodore Beatty and August Behle, both Episcopalians, treated patients at Groves-LDS during its inaugural year despite their permanent appointments at St. Mark’s.<sup>64</sup> The trustees also sought the assistance of nurses from St. Mark’s and Holy Cross during the first two months of Groves-LDS’s existence, and in its efforts to

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<sup>62</sup> CHLA, LDS Hospital Records, MS 13321, “The Dr. W.H. Groves Latter-day Saints Hospital (n.d.),” p. 7.

<sup>63</sup> *Salt Lake Herald*, August 4, 1907.

<sup>64</sup> Richards, 75; CHLA, LDS Hospital Records, MS 13321, “First Annual Report, Dr. W.H. Groves Latter-day Saints Hospital, General Report, For Year Ending December 31, 1905,” Joseph Morrell, M.D., *Utah’s Health and You: A History of Utah’s Public Health* (Salt Lake City: Deseret Book Company, 1956), p. 165.

establish a hospital training school for Mormon nurses (1905).<sup>65</sup> According to historian Jesse Embry, this request was honored, and revealed the power of class and racial camaraderie, in addition to polite religious tolerance, to surmount historic religious cleavages between respectable white Mormon and gentile women.<sup>66</sup> Finally, and in presaging the inequality to come, Mormon hospital trustees worked to diminish the cultural strains of Mormonism's gender exceptionalism by reversing precedent and embracing mainstream gender inequality through denying female Saints positions as medical doctors and surgeons, but training them mainly, if not exclusively, as nurses.<sup>67</sup>

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<sup>65</sup> Richards, 84. CHLA, LDS Hospital Records, MS 13321, "First Annual Report, Dr. W.H. Groves Latter-day Saints Hospital, General Report, For Year Ending December 31, 1905." In 1906, St. Mark's Hospital nursing superintendent Nellie F. Crossland became the first head of the Groves-LDS Hospital School of Nursing. Remaining for several years, she relied on Mormon and gentile help in establishing curriculums, teaching classes, leading clinics, and graduating students. Mormon doctor Ellis Reynolds Shipp, for instance, taught obstetrics while presiding over 5,000 maternity cases, while physician Ralph T. Richards (Joseph Richards' son) lectured on general medicine and surgery. Experienced in providing spiritually compassionate physical care, Crossland also encouraged Mormon guidelines for ministering to patients. Mormon student nurses learned to "be cheerful" and prompt, to "not administer the oil internally or anoint any part of the body other than the head," and "in anointing, be brief." For students, nurses, and patients alike, this ministry "had a powerful effect in bringing them peace of mind," recalled one nurse. JWML, Special Collections, Mss 175, The Ellis Reynolds Shipp Papers, Box 1, folder 1; Richards, 86; LTP, Special Collections, LDS Hospital School of Nursing Alumni Records, Box 2, folder 8, Ex Luminus, p. 10; LTP, Americana Collection, BX8608.A1a #3751, "Suggestions to the Brethren who have been called to administer to the sick at the LDS Hospital"; LTP, Charles Redd Center for Western Studies, Nurses Oral History Project, MSOH 2105, Betty Jo Resier, p. 3; MSOH 2229, Joyce Taylor, p. 4; LTP, Charles Redd Center for Western Studies, Nurses Oral History Project, MSOH 2337, Bessie Witt; Embry, 298; LTP, Charles Redd Center for Western Studies, Nurses Oral History Project, MSOH 2289, Celia Jensen, p. 5; The American Journal of Nursing Vol. 7 (Philadelphia, 1907): 144.

<sup>66</sup> Jessie Embry, "Diploma Nursing at Salt Lake City Religious Based Hospitals," Utah Historical Quarterly Vol. 76 (Summer 2008): 287-288

<sup>67</sup> Utah medical historian Henry Plenk observes, "The early prominence of women in Utah medicine lasted for only one generation. A significant increase of female medical students and physicians did not begin until the 1970s and 1980s, but with only 17 percent female medical students in the early 1990s, Utah remains below the national average of thirty-five percent." Henry Plenk, "Medicine in Utah," Utah History Encyclopedia (Salt Lake City: University Of Utah Press, 1994), p. 354; Eric G. Swedin, "Bingham Canyon Physician: Paul Snelgrove Richards, 1892-1958," Utah Historical Quarterly Vol 69 (Winter 2001): 68.

By the early twentieth century, the inaugural era of hospital development in the Salt Lake Valley was complete. Hospitals had emerged to support miners and Christian evangelization, or to serve Mormon women and defend Zion. Moreover, church control over hospital beds in Utah amounted to a near monopoly, especially when compared to other states.<sup>68</sup> Over time, however, the former goals evolved, especially as prominent white residents sealed alliances that reached across old religious divides to achieve medical and health hegemony at the expense of working-class white and non-white residents. In the past, such alliances supported and benefitted from Progressive Era health measures, including sanitary water, sewer, and garbage collection, in addition to vaccinations against smallpox. Now, the same type of class-based unity would successfully pressure church-sponsored hospitals to cater primarily to its medical, social, and professional needs. St. Mark's and Holy Cross hospitals still accepted industrial and charity patients, and even maintained their religious and moralistic objectives, but gradually they caved to pressure. They began to focus disproportionately on powerful white Mormons and gentiles who could generate needed revenue. W.H. Groves-LDS Hospital followed suit as its trustees became more conscious of the rising costs of health care. In Salt Lake City and across the nation, hospitals' evolution toward seeking financial security paralleled the simultaneous evolution of the hospital from a "once charitable enterprise," in the words of historian David Rosner, to one increasingly devoted to expensive

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<sup>68</sup> In Utah, church hospital beds accounted for 44 percent of all hospital beds, compared to 32 percent in other states. In Salt Lake City, however, the former figure increased to nearly 100 percent until the advent of the Salt Lake County Hospital in 1911.



medical and surgical care.<sup>69</sup> The onset and result of these changes exposed class and race in addition to gender as the main vectors of inequality in the medical “House of God.”

As many historians have observed, improvements in medical science, technology, surgical, and patient care drove the increasing costs of hospitalization. In the 1870s, medical science and technology improved with the advent of germ theory and anesthesia. The germ theory encouraged hospital sanitation and hygiene, and launched the search for vaccines and antitoxins. Meanwhile, the rise of antiseptic (disinfectant) and aseptic (sterile) surgery allowed operations to progress beyond the setting of broken bones and amputating limbs to more sophisticated and invasive procedures. By the early 1900s, hospitals appeared to be clean respectable places that provided active medical and surgical treatment to paying adults rather than the squalid charity homes of old, which provided nursing and moral care for the poor, elderly, and chronically sick. They focused specifically on physical health too, and began transferring the mentally ill to county or state mental institutions. In addition, anesthesia (from ether, nitrous oxide, and chloroform), helped to alleviate physical pain and to still patients’ bodies, which increased the number of patients demanding, and the number of surgeons willing to perform, surgery. Demand for surgery, in turn, encouraged better and more expensive hospital equipment, such as the X-ray (1895) and electrocardiograph (1903), which multiplied the costs and time for research and surgery. These costs were then passed on to patients

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<sup>69</sup> David Rosner, A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915 (Princeton: Princeton University Press, 1982), pp. 1-5.

who, before the advent of medical expense insurance such as Blue Cross in the 1930s, paid out-of-pocket fees for services received. Patients also paid premiums for more nurses and hospital staff. According to one estimate, premiums and new medical and legal requirements combined to drive hospital construction costs up from \$1200 per bed in 1870 to \$4400 in 1905.<sup>70</sup>

The rising costs of hospitalization, plus its growing popularity, precipitated key changes in hospital policy and practice. Standard payment rates and the restriction of hospital admission to patients requiring short-term treatment and care as well as the rise of medical specialization all became key hallmarks of hospitals in the early twentieth century. Although these changes stabilized hospitals financially and further engrained them into society's cultural fabric, they simultaneously helped justify class and racial inequality. Needing maximum revenue, hospitals gradually accommodated more patients seeking costly acute medical treatment, while taking in fewer individuals who required long-term hospitalization, yielded little revenue, but still tied up labor and space. The former patients were by definition middle-class and nearly always white, and the latter were usually the working white and non-white poor. Hospital care thus worked to reflect and reinforce Salt Lake's growing economic and racial extremes and cleavages.

In Salt Lake City and other cities across the nation, these changes appeared in the early 1900s. Mormon Church officials hoped to avoid the financial problems that undermined the Deseret Hospital, and also desired to provide high quality hospital care. Hospital trustees therefore planned to run the

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<sup>70</sup> In this paragraph, I have relied on Starr, 154-162, and Rosner, 1-5.

new hospital “strictly upon business principles,” and to cater to the middle-class much more than public charity and industrial patients; Mormon charity patients, however, would receive hospital care paid for by Mormon wards.<sup>71</sup> During its first year, this plan became a reality as hospital manager John Wells reported that noncontract paying patients totaled more than seventy-three hundred of the hospital’s eighty-four hundred total, and contributed roughly \$19,500 of the hospital’s \$35,000-plus in profits. These patients stayed in expensive private rooms dubbed the “gold coast” by staff nurses, and that took more than half of the hospital’s floor space.<sup>72</sup> The “gold coast” required a minimum stay of seven days, and offered patients the choice of “special nurses” who cost \$20-25 per week, private doctors, as well as superior diets resembling those of similarly affluent patients at Holy Cross.<sup>73</sup>

At Holy Cross Hospital, private rooms featured fireplaces and nurses who delivered “good and proper diets” on “Haviland China.”<sup>74</sup> Caught between their desire for and cost of respectable professional medical care, some whites began floating the idea of a “community medical center,” in which local taxes paid for and provided low-cost health services.<sup>75</sup>

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<sup>71</sup> USHS, Mss B 248, Dan Hinman Oral History Interviews, Box 2, folder “Dr. Spencer Wright,” p. 13.

<sup>72</sup> CHLA, LDS Hospital Records, MS 13321, “First Annual Report, Dr. W. H. Groves Latter-day Saints Hospital, General Report, For the Year Ending December 31, 1905”; “Rules of the Dr. W. H. Groves Latter-day Saints Hospital, January 1905, p. 13.

<sup>73</sup> CHLA, LDS Hospital Records, MS 13321, “Rules of the Dr. W. H. Groves Latter-day Saints Hospital, January 1905, p. 13;

<sup>74</sup> Richards, 58; Holy Cross Hospital School of Nursing: From Beginning to End, 1901-1973 (n.d.), p. 52.

<sup>75</sup> MCL, Leonard J. Arrington Collection, “Mormon History Topics,” Series IX, Box 44, Improvement Era Vol. 36 (January 1933): 160.

St. Mark's also catered to middle-class patients increasingly. As the institution planned to build "a greater private room facility" for affluent patients, it witnessed private room patients grow from 8.9 to 65.3 percent of its clientele between 1880 and 1936.<sup>76</sup> It also proposed to move the hospital away from the poor industrial Westside and to a more peaceful and beautiful suburban setting. Speaking about its affluent white patients, hospital director and Episcopal bishop Arthur Moulton told St. Mark's Hospital board of directors, "They will not come to St. Mark's. They do not like this part of the City. They do not believe that our buildings are safe. Our own physicians cannot bring their own patients here."<sup>77</sup> Finally, although St. Mark's accepted the state's request to build a State Miners' Ward in its hospital (in 1932), it worked to remove that ward several years later (in 1940), as "the space [was] needed for other purposes," specifically "private rooms," which promised to "bring a larger revenue to the hospital."<sup>78</sup>

At the same time, charity patients fell at St. Mark's from constituting 12.4 to 6.9 percent, with industrial contract patients decreasing from 78.7 to 26.4 percent.<sup>79</sup> At Groves-LDS, too, charity patients remained a low priority. During its inaugural year, the hospital lacked a method for receiving and financing charity patients, and Wells reported that these patients "would have to be paid

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<sup>76</sup> Halverson and Walden, 85; JWML, Special Collections, Mss 686, Episcopal Diocese of Utah Records, Box 80, "Record and Minute Book", Board of Directors, 1909-1924, January 23, 1917, p. 95.

<sup>77</sup> Ibid., "Hospital Minute Books, 1909-1944," Box 80, "Record and Minute Book," Board of Directors, January 1925-May 1938, "Letter from the Bishop of Utah to the Board of Directors, St. Mark's Hospital," p. 2.

<sup>78</sup> JWML, Special Collections, Mss 686, "Hospital Minute Books, 1909-1944," Box 81, St. Mark's Hospital Minutes, 1938-1948, "Letter to the Board of Directors, January 24, 1939," p. 1.

<sup>79</sup> Halverson and Walden, 85.

for by some organization” other than the hospital.<sup>80</sup> Industrial contract patients, meanwhile, comprised less than three hundred of its eighty-four hundred patients, and received “a separate diet” to “reduce the hospital operating expence [sic].” At Holy Cross Hospital, a similar trend occurred despite the recommendation of its Sister Superior and some of its doctors to maintain their ministry and “find . . . cases among the poorer classes of patients on the outside who were unable to pay \$25 per. wk. [sic].”<sup>81</sup>

Besides providing the least expensive dietary care to a diminishing number of charity and industrial patients, Salt Lake’s church-sponsored hospitals afforded them the most overcrowded, and least sanitary and attentive accommodations. These patients stayed in open wards, which in overall square feet shrunk nationally by 50 percent or more, resulting in ward congestion.<sup>82</sup> St. Mark’s Hospital surgeon August Behle recalled that “at times there were as many as eighteen patients in small ward rooms and to get around it was necessary literally to climb over beds.”<sup>83</sup> To create more patient space, nurses often laid mattresses on the floor, and at Holy Cross sisters frequently slept on the floor.<sup>84</sup> Yet floors, like the wards in general, remained dirty and hardly a place for sanitary treatment. Forced to work while also studying for classes, nurses

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<sup>80</sup> MCL, Leonard J. Arrington Historical Archives 1, Series IX, box 44, folder 1, “The Involvement of the LDS Church in Hospital Building,” by Bradley Earl Morris, p. 8; The Improvement Era Vol. VIII (February 1905): 317; Richards, 82; CHLA, LDS Hospital Records, MS 13321, “First Annual Report, Dr. W. H. Groves Latter-day Saints Hospital, General Report, For the Year Ending December 31, 1905.”

<sup>81</sup> JWML, Special Collections, Accn 588, Holy Cross Hospital Records, Box 4, folder 2, Minutes, Staff Meeting, December 7, 1903.

<sup>82</sup> Starr, 159.

<sup>83</sup> Behle, 41.

<sup>84</sup> Richards, 52; History of the Holy Cross Hospital School of Nursing: From Beginning to End, 1901-1973 (n.d.), 1-5.

possessed little time to attend to ward patients. Many men thus remained without clean beds, dressings, and bandages. In 1894, the newly appointed superintendent at St. Mark's Nurses Training School, Mary Newitt "refused to assume her charge unless some drastic changes were made." "The private rooms were nice but the wards were deplorable, being crowded with miners and railroad patients."<sup>85</sup> As the hospital apparently forbade ward patients from seeing friends and relatives as often as private patients, the main source of help for patients remained nurses who often received "5 or 10 dollars extra" from patients hoping to improve their situations.<sup>86</sup> Men without means, however, resorted to complaining that "they were treated as charity or pauper patients after subscribing for several years" to hospital contract care.<sup>87</sup>

Hospital doctors also provided no or poor quality service at times. At Holy Cross Hospital, for instance, one doctor apparently complied with a corporate request to refuse an X-ray to a patient who intended to sue the corporation.<sup>88</sup> On another occasion, "a doctor carelessly prescribed an over dose of some medicine," and "when unfavorable symptoms were manifest in the patient[,] the doctor tried to throw the blame on another [doctor], accusing him of improperly preparing the prescription."<sup>89</sup> In many other cases, according to the *Park Record*, miners "left the hospitals before cured. . . . Especially is this true in numerous cases of lead poisoning where doctors have prescribed medicine, and

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<sup>85</sup> Behle, 34-35.

<sup>86</sup> *Park Record*, April 7, 1900.

<sup>87</sup> *Ibid.*, July 31, 1915.

<sup>88</sup> JWML, Special Collections, Accn 588, Holy Cross Hospital Records, Box 4, folder 2, "Minutes of the Staff Meeting 1902-1918," October 1908, p. 21.

<sup>89</sup> Behle, 35.

then dropped the case without ascertaining whether patients were improving or not, and showing no interest whatever.”<sup>90</sup> Salt Lake City’s hospitals embraced an “open” policy that allowed any reputable physician in good standing to practice at their institutions. This policy worked well at times, but unscrupulous or untrained doctors still practiced on occasion. Although the staffs at St. Mark’s and Holy Cross worked with Groves-LDS to coordinate lists of “undesirable” doctors who “should be disqualified from practicing,” malpractice remained a serious problem.<sup>91</sup> In addition, some doctors engaged in the unethical practice of fee splitting (which still occurs today), in which they shared payments with colleagues in exchange for referrals, and thus labored under conflicting doctor/patient interests.<sup>92</sup>

In addition to class bias, the hospitals’ distance from area mines remained a problem. When miners sustained severe or chronic injuries and ailments, help often remained too far away. Miners in Park City remained twenty-five miles away from Salt Lake City, and while passenger trains existed beginning in 1890, they left once daily, leaving sick or injured miners the options of walking, riding horseback or in a stagecoach down the steep and rocky road to the city. In addition to their jostling and unsteady traction, these options remained slow and often resulted in the longer suffering, or death, of critically wounded laborers, in addition to missed work, pay, and time with friends and families. Exemplifying the former, miner Phil Davis lay in wagon after suffering an explosion that tore

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<sup>90</sup> Park Record, December 19, 1903, quoted in Derickson, 108.

<sup>91</sup> JWML, Special Collections, Accn 588, Holy Cross Hospital Records, Box 4, folder 3, Minutes, staff meetings, 1907-1932, September 21, 1908, pp. 22, 41.

<sup>92</sup> Joseph M. Peck, M.D., What’s Next, Doctor Peck? (Englewood Cliffs, New Jersey: Prentice Hall, 1959), pp. 48-49.

“off his left hand and a portion of his right hand, besides blowing out both his eyes and otherwise disfiguring him.” After arriving at Holy Cross the next morning, surgeons amputated his arm below the elbow. The ride from Park City was “terrible,” however, as Davis—dusty, fatigued, and “horribly mangled”—begged the driver repeatedly “to kill him and end his sufferings.”<sup>93</sup>

To rectify this problem, miners in Park City planned to build and govern their own local hospital.<sup>94</sup> These miners were not alone in their planning, but rather part of a larger trend among turn-of-the-century hardrock miners in the West who drew upon self-help traditions to establish miners’ hospitals, argues historian Alan Derickson. Miners made their first attempt at hospital building during the debates surrounding Utah statehood in the early 1890s. Park City miners petitioned state legislators to mimic other western states in providing public annuities for a state miners’ hospital. In 1894, the Utah Enabling Act, which allowed Utah to become a state, passed and granted this petition. Three years later, Park City’s local #144 of the Western Federation of Miners pressured Summit County representative C. A. Callis to embrace the act and help build a “State Miners’ Hospital at Park City.”<sup>95</sup> In March 1897, Callis presented a bill for hospital construction, free treatment for indigent miners, and \$5000 toward those ends after Park City matched that amount, as well as land for a hospital. Although the bill passed, the stipulation for a matching \$5000 remained too high for working-class Parkites who failed to raise the money. Unspent, the public

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<sup>93</sup> Salt Lake Tribune, May 18, 1892.

<sup>94</sup> Ben Cater, “Grassroots Healing: The Park City Miners’ Hospital,” Utah Historical Quarterly Vol. 78 (Fall 2010): 304-325.

<sup>95</sup> Salt Lake Tribune, February 24, 1897; March 4, 1897; March 11, 1897;



appropriation entered an interest-bearing state miners' account whose funds supported workmen's compensation claims beginning in 1917, and then despite protests by state legislators (who didn't want Salt Lake or the state to become a "dumping ground for all the indigent tuberculosis") for the state Miners' Ward at St. Mark's Hospital in 1932, and then a state tuberculosis sanitarium.<sup>96</sup>

By 1903, Park City miners pursued a second strategy of relying on private funds alone. Their urgency had grown in the last year, as mine owners now required workers to buy hospital contracts as a condition of employment. WFM members, which numbered a thousand or more, rallied in solidarity to compel their president Joseph Langford to meet with mine managers, and convince them of turning company medical fees "over to local #144 rather than to valley hospitals." Langford met with them on November 13, and while waiting for management's response successfully petitioned Park City's city council and local doctors for their support of a private local hospital.<sup>97</sup> Following the story, the promining *Park Record* predicted a positive response from the Silver King mine, in particular, as its vice-president Thomas Kearns had supported miners' issues in the past, such as the eight-hour workday and a promining tax amendment, and

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<sup>96</sup> USHS, Laws of Utah, Second Legislative Session 1897, chapter lxiii, pp. 241-242; Park Record, March 13, 1897; USHS, House Journal, series 456, Accn. 124535, reel 4, pp. 510, 570; Park Record, April 3, 1897; April 7, 1900; January 4, 1908; USHS, Public Documents of the State of Utah 1917-1918, part 2, (Salt Lake City: F.W. Gardiner Co., 1919), section 19, p. 7; JWML, Special Collections, Mss 686, Episcopal Diocese of Utah Records, "St. Mark's Hospital Minutes, 1938-1944," Box 81, August 16, 1940, p. 2; Salt Lake Tribune, August 21, 1898; May 3, 1899; January 25, 2004; January 27, 2004; Joseph Morrell, M.D., Utah's Health and You: A History of Utah's Public Health (Salt Lake City: Deseret Book Company, 1956), p. 127.

<sup>97</sup> Park Record, November 14, 1903; "In support of the proposed hospital in Park City, [the city council] offered the following resolution . . . whereas there is at present a movement on foot to establish a hospital in Park City, and believing that such a movement deserves the earnest and sincere support of the citizens of this city, 'the mayor and the council do most and sincerely endorse and support such object.'" USHS, Accn 015202, Series 84968, "Park City Council Meeting Minutes," December 2, 1903.

since he had worked as a miner before becoming rich.<sup>98</sup> By the following week, however, Kearns and other managers had rejected the union's proposal, and argued that the city's hospitals still offered the "best" treatment, and that miners' would be unlikely to raise the \$40,000 needed for a hospital. Contracts provided \$1500 per month to valley hospitals, and Kearns and his business partner Robert Chambers—who financially supported Catholic and Episcopal parish projects in Salt Lake City—appeared concerned that diverting such capital away from St. Mark's, Holy Cross, and the new Catholic Judge Miners' Hospital (established by his former brother-in-law and business partner's widow, Mary Judge, and existing from 1910-1915) would endanger their solvency.<sup>99</sup> Supporting miners' demands also appeared to loosen their control over labor, and support workers' power and independence, which the socialist WFM explicitly, radically, and at times violently embraced. Yet because management needed functional laborers, it did agree to finance a "hospital ambulance car" from Park City to the valley.<sup>100</sup>

Undeterred, local #144 met on December 25 at the Miners' Union Hall to defend its goals. Miners pushed to rescind compulsory contract care and begin raising funds for hospital construction. A gifted orator and leader, Langford rallied miners with a stirring speech that recited their grievances with valley

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<sup>98</sup> About taxing the miner, Kearns said at the 1895 constitutional convention, "Are you going to put a tax on that man and sell out what he has put his life to accomplish . . . a claim that he had patented. If you do, gentlemen, you will strike down one of the grandest industries in our new State, and I leave it to your generosity to relieve the poor prospector. Go into the cities and ask capital to go there and invest before the shaft is sunk, it will laugh at you." Reprinted in, Raye Ringholz, *Diggings and Doings in Park City* (Salt Lake City: Western Epics, 1972), p. 44; Derickson, p. 157.

<sup>99</sup> *Salt Lake Herald*, November 28, 1901; *Salt Lake Telegram*, August 9, 1916.

<sup>100</sup> *Park Record*, December 12, 1903; December 19, 1903; *Deseret News*, November 28, 1903.

hospitals and mine owners, and that appealed to miners' wounded and imperiled manhood:

You are all aware of existing conditions. How, at this time, we are compelled to submit to treatment which is not at all satisfactory; our money taken from us without our consent or approval; the long and tedious journey we have to undertake in order to reach the hospitals. . . . Probably some of those who are opposed to the establishing of a hospital in Park City will tell us that we are weak and unable to cope with so large a proposition but we shall be stronger. . . . Brothers, allow me to suggest that now is the time for us to act. This is the time for us to assert our manhood, this is the time for us to show our enemies that we, poor miners as we are, are capable of doing noble things and not dreaming all day long. This is a glorious opportunity, let us grasp it. . . . We the miners of this camp . . . should be more keenly interested in this laudable undertaking than any other party [and] willing to do our duty to ourselves, our families, and our fellow men.<sup>101</sup>

Afterward, three hundred miners donated \$10 (approximately two or three days wages) each and voted to begin exploring potential construction sites. They also agreed to build the hospital once two hundred shares of capital stock were sold, a feat that was completed by early January 1904. On April 28, after filing for incorporation, the local began construction on a lot near “nigger hollow” that was donated by an Irish immigrant widow.<sup>102</sup> Throughout the summer, miners rallied community support through a variety of means—writing newspaper editorials, sponsoring charity baseball games, plays, and dances—to yield cash, furniture, medicine, and office and surgical equipment for the hospital. Rather than dividing community, union activity seemed to unite it. By October 15, feeling

<sup>101</sup> Park Record, December 26, 1903; Deseret News, December 26, 1903.

<sup>102</sup> Salt Lake Tribune, December 28, 1903; January 3, 1904; January 9, 1904; February 24, 1904; March 21, 1904; April 28, 1904; Park Record, November 14, 1903; February 20, 1904; March 26, 1904; April 30, 1904; April 22, 1921.

the weight of community pressure, mine managers agreed to rescind compulsory contract care, and thereby approve the Miners' Hospital.<sup>103</sup>

Although managers never disclosed their rationale for supporting the hospital, it seemed that a combination of political, religious, racial, and ethnic reasons, in addition to economic considerations, influenced it. In 1901, Kearns served as the Republican senator from Utah in the national capitol. Republicans historically opposed the Mormon Church and its practice of polygamy, which they dubbed a "relic of barbarism," along with black slavery, during the 1850s. By circa 1900, Republicans suspected Mormons of embracing plural marriage despite the church's Manifesto of 1890 forbidding it. Although Mormons seemed to support religious détente and American assimilation in the years after statehood, elected officials seemed to do otherwise after the federal elections of Brigham H. Roberts (1898) and Reed Smoot (1903), both of whom were church leaders and suspected polygamists. Fearing resurgent Mormon power, senator Kearns paid \$10,000—an enormous sum—to support efforts to unseat Smoot.<sup>104</sup> Kearns also worked with his business partner David Keith to establish the anti-Mormon (and anti-immigrant) American Party, which dominated Salt Lake City politics for almost a decade (1904 to 1911), and helped elect hospital supporter and silver magnate William M. Ferry to Republican state senator and then mayor of Salt Lake City in 1915. In light of Kearns' political career, ties, and vision, supporting the miners' hospital in the Republican gentile stronghold of Park City seemed like a shrewd play.

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<sup>103</sup> Ibid., July 16, 1904; August 20, 1904; September 3, 1904; October 1, 1904.

<sup>104</sup> USHS, Mss B 504, "David Keith Scrapbooks," Box 1.

Shared religious, ethnic, and racial ties between labor and capital may have also incited the latter's support. In a nearly homogenous Mormon state, Park City existed as a religious island where Catholics and Protestants numerically dominated. Most had immigrated from Ireland, England, and Wales during the 1870s when industrial mining in Park City first emerged. By 1880, about two thousand Irish, Welsh, and English Christian miners and their families settled there, and bishops Scanlan and Tuttle traveled to say mass and visit parishioners who gathered funds to build several churches and religious schools.<sup>105</sup> Feeling at home among a familiar people, the Irish Catholic Kearns socialized with Parkites, and often helped them. He hosted a large public wedding in Park City, and occasional parties for his workers and managers at his Salt Lake mansion. Kearns supported the local St. Mary's parish, and sometimes fraternized as "one of the boys" at Park City's many Irish bars and saloons.<sup>106</sup> In the aftermath of the 1902 Daly-West explosion that left many Irish Catholic miners dead, he also worked with his Scot Presbyterian business partner David Keith and parish secretary Patrick Moloney to distribute funds to

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<sup>105</sup> Raye Ringholz, *The First Century: St. Mary of the Assumption Catholic Church* (Salt Lake City: American Graphics, 1997), p. 17; Gary Topping, *The Story of the Cathedral of the Madeleine* (Salt Lake City: Sagebrush Press, 2009), p. 7, 19. Describing Park City in 1889, Edward Tullidge wrote, "There are a thousand homes with 'wife, children and friends' who have made 'the home' sacred and beautiful in a very Christian land. Indeed the Park City people can lay just claims to be a Christian society, and not, as in a primitive mining camp, a promiscuous gathering of stalwart, adventurous sons of Christians parents, whose almost only relation to religion and the church is the memory of the mother who taught them their prayers. . . ." Edward Tullidge, *Tullidge's Histories*, Vol. 2 (Salt Lake City: Juvenile Instructor, 1889), p. 519.

<sup>106</sup> One old Park City resident recalled, "an anti-Catholic group of Parkites hired a professional boxer from New York to pick a fight in a local Irish bar. Tom stepped in and knocked the pro's head against the brass rail. When the boxer recovered and came down into the mine with four other ruffians to 'get' Tom, Kearns said he'd lick them all in a fight and told them to step on the cage . . . and when they were hoisted up to where they could smell fresh air, he'd take them all on at once. They left him alone." Ringholz, *Diggings and Doings*, 43-44.

surviving relatives in Ireland and in Park City.<sup>107</sup> Although denying responsibility for this and other catastrophes, Kearns' and Chambers' willingness to assist their ethnic kin in paying for expensive medical bills was not uncommon. Neither was funding an orphanage for deceased miners' children, nor supporting efforts by the local Knights of Labor to remove local Chinese from the city and thereby protect white labor and wages.<sup>108</sup>

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If the evolution of Salt Lake City's hospitals during the early 1900s prompted Park City's essentially British Christian miners to unionize, reinterpret, and extend their traditions of self-help to construct a miners' hospital on American soil, it also allowed them to visibly mimic, if not attain, the bodily health and cleanliness of affluent white Americans. Rather than remaining sick and suffering in their boarding or hotel rooms, these miners could recover in a modern medical institution devoted to healing and cleaning them, and thereby evince their personal commitments to cultural and patriotic assimilation. Rather than weakening or questioning their standing in the Salt Lake Valley's social pecking order, the failure and evolution of hospital care, and the miners' strike against industrial capital, had in fact helped uplift and stabilize it over those of new non-white immigrants.

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<sup>107</sup> American Eagle, July 19, 1902; JWML, Special Collections, Accn 1239, Silver King Coalition of Mines Records, Box 3, book 2, "Letter from Assistant Secretary to Patrick Moloney, Cloneysharp, Clonnolly, Cashel, Tipperary County, Ireland, June 22, 1903," p. 84.

<sup>108</sup> *Ibid.*, "Letter to Mr. James Horner"; Kathryn Callahan, "Sisters of the Holy Cross and Kearns-St. Ann's Orphanage," Utah Historical Quarterly Vol. 78 (Summer 2010): p. 257. In May 1893, the Park Record reported that R. C. Chambers "notified all the 'celestials' that they must register or face deportation. R. C. Chambers brought all the Chinese cooks and other 'celestials' who worked at the Ontario [mine] into town to comply with the law.'"

Coming two decades after old (white) immigrants, new non-white immigrants experienced hospital care and inequality in radically different ways. Workers from Japan, the American South, Italy, Greece, and Mexico began arriving in the 1890s, and sought to gain employment at the mines, smelters, and railroad yards of suburbs like Garfield, Murray, Magna, and Bingham Canyon. Many of them were hired, particularly during the World War I era when demand for copper increased. Bingham Canyon's Utah Copper Company helped supply it by increasing employment to twelve hundred persons, many of them foreign.<sup>109</sup> Foreigners faced the same or similar threats (avalanches, rockslides, errant explosions, and various respiratory diseases) as white miners in Park City.<sup>110</sup> Yet the frequency and severity of those threats remained much higher, as white managers generally appointed non-whites to the most dangerous, dirty, and low-paying work, sometimes to discourage their presence altogether.<sup>111</sup> At the American Smelter in Murray, for instance, blacks like Albert Fritz and other "colored people" such as Greeks, Japanese, and Mexicans usually worked "cleanup." Cleanup entailed the collection of unused arsenic dust in the oven room, or the "hell hole," to be later alloyed with copper and lead. This job was

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<sup>109</sup> Leonard Arrington and Gary Hansen, The Richest Hole on Earth: The History of the Bingham Copper Mine Vol. XI (Logan: Utah State University Press Monograph Series, 1963), pp. 69-70.

<sup>110</sup> On avalanches in Bingham, see, Louise Van Ee quoted in, Kathleen Kauffman and Dianne Knorr, "By Foot, by Horse, by Crummy: Louise Van Ee, School Nurse in Bingham Canyon, 1921-1939" Utah Historical Quarterly (Winter 2001): 57. Several years later, an avalanche killed sixty-three miners, burned and leveled many buildings in Bingham. See, Eric Swedin, "Bingham Canyon Physician: Paul Snelgrove Richards, 1892-1958," Utah Historical Quarterly (Winter 2001): 66; USHS, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 2, folder 6, Helen Kannes, p. 31.

<sup>111</sup> Jorge Iber, Hispanics in Mormon Zion, 1912-1999 (College Station: Texas A and M University Press, 2000), p. 48.

“so dirty,” Fritz recalled, that “the white men didn’t work on” it.<sup>112</sup> Likewise, Peter Condas, who arrived from Greece in 1916, observed that new immigrants worked exclusively as muckers (men who shoveled broken ore into trams) at Bingham’s U.S. Mine. This “job was so bad, so dangerous,” he recalled, “only Greeks, Mexicans, and Japs [were] working the mines.”<sup>113</sup> In addition, Italians and Mexicans but “very few” “Americans” labored as “powder monkeys,” or men who tamped dynamite into steep hillsides while suspended by ropes, while Japanese and African Americans engaged in the most arduous railroad labor of digging ties, pulling and hammering spikes, and carrying new and old lines for the Denver and Rio Grande Western and Union Pacific railroads.<sup>114</sup> Despite the existence of workplace safety directors at about half of Utah’s industrial mines and smelters, occupational danger remained rife and concentrated among the newest, poorest, and darkest workers.<sup>115</sup>

New immigrants also occupied the least sanitary company housing. In contrast to the new clean boardinghouse it built for white steam shovel operators, Utah Copper gave Greek immigrant Ellen Furgis a boardinghouse that straddled Bingham Creek, or the “open sewer that ran under . . . our front porch,” which contained all manner of debris, including food scraps, garbage, human and

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<sup>112</sup> JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 2, folder 6, Albert Fritz, p. 6.

<sup>113</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 6, Peter Condas, p. 10.

<sup>114</sup> JWML, Special Collections, “Interviews with Hispanics in Utah,” Box 2, folder 4, Ruben and Tilly Gomez, s4:33.

<sup>115</sup> Richard T. Page and J.J. Bloomfield, “Evaluation of the Industrial Hygiene Problem of the State of Utah,” Division of Industrial Hygiene, National Institute of Health, United States Public Health Service, (Washington, D.C., 1938), p. 2.



animal excrement, mine tailings, and cat-sized rats.<sup>116</sup> The Creek allegedly transmitted a fatal case of spinal meningitis to her mother. To avoid that or a similar fate, many miners stole piped water from spigots located on the back of business buildings, or paid “Nigger Jim” or local Chinese boys to fetch water from purer springs.<sup>117</sup> In the early 1900s, a Salt Lake County grand jury censured Bingham’s municipal authorities and threatened their arrest for turning the Creek into a “menace to life,” while state health secretary Theodore Beatty condemned the canyon’s wells, which he asserted, remained contaminated with typhoid germs.<sup>118</sup>

Italian laborers for the American Smelter in Garfield commonly lived in scrap wood hovels, abandoned railroad cars that lacked bathrooms and running water, or in hollowed out hillsides.<sup>119</sup> Japanese migrants at the Murray smelter shared a small bunkhouse infested with bedbugs and, apparently, typhoid bacteria until the state closed it down for public health reasons. Meanwhile,

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<sup>116</sup> Leonard Arrington and Gary Hansen, The Richest Hole on Earth: The History of Bingham Copper Mine Vol. XI (Logan: Utah State University Press Monograph Series, 1963), p. 54.

<sup>117</sup> USHS, Bingham Canyon City Council Minutes, Series 4587, reels 1, April 24, 1907, p. 119; Beatrice Spendlove, A History of Bingham Canyon (M.S. Thesis, University of Utah, 1937), p. 101.

<sup>118</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 2, folder 1, Ellen Furgis, p. 22. Utah Copper doctor and Klu Klux Klan Grand Wizard Russell G. Frazier embraced an alternative view of life in Bingham, and of the sanitary safety of Bingham Creek, in particular: “My roof was your front porch and running right down through the center of town was the open-sewer—no stench and no bacteria. You probably wonder why we did not all die from some epidemic. The copper water from the mines killed both stench and bacteria.” Russell G. Frazier, “Bingham Canyon through the Eyes of a Company Doctor,” Utah Historical Quarterly Vol. 33 (Fall 1965): 287; Salt Lake Herald, September 30, 1904; October 8, 1907; October 20, 1907; Salt Lake Telegram, August 26, 1909.

<sup>119</sup> JWML, Special Collections, Mss 329, “Greek Oral History Project, American West Center,” Box 2, folder 9, Steve Kalaidas, p. 7. Mr. Kalaidas came to Bingham to work with his brothers who “found a bank of dirt and . . . dug out and formed a half cave and enclosed it. . . . And the front porch was enclosed with wood. And this is where we lived.”

many Mexican families lived in Utah Copper's company housing, which possessed a single community toilet.<sup>120</sup>

Many immigrants worked to keep their premises neat and clean, and adamantly rejected white portrayals of their dirtiness and barbarism.<sup>121</sup> Company managers segregated workers' housing by race and nationality (Jap Town, Wop Town, Mexican Town, Greek Town), but viewed non-whites in general as dirty, undeserving of and even opposed to more sanitary conditions. Robert C. Gemmel, the general manager of Utah Copper (and ironically, husband of St. Mark's Hospital surgeon and Health Committee Chairwoman of the Utah Federation of Women Clubs, Belle A. Gemmel), summarized this view when he responded to Greek appeals for better housing: "They choose their own habitations, and if we built them new quarters, they would prefer to stay where they are."<sup>122</sup> The *Salt Lake Telegram* agreed, and believed that "foreigners" made "it . . . difficult to adopt sanitary measures," even though Bingham city authorities resisted sewer construction until New Deal labor built it in the

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<sup>120</sup> Ted Negata, ed., Japanese Americans in Utah (Salt Lake City: Japanese American Centennial Committee, 1996), p. 58. In 1924, the town of Murray suffered a typhoid outbreak likely due to the filthy conditions at the Murray Smelter bunkhouses. See, RA, RG 5.3, Utah Sanitary Engineering, First, Second, Third, and Fourth Quarterly Reports, 1924; JWML, Special Collections, Accn 1369, "Interviews with Hispanics in Utah," Box 2, folder 4, Reuben and Tilly Gomez.

<sup>121</sup> JWML, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 1, folder 5, p. 14. James Conomelos recalled that at school, "some of the white kids . . . thought we were black. . . . And they'd chase us home from school," saying, " 'you dirty Greeks.' And I know my brothers used to say, 'we're cleaner than you are and then they'd head for home because [the white kids] would gang up [on them].'"

<sup>122</sup> In 1914, Greek journalist Maria Economidou described the living conditions of Greek immigrants in Utah's mining towns: "It would take . . . the pen of Edgar Allen Poe to describe the horrors of the Greek immigrant worker's life." Philip Notarianni, "Italiana in Utah: The Immigrant Experience," in, Helen Papanikolas, ed., The Peoples of Utah (Salt Lake City: Utah Historical Society, 1976), p. 309; JWML, Special Collections, Ms 453, "Interviews with Blacks in Utah," Box 2, folder 8, Albert Fritz, p. 4; Helen Papanikolas, "The Exiled Greeks," in, Helen Papanikolas, ed., The Peoples of Utah (Salt Lake City: Utah Historical Society, 1976), p. 414.

1930s.<sup>123</sup> In the meantime, Utah Copper company physician and Bingham mayor Frederick Straup asserted that company housing remained private property, and therefore off limits to Board of Health sewer regulations and inspections.<sup>124</sup>

Like white miners, new immigrants developed new means of preventing or diminishing the effects of workplace ailments and injuries. Lacking a common background, however, their means varied and failed to evolve into a powerful united protest unlike at Park City.<sup>125</sup> Men who worked at smelters most commonly developed work safety practices. At smelters, toxic arsenic dust remained everywhere to produce itching, burning, and scarring on uncovered or sweaty skin. As a result, Greek migrant Peter Loulia saved his money to purchase a “monkey suit,” or protective clothing. Others wore regular clothing but showered right after work to diminish burning and scarring.<sup>126</sup> Breathing arsenic dust often produced severe nasal bleeding, and many men lost their nasal septums. To prevent that, Albert Fritz made nasal filters out of Vaseline-dipped cotton balls. Italian émigré Charles Barber wrapped damp gauze around his nose and mouth, until he quit to find less hazardous work.<sup>127</sup> Similarly, future

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<sup>123</sup> Salt Lake Telegram, August 26, 1909; USHS, Bingham Canyon City Council Minutes, Series 4587, Reel 2, December 12, 1934.

<sup>124</sup> William Blair, An Ethnological Survey of Mexicans and Puerto Ricans in Bingham Canyon (M. A. Thesis, University of Utah, 1948), p. 64; Men of affairs in the state of Utah: a newspaper reference work (Press Club of Salt Lake, 1914), “Frederick Straup,” n.p.

<sup>125</sup> One exception included forty immigrant railroad laborers who walked off the job in Caliente, Nevada, to protest management’s refusal to keep their word and take a wounded laborer back to Salt Lake City for urgent hospital care. All of the men walked back to Salt Lake, taking approximately two months to do so. See, JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 16, Louis Lingos, pp. 15-16.

<sup>126</sup> *Ibid.*, Box 2, folder 1, Peter Loulia, pp. 3-5.

<sup>127</sup> JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 2, folder 6, Albert Fritz, p. 9; JWML, Special Collections, Ms 580, “Italian Oral Histories,” Box 1, folder 2, Charles Barber, p. 3.

Armenian Mormon doctor Herond Sheranian quit the American Smelter in Murray after watching his body devolve into a “mass of sores and eruptions.”<sup>128</sup>

To address ailments and injuries, some immigrants received company first aid or medical treatment in mineshafts, boarding or hotel rooms. In the early 1900s, mining companies began to provide first aid instruction and company physicians, though rarely hospitals, in response to federal pressure as well as to improve corporate productivity.<sup>129</sup> However, company physicians kept odd or minimal hours, and remained intent on keeping medical costs to a minimum. Procedures were difficult to obtain, while shifting and far flung work locations often prevented workers, especially railroad laborers, from accessing doctors or hospitals; laborers for the Union Pacific Railroad in Salt Lake City, for instance, had to travel forty miles north to Ogden to enter the company hospital, built in 1890.<sup>130</sup> Physicians also performed “emergency operations” for employees in nonideal places. Bingham Canyon resident Marion Dunn recalled operations being performed in “the kitchen or dining room with a flickering lamp [being] the only light.” Landladies, prostitutes, and bartenders served as nurses, and foreign bystanders as translators.<sup>131</sup> Allegedly, some company doctors also refrained from helping injured men, such as Marcelino Ulibarri’s grandfather, who after

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<sup>128</sup> Herond Nishan Sheranian, M.D., Odyssey of an Armenian Doctor (1970), p. 52.

<sup>129</sup> Beginning in 1917, most mines provided first aid instruction and materials to workers. See, “Monthly Review of the U.S. Bureau of Labor Statistics,” Vol. IV (Washington, D.C.: Government Printing Office, 1917), January 1, 1917, p. 106.

<sup>130</sup> JWML, Special Collections, Accn 1440, Kennecott Copper Corporation Records, Box 853 “Health,” folder 22, December 31, 1920, for instance, noted the diminished hours—45 minutes per day—kept by the Magna Plant physician. UPRRM, “Annual Report, 1893,” “Hospital Association,” p. 2346, “Medical Department,” pp. 1286-1300.

<sup>131</sup> Marion Dunn, A History of Bingham Canyon (Salt Lake City: Publisher’s Press, 1973), p. 83; Joseph H. Peck, M.D., What Next, Doctor Peck? (Englewood Cliffs, New Jersey: Prentice-Hall, 1959), p. 23.

severing his toe and watching the physicians simply “let him die,” stopped the bleeding himself by cauterizing his wound with a white-hot iron stake.<sup>132</sup>

At other times, men traveled by horse, car, or train to enter Salt Lake City’s hospitals, which retained industrial contracts but considerably fewer over time.<sup>133</sup> Over 40 percent of industrial mines and smelters possessed hospital contracts by the 1930s to theoretically increase the availability of more affordable health care.<sup>134</sup> Yet because corporations like Utah Copper denied jobs to African Americans, they indirectly denied them hospital and health services too. Men like Albert Fritz who worked at Murray’s American Smelter thus recalled that he rarely, if ever, entered a hospital.<sup>135</sup> Other black men, however, landed jobs that possessed medical benefits, and used them, only to lose their jobs for doing so. For instance, after Fantley Jones suffered an injury while working in a Union Pacific dining car, he entered the LDS Hospital to receive treatment, which according to his supervisor, served as a “means to get rid of someone the lower level manager didn’t like.”<sup>136</sup> Other black men used their medical benefits and retained their jobs, but experienced racial segregation at city hospitals like LDS, where staff members separated black from white blood, and black from white

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<sup>132</sup> JWML, Special Collections, Center for the Studies of the American West, Utah Minorities Number S-102, Marcelino Ulibarri, p. 7.

<sup>133</sup> JWML, Special Collections, Ms 686, Episcopal Diocese of Utah records, Box 80, Record and Minute Book, Board of Directors, 1909-1924, “comparative receipts,” p. 59, for instance, illustrates a decrease in receipts from railroad and mining companies between 1912 and 1913.

<sup>134</sup> Richard T. Page and J.J. Bloomfield, “Evaluation of the Industrial Hygiene Problem of the State of Utah,” Division of Industrial Hygiene, National Institute of Health, United States Public Health Service, (Washington, D.C., 1938), p. 14.

<sup>135</sup> ML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 4, folder 6, pp. 18-23.

<sup>136</sup> Ibid., Box 5, folder 4, Fantley Jones, pp. 19-20. To be clear, Jones’ treatment revealed that he suffered from syphilis. Rather than encouraging treatment for it, which remained easy and affordable to obtain, his manager fired him. Ibid., Box 2, folder 16, Mary Smith, pp. 47-48; USHS, Mss B 248, Dan Hinman Oral History Interviews, Box 2, folder “Dr. Earl Skidmore, Interview #2,” p. 5.

bodies. In particular, hospital officials excluded black men from hospital wards by placing them in more expensive private rooms—regardless of their ability to pay for them—allegedly to keep them from sexually preying on white women.<sup>137</sup>

Greek, Italian, Mexican, and Japanese laborers also entered Salt Lake City's hospitals on occasion. Their physical complaints were similar to those of white miners, though Japanese and black railroad laborers in particular suffered bouts of typhoid fever, which bred easily among the mobile railroad camps that lacked any semblance of sanitary plumbing.<sup>138</sup> About every other day, a patient from the Denver and Rio Grande Western Railroad entered St. Mark's Hospital, according to one report.<sup>139</sup> Throughout the World War I era, about one patient from Utah Copper also entered St. Mark's and Holy Cross. On hospital admission rolls, typical names included Takahashi, Yamamoto, Reyes, and Monteneri.<sup>140</sup>

Without testimonies from Asian, Mexican, and southern European patients, analyzing their personal hospital experiences remains difficult. Still, we can surmise that new immigrants experienced similar but different forms of discrimination as black workers. Although some whites claimed that "the

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<sup>137</sup> JWML, Special Collections, Ms 453, "Interviews with Blacks in Utah," Box 4, folder 2, Marguerite Brown, p. 17; F. Ross Peterson, "'Blindside': Utah on the Eve of Brown v. Board of Education," Utah Historical Quarterly Vol. 73 (Winter 2005): 11.

<sup>138</sup> JWML, Special Collections, "Interviews with Japanese in Utah," Box 4, folder 4, Ruby Ushio, s4:26; LTP, Special Collections, Americana Collection, History of Dr. W. H. Groves LDS Hospital School of Nursing, 1905-1955 (Published by the Dr. W. H. Groves Latter-day Saints Hospital School of Nursing Alumnae, May 1970), p. 17; LTP, Manuscripts Collection, Geneva Steel Historical Archives in conjunction with the Charles Redd Center for Western Studies, "Esther Hebrew, Oral History Transcript," pp. 3-10"; Richards, 169; Mark Aldrich, "Train Wrecks to Typhoid Fever: The Development of Railroad Medicine Organizations, 1850 to World War I," Bulletin of the History of Medicine Vol. 75 (Summer 2001): 254-289.

<sup>139</sup> JWML, Special Collections, Ms 686, Episcopal Diocese of Utah Records, Box 80, Record and Minutes Book, Board of Directors 1909-1924, p. 56

<sup>140</sup> JWML, Special Collections, Accn 588, Holy Cross Hospital Records, Box 2, folder 3, p. 138.

attitudes of Caucasian doctors, physicians, and other professional health workers [were] practically free of racial biases,” or that “anyone could enter the hospital” and receive the “same” treatment, many whites and non-whites asserted otherwise.<sup>141</sup> Mormon Utah Supreme Court Justice J. Allan Crockett, for instance, recalled that, “some of the doctors wouldn’t even treat minorities. They didn’t want to.”<sup>142</sup> Newspapers often referred to Mexicans as “peons” and “greasers,” while one Greek miner feared for his life when, while visiting his brother at St. Mark’s Hospital after a foot amputation, “heard that Salt Lakers wanted to burn down Greek Town . . . like they did in Nebraska.”<sup>143</sup>

Because of such discrimination, many immigrants sought out health care professionals who would not only treat them, but also make them feel at ease. One professional included Edward Hashimoto, a Holy Cross Hospital surgeon and professor of anatomy at the University of Utah, whose powerful father, Ed Daigoro, worked with the infamous Greek labor agent Leonard Skliris. Approximately 75 percent of Hashimoto’s clientele remained Japanese residents.<sup>144</sup> His clients were attracted to his great medical skill, as well as to his racial and ethnic affinity, but they also had limited options as Hashimoto remained one of only two non-white doctors (the other being Herond Nishan, an Armenian Mormon) legally practicing in Salt Lake City. Language barriers, plus

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<sup>141</sup> Douglas Hardy, “Caucasian Attitudes Toward the Japanese in Metropolitan Salt Lake City” (M.A. Thesis, University of Utah, 1946), p. 81; USHS, Mss B 248, Dan Hinman Oral History Interviews (LDS Hospital), Box 1, folder “Berta Cannegieter,” p. 11.

<sup>142</sup> JWML, Special Collections, Ms 483, “Interviews with Caucasians in Utah,” Box 1, folder 1, Judge J. Allan Crockett, p. 30.

<sup>143</sup> Park Record, February 1, 1908; Salt Lake Herald, June 28, 1900; JWML, Special Collections, Mss 329, “Greek Oral History Project, American West Center,” Box 2, folder 7, George Gigounakis, p. 5.

<sup>144</sup> JWML, Special Collections, Accn 1209, “Interviews with Japanese Americans,” Box 1, folder 6, Edward Hashimoto, M.D.

the state's rejection of foreign university medical degrees, explain this dearth. So does the practice of white-owned real estate companies denying professional office space to non-white physicians and dentists. Greek immigrant doctor Peter Kasenikos could not obtain a medical license, and Japanese dentist Jun Karamda remained shunned from the new Medical Arts building (on South Temple, until 2005).<sup>145</sup> Steep education costs (about \$300 a year) also prohibited many poor immigrants from attending medical school.

Besides foreign doctors, many immigrants likely sought out the few Japanese, Greek, and Italian nurses who worked at Holy Cross and Groves-LDS hospitals beginning in 1920s. Some immigrant parents viewed nursing as dirty and degrading, and forbid their daughters to pursue it. Yet others did not and sent their daughters to nursing school.<sup>146</sup> Other daughters received scholarships from civic groups (like the Utah Federation of Women's Clubs) that aimed to protect public health against allegedly sick immigrants. Civic groups often viewed foreign nurses as potential "Americans" and "missionaries to their own nationality [sic]."<sup>147</sup> These nurses did not face racial restrictions to the health profession, although they were expected to maintain a "good moral character" to

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<sup>145</sup> JWML, Special Collections, Mss 329, Greek Oral History Project, American West Center, Ethnic Oral History Programs, Collections of the American West, Box 5, folder 12, Helen Skedros Rizos, p. 20; JWML, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 2, folder 8, Constantinople Skedros, 1-9; JWML, Special Collections, Accn, 1209, "Interview with Japanese Americans," Box 2, folder 5, Jun Kuramada, s1:1; Herond Nishan Sheranian, M.D., Odyssey of an Armenian Doctor (1970), p. 77. Sheranian worked at the Salt Lake County hospital from 1924 to 1927.

<sup>146</sup> JWML, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 1, folder 8, Mary Diamant, p. 137.

<sup>147</sup> JWML, Special Collections, Mss 0558, Utah Federation of Women's Clubs, Box 2, volume 2, October 1918-September 1921.



remained registered in the state.<sup>148</sup> Poor black women, however, encountered expensive school costs as well as racial restrictions (until the passage of the federal Bolton Act (1943) allowing all women to enter the wartime Cadet Nurse Corps). However, one lighter-skinned woman received a job at St. Mark's Hospital to underscore, according to the African American community, the value of minimal blackness.<sup>149</sup> Finances also deterred many Mexican women from entering nursing and medical school.<sup>150</sup> Mexican families arrived and received work later than other immigrant families, and were perhaps less able to financially support them. By contrast, many white women, including Florence Greeves, received financial scholarships, including one from the Chamber of Commerce, to attend nursing and medical school.<sup>151</sup>

Beginning in 1918, some miners in Bingham Canyon also relied on doctor Paul S. Richards, a Mormon surgeon employed by the U.S. Mine and other

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<sup>148</sup> Evelyn Jorgenson and Laura Poe, A Legacy Remembered: History of the Utah State Nurses Association, 1914-1995 (1996), p. 15.

<sup>149</sup> JWML, Special Collections, Ms 453, "Interviews with Blacks in Utah," Box 5, folder 6, Marcella Kelly; Box 7, folder 2, John Williams, p. 67.

<sup>150</sup> JWML, Special Collections, Accn 1369, "Interviews with Hispanics in Utah," Box 1, folder 9, John Florez, S3:20.

<sup>151</sup> Between 1912 and 1945, 30 non-white nurses worked at Holy Cross Hospital, with 20 being of Italian extraction. Five nurses were Greek, three were Japanese, and one each identified as Chinese and Middle Eastern, respectively. See, History of the Holy Cross Hospital School of Nursing: From Beginning to End, 1901-1973 (n.d.), pp. 42-94. I say "apparent" because "colored" could refer to any person not identifying as "white," which itself lacked a steady and clear definition. In 1938, several "colored girls" who participated in the city's Neighborhood House program apparently wished to receive nurses training. Yet the Federation reported through its medical and health committee, "The colored girls wishing [for] nurses training can have nothing done this year as the class is filled. Mrs. Whitney will continue working on this project." See, JWML, Special Collections, Ms 455, Neighborhood House Records, 1894-1996, Box 3, book 2, "Minutes: January 1938 to May 1939," p. 2. Lottie Felkner with the assistance of Mildred Larsen, The St. Mark's Hospital School of Nursing Story (Salt Lake City: St. Mark's Hospital Nurses' Alumni Association, 1970), p. 66; Evelyn Jorgenson and Laura Poe, A Legacy Remembered: History of the Utah State Nurses Association, 1914-1995 (Salt Lake City, 1996), p. 243; LTP, Special Collections, LDS Hospital School of Nursing Alumni Records, Box 2, folder 5, "Graduation Programs, 1924-1955," lists seven Japanese nursing graduates. For white women who received scholarships to attend nursing school, see, JWML, Special Collections, Mss 0558, Utah Federation of Women's Clubs, Box 14, folder 11, Minutes 1931, p. 9.

companies. Richard's office initially served as the hospital until he cleaned up and took over the Bingham Canyon Hospital and Clinic. The new hospital possessed "very few medical tools" and remained "dirty," and most workers viewed it "as a place of death." Over time, however, it grew to be a sanitary four-story building that possessed modern technology, a staff of over sixty people, and a "reputation for cleanliness and . . . good results in surgery." Richards treated many contract patients, and because of the mounting "costs of human repair," lobbied mine companies to establish better health and safety accommodations, such as wet drilling, better lighting, ventilation fans, safety goggles, helmets, hot showers, and vaccinations for typhoid, diphtheria, tuberculosis, and smallpox.<sup>152</sup> He preferred foreign patients to native ones, and befriended many of them, including several Austrian workers who invited him to their annual Christmas celebrations, during his career.<sup>153</sup> Having earned the miners' trust, Richards appealed for the same from miners' expectant wives; yet to no avail as the latter often relied on midwives, sisters, or mothers to intervene during childbirth.

Not all company doctors promoted medical healing, community peace, and stability, however. In 1927, Utah Copper built a company hospital in Bingham Canyon, and hired Russell G. Frazier as its doctor and manager. A native of West Virginia, Frazier served as the grand master of Bingham's Klu Klux Klan. Dentist Arthur Inglesby and Magna doctor George McBride, as well

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<sup>152</sup> SSEHSL, ed. Ann R. Barton, *The Memoirs of Dr. Paul Richards* (1965), p. 57.

<sup>153</sup> SSEHSL, *The Memoirs of Dr. Paul Snelgrove Richards*, ed. Ann Barton (Salt Lake City, 1965); Swedin; Troy Madsen, "The Company Doctor: Promoting Stability in Eastern Utah Mining Towns," *Utah Historical Quarterly* Vol. 68 (Spring 2000): 139-156.

as Utah Copper's chief of security George Knudsen and subordinate officers, rounded out the Klan's leadership. White native-born Americans who worked as skilled laborers for Utah Copper and the Denver and Rio Grande Western Railroad Company comprised the Klan's rank-and-file. Klan members were mainly gentiles since the Book of Mormon opposed "secret combinations" or societies, and denounced violence and intimidation; Mormon leaders also explicitly condemned the Klan from the pulpit.

Like many towns throughout the nation, Bingham and Salt Lake City witnessed the Klan emerge in the 1920s in response to a host of threats allegedly besieging the nation. Native-born Anglo-Saxon Protestants resisted the seemingly oppressive weight of urbanization, industrialization, women's emancipation, theological liberalism, black migration, "race-mixing," the ebbing of traditional morality, and "dirty" non-white immigrants. Seeking to address the latter, in 1919 the Utah legislature joined other states in passing an Americanization law requiring foreign immigrants to attend nightly English language classes; five years later, the federal government passed legislation (the National Origins Act) aimed at curtailing immigration from southern and eastern Europe, and Asia.<sup>154</sup> Another threat included the "Red Scare," or the fear of political radicalism inspired by Russia's Bolshevik Revolution. Although political radicalism remained more common in big cities like New York and Chicago, which contained large clusters of "unassimilable" new immigrants, it also appeared at various times in Bingham Canyon during the early twentieth century.

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<sup>154</sup> JWML, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 2, folder 2, Helen Papanikolas, p. 21.

During the fall and winter of 1912, for instance, thirty-five hundred Greeks and Italian laborers struck violently to protest Utah Copper. Led by local #167, a Greek-dominated chapter of the Western Federation of Miners, strikers protested management's reliance on Leonard Skliris who coerced payments from immigrants in exchange for employment, as well as the company's shift to open pit mining, which relied increasingly on machine labor, and deprived men of work. During the strike, laborers hurled rocks, dynamite, and fired shots at white workers who rejected the strike as un-American. To break the strike, company managers requested support from the Utah National Guard and the Salt Lake City police department, which posted sharpshooters near Telegraph Hill, adjacent to new immigrant neighborhoods. It also hired labor-starved Mexican immigrants who fled their country's 1910 revolution and their country's skyrocketing cost of living to incite hostility among fellow non-whites.

Throughout the strike, the *Deseret News* and the *Salt Lake Tribune* portrayed Greek and other new immigrants as un-American "aliens" who stole white American jobs, threatened traditional culture, and sent their earnings back to their native countries. These portrayals and the racial tensions that underlay them persisted for many years. Violence between whites and Greeks remained common in Bingham, and tensions reemerged during Carbon County's 1922 coal strike, in which the *Sugar House Times* cheered the state's deadly action against "those foreigners."<sup>155</sup> Embracing these portrayals, several prominent whites including doctors, dentists, and lawyers, established the Klu Klux Klan in Carbon

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<sup>155</sup> *Deseret News*, September 16, 1912; September 19, 1912; *Salt Lake Telegram*, May 26, 1915; *Salt Lake Tribune*, September 19, 1912; *Sugar House Times*, June 14, 1922.

County. In Bingham too, the Klan emerged to assail political radicalism and other threats posed by new immigrants; that non-whites and Greeks in particular operated saloons and brothels, and competed with more respectable white businesses seemed to validate the Klan's fears. To intimidate the immigrants, the Klan resorted to violence, including a raid on a Greek-owned Pool Hall. They also burned crosses near immigrant housing at the Murray smelter, Telegraph Hill, and at Ensign Peak, which overlooks Salt Lake City. Revealing the association of civil and moral discourse with health and cleanliness, white police officers harassed and imprisoned Mexicans on occasion for being "dirty."<sup>156</sup>

Viewing such acts as intimidation, some immigrants retaliated. On one occasion, Speros Vidalakis fired shots at Klan members during a cross burning "to scare the hell out of them." Soon after, he and others spotted doctor Walter Frazier running in his robes to his office at the Utah Copper Hospital. After confronting the doctor and criticizing his bigotry, an immigrant security guard beat him.<sup>157</sup> Yet other non-whites kept their distance from Frazier and the Utah Copper Hospital. Many "felt they were coldly treated, like animals, not human beings. Amputations were hastily performed." Greeks feared the company doctor who "carelessly cut off arms and legs," recalled historian Helen Papanikolas. "Injured men were hidden at times and spirited away . . . before

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<sup>156</sup> A Spanish-speaker in Bingham in the 1920s recalled, "Some of us were dirty but not all of us were" and "that was the problem I had with the law because they [sic] treated us all the same way." Quoted in, Jorge Iber, *Hispanics in Mormon Zion, 1912-1999* (College Station: Texas A and M University Press, 2000), p. 25.

<sup>157</sup> Larry Gerlach, *Blazing Crosses in Zion: The Klu Klux Klan in Utah* (Logan: Utah State University Press, 1982), p. 83.

‘the butchers’” or the “‘horned ones’” got them.”<sup>158</sup> Meanwhile, doctor Frazier deflected blame and snarled about his foreign patients, “ I think they are [a] damn bunch of babies.”<sup>159</sup>

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Clearly, then, private hospitals and hospital care in and around the Salt Lake Valley worked to perpetuate the health inequality initiated by public sanitation and vaccination campaigns. This effect contrasted with the hospitals’ original and more equitable and charitable goals of affording low-cost medical and surgical care to industrial miners, supporting Christian evangelization, or supplying the medical needs of Mormon women while preserving and defending Zion. As medical science, technology, and hospitals improved, and as the Mormon Church sought to assimilate nationally while supporting and cooperating with the local gentile medical community, the city’s church-sponsored hospitals worked simultaneously to reorient their goals toward providing expert medical and surgical care, and hospitality, to affluent white patients. The consequences of this evolution varied, and affected different people in different ways over time, according to gender, class, race, and national origin.

Mormon women, for instance, initially benefitted from the Mormon Church’s foray into hospital care with the founding of Deseret Hospital. Acting as surgeons and doctors, progressives like Martha Hughes Cannon and Ellis Reynolds Shipp embraced powerful opportunities to extend their medical careers

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<sup>158</sup> Helen Papanikolas, “The Exiled Greeks,” in, *The Peoples of Utah*, ed., Helen Papanikolas (Salt Lake City: The Utah State Historical Society, 1976), p. 416; Papanikolas, *A Greek Odyssey in the American West* (Lincoln: University of Nebraska Press, 1987), p. 154.

<sup>159</sup> William C. Blair, “An Ethnological Survey of Mexicans and Puerto Ricans in Bingham Canyon” (M.A. Thesis, University of Utah, 1948), p. 67.

as doctors and surgeons, and to defend their religious community in the public sphere even when it meant reinforcing the private domesticity of their Mormon sisters. As the church's male hospital trustees sought to support Mormon cultural assimilation in the years after Utah statehood, they abrogated their church's historical commitment to female medical empowerment and restricted women to supportive rather than leading roles as hospital nurses. Conversely, gentile nurses received the lowest wages for performing menial tasks, although some witnessed women like Belle Gemmel appropriate gender stereotypes about female nurture to support their becoming doctors and surgeons.

While white industrial miners from Park City remained the initial object of reform at Salt Lake's Christian hospitals, they migrated to the margins of that project by the early twentieth century. Rejecting that migration, these miners petitioned state officials and mine management to improve their health prospects by building a state miners' hospital and rescinding contract care at valley hospitals as a requirement of employment. Failing the former, these essentially British Christian miners rallied through their union local and drew on self-help traditions to develop a hospital by and for them. Although mine managers initially resisted union overtures, British men like senator Thomas Kearns and future (anti-immigrant and anti-Mormon) American Party mayor William Ferry eventually accepted them and swung their powerful support behind union efforts. As white gentile miners fought for their health, the support of the media and the community in general remained intact, with accusations of union anti-Americanism never surfacing. As non-white foreigners fought for different goals

(free labor and job security) but by the same means, white public support in the media and the community turned against them. Branded as un-American aliens, especially during the hyper-nationalistic post-World War I era, these workers faced harsh discrimination without and within hospitals from ostensibly “true Americans.” Reeling from injuries gained by performing the most dangerous, dirty, and cheapest work, and likely exacerbated by inhabiting the most unsanitary and filthy company housing, non-white workingmen faced varying levels of prejudice when seeking medical care. While black men risked losing their jobs by using company hospital contracts, or faced segregation and steeper hospitals costs for being coerced into private rooms, foreign Greek, Italian, Japanese, and Mexican men endured less discernable but still real biases that caused some of them to seek out non-white hospital professionals. Others in Bingham Canyon equated company hospital care with white native power and violence.

To further complicate Salt Lake’s social pyramid that witnessed affluent white men and women and then white working-class individuals assert their superiority over non-white working-class immigrants, the kin and friends of foreign laborers who sought hospital care experienced varying types and levels of hospital inequality. Long portrayed as the city’s cleanest, healthiest, most financially successful, and patriotic new non-white immigrants, the Japanese witnessed some of their nissei, or second generation, women become hospital nurses in greater numbers than both Greek and Italian women, both of whose compatriots were historically deemed dirty and unassimilable by the city’s white



progressives. Japanese men often gained menial jobs as hospital custodians to help white nurses focus more on patient care, while no records exist of other foreign men laboring in such capacity.<sup>160</sup> As patients, foreign and non-white kin also endured erratic discrimination. One hospital alleged that Japanese patients who entered city hospitals never encountered bias, as there had never “been . . . difficulty regarding payment of bills by them.”<sup>161</sup> Italian, Greek, Mexican, and Chinese patients remained rare due to racial and language barriers and the prohibitive costs of hospitalization. So did those from Hawaii and the Pacific Rim who immigrated to Salt Lake after converting to Mormonism; yet they did endure some racial epithets—“cannibal chieftain” for example—at the LDS Hospital, adding to white suspicions of Hawaiian leprosy and disease to further undercut religious kinship.<sup>162</sup>

African American women, mothers, and children encountered more systematic discrimination for racial rather than financial reasons. On one occasion, Annie Adams recalled having “terrible trouble with [the] nurses” at St. Mark’s Hospital. After taking her black friend Ms. Harrah there, she found several days later that Harrah “hadn’t been fed all day.”<sup>163</sup> On another occasion, in contrast to the Mormon-owned *Salt Lake Herald’s* adulation that numerous white births meant “no race suicide” in Salt Lake City, Florence Lawrence sadly remembered having made an appointment on the phone for one of her small

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<sup>160</sup> JWML, Special Collections, Accn 806, “Japanese Oral Histories,” folder 8, books 1-2.

<sup>161</sup> Douglas Hardy, “Caucasian Attitudes Toward the Japanese in Metropolitan Salt Lake City” (M.A. Thesis, University of Utah, 1946).

<sup>162</sup> LTP, Special Collections, Americana Collection, History of Dr. W.H. Groves LDS Hospital School of Nursing, 1905-1955 (1970), p. 20.

<sup>163</sup> JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 1, folder 3, Annie Adams, pp. 20-23.

children, only to have the doctor refuse her in person because he “didn’t serve Negroes.”<sup>164</sup> In contrast, Alberta Henry worked to circumvent Jim Crow laws and customs by entering hospitals and pretending to work “for the government or the university or some non-profit association.” Because hospitals thought she was “evaluating their business or their hospital,” they would take her “so fast.” Otherwise, she and other poor black people, especially children, “would go sit in the emergency room and . . . nurses and doctors would pass them up. All because of the way they were looking with [our] rags on or bandages, or . . . old floppy shoes.”<sup>165</sup> Believing that Mormons believed that “blacks lacked souls,” Doris Fry joined other progressive blacks, whites, natives, and foreigners including Velma Oliver, Marguerite Brown, Mrs. Robert Archuleta, Mormon judge J. Allan Crockett, attorney David Oliver, and other members of Salt Lake City’s National Association of Colored People (est. 1919) in allegedly suing the church-owned LDS Hospital for hospital segregation (which apparently did not stop until the 1970s).<sup>166</sup>

As the costs of hospitalization continued to rise throughout the World War I era, hospital care became less affordable for white and non-white working and poor residents. Institutions like the Salt Lake City Community Clinic, which was

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<sup>164</sup> Salt Lake Herald, July 21, 1907; JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 5, folder 7, Florence Lawrence, pp. 67-68.

<sup>165</sup> *Ibid.*, Box 5, folder 2, Alberta Henry, pp. 194-195.

<sup>166</sup> *Ibid.*, 4, folder 7, Doris Steward Fry, p. 12; ML, Special Collections, Ms 483, “Interviews with Caucasians in Utah,” Box 1, folder 1, Judge J. Allan Crockett, p. 23; JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 2, folder 11, Velma Oliver, pp. 30-31; Box 4, folder 2, Marguerite Brown, pp. 16-18. Brown noted that Salt Lake City’s NAACP chapter “had a map of the most discriminatory places in the United States,” and Salt Lake City was “the most discriminatory.” I say “allegedly” because I found no record in the Third District Court civil or criminal files of this lawsuit. On Oliver, see, USHS, David H. Oliver, A Negro on Mormonism (1963); JWML, Special Collections, Accn 1369, “Interviews with Hispanics in Utah,” Box 1, folder 5, Robert Archuleta, s1:3.

designed for lower-income residents, in fact “provided care for the middle class and well-to-do,” according to one former employee.<sup>167</sup> Similarly, the Salt Lake County Hospital (whose records do not exist) served to provide care for the poor but at the cost of time, money, and social stigmatization. Located on the southern outskirts of the city at 2100 South and State Street, the hospital remained geographically marginalized to parallel its patients’ social ostracization. The staff included at least one former matron of an outlawed brothel who entered nursing, as her former line of work remained illegal, if also dangerous.<sup>168</sup> The hospital served as the only local institution that treated sexually transmitted diseases, and the primary institution for contagious filth diseases, especially tuberculosis, which polite white society long-regarded as a disease of the indigent; mentally ill patients also sought treatment there, in addition to the state mental hospital at Provo.<sup>169</sup> Under a cloud of disgrace, the county hospital was “resented like death” by some patrons, while it afforded medical help to Greek pimps who “brought the whole [Greek] community down,” recalled bacteriologist and historian Helen Papanikolas.<sup>170</sup> Even still, the hospital remained so underfunded, chronically in debt, and overcrowded that its accommodations and medical help still seemed “deplorable” and “inadequate . . . for all of its cases,”

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<sup>167</sup> Evelyn Jorgenson and Laura Poe, A Legacy Remembered: History of the Utah Nurses Association, 1914-1995 (Salt Lake City, 1996), p. 190.

<sup>168</sup> Helen Papanikolas, A Greek Odyssey in the American West (Lincoln: University of Nebraska Press, 1987), p. 48.

<sup>169</sup> Charles R. McKell, “The Utah State Hospital: A Study in the Care of the Mentally Ill,” Utah Historical Quarterly Vol. 23 (October 1955): 297-328; SSEHSL, Lulu St. Clair, “A Study of the Community Nursing Service in Salt Lake City and County, Utah, June 8<sup>th</sup> to June 19<sup>th</sup> 1936,” p. 9.

<sup>170</sup> Katherine Elizabeth Groebli, “On the Housing Problem in Salt Lake City” (M.A. Thesis, University of Utah, 1915), p. 22; JWML, Special Collections, “Interviews with Greeks in Utah,” Box 2, folder 2, Helen Papanikolas, p. 25; Joseph Morrell, M.D., Utah’s Health and You: A History of Utah’s Public Health (Salt Lake City: Deseret Book Company, 1956), p. 127.

according to city health commissioner Louis E. Viko.<sup>171</sup> State health officers later criticized the failure of Salt Lake County officials to provide adequate funding for their health initiatives, including the hospital.<sup>172</sup>

By the 1920s, then, progressive whites had established a medical and health complex primarily designed to benefit themselves. Affluent whites likely enjoyed a higher level of cleanliness and health than working-class whites and non-whites. They also likely enjoyed longer life expectancies. At the very least, they seemed most fully to embody the progressive American equation of physical purity and health as order and advancement. Atop the Salt Lake Valley's social hierarchy stood powerful white Saints and gentiles.

But, as we shall see, non-whites competed for their rightful place. The means of their competition remained obscure to most dominant whites, but they essentially succeeded in their desired effect. Non-white immigrants could and did access purity and health by relying on ethnic associations, folk healers, midwives, and other health care providers. Purity and health, in turn, provided the physical hope of ethnic preservation in a new American setting. Attaining these ends could challenge some progressives' views about their apparent obstinance to American values and practices. More certain, however, is that by the New Deal era, some white progressives would embrace immigrant means of

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<sup>171</sup> JWML, Special Collections, Mss 0558, Utah Federation of Women's Clubs, Box 46, folder 1, "Annual Reports, 1932-1938, Salt Lake District," May 21, 1934, p. 1; SLCA, Salt Lake County Welfare Board Minutes 1933-1946, 1937-1942, 03-522, Box W-1, "Minutes of the meetings of the Salt Lake County Relief and C. W. A. Committee from November 21, 1933 to April 3, 1934," December 1, 1933. Historian Henry Plenk observes, "Conditions at the Salt Lake County Hospital were poor." See, "Medicine in Utah," Allan Kent Powell, ed., *Utah History Encyclopedia* (Salt Lake City: University of Utah Press, 1994).

<sup>172</sup> *Utah State Board of Health Biennial Report, July 1, 1936-June 30, 1938* (Salt Lake City), p. 12.

health and welfare to reinforce, rather than weaken, the Salt Lake Valley's social pyramid.

## CHAPTER 4

“YOU CAN BE POOR, BUT YOU DON’T HAVE TO BE DIRTY”<sup>1</sup>

To Texas-born Hispanic Reuben Gomez, the connection between poverty, squalor, and sickness seemed complex. Non-whites performed the cheapest and dirtiest work, lived in the most dilapidated and unsanitary conditions, and possessed the highest rate of injury, infection, and illness. Yet they could still be healthy. The son of a railroad laborer, Gomez and his family lived in Greektown and relied on a privy that polluted their family’s groundwater. Typhoid, diphtheria, and cholera remained common, and few residents possessed the means for hospital visits. But according to Gomez, he remained “blessed” with a “healthy household” in which “nobody ever got sick.” Far from unique, Gomez’s perceptions about health contrasted with those of affluent whites who often saw the poor as dirty and diseased, and foreign non-whites in particular as culturally and racially inferior, besides less patriotic.<sup>2</sup> Gomez’s recollections also underscore the value of historical context in interpreting health, disease, and medical science. As historian Katherine Ott has observed, the cause of health

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<sup>1</sup> JWML, Special Collections, Accn 1369, “Interviews with Hispanics in Utah,” Box 2, folder 3, Reuben Gomez, s1:14.

<sup>2</sup> Edward Mayer, quoted in, Stanford Layton, ed., Being Different: Stories of Utah’s Minorities (Salt Lake City: Signature, 2001), p. 188.

and disease in particular has changed much less dramatically than the cultures, times, and places that frame and manage it.<sup>3</sup>

Gomez's assertion also raises key questions about how poor racial and ethnic minorities prolonged or attained health in spite of vast structural inequalities that discouraged their access to sanitary technology, vaccination, and hospitalization. In the Salt Lake Valley, injustices were rife but opportunities still existed to increase health equity. This chapter demonstrates that poor non-whites like Gomez often skirted normal health channels to embrace alternative means that together formed a parallel, though obscure, wellness community for and by racial and ethnic minorities. Medical mutual aid and workmen's compensation programs, plus unlicensed doctors, midwives, folk healers, and foreign-owned pharmacies all worked to cure, discourage, or prevent dirt, disease, and injuries. In the process, they also worked to assimilate new immigrants while strengthening, and occasionally weakening, individual relationships between and amongst themselves, affluent white reformers, and the dominant white majority.

Despite these efforts, many affluent reformers still viewed the foreign and non-white poor as in desperate need of health education, reform, and acculturation. Not only ignorant, immigrants were also threatening to the nation.

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<sup>3</sup> Katherine Ott, Fevered Lives: Tuberculosis in American Culture since 1870 (Cambridge: Harvard University Press, 1999); James T. Patterson, "How Do We Write the History of Disease?" Health and History Vol. 1 (1998): 5-29; Judith Walzer Leavitt, "Medicine in Context: A Review Essay of the History of Medicine," American Historical Review Vol. 95 (December 1990): 11471-1484. While Ott, Patterson, and Leavitt advocate a contextual interpretation of disease and medicine, Francois Delaporte and Michel Foucault embrace a postmodern interpretation that emphasizes the practices that "conceptualize it, represent it, and respond to it." Francois Delaporte, Disease and Civilization: The Cholera in Paris, 1832 (Cambridge: MIT Press, 1986); Michel Foucault, The Birth of the Clinic (New York: Vintage, 1994).

Embracing white American and Judeo-Christian ideals of wellness and morality, reformers often saw the views, means, and practitioners of Chinese wellness, for instance, as threatening to morality, gender and racial stability, in addition to the sanctity of human life. Many whites also viewed foreign health techniques and philosophies such as Hispanic *curanderismo*, or folk healing, as clinically inane but harmful, while some white Americans believed in its power to heal. To safeguard public health as well as to teach, reform, and train poor non-whites about American modes of healing, bodily welfare, and patriotic duty, progressive Mormons and gentiles worked to pass and enforce state reforms, including anti-narcotic and anti-abortion laws, medical licensing, and public and private welfare initiatives. Starting in the late nineteenth century, for instance, drug and abortion laws and newspaper articles targeted new immigrants differently than middle-class whites, portraying the former as an exotic challenge to respectability. Later, in the 1910s and continuing through the Great Depression, welfare initiatives emerged to provide pure milk, food, and clothing stations as well as free vaccine, well-baby, maternal health, and employment aid programs. While these programs provided valuable services, they also resulted in recipients' further ostracization on racial, cultural, political, and economic grounds. Programs were segregated mainly in poor non-white immigrant neighborhoods, and they seemed to convey the alleged superiority of white American healing and culture over non-white foreign corollaries. With the onset of the Depression and the New Deal, by the 1930s, they also worked to drive a wedge between non-whites in the Salt Lake Valley. Historically positioned at the top of the immigrant



hierarchy, the Japanese contrasted with allegedly less clean and less healthy Hispanic, mainly Mexican, migrants who for political, economic, and demographic reasons relied on stigmatized health and welfare programs the most, and consequently descended further towards the bottom of the social pecking order.

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The foreign wellness community that emerged in Salt Lake City derived in part and paradoxically from native fraternal societies. These societies existed in North America since the beginning of the eighteenth century, and served to provide fellowship and support for community improvements. They remained voluntary and “friendly” or secretive, with Freemasons and the Elks Lodge being the most popular by the following century. Fraternal societies also supplied mutual aid in the form of medicine, sick and funeral benefits, life insurance, food, shelter, and clothing, all of which grew in importance as the nation experienced increased urban poverty, industrial ailments, deaths, and more expensive medical treatment. Mutual aid was free or inexpensive to society members, and entailed a spirit of reciprocity between donors and recipients who often came from the same or similar socioeconomic backgrounds; hierarchical charity, by contrast, emphasized inequality and dependence on social “betters.” Due to the minimal existence of charity and the popular dread of it, poor and working-class Americans joined fraternal aid societies in large numbers to access “social welfare services that could be had in no other way,” writes historian David Beito.<sup>4</sup>

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<sup>4</sup> David Beito, *From Mutual Aid to the Welfare State: Fraternal Societies and Services, 1890-1967* (Chapel Hill: The University of North Carolina Press, 2000), p. 3. By contrast, Mark Carnes argued that fraternal societies’ primary significance was in helping young Victorian men transition to manhood, as their fathers remained emotionally, if also physically, distant. In another way,

During the nineteenth century, class, character, and race became increasingly important and added to the historic variables of family ties, religion, and geography in organizing, delimiting, and inspiring fraternal membership. Whiteness and virtue became the hallmarks of aspiring Odd Fellows, while black skin, abolitionism, and racial uplift signified most Prince Hall FreeMasons. In the Salt Lake Valley, however, religion remained the preeminent factor for molding fraternal history. During the Utah War of 1857-1858, federal soldiers built a Masonic lodge to help cope with the cold and isolation of Camp Floyd, located fifty miles south of Salt Lake City. The lodge disbanded during the war, but soldiers afterwards reestablished Masonry in Salt Lake City. Because many Americans viewed Mormons as anti-American, Masons prohibited Saints from joining and benefitting from their associations.<sup>5</sup> During the 1890s, gentiles also established the Loyal League, a fraternal society that opposed Utah statehood until federal authorities subdued and weakened the Mormon Church and installed a gentile-controlled government. Following statehood, fraternal opposition to Mormonism remained intact, leaving the Saints to dispense and receive aid through the Relief Society and ward bishops. Gentiles, however, joined the Knights Templar, Scottish Rite, Order of the Eastern Star, and Knights of Pythias. In 1891, the former began fundraising for Salt Lake City's Shriners' Hospital,

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Philip Deloria interprets societies as embracing bourgeois conceptions of "authentic" Indian masculinity and culture. Mark Carnes, *Secret Ritual and Manhood* (New Haven: Yale University Press, 1989); Philip Deloria, *Playing Indian* (New Haven: Yale University Press, 1998).

<sup>5</sup> Attilio Parisi, "Freemasonry in Utah," in, *Utah History Encyclopedia*, ed. Allan Kent Powell (Salt Lake City: University of Utah Press, 1994), pp. 348-349.

while the latter sponsored a room for fraternal members at St. Mark's Hospital beginning in 1909.<sup>6</sup>

The arrival of "new" immigrants to the Salt Lake Valley presaged a key change in the content and criteria of mutual aid societies. Anti-Mormonism persisted, yet ethnicity and race became equally important.<sup>7</sup> Several factors encouraged this trend, including poverty, the lack of social mobility and health equality among foreign non-whites; their cultural dislocation, unease with dependence on ethnic outsiders, and felt hostility from anti-immigrant nativists also contributed. Mutual aid first appeared in ethnic enclaves and through acts of neighborly kindness, shared traditions and customs, as well as attempts to address social, financial, and health needs. Over time, however, they became more formalized in fraternal societies. Providing a forum for reciprocal assistance, societies also assisted immigrants who lacked political and economic clout as well as family networks to recalibrate Old World identities to new American settings.<sup>8</sup>

Yet they also became avenues to improving or worsening new immigrants' social standing. The size, scope, and timing of societies, plus their perceived impact on Salt Lake's dominant white majority, influenced members' health as well as their physical wellness philosophies and acculturation to American standards of the same. Apparently contrasting with biblical morality, the use of

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<sup>6</sup> JWML, Special Collections, Mss 686, Episcopal Diocese of Utah Records, Box 80, "St. Mark's Hospital Record and Minute Book 1909-1924," p. 3; pp. Orson F. Whitney, Popular History of Utah (Salt Lake City: The Deseret News, 1916), pp. 441-442.

<sup>7</sup> Beito, 22.

<sup>8</sup> Jorge Iber, Hispanics in the Mormon Zion, 1912-1999 (College Station: Texas A & M Press, 2000), p. 19; George Sanchez, Becoming Mexican American: Ethnicity, Culture, and Identity in Chicano Los Angeles, 1900-1945 (New York: Oxford University Press, 1995), pp. 3-14.

narcotics among Chinese fraternal members and lower and middle-class whites would strengthen and support extant notions of Chinese dirt, disease, and foreign identity while also provoking new fears about miscegenation and white racial decline. Solidifying members' place at the lower end of hierarchy, Chinese mutual aid would contrast with its Italian, Greek, Slavic, and Hispanic parallels that addressed members' health and welfare in acceptable ways, and in the process demonstrate their willingness to assimilate and embrace dominant ideas and values about cleanliness, health, and American identity.

Arriving in the early 1870s, the Chinese paralleled other new immigrants in consisting primarily of single men who hoped to improve their financial prospects and then return to their nativities. Their community remained inherently unstable since it lacked women and children, yet seemed to consolidate in the face of outside pressure such as anti-Chinese laws and events (including the Rock Springs Massacre of 1885, in which white miners in southwest Wyoming killed and injured about forty-five Chinese contemporaries, and burned their property, due to ongoing racial tensions and a labor dispute), and around shared customs and traditions.<sup>9</sup> In Salt Lake City's Chinatown, immigrants established the Bing Kong Tong as a mutual aid society that provided material, physical, and emotional support and protection.<sup>10</sup> Few tong records survive, but members allegedly supported it through revenue from gambling and

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<sup>9</sup> Salt Lake Tribune, September 4, 1885.

<sup>10</sup> For white descriptions of tongs throughout the United States, see, Salt Lake Tribune, October 6, 1890. For a more pejorative take linking tongs to the Chinese mafia, see, Salt Lake Tribune, June 25, 1893. Daniel Liestman, "Utah's Chinatowns: The Development and Decline of Extinct Ethnic Enclaves," Utah Historical Quarterly Vol. 64 (Winter 1996): 73.

prostitution, import and sundry shops, and opium dens.<sup>11</sup> Such entities provided illicit entertainment, companionship, and distractions from daily life. Specifically, the latter also provided pipes and nonmedicinal smoking opium, which though illegal, served a variety of helpful purposes. On the one hand, smoking opium appeared to prolong and enhance male sexual encounters by arresting seminal emission. Many Chinese (and whites) believed that emissions sapped men of vital vigor needed for labor, and that delaying them aided their gendered, personal, and the nation's material progress.<sup>12</sup> On the other hand, Chinese, white Americans, and regular physicians commonly viewed opium as vital for relieving pain. Opium (*papaver somniferum*) contains morphine and codeine, the importance of which increased until the appearance of aspirin at the turn of the century. Medicinal opium (laudanum, or opium powder mixed with whiskey), salicylic acid, and other analgesics existed but required prescriptions from licensed medical doctors, which due to speech and ethnic barriers, Chinese healers were barred from becoming.<sup>13</sup> Chinese laborers also perceived opium dens as socially and psychologically helpful since they provided space to relax, socialize, and escape "their lives as virtual indentured servants," writes historian

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<sup>11</sup> Salt Lake Tribune, November 15, 1879; LTP, Special Collections, Don C. Conley, "The Pioneer Chinese of Utah" (M.A. Thesis, Brigham Young University, 1976), pp. 78-79. Conley links the tong to illicit gambling, and by inference, the opium trade in Salt Lake City.

<sup>12</sup> Yangwen Zheng, "The Social Life of Opium in China, 1483-1999," Modern Asian Studies Vol. 37 (2003): 1-39.

<sup>13</sup> The Utah Territorial Legislature asserted in 1852 that any "doctor, physician, apothecary, or any person" provide "any deadly poison . . . such as quicksilver, arsenic, antimony, cicuta, deadly nightshade, henbane, opium, chloroform, ether, exhilarating gas, or any other poisonous minerals or vegetables . . . to any citizens of Utah . . . without first explaining fully, definitely and critically, simply and unequivocally to the patient and surrounding relatives and friends . . . in plain, simple English language . . . and procuring the unequivocal approval, approbation and consent . . . shall be punishable in any sum not less than \$1,000 . . . and imprisoned for any time not less than one year . . ." Quoted in, Joseph Morrell, M.D., Utah's Health and You (Salt Lake City: Deseret Book Company, 1956), p. 25.

Diana Ahmad.<sup>14</sup> Finally, laborers who personally or culturally embraced Taoism likely perceived opium not in dichotomous moral terms, but rather in relation to its value for supporting or restoring physical or psychic harmony and balance.

Appearing in San Francisco during the 1850s, and then in other mining boomtowns like Carson City shortly thereafter, tong-based opium dens developed east of the Mississippi River by the 1880s. Initially, affluent whites perceived dens as minor nuisances that catered exclusively to the Chinese. In Salt Lake City, the Mormon Church avoided the Chinese, while some Christian missionaries worked to convert them and eradicate their immoral habits.<sup>15</sup> Most respectable whites across the country, however, simply gazed with a mixture of disgust, resentment, and amusement at the “soulless Chinese reptiles” who smoked in their “pestilential hovels” and their “loathsome sinks of pollution.” Concentrated in Salt Lake City’s Chinatown and vice district, opium dens and the Bing Kong Tong soon became associated with not only squalor and disease but also immorality and lawbreaking.<sup>16</sup> To many white onlookers, that association, in turn, seemed to manifest and reinforce the notion of the yellow peril’s barbarism, flawed culture, and devolution. According to the *Deseret News*, the Chinese “race would in course of time dwindle away.”<sup>17</sup> To resist their dissolution would be artificial, and likely impossible.

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<sup>14</sup> Diana Ahmad, *The Opium Debate and Chinese Exclusion Laws in the Nineteenth-Century American West* (Reno: University of Nevada Press, 2007), p. 23.

<sup>15</sup> *Salt Lake Tribune*, May 10, 1899; December 1, 1899. On the Mormon Church’s relationship to the Chinese, see, Laurie Maffly-Kipp and Reid Neilson, eds., *Proclamation to the People: Nineteenth Century Mormonism and the Pacific Basin Frontier* (Salt Lake City: University of Utah Press, 2008), pp. 257-275.

<sup>16</sup> Ahmad, 17, 27.

<sup>17</sup> *Deseret News*, April 30, 1892.

It would also be imprudent. Many Americans, especially health professionals, believed that America's white citizenry remained unique in "its purity and highest degree of cultivation." Doctor and secretary of the California Academy of Sciences, Arthur B. Stout, argued that, "the Caucasian race, with its varied types, has been assigned the supremacy in elevation of mind and beauty of form over all mankind." "No new combination of distinct existing races can improve this Divine excellence. Whatever enters it, tends to destroy it."<sup>18</sup> During the nineteenth century, "caucasian" remained an elastic term that denoted a race apart from Negroids and Mongoloids, comprised of Aryan, Semitic, and Hamitic ancestries, and derived especially from Aryans who possessed whiter complexions, taller statures, and allegedly superior cultures and biologies. Identifying with Aryans and similar subsets, progressives like Stout claimed their racial supremacy with a paradoxical fear of their own racial devolution. While some non-whites seemed to "dwindle away," others appeared to proliferate, challenge, and contaminate white American purity and integrity.<sup>19</sup>

During the late 1870s, progressives began observing white moral contamination in Salt Lake City, as white demimondes, their male clients, and pimps began venturing into Chinatown's opium dens. Morally, culturally, and perhaps racially suspect, these white sex traffickers entered opium dens to recruit clients and to smoke opium, which cost about twenty-five cents a pipe. Smokers spent around two dollars per session, which occurred in dens, hotel

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<sup>18</sup> Ahmad, 48.

<sup>19</sup> Matthew Frye Jacobson, Whiteness of a Different Color: European Immigrants and the Alchemy of Race (Cambridge: Harvard University Press, 1998), pp. 39-136.

rooms, or in the back of Chinese laundries.<sup>20</sup> According to progressive critics, smoking dulled the senses, induced sleepiness, and diminished religious and moral rectitude, often leading to illicit sexual encounters. Premarital sex was immoral but especially so between whites and Chinese (and other non-white races) since it produced progeny with congenital disorders, or the disease of “orientalness,” which manifested in pale “yellow-streaked complexion[s]” and “blackish and yellowish blue circles around their eyes.”<sup>21</sup> Other results included sexually transmitted diseases such as syphilis that produced insanity and leprosy, the latter considered by many Americans to be Asiatic in origin. Smoking, by itself, could also lead to a host of other ills, including chemical dependence, organ failure, dizziness, nausea, acidic urine, constipation, hemorrhoids, and even death.<sup>22</sup> Finally, whereas some Chinese considered opium an aid masculine vigor, progressives viewed the narcotic as a feminizing agent since it, unlike manly alcohol, encouraged sleepiness, weakness, laziness, introspection, apathy, and silence.<sup>23</sup>

By the late 1870s, respectable whites began to change their minds to see opium dens not as minor nuisances but as serious threats to public health, morality, gender, race, and national progress. Rather than appealing to degenerate whites and the Chinese only, opium appeared to draw large swaths of white society, and more impressionable females in particular. Leading the

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<sup>20</sup> Salt Lake Tribune, May 12, 1899.

<sup>21</sup> Ahmad, 44.

<sup>22</sup> Albert Reggel, aged eighteen years, died after inhaling the opium “poison,” while Mow Chung allegedly passed away after taking “too large a mouthful of opium.” Salt Lake Tribune, November 15, 1879; October 13, 1897.

<sup>23</sup> New York Times, February 21, 1881.



charge against dens were local newspapers like the *Ogden Herald*, which in a series of exposes, castigated Chinese men who worked to “entice little girls into their dens for immoral purposes.”<sup>24</sup> The *Salt Lake Tribune* followed suit by denouncing the “opium-besotted and diseased wretches” who lured naïve female and male youths, while the Mormon-owned *Salt Lake Herald* criticized whites and non-whites alike for smoking the “poison” and then becoming “jammed promiscuously together.”<sup>25</sup> Race mixing, whether fraternal or romantic, seemed to occur most frequently when respectable white women who used medicinal opium to relieve menstrual cramps and domestic boredom became addicted and dependent on “Mongolian” men to feed their habit. In 1879, about fifty females in Salt Lake City were addicted to the “Chinese Scourge,” signaling to some observers a rise in “Saintly Salt Lakers” “hitting the pipe.” To ward off this possibility, the *Deseret News* and *Salt Lake Tribune* cast aside their religious differences and closed ranks to encourage city councilmen, sanitary inspectors, and police to outlaw opium dens, arrest their proprietors, and their patrons.<sup>26</sup>

In April 1879, the city council prohibited opium dens, and ordered city police to begin raiding and shuttering suspected locations.<sup>27</sup> Acting on the assumption that Chinatown remained the epicenter of activity, city officials helped to cast the space as morally, culturally, and racially degenerate. In one instance,

<sup>24</sup> *Ogden Herald*, November 22, 1884.

<sup>25</sup> *Salt Lake Tribune*, September 10, 1892. Chinese den keepers also allegedly targeted little boys as customers. See, *Salt Lake Tribune*, March 19, 1886; September 10, 1892; *Salt Lake Herald*, October 19, 1878.

<sup>26</sup> *Salt Lake Tribune*, November 16, 1879; January 10, 1886; July 24, 1890; September 10, 1892; *Deseret News*, April 23, 1879; September 18, 1879.

<sup>27</sup> *Revised Ordinances of Salt Lake City, Utah, December 20, 1892* (Published by Authority of the City Council of Salt Lake City, Utah: Tribune Job Printing Company, 1893), “Opium Dens,” section 41, April 22, 1879 and February 14, 1888, p. 290; USHS, *Laws of Utah: 1899, 1901, 1903, 1905, 1907*, folder 1, 1899, p. 795 (February 12, 1880).

police officers descended on Chinatown to arrest Gun Ah Ling and fine him fifty dollars for running a den. Later, they apprehended Ah Coon before dragging him into prison. Observant of the police's racial profiling, Coon criticized the city for targeting Chinese opium peddlers and their "dens of iniquity" while inexplicably overlooking white "whiskey drinkers" who became intoxicated and disorderly to endanger themselves and their community. Some whites also kept opium dens, but were apparently indicted and tried less frequently than Chinese proprietors.<sup>28</sup> In their own way, local newspapers joined police in supporting the anti-opium campaign by discussing the alleged medical, health, moral, and racial meanings of the raids. In touting the arrest of a young "colored" female, for instance, the *Salt Lake Tribune* asserted that her "skin was not half as dusky as the souls of these young white men who could so far forget themselves as to lie down with her in Chinese opium hell."<sup>29</sup> The black woman, the *Tribune* seemed to imply, remained unfit due to her skin color, while her white male companions seemed morally and biologically suspect due to their cross-racial associations in a Chinese space. Using opium was expected of non-whites, especially poorer females, but not among white men who supposedly naturally aspired to health, morality, biological power, and purity.

By the early 1880s, city officials had succeeded in temporarily disrupting the illicit opium trade. Even still, that success was slight as the international

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<sup>28</sup> Whites apparently ran several opium joints in Salt Lake City, including one described in the *Salt Lake Tribune* on May 12, 1899. Criminal indictments against white proprietors appeared less frequently than those against Chinese operators, however. This difference might be explained by the preponderance of illicit activity among the Chinese, and/or the disproportionate profiling of the Chinese community by white city police officers. On opium dens being linked to "dens of iniquity," see, JWML, Special Collections, Accn 405, Joe Davich Papers, Box 1, folder 1, p. 470.

<sup>29</sup> *Salt Lake Tribune*, December 4, 1880; September 28, 1890; November 19, 1890; June 15, 1894; January 26, 1897; December 11, 1899.

opium trade remained intact despite the passage of the Burlingame Commercial Treaty (1880), which outlawed Chinese, but not Americans, from importing opium to the United States. Subsequently, white traffickers began working with Chinese suppliers along the Pacific Coast to feed the growing white desire for illicit non-medicinal opium. Cognizant of their failure and faced with a public health crisis as well as a threat to American virtue and chastity, white government and health officials across the country and the West in particular worked to replace the Commercial Treaty with a more sweeping anti-Chinese immigration law. In 1882, in support of the Federal Chinese Exclusion Act, the *Journal of the American Medical Association* warned that, “our land is particularly open to this seductive vice because of the immigration of the Chinese.”<sup>30</sup> White dependence on this vice, however, apparently did not presage a threat.

In wake of the Exclusion Act, lawmakers in Salt Lake City rallied with Mormon and gentile newspapers, and affluent citizens in seeking to push the opium traffic, and Chinese laundries (see Chapter 1), far west to the Jordan River. Applauding their efforts, the *Salt Lake Tribune* declared that remaining Chinese den keepers should be “banished from the city or killed.”<sup>31</sup> Far from being value neutral, physical space seemed to become darker, poorer, sicker and immoral as one traveled west. In 1888, city officials worked to reinforce this valuation of space by criminalizing marriage between whites, “Mongolians,” and “Negroes.” Lacking Chinese women, Chinese men could pursue interracial relationships by remaining within the unsanitary Westside, Chinatown, and tong.

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<sup>30</sup> *The Journal of the American Medical Association* Vol. 3 (July 1884): 100.

<sup>31</sup> *Salt Lake Tribune*, April 14, 1890.

Conversely, white partners could retain and defend their physical wellness and social status by refraining from interracial love, obeying the law, and remaining within the whiter, affluent, healthy, and moral Eastside.

By 1900, the Bing Kong Tong still peddled contraband narcotics to a wide variety of residents in Salt Lake City. Despite the passage of the Federal Pure Food and Drug Act (1906) and new state laws (in 1907) aimed at requiring doctor's prescriptions and clear labeling for medicines containing opium, morphine, and cocaine, illicit opium sales remained steady until the passage of the Federal Harrison Narcotics Act of 1914.<sup>32</sup> Regulating opiates and cocaine while limiting their distribution to and by doctors, the Act stemmed largely from national concerns that a growing percentage (about a quarter) of white American citizens—mainly weak and impressionable women—was addicted to some form of opium, despite a general decline in opiate prescriptions.<sup>33</sup> The Act also revealed persistent racial fears in Utah, the South, and Southwest that pernicious and crafty “Chinamen,” “drug-crazed, sex-mad negroes,” and degenerate Mexicans were engaging in the murder, exploitation, and chemical and sexual seduction of female whites.<sup>34</sup> In Salt Lake City, police responded by raiding opium dens and prosecuting offenders more frequently. From their perspective, raids and indictments worked to deny or limit chemical threats to white health, morality, gender, racial insularity, and power; to some Chinese, blacks, and

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<sup>32</sup> USHS, Laws of the State of Utah, Passed at the Seventh Regular Session of the Legislature of Utah (Salt Lake City: Skelton Publishing, 1907), chapter 129, p. 227.

<sup>33</sup> On the decline of opiate prescriptions, see, John Harley Warner, The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885 (Cambridge: Harvard University Press, 1986), pp. 135-143.

<sup>34</sup> “How did we get here?” The Economist (July 26, 2001); Joseph McNamara, “The American Junkie,” The Hoover Digest of the Hoover Institution, Stanford University No. 2 (April 2004).

whites, however, such actions served to rescind a cultural staple of sociability, peace, and pain-killing euphoric comfort.<sup>35</sup> Undoubtedly, these raids also diminished key opportunities to overcome longstanding social stigmas against race mixing while simultaneously enlarging and entrenching progressive white views of acceptable medical pharmaceuticals and means of health.

By circa 1915, the Chinese remained at the bottom of Salt Lake City's social order. Rather than supporting Chinese ascendance and health, the Bing Kong Tong had convinced city officials, newspapers, and affluent Mormons and gentiles of the yellow peril's alleged barbaric culture and physiology. Yet mutual aid, far from presaging uniform consequences, also supported and improved the reputation and health of some poor non-whites. Instead of encouraging societal dislocation, it could ensconce new immigrants into community life.

Established in 1897, the Society of Christopher Columbus ("Societa' Cristoforo Columbo") No. 157 emerged to promote health and wellness among Italian male workers and their families. The society remained popular like others in the national federation of Columbian societies, which worked to provide sick and funeral benefits, camaraderie, and financial assistance to newly arrived Italian laborers.<sup>36</sup> These laborers sometimes replaced Chinese workers in the

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<sup>35</sup> USHS, Series 1471, Third District Court: Salt Lake County, Criminal Case Files, 1896—ongoing, Sam Hing, case 3387, reel 51, 1913; Chin Hoy, case 3220, reel 49, 1913; Hugh Kim, case 3219, reel 49, 1913; John Lee, case 2994, reel 46, 1912; Hop Sing Lum, case 3231, reel 49, 1913; Ah Lung, case 3132, reel 48, 1913; Deloris Martines (sic), case 3470, reel 52, 1914; Hop Sing, case 2997, reel 46, 1912; Yen Wong, case 3464, reel 52, 1911; Ah Woo, case 3359, reel 50, 1913;

<sup>36</sup> Philip Notarianni, "Italian Fraternal Organizations in Utah, 1897-1934," *Utah Historical Quarterly* Vol. 43 (Spring 1975): 172-187; JWML, Special Collections, Italian Archives, Ms 230, Box 2, book 5 (Record Book, Societa Italiana Cristoforo Colombo); Italian Oral Histories, Ms 580, Box 1, folder 2, Charles Barber, p. 17; Box 2, folder 8, Joseph Merabelle, p. 1, 5, 15-16; Philip Frank Notarianni, "The Italian Immigrant in Utah: Nativism" (M.A. Thesis, University of Utah, 1972), p.

1890s, with most taking jobs in mines and smelters, on railroads, and as day workers. Like miners across the West, those in no. 157 remained concerned about their and their families' health and physical welfare. To address them, they began pooling their resources through dollar-a-month fees that provided them with monthly medical check-ups with a society doctor, hospital visits, and sick wages. The society also pressured members to remain healthy, but offered benefits nonetheless in the case of death. It paid for morgue and funeral fees as well as provided survivors' benefits. Though required to attend funerals, members likely provided sincere emotional and psychological support to survivors and friends.

Society doctors were a significant innovation among fraternal societies. They were especially important to poor Italian, Greek, and Mexican immigrants, among whom they became more common after 1900. For a set fee, doctors provided diagnoses, physical therapies, prescriptions, and referrals. Given the rising costs of health care plus the clear biases against non-white patients, these services no doubt added to the popularity of the societies.

For all of the advantages that society doctors offered, they also provoked opposition, especially as they exposed key racial and class divisions. Comprised mainly of native white Protestant males, the American Medical Association (AMA), for instance, rallied county medical departments across the country in

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63. Other societies in Utah included Stella D'America, Castle Gate (1898); Principe Di Napoli, Castle Gate (1902); Fratellanza Minatori, Sunnyside (1902); Societa' Cristoforo Colombo, Castle Gate (ca. 1919); Italian Americanization Club (1919); Societa' Di Beneficenza, Bingham Canyon and Mercur (1896); Club Dante Alighieri, Salt Lake City (1908); Figli D'Italia, Salt Lake City (1915); the Italian-American Civic League, Salt Lake City (1934); the Friendly Club (Tyrolean-Italians), Ogden (1937); and Societa' Cristoforo Colombo, Ogden (ca. 1930s).

decrying the society doctor, which it dubbed the “lodge practice evil.”<sup>37</sup> These doctors were branded as learned but foolish, pawns of ignorant foreign men who embraced radical socialistic philosophies, which undermined and flattened rising medical fees as well as medical and surgical standards. Rather than a bulwark to American democracy, lodge health care was perceived to undermine the virtue and quality of professional American medicine.

Perhaps because of the small numeric presence of new immigrants in Utah, in the Salt Lake Valley, criticism of the “lodge practice evil” failed to materialize. Rather, without public outcry, society no. 157 contracted physicians Thomas J. Howells and, oddly, anti-immigrant (and anti-Mormon) American Party member John Ulrich Giesy, to provide medical services to its members. The doctors saw society members for a variety of complaints, including allergies, colds, arthritis, sprains, breaks, burns, and exotic illnesses like malaria (“malatia”).<sup>38</sup> In serious cases, physicians referred members to Holy Cross Hospital, an appropriate institution since most Italians belonged at least nominally to the Roman Catholic Church. As per society policy, men received ten dollars a week for medicine, hospital and living expenses, but no more than \$110 annually; for more expensive hospital cases, the society split the bill fifty-fifty with dependents. Remuneration, however, did not cover medical treatment for chronic or sexually transmitted diseases (“venere”) since members believed

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<sup>37</sup> Beito, 109.

<sup>38</sup> John U. Giesy belonged to the American Party, but unlike his father William Sommers Giesy, failed to hold party office. In his spare time, Dr. Giesy wrote science-fiction stories that once narrated a fictitious maritime invasion of the Japanese. See, Patrick Sharp, *Savage Perils: Racial Frontiers and Nuclear Apocalypse in American Culture* (Norman: University of Oklahoma Press, 2007). *Salt Lake Telegram*, September 9, 1947; JWML, Special Collections, Italian Archives, Ms 230, Box 2, book 5 (Record Book, Societa Italiana Cristoforo Colombo), pp. 11, 21, 22.

that character in addition to environmental conditions informed health and sickness.<sup>39</sup> To circumvent these and other limitations, however, some members allegedly committed self-inflicted wounds but passed them off as accidents.<sup>40</sup>

Besides funding health care and supporting camaraderie through picnics, parties, cigars, and beer for society members, no. 157 assumed the cost of interning and burying deceased members' bodies. Winding up in a pauper's grave remained a real fear for the poor, and society membership worked to mitigate it. Every month, the society allotted around \$8 dollars to local mortuaries to clean, dress, deliver, and bury fallen members. Regular deaths demonstrated the frailty of immigrant lives, often taken by preventable workplace accidents, injuries, diseases, and contagions.

During the fall of 1918, the Spanish influenza descended on Utah, sickening one in four and perhaps thirty thousand in Salt Lake City.<sup>41</sup> Despite efforts by state health director Theodore Beatty to quarantine the sick, seal off city entrances, and ban public gatherings, Salt Lake City gentile mayor William M. Ferry led a statewide effort to oppose quarantine and follow through with the

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<sup>39</sup> JWML, Special Collections, Ms, 230, Box 2, book 5, p. 42. On character and morality as criteria for union membership, see, Paul Michel Taillon, "'What We Want Is Good, Sober Men': Masculinity, Respectability, and Temperance in the Railroad Brotherhoods, c. 1870-1910," *Journal of Social History* Vol. 36 (Winter 2002): 319-338.

<sup>40</sup> I never found evidence that members of no. 157 committed this form of fraud. However, Demos Spoulos of Salt Lake City's Greek Olympus Mutual Aid Society was suspected of as much. During a trial in Third District Court, the judge ruled that Spoulos' gunshot wound to his right arm could not be verified as being self-inflicted. See, USHS, Third District Court, Salt Lake County, Civil Case Files, Series 1622, Demos Spoulos v. Olympus Mutual Aid Society, reel 1218, case 55384.

<sup>41</sup> Exact figures do not exist. However, most historians agree that morbidity rates in the U.S. equaled 25% percent, and that mortality rates fell between 10% and 20%. In Utah, the population equaled 118,000 persons in 1920. Alfred Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 1990).



city's planned Armistice parade and seasonal Christmas shopping.<sup>42</sup>

Subsequently, the virus spread, sickened, and killed many residents, including Mormon Church president Joseph F. Smith.<sup>43</sup> Yet the virus departed from previous bouts by attacking young adults mainly, especially pregnant women rather than the very young or old; a state with many young mothers, fathers, and single male immigrants, Utah experienced the third highest case fatality rate in the nation.<sup>44</sup> Although contagion crossed class and ethnic barriers, and thus served in this way as a social leveler, members of no. 157 seemed especially hard hit. Living in cramped unsanitary quarters that facilitated contagion, members witnessed a rise of more than 31 percent in their monthly medical costs and a 25 percent increase in their monthly mortuary costs, part of which included a mortuary tax ("tassa mortuario") for transporting the deceased to cemeteries via streetcar.<sup>45</sup> The society also canceled meetings until the epidemic passed.

Unlike the Chinese Tong, the Italian society received public approval from wealthy white progressives. When the Columbus Society sponsored festivities

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<sup>42</sup> Leonard Arrington, "The Influenza Epidemic of 1918-1919 in Utah," Utah Historical Quarterly Vol. 58 (Spring 1990): 165-182.

<sup>43</sup> George Tate, a professor of Humanities and Comparative Literature at Brigham Young University, observes the profound theological effect of the Spanish Influenza on Mormon Church president Joseph F. Smith, and particularly Smith's interpretation of Mormon scripture, Doctrines and Covenants 138. See, George S. Tate, "'The Great World of the Spirits of the Dead': Death, Great War, and the 1918 Influenza Pandemic as Context for Doctrine and Covenants 138," BYU Studies 46 (2007): 5-40.

<sup>44</sup> Deseret News, March 28, 1995.

<sup>45</sup> JWML, Special Collections, Italian Archives, Ms 230, Box 2, book 5 (Record Book, Societa Italiana Cristoforo Colombo), pp. 64-84. To calculate the increase in monthly medical costs, I subtracted the average monthly costs for three years (September 1915 to September 1918) before the onset of the influenza epidemic, from the highest one-month cost (January 1919), and then divided the difference by the three-year average. To calculate the same rise in mortuary costs, I followed the same procedure after inserting the average monthly cost for one year (December 1917 to December 1918), highest one-month cost, and dividing by the one-year average.

like the annual Columbus Day Parade, for instance, Mormon and gentile newspapers cheered its efforts. When the society collected funds to relieve human suffering after an earthquake in Italy killed thousands, the *Salt Lake Telegram* praised the society's humanitarian actions.<sup>46</sup> On another occasion, the *Telegram* commended no. 157's "distinctly favorable impression" on white onlookers as the society marched in unison to a funeral to commemorate its dead.<sup>47</sup>

A form of life as well as health insurance, society membership provided survivors' benefits. Employer pensions remained a rarity during the Progressive Era, especially for immigrants, and in providing dollar a month or lump sum payments to widows and orphans societies, provided what the market did not. However, these meager pensions revealed the threadbare existence of immigrant lives, and in supporting them testified to their importance in encouraging community preservation and identity formation, both in Utah and abroad. When Giusepantonio Caprici died in Italy for instance, his former fellow members traveled to deliver \$61.50 to his widow.<sup>48</sup> A small amount when spread over a lifetime, this sum still provided about a month's salary. By 1920, sums like this totaled over nine billion dollars in health and life insurance payouts by fraternal aid societies, and which inspired the financial blueprints of Metropolitan Life and Prudential insurance companies.<sup>49</sup>

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<sup>46</sup> *Salt Lake Herald*, January 5, 1909.

<sup>47</sup> *Salt Lake Herald*, June 7, 1909.

<sup>48</sup> JWML, Special Collections, Italian Archives, Ms 230, Box 2, book 5 (Record Book, Societa Italiana Cristoforo Colombo), p. 54.

<sup>49</sup> Beito, 2, 24.

In Utah, writes historian Dean May, “the great bulk of progressive legislation addressed itself to the conditions of industrial work and the treatment of industrial workers by big business.”<sup>50</sup> White college-educated citizens steered progressive reform, but poor non-whites also contributed. The members of no. 157, for instance, helped precipitate the state’s Industrial Commission. During the 1910s, society members began suing industrial employers for injuries sustained on the job. Workmen’s compensation and corporate welfare did not exist, and workers were left to rely on their paltry fraternity benefits.

Italian men like James Patello thus joined Greek, Japanese, Mexican and a few Puerto Rican laborers in pressing separately for corporate liability. Salt Lake City’s small Progressive Party joined supported their efforts against the opposition of Republican Mormon senator Reed Smoot.<sup>51</sup> In 1914, Patello appeared in Third District Court to represent the estate of Michele Patella, an Italian track laborer for the Denver and Rio Grande Western Railroad who succumbed to massive physical trauma after being blindsided by an oncoming train. Although the corporation denied culpability and asserted the victim’s carelessness, the court believed otherwise and granted Patella’s wife and two children \$500 dollars, almost a year’s wages, to ease their pain. Patello was not alone in his victory, but joined by nearly two-dozen other immigrants in pressing valley mines, smelters, and railroad corporations to not only pay for workers’ “mutilated” bodies, missed days of work, temporary or permanent disability, and

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<sup>50</sup> Dean May, *Utah: A People’s History* (Salt Lake City: University of Utah Press, 1987), p. 167.

<sup>51</sup> On the Progressive Party’s support as well as Smoot’s opposition, see, *The Progressive: A Free Field and a Fair Fight* Vol. 4 (February, 27, 1915): 4; (August 15, 1914): 5.

extraordinary psychological suffering, but also to work with government officials to legislate workmen's compensation, education, and safety.<sup>52</sup>

Collectively, liability claims represented a small sum to valley industries, which posted nearly record profits during World War I. Still, they were able to convince capitalists of workplace dangers, which undermined morale and threatened productivity. Litigation demonstrated to owners the need for relatively safe and healthy laborers in order to sustain corporate profits. Peaking in the teens, the lawsuits spurred the creation of the State Industrial Commission in 1917, a leading agency in Utah's welfare state. Appointed by progressive Jewish governor Simon Bamberger, the Commission consisted of seven members, who established rates and limitations of, and requirements for, compensation, methods for paying the compensation, and a state insurance fund to benefit the injured, as well as their dependents, and survivors. The Commission also required employers to provide safety equipment, and workplace and legal safeguards to help further "protect the life, health, safety and welfare of

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<sup>52</sup> USHS, Third District Court, Salt Lake County, Civil Case Files, Series 1622, Christos Svintsos v. Utah Railroad Company, reel 364, case 19376; George Tsolikos v. Boston Consolidated Mining Company, reel 241, case 12028; Mike Vameanakos v. Utah Fuel Company, reel 340, case 17973; Truneyo Yamashita, Iwao Yamashita, Hana Yamashita, Haru Yamashita, Jiro Yamashita v. Utah Copper Company, reel 294, case 15370; Candelario Salaza v. Oregon Short Line Railroad, reel 412, case 22619; Mike Katrakis v. Utah Copper Company, reel 307, case 15944; Spyriton Kioussis v. Utah Copper Company, reel 275, case 14193; Nick G. Kirimis v. Denver and Rio Grande Railroad Company, reel 244, case 12224; Soichi Kawai v. Utah Copper Company, reel 484, case 27387; Jose Lopez v. Denver and Rio Grande Railroad Company, reel 331, case 17486; John Panagiotopoulos v. Garfield Smelting Company, reel 327, case 17179; Gegoreos V. Paraskevopoulos v. American Smelting and Refining Company and the Oregon Short Line Railroad, reel 370, case 19779; James Patello v. Denver and Rio Grande Railroad, reel 461, case 25744; Soichi Kawai v. Utah Copper Company, reel 509, case 29292; Lampros Prountsos v. Denver and Rio Grande, reel 230, case 11271; Mike Pulos v. The Rio Grande Western Railroad, reel 220, case 10527; Steve Regas v. United States Smelting Company, reel 440, case 24310; Diego Cortez v. Oregon Short Line Railroad Company, reel 762, case 42062. The Industrial Commission didn't solve every problem, however. Some immigrant workers, in fact, still hired attorneys to address residual employer/employee disputes. See, for example, JWML, Special Collections, Center for the Studies of the American West, Utah Minorities Number S-99, Jesus Avila, pp. 5-7.

employees.”<sup>53</sup> Given their punitive and legislative awards, some members of the Christopher Columbus Society quit their association, severed their mutual health bonds, and began relying on the state and industry to provide their health and life insurance needs. Moves away from the society indicated one aspect of cultural assimilation among members. By the early 1920s, no. 157 began to dissolve.

Other members quit their mutual aid associations to fight for their home countries during the Balkan War and World War I. As the former commenced in 1912 and the latter two years later, Greek and Italian immigrants left Utah to fight in those foreign wars. To fill the vacuum, Utah businesses hired new Mexican and Greek immigrants. They worked in seasonal agriculture such as sugar beet and celery farming, as well as in railroad work, and precious and industrial mining. Although robust during World War I, the Utah economy declined once the war ended, especially as the European economy returned to full production and U.S. domestic demand tapered off. Utah Copper, the state’s largest employer, and other companies limited and then halted production and employment. As a result, the “roaring twenties” that characterized much of the nation did not apply to the Salt Lake Valley. Moreover, non-white laborers who were the last (and cheapest) to be hired and the first to be fired, no longer aspired to economic prosperity, but to simply survive. They left the state in large numbers for greener economic pastures.

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<sup>53</sup> USHS, Laws of the State of Utah, Twelfth Regular Session of the Legislature of the State of Utah (Salt Lake City: Century Printing Company, 1917), “Industrial Commission of Utah,” pp. 306-338; U.S. Department of Labor, Bureau of Labor Statistics, Vol. IV “Recent Reports Relating to Workmen’s Compensation and Accident Insurance,” No. 3, March 1917, (Washington: Government Printing Office), pp. 423-424.

Some, however, remained to scratch out a living. Although work was scarce during the recession, other aspects of life, including sickness, injury, and death, were not. To address these realities, Mexicans and Greeks turned to mutual aid societies like the Chinese and Italians had before them. Even still, the historical realities of time and space worked through the prisms of race and class to augur similar but different experiences.

In the early 1920s, Manual Torres moved to Salt Lake City to help establish the Mexican Blue Cross (“Cruz Azul”). A former employee at an ice factory in Helper, Utah, Torres designed the Mexcian Blue Cross to help underwrite the health and medical needs of the Mexican community. It existed through meager donations of Mexican residents gathered at society dances and fiestas. Blue Cross records no longer exist, but oral histories portray it as similar to other Hispanic aid organizations across the Southwest. Vicente Mayer Jr. recalled that many homes in Mexican Town, near 400 South/400 West, lacked “electricity or indoor plumbing.” In order to heat their homes, many Hispanic kids who would later become leaders in the Mexican community, jumped onto

the coal cars of passing trains to take coal. It was a cold and dangerous process, but for some families it was the only way to survive the winter. More often than not, the small amount of stolen coal was shared among several friends and neighbors.<sup>54</sup>

Similarly, the Mexican community divided the burdens of unemployment and workplace injury. When Ellen Cordova’s husband suffered a hernia while working for the Denver and Rio Grande Western Railroad, for instance, he

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<sup>54</sup> Vicente V. Mayer, Jr., *Utah: A Hispanic History* (Salt Lake City: American West Center, University of Utah Printing Services, 1975), p. 59.

allegedly gained funds and emotional support from fellow Hispanics.<sup>55</sup> Such sharing, Mayer continued, exhibited the Blue Cross's "spirit of mutual aid which characterized the small close knit community. . . .The Mexican people prided themselves on the sense of brotherhood which was so much a part of the Mexican population of Salt Lake City."<sup>56</sup> More specifically, the Cruz Azul celebrated Mexicans' common culture and provided a small but important piece of financial and material assistance while exhibiting an expressive and positive view of its community to ethnic outsiders, observes sociologist Jose Hernandez.<sup>57</sup>

Slavic and Greek immigrants also established mutual aid societies. After suffering a shattered elbow when a steam compressor accidentally exploded, John Dunoskovich established the Croatian Lodge in Midvale, a suburb of Salt Lake City. The lodge functioned so that "our people would be protected in the case of accident, death of a member of the family or sickness." Numbering over two hundred men, the society provided health and life insurance, besides comradery. Men bought memberships for \$5 apiece, and then underwent

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<sup>55</sup> JWML, Special Collections, Ms 96, Spanish-Speaking Peoples in Utah Oral Histories: transcripts, 1972-1975, Box 1, number 7, pp. 16-19.

<sup>56</sup> Vicente V. Mayer, Jr., Utah: A Hispanic History (Salt Lake City: American West Center, University of Utah Printing Services, 1975), pp. 59, 54.

<sup>57</sup> Jose A. Hernandez, Mutual Aid for Survival: The Case of the Mexican American (Malabar, Florida: Robert E. Krieger Publishing Company, 1983), pp. 3-14. Jorge Iber, Hispanics in the Mormon Zion, 1912-1999 (College Station: Texas A and M University Press, 2000), pp. 23-24. See also, "Working Papers Toward A History of the Spanish-Speaking People of Utah," American West Center, Mexican-American Documentation Project, University of Utah, 1973, p. 52 (in possession of author).

physical exams. Those who passed and joined the lodge could provide their survivors and widows with \$150 and \$800 each, respectively.<sup>58</sup>

Although it was basically successful, the lodge nonetheless experienced contention that ultimately weakened ethnic fraternity. When the lodge's sister organization, the Serbian Benevolent Society, provided too modest of a remuneration to its Orthodox priest Yakov J. Odzich, it faced a lawsuit from the priest that it eventually won. Yet the society and Serbian community remained fractured and stunned, as the priest, a respected pillar now reduced to shame, indigence, and old age, took shelter in the disreputable Salt Lake County Hospital, until his death in 1935.<sup>59</sup>

After Bingham's Apex Mine shuttered in 1924, two thousand-plus Greeks remained jobless and sought support in Greektown. Although they were thankful, such support only provided cold comfort to "a man [who] was out of work, sick at home, or hurt on the job," recalled Peter Condas. "There was no help for anybody, and the state, the county, the city, the Red Cross, the church, nobody cared. And people here didn't have any respect for us. . . . [We] were desperate and scared." Thus, in March 1926, Condas worked to establish the Athanasios Diakos Lodge, a panhellenic aid society that provided food, clothing, shelter, and friendship to Cretans and mainland Greeks. Recipients were expected to "get up every morning to look for work," and those with means

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<sup>58</sup> USHS, Ms A 373 c. 1, John M. Dunoskovic, Interview, February 17, 1974; Joseph Stipanovich, *The South Slavs in Utah: A Social History* (R and E Research Associates, 1975);

<sup>59</sup> Joseph Stipanovich, "South Slav Settlements in Utah, 1890-1935," *Utah Historical Quarterly* Vol. 43 (Spring 1975): 161.



opened health savings accounts in local banks.<sup>60</sup> Without exception, Condas believed, the society functioned “wonderfully.” “We had only each other to count on.”<sup>61</sup>

Masking internal tensions, however, “counting on each other” was necessary due to the nativism in Bingham Canyon, Salt Lake City, and other places in and around the Valley. Such hostility appeared in many forms. For instance, when Utahns faced the Spanish influenza, Greek immigrants followed doctors’ advice to “boil drinking water, stay at home, wear masks when outside.” After observing trucks pass the “Bonacci [rooming] house with plain wooden caskets on their beds,” immigrants like Helen Papanikolas also lined up for vaccinations. Often illiterate and unaware that effective immunizations did not exist, however, immigrants became easy prey to carpetbaggers.<sup>62</sup> Papanikolas recalled, “the patriarch of Greek Town, John Diamanti, . . . came to compatriot houses with a doctor who gave influenza injections at a dollar each. [My mother] dug into her trunk for four dollars. When she told Kilarney Reynolds, the Irish neighbor shook her head. ‘I think the man wasn’t a doctor at all. The shots were

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<sup>60</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 1, George Adondakis; Box 2, folder 2, Autiste Chipian, p. 19.

<sup>61</sup> “Peter Condas, 90, Shepherd, Miner, Businessman,” in, Leslie G. Kelen and Eileen Hallet Stone, Missing Stories: An Oral History of Ethnic and Minority Groups in Utah (Salt Lake City: University of Utah Press, 2000), pp. 378-379.

<sup>62</sup> By October 1918, the second wave of the Spanish Influenza began hitting the United States. In Philadelphia, bacteriologist C. Y. White worked like other scientists in New York, Boston, and Chicago in trying to develop an effective vaccine. On October 19, White announced the “miraculous,” but ultimately false, development of such a vaccine. The rate of new infections slowed not because of vaccinations, but because “the pandemic was at last waning, and everything used to fight the flu was gaining in apparent effectiveness.” Alfred Crosby, America’s Forgotten Pandemic: The Influenza of 1918 (Cambridge: Cambridge University Press, 1990), p. 84.

probably plain water.”<sup>63</sup> A phenomenon with a long and wide history, the medical duping of foreigners—or at least appearing to do so—was not exceptional to Utah.

Thus, antagonism by outsiders remained one of the many experiences felt by patrons of foreign mutual aid. Opposition during public health crises could spur medical self-help, and paradoxically strengthen foreign resolve, community, and identity. Outsiders might temporarily penetrate the community, but only so long as to precipitate common ethnic bonds that worked to prevent future harm. Unlike Greek and Mexican immigrants, local Slavs endured strife from within that served to render their mutual aid organizations and ethnic community weakened, if also open to shame. Or conversely, as with the members of the Christopher Columbus Society, mutual aid could transcend internal tensions and push for legislative solutions to problems that yielded public praise from the dominant white majority. Yet it could also undermine the initial context and reason for the Society’s existence. Moreover, to the extent that foreign self-help facilitated progressive health and safety legislation, it also served to diminish the industrial crucible that in large measure formed and shaped ethnic identity, thereby setting the stage for assimilation.

If Italian, as well as Greek, immigrants appeared to assimilate and ascend in Salt Lake City’s social hierarchy in part due to their reputable fraternal society,

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<sup>63</sup> Helen Papanikolas, *A Greek Odyssey in the American West* (Lincoln: University of Nebraska Press, 1987), p. 268. About 25 percent of Greek immigrants were illiterate.

Chinese members of the Bing Tong Kong seemed to do otherwise.<sup>64</sup> Powerful citizens viewed tong-supported opium dens as dangerous to Caucasians' health, morality, and racial purity, and thus worked to outlaw and marginalize them and their Chinese, though not white, patrons. Chinese smokers viewed opium as an amoral aid to male sexuality, strength, health, and psychology, though by no means a replacement for other medicines, medical or surgical procedures. Practicing regular medicine remained off-limits to foreigners, even if some of them possessed professional medical credentials. That, combined with hospital discrimination, race profiling by health authorities, and Salt Lake City's denial of sanitary improvements to the Westside helped persuade new immigrants and blacks to challenge their community's existing health establishment. As we shall see, in addition to working within the law, as with mutual aid, they worked outside of it. In doing so, they relied on unlicensed doctors, folk healers, midwives, and *curanderas* who together comprised another key component of Salt Lake's parallel wellness community, which grew in size and importance as Utah's statewide recession gave way to a national depression.

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The financial and cultural assimilation of Utah following statehood, continued during and after World War I, and had a deep and lasting impact on Salt Lake City's health and medical history. Physiological ideas that were discussed and promoted in medical journals, colleges, and universities nationally and internationally often found ready acceptance among affluent Mormons and

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<sup>64</sup> Salt Lake Telegram, July 7, 1917. The Telegram praised the meeting of one Westside Greek society that existed to discuss ways that Greeks and Americans might "better understand each other," and "establish a mutual friendship."

gentiles in Utah, which like other western states, witnessed urbanization and the appearance of professional health journals (*Salt Lake Sanitarian*, beg. 1888), school construction (University of Utah School of Medicine, est. 1905), and growing popular interest in orthodox medicine (the *Salt Lake Telegram* featured a column entitled, “Health Questions Answered, by Dr. William Brady,” beginning c. 1916).

This acceptance, however, had its limits, especially when ideas applied to non-Western medicine, health philosophy, and its practitioners. When, for instance, *The British Medical Journal* asserted that Chinese superstition and barbarism prevented “almond-eyed medicos” from seeking or possessing correct anatomical knowledge, leading them instead to prescribe “foolish” charms for “curing and preventing disease,” the *Park Record* wryly echoed, “Chinese physicians have some curious notions in regard to human anatomy. The truth is they know nothing about anatomy as that word is understood by American physicians.” As a result, “all sick Chinamen were without the services of a doctor during illness.”<sup>65</sup>

The close symmetry of global and local ideas about foreign healers, therapies, and medicines is best understood in the context of anti-immigrant nativism, Progressive Reform, and medical professionalization in Utah and the West. As we have seen, the former, which ironically found some reception among progressives who remained committed to Americanizing new immigrants, emerged in a barrage of legislation aimed at limiting or preventing foreign

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<sup>65</sup> *The British Medical Journal*, April 20, 1867; February 12, 1876; *The Park Record*, October 17, 1903; December 8, 1894, also quoted in, Gary Kimball, *Death and Dying in Old Park City* (Park City, Utah: Tramway Books, 2009), p. 135.

immigration. The Chinese Exclusion Act witnessed working-class whites accuse Asian “interlopers” of taking and cheapening white American jobs. In support of the Act, the *Park Record*, *Salt Lake Tribune*, and *Deseret News* published articles belittling the Chinese and accusing them of living in poverty, dirt, and disease besides introducing the same to polite white society. Revealing their racist expectations and fulfilling their racial prophecies, local newspapers asserted that the Chinese lacked effective medical doctors even as the reformist Liberal city council worked in 1892 to augment extant medical regulations by supporting regular medical professionalization and licensure, effectively barring foreign and irregular practitioners from working in the state.<sup>66</sup> Nationally, regular doctors had worked since the middle of the nineteenth century to consolidate their professional authority over irregular sectarian physicians, and by the early 1900s, as historian Paul Starr observed, essentially succeeded in dominating the medical profession.<sup>67</sup>

While Starr reveals how class, nationality, and religion influenced the consolidation of regular medical authority, he unfortunately says little about race and ethnicity.<sup>68</sup> In Utah, nativism, reform, and professionalization all worked to

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<sup>66</sup> The Territorial Legislature of 1851-1852 regulated medical practice by penalizing doctors who adulterated or lessened the effect of “any drug or medicine,” and by requiring the word “poison” to be placed clearly on packages containing arsenic and other compounds commonly prescribed by regular physicians. Later, in March 1856, the Salt Lake City council passed an ordinance requiring “any person that shall practice physics, medicine or surgery, within the limits of such city shall be required to obtain a license from the City Council for that purpose.” Quoted in, Joseph Morrell, M.D., *Utah’s Health and You* (Salt Lake City: Deseret Book Company, 1956), pp. 24-25.

<sup>67</sup> Paul Starr, *The Social Transformation of American Medicine: The Rise of A Sovereign Profession and the Making of A Vast Industry* (New York: Basic Books, 1982), pp. 79-144.

<sup>68</sup> The leading lobbying group for regular physicians, the American Medical Association (AMA) pressured state legislatures in the 1870s to enforce licensure. It also worked to absorb competing homeopathic and eclectic physicians whose theories of human health, medicine, and

stabilize and strengthen regular medicine as practiced by white American men. In the 1890s, Salt Lake's Liberal city council limited licenses to men who possessed university diplomas or passed standardized exams administered by the City Board of Examiners; by 1907, physicians were further required to possess a minimum of three years (or two thousand two hundred and eighty-six hours) of college medical education and clinical training in areas including bacteriology.<sup>69</sup> Adding to de facto restrictions against poor non-whites, who often remained illiterate from entering higher education and the University of Utah Medical School in particular, licensure limits rejected foreign university credentials and medical school training for satisfying licensing requirements. Limitations, in turn, reduced the supply of doctors even as demand for professional medical care increased, allowing white American physicians to charge higher rates for their services, which mainly affluent whites could afford. Further, as a limitation designed to protect the public's health, licensure may have also signified the apparent supremacy of regular American medicine over foreign irregular therapies, including Chinese herbalism, Greek folk healing, and Mexican curanderismo. Their real effect on these therapies and the men, women, and children who embraced them, however, remained complex and different according to time, location, and content.

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surgery corresponded more closely to regular theories than those of radical medical sectarians, such as the Christian Scientists, chiropractors, and osteopaths. Starr, 109.

<sup>69</sup> For a complete analysis of state licensure laws that fits within Starr's framework of professional consolidation led by regular physicians, see, Samuel L. Baker, "Physician Licensure Laws in the United States, 1865-1915," *The Journal of the History of Medicine and Allied Sciences* Vol. 39 (1984): 173-197; Glen Barret, "Delegate John M. Bernhisel, Salt Lake Physician Following the Civil War," *Utah Historical Quarterly* Vol. 50 (Fall 1982): 355.

Contrary to local white belief, Chinese doctors did exist in Salt Lake City and its suburbs. Sam Wing, for instance, lacked a medical license, but practiced Chinese herbal medicine and ran a pharmacy near the Salt Lake City Railroad terminal on the Westside. Herbology remained one of several types of Chinese healing rooted in Taoist philosophy, and that stressed physical and psychic harmony and balance between “complimentary opposites,” such as hot and cold, dry and wet, dark and light, and life and death.<sup>70</sup> It also remained flexible enough to accommodate some aspects of Western medicine; some Asian patients, for instance, accepted germ theory and avoided sanitation diseases by boiling creek water, and drinking hot tea. Boiled aseptic water remained far purer than mechanically filtered fluid that existed by the early 1900s, and which remained essentially free of large physical detritus yet still contaminated with bacterial pollutants (until city water became chlorinated beginning in 1915). Besides Asian patients, Wing also served local whites who, like some Caucasians in the United States and Western Europe, remained skeptical of regular medicine but cautiously accepting of some non-Western healing. Mrs. Evalee Fackrell, for instance, began calling on “Doc Chinaman” after receiving ineffective care from orthodox physicians. Apparently, white doctors, too, called on Wing. “When the doctors out here had a case that they didn’t know how to cure, and got so bad,” Fackrell averred, “they sent for him and that man pulled many a case through

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<sup>70</sup> Paul Unschuld, *Medicine in China: A History of Ideas* (Los Angeles: University of California Press, 2010), pp. 22-24, and passim; Nathan Sivin, “Raising Questions: A Review of *Medicine in China*,” *Isis* Vol. 81 (December 1990): 722-731.

that doctors would have lost.”<sup>71</sup> On one occasion, Fackrell took her baby to Wing who diagnosed it with colic, and then rubbed Chinese peppermint oil around its mouth and navel. Grateful for having calmed the infant, Fackrell nonetheless revealed her prejudice by musing whether Wing had “drugged her baby.”<sup>72</sup> On other occasions, Chinese doctors applied rattlesnake venom to draw out steel fragments in the injuries of white and non-white men.<sup>73</sup>

Some whites remained far more suspicious of foreign healers. As anthropologist Linnea Klee has shown, many white regular doctors viewed Asian healers as ignorant and dangerous.<sup>74</sup> Utah state health authorities believed as much and worked to arrest, prosecute, and jail unlicensed physicians, many of them foreigners like Yee Foo Lun, Lee Foo Lum, and L. Su Woo.<sup>75</sup> Authorities embraced similar actions against “Charlie Chong,” a pharmacist who allegedly sold mysterious or adulterated medicines unrecognized by the National Formulary, the official pharmacopeia of the United States government.<sup>76</sup> Further, until the demise of Chinatown during the Great Depression, men like Wong Sing

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<sup>71</sup> LTP, Special Collections, Don C. Conley, “The Pioneer Chinese of Utah” (M.A. Thesis, Brigham Young University, 1976), p. 97.

<sup>72</sup> Helen Papanikolas, ed., The Peoples of Utah (Salt Lake City: Utah State Historical Society, 1976), p. 270.

<sup>73</sup> On rattlesnake venom as a medical poultice, see, Daniel Liestman, “Utah’s Chinatowns: The Development of Distinct Ethnic Enclaves,” Utah Historical Quarterly, Vol. 64 (Winter 1996): 87.

<sup>74</sup> Linnea Klee, “The ‘Regulars’ and The Chinese: Ethnicity and Public Health in 1870s San Francisco,” Urban Anthropology Vol. 12 (Summer 1983): 181-207.

<sup>75</sup> USHS, Third District Court: Salt Lake County, Series 3253, Criminal Registers of Actions, Lee Foo Lum, reel 5, case number 3356, 1914; L. Su Woo, reel 5, case number 3253; Third District Court: Salt Lake County: Criminal Case Files, 1896—ongoing, series 1471, L. Su Woo, reel 49, case number 3253; California and Western Medicine Vol. XXII (December 1924): 647.

<sup>76</sup> USHS, Third District Court: Salt Lake County: Criminal Case Files, 1896—ongoing, series 1471, Charlie Chong, reel 50, case 3305, 1913.



and Wong Kee who prescribed illicit nonmedicinal dosages of cocaine, morphine, and opium remained under police surveillance.<sup>77</sup>

Besides ignorant and criminal, state officials also perceived “almond-eyed medicos” as morally dubious since they allegedly performed abortions, which by 1876 remained illegal in Utah and throughout much of the nation, and morally reprehensible to most Judeo-Christian religions, unless to preserve a woman’s life.<sup>78</sup> In the words of historian Leslie Reagan, public disdain for abortion made the practice an “open secret” that was discussed only privately among couples, families, and female friends. Public discussion, although hushed, grew louder during the late nineteenth century as it became intertwined with feminism, or the demand for complete female equality with males, and particularly female suffrage (which became legal in Utah in 1870) and the ascendance of the “new woman” (whose “natural” piety allegedly legitimated her place in the public sphere). Nationally, women began experimenting with “more open expressions of sexuality,” like premarital intercourse, which rose from 10-25 percent among women who came of age between 1910 and 1920.<sup>79</sup> By the early 1900s, one in four married women had received an abortion to signify their demand for greater control over their lives, bodies, and finances.<sup>80</sup> Rooting their authority in their

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<sup>77</sup> USHS, Third District, Court: Salt Lake County, Series 3253, Criminal Registers of Actions, Wong Sing, reel 4, case 2857; Wong Kee, reel 6, case 4574.

<sup>78</sup> According to Lester Bush, the earliest antiabortion law in Utah Territory appeared in 1876. The law penalized abortion providers with two to ten years in prison, and recipients with one to five years unless an abortion “is necessary to preserve her life.” Lester Bush, “Birth Control Among the Mormons: Introduction to An Insistent Question,” *Dialogue* Vol. 10 (Autumn 1976): 14.

<sup>79</sup> John Murrin, Paul Johnson, James McPherson, Alice Fahs, Gary Gerstle, Emily Rosenberg, Norman Rosenberg, *Liberty, Equality, Power: A History of the American People* 5<sup>th</sup> ed. (Boston: Thomson Wadsworth, 2008), pp. 620-621.

<sup>80</sup> Leslie Reagan, *When Abortion Was A Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), pp. 23, 11, 76.

morality, women often defended abortion by embracing the common law tradition of viewing life as commencing with “quickening” (or the baby’s kicking in the mother’s womb, which occurs around four months), and abortions prior to that point as being legal, if also morally neutral.

At the same time, regular male doctors who sought to consolidate their authority over sectarian healers and female nurses worked to promote anti-feminist views of pregnancy that saw it not as a natural process which females experienced, controlled, and at times “immorally” terminated, but as a medical problem that only regular male doctors could scientifically solve. The American Medical Association worked to extend male medical control over pregnancy in part by declaring abortion inherently immoral, and pressing state lawmakers to ban all terminations, except therapeutic, or life saving ones. Besides preserving morality, the AMA argued, criminalizing abortion would encourage the existence of “true women” who refrained from seeking “undue power in public life,” and the medical profession in particular. This effort would also support racial and religious ends. As the leading spokesman for the AMA, Dr. Horatio Storer viewed anti-abortion as encouraging the spread of white Christian “civilization” south and west, and against the proliferation of “Mexicans, Chinese, Blacks, Indians, Catholics” and other new immigrants. American birth rates had fallen during the late nineteenth century, causing Storrer and others like him to observe, “upon women’s loins depends the future destiny of the nation.”<sup>81</sup>

In Salt Lake City, religion, gender, and race mixed in similar but different ways to guide abortion history. Mormon, Christian, and Jewish proscriptions

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<sup>81</sup> Reagan, 19, 11, and passim.

against abortions existed, yet some women of each faith pursued and obtained illegal nontherapeutic ones. Further, some of these women crossed religious, racial, and class lines to serve their gendered, medical, and financial needs.<sup>82</sup> This became particularly clear during the 1880s when local newspapers began publishing a growing number of stories about local abortions. Stories revealed that most unplanned pregnancies emerged not from criminal rape, but from consensual extramarital relationships between and among Mormons and gentiles, and that many women who sought the procedure were single, white, educated, and employed.<sup>83</sup> In 1884, for instance, the *Deseret News* recounted the tale of Miss Lizzie Evans, a native of Brigham City, Utah, who moved to Salt Lake City to study internal medicine and obstetrics with Mormon doctor Ellis Reynolds Shipp. Evans boarded with Mrs. Marry Ann Pratt, a Mormon proprietor, who likely introduced Evans to John W. Irons, a banker and holder of the Mormon priesthood already engaged to be married to a woman back East. A romantic relationship between Evans and Irons ensued, however, and several months later Lizzie began looking for doctor Allan E. Fowler, an Episcopalian surgeon at Holy Cross Hospital. Explaining that she was “in trouble”—a common idiom for premarital pregnancy—Evans requested, and Fowler acquiesced, to insert an “instrument” into Evans’ body which, according to the *News*, “hurt her

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<sup>82</sup> Though true, this latter point seems surprising since, as Lester Bush has pointed out, it was during John Taylor’s Mormon Church presidency (1880-1887) that Saints such as Heber C. Kimball began responding to antipolygamy campaigns in the American East with accusations of abortion being the most common means by which gentiles hid their illicit sexual encounters. See, Bush, “Birth Control,” 12-44; James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978), pp. 268-269 ff. 31.

<sup>83</sup> Women who received abortions included Dora Jensen, Carrie James, Fannie Price, Ethel Paul, Alice Ferguson, Elsa Litser, Margaret Mauro, Mabel Gould, Jennie Van de Bos, Elizabeth Weiss, Lois Nelson, Milda Powell, and Madge Caine. Their occupations included secretary, clerk, factory worker, and telephone operator.

internally, and from that time she commenced to be ill.” That night, Evans ingested “some pills” to hasten her labor and miscarriage. After viewing the dead fetus and suspecting an abortion, Pratt summoned the police to arrest Fowler and Irons, the latter who after “reach[ing] for his pistol” and scuffling with officers, was led away with the doctor to jail.<sup>84</sup>

Rather than a victim of aggressive male sexuality, Evans had experienced abortion as a single young woman planning to be married, but still desirous of preserving her Mormon identity and control her motherhood. She had sought the help of Fowler rather than that of women doctors at Deseret Hospital who would have likely balked at her request on religious, and perhaps gendered, grounds as religious women and feminists (who were often the same people) rooted their claims to power in their morality and motherhood. Yet despite Evan’ efforts, her negative notoriety undoubtedly imperiled her public reputation. Not so her health, however, which recovered quickly and seemed to contradict high local and national mortality rates for postabortive women. These rates remained high since abortion entailed the use of septic and imprecise instruments, pharmaceutical overdoses, and because of various levels of skill among doctors, nurses, and midwives; internal bleeding was also common, especially when women self-induced at home.

To discourage abortion, protect women’s health and the gendered and racial order, the Liberal city council worked in 1888 to strengthen extant anti-abortion laws by assigning harsh sentencing guidelines to “every person” who

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<sup>84</sup> Deseret News, November 12, 1884.

performed or encouraged an abortion.<sup>85</sup> The Salt Lake County Medical Society approved, and in 1906 became a proxy for the state by agreeing to ferret out doctors who performed abortions, revoke their licenses, and cooperate with law enforcement officials to prosecute them.<sup>86</sup>

Initially, these measures seemed to have their desired effect. Between the 1880s and the onset of WWI, newspapers reported about a dozen abortions, mainly those resulting in maternal fatalities, but only two thereafter. Upon closer inspection, however, demand for abortions likely remained steady. Despite harsher legal, medical, and religious censures—in 1895 the Vatican declared all abortions sinful—some white women still pursued greater control over their lives. The Salt Lake County Medical Society acknowledged as much by discussing the “treatment of inevitable abortion.”<sup>87</sup> Further, the *Deseret News* recognized that some women remained so desperate as to seek abortions from nonmedical and nonsurgical health professionals, including dentists.<sup>88</sup> Finally, from circa 1905 through the Great Depression, the city prosecutor indicted twelve men and

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<sup>85</sup> On fatal or near-fatal abortions, see, *Deseret News*, October 3, 1883; November 5, 1884; February 13, 1900; July 11, 1901; October 3, 1901; December 29, 1902; *Salt Lake Herald*, February 2, 1900; *Salt Lake Telegram*, July 29, 1914; August 18, 1927; January 18, 1944; *Salt Lake Tribune*, November 4, 1884; March 6, 1896; February 18, 1897; October 29, 1897. In 1888, the city mandated that “every person who provides, supplies or administers to any pregnant woman, or procures any such woman to take any medicine, drug or substance, or uses or employs any instrument or other means whatever, with intent thereby to procure the miscarriage of such woman, unless the same is necessary to preserve her life, is punishable by imprisonment in the penitentiary not less than two nor more than ten years.” *Compiled Laws of Utah, Volume II, 1888* (Salt Lake City: Herbert Pembroke, book, Job and Legal Blank Printers, 1888), Penal Code, chapter 3, “abortion,” section 4507, p. 591.

<sup>86</sup> *Deseret News*, February 13, 1906.

<sup>87</sup> *Salt Lake Tribune*, October 7, 1898.

<sup>88</sup> *Deseret News*, July 30, 1904.

women for performing or receiving illicit abortions.<sup>89</sup> Very likely, many also escaped the public's knowledge.

Prosecuted and punished more vigorously besides being subject to increasing moral censure, abortions remained in demand even if their location and provider changed. As with the sanitation, vaccination, and hospital history, abortion conformed to the city's social geography. Instead of occurring in clean quiet medical offices downtown, abortions increasingly migrated to the squalid and noisy environs of Chinatown and the Westside. Rather than being performed by university-trained medical doctors and nurses who charged exorbitant rates (\$100 or more) for an illegal, career-threatening procedure, abortions were increasingly carried out by ethnic healers who charged modest amounts (around \$20 per abortion) and who often lacked medical licenses. And rather than seeking out physicians of the same white socioeconomic and cultural profiles as themselves, some affluent whites pursued Chinese and Japanese healers who, having arrived prior to new immigrant midwives and living in a marginalized part of town, and likely possessing different moral and Taoist religious views about abortion, provided the service. Until the 1920s, when abortion increasingly became a political issue, this last phenomenon became more common. As professor Reagan writes, in many cities "some women may

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<sup>89</sup> USHS, Third District Court: Salt Lake County: Criminal Registers of Actions, series 3253, John Long, reel 2, case 1389; Francis Richards, reel 2, case 1840; A. K. Smith, reel 3, case 2659; Dr. William S. Downey, reel 5, case 3367; Dr. William S. Downey, reel 5, case 3921; Yee Foo Lun, reel 6, case 4162; Dr. A. McCurtain and Mrs. Dora Arden, reel 6, case 455; Dr. Theo Hotopp, reel 6, case 4645; Alfred Faerber and Mrs. Alfred Faeber, reel 10, case 9082; Lois Nelson, reel 10, case 9328; Dr. Frank J. Moormeister and Pearl Evans, reel 10, case 9744; Landon Brown, reel 10, case 10135. Corresponding case files can be found in, USHS, Third District Court: Salt Lake County: Criminal Case Files, 1896—ongoing, series 1471, reel 50, case 3367; reel 61, case 4162; reel 67, case 455; reel 69, case 4645; reel 350, case 9082; reel 146, case 9328; reel 151, case 9744; reel 157, case 10135.

have crossed these boundaries of background and neighborhood in order to find strangers, whom they believed likelier to perform an abortion or found easier to consult because they did not personally know them.”<sup>90</sup>

In 1915, Salt Lake City police arrested Yee Foo Lun after inducing a miscarriage on Mrs. Mabel B. Gould, a twenty-year old Welsh Mormon convert.<sup>91</sup> The procedure occurred after Gould visited Chinatown and, according to charging documents, Lun placed “slippery elm suppositories in and about and upon and within the body of one Mrs. Mabel Gould.” Police records did not reveal Gould’s motivation, but as a young, working-class wife—she worked at a Westside candy factory—she may have considered the steep costs of raising a child. Or, she might have remained unsure about her marital stability, or apprehensive about birthing pains and her survivability, or even morally unconcerned with the procedure; during the early twentieth century, many Americans still associated quickening with life, and early term abortions as amoral.<sup>92</sup> For lack of evidence, the court allegedly dismissed the case against Lun; by contrast, no charges were ever filed against Gould.

A similar fate befell Hano Miyamsoto, the head custodian at the Latter-day Saints Hospital. During the 1920s, Miyamsoto oversaw a crew of Japanese subordinates who, though good workers, were allegedly fired for theft and for “running an abortion house.” According to hospital secretary Esther Nokleby, the hospital superintendent caught Hano and his men while allegedly “stealing the

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<sup>90</sup> Reagan, 76.

<sup>91</sup> USHS, Third District Court: Salt Lake County: Criminal Case Files, 1896—ongoing, series 1471, Yee Foo Lun, reel 61, case 4162, 1915; Criminal Registers of Actions, series 3253, reel 6, case 4162.

<sup>92</sup> Reagan, 6.

beds and the equipment from the hospital” to support their venture.<sup>93</sup> Such equipment probably included uterine dilators, surgical tubing, catheters, vaginal speculums, and bi-chloride gauze to help scrape out fetal matter.<sup>94</sup> The wherewithal of orthodox doctors, these items may have portrayed Japanese providers as clinically different from their Chinese competitors, and able to attract white middle-class clients who especially valued their health and hygiene, as much as their anonymity. Poor black females may have also used Japanese and Chinese abortionists since they remained inexpensive, provided an important service especially during the Depression, and since according to black community leader Alberta Henry, the small black community in Salt Lake City lacked midwives and relied on Asian (and Jewish) doctors, besides folk cures, to manage their health and circumvent white medical prejudice.<sup>95</sup> Still, affluent white women who remained uncomfortable with Asian men, or ignorant of the Japanese’ medical equipment and skill, or perhaps desirous of shared national and cultural ties with their provider, and who were able to assume the higher costs of professional medical treatment, risked their secrecy and pursued white medical help downtown.<sup>96</sup>

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<sup>93</sup> USHS, Mss B 248, Dan Hinman Oral History Interviews (LDS Hospital), Box 1, folder “Esther Nokleby,” p. 15.

<sup>94</sup> USHS, Third District Court: Salt Lake County, Criminal Registers of Actions, series 3253, Dr. Theo Hotopp, reel 6, case 4645.

<sup>95</sup> JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 5, folder 1, Alberta Henry, p. 86; Box 5, folder 7, Florence Lawrence, p. 178. Some black residents did in fact call on white medical doctors who made house calls. Others like Velma Oliver, however, relied on folk cures such as red lily and mullein leaves, which she collected at Utah Lake and used to wrap her body in or boil to make hot tea, and thereby cure colds. See, JWML, Special Collections, Ms 453, “Interviews with Blacks in Utah,” Box 2, folder 11, Velma Oliver, p. 18.

<sup>96</sup> German doctor Theo Hotopp, for instance, admitted to assisting Elizabeth Weiss, a “Jewess” who spoke “broken English with a little German interjected,” with an illicit termination. See, Third District Court: Salt Lake County, Criminal Registers of Actions, reel 6, case 4645; Criminal Case Files, series 1471, reel 69, case 4645.



In targeting and prosecuting Asian male healers for providing abortions, but not indicting their white female clients (until 1931) for seeking them, white legal and newspaper officials revealed their bias towards race, gender, and perhaps religion, in legislating and enforcing physical health. Moreover, they revealed their exceptional place in abortion history, as during the early twentieth century anti-abortion activists in northern cities targeted not male healers, but new European midwives, as the primary sources of illicit terminations. Midwives and healers, they argued, were equally ignorant, immoral, and dangerous, but the former were far more numerous in the North than the Chinese or Japanese who concentrated mainly in the West. Midwives also challenged university-trained obstetricians who, as an occupational group, worked to improve their status by monopolizing childbirth. By the 1930s, these doctors succeeded in part by pressing legislators to require licenses from all health providers; failing that, new immigrant midwives diminished in northern cities. In Utah, licenses became mandatory for midwives, but in contrast to the North, these women remained popular and respected despite the appearance of obstetricians.<sup>97</sup> As childbirth remained vital to Mormonism's growth and identity, so did midwifery and obstetrical work. Mormon women like Patty Bartlett Sessions (d. 1892) and Margaret Leatham (d. 1931), for instance, performed countless deliveries, but refused illicit abortions, well into the twentieth century.<sup>98</sup>

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<sup>97</sup> On midwife employment, see, Deseret News, December 29, 1906; on licensure, see, Salt Lake Telegram, December 10, 1926.

<sup>98</sup> Donna Smart, ed., Mormon Midwife: The 1846-1888 Diaries of Patty Bartlett Sessions (Logan: Utah State University Press, 1999). Sessions apparently delivered 3,997 babies in her sixty years of midwifery. Salt Lake Telegram, July 7, 1931; Claire Noall, "Superstitions, Customs, and Prescriptions of Mormon Midwives," California Folklore Quarterly Vol. 3 (April 1944): 110; "Mormon Midwives," Utah Historical Quarterly Vol. 10 (1942): 84-144.

New immigrant midwives remained in good standing, too. Little evidence points to their criminal activity or officials' suspicions of it, although if seeking to provide illicit abortions, they faced stiff competition from Asian providers who arrived earlier in the 1870s and lived closer to downtown. Greek midwives and Hispanic curanderas/os (female and male healers) may have also rejected abortions on religious and moral grounds, and focused their energy on providing medical, psychological, and spiritual healing. Such activities seemed necessary in light of the widespread injuries and ailments that immigrants suffered, their cultural dislocation, and their experiences with prejudice at local hospitals. They were also vital to subverting nativist charges of foreign sickness, dirtiness, and barbarism.

The most popular Greek midwife, Magerou Mageras arrived in the Salt Lake Valley with her husband Nikos in 1905.<sup>99</sup> About two thousand Greek males lived in the Valley, and with few females around Magerou became well known and powerful. Her calling as a midwife evolved in relation to this sexual imbalance, focusing at first on assisting Greek, Italian, Austrian, and Slavic miners and smelters, and then in the 1920s, on helping new immigrant women with childbirth. Since her arrival, Magerou was well aware of the many health challenges that immigrant laborers faced. Rumors circulated of the vile living and working conditions in the Salt Lake Valley and Bingham Canyon, especially. Wrote one Greek journalist, "It would take the pen of Edgar Allan Poe to

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<sup>99</sup> In the following two paragraphs, I have relied heavily on, Helen Papanikolas, "Magerou, the Greek Midwife," Utah Historical Quarterly Vol. 38 (Winter 1970): 50-60.

describe the horrors of the Greek immigrant worker's life."<sup>100</sup> Laborers suffered burns, lacerations, and breaks, as well as sanitary diseases. Rather than visiting Bingham's local nativist doctors, or "butchers," immigrants often came to Magerou; or at other times, Magerou passed medical advice through her husband, a barkeeper.

To address their medical needs, she prescribed Old World, Western, and hybrid medical cures. Men with serious burns, for instance, watched Magerou clean and rinse their wounds before softening them with olive oil. To stop their bleeding, she inserted soap or leather scrapings into their lacerations before applying pressure and bandages. Helen Papanikolas, a contemporary of Magerou, also recalled the midwife setting broken bones. "She mixed powdered resin and egg white with clean sheared wool and bound this over the set bones with cloth."<sup>101</sup> After a young man fell from a horse, breaking his arm, she applied a cast, which worked. Magerou also saved men's appendages from amputations. When a Greek baker mashed his knee, she washed it off before using a variety of remedies. Saving his leg, she did the same to a police officer who crushed his leg and "'sought the midwife's help rather than submit to an amputation."<sup>102</sup>

Magerou also treated a host of internal and biochemical conditions. Like many folk healers, she perceived health and sickness as linked and informed by a variety of biological, psychological, and spiritual factors. Her therapies were thus physiological or emotional or religious and spiritual, or a combination. For

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<sup>100</sup> Papanikolas, 54.

<sup>101</sup> Ibid., 58.

<sup>102</sup> Ibid.

example, she prescribed glasses of hot wine with powdered cloves, whiskey, and parsley tea, and sometimes mustard plasters whose vapors allegedly calmed the respiratory tract, to cure Spanish Influenza and pneumonia.<sup>103</sup> For colds, she often practiced “vendouzis,” or cupping, which entailed raising the patient’s skin by placing heated cups on their backs; if her patients were sick, she cut the blisters to drain off the “bad blood.” Similarly, Magerou blistered and sliced blister to expel the “uncleanness” that allegedly encouraged colds and influenza. Meanwhile, men who suffered from “soufra,” or rickets (vitamin deficiency causing joint pain) were told to burn bay leaves with holy candles, but to leave the stems for her. Later, on three moonless nights, she would take the stems to touch and heal their joints. Finally, when a person with the “Evil Eye” looked enviously upon a child to incite fever, convulsions, and sleeplessness, Magerou would purify the victim’s house by sprinkling it with three drips of holy water, three pinches of incense, and three symbolic spittings as well as the Lord’s Prayer, thrice signifying the Christian Trinity.<sup>104</sup>

Many Greeks, and non-Greeks, believed in Magerou’s miracles.<sup>105</sup> Called from childhood to help and to heal, Magerou prescribed many cures that possessed clear empirical bases, or were mysterious, leaving patients and witnesses to stress their emotional, religious, or spiritual effects.<sup>106</sup> Most Greeks

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<sup>103</sup> Many Greeks considered wine a medicine, especially for lowering cholesterol. See, JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 3, John Chipian, p. 15. On parsley tea, see, Box 5, folder 12, Helen Skedros, p. 29. On mustard plasters used to treat Spanish Flu, see, Box 2, folder 12, James Varanakis, p. 63.

<sup>104</sup> Papanikolas, 57.

<sup>105</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 2, folder 7, Constantinople Skedros, p. 6.

<sup>106</sup> JWML, Special Collections, Mss 329, “Greek Oral History Project,” American West Center, Ethnic Oral History Programs Collections of the American West, Box 4, folder 2, Wilma Mageras

belonged to the Orthodox Church, which established a congregation (Holy Trinity Greek Orthodox Church) on the Westside in 1905. Taught to see Jesus Christ as the Great Physician, many churchgoers drew religious and psychological comfort from ritual prayers, lay and clerical visitations, as well as ministrations of holy water.<sup>107</sup> According to Andy Katsanevas, people “from all over the city” would travel to see one midwife, “Mrs. Funtas or Cortafuntas,” who chanted and prayed over holy water, and then administered it to believers, who healed.<sup>108</sup> Greeks commonly saw healing, like all human activity, as essentially religious but presaged by natural events. As with the Evil Eye and its cures, they viewed physical health as tied to a larger mystical reality that informed, and that was in turn informed by, their culture. Paradoxically, it also remained separate but connected to Orthodox cosmology.

Not all Greeks, however, believed in religious folk healing. One couple, for instance, recalled their baby “wasting away” three months after its birth. Slighting Magerou, they visited an American doctor who told them, “No use spending your money. Just leave her here. She’s going to die and [we] want to experiment [on her].” The baby’s uncle, however, took her to see Magerou who “burned her with bay leaf, lathered her with oil, and wrapped her in a woolen

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Klekas and Millie Mageras McMichael, p. 14. Magerou’s daughters testified to their mother’s miraculous healing powers: “A man in Salt Lake, he was in the hospital. . . . And the man, they told him that he would die. And so his wife or somebody said, ‘Well, why don’t you bring Magerou? Well, bring her to see him.’ So they come and got Mom. [The] man says, ‘I can’t do nothing.’ She says, ‘There I don’t have a license or anything.’ ‘Well, just come and look at him and see what you can do. We’ll take him out of the hospital.’ So Mamma took some Livani and that and while they were visiting they shut the door and Mamma [crossed] him and cut him you know in the hospital. And the man in two days start[ed] recovering. . . . And the doctors didn’t know what.”

<sup>107</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 12, Andy Katsanevas, pp. 22-24.

<sup>108</sup> Ibid., 24-25.

blanket, and put her in a box behind the stove to warm up.” Magerou repeated the procedure, and three months later the baby’s parents took her to see the doctor who, perhaps like them, “wouldn’t believe that it was the same child.”<sup>109</sup> Magerou’s own daughters, too, rejected their mother’s embrace of Old Testament notions of female “impurity” after childbirth, besides her request to teach midwifery and the art of healing to them.<sup>110</sup> Finally, Mrs. William Pappas disputed Greek herbalism’s ability to relieve menstrual cramps, and probably other pains. She recalled, my mother “fixed up some [F]askomilo” (sage) and “all kinds of herbs from Greece that her mother had sent her.” She then boiled it with honey and moonshine, and forced her to drink it. Assured of its efficacy, Pappas drank it only to recall, “I will never forget it. . . . [It came] out of my nose, my ears, mouth, and everywhere.”<sup>111</sup>

The above anecdotes seem to suggest that second-generation female immigrants were especially likely to renounce their ethnic healing traditions in exchange for new American ones. In particular, unlike their mothers, these women relied more on professional regular doctors and nurses than on midwives during childbirth. Regular medicine and hospitals became more culturally entrenched during the early twentieth century through favorable newspaper and magazine articles, radio shows, advertising, and public health campaigns. Pressured to conform and to demonstrate their personal health and cultural

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<sup>109</sup> JWML, Special Collections, Mss 329, “Greek Oral History Project,” American West Center, Ethnic Oral History Programs Collections of the American West, Box 4, folder 2, Wilma Mageras Klekas and Millie Mageras McMichael, p. 17.

<sup>110</sup> *Ibid.*, 48.

<sup>111</sup> JWML, Special Collections, Mss 329, “Greek Oral History Project,” American West Center, Ethnic Oral History Programs Collections of the American West, Box 4, folder 7, Mrs. William Pappas, pp. 7-8.

assimilation, and perhaps believing in the efficacy of Western medical practice, pregnant immigrants like Katherine Demiris increasingly traded the dinner table for the hospital gurney by the 1930s.<sup>112</sup> Others like Tessie Jouflas embraced a hybrid strategy of delivering children “on the kitchen table with [the] assistance of doctor and midwife,” or as one doctor recalled, on the dirt floor of their homes, including in one instance a “half-cave, half-tent arrangement.”<sup>113</sup> Still others, perhaps because of strong cultural ties, a preference for female help, and the persistent view of hospitals as dirty, plus the dire economic circumstances caused by the postwar recession and Great Depression, gave birth at homes through the assistance of midwives, their mothers, sisters, or female friends. Lacking licenses but remaining proficient and inexpensive—Magerou charged \$35 per week compared to around twice that at hospitals—and presenting little competition to state sanctioned and well-organized regular doctors, some immigrant midwives enjoyed broad approval from Salt Lake Valley physicians.<sup>114</sup>

During the 1920s, the significance of midwives, male healers, curanderas, and mutual aid increased as jobs became scarce in Utah, and nationally as the average costs of annual hospital visits increased, as did the “variance of costs

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<sup>112</sup> Ibid., Box 2, folder 5, Mr. and Mrs. John Demiris, p. 18. Katherine said, “I never call in my house a midwife.” But many women “still believe what their mother [sic] thinks.”

<sup>113</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 11, Tessie Jouflas, p. 23; Joseph E. Peck, M.D., What’s Next, Doctor Peck? (Englewood Cliffs, New Jersey: Prentice-Hall, 1959), p. 77.

<sup>114</sup> JWML, Special Collections, Ms 479, “Interviews with Greeks in Utah,” Box 1, folder 14, Wilma Klekas, p. 29. In Bingham Canyon especially, Magerou helped many new immigrant women with childbirth. Wilma Klekas, Magerou’s daughter, recalled the surprisingly high regard that nativist doctors had for her: the “Company doctors . . . they’d say, well, have you got a nurse,” and “somebody’d [sic] say, well, we got Granma Mageras [sic]. He’d say, oh, that’s fine, you got Grandma, everything’s fine.” Klekas also asserted that “a lot of [immigrant women] didn’t have money—they just call my mother. They wouldn’t call on a doctor, at all.”

due to high hospital bills in a small number of serious illnesses.”<sup>115</sup> Paying for hospital care became more difficult, and in response, some hospitals began mimicking mutual aid organizations by creating group insurance plans. Others, like the Latter-day Saints Hospital, took a different path of reducing, or in rare cases, writing down debts entirely.<sup>116</sup> Still, despite these efforts, hospital and professional medical care remained a rarity among poor non-whites who lived in the Salt Lake Valley. Not only were immigrants the last and cheapest to be hired, but the state’s postwar economic recovery also remained much slower than the West’s and the nation’s. By 1929, Utah’s per capita income was only eighty percent (or \$537 annually) of the national average.<sup>117</sup> Moreover, after the stock market crashed in October 1929, joblessness spread to immigrant-heavy occupations, such as sugar beet farming, mining, and railroad construction. By 1933, Utah’s unemployment rate reached over 35 percent, the fourth highest in the nation.

Unable to afford the spiraling costs of hospital or home medical care (doctor’s house calls cost about \$35 per visit), as well as discouraged by language barriers and at times, the “condescending attitudes of doctors and nurses,” many Hispanics, when sick, embraced folk remedies such as tea and honey, coal oil, boiled elm leaves, and spoonfuls of kerosene and sugar.<sup>118</sup> To

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<sup>115</sup> Paul Starr, Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform (New Haven: Yale University Press, 2011), p. 37.

<sup>116</sup> USHS, Mss B 248, Dan Hinman Oral History Interviews (LDS Hospital), Box 2, interview #1, Doctor Earl Skidmore, pp. 16-17.

<sup>117</sup> Jorge Iber, Hispanics in the Mormon Zion, 1912-1999 (College Station: Texas A and M Press, 1999), p. 40.

<sup>118</sup> Vicente V. Mayer, in, Helen Z. Papanikolas, ed., The Peoples of Utah (Salt Lake City: Utah State Historical Society, 1976), p. 446; JWML, Special Collections, Accn 1369 “Interviews with



address more complicated or serious ailments, however, they turned to curanderismo.<sup>119</sup> According to scholar E. Ferol Benavides, curanderismo combines folk medicine with faith healing from an Indo-Hispanic past to yield a therapeutic composed of “knowledge of herbal remedies with liberal doses of prayer and religious/superstitious ritual.”<sup>120</sup> It is practiced by curanderas/os who began appearing along with Mexican women and children in the Salt Lake Valley during the 1920s. Curanderas provided healing for small fees, or sometimes gratuitously. They remained unlicensed and did not advertise, and were thus difficult to locate. Working with Hispanic women to remind their community “to be clean people, to be good people,” they served to challenge the dominant stereotype of immigrant dirtiness and barbarism (“greasy Mexican,” “dirty Greek”). They also served to contest regular medicine’s rigid embrace of symptomatic medicine.<sup>121</sup> Viewing health and sickness as deriving from several linked rather than a single isolated empirical cause, and instilling patients with a mystical hope in their physical or immaterial restoration, curanderas joined Greek and other immigrant healers in providing patients with an array of physical, psycho-social, and religious diagnoses and prescriptions.

After injuring his arm while working as a “traquero” or track laborer for the Union Pacific Railroad, Crisoforo Gomez contacted a curandera in Mexico City

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Hispanics in Utah,” Box 2, folder 4, Reuben and Tilly Gomez, p. s2:15; Box 4, folder 6, Father Reyes Rodriguez, pp. s3:19-s3:35.

<sup>119</sup> Helen Bunnell, “Depression Memories,” Utah Historical Quarterly Vol. 54 (Summer 1986): 266. Other scholars have portrayed curanderismo’s appeal, in part, as a response to Hispanics’ “limited” socio-economic prospects. For instance, see, Leo Chavez, “Curanderos, and Brujas: Health Care Delivery and Mexican Immigrants in San Diego,” Medical Anthropology Quarterly Vol. 15 (February 1984): 31-37.

<sup>120</sup> E. Ferol Benavides, “The Saints Among the Saints: A Study of Curanderismo in Utah,” Utah Historical Quarterly Vol. 41 (Autumn 1973): 381, and passim.

<sup>121</sup> Iber, 46.

who sent him a snake tongue and bowl besides instructions for healing. After boiling the tongue in the bowl and then applying the water to his appendage, he healed and traveled from Salt Lake City to Mexico City to offer \$100 in gratitude to the Virgin of Guadalupe, and perhaps to the midwife.<sup>122</sup> Closer to home, Rebecca Horez Alvera, whose mother “healed” as well as worked as a domestic servant, recalled translating for patients. Meeting at the Alvera’s home in an abandoned railroad car at 602 West/700 South, her patients included Mexican, Greek, black, and white residents. Meeting for healing and cleansing via “prayer, candles and holy oils” as well as holy water, herbs, and “statues of saints,” “a lot of people claimed that they were cured”; unfortunately, however, Alvera’s mother could not save nine of her twelve children who, because of diphtheria, died in infancy.<sup>123</sup>

John Florez’s mother, who also lived in an old abandoned railroad car on the Westside, practiced curanderismo. “Some people would come to her for counseling problems, cures for cancer, cures for paralysis,” he recalled. She possessed authority since she remained “very” Catholic and “provided answers that her patients accepted.” Like many Catholic healers, she perceived sickness as the result of sin and the devil, and herself as a chosen medium for channeling divine healing and wellness. Encouraging faith and grace in her patients, she saw objects that seemed normally inert, such as human hair and urine, playing cards, rose petals, animal teeth, and rusty nails, become endowed with

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<sup>122</sup> JWML, Special Collections, Center for the Studies of the American West, Utah Minorities Number S-104, Crisoforo and Petra Gomez, pp. 25-26.

<sup>123</sup> JWML, Special Collections, Accn. 1369, “Interviews with Hispanics in Utah,” Box 1, folder 4, Rebecca Horez Alvera, pp. 4-13.

restorative power. Herbal cures were marked with “the sign of the cross,” Florez recalled, to unite her patient’s psyche “soul, God, prayer, and medicine” in a curative posture.<sup>124</sup> If her patient did not improve or demonstrate a restored “spiritual balance” of good and evil, however, she prescribed scientific medical care.<sup>125</sup>

The closest that many new immigrants got to scientific medical care were prescriptions, or over-the-counter drugs from Westside or downtown pharmacies. Some pharmacies refused services to non-whites, or to blacks specifically, although others resisted discrimination, as they were immigrant owned.<sup>126</sup> Alex Rizos, for instance, came from Greece and earned a pharmaceutical degree at Northwestern University in Chicago before opening Rizos Drug Store at the corner of 200 South/500 West in Salt Lake City, and then in Bingham and Garfield. His stores catered to “most of the foreigners” or “people who couldn’t speak English.” Supplying regular medical materials including vaccines, bandages, syringes, and iodine, his stores publicized immigrant assimilation to the dominant white majority. Yet more privately, they reinforced ethnic identity by sourcing Old World medical supplies, mainly herbs, while providing space for unlicensed immigrant doctors who possessed unrecognized foreign medical credentials. Doctor Peter Kosinikas, for instance, maintained a “clandestine practice” “in the back of Rizos’ store.” Attending to Greeks and Slavs mainly, he provided Old World treatments for traditional ills such as soufra and the Evil Eye.

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<sup>124</sup> Ibid., folder 9, John Florez, pp. s1:17-s2:22.

<sup>125</sup> Bobette Perrone, H. Henrietta Stockel, and Victoria Krueger, Medicine Women, Curanderas, and Women Doctors (Norman: University of Oklahoma Press, 1989), pp. 85-97.

<sup>126</sup> JWML, Special Collections, Ms 453, “Interview with Blacks in Utah,” Box 4, folder 11, Jacob Green, p. 1.

When prescribing scientific medical cures, however, he described them in familiar terms, language, and in a reassuring manner. Before being indicted for practicing medicine without an American medical license, Kosinikas shared space with Jewish doctor Robert Alexander who saw black and Hispanic clients. Although Alexander did not identify with his clients ethnically, he, like other Jews, sympathized with their marginalized status.<sup>127</sup> Thus, in providing expert pharmaceutical and medical care in comfortable or less foreign terms and conditions, while balancing cultural assimilation and endurance, immigrant pharmacies and doctors helped to strengthen and transform Salt Lake's parallel health community.<sup>128</sup>

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Comprising a final, though smaller, segment of Salt Lake's alternative health community were Progressive Era welfare programs. These programs belied the Valley's (and the state's) shift toward a more activist municipal government as well as an extension of socially minded churchgoers committed to the well-being of mothers and children. These programs correlated with others promoted by the White House Conference on Child Health and Protection (1910) that publicized "saving" women and children from the supposedly deleterious effects of urban industrial life. As historian Anya Jabour observes, such

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<sup>127</sup> JWML, Special Collections, Ms 479, "Interviews with Greeks in Utah," Box 2, folder 7, Constantinople Skedros, pp. 4-6; Box 2, folder 8, 1-9; Box 5, folder 12, Helen Skedros Rizos, pp. 15-20.

<sup>128</sup> On rare occasions, however, they divided their communities. For instance, in the spring of 1914, George Dasakis and Jim Sonidas sued doctor Kossinikas for allegedly producing a medicine that failed to cure their medical condition, gonorrhea. Whether Kossinikas was found guilty remains unclear. USHS, Third District Court: Salt Lake County, Series 3253, Criminal Registers of Actions, reel 5, case 3692, P. Kassinikos, 1914; USHS, Third District Court: Salt Lake County: Criminal Case Files, 1896—ongoing, series 1471, reel 54, case 3692, P. Kassinikos.

programs sought to restore and reform their very lives, not merely remove them from harmful domestic or working environments, as nineteenth century reformers attempted.<sup>129</sup> Newly established juvenile courts, parole officers, and social work programs supported these objectives when they addressed “juvenile delinquency,” a new phenomenon, and which scholars have examined in great detail.<sup>130</sup>

Fewer scholars, however, have analyzed child- and mother-saving efforts in relation to programs like free milk, vaccine, and daycare services, as well as public health nursing, maternal and well-baby clinics. In Salt Lake City and County, these programs appeared in the 1910s and throughout the New Deal era to provide food, shelter, medical, and employment aid to the indigent poor and sick, particularly new immigrants. These programs afforded opportunities to improve in health, cleanliness, and assimilation, even as they presaged disputes over welfare, dependence, and American identity. In turn, these disputes, as we shall see, would place Japanese and Mexican immigrants at higher and lower ends of the community hierarchy. Traditionally, the Japanese were at the top of the pecking order as they were middle-class, fewer in number, and seemingly more ready to adopt American standards and modes of health and cleanliness. By contrast, Mexican immigrants remained poor, the greatest in number (amongst all new immigrants by 1927), and the most dependent on welfare.

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<sup>129</sup> A good study on “woman-saving” efforts in relation to female rescue homes in Utah and the West is, Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939* (New York: Oxford University Press, 1993).

<sup>130</sup> “Children and Child-Savers in Progressive-Era America, 1880-1920,” in, Anya Jabour, ed., *Major Problems in the History of American Families and Children* (New York City: Houghton Mifflin Company, 2005), pp. 250-251.

Contending with the fears of affluent whites of ignorant, tuberculosis and even marijuana-carrying Mexicans “infesting” Utah with sickness and crime, Mexican mothers and fathers also came to be viewed by the Depression era as a new breed of economic competition, particularly to white unemployed fathers, and a drain on precious New Deal resources and welfare.<sup>131</sup> Seeking to diminish this competition while racializing Mexicans as the most dependent, dirty, and ignorant of basic health and sanitation, affluent Mormons and gentiles focused on reforming these immigrants in particular. In doing so, they appeared to validate historian Gwendolyn Mink’s observation that “gender and culture were the axes of early twentieth-century welfare policies.”<sup>132</sup>

These programs, however, also highlighted Salt Lake’s exceptional welfare history. For, in the Salt Lake Valley, private religious rather than public secular initiatives precipitated welfare programs. These initiatives extended the Christian tradition of organized charity and reform, but joined with progressive Mormon attempts to address urban health, poverty, and immigration. Manifesting religious cooperation, they revealed shared cultural values and assumptions about childhood and motherhood, besides foreign and American identity, which would subsequently inform and complicate foreign beneficiaries’ experiences.

In 1911, First Presbyterian Church Sunday School teacher Emma K. McVicker teamed with local businessmen, journalists, city health officials, and the

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<sup>131</sup> For portrayals of Mexicans as “greasy” purveyors of disease, particularly tuberculosis, see, Ogden Standard Examiner, December 17, 1923; February 26, 1924; July 19, 1925; Salt Lake Herald, August 27, 1908; June 13, 1910; Salt Lake Telegram, August 7, 1915.

<sup>132</sup> Gwendolyn Mink, The Wages of Motherhood: Inequality in the Welfare State, 1917-1942 (Ithaca: Cornell University Press, 1995), p. vii.

Mormon Church to establish the Neighborhood House at 727 West/100 South. Located in a “poor-family neighborhood,” the House sought to “raise the standards of uncomfortable and poorly regulated homes, and when necessary, to provide food and clothing.” McVicker and her allies believed that children “in the western part of the city,” and Mexican Town, or “the region of the railroad trackage,” in particular, tended to be delinquent, and that reforming them might initiate the same process among their parents.<sup>133</sup> “Delinquency” remained a fluid term during the Progressive Era that generally meant a dereliction of duty stemming from a variety of perceived behavioral, cultural, and socioeconomic problems. “Duty,” meanwhile, denoted a wide range of behavior from obeying laws to embracing nonlegislated cultural norms. As health laws and norms existed in the Salt Lake Valley, the Neighborhood House worked to encourage citizenship and reduce delinquency by providing free health education and services, such as medical and health lectures, physical exams, vaccinations, and dental work. Mainly Mexican and Italian, but also Greek and black children received free milk as well as use of the House’s library, while their parents (but apparently not black mothers and fathers) benefitted from day care with “competent nurses” for ten cents a day, or free for the indigent. Parents also acquired physical aid such as food and blankets, as well as counseling for suspected “domestic troubles,” which according to reformers, likely revealed

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<sup>133</sup> Lottie Felkner, with assistance by Mildred Larsen, *The St. Mark’s Hospital School of Nursing* (Salt Lake City, St. Mark’s Hospital Nurses’ Association, 1970), p. 44; JWML, Special Collections, Ms 455, Neighborhood House Records, 1894-1996, Box 3, book 1, “Minutes of the Board Meeting, September 1923-1937 inclusive,” pp. 4-5.

immigrants' deficient or incompetent character and culture, and which helped explain and discourage their general welfare and ability to assimilate.<sup>134</sup>

To complement these efforts, in 1913 the Salt Lake City Health Department opened a free sanitary milk station on the Westside near Pioneer Park, "where," according to the department, "the most good could be done."<sup>135</sup> During the previous year, state health director Theodore Beatty reported that infant mortality rates (IMR) rose to one hundred and ten per one thousand, largely because of "inadequate natal and prenatal care."<sup>136</sup> Moreover, public schools with the highest rates of exclusion for sanitary diseases appeared in the west and southwest sides of the city.<sup>137</sup> In response, the Mormon Relief Society and the nonsectarian Catholic Charity League allied with St. Mark's Episcopal Charity Association and the city Food and Dairy Committee to finance, deliver, and oversee the purity of free milk. In addition, city milk stations, which evolved into dispensaries, provided free well-baby check-ups and new mothers' consultations, besides advice about medicine, prenatal, and natal care from city doctors and nurses. Because immigrant mothers seemed ignorant about basic sanitation and nutrition, health officials began to train and supervise them about proper milk storage, home cleanliness, and other topics of domestic science. Beneficial, but also cheaper and less difficult than bringing about equitable changes in public health policy, such as more democratic water and sewer main

<sup>134</sup> Ibid., book 2, "Minutes: January 1938 to May 1949," p. 12.

<sup>135</sup> USHS, Series 4882, Annual Reports of the Officers of Salt Lake City, Utah, for the year 1913 (Salt Lake City: F. W. Gardiner Co., n.d.), p. 396.

<sup>136</sup> Joseph Morrell, M.D., Utah's Health and You (Deseret Book Company, 1956), p. 197.

<sup>137</sup> USHS, Series 4882, Annual Reports of the Officers of Salt Lake City, Utah, for the year 1914 (n.d.), p. 442. The City Health Department noted that the Westside's Whittier, Fremont, and Irving schools showed exclusion rates from 17% to 20%, while the North and Eastside's Wasatch, Training, Longfellow, and Lowell schools ranged from 2% to 6%.



ordinances as well as restrictions against racially segregated hospital care, these provisions afforded opportunities for affluent white women to educate and discipline poor non-white mothers about “proper” American motherhood, married and home life. Reformers’ efforts also correlated with those by county public health nurses who, at the behest and funding of the Catholic Charity League, made house calls to investigate, report on, educate, encourage, and discipline welfare recipients.<sup>138</sup>

Intended to prevent more than cure sickness, and thereby keep medical costs down, especially among the sick-poor, public health nursing emerged in the late nineteenth century. By the early twentieth century, however, as health care premiums rose, the popularity of public health nursing rose, too, especially among the middle and upper-classes. Insurance companies like Metropolitan Life and John Hancock began providing “private duty,” or in-home, public health nursing to policyholders, while individual nurses registered in local pharmacies, and charged \$15 to \$25 a week.<sup>139</sup> William Welch, professor of pathology at The Johns Hopkins University, praised public health nursing as one of two most important American contributions to world health, and many municipal health departments across the nation began to expand their public health nursing services.<sup>140</sup> However, in Salt Lake City and County, as well as in the Utah state legislature, fiscally conservative and mainly Mormon lawmakers viewed the

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<sup>138</sup> Natalia Molina, *Fit to be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Los Angeles: University of California Press, 2006), pp. 78-80. Molina also juxtaposes the economy of health centers against the high cost of diminishing structural inequalities.

<sup>139</sup> SSEHSL, Lulu St. Clair, “A Study of the Community Nursing Service in Salt Lake City and County, Utah, June 8<sup>th</sup> to June 19<sup>th</sup>, 1936,” pp. 12, 32.

<sup>140</sup> Ella Phillips Crandall, “An Historical Sketch of Public Health Nursing,” *The American Journal of Nursing* Vol. 22 (May 1922): 641-642.

“contribution,” like other health preventatives, as “not too important” and let it become grossly underfunded.<sup>141</sup> By the early twenties, this vacuum allowed the New York-based Rockefeller Foundation for International Health to enter and begin pressing Utah and other states (mainly in the South) to expand their public safety nets by matching its subsidies for public health nursing, epidemiology labs, and sanitary engineering.<sup>142</sup> Thus, despite efforts by legislators to limit spending for what they regarded as unnecessary statist health initiatives, while promoting private medical practice, public health nurses visited many new immigrants in the Salt Lake Valley.

Nurse Joyce Pierce recalled, “So many of my patients were from the old country, Italy, Yugoslavia, and Greece. They all spoke broken English. They were all so brave and so courageous to leave all their families to come here as young men and women knowing they’d never return to Europe.”<sup>143</sup> Another nurse remembered home visits, and bringing milk, medicine, and medical supplies, all of which were paid for by the Charity League rather than the county. Additionally, Bingham Canyon nurse and school health inspector Louise Van Eng brought supplies and instruction, which she believed “helped socialize the immigrant population into American culture.” Cleanliness and health were American values, she claimed, while dirtiness and ignorance were un-American

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<sup>141</sup> Felkner and Larsen, 55; St. Clair, 12. St. Clair notes that the national average was 1 public health nurse for every 2,000 people, while in Utah the ratio was 1 to 5,874 people.

<sup>142</sup> Salt Lake City and County oversaw public health labs, which employed public health nurses, since 1892. Meager funding for both, however, presaged state health director Theodore Beatty to request assistance from the Rockefeller Foundation. In the 1920s, the Foundation helped fund new labs and nurses who were overseen by the state. See, RA, RG 5, Series 1.2, Box 188, folder 2414, February 26, 1924, and passim; folder 2415, December 4, 1924.

<sup>143</sup> LTP, Charles Redd Center for Western Studies, Nurses Oral History Project, MS OH, 2056, Joyce Pierce, p. 13.

ones. In her estimation, many foreign mothers remained “ignorant” about basic health, and thus un-American. For instance, they swaddled their babies tightly, inhibiting their movement, and discouraging muscle growth and development, as well as hand-eye coordination. They also maintained dirty and unkempt homes.<sup>144</sup> To encourage the contrary, state legislators passed laws creating a Division of Health Education within the Department of Public Instruction.<sup>145</sup> Armed with a school health curriculum, Van Eng and her colleagues took on the role of “community mothers” who worked to teach foreign schoolchildren, often with the help of an interpreter, about the importance of health, cleanliness, and tidiness, and specifically about washing their bodies, faces, and hair—lice remained a serious problem—brushing their teeth, eating warm home-cooked meals, and valuing “proper lighting, ventilation, and care of lavatories.” They conducted health screenings, too, and advised foreign children to educate their siblings and parents.<sup>146</sup>

Promoting these American ideals, nurses often criticized foreign student realities to reveal the nationalistic and often coercive nature of reform. One of Van Eng’s colleagues, for instance, once called “a youngster to the front [of the class] to point out that his shirt was badly wrinkled. The boy’s eyes filled with tears and the children were laughing as I entered the classroom.” He explained that he had washed his shirt in the kitchen sink after supper, and that “he wanted

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<sup>144</sup> Kathleen Kauffman and Dianne Knorr, “By Foot, by Horse, by Crummy: Louise Van Ee, School Nurse in Bingham Canyon, 1921-1939,” *Utah Historical Quarterly* Vol. 69 (Winter 2001): 50-51.

<sup>145</sup> *Address and Proceedings of the National Education Association of the United States* Vol. 58 (Salt Lake City, July 4-10, 1920), pp. 367-369.

<sup>146</sup> Hoy, 110; Kauffman and Knorr, 49, 52.

to be like the other children and get a gold star for being clean.”<sup>147</sup> This boy and other children as well as their parents seemingly intended to embrace “modern” American health standards, but other immigrants remained cautious and “very reluctant.” Some of the former befriended nurses like Van Eng who spoke to male fraternal aid societies about health and disease, especially tuberculosis and other sanitary illnesses associated with the foreign poor.

Intending to help but admittedly struggling to understand “different cultures,” while failing to recognize the vast structural inequalities against non-white immigrants, Van Eng and other health officials appeared to promote white American progressive motherhood over foreign parenting. They also seemed to interpret immigrant sickness in a way that pathologized foreign cultures as unclean, unhealthy, and deficient.<sup>148</sup> Many nurses remained ignorant or forgetful that many immigrants did, in fact, embrace the spirit and the letter of improvement. Bathing and washing, receiving vaccinations, wearing clean clothes, and maintaining tidy homes all comprised immigrant efforts to undermine native portrayals of foreign dirt and disease. Even still, reformers often accused foreign mothers of presiding over filthy, “unregulated,” and cluttered homes as well as children who suffered in delinquency, dirt, disease, slower physical development, and social standing. Many, if most, foreigners also lacked the ability to communicate in English—the language of modern health—further reducing their chances of assimilation. To fix the “immigrant problem,” as officials dubbed it, American health professionals, legislators, journalists, and

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<sup>147</sup> Kauffman and Knorr, 50.

<sup>148</sup> Eleanor Coughlin Sheldon, “A Historical Study of Public Health Nursing in the United States and Utah” (M.A. Thesis, University of Utah, 1941), p. 50.

churchgoers had established cost-effective Americanization and health programs in the Westside. These programs taught English and American health practices, but also helped to mark or segregate “that quarter of the city,” in the words of city health commissioner T. J. Howells, as sick, inferior, and different. These programs reinforced the community’s racialized space and social hierarchy while signaling the apparent double nature, or the punishing and helping of welfare, that recipients endured.<sup>149</sup> Seeking to maintain, improve, or achieve health and assimilation, new immigrants accepted welfare even if it supported their further ostracization.

If welfare seemed to homogenize immigrants as dirty, dependent, and different, it would also divide them. Japanese foreigners, whose community remained small, were traditionally portrayed as cleaner, healthier, and more assimilated than others. By contrast, Chinese migrants remained near the bottom particularly after city police, courts, and newspapers began associating them, but not their white clients, with illicit opium and abortions. Greeks, Italians, and Mexicans, meanwhile, occupied the middle, but only temporarily for the latter. The latter’s descent began to contrast most clearly in 1915 when Mexicans began entering the Salt Lake Valley in greater numbers after the Mexican Revolution, and after city health officials started holding “Better Baby Contests” downtown in the Public Safety Building. While contests ostensibly tested “the physical and mental condition” of babies between one and five years old, in reality they also clarified the racial pecking order. Contest judges failed to declare a winner, but Dr. Elsie Alda Faust who conducted postcontest meetings

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<sup>149</sup> SLCRO, City Commission Minutes, August 2, 1938.

reported that the “most successful” were “Japanese mothers.” These immigrants hired “the Secretary of the Japanese Association” to translate Faust’s talks “into their own language.” They listened to, comprehended and embraced the information, and in these ways contrasted with other foreigners, “few” of whom availed “themselves of the opportunity to attend.”<sup>150</sup>

Many of the latter, especially Mexican women, also failed to embrace proper motherhood. As in other cities, in Salt Lake City the Health Department hosted “Little Mother’s League” classes at milk stations and dispensaries to teach foreign women and girls about the rudiments of proper hygiene, sanitation, and childcare, with the view of reducing infant mortality. Mortality due to poverty and malnutrition remained especially high among “Mexican children,” noted state officials, who supported the classes.<sup>151</sup> Approximately five hundred girls attended, and after one particular class “a group of girls came back to report to the nurse the glaring neglect of some mothers in the neighborhood regarding the proper care of their babies. Comforters were put in the baby’s mouth without their being washed, dirty bottles and nipples that the flies had free access to were used.”<sup>152</sup> Published in the city’s annual health report, and likely in city newspapers, this allegation combined with Little Mother’s League classes to widen cleavages between idealized Japanese and other foreign mothers. They also served to reinforce the notion that immigrant motherhood remained dangerous, derelict in duty, unacculturated, and dubiously patriotic.

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<sup>150</sup> USHS, series 488, Annual Reports of the Officers of Salt Lake City, Utah, for the year 1915 (Salt Lake City: Western Printing Co., 1916), pp. 517-518.

<sup>151</sup> “The Mexican Child,” in, Reports of the Utah-White House Conference on Child Health and Protection, April 6 and 7, 1931.

<sup>152</sup> USHS, series 488, Annual Reports of 1915, 518.

At the same time, in 1915 state lawmakers passed legislation against non-medicinal marijuana. Dubbed “loco weed” because of its association with Mexican migrants, lawmakers perceived this psychoactive drug (*cannabis sativa*) and its foreign traffickers as presaging a similar foreign threat to the public’s health and morality as Chinese opium. As with Chinese immigrants, city police targeted Mexican migrants who they suspected as transacting cannabis to Mexicans and whites, many of whom likely relied on the drug for pleasure, but also for its medicinal effect, especially ameliorating nausea, vomiting, and depression. Between the onset of the law and the mid-1930s, city officials indicted over forty-five men with illegal possession, thirty-nine of which were Hispanic surnamed.<sup>153</sup>

To mitigate foreign difference while educating, reforming, and promoting acculturation were classes sponsored by the United Federation of Women’s Clubs (UFWC). Emerging between the close of World War I and the first Red Scare, UFWC classes manifested the heightened sense of nationalism and fear among natives of unassimilated foreigners. Besides distributing Little Mother’s

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<sup>153</sup> USHS, *Laws of the State of Utah*, 1915 (Salt Lake City: Century Printing Company, 1915), chapter 66 “Sale and Use of Poisons and Narcotic Drugs,” section 8, p. 78; USHS, Third District Court: Salt Lake County: Criminal Registers of Actions, series 3253, reel 9, case 8148, Charles H. Carroll; case 8173, Manuel Birker; case 8203, Ventolo Lopez; case 8258, Jim Denitos; case 8310, Ramon Caldron; case 8329, Rafael Perez; case 8349, Jenie Nolasco; case 8370, Luis Viscera; case 8399, C. S. Nolasco; case 8407, Luis Montez; case 8425, Ramon Garcia; case 8437, V. E. Vargas; case 8460, A. Franco; case 8469, J. L. Arnolds; case 8599, Refugio Fegusoa; reel 10, case 8704, Pedro Cormona; case 8715, John Flores; case 8739, L. Rojas; case 8818, Jesus Romero; case 8827, Pedro Hernandez; case 8942, Joe Valee; case 8943, L. Castro; case 8973, John Dix; case 8976, R. B. Rodriguez; case 9000, Tory Jiminez; case 9213, Manuel Dunez; case 9214, Oscar Gantier; case 9273, Charles Treadlay; case 9390, Jess Short and B. E. Lang; case 9421, Bellan Amador; case 9427, Serefino Sanchez; case 9453, Seferino Sanchez; case 9453, Phil Mark; case 9596, Manuel Valesquiz; case 9603, Phillip Mastos; case 9604, Mike Moran; case 9621, Andrew Garcia; case 9623, Pablo Navaro; case 9631, Luis Soto; case 9726, Joe Salarino; case 9802, Martin Garcia and William Dawson; case 9809, Rosaleo Leon; case 9823, Parifidio Atencio; case 9832, Fred Rodriguez; case 9872, Ernesto Gabran; case 9895, Joseph Diaz.

League handbooks, diapers, medicine, clothing, and milk to Westside children who possessed “frail bodies,” the organization worked in clinics and schools to teach the significance of maternal, domestic, and childhood cleanliness and health to acculturation.<sup>154</sup> It also allied with the state Bureau of Naturalization and Board of Education to establish classes for “adult foreigners,” with the goal of “mak[ing] Americans and not naturalized citizens.”<sup>155</sup> Organization members expected “the foreign born in our gate to fit into our mold.”<sup>156</sup> Adult classes taught “the requirements of citizenship,” which included American forms of health and purity, besides Judeo-Christian concepts of medicinal morality. Significantly, members taught English and encouraged immigrants to tell the truth about their squalor and disease, rather than “conceal the facts”; UFWC officials estimated that approximately 85 percent of contagious diseases were reported not by foreigners but anonymously to the County Hospital, and that nurses, including one who discovered “a boy of 18 taking care of seven children living in a chicken coop,” routinely reported horrid living conditions among the immigrant poor.<sup>157</sup> Although hiding existed, UFWC organizers envisioned more acculturated immigrants as becoming cultural “missionaries to their own nationality,” with

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<sup>154</sup> JWML, Special Collections, Mss 0588, Utah Federation of Women’s Clubs, Box 46, folder 1, “Annual Reports, 1932-1938, Salt Lake District,” May 21, 1934.

<sup>155</sup> Ibid., Box 2, volume 2, “History of Utah Federation of Women’s Clubs, April 1893 to May 1952,” October 1918-September 1921.

<sup>156</sup> Ibid., Box 14, folder 10, “1930.”

<sup>157</sup> Ibid., Box 47, “Letter to Mrs. Ernest Urien, President, Salt Lake District, from K. M. Udson, R.N., Executive Director; ML, “Salt Lake City, Board of Health, Monthly Vital Statistics, 1934”; Ibid., Box 46, folder 3, “Annual Reports, 1932-1938, Salt Lake District,” Report of the Welfare Committee, 1936-1937.



women in particular assuming the upper hand as the UFWC supplied them with scholarships for domestic science and public health nursing courses.<sup>158</sup>

Modern, American, and feminine according to the UFWC, public health nursing and domestic science were also taught at the Women's Civic Center (WCC). Established in 1919, one year after the "Year of the Child," and funded in part by the federal Sheppard Towner Act (1921) granting federal aid to women's and children's health centers, the WCC modeled itself after the Hull House, Jane Addams' progressive settlement house in Chicago for newly arrived foreigners. Allegedly subsidized by the Mormon Church and local businessmen, the center supplied clothing, food, and blankets, as well as free medical care to women and children. It also, upon the Salt Lake City Commission's request, rented a free building on Regent Street in the red light district and Chinatown. To city officials and reformist Mormon women who primarily ran the center, their presence would hopefully drive out "undesireable enterprises" like the illicit sex and drug trade, which clearly violated the Progressive Era emphasis on cleanliness, health, and pure American motherhood and childhood.<sup>159</sup>

Historians have traditionally marked the waning of the Progressive Era with hostility toward labor activism during the 1920s, the stern moralism of Prohibition, and the concurrent growth of the Klu Klux Klan and its emphasis on racial intolerance. Yet Progressivism's emphasis on government activism

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<sup>158</sup> Ibid., Box 2, volume 2, "History of Utah Federation of Women's Clubs, April 1893 to May 1952," October 1918-September 1921.

<sup>159</sup> JWML, Special Collections, Accn 2098, "The Salt Lake City Women's Civic Center Records," Minutes 1919-1921, Box 1, folder 2, pp. 18, 21; Loretta L. Hefner, "The National Women's Relief Society and the U.S. Sheppard-Towner Act," Utah Historical Quarterly Vol. 50 (Summer 1982): 255-267.

presaged modern Liberalism that envisioned greater rights and welfare by a stronger state, and that flourished under the New Deal in the 1930s. In Utah, welfare programs that emerged in the 1910s and were joined by various church relief efforts during the Great Depression continued to help, as well as to hinder, poor and working-class residents according to perceived cultural and racial differences. Utahns, particularly Mormon Church officials and laity, remained cautiously open to federal help in meeting the needs of some of its citizens.<sup>160</sup> By 1929, Utah had weathered a postwar recession before experiencing a greater slump after the stock market's crash. Farm income fell by thirty million dollars by the early thirties while roughly a third of the state's banks failed, increasing unemployment to 36 percent. Mormon governor Henry H. Blood reacted by calling for fiscal restraint, while church officials moved to encourage self-help traditions among the faithful, including canning and buying day-old bread, which ultimately culminated in the Church Security, or Welfare, Program.<sup>161</sup> These efforts at self-reliance notwithstanding, state residents and the poor, in particular, suffered malnutrition and substandard housing conditions in addition to diseases, physical defects, and increased infant mortality rates. Government health budgets were cut in half, while the Salt Lake County Hospital experienced severe overcrowding; farmers often paid their medical and health bills in produce, meat, and seed. After pressing for federal aid, citizens watched state legislators rally in special session to ratify the New Deal for Utah. Beginning in July 1933, Utah

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<sup>160</sup> Joseph Darowski, "The WPA Versus the Utah Church," in, Brian Q. Cannon and Jessie L. Embry, *Utah in the Twentieth Century* (Logan: Utah State University Press, 2009), p. 167.

<sup>161</sup> Wayne K. Hinton, "The Economics of Ambivalence," *Utah Historical Quarterly* Vol. 54 (Summer 1986): 271-272.

received federal aid, which was in fact “much more . . . per person than most states because the need was so great,” writes Dean May.<sup>162</sup>

Raking in over one hundred and fifty-eight million dollars in federal largesse, Utah remained the “prize gimmee state” in the nation, declared Interior Secretary Harold Ickes. Dollars went first to programs like the Agricultural Adjustment Act (AAA), Civilian Conservation Corp (CCC), and the Emergency Banking Act (EBA), which provided jobs in irrigation, highway, and conservation projects, and helped to stabilize personal and commercial lending. Despite professed commitments to limited government and deep antagonism toward greater federal power, the acceptance of the “First New Deal” reflected Utah and the West’s acceptance, and even demand, for programs that provided nonstate matching subsidies, which helped stabilize farming, mining, and industry.<sup>163</sup> However, these programs also contrasted starkly with Utahns’—the majority (about 60 percent) of whom were white Mormons—ambivalence toward the more progressive policies of the “Second New Deal” that supported collective bargaining, minimum wage laws, and heavy urban relief benefitting “low-income and ethnic minority groups.”<sup>164</sup> Made possible by the Federal Emergency Relief Act, these programs included the Works Progress Administration (WPA), the National Labor Relations Act (or, Wagner Act), and Social Security Act (SSA). The first funded urban sewage and water systems, health centers and hospitals, new roads and bridges, as well as public art and buildings; the third supplied

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<sup>162</sup> Dean May, *Utah: A People’s History* (Salt Lake City: University of Utah Press, 1987), p. 177.

<sup>163</sup> Richard Lowitt, *The New Deal and the West* (Norman: University of Oklahoma Press, 1993).

<sup>164</sup> Hinton, 272.

unemployment and old age pensions, cash for maternal and child welfare, and public health nursing.

Ambivalence toward the Second New Deal manifested Utahns' political and economic convictions, as well as their feelings about race, gender, class, and American identity. In his study of Utah and the New Deal, historian John McCormick notes that the WPA employed about twelve thousand persons annually, and that the average beneficiary was "thirty-eight years old, married, with two to three children."<sup>165</sup> Significantly, like others nationally, the beneficiary was also white and male. As many scholars like Ira Katznelson have observed, during the 1930s, "new programs produced economic and social opportunity for favored constituencies" according to race and gender.<sup>166</sup> Legislating and entrenching hierarchies, welfare and New Deal programs manifested an idealized view of white middle-class parenthood that saw males as breadwinners and females as homemakers. In Utah, the state Industrial Commission law required government jobs to go to Americans first, while a 1932 amendment obligated the same to go to men exclusively; similar laws appeared throughout the nation. As a result, this racial and gendered imagination denied "economic citizenship," in Alice Kessler-Harris' words, to large swaths of American society, especially women, while also widening the gap between white and non-white "races."<sup>167</sup>

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<sup>165</sup> John McCormick, "The Depression," <http://www.media.utah.edu/UHE/d/DEPRESSION.GREAT.html>. See also, Leonard J. Arrington, *Utah, the New Deal and the Depression of the 1930s* (Ogden, Utah: Weber State College, 1982).

<sup>166</sup> Ira Katznelson, *When Affirmative Action Was White: An Untold History of Racial Inequality in Twentieth-Century America* (New York: Norton, 2005), p. 23.

<sup>167</sup> Alice Kessler-Harris, *In Pursuit of Equity: Women, Men, and the Quest for Economic Citizenship in 20<sup>th</sup> Century America* (New York: Oxford University Press, 2001).

In so doing, it also assisted in race formation. In particular, Mexican identity in Utah evolved in relation to unequal aid, and historic and shifting occupation and immigration patterns. In the early 1900s, first-generation Japanese immigrants were primarily merchants, bankers, and farmers. Non-English speaking, they still remained fewer in number and more affluent than other new immigrants, allowing them to be the least likely of all non-whites to need and apply for federal welfare and New Deal aid. They often relied on their livestock and harvests, including chickens and pigs, celery, sugar beets, strawberries, and potatoes, for food, fuel, and sometimes hospital payments. At times, they also benefitted from wealthy patrons like Edward Daigoro Hashimoto, the powerful importer and padrone who supplied foreign sundries and food, including clothing, rice, miso, and *oshoyu* (soy sauce) to the Japanese community, as well as inexpensive Japanese labor to Utah Copper, the Western Pacific Railway, and other industries. Requiring dollar-a-month fees from Japanese workers, Hashimoto preserved his financial interests by providing up to ten dollars a week to poor Japanese during the Depression.<sup>168</sup> Besides this largesse, “the closely knit structure of Japanese family life” also enabled Issei and Nisei “to largely take care of their own indigent and unemployed,” according to one scholar.<sup>169</sup>

By the 1930s, immigration streams changed in part due to new federal laws like the National Origins Act (passed in 1924) limiting Southern and Eastern

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<sup>168</sup> JWML, Special Collections, Accn 806, “Japanese Oral Histories,” Book 3, folder 8, Koe Hanaya, p. 33.

<sup>169</sup> Douglas Hardy, “Caucasian Attitudes Toward the Japanese in Metropolitan Salt Lake City” (M.A. Thesis, University of Utah, 1946), p. 80.

European and Asian migration, and in part because of outmigration by racial and ethnic minorities. In the wake of the Great Depression, approximately one thousand Japanese, and fewer African Americans and Chinese set out for brighter prospects, particularly in California. By contrast, Hispanics, mainly from Mexico and the American Southwest, continued settling in Utah in search of job opportunities in mining, railroading, and farming. The largest ethnic group in Utah by 1927, Spanish-speaking people applied for New Deal aid just like white and non-white Americans, but much more so than other new immigrant groups. By the 1930s, native whites began to see Spanish-speakers as alien economic competition, and particularly as “dirty Mexicans.”

The state’s response to immigrant need was complex. On the one hand, New Deal officials worked to supply them foreigners with federal jobs, and some foreigners took them. These jobs remained the least sanitary, paying, and desirable, and thus provided income while strengthening the emerging image, and perhaps the reality, of the dirty and sickly immigrant, and particularly, Mexican. Mrs. Francis Yanez, a Texas-born Hispanic recalled that a lot of “Mexicans” cleaned streets and buildings, and built thousands of privies (not sanitary sewers) for the WPA. Joined by a few “Italians” who were like “our own people,” they were coracialized as they engaged in dirty jobs as an allegedly dirty people.<sup>170</sup> The same process existed as they stayed in filthy WPA housing like the Macedonia Hotel, which Salt Lake City police and public health officials

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<sup>170</sup> JWML, Special Collections, Ms 96, “Spanish-Speaking Peoples in Utah Oral Histories, Transcripts, 1972-1975,” Book 1, number 5, Mrs. Francis Yanez, pp. 19-20.

dubbed a “definite health hazard” and “not fit for a pig to live in.”<sup>171</sup> In addition, Salt Lake City resident John Florez remembered a significant anti-Mexican bias when applying for work. Preferring white American to dark-skinned Mexican men, labor agents gave out federal jobs to whites first and to non-whites second, with Mexicans or suspected Mexicans, as well as Italians, Asians, and Balkans receiving dangerous and backbreaking railroad labor for about twenty-five cents an hour, day or night, and often in exhausting “24 hour shifts.”<sup>172</sup> Most railroad crews lacked sanitary trappings such as flush-toilets, hot showers, soap, and beds in addition to minimal foodstuffs, all of which encouraged typhoid fever, malnutrition, and a diminished life span.

On the other hand, the state targeted more numerous Mexicans for repatriation, which began nationally in 1929 and succeeded in forcibly removing about five hundred thousand real and suspected Mexicans to Mexico. Repatriation was not as widespread in Utah as in other states, but still existed despite the silence of historians or assertions to the contrary. At a WPA job camp sponsored by the Salt Lake County Department of Welfare, for instance, men rallied with the American Federation of Labor to demand union wages for government work, besides proper working conditions, medical supplies, clothing, and the right to choose their own living quarters. They also insisted on the “abolition of police terror against transients and residents.” While affluent white citizens rallied for new laws against “transients” residing in Pioneer Park, and the State Planning Board lamented the “overbreeding” by the poor, the Welfare

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<sup>171</sup> SLCRO, *City Commission Minutes*, March 9, 1943.

<sup>172</sup> JWML, Special Collections, Accn 1369, “Interviews with Hispanics in Utah,” Box 1, folder 9, John Florez, pp. 4-5, s1:3.

Department bemoaned “the problem of alien Mexicans,” and in 1933 reported: “Arrangements are being made whereby a number of these undesirables can be transported back to the Mexican border, where the Government of Mexico will take charge of them.”<sup>173</sup> “Overbreeding” by poor white Mormons who relied on public and private aid never became a point of conversation, however.

Luring Hispanic workers to be rounded up for deportation without due process, Salt Lake County Welfare officials exploited foreigners’ financial need to demonstrate and encourage white racist xenophobia. In so doing, they helped transform Hispanics in Utah and elsewhere into “ambivalent Americans, full of contradictory feelings about their place in American society.”<sup>174</sup> Taunted and disciplined for being “dirty,” sick, and alien, yet receiving cheap, unsanitary, and dangerous work while also being threatened with deportation, many Hispanics grudgingly remained in the state due to close familial and community ties, as well as the hope of renewed democratic capitalism.

To weather the economic storm, some Hispanics who were not repatriated continued relying on the Neighborhood House, which by 1934 “established English and sewing classes for Mexican women, scheduled parties and contracted relief for needy Mexicans.”<sup>175</sup> Other Spanish-speakers turned to public and private welfare. Public welfare programs provided food, clothing, coal,

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<sup>173</sup> SLCA, Salt Lake County Welfare Board Minutes, 1933-1946, 1937-1942, 03-522, Box W-1, “Minutes of the Meetings of the Salt Lake County Relief Committee from July 10<sup>th</sup>, 1933 to November 7<sup>th</sup>, 1933,” August 9, 1933; August 11, 1933; August 21, 1933. On “overbreeding,” see, D. C. Houston and Rey M. Hill, Health Conditions and Facilities in Utah, Utah State Planning Board (Salt Lake City, 1936,), p. 33. On Pioneer Park, see, SLCRO, City Commission Minutes, August 13, 1934.

<sup>174</sup> George Sanchez, Becoming Mexican American: Ethnicity, Culture, and Identity in Chicano Los Angeles, 1900-1945 (New York: Oxford University Press, 1993), p. 210.

<sup>175</sup> JWML, Special Collections, Ms 455, “Neighborhood House Records, 1894-1996,” Box 3, book 1, “Minutes of Board Meetings, September 1923-1937, inclusive,” December 12, 1934.



and medical support via doctors, dentists, and public health nurses. Allying to distribute the former to the approximately seven thousand seven hundred recipients were the Catholic Women's League, Jewish Relief Society, and the Mormon Relief Society. Welfare recipients included Reynaldo Cornoa, who according to the Welfare Board, suffered a "deformity" of his right knee, and very likely tuberculosis. Living on \$55 a month, he and six siblings received approval for medical care. Likewise, Teodoro Vasques who worked part-time for the Bingham and Garfield Railroad, developed poliomyelitis while also suffering paralysis from the waist down. He also received welfare. While little evidence explains how welfare officials determined eligibility, it seems that welfare doctors maintained considerable influence, steered decisions, and that on at least one occasion, chastised their previous alleged irresponsibility and applicants' duplicity, and their renewed commitment to investigating "Mexican" requests in particular, which when granted supplied meager sums (\$50 maximum per applicant) every month.<sup>176</sup>

Historian David Kennedy has noted that during the Depression, many eligible foreigners never applied for food and welfare aid because they returned, or were sent back, to their alleged nativities.<sup>177</sup> Others historians have stressed the fact that as with New Deal employment aid, white officials doled out public assistance unequally according to race and ethnicity. In the Salt Lake Valley,

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<sup>176</sup> SLCA, Salt Lake County Welfare Board Minutes, 1933-1946, 1937-1942, 03-522, Box W-1, "Minutes of the Meetings of the Salt Lake County Relief Committee from July 10<sup>th</sup>, 1933 to November 7<sup>th</sup>, 1933," Minutes of the Meeting of the Salt Lake County Board of Public Welfare, March 2, 1937, to June 15, 1937," March 30, 1937; Box W-2, Salt Lake County Welfare Board Minutes 1937-1942, February 24, 1938; August 6, 1937.

<sup>177</sup> David Kennedy, Freedom From Fear: The American People in Depression and War, 1929-1945 (New York: Oxford University Press, 2005), p. 165.

accessing public welfare seemed to be difficult for non-whites. The poorest, and thus likely the most in need, only a dozen or more “Mexicans” and fewer “negroes,” as well as a handful of Greek, Chinese, and Japanese residents applied and received aid, even though more than six thousand lived in the Valley in 1930. Besides racial bias, other potential reasons for welfare inequality may have been that beginning in 1935, Social Security pensions in Utah became more available to rural than urban county residents, including those in Salt Lake. Also, welfare allotments were meager and poor quality, with some officials noting that food in aid in particular was “too small to provide nutritious meals for families,” and that its “meat of substandard grade” posed great bodily risk.<sup>178</sup> African American families who farmed in Mill Creek Canyon (southeast of Sugarhouse), and Japanese groups who did likewise in South Salt Lake also relied on their harvest for nourishment and heat. Finally, many immigrants (and natives) viewed help, such as soup kitchens, as shameful despite the onset of the welfare state.

Mexicans, in particular, also turned to private welfare from their Catholic parishes and Mormon stakes. Opened in 1920 on Rio Grande Avenue in the Westside, the Catholic Italian Mission became the Our Lady of Guadalupe Mission in 1927. Serving Salt Lake’s growing Hispanic and declining Italian population, the mission provided scriptural comfort in teaching members “not to

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<sup>178</sup> SLCA, Salt Lake County Welfare Board Minutes, 1933-1946, 1937-1942, 03-522, Box W-1, “Minutes of the Meetings of the Salt Lake County Relief Committee from July 10<sup>th</sup>, 1933 to November 7<sup>th</sup>, 1933,” July 19, 1933. On meat, see, Joseph Morrell, Utah’s Health and You (Salt Lake City: Deseret Book Company, 1956), p. 109.

live by bread alone, but by every word that comes from the mouth of God.”<sup>179</sup>

Stressing the life of faith, the mission also supplied groceries and blankets whose availability often remained “strained.”<sup>180</sup> The mission was staffed by Father James Collins who sought to help “unfortunate” Mexicans, and who in one historian’s estimation, acted as a “buffer” between Spanish-speakers and “‘good Catholic ladies’” “who tried to help the ‘unfortunate’ Mexicanos’” “‘but who betrayed snobbish and condescending attitudes toward the poor Spanish-speaking women with their ever present babies and small children.’”<sup>181</sup> A mixed blessing, Catholic welfare seemed to find a corollary in Mormon aid. Functional by the early 1920s, the Mexican Branch, or Rama Mexicana (and later named the Lucero Ward) of the Mormon Church consisted of a couple dozen members, about half of which were unemployed. Through the Branch’s white middle-class leadership and Relief Society, members received job opportunities, as well as cash, blankets, and hospital visitors. By 1930, membership reached ninety-two. Seeming to grow in relation to need, the Relief Society and Branch remained grateful for church welfare, but wary of church racism.<sup>182</sup>

Although church policy traditionally emphasized assimilation among its Northern European converts, observes historian Jessie Embry, individual white members remained less enthusiastic about accepting alleged descendants of the Book of Mormon people, such as mestizos (or, Hispanicized Indians). Mexican

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<sup>179</sup> Matthew 4:4.

<sup>180</sup> Jorge Iber, *Hispanics in the Mormon Zion, 1912-1999* (College Station: Texas A & M University Press, 2000), p. 49.

<sup>181</sup> *Ibid.*, 35.

<sup>182</sup> CHLA, LR 5089 #2, “Manuscript History and Historical Reports, by the Mexican Branch, Pioneer Stake”; LR 5089 #14, “Relief Society Minutes and Records, by the Mexican Branch, Pioneer Stake, pp. 16-188, 123. The Relief Society membership peaked at thirty in 1930 and fell every subsequent year to around eight in 1939.

Branch member Aurturo Rivera Martinez recalled that prejudice “often came from ‘those who held high positions in the Church’ . . . some Mormons [were] reluctant to trust Mexicans . . . [and] refused to work with Mexicans, insisting that they were dirty.”<sup>183</sup> Mormon apostle and future church president David O. McKay remarked similarly that, “the children of parents who have immigrated from Northern European countries do not present a group problem in this state,” unlike “Mexican children” who suffered from “malnutrition due to poverty,” besides a very high death rate. Yet, “distinctly different is the group of Mexicans belonging to the LDS Church. . . . The mothers are taught more hygienic ways of living and generally the children are in better condition.”<sup>184</sup> Another Mormon official extended McKay’s comments to equate Mormon religiosity not only with better health, welfare, and education, but also with superior race. To Westside resident Bobby Flores, the official said, “if we would join the Mormon Church . . . we would become white.”<sup>185</sup> Accordingly, whiteness itself could signify Mormon identity and physical health in the Salt Lake Valley.

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Thus, the nearly five hundred real or suspected Mexicans living in the Salt Lake Valley by 1940 occupied the lowest rungs of the region’s social ladder. They sought to ameliorate their sanitary, health, and welfare profiles, as did other new immigrants, through organized mutual efforts, folk medicine, and public and private welfare. They recognized white perceptions of the Hispanic community

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<sup>183</sup> On the Mormon Church’s accommodation of white converts, and lack of the same for non-white converts, I have relied on Iber’s wording, p. 29.

<sup>184</sup> N.A., Report of the Utah White House Conference on Child Health and Protection, 1931, “Report of Committee on Foreign Born Children,” p. 1.

<sup>185</sup> JWML, Special Collections, Ms 96, “Interviews with Spanish-Speaking Peoples in Utah Oral Histories, Transcripts, 1972-1975,” Box 1, folder 8, Bobby Margarita Valdez Flores, p. 8.

as the vital object of reform, education, discipline, and repatriation. Mothers and daughters often responded by embracing programs intended to strengthen their well-being and claims to membership in American society. Through the 1920s and 1930s, dispensaries, well-baby clinics, and sanitary milk stations all allowed these women to improve their physiological profiles, even if it meant supporting white stereotypes of Mexican dependence. While New Deal jobs and welfare assistance seemed open to all, they were in fact reserved for white men primarily. Men who challenged that reality could be deported, or simply scorned and turned away. Declining from nearly two thousand persons in 1930 to about a quarter of that a decade later, the Hispanic community that remained in the Salt Lake Valley likely did so with some ambivalence, relying on a mixture of friends, family, and helpful but at times racist church support.

In a very different situation were the Valley's Issei and Nisei residents. Long idealized as the most clean, healthy, and assimilated of all new immigrants, their community remained small, and thus minimally dependent on outside assistance. Many Japanese were middle-class and politically well-connected, and often willing to fund welfare assistance for their compatriots until the return of better economic times. Those times would not come until the United States' entry into the Second World War, which as we will see, sent the Japanese plunging down the social ladder as they were vilified as descendants of "enemy" ancestry prone to sabotage and barbarism, and fit for abuse and neglect in and out of federal internment centers. That process would commence shortly after

Japanese fighter pilots waged a devastating attack on the U.S. Navy, stationed at Pearl Harbor, Hawaii, in December 1941.

## CHAPTER 5

### THE IMAGE, STATUS, AND HEALTH OF THE JAPANESE DURING WARTIME

On Monday, December 8, 1941, newspapers throughout the Salt Lake Valley announced the Japanese bombing of Pearl Harbor, Hawaii, the previous day. The *Salt Lake Tribune* described the “treacherous” assault by Japanese fighter pilots that wreaked death and destruction on American sailors, battleships, and warplanes.<sup>1</sup> The *Salt Lake Telegram* alerted readers to the decision by Congress to enter World War II on the side of the Allies, and its intent to “crush Japanese militarism” at home and abroad. This led to the immediate arrest of “736 Japanese aliens” living in California and Hawaii.<sup>2</sup> In Utah, governor Herbert B. Maw declared a state of emergency, and warned to guard against Japanese sabotage. Maw directed residents to protect food and water supplies, sewer treatment plants, airports, and bridges. Local police worked with the Federal Bureau of Investigation (FBI) to “round up” and jail “suspicious” Japanese residents.<sup>3</sup> At the same time, the public editorialized its anger by maligning the

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<sup>1</sup> *Salt Lake Tribune*, December 8, 1941.

<sup>2</sup> *Salt Lake Telegram*, December 8, 1941.

<sup>3</sup> *Salt Lake Tribune*, December 9, 1941.

Japanese as “ruthless barbarians,” “plague-dispensing savages,” poisonous “yellow spiders,” and “vermin of the jungle.”<sup>4</sup>

These epithets, and the actions taken against the Japanese, reflected the evolving image and status of Japanese Americans in Utah and the United States during the Second World War. Progressive whites historically viewed the Japanese as model minorities committed to American assimilation and progress, but in the hysteria of war, many Utahns came to see the Nikkei (persons of Japanese descent living outside of Japan) as essentially foreign and opposed to the welfare of the nation. Rather than describing the Japanese as members of the clean and prosperous middle class, many whites denigrated them by imputing words and symbols—savagery, sickness, contagion, and squalor—to signify their treachery and their diseased barbaric race.<sup>5</sup> Governor Maw and others like him emphasized the Japanese’ timeless “racial characteristics” as the source of their villainous identity.<sup>6</sup> Unlike immigrants from Axis Germany or Italy, persons of Japanese descent could never be fully pure nor American since they possessed a “natural” Oriental antagonism to Occidental civilization. U.S. Army General John L. DeWitt asserted, “‘a Jap’s a Jap’”:

‘The Japanese race is an enemy race and while many second and third generation Japanese born on United States soil, possessed of United States citizenship, have become ‘Americanized,’ the racial strains are undiluted. . . . Sabotage and espionage will make problems as long as he is allowed in this area. . . . The very fact that no sabotage has taken place

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<sup>4</sup> USHS, Series 221, Governor Maw Correspondence, Reel 19, Box 10, folder 5 “Japanese Evacuees—Resettlement Against,” Letter from J.M. Calderwood to Governor Herbert B. Maw, March 17, 1942; Park Record, March 12, 1942; March 2, 1944; Salt Lake Telegram, April 6, 1943.

<sup>5</sup> Salt Lake Telegram, July 28, 1942; April 6, 1943; Park Record, March 12, 1942; March 2, 1944. Portraying the Japanese’ inferior foreign identity in terms of their health and medical status remained a national phenomenon. For instance, see, John Dower, War Without Mercy: Race and Power in the Pacific War (New York: Pantheon Books, 1986), pp. 3-14, 71-92, 181-200.

<sup>6</sup> Salt Lake Telegram, January 8, 1942.



to date is a disturbing and confirming indication that such action will be taken.<sup>7</sup>

American suspicion and hostility towards the Japanese race thus provided the key justification for the federal government's decision to evacuate and intern approximately one hundred and ten thousand persons of Japanese ancestry living in the United States. Although most internees (about 70 percent) were U.S. citizens and assimilated into the national mainstream culture, officials believed that Japanese blood would inspire "fifth column" sabotage or espionage. Evidence of Japanese criminality did not exist, but on February 19, 1942, President Franklin D. Roosevelt signed Executive Order 9006, authorizing the creation of "military zones," and clearing the way for Japanese removal and internment. Because most Japanese Americans lived along the West Coast, and since the fear of a Japanese invasion remained high, General DeWitt designated the entire western half of the coast a "military area" off-limits to persons of Japanese descent (one-sixteenth or more).<sup>8</sup> Beginning in March and continuing through September, the Army and the Interior Department worked with state and local officials to relocate and intern the coastal Japanese community, primarily to the western American desert.<sup>9</sup>

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<sup>7</sup> John DeWitt quoted in, Leonard Arrington, The Price of Prejudice: The Japanese-American Relocation Center in Utah during World War II (Logan: Utah State University Faculty Association, 1962), p. 14, and in, Personal Justice Denied: Report of the Commission on Wartime Relocation and Internment of Civilians (Seattle: University of Washington Press, 1997), p. 66.

<sup>8</sup> DeWitt also applied these orders to Korean-Americans and Taiwanese-Americans since Korea and Taiwan remained Japanese colonies (until 1945).

<sup>9</sup> "Internment" replaced "concentration" after information emerged about Jewish concentration camps in Nazi Germany. Japanese internment camps existed mainly in the American West, although two appeared in southern Arkansas. For more on the latter, see, Russell Bearden, "The False Rumor of Tuesday: Arkansas' Internment of Japanese-Americans," Arkansas Historical Quarterly Vol. 41 (Winter 1982): 327-339.

Beginning in April 1942, approximately eight thousand persons of Japanese descent relocated to Utah, mostly from Central and Southern California. About fifteen hundred of them moved voluntarily in order to avoid federal internment. Most settled in the Salt Lake Valley where their reception proved to be ambiguous, if also indicative of the community's changing attitudes towards the Japanese. While some whites described them as "clean" and healthy, and able to provide valuable wartime labor, many others opposed Nikkei migration since they appeared to threaten public health and welfare. Most local Japanese also discouraged the West Coast Nikkei from settling in Salt Lake since they promised to swell the Valley's small *nihonmachi*, or Japan Town (100 South/200 West) to further antagonize the white majority, and erode the Japanese' historically good reputation. Rather than imperil white well-being or receive jobs, however, many local and migrant Japanese suffered abuse in the form of unsanitary living conditions due to new anti-Japanese housing covenants, hostile police interrogations and job discrimination leading to shame and sometimes suicide, threats, and even physical violence.

The other sixty-five hundred Nikkei came to Utah by way of the Central Utah Relocation Center, or Topaz, after spending several months at assembly centers in California. The Tanforan and Santa Anita assembly centers, located near San Francisco and Los Angeles, subjected the Japanese to crude and at times grueling living conditions that previewed the dismal atmosphere at Topaz. Spoiled and meager food, inadequate sanitary technology, and insufficient medical supplies and personnel all revealed the federal government's desire to

hastily incarcerate the Japanese but then spend minimal resources on them, while devoting most attention to winning the war. Later, at Topaz, internees endured similar but different struggles that included harsh living conditions, physical and mental sickness, as well as racial and ideological tension between and amongst them and their white overseers. Although the Japanese developed methods to cope with these struggles, they still suffered harm to their personal and community health and stability.

As internees resettled into the civilian population, they witnessed how the influx of West Coast Japanese impacted shifting perceptions of the Nikkei in Utah. Formerly viewed as members of a clean and healthy race that adjusted more easily to modern American life than other non-whites, many affluent whites now regarded the Japanese as potential threats to white welfare due to their cultural propensity for sabotage and their purported diseased bodies. Thus, whites sometimes concluded that they also deserved punishment in the form of undesirable jobs and poor living conditions, which, in turn, further diminished their health and welfare already lowered by the internment experience. Although the end of war helped mitigate anti-Japanese prejudices, these biases remained intact and powerful. White hostility discouraged Japanese difference, and many Nikkei embraced their ethnic distinctions (such as language, dance, food) less openly than in the past. The local *nihonmachi* peaked in the 1950s, but diminished as the city officials planned its demolition to make room for new business development. With many Nikkei ethnically assimilated and punished,

and many Japanese leaving Salt Lake for more auspicious opportunities on the West Coast, the Salt Lake Valley gradually whitened both ethnically and racially.

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The Nikkei's marginalization and social decline followed nearly a half-century of their acceptance, and even idealization, in the Salt Lake Valley. Their acceptance derived largely from the perception among respectable whites that the Japanese remained the most assimilated, responsible, and civic minded of all non-white immigrants. This perception emerged in the late nineteenth century, and focused initially on Japanese' progress and civilization, and later on their purity, health, and welfare. The same was not true in the Bay Area and Los Angeles, where prominent whites reviled the large Nikkei population as essentially savage, dirty, foreign, and therefore, rightfully marginalized. By examining these competing images and social positions of the prewar Japanese in Utah and California, we gain a glimpse of the contextual nature of race and health and health-based racial stereotypes; the factors that influenced the decision to intern, abuse, and neglect the Japanese during World War II; and the historical significance of these separate Nikkei groups' intersection in the Salt Lake Valley.

Unlike other new immigrants to Utah, the Japanese arrived initially not as laborers but as emissaries of the Meiji government, which assumed power in Japan after overthrowing the Tokugawa shogunate in 1868. These emissaries toured major American towns and cities in the 1870s, hoping to gain knowledge

and understanding about Western progress and power.<sup>10</sup> They toured Los Angeles and San Francisco, and then stopped in Salt Lake City for about three weeks due to a heavy snowstorm. While there, the fifty-man delegation attended a formal reception at city hall, hosted by territorial and Mormon Church officials. The group spent time touring the city and meeting with church president Brigham Young, besides attending Mormon religious services. Local newspapers reported that the visitors seemed impressed with the Mormon Tabernacle and Temple, but particularly so with the city's industry, planning, and vision of long-term growth and prosperity.<sup>11</sup> Conversely, church officials noted the Japanese' embrace of "Mormon" values (hard work, patience, frugality, strong family ties, and self-sacrifice), reform, and "civilization." Mormon apostle George Q. Cannon, who met the group, later wrote enthusiastically about the Japanese, and once mused, "Of all the Asiatic nations, Japan is making the greatest strides . . . in the way of education and adoption of the inventions and discoveries of modern times. The people of this empire are unquestionably more progressive than their neighbors the Chinese . . . ."<sup>12</sup>

The Meiji's ambition for political, industrial, and military power in addition to their apparent openness to Western ideas encouraged Mormon Church officials to see Japan as a civilized and modern nation, and thus an auspicious

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<sup>10</sup> Deseret News, March 12, 1901; April 6, 1901; August 10, 1901; Salt Lake Telegram, November 19, 1917.

<sup>11</sup> Deseret News, February 7, 1872; Leonard Arrington, "Utah's Ambiguous Reception: The Relocated Japanese Americans," in, Roger Daniels, Sandra Taylor, Harry Kitano, Japanese Americans: From Relocation to Redress (Seattle: University of Washington Press, 1994), p. 92.

<sup>12</sup> George Q. Cannon, quoted in, Reid Neilson, "Meetings and Migrations: Nineteenth-century Mormon Encounters with Asians," in, Proclamation to the People: Nineteenth-century Mormonism and the Pacific Basin Frontier, Laurie Maffly-Kipp and Reid Neilson, eds. (Salt Lake City: University of Utah Press, 2008), p. 266; Salt Lake Telegram, May 6, 1946.

place to begin missionary efforts in Asia.<sup>13</sup> Church officials began to teach that the Japanese race remained superior to other Asian races since it possessed “believing blood,” or a biological lineage to the lost tribes of Israel. Unlike the Chinese, the Japanese possessed the natural ability to accept the Mormon gospel.<sup>14</sup> In 1901, the church established several branches (small local congregations) and a mission (a geographical administrative unit where missionaries are assigned) in Yokohama, and later in Tokyo.<sup>15</sup> Missionaries translated their sacred texts into local dialects, and encouraged Japanese conversion and immigration to Utah. In Salt Lake City, church officials invited Meiji cultural and governmental dignitaries to visit and speak in the Tabernacle. In the early twentieth century, officials also withheld support for anti-Japanese legislation in California.<sup>16</sup>

By the early 1900s, the first Japanese Mormons arrived to Utah. However, this group, and the missionary efforts that inspired it, remained small and overshadowed by the inchoate Japanese diaspora, which witnessed one hundred thousand Issei (first generation immigrants) travel to North America in search of work. Issei migrants typically settled in California, but several hundred came to Utah. Labor agents Hashimoto Yozo and Edward Daigoro recruited Issei men to work in the mines, smelters, and railroad yards of the Great Basin.

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<sup>13</sup> Reid Neilson, “Meetings and Migrations: Nineteenth-century Mormon Encounters with Asians,” in, Maffly-Kipp and Neilson, 266; John Hoffman, Japanese Saints: Mormons in the Land of the Rising Sun (Lanham, Maryland: Lexington Books, 2007).

<sup>14</sup> Heidi Harris, “Mormon Perceptions of Asian Race, 1880-1930: Part II: Japanese and Conclusion,” The Juvenile Instructor (June 2008), <http://www.juvenileinstructor.org/mormon-perceptions-of-asian-race-1880-1930-part-ii-japanese-and-conclusion/>; Armand L. Mauss, All Abraham's Children (Chicago: University of Illinois Press, 2003), pp. 31-34.

<sup>15</sup> Deseret News, April 6, 1901.

<sup>16</sup> Ibid., April 20, 1900; May 18, 1901.

Some obtained industrial jobs in the Salt Lake Valley, particularly for Utah Copper, the Union Pacific, and the Denver and Rio Grande Western railroads; more, however, labored for white farmers in the state's sugar beet, strawberry, and celery fields. Merchants, professionals, and college students arrived, too, working and living mainly in Salt Lake City's small *nihonmachi*. Here, they established a few Asian import markets, restaurants, and churches, as well as Japanese language schools, newspapers (such as the *Rocky Mountain Times*, est. 1907, and the *Utah Nippo*, est. 1914), theatrical (*kabuki*) and women's (*fujinkai*) organizations; unlike most new immigrants, they "did not attempt to enter into American social life," but instead associated primarily with fellow Nikkei.<sup>17</sup>

Most affluent whites typically approved of the Japanese, and in turn, many Nikkei perceived their reception to be more welcoming, or perhaps less ambivalent, than other non-whites'. One reason for this alleged discrimination may be that the Japanese seemed less threatening to the dominant white majority. At its peak, the Nikkei community totaled about eight hundred and seventy people who concentrated primarily in Salt Lake City's small, low-profile Japan Town. By contrast, thirty-four hundred Greek, Italian, and Mexican immigrants lived in Westside enclaves that spread over a half-dozen or more city blocks. These immigrants competed against white men in large numbers for industrial jobs, and joined labor unions that often staged un-American strikes; Japanese men, by contrast, refrained from unions, believing they would soon

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<sup>17</sup> Historian Alice Kasai quoted in, Helen Papanikolas, ed. *The Peoples of Utah* (Salt Lake City: Utah Historical Society, 1976), p. 342.

return to Japan. Some Mediterranean and Hispanic men, but very few Japanese males, also became romantically linked to white women, angering white men who pushed for antimiscegenation laws.

Greek, Italian, and Mexican immigrants also seemed to be less assimilated and progressive since they apparently remained unconcerned with their personal, and the public's cleanliness, health, and well-being. Progressives often considered these foreigners to be especially "careless and shiftless," tolerant of "unsanitary conditions," and prone to breeding large families who drained public health resources.<sup>18</sup> The Issei, by contrast, impressed local officials with their pine-scented bathhouses, "spotless homes," and tidy yards. Their bodies appeared to be clean and adequately nourished, requiring little aid during the Great Depression. Doctors and nurses thought Japanese mothers remained particularly committed to rearing "better babies," and the Nikkei in general were able to pay their medical bills on time. Hospitals hired Japanese women to be nurses and receptionists, while city police, legislators, and church officials associated the Japanese with neither illicit Chinese opium, nor Mexican marijuana, nor potentially leprous Mormon Hawaiians. While throughout the Western world, medical researchers typically classified the Japanese as yellow-skinned, of Mongolian heritage, and belonging to a less evolved human species, in Utah, the Nikkei appeared to be the "Americans of the Orient," wrote the *Deseret News*.<sup>19</sup>

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<sup>18</sup> Katherine Elizabeth Groebli, "On the Housing Problem in Salt Lake City" (M.A. Thesis, University of Utah, 1915), pp. 3, 5, 15, 18, 22, 46.

<sup>19</sup> Michael Keevak, *Becoming Yellow: A Short History of Racial Thinking* (Princeton: Princeton University Press, 2011), pp. 101-144. The *Deseret News*, however, lamented the replacement of



During the Japanese diaspora, the first immigrants to North America constituted a “select group” who Meiji officials “permitted to leave . . . because they were viewed as healthy, literate, and upstanding,” observes historian Sandra Taylor. Officials believed that these characteristics would “reflect well on Japan’s national honor,” and that being “clean, neat, and reliable” would win the Nikkei jobs and white favor in America.<sup>20</sup> These plans apparently came to fruition in Utah, where progressives probably unwittingly created their perceptions about the Japanese based on this select group. In California, however, the Meiji’s intentions seemed to be of no avail as prominent and working-class whites viewed the incoming wave of Nikkei immigrants as a threat to white culture, labor, power, and progress. Whites charged the Japanese, and Chinese, who settled primarily in San Francisco and Los Angeles, with being carriers and purveyors of disease (typhoid fever, leprosy, syphilis, smallpox, and the plague). Their barbaric sensibilities and ignorance of modern medicine supposedly led to their living in “unhygienic” shacks where they contaminated the body politic, and overburdened public health departments. As their population swelled to twenty-one thousand by 1910, white workingmen and anti-Coolie clubs increasingly complained that industrialists used physiologically inferior immigrants who could live off nothing but rice to keep wages low, while Caucasian farmers also used popular medical discourse to assert that the Japanese’ small physical stature

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white Scandinavian workers who, “as everybody knows, [are] a good class of citizens—men who readily assimilate with Americans and learn their ways”—with a “force” of cheap “brown” Japanese laborers. *Deseret News*, April 13, 1900; August 10, 1901; April 18, 1903; April 7, 1900.

<sup>20</sup> Sandra Taylor, *Jewel of the Desert: Japanese American Internment at Topaz* (Los Angeles: University of California Press, 1993), pp. 2, 18.

gave them an unfair advantage over white men in agricultural work.<sup>21</sup> In response, in both the Bay Area and Los Angeles, white lawmakers worked to propose or pass more than a hundred anti-Asian ordinances. One proposal prohibited the sale of agricultural produce from Japanese farmers and vendors who potentially infected strawberry, celery, and other fruits and vegetables with typhoid fever, a water-borne disease that spreads easily among uncooked food; others sought to tax “unsanitary” laundries in general, but especially those owned by the Nikkei.<sup>22</sup>

Progressive lawmakers also worked with medical authorities to ban Chinese immigration, a goal they accomplished through the Chinese Exclusion Act (1882). Two decades later, as the Japanese population began to fill the void of the Chinese community, this same alliance emerged to prohibit Issei immigration. Newspapers like the *Los Angeles Herald* supported this effort by emphasizing unflattering stereotypes about the Nikkei: they consumed “impure food,” recruited “white women” for the diseased “tenderloin district,” and spread contagion by fishing from city sewers.<sup>23</sup> To avoid a similar Japanese exclusion law, and the embarrassment that it entailed, the Meiji government affirmed a Gentlemen’s Agreement (1907) with the U.S. that included Congress’ promise to not restrict Japanese immigration, and the Meiji government’s commitment to end the migration of adult male workers.

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<sup>21</sup> Natalia Molina, *Fit To Be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Los Angeles: University of California Press, 2006), pp. 58.

<sup>22</sup> Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Los Angeles: University of California Press, 2001); Molina, 15-74; *Los Angeles Herald*, June 20, 1906; December 3, 1908; July 20, 1907; October 8, 1907; August 17, 1907; October 3, 1906.

<sup>23</sup> *Ibid.*, June 20, 1906; December 3, 1908; July 20, 1907; October 8, 1907; August 17, 1907; October 3, 1906.

One loophole in the Agreement, however, still permitted Issei wives and children to immigrate, an end which the former accomplished by arriving as “picture brides” after marrying by proxy in Japan to husbands in the United States. This loophole, in turn, “led many Californians and other far westerners to believe that there was a conspiracy between Washington and Tokyo to flood the Pacific Coast with Japanese.”<sup>24</sup> As the Nikkei community grew and came to own more property in California than white Americans, state lawmakers passed the Alien Land Law (1913), prohibiting nonnaturalized residents from owning real-estate. This law precipitated many others in the West, and increased tension between the U.S. and Japan as officials applied the law especially to the Issei. American-Japanese tension increased still further during the First World War when the Meiji government, intent on becoming a dominant power, seized colonial outposts in the Far East and the Pacific, challenging “not just the Western presence but the entire mystique of white supremacism on which centuries of European and American expansion had rested,” writes historian John Dower.<sup>25</sup> In response, Congress worked to protect America’s sphere of influence in the Pacific by passing the 1924 Immigration Act, which barred immigration from Japan. At about the same time, the U.S. Supreme Court reinforced the obvious racial prejudice against Japanese residents by ruling against the possibility of Issei becoming citizens since the Japanese remained neither white nor black, the two races constitutionally “entitled to naturalization.”<sup>26</sup>

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<sup>24</sup> Roger Daniels, *Prisoners Without Trial: Japanese Americans in World War II* (New York: Hill and Wang, 2004), p. 13.

<sup>25</sup> Dower, 5-6.

<sup>26</sup> *Takao Ozawa v. United States*, 260 U.S. 178 (1922).

This decision supported the Nikkei's ongoing marginalization in California, the West, and the nation. It was a marginalization that intensified during the 1930s, as the Meiji regime entered the Second Sino-Japanese War. Alarmed by Japan's pretention to power and parity with other great nations, Americans staged a national boycott of Japanese goods, and produced anti-Japanese propaganda in books, articles, cartoons, and movies.<sup>27</sup>

In Utah, persecution of the Nikkei remained mild. Newspapers asserted that Meiji leaders—"those funny brown men"—bullied Japan's neighboring countries and demonstrated "little regard for international rights."<sup>28</sup> However, Mormon and gentile newspapers also condemned anti-Japanese racism, the most egregious being white vigilante raids on Nikkei families in Arizona's Salt River Valley. On December 6, 1934, the *Salt Lake Tribune* asserted, "Arizonans ought to observe the law and insist on fair play. It isn't exactly fair or manly to gallop through the darkness hurling bombs indiscriminately among brown women and children with the same right to live and enjoy life as white women and children have."<sup>29</sup> In addition, Mike Masoaka, president of the Japanese American Citizenship League (JACL), highlighted the "cordial relations between the state of Utah and [the] Japanese," and claimed that the state had "not passed any discriminatory legislation against his people."<sup>30</sup>

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<sup>27</sup> Patrick Sharp, *Savage Perils: Racial Frontiers and Nuclear Apocalypse in American Culture* (Norman: University of Oklahoma Press, 2007); Dower, esp. 77-93.

<sup>28</sup> *Salt Lake Telegram*, February 28, 1938; March 7, 1938.

<sup>29</sup> *Salt Lake Tribune*, December 6, 1934; *Salt Lake Telegram*, September 20, 1934;

<sup>30</sup> *Ibid.*, July 6, 1940.

In California, however, white disdain for the Japanese remained intact, and anti-Japanese threats and physical violence not uncommon. Nikkei angst thus remained high. Said one Nisei student in a college newspaper:

What are we going to do if war does break out between [the] United States and Japan? . . . In common language we can say, 'we're sunk.' Even if the Nisei wanted to fight for America, what chances? Not a chance! . . . Our properties would be confiscated and most likely [we would] be herded into prison camps—perhaps we would be slaughtered on the spot.<sup>31</sup>

Unlike their Issei elders, the Nisei constituted the majority of Japanese Americans by World War II. They were U.S. citizens who generally embraced mainstream culture and planned to stay in the United States. They grew up in the 1930s mainly, speaking English as their first language. They attended American schools, and adopted popular clothing and music styles. Many embraced Christianity rather than Buddhism, joined national political parties, and identified with the means and ends of New Deal progressives. Many were also fastidious about their cleanliness and health, but the Nisei did not wholly Americanize or shed their Japanese heritage.<sup>32</sup> Most still married within their ethnicity, and sometimes to arranged partners.<sup>33</sup> Many participated in cultural events such as the Bon dance and kabuki plays, while some attended Japanese language schools and associations. Local nihonmachis housed most immigrants due to race-based housing covenants against the Japanese, and many Nisei men and women worked menial jobs such as fruit peddlers, clerks, or fishermen

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<sup>31</sup> Quoted in, Daniels, 23.

<sup>32</sup> Yoshiko Uchida, *Desert Exile* (Seattle: University of Washington Press, 1982), p. 28; Sandra Taylor, "Interned at Topaz: Age, Gender, and Family in the Relocation Experience," *Utah Historical Quarterly* Vol. 59 (Fall 1991): 386; Arthur A. Hansen, ed., *Japanese American World War II Evacuation Oral History Project, Part III: Analysis* (Westport, CT: Meckler, 1991), pp. 346-347.

<sup>33</sup> Paul Spickard, *Japanese Americans: The Formation and Transformations of an Ethnic Group* (New Brunswick: Rutgers University Press, 2006), p. 92.

since racial restrictions barred Japanese from professional and civil service employment.<sup>34</sup>

The “Nisei dilemma” of succeeding in education but failing to attain the power and acceptance it normally conferred influenced many Nisei to join the Japanese American Citizenship League. The JACL emerged in San Francisco in 1929, and grew to fifty chapters in the next decade. Comprised of Nisei exclusively (it barred Issei whose patriotic loyalties often lay with Japan), the JACL worked to promote “conservative and accommodationist strategies of enterprise and self-help.”<sup>35</sup> These goals, in turn, paralleled the League’s peaceful demonstrations of American loyalty, and the tendency among Japanese Americans to demonstrate strict obedience to authority.

However, League members faced a significant test with the bombing of Pearl Harbor. They soon realized that the history of anti-Japanese racism in California and the West served as a prelude to the state’s surveillance and interrogation, and later, evacuation and internment, of the Nikkei. On December 8, local police and members of the FBI raided Nikkei homes in San Francisco and Los Angeles. Seizing “contraband” such as radios, guns, ammunition, and cameras, they also arrested and incarcerated about twelve hundred doctors, pastors, and other Japanese community leaders. JACL members responded by publicizing their allegiance to America, and their full compliance with security procedures. By contrast, the Kibei, or Japan-educated Nisei who remained

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<sup>34</sup> Ronald Takaki, Strangers from a Different Shore (Boston: Little, Brown Company, 1989), p. 217.

<sup>35</sup> *Ibid.*, 223; Taylor, Jewel, 43.

militaristic in their defense of Japan, forcefully insisted on the Japanese' equal treatment and detainment based on their criminal wrongdoing alone.

These criticisms, which revealed deep rifts within the Nikkei community that would become wider during internment, for the moment seemed to be minimally important. Instead, the JACL overlooked the Kibei's opposition and continued to advocate the Japanese' obedience to government demands, which by January 6, 1942, included the registration of all Japanese, German, and Italian nationals. While these foreigners were dubbed "enemy aliens," the Japanese primarily remained subject to historic and wartime prejudices that culminated in the presidential rejection of the Munson Report, and President Franklin D. Roosevelt's signing of Executive Order 9066. The former emerged in November 1941 to assert that the Nisei, excluding the Kibei, were "90 to 98 percent loyal to the United States."<sup>36</sup> The Report failed to persuade some military personnel, however, including Secretary of War Henry L. Stimson and Western Defense Command Lieutenant General John L. DeWitt, who pressured Roosevelt to grant the Army carte blanche in designating military areas and denying any person(s) access to them. Roosevelt concurred, and while he demurred about Japanese evacuation and internment, his officials clearly had these plans in mind. DeWitt remained "a lifelong hater of Japanese Americans," and public sentiment equated Japanese "race" with national loyalty to Japan; federal treatment of the Nikkei would thus have to reflect that the United States

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<sup>36</sup> The Munson Report,  
[http://www.digitalhistory.uh.edu/learning\\_history/japanese\\_internment/munson\\_report.cfm](http://www.digitalhistory.uh.edu/learning_history/japanese_internment/munson_report.cfm)

remained “at war with their race,” asserted the *Los Angeles Times*.<sup>37</sup> Not only did the Japanese look visibly different from German and Italian immigrants who blended in more easily with the nation’s predominantly Caucasian populace, but their Asian blood and culture predisposed them to “espionage and sabotage.”<sup>38</sup> Most California Nikkei also congregated along the coast, an ideal place for a Japanese invasion.

On March 2, the new Wartime Civilian Control Administration (WCCA) opened offices in California, and General Dewitt designated the entire western half of the Pacific coast “military area no. 1.” The Army planned to make this area off-limits to persons of Japanese ancestry, and the WCCA encouraged all Japanese to begin migrating to the western interior. This migration largely failed, however, since officials failed to discuss, much less alert, western lawmakers and residents; as a result, widespread alarm and persecution of “suspicious” Japanese migrants ensued. In Nevada and Arizona, local townspeople denied migrants gasoline and lodging, while armed posses and anxious police accosted, shot at, and detained terrified Nikkei.<sup>39</sup> Rumors about persecution circulated in California, influencing the Japanese to stay in their Japan Towns. By the end of the month, DeWitt canceled further migrations, and established “military area no. 2.” The WCCA enforced evening curfews for Nikkei still within military areas, and then on May 3, ordered all persons of Japanese descent to begin reporting to

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<sup>37</sup> Taylor, *Jewel*, 46; the *Los Angeles Times* quoted in, Brian Niiya, *Japanese American History* (New York: Facts on File, 1993), p. 54.

<sup>38</sup> John DeWitt quoted in, Arrington, *The Price of Prejudice*, 14.

<sup>39</sup> *Ibid.*, 15.



local assembly centers where they would await transfer to wartime internment camps.

Prior to internment, about fifteen hundred Japanese Americans migrated to Utah, and particularly to the Salt Lake Valley. Their reception proved to be mild compared to that in neighboring states, but also ambivalent and indicative of the evolving image and status of the Japanese. Approximately two thousand Japanese already lived in the state where the JACL moved its national headquarters in 1942. Some Japanese belonged to the Mormon Church whose officials worked to maintain the church's presence in Japan. Utah senator and former missionary to Japan Elbert Thomas remained friendly toward and supportive of the Japanese community, often speaking at local JACL meetings in Salt Lake City's Fourteenth Ward Chapel. After Pearl Harbor, Mike Masaoka, the JACL national secretary, a close friend of Thomas, and a Mormon convert, worked to persuade Utah residents to generously accept Japanese migrants. Masaoka accepted Japanese migration (and internment) due to reasons of national security, and on one occasion, met with Mormon governor Herbert Maw to assure him that the Nikkei "think, feel, act, like Americans;" some local Japanese also encouraged their kin to relocate to Utah.<sup>40</sup> Some whites—mainly farmers—agreed with Masaoka's assessment, and viewed the Japanese as valuable wartime labor. These whites thus gladly, but cautiously, supported their

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<sup>40</sup> Quoted in, Daniels, Taylor, Kitano, 96; Mike Masaoka with Bill Hosokawa, They Call Me Moses Masaoka (New York: Morrow, 1987), pp. 77; 88.

migration.<sup>41</sup> Said one farmer, “They are industrious, intelligent, and clean. . . . We need [their] labor now more than ever before.”<sup>42</sup>

However, Japanese migration provoked key cleavages and alliances within and amongst the Mormon and Japanese communities. Despite the Mormons’ historical acceptance, and even affinity toward the Japanese, church laity and officials overlooked the past to focus instead on overcoming historical accusations about their own anti-Americanism, influencing Mormons to demonstrate its 100 percent American loyalty, and refrain from speaking against wartime anti-Japanese racism. Thus, while senator Thomas accused Meiji “war lords” of provoking war between the U.S. and Japan, and thereby “betraying” the innocent Nikkei, he, church officials, and the *Desert News* still remained silent about the injustice of Japanese migration, relocation, and internment.<sup>43</sup>

Governor Maw took a more explicit position by openly rejecting Masaoka and Japanese settlement in his state. Rather than perceiving the Japanese race as biologically and cosmically linked to Israel, and thus to Mormons, he viewed it instead as a sinister threat to all “true” Americans. At a meeting of western governors in Salt Lake City in April 1942, Maw rallied officials against migration by arguing, “If the federal officials think [the Japanese] are dangerous on the coast, they would be here” too.<sup>44</sup> The Japanese might sabotage food and water supplies, city sewage stations, and key war industries like Utah Copper and the

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<sup>41</sup> Quoted in, Daniels, Taylor, Kitano, 96.

<sup>42</sup> Ibid. For examples of sentiments similar to those expressed here, see, USHS, Series 221, Governor Maw Correspondence, Reel, Box 10, folder 6, “Japanese Evacuees—Resettlement For.”

<sup>43</sup> *Deseret News*, January 2, 1942; Masaoka and Hosokawa, 99, 98.

<sup>44</sup> *Salt Lake Telegram*, March 10, 1942; *Davis County Clipper*, April 10, 1942; April 3, 1942; Douglas Hardy, “Caucasian Attitudes Toward the Japanese in Metropolitan Salt Lake City” (M.A. Thesis, University of Utah, 1946), pp. 27-28; Arrington, 15-16.

railroads.<sup>45</sup> They would take over good farmland, and jobs from white residents. They might burn grain and destroy dams, poison some crops, and spread their diseases to both people and produce; apparently, some Japanese had already planted produce in the shape of arrows to aid enemy navigators.<sup>46</sup> Rather than considering Japanese migration, the state should realize that the Nikkei belonged to a barbaric race that “already created a serious menace to the welfare of the people of the state of Utah,” argued the American Legion.<sup>47</sup>

In light of these sentiments, many members of the Utah JACL bypassed Masaoka and allied with Maw and the white majority in discouraging the coastal Japanese from migrating.<sup>48</sup> The local Japanese historically enjoyed a “reputation [for] industry and good behavior,” the League claimed, which could be undermined by increasing the Nikkei population.<sup>49</sup> Moreover, Salt Lake City remained hostile to the Japanese. The local police, for instance, considered the Issei to be naturally “dangerous,” and though lacking evidence of their wrongdoing, deported several of them, including Salt Lake City Chamber of

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<sup>45</sup> SLCRO, City Council Minutes, December 9, 1941; January 7, 1941; JWML, Special Collections, Accn 1209, “Interviews with Japanese in Utah,” Box 3, folder 9, Roy Tachiki, s2: 26; Daniels, Taylor, Kitano, 123; City Council Minutes, December 31, 1941; JWML, Special Collections, Accn 1440 Kennecott Copper Corporation Records, Box 853, folder 22, December 24, 1941, “Letter from Robert T. Jellison, M.D. to Mr. D. D. Moffat, Vice President and General Manager of Utah Copper Company.”

<sup>46</sup> USHS, Series 221, Governor Maw Correspondence, Reel 19, Box 10, folder 5 “Japanese Evacuees—Resettlement Against,” Letter from Mayor Horace Hunsaker (of Honeyville) to Governor Herbert B. Maw, March 23, 1942; Salt Lake Telegram, February 19, 1942; March 12, 1942.

<sup>47</sup> Quoted in, Arrington, The Price of Prejudice, 16.

<sup>48</sup> Salt Lake Telegram, March 13, 1942; USHS, Series 221, Governor Maw Correspondence, Reel 19, Box 10, folder 5 “Japanese Evacuees—Resettlement Against,” Letter from Jiro Tsukamoto, President of the Ogden JACL, to Governor Herbert B. Maw, March 23, 1942.

<sup>49</sup> Quoted in, Daniels, Taylor, Kitano, 95.

Commerce member Henry Kasai, to an isolation camp in Missoula, Montana.<sup>50</sup> Other Issei faced humiliating interrogations, searches, and seizures that presumed Japanese malice. U.S. marshal Gilbert Meacham, for example, seized several “old Japanese swords” to turn into knives for “yanking fighting men.” He hoped that such contraband would be used against “Japs and other vermin of the jungle” rather than American citizens.<sup>51</sup> Meacham also jailed about one hundred and thirty “suspicious” Issei and Nisei at the Salt Lake County jail. To avoid incarceration, many Japanese threw away or burnt their personal papers, mementos, and photographs of Japan.<sup>52</sup> In addition to harassment by local law enforcement, the Nikkei community faced hostility from white lawmakers and the business community. In 1942, the state legislature banned Japanese immigrants from owning land; they thus prevented Utah from becoming a “dumping ground for them.”<sup>53</sup> Similarly, the Salt Lake Chamber of Commerce failed to protest Kasai’s detainment, but (at the prodding of the American Federation of Labor) voted to stop issuing business licenses to Japanese residents, since more licenses would “attract additional Japanese to Salt Lake City and create a problem [for] . . . law and order.”<sup>54</sup>

White employers also typically fired their Japanese employees. The Union Pacific, for instance, released the husband of Chiyo Matsumiya, a section foreman, without explanation. Mr. Matsumiya remained disappointed, but also

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<sup>50</sup> JWML, Special Collections, Accn 1209, Interviews with Japanese in Utah, Box 1, folder 13, Alice Kasai; Accn 1091, Papers of Alice Kasai, Boxes 49, 91.

<sup>51</sup> Salt Lake Telegram, April 6, 1943.

<sup>52</sup> *Ibid.*, January 6, 1942. Yuki Yoshi Inouye quoted in, Leslie Kelen and Eileen Stone, Missing Stories: An Oral History of Ethnic and Minority Groups in Utah (Logan: Utah State University Press, 2000), pp. 338-339.

<sup>53</sup> Salt Lake Telegram, March 5, 1943.

<sup>54</sup> *Ibid.*, February 18, 1944. On the AFL’s influence, see, Hardy, 45.

hopeful that he could find other work. Other Nikkei, however, were not as optimistic and struggled with their shame and depression; after losing his job at a Park City mine, one Japanese laborer committed suicide, a not uncommon end for Nikkei throughout the West.<sup>55</sup> Japanese residents in the medical field also failed to find work. According to dentist Jun Kurumada, his colleague faced rejection by the U.S. Army Dental Corps at Fort Douglas. Corps commander doctor J. Ben Robinson flatly stated that “he didn’t want any Japs in my army.”<sup>56</sup> Finally, some Japanese kept their jobs but remained the object of suspicion. Edward Hashimoto, a Holy Cross Hospital surgeon and professor of anatomy at the University of Utah, remembered being

parked down near the water pumping station [at] around Sixth South and Eleventh East. Some guy came up and knocked on the side of my car window. When I looked up, the damn fool was pointing a big .45 right at my head. It scared me to death. ‘You’re in a forbidden zone, you blinkity-blink Jap! Are you trying to blow the place up?’<sup>57</sup>

Still, these warnings did not deter all Japanese from traveling to Salt Lake. Some arrived without incident, usually by mid-April, and with only a few personal belongings. Some migrants settled with friends or family in downtown’s nihonmachi, often sleeping several to a room. Many more like Ted Negata stayed in filthy Westside “tenement houses” since powerful whites established new housing covenants to keep the Japanese out of nicer neighborhoods, such as the Eastern Slope and the Avenues.<sup>58</sup> Still others settled in dilapidated areas

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<sup>55</sup> Quoted in, Kelen and Stone, 319; Park Record, March 5, 1942.

<sup>56</sup> JWML, Special Collections, Accn 2465, Topaz Museum Interviews, Box 1, folder 1, Jun Kurumada, p. 28.

<sup>57</sup> Quoted in, Kelen and Stone, 346.

<sup>58</sup> For instance, the city health department identified the Macedonia Hotel at 528 ½ West/200 South as a “definite health hazard.” SLCRO, City Council Minutes, March 9, 1943; JWML,

outside of the city. After leaving their successful shoe business in Sacramento, California, the Miyoshi family squatted in an abandoned Japanese schoolhouse in Murray (south of Salt Lake City) with only an outside privy, and little nearby work. The family eked out a meager existence through welfare and odd jobs, facing difficulties in obtaining better housing.<sup>59</sup> Experiences like these undoubtedly demonstrated the logic of the Nikkei's shifting status: the Japanese seemed to imperil white American welfare due to their natural inclination to savagery, sabotage, and disease, and therefore deserved unjust and inhumane treatment, including incarceration, job discrimination, and squalid and disreputable living conditions.

Such treatment also included physical violence. Oakland businessman Fred Wada found this out after leading one hundred Nikkei migrants from the Bay Area to Keetley, Utah, (east of Park City in the Wasatch Mountains) where he leased a ranch from local resident George Fisher. Wada intended to raise "food for victory," but also raised the ire of local white miners who attacked the Japanese by throwing a stick of lit dynamite at them from a passing car.<sup>60</sup> Governor Maw condemned the violence, as did newspapers like the *Salt Lake Telegram*, which derided the "persecution of friendly foreigners." Still, the *Telegram* encouraged the "detection of foreign agents" who needed to be

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Special Collections, Accn 2465, Topaz Museum Interviews, Box 1, folder 1, Ted Nagata, pp. 1-10.

<sup>59</sup> Taylor, *Jewel*, 58.

<sup>60</sup> *Park Record*, April 16, 1942; April 23, 1942; June 25, 1942; Sandra Taylor, "Japanese Americans and Keetley Farms: Utah's Relocation Colony," *Utah Historical Quarterly* Vol. 54 (Fall 1986): 338.

“stamped out.”<sup>61</sup> Many of these agents were of Japanese origin, it claimed, and thus more invasive surveillance and interrogation of the Japanese community (rather than heightened security tactics for all) seemed appropriate. In assuming the Japanese’s natural disloyalty and savagery, the *Telegram* undoubtedly expressed public sentiment, and helped foster Japanese’ marginalization in the Salt Lake Valley. As we will see, public opinion also presaged similar abuse and neglect of Japanese internees at Tanforan, Santa Anita, and Topaz.<sup>62</sup>

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By the end of April 1942, the Nikkei arrived at federal assembly centers throughout the West Coast. The Wartime Civilian Control Authority administered the centers as temporary holding stations for the Japanese who the Army would transfer to more permanent internment camps still being built in the western interior. Like the Nikkei’s voluntary migration, the centers suffered from the WCCA’s insufficient planning, and led to internee’s comprised safety, welfare, and dignity. The government hastily worked to round up and intern California’s Japanese community, as officials believed that planning delayed action that might prevent further American casualties. Officials paid little attention to the interned population and concentrated instead on winning the war, devoting most of their resources to Allied troops. Leftovers went to assembly centers and internment camps where officials used them as well as on-hand materials to

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<sup>61</sup> *Salt Lake Telegram*, January 8, 1942; January 6, 1942. Federal officials established wartime districts to keep track of suspected enemy aliens. In the Salt Lake district, by January 6, 1942, officials held approximately one hundred and twenty-nine “alien suspects” in the Salt Lake County jail.

<sup>62</sup> *Ibid.*, December 9, 1941.

address internees' needs. Improvisation created some problems for the Nikkei who at times suffered because of them.

Racetracks and fairgrounds hosted most assembly centers (a dozen and a half in all) since they readily accommodated large numbers of people.

Tanforan and Santa Anita racetracks, located near San Francisco and Los Angeles, held the majority of the Topaz-bound Nikkei. The WCCA signed leases with racetrack owners, and then assigned the Army Corps of Engineers to retrofit them for human habitation. In late April, the WCCA posted notices ordering the Japanese to register at control stations, take a week to pack their belongings, and bring only what they could carry. The Nikkei worked quickly to discard, give away, or store most of their personal mementos. Many sold their property under value, leading to great financial losses that added to emotional suffering. Arriving at Nikkei churches and schools, which normally served as control stations, the Japanese anxiously awaited their future. While boarding the bus to Tanforan, then college student Yoshiko Uchida recalled, "my knees sagged, my stomach began to churn, and I very nearly lost my breakfast."<sup>63</sup>

The first wave of internees entered the Tanforan Assembly Center on April 30, a rainy day that turned the racetrack into mud, and soaked internees' baggage. Military police, watchtowers, and barbed wire surrounded the center to ostensibly "protect" internees who saw Tanforan as nothing short of a prison. Police escorted the Nikkei to induction rooms where officials quickly checked them for contraband, and signs of contagious disease. Nurses looked for evidence of smallpox vaccinations, while doctors ordered men to strip for

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<sup>63</sup> Uchida, 67.



venereal disease inspections. Because sick internees were placed in isolation, many Japanese pretended to be well in order to avoid family separation. After these check-ups, officials directed internees to their quarters whose numbers matched their identification codes. Mine' Okubo, who identified as "citizen 13660," found her and her brother's "apartment," like most others, in a former horse stall measuring ten by twenty feet without a ceiling, but with a partition running down the center, a few Army cots, and a swinging half-door:

The place was in semidarkness; light barely came through the dirty window on either side of the entrance. . . . The rear room had housed the horse and the front room the fodder. Both rooms showed signs of hurried whitewashing. Spider webs, horse hair, and hay had been whitewashed with the walls. Huge spikes and nails stuck out all over the walls. A two-inch layer of dust covered the floor, but on removing it we discovered that linoleum the color of redwood had been placed over the rough manure-covered boards.<sup>64</sup>

Okubo and her brother immediately went to cleaning and sweeping out the stall, while others killed spiders, shooed away rats and mice, scraped manure off the walls, and covered up holes and cracks in their partitions. Afterwards, internees stuffed hay into their Army-issued gunnysacks, which they would sleep on.

Like the internees' "dungeons," the mess halls were hastily built from pre-existing structures. The halls existed when internees arrived, but remained unprepared for several weeks.<sup>65</sup> Food remained in short supply, unappetizing, and nutritionally inadequate. Federal officials spent approximately 24 percent less on internees' daily rations than on those for soldiers, thereby allowing hunger to be a constant problem. Internees often stole food from mess halls, but

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<sup>64</sup> Mine Okubo, Citizen 13660 (Seattle: University of Washington Press, 2004), p. 35.

<sup>65</sup> Uchida, 91.

still lost weight, suffered abdominal pain, and struggled to perform their work details. At the Santa Anita Assembly Center, eight hundred Nissei who assembled camouflage netting for the Allied cause “announced a sit-down strike, complaining . . . of weakness from an insufficiency of food.”<sup>66</sup> Mess halls typically served stale bread, beans, rice, Vienna sausage, milk, and cold tea. This diet remained foreign and unappetizing to the Japanese, but it stayed steady for several weeks, and changed only infrequently with the addition of Jell-O, chili con carne, and sauerkraut. At Tanforan, beef apparently existed, but the kitchen staff allegedly withheld it for themselves. Vegetables and fruit, meanwhile, did not appear for several weeks after the internees’ arrival. As a result, Mine’ Okubo suffered from vitamin deficiency, manifesting in “red splotches” on her hands.<sup>67</sup> Assembly centers also lacked provisions for infants or adults with special diets. Thus, at some centers, mothers made gruel from rice for their newborns, while others used connections outside the camp to obtain baby formula. Still others risked supplying adult food to little ones. At Tanforan, Grace Fujimoto’s six-month-old cousin drank condensed milk but soon developed eczema and nearly died due to an acute food allergy.<sup>68</sup> Center officials fired the mess hall manager due to his incompetency. Afterward, food portions generally increased, but their quality and safety remained questionable. At Santa Anita, many Nikkei became sick after eating spoiled meat left out by kitchen workers who were untrained in food sanitation, and unable to sanitize kitchenware due to the lack of hot water. Doctor Sakaye Shigekawa recalled a

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<sup>66</sup> Michi Nishiura Weglyn, *Years of Infamy* (Seattle: University of Washington Press, 2003), p. 81.

<sup>67</sup> Uchida, 91.

<sup>68</sup> Taylor, *Jewel*, 64.

diarrheal epidemic that broke out: “These patients were running to the latrine, and people were lined up—they couldn’t hardly make it.” Due to the severity and widespread nature of the illness, many internees believed the government poisoned them.<sup>69</sup>

As with living and eating conditions, assembly centers also failed to provide adequate sanitary technology, threatening public health and leading to great personal indignities. At Tanforan, flush toilets remained rare, and only twenty-four latrines existed for the center’s eight thousand people. A few days before the internees’ arrival carpenters hurriedly built the latrines, which consisted of nothing more than a plank of wood with three cutouts over a pit in the ground; three individuals sat next to each other without partitions, doors, or separate spaces for men and women. To attain a modicum of privacy, men and women took turns, with older women taking “newspapers to hold over their faces or a square of cloth to tack up for their own private curtain,” recalled one internee.<sup>70</sup> Others relied on bedpans, which they emptied into community sinks. Yoshiko Uchida recalled, “The sight was enough to turn my stomach, and my mother quickly made several large signs in Japanese cautioning people against such unsanitary practices.”<sup>71</sup> To make matters worse, toilet paper remained in short supply, leading some internees to horde it, and others to delay defecating,

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<sup>69</sup> Doctor Sakaye Shigekawa quoted in, Naomi Hirahara and Gwenn M. Jensen, Silent Scars of Healing Hands: Oral Histories of Japanese American Doctors in World War II Detention Centers (Center for Oral and Public History at California State University, Fullerton, 2004), p. 55. On other instances of food poisoning, see, Louis Fiset, “Public Health in World War II Assembly Centers for Japanese Americans,” Bulletin of the History of Medicine Vol. 73 Number 4 (1999): 3; Daniels, Prisoners, 66.

<sup>70</sup> Uchida, 76; Janet Hirano Matsuoka, quoted in, Return to Topaz '93, p. 26.

<sup>71</sup> Uchida, 76.

leading to “camp-wide cases of constipation” and hemorrhoids.<sup>72</sup> Japanese block managers worked to prevent the outbreak of filth diseases and to ameliorate the stench of raw sewage by requesting cleaning supplies, and appointing internees to sterilize latrines with lime, similar to chlorine bleach.<sup>73</sup>

Still, without a functional sewer, human and animal waste collected to become a nuisance. Mine’ Okubo remembered that “the sewage system was poor.” Stoppages and leaks in the pipes allowed sewage to become stagnant and to render a “terrible” miasma, which combined with the “stench of manure,” horse urine, and the “sour” smell of dirty laundry water to create an “unbearable” nausea.<sup>74</sup> At many centers, laundry rooms lacked proper drainage, permitting “soapy, scummy . . . gray water” to run into the streets and create a muddy mess, often in front of internees’ stalls.<sup>75</sup> Internees seeking a respite from the center’s dirt and grime could rinse off in the center’s showers. Yet, as with latrines, the showers presented an uncomfortable experience. Army Engineers constructed them in an open format with neither doors nor curtains. Internees, especially Issei women, desired privacy and often blushed at the idea of using them, while many older Nikkei found them to be awkward since they required users to stand rather than sit; they also subjected users to erratic “torrents of hot water” and “icy blast[s] of cold.” At Tanforan, one older man improved his situation by scrounging a large wood barrel and turning it into a tub.<sup>76</sup>

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<sup>72</sup> Weglyn, 80; JWML, Special Collections, Accn 1209, Interviews with Japanese Americans, Box 4, folder 7, Ronald Wakabayashi, s2: 45.

<sup>73</sup> Hirahara and Jensen, 47.

<sup>74</sup> Mine Okubo, *Citizen 13660* (Seattle: University of Washington Press, 2004), pp. 78, 106

<sup>75</sup> Homer Yasui, quoted in, Hirahara and Jensen, 48.

<sup>76</sup> Uchida, 75.

Federal officials undoubtedly foresaw the gross living and health conditions at assembly centers and internment camps, and therefore made plans to prevent and address them. A month and a half before relocation began, on March 28, General DeWitt requested senior surgeon W. T. Harrison of the USPHS “to employ necessary medical and nursing personnel, purchase medical and surgical supplies, and provide necessary hospitalization for the sick.”<sup>77</sup> State, county, and city health officers would work with Nikkei nurses, doctors, and surgeons in assembly health clinics. Public health officers would conduct sanitation surveys, and join Japanese personnel in providing internee medical exams and vaccinations. In late April, white and Nikkei doctors began immunizing Japanese residents (six months and older) at control stations for filth disease like typhoid fever, paratyphoid, and diphtheria. Most Nikkei, however, received inoculations at assembly centers, adding to the burden of internment life. Many internees remembered, “for nights we heard groans in the stable. Almost everyone was sick from the typhoid shots.”<sup>78</sup> Doctor Fred Fujikawa recalled many Nikkei receiving shots and then becoming sick “because of high fever and so forth.” Internees would then line up at the toilet, and often faint. “It was about the saddest thing I’d ever seen in camp.”<sup>79</sup>

Undoubtedly, vaccination prevented widespread sickness and suffering. It also provided one of the few examples of the WCCA’s successful planning and follow-thru. More often, federal negligence placed the burden of improving the centers’ living and welfare conditions on the internees themselves. For instance,

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<sup>77</sup> Quoted in, Fiset, 2.

<sup>78</sup> Okubo, 54.

<sup>79</sup> Doctor Fred Fujikawa quoted in, Hirahara and Jensen, 53.

as with food and sanitary provisions, medical care remained woefully inadequate. The WCCA supplied each center with a clinic, but it normally remained small with only a few rooms that lacked sufficient equipment, supplies, and personnel. Medical equipment dated back to the World War I-era, and clinics possessed very few good therapeutics like penicillin, and only a handful of doctors and nurses. Superior materials were costly, and like doctors and surgeons, were needed on the warfront. Many Issei doctors, meanwhile, remained incarcerated.

Thus, internee doctors and patients made-do with what they had. Physicians requested block managers to monitor ailing internees in their stalls, and recruited unlicensed medical students to help make diagnoses and perform minor surgeries.<sup>80</sup> Doctors trained volunteers to sharpen and clean needles, and one nurse contacted a researcher at Stanford University to obtain whooping cough vaccinations (which the WCCA did not supply). A few dentists rented their personal equipment to clinics, and many Japanese administered massages and homemade remedies to the sick.<sup>81</sup> When suture needles ran out, block managers collected sewing needles to replace them. Finally, because clinic beds remained in short supply, pregnant mothers often stayed in their stalls, enduring morning sickness and the smell of horse urine and manure; they also delivered their babies in these settings. At Tanforan, several internees believed that they had “a better staff of doctors, dentists, optometrists, and nurses, but the facilities were inadequate.”<sup>82</sup> Similarly, one senior USPHS official credited the

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<sup>80</sup> Taylor, Jewel, 73.

<sup>81</sup> Uchida, 91.

<sup>82</sup> Taylor, Jewel, 80.

“heroic efforts” of the Japanese doctors who maintained internees’ health in spite of “very inadequate sanitary” and medical facilities.<sup>83</sup>

These efforts, however, sometimes failed. Obstetrician Sakaye Shigekawa recalled that at Santa Anita, “a mother began bleeding after giving birth. ‘We . . . did everything possible, but she hemorrhaged, and no matter what we did she kept on hemorrhaging.’” The clinic lacked a blood bank, but if “we started a transfusion, it might have been helpful. It might have kept her alive long enough till we found where the source [of her bleeding] was.”<sup>84</sup> On another occasion, doctors tried but failed to gain permission in time to transfer a baby to an outside hospital to receive emergency neonatal care.<sup>85</sup> In addition, Shigekawa and other physicians requested better living arrangements since nearly 75 percent of internees’ illnesses originated in horse stalls; doctor Harrison and USPHS officials, however, refused to condemn the stables.<sup>86</sup>

Federal officials understood that a long-term residence in assembly centers would have a “demoralizing effect” on the Nikkei population. “Without the expenditure of tremendous sums of money,” one official observed, vocational, educational, and recreational opportunities could not exist, leading to the internees’ increased frustration, anxiety, and increasingly “sharp denunciations of living conditions.”<sup>87</sup> Besides, by the summer of 1942, most internment camps were nearly finished, and western governors like Herbert Maw

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<sup>83</sup> Quoted in, Fiset, 3.

<sup>84</sup> Hirahara and Jensen, 55.

<sup>85</sup> Taylor, Jewel, 81.

<sup>86</sup> Weglyn, 81.

<sup>87</sup> Quoted in, Fiset, 1; JWML, Special Collections, MS 656, Mike Masaoka Papers, Box 40, folder 3, “WRA Quarterly Report, July-September 1942, continued,” p. 51. 3

who originally opposed relocation changed their minds. Federal officials promised Maw that internees would be transferred by armed guards, and housed in marginal spaces where they would threaten neither military nor civilian industries. The Interior Department would pay for relocation costs, and refrain from confiscating state land for internment camps.<sup>88</sup> Utah authorities also discussed the possibility of some Nikkei providing cheap wartime labor. The WCCA also talked about the advisability of sending internees to the greater Salt Lake where, according to one official, Mormons, “a gentler breed of Americans,” congregated.<sup>89</sup>

Thus, beginning in September, the newly created War Relocation Authority (WRA) transferred internees at Tanforan and Santa Anita to the western interior. Internees did not know where they were going, and boarded trains with shades drawn for security reasons. WRA officials provided fruit and water to help maintain internees’ health, but the water supply quickly ran out. Dehydration followed and combined with the train’s incessant bumping and swaying, the sleep deprivation it caused, and the general anxiety of the situation to make travelers sick. Yoshiko Uchida recalled that the smell of vomit and diarrhea permeated train cars and washrooms, whose “condition was enough to discourage more than the fainthearted.”<sup>90</sup> These deplorable conditions lasted for the duration of the two days it took to travel from the Bay Area to Ogden, Utah, and then south to Delta, a small farming community of fifteen hundred people.

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<sup>88</sup> Salt Lake Telegram, April 7, 8, 24; August 18; September 2; 1942; March 1, 1943.

<sup>89</sup> Quoted in, Hansen, 100.

<sup>90</sup> Uchida, 104.



From there, internees gained a brief respite before taking busses to the Central Utah Relocation Center, fifteen miles to the west.

The train-ride served as a tragic conclusion to the Nikkei's internment in California, and a segue to an equally traumatic experience in Utah. Assembly centers had imprisoned Japanese Americans who faced inhumane abuse and neglect, leading some WRA officials to privately note that the "housing and sanitary facilities were a little above the standards established by the Geneva Convention" (Allied propaganda and the Army's *Final Report*, however, publicly referred to centers as "havens of refuge," "suitable" for internees who experienced few discomforts).<sup>91</sup> These standards improved slightly at Topaz, but to them were added new and different concerns about living conditions, internee loyalty, health, and medical personnel and resources. These concerns remained complicated by age, ideology, race, and gender, but also contributed to the Nikkei's overall ill health and declining image and status in the Salt Lake Valley.

Rumors spread among internees that Topaz was one of the most regrettable internment camps in part because of Utah's challenging climate.<sup>92</sup> Located one hundred and fifty miles southwest of Salt Lake City, Topaz sat at forty-six hundred feet elevation in the Sevier Desert. This meant that internees would be exposed to daily temperature swings of fifty degrees or more, and seasonal extremes of hot and cold doubling that. Less oxygenated air, and dry

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<sup>91</sup> JWML, Special Collections, Ms 144, Japanese Relocation Records, Box 9, folder 5, "Second Quarterly Report of the War Relocation Authority, July 1, September 1942: Progress of Relocation," p. 32; J. L. DeWitt contributor, United States Army, Western Defense Command, *Final Report: Japanese Evacuation from the West Coast, 1942* (Washington: Government Printing Office, 1943), pp. 183; 184-196.

<sup>92</sup> Records for the Utah Central Relocation Center can be found in the National Archives, RG 210.3.4, "Records of Relocation Centers." Another source, also at the Archives, is the West coast locality Study, Community Analyst Reports, War Relocation Authority, Topaz, Microfilm.

winds that blew alkali dust over a brown and barren landscape would also undermine internee welfare. Japanese Americans who were used to the Bay Area's lush green surroundings, or Los Angeles' coastal breezes, confirmed the validity of these rumors on September 11, 1942, when the first wave of internees arrived (five hundred additional internees arrived daily for several weeks). Like at Tanforan and Santa Anita, the Japanese registered and received brief medical exams before entering the camp. Exiting the induction room, Nissei internee Yoshiko Uchida recalled exploring the grounds: "After two long sleepless nights on the train, this sudden encounter with the sun, the glaring white sand, and the altitude made me feel weak and light-headed. We were all worried about my mother, and I thought I might collapse myself."<sup>93</sup>

Very likely, Uchida and her mother suffered from heat exhaustion or heat stroke, common ailments at Topaz resulting from severe dehydration and exposure to intense heat. The latter, however, could threaten death or permanent brain damage, particularly to older Issei, who entered the camp with already compromised health. During the first few weeks of camp, the Topaz hospital admitted many older Japanese with peptic ulcers and severe hypertension, mainly induced from anxiety. Younger Nisei, however, who totaled more than sixty percent of the camp's eighty-two hundred people, avoided overcrowding the hospital by remaining in their barracks. Barracks included several small rooms for single families or individuals; twelve barracks comprised a block, of which thirty-four filled the camp that measured one square mile. Although the U.S. Corps of Engineers of the Salt Lake District successfully

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<sup>93</sup> Uchida, 109.

oversaw the completion of the camp hospital in time for the internees' arrival, it did not do likewise with the barracks. Rather, about one-third remained roofless, allowing direct sunlight, heat, mosquitoes, flies, and other hazards to enter internees' rooms. Uchida recalled that "one unfortunate woman received second degree burns on her face when boiling tar seeped through the roof onto the bed where she was asleep."<sup>94</sup> Others remembered staying in the barracks to diminish the sun's punishing glare and the eye strain that it caused, which according to the WRA, still amounted to a chronic problem for many.<sup>95</sup> Still others remained inside and endured the "intolerable heat" to protect themselves against dust storms.<sup>96</sup> The dust, composed of highly alkali soil, which emerged after Mormon farmers repeatedly irrigated the area (formerly the town of Abraham), remained very fine and easily blown by the wind. Morgan Yamanaka described one of many dust storms that occurred at Topaz: "There seemed to be a wall way out there; to see the blue sky and then the more you look at it, the wall seems [sic] to be moving. It was a dust storm rolling in, and it just engulfed you, and before you knew it, you could not see anything."<sup>97</sup> Toyo Kawakami and Doris Tono, meanwhile, recalled choking on and being blinded, stung, and itched by the "cruel" salty dust even inside their barracks, whose small cracks allowed the powdery dust to enter and cover them "as if in a shower."<sup>98</sup>

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<sup>94</sup> Uchida, 111.

<sup>95</sup> JWML, Special Collections, Ms 144, Japanese Relocation Records, Box 9, folder 5, "Relocation Authority Quarterly Reports, march to September 1942," p. 71.

<sup>96</sup> Okubo, 189.

<sup>97</sup> Quoted in, Taylor, *Jewel*, 91.

<sup>98</sup> Uchida, 112; Toyo Kawakami, quoted in, May *Utah*, 184-185; Doris Tono, Toaru Ishiyama, and Janet Matsuoka quoted in, *Return to Topaz*, '93, 3, 18, 26.

Besides scorching heat and dust, the dearth of potable water presented a serious public health hazard. Originally, the WRA planned to build Topaz on acreage near Delta, but officials decided against that idea since the land lacked water. To the west of Delta, however, lay public land that could be purchased inexpensively for a dollar per acre, and supported by deep underground wells. After purchasing the land, Army engineers contracted construction workers to sink wells that promised to yield a daily output of over a million gallons of water, all which would be stored in redwood reservoirs.<sup>99</sup> From these, water would travel through cast iron mains to the camp's laundry rooms, showers, toilets, bathroom sinks, and farmland. The WRA envisioned Topaz to be a self-sufficient colony, able to grow and raise the majority of its food. While the predominately urban Nikkei succeeded in this endeavor by learning to cultivate and irrigate fields of bean sprouts, soy beans (which they made into tofu) and small personal gardens, they suffered medical ailments, most likely gastroenteritis, from drinking the water. Most internees claimed the water was alkaline, perhaps polluted, and especially displeasing when washing down plates of foreign and occasionally spoiled food. Kenji Fujii remembered the vicious cycle that followed drinking the fluid—bouts of diarrhea, dubbed the “Topaz trots,” followed by dehydration, thirst, water consumption, and then more diarrhea. To break the cycle, some internees consumed extra quantities of table salt with their meals in order to better retain their body's moisture. Others relied on a local concoction, likely an antibacterial remedy, that remained produced and sold at a local drugstore in Delta (until the

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<sup>99</sup> Millard County Chronicle, May 28, 1942; June 25, 1942; July 2, 1942; July 9, 1942; July 16, 1942.

1980s).<sup>100</sup> Mine' Okubo recalled some internees risking their welfare by illegally crossing racialized space to access better water: "At first it was impossible to drink the water because of the strong states from the chlorine and the pipes. Thirsty people went to one well with good water, near the U.S. Engineer's office, until it was condemned as contaminated. Some braver souls managed to go into the prohibited areas to the Caucasian worker's canteen."<sup>101</sup>

About two hundred white civilians worked at Topaz. Most served as WRA administrators, maintenance workers, doctors, nurses, and Army police who enjoyed comparatively better living conditions than the Nikkei. Yoshiko Uchida recalled their "special barracks" possessing fully equipped kitchens with linoleum flooring, carpeting, smooth interior walls made of sheetrock, "comfortable furniture," electricity, and potbelly stoves.<sup>102</sup> By contrast, the WRA supplied internees with Army cots, two blankets per person, and barracks composed of simple two by four construction with tarpaper sheathing, and without a concrete foundation. Barracks lacked drywall and insulation, and for several months, stoves. Mel Roper, a teacher in Delta who observed the camp's construction, considered the barracks "very inappropriate for the type of weather that these people were to live in."<sup>103</sup> To no surprise, Caucasian Americans endured the harsh winters more easily, and with fewer medical complications than Japanese Americans. In mid-October, the camp experienced its first frost, followed by

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<sup>100</sup> Kenji Fujii quoted in, Taylor, *Jewel*, 97; David Hales and Dorothy Killpack, "Health Care in Millard County: The Medical Career of Myron E. Bird," *Utah Historical Quarterly* Vol. 77 (Winter 2009): 62.

<sup>101</sup> Okubo, 142.

<sup>102</sup> Uchida, 117.

<sup>103</sup> Mel Roper quoted in, Taylor, *Jewel*, 95.

heavy snow in November. The California Japanese, who were not used to cold weather, requested extra blankets; when the temperatures drastically fell, they then wore several layers of clothing—“coats, scarves, and boots”—during the day and night.<sup>104</sup> When ice formed in barracks overnight, and the average interior temperature dropped to ten degrees Fahrenheit leading to numbness, aches, and sleeplessness, many internees risked discipline by stealing leftover building materials to build more insulation than the two-inch space between the tarpaper and wood. Mine' Okubo recalled, “With the passing of time and the coming of cold weather, stealing no longer became a crime but an act of necessity. Everybody was out to get building material.”<sup>105</sup> Military police looked away as internees scurried to gather lumber and drywall, which did little good until camp officials provided stoves and coal for each barrack. Internees gathered coal, which was dumped in large piles on camp roads; in late October, however, a shortage of coal and hot water threatened to renew the Nikkei's suffering. Those who suffered the worst were young children and older Issei. One Nisei teacher recalled that the school lacked drywall and a stove until December 1942, and that “it was impossible for the children to sit inside the unheated school barracks still frigid with nighttime temperatures.” Teachers tried moving their classrooms outside and into the sunlight, but the schoolchildren still remained too cold to concentrate.<sup>106</sup>

By the new year, temperatures occasionally plummeted to zero degrees. Exposure to these temperatures proved to be detrimental to the Issei who often

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<sup>104</sup> Uchida, 124.

<sup>105</sup> Okubo, 137.

<sup>106</sup> Uchida, 118.

developed tuberculosis and pneumonia, bacterial infections that easily emerge among older (sixty-five years and over), overcrowded, and resource-poor individuals. In March 1943, Topaz public health officers reported that twenty-six internees suffered from tuberculosis, and that forty-eight inactive cases, and three hundred and fifty-one potential cases existed. The WRA noted a general increase in tuberculosis infections at all internment centers during the latter half of the year, and about one thousand total active cases of the disease and pneumonia at centers during the camps' duration.<sup>107</sup> At Topaz, these diseases attacked and killed about a dozen people, all over fifty years of age, and encouraged officials to begin screening films about tuberculosis and pneumonia prevention.<sup>108</sup> However, the WRA's statistics on tuberculosis are likely flawed, as internees underreported this disease, which many Japanese considered to be shameful, genetically inherited but also associated with poverty, filth, and inferiority; at the camp hospital, Nisei nurse aids often avoided, and sometimes refused, to attend to tubercular patients in the isolation ward.<sup>109</sup> In addition to tuberculosis and pneumonia, influenza proved to be a common scourge among Issei and Nisei alike who shared cramped military barracks. In 1943, public health officials recorded twenty-two hundred total cases of influenza at internment centers, about half of them coming from Topaz which suffered an

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<sup>107</sup> JWML, Special Collections, Mike Masaoka Papers, Ms 656, Box 40, folder 6, "Semi-Annual Report, July 1 to December 31, 1943, Department of the Interior, War Relocation Authority, Washington, D.C.," p. 70. The Topaz Public Health Department's "Tuberculosis Survey" (March 1943) can be found in the Japanese American Evacuation and Resettlement Study, Bancroft Library, University of California at Berkeley.

<sup>108</sup> *The Topaz Times*, March 6, 1943; June 8, 1943.

<sup>109</sup> Louis Fiset, "Health Care at the Central Utah (Topaz) Relocation Center," *Journal of the West* Vol. 38 (April 1999): 44.

epidemic in December.<sup>110</sup> Although a federally employed sanitary engineer occasionally inspected Topaz, and ostensibly corresponded with administrative officials about his findings, the engineer seemed to focus more on specific concerns such as the proper handling of milk, garbage collection, and the function (and occasional dysfunction) of the camp's water and sewer mains, than on the camp's general living conditions.<sup>111</sup> As a result, one internee recalled, at Topaz, "everyone seem[ed] to have diarrhea, heat exhaustion, or colds."<sup>112</sup> Roger Walker, a former maintenance worker, bluntly stated, "It is really difficult to see how they survived."<sup>113</sup>

The desperate living conditions that Japanese Americans faced during the first year of relocation and internment did not lead to open hostility, but rather to severe internal emotional and psychological suffering. In turn, anger, shame, sadness, and fear often produced complex physiological and neurological responses. Dermatologist Masako Miura recalled that many Nikkei manifested stress-induced urticaria (hives), in addition to peptic ulcers and hypertension.<sup>114</sup> Some experienced nervous breakdowns, while older internees proved to be particularly vulnerable to cardio-vascular disease; during Topaz's existence,

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<sup>110</sup> Topaz Times, December 14, 1943; U.S. Department of the Interior, War Relocation Authority, The Evacuated People: A Quantitative Description (Washington, D.C.: Government Printing Office, 1946), Table 67.

<sup>111</sup> At many internment camps, sewer and water systems suffered from hasty, and sometimes, faulty construction. In 1943, the water and sewer mains at Topaz began to corrode and leak; not until December 1944, with the internment experience winding down, was the problem solved. For similar problems at other camps, see, Hansen, 727.

<sup>112</sup> Anonymous quoted in, Taylor, Jewel, 95. See also, Uchida, 58.

<sup>113</sup> Roger Walker quoted in, Taylor, Jewel, 94.

<sup>114</sup> Hirahara and Jensen, 59.



about three-dozen Issei suffered fatal heart-attacks.<sup>115</sup> To deal with stress and its consequences, doctors and nurses prescribed chemical therapeutics, as well as philosophical counsel, particularly, *shikataganai*, or “realistic resignation.” The WRA hired case workers (over eighty in all) to provide additional psychological guidance. Many patients also embraced religious and spiritual teaching; about 40 percent of internees embraced Christianity, and an equal amount Buddhism (with 20 percent embracing Roman Catholicism). Shortly after arriving at Topaz, Taro Goto and Lester Suzuki, both pastors at separate Bay Area congregations, helped organize a large interdenominational Protestant fellowship. Roscoe Bell, a maintenance worker who attended the church with his family, noted the vibrant and “meaningful Christianity that was practiced by church members”; conversely, one internee recalled that some white churchgoers visited to provide encouragement and “a temporary lift to the monotony of our days.”<sup>116</sup> Members of the Buddhist Church in America, whose headquarters moved from San Francisco to Topaz during the war, also remained devout. Several hundred internees attended Sunday services presided over by five regular priests. Spiritual succor, derived through meditation and worship, seemed to help internees endure, and perhaps understand their hardships, which led to discouragement, but usually not hopelessness.

Still, the WRA noted that many Nikkei struggled with “anxieties and tensions.” Besides worrying about the camp’s punishing heat, wind, cold, and

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<sup>115</sup> Most of the one hundred and thirty-three deaths at Topaz were among individuals aged fifty years and older (Issei). Sixty percent of the total deaths would equal seventy-nine deaths, and forty-five percent of that number would equal thirty-five fatalities due to heart attacks.

<sup>116</sup> Roscoe Bell, *Relocation Center Life, Topaz, Utah, 1942-1945* (1982); Gladys Bell, *Memories of Topaz: Japanese War Relocation Center, 1942-1945* (1981); Uchida, 127.

poor water supply, some Issei women dreaded “the day when there would not be ‘enough to eat in the messhalls [sic]’”; in preparation, they dried leftover rice for storage.<sup>117</sup> Others feared for their personal safety, particularly after a Military Police officer shot and killed sixty-three year old James Wakasa on April 11, 1943. Official reports stated that the victim had tried to climb under the camp fence, and although he was told to stop, continued to within several feet of the fence when he received a fatal gunshot to the chest; internees claimed that Wakasa was not antiauthoritarian, but rather hard of hearing and that internees were normally allowed to approach the fence. The Military Policeman faced a court martial at Fort Douglas, but was exonerated; the Nikkei population held two nonviolent protests in response.<sup>118</sup>

Still others like doctor Sakaye Shigekawa struggled with thoughts of suicide. After being dismissed from Seaside Memorial Hospital in Long Beach, California, and then sent to the Santa Anita assembly center and then to camp, Shigekawa found herself incredulous that

our government would do that. So when I was in camp I felt very bitter about it. . . . I was half the time crying and half the time resenting everything that was done to me. . . . I guess I was depressed, and I thought, ‘Well, gee, if this is the life I have to lead, I’d rather be dead.’<sup>119</sup>

A few Nikkei, such as Nobuichi Kuramoto who told his friends he “did not wish to live” in incarceration, killed themselves.<sup>120</sup>

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<sup>117</sup> JWML, Special Collections, Mike Masaoka Papers, Ms 656, Box 40, folder 3, “WRA Quarterly Report, July-September 1942, continued,” pp. 51, 60.

<sup>118</sup> The Topaz Times, April 12, 1943; April 13, 1943; April 15, 1943; April 16, 1943; April 20, 1943; Millard County Chronicle, April 16, 1943.

<sup>119</sup> Sakaye Shigekawa quoted in, Hirahara and Jensen, 52-53.

<sup>120</sup> The Topaz Times, October 25, 1944.

Camp analyst Oscar Hoffman observed the Nikkei's declining mental health, and hypothesized that internees manifested a clinical condition he called "hypochondriasis," or suppressed hostility leading to physical sickness. He believed that this condition would lead to the Nikkei's further medical and community breakdown. A trained sociologist with a Ph.D. from the University of North Carolina at Chapel Hill, Hoffman attributed the Nikkei's hostility and diminishing welfare to the policies and personality of camp Director Charles F. Ernst, a Harvard graduate and former settlement house worker who, oddly enough, seemed to be "weak . . . in his sensitivity to a sorely wounded people."<sup>121</sup> Although some internees who personally knew Ernst thought well of him, viewing him as a "kind and understanding" man who chastised Caucasians who derisively referred to internees as "Japs," other camp officials and Japanese agreed with Hoffman's critical, if also simplistic, appraisal.<sup>122</sup> By the winter of 1943, six months after the Nikkei's arrival, Hoffman's concerns seemed to be valid. The difficult, and at times harsh living conditions, which emerged due to a number of factors—the WRA's inadequate planning and mismanagement, wartime shortages in material, individual human errors, and anti-Japanese prejudice—already impacted the internees' physical and mental health. Now, as if in a vicious cycle, the Nikkei's declining welfare would intersect with other events to splinter the Nikkei community along pre-existing lines of ideology, generational differences, and race, which would further imperil internee's health

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<sup>121</sup> Oscar Hoffman quoted in, Taylor, Jewel, 101.

<sup>122</sup> Uchida, 110.

and safety, and create an atmosphere encouraging their further dissension and ultimately, resettlement.

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In February 1943, the WRA began working to determine the political loyalties of its interned population. Planned for several months, this project hoped to identify all “loyal” citizens whom the Army might draft into a segregated combat team, or clear for resettlement into the civilian population. Both of these ends would diminish WRA spending and assist the Allied war effort. By default, the process would also help identify the small number of “disloyal” citizens who would be segregated in isolation or deported to Japan. On February 10, the WRA issued its vehicle for determining internee loyalty, the ambiguously titled “Application for Leave Clearance,” which consisted of twenty-eight questions, two of which were particularly poorly reasoned and worded. Question twenty-eight asked internees if they would swear “unqualified allegiance to the United States of America” and “foreswear any form of allegiance or obedience to the Japanese emperor”; question twenty-seven asked whether they would “serve in the armed forces of the United States on combat duty.” Since the questions required a simple yes/no answer, the former question seemed like a trap since it required internees to affirm their loyalty to Japan, or deny their loyalty to Japan and in that way affirm their previous loyalty to it. The latter query seemed to be more pathetic than duplicitous since it entailed internees affirming their defense of a country that denied them their civil rights, and then subjected them to inhumane incarceration. Moreover, applying for leave clearance did not necessarily appeal

to most Issei who wanted to remain at Topaz since they were advanced in age, usually in poor health, and afraid of entering a hostile white community. To no surprise, then, strong emotions and confusion emerged as to how internees should answer; the WRA failed to help the situation by holding mass meetings about the questionnaire, but forbidding internees to ask questions about it. Eventually, however, one hundred and thirteen Nisei answered “yes-yes” to the two questions and volunteered to enter a segregated military unit. By contrast, four hundred and forty-seven Nikkei responded “no-no” to the same; of these, thirty-six sailed for Japan, and the rest transferred to the Tule Lake War Relocation Center (in northern California), the destination of many “disloyal” internees. The high number of “disloyal” internees surprised Ernst who, according to one historian, imagined the Topaz population to be particularly “loyal.”<sup>123</sup> Of the “disloyal” population, one hundred and fifty-nine included the Kibei who were generally militaristic and pro-Japanese.

The loyalty questionnaire provoked significant dissension among the Nikkei. The WRA noted that Kibei “troublemakers” emerged to beat-up and harass internees who answered yes-yes, and whom they regarded to be too pro-administration, the so-called *inu* (dogs) of white officials. At Topaz, Kibei youths bullied the Issei parents of Tom Kawaguchi and those of other Nisei men who applied for combat. Kazu Iijima feared for her family’s safety, and thus traveled with her husband and other volunteers to Fort Douglas in Salt Lake City, rather

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<sup>123</sup> Taylor, Jewel, 150.

than remain at Topaz, to receive their pre-induction physicals.<sup>124</sup> The sense of alienation between and amongst internees and their white overseers seemed to be especially clear in April 1943 when on three separate occasions several Kibei (and perhaps a few Issei) verbally assaulted Dwight Uchida, a Christian pastor, and then physically attacked another pastor in addition to art professor Chiura Obata—all Issei members of the camp’s community council (camp government composed of elected internees) that seemed to support Ernst’s administration.<sup>125</sup> Attacking their victims at night with lead pipes and pieces of sharpened scrap metal, the perpetrators eluded capture; this, in turn, persuaded Uchida and other victims to consider transferring to another camp. Director Ernst responded by vowing to uphold “law and order” and protect council officials. In July 1943, the FBI rounded up and interviewed about a dozen suspicious Kibei (the “Topaz Eleven”) were ultimately sent to a prison isolation center in Leupp, Arizona. The prison director, however, believed these youths to be innocent of any crimes, and likely coerced by federal officials into making a confession.

At the same time that the questionnaire fiasco emerged, the Topaz Hospital underwent a dramatic trial that not only jeopardized its very existence and internees’ health, but also transformed the hospital into an institutional wedge to further divide the Nikkei community. In late January 1943, the hospital awaited the arrival of Nisei doctors James Goto and Masako Miura, a husband and wife team sent from Manzanar War Relocation Center in California’s Eastern

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<sup>124</sup> Richard Drinnon, Keeper of the Concentration Camps: Dillon S. Myer and American Racism (Los Angeles: University of California Press, 1989), pp. 103-104.

<sup>125</sup> Uchida, 141.

Sierra Nevada.<sup>126</sup> Both traveled to Topaz on orders from WRA director Dillon Meyer who received repeated requests from Ernst and the Japanese community council to fill two hospital vacancies, which existed since November. The new doctors planned to provide general medical care as well as assistance in surgery and dermatology. The new doctors promised to improve camp healthcare by allowing more patients to be seen, and by expanding the hospital's narrow range of treatment. Since September, the hospital remained backlogged with patients, many of whom returned to their barracks without medical attention. The hospital also functioned in a very limited capacity, mainly as a dispensary that offered first aid and simple surgeries. It existed in a makeshift wooden shed that housed six beds, but lacked basic medical supplies, such as cotton balls, bandages, syringes, and hot water; without therapeutics, some internees turned to faith-healing and homemade remedies, including an earthworm-based broth and the "the essence of egg yolk."<sup>127</sup> For more complex surgeries, internees traveled to the small hospital in Delta where, because of the overflow of patients, "examining tables were used as patients beds and cots were put in the halls for the same purpose."<sup>128</sup> In December, two permanent surgical rooms and an isolation ward neared completion at Topaz, increasing the number of hospital beds to one hundred and twenty-eight. Ernst offered to loan-out the camp's Military Police doctor until the new doctors arrived, but the community council rejected his offer due to ongoing tension between Military Police and the Japanese internees.

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<sup>126</sup> For a full accounting of doctors Goto and Miura, and their relationship to the Topaz Hospital, see, Fiset, "Health Care at the Central Utah (Topaz) Relocation Center," 38-40, which I have relied on for the following paragraphs.

<sup>127</sup> Uchida, 114.

<sup>128</sup> Hales and Killpack, 61.

During the third week of January, the community council and the four man hospital staff learned of Goto and Miura's impending arrival. They also learned that Goto in particular was well qualified, having interned at the Los Angeles County General Hospital before working as a staff physician, and then teaching pathology at the University of Southern California; at Manzanar, he also served as the chief medical officer, the sole Japanese physician to attain this rank in the WRA. Yet, rather than breathing a sigh of relief and gratitude, Issei doctor M. A. Harada opposed Goto's appointment, going so far as to demand the camp's thirty-three official Issei representatives sign a statement refusing Goto's appointment or risk a strike by the hospital staff. Taken aback, but unwilling to further threaten the camp's health, the representatives signed the statement that deemed Goto "unacceptable to the residents for several reasons."<sup>129</sup> Harada then forwarded the statement to the community council, along with a plea to Director Ernst to select another doctor from a prepared list of candidates working at other internment centers. Before Ernst could respond, however, Goto and Miura arrived.

Although Harada never clearly explained his antagonism to Goto, it seems that he remained professionally jealous of the younger Nisei. Jealousy appeared to be well within Harada's emotional range, which prior to his arrival at Topaz manifested in his personal insolence towards his Japanese colleagues in prewar Sacramento, and then toward his white medical superior and fellow Japanese physicians at Tule Lake War Relocation Center. Reassigned to

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<sup>129</sup> The Topaz Times, March 18, 1943; Fiset, "Health Care at the Central Utah (Topaz) Relocation Center," 39.



Topaz, Harada likely viewed the hospital in acquisitive terms; as an Issei and a longtime physician, he could exercise disproportionate influence compared to junior doctor Ben Kondo and the hospital's two young interns. Harada perhaps also saw his control over the hospital waning, and potentially challenged by Goto whom Harada once portrayed as domineering, stubborn, and arrogant. In fact, one reason for Goto's transfer to Topaz had been his refusal to follow orders from administrators at Manzanar. In December 1942, a riot had broken out at Manzanar in which two internees died and nine became wounded after Military Police opened fire. Trained in pathology, Goto testified that the fatalities clearly resulted from gunshots that entered from the back and side rather than the front, as camp administrators pressured him to say. Deemed a "troublemaker" and demoted from his prestigious rank, Goto shipped off to Topaz a month later.<sup>130</sup>

After arriving at Topaz on January 21, doctors Goto and Miura waited for about a month to begin working at the hospital. Although they received a direct order from WRA officials to begin their assignments, the community council and several Issei petitioners met with Ernst to persuade him to revoke the order, as it risked a hospital strike. Ernst responded by trying to reassign Goto to public health responsibilities outside the hospital, but WRA health director Carlyle Thompson disagreed with this and ordered Ernst to ensure that Goto follow through with his original mandate. In response, doctors Harada, Kondo, and the two young interns signed a letter of resignation effective at midnight on March 13. During the day of March 13, Ernst met with the hospital staff to ward off their planned strike, contending that it would "desert the people in need of their

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<sup>130</sup> Ibid.

services.”<sup>131</sup> Still, assuming his efforts would fail, Ernst accepted the staff’s resignation, and appointed a temporary hospital staff composed of Goto, and several Caucasian medical personnel (doctor Miura remained pregnant and unable to work). In response, the community council formed an “extraordinary committee” to meet with Ernst, other camp officials, Harada and the rest of the hospital staff, which after a prolonged discussion, revoked their strike allegedly due to concerns about the interned population. Ernst agreed to notify the staff of any major hospital changes in the future, and Harada, although initially agreeing to remain at the hospital, tendered his resignation on June 8, citing “worries, the death of my mother, and . . . persistent misunderstandings,” which caused his “general health” to decline.<sup>132</sup>

While the Goto affair seems to have had little direct effect on internees’ physical health, it placed a significant burden on the resident hospital staff to reassert normalcy after Harada’s departure. Regular schedules still needed to be kept and appointments made, particularly for older Issei who before interment began often made their livings as farmers, and thus had little access to—but now possessed a great need for—professional medical services. Yet maintaining a routine at the hospital proved to be difficult, as the opening of Topaz’s new surgical and isolation wards combined with the provision of free medical care to increase demand. Camp administration requested, and later received, additional doctors, including Henry Sugiyama who transferred from Tule Lake after being told he would be “beaten to death” by several disgruntled Kibei (who normally

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<sup>131</sup> Ibid., 40.

<sup>132</sup> The Topaz Times, June 12, 1943; March 18, 1943.

saw internee doctors as white “stooges”).<sup>133</sup> In addition, beginning in February 1943, *The Topaz Times*, the camp’s newspaper, published requests for nurses’ aides. Aides could be up to thirty-five years old, male or female, and needed to speak English. Applicants could take a course of instruction from hospital nurses, and upon their hiring perform menial tasks such as sweeping floors, changing dirty sheets, emptying bedpans, and taking temperatures. The hospital’s chief nurse noted that aides performed about “90%” of these tasks, and thus played a key role in the hospital’s function.<sup>134</sup>

However, few Nisei heeded the call. Of those who did, many struggled to adapt to their work schedules, which often included late-night shifts. They also lamented having to attend to contagious patients, particularly those with tuberculosis. Although medical officials emphasized that a shortage of personnel jeopardized “the health of the City,” still very few internees volunteered for unremunerated labor. Those who did often perceived spiritual or psychological benefits from service. Doris Tono, for example, noted that “easing the pain of the sick and disabled” helped to “quell my frustration.”<sup>135</sup> To many others, however, working for free offered few dividends. Instead, service seemed to be particularly unappealing since aides worked under the direction of well-compensated Caucasian superiors.<sup>136</sup>

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<sup>133</sup> Henry Sugiyama quoted in, Hirahara and Jensen, 131.

<sup>134</sup> *The Topaz Times*, February 25, 1943; March 6, 1943; December 5, 1942.

<sup>135</sup> Doris Tono quoted in, *Return to Topaz*, '93, 18.

<sup>136</sup> *The Topaz Times*, March 13, 1943. For a study that examines the problem of race among Japanese and Caucasian nurses in internment hospitals, see, Susan Smith, “Women Health Workers and the Color Line in the Japanese American ‘Relocation Centers’ of World War II, *Bulletin of the History of Medicine* (1999): 585-601.

Little evidence suggests that racial antipathy directly turned Nisei away from hospital service. But there can be no doubt that racial antagonism intersected with, and contributed to, the poor health and welfare of the interned population. With the public's encouragement, the WRA had evacuated and relocated Japanese Americans who suffered physical and psychological abuses. Stressful conditions, in turn, likely exacerbated existing tensions within the Nikkei community to further splinter it into competing generational and ideological factions. Militaristic Kibei, and some Issei, launched verbal, and sometimes deadly physical attacks on internees whom they considered complicit in Japanese oppression. Kibei often regarded the WRA's Japanese doctors and medical personnel as *inu*, and thus rejected Western medical techniques like vaccination to endanger their community.<sup>137</sup> At Topaz, Japanese doctors took orders from white medical superiors, had no say in policy-making, were prohibited from operating or medically attending to Caucasians (although white doctors could treat Japanese patients), and received approximately twenty-times less pay (nineteen dollars a month) than white doctors. Besides a loss of status, Japanese doctors suffered the loss of their emotional and psychological well-being, as they noted the prevalence of contagious diseases and various anxiety-induced ailments, including suicide. On at least one occasion, they also accused a Caucasian nurse of criminal negligence resulting in the death of two Japanese

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<sup>137</sup> Kibei opposition to vaccination apparently did not exist at Topaz, though it did at Manzanar. See, Hirahara and Jensen, 58.

newborns. The community council demanded the resignation of the white chief medical officer, but to no avail.<sup>138</sup>

Thus, given the declining morale of the interned population, many Nisei left Topaz to resettle into civilian life. The WRA established a process whereby adult male citizens who appeared to be loyal and nonthreatening could apply for work in Utah or in another state; they, however, could not return to their former homes. This process began soon after the Japanese' arrival to Topaz in September 1942, but accelerated during the summer of 1944 as camp conditions deteriorated. By the following year, three thousand male Nisei had left the camp to resettle mainly in the Salt Lake Valley, and to a lesser extent in Ogden (forty miles north of Salt Lake City). This outmigration of young internees meant that fewer able-bodied Nikkei remained at Topaz to carry out vital responsibilities. As a result, the quality of health care, among other things, began to decline. Although the hospital began to recruit Issei internees to be nurses' aides, a responsibility that some adequately fulfilled, many elderly aides struggled to carry out basic physical tasks, as well as communicate in English with Nisei and Caucasian doctors.<sup>139</sup> Ignorant of this problem in addition to the many others that plagued the Japanese internees, white citizens typically continued to see the internment camp, as several members of the Utah legislature did, as a place for

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<sup>138</sup> Taylor, *Jewel*, 180.

<sup>139</sup> JWML, Special Collections, Mike Masaoka Papers, Ms 656, Box 40, folder 6, "Semi-Annual Report, July 1 to December 31, 1943," Department of the Interior, War Relocation Authority, Washington, D.C., pp. 70-71.

the Nikkei to be “pampered,” “coddled,” and otherwise misuse taxpayers’ dollars.<sup>140</sup>

Given this perspective, most white Utahns approved of resettlement. According to a WRA-sponsored survey, 66 percent of Caucasians believed that the Nisei should be allowed to work and support the war effort, while eighteen percent felt that the Issei should not.<sup>141</sup> Although hiring resettlers and allowing them to live in decent neighborhoods would be a different matter, the WRA’s finding seems to suggest a subtle shift in racial thinking: at the beginning of the war, many whites claimed the Japanese’ “racial characteristics” would predispose them to sabotage and espionage, yet several years later, the Issei’s lack of citizenship and acculturation, rather than Japanese blood, threatened to challenge white well-being. This view seemed to parallel that of WRA officials who required Japanese aliens to remain at Topaz until its closure in September 1945, but allowed many Nisei to resettle.

Utah County (south of Salt Lake County) received the most resettlers of any county, as it hosted the new Geneva Steel plant (built in 1943) and numerous commercial farms that needed cheap labor. In the town of Provo, the Farm Security Administration established a small tent city to host four hundred workers, and to oversee the equal distribution and quality of jobs. The Japanese who received these jobs apparently felt positively about their experiences. Those who attained jobs elsewhere, however, had an altogether different experience. White employers closely monitored Japanese workers who they believed would

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<sup>140</sup> Salt Lake Telegram, December 30, 1942; January 6, 1943; Davis County Clipper, May 1, 1942; Uchida, 127.

<sup>141</sup> Arrington, “Utah’s Ambiguous Reception: The Relocated Japanese Americans,” 96.

“damage” the “water supply” or poison “the produce as they work[ed] on it.” Others thought these “deceitful devils” would “pollute [the vegetables] with diseases.”<sup>142</sup> Still others asserted that the Japanese were “not wholeheartedly supporting the [war] movement in which we are depending on them for.”<sup>143</sup> Some Japanese, meanwhile, reported that their employers put them in “poor shacks [to] do the dirtiest work.”<sup>144</sup> This practice followed a historical precedent of subjecting non-whites to the filthiest and most dangerous work in order to racialize “colored” immigrants as dirty and unwell, and thus “naturally” fit for unpleasant working and living conditions. This practice combined with accusations of Japanese sabotage and disease to portray the Japanese community as fundamentally separate from and hostile to the affluent white mainstream. These tendencies, in turn, correlated with anti-Japanese violence to harm and further segregate the Nikkei. In the town of Provo during the fall of 1943, a group of white youths accosted several Nisei field laborers. On a few occasions, they threw rocks and yelled racial slurs at them; on one particular occasion, however, they fired fifteen to eighteen gunshots at the Nisei, wounding three of them. The victims survived, but remained concerned about their safety, even after local authorities apprehended and sentenced the youths to short jail terms.<sup>145</sup> A few Nisei in Provo also reported experiencing verbal assaults on

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<sup>142</sup> USHS, Series 221, Governor Maw Correspondence, Reel 19, Box 10, folder 5 “Japanese Evacuees—Resettlement Against,” Letter from Mr. Robert Meacham to Governor Herbert B. Maw, March 11, 1942; Letter from Ms. Laura Chesterfield to Governor Herbert B. Maw, March 16, 1942; Letter from Anonymous to Governor Herbert B. Maw, March 9, 1942.

<sup>143</sup> JWML, Special Collections, Ms 144, Japanese Relocation Records, Box 10, folder “Japanese Relocation Study in Utah, Elmer Smith, April 1944,” p. 10.

<sup>144</sup> Anonymous Nisei quoted in, Taylor, *Jewel*, 118.

<sup>145</sup> *Salt Lake Tribune*, October 5, 1943.

sidewalks, and being denied service at the local J.C. Penney and Woolworth stores.

To avoid such hostility, many Nisei settled further north in Salt Lake City where they believed the Mormons, a historically persecuted group, would be more accepting of them. Upon their arrival, however, they encountered significant anti-Japanese hostility in both the business and housing sectors. One study found that approximately 40 percent of Caucasian employers practiced “discrimination of some kind against citizens of the state because of their color,” and that only about 20 percent of white-owned businesses employed Japanese workers.<sup>146</sup> Some business owners explained this racial disparity as due to their inability to find “qualified” or “dependable” Japanese labor; two employers, meanwhile, recited a familiar historical stereotype to justify their decision to terminate a Nisei employee: “We had to fire him due to the fact [that] he said he could live on .85 cents per hour. We told him to go back to Japan where he could live cheaper on rice.”<sup>147</sup> Using racial prejudice to protect their financial interests, these employers joined other whites in hiring resettlers on a trial basis at first, although sometimes permanently after that.

In light of such overt “anti-Japanese discrimination” in the business community, the WRA office in Salt Lake City allied with the Fair Employment Practices Committee to help resettlers find work. Most Nisei who preferred non-agricultural labor received jobs in the city’s industrial or commercial sector, mainly at mines, hotels, restaurants, and packing companies. Many companies

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<sup>146</sup> Hardy, 60.

<sup>147</sup> JWML, Special Collections, Ms 144, Japanese Relocation Records, Box 10, folder “Japanese Relocation Study in Utah, Elmer Smith, April 1944,” pp. 9-11.



who hired resettlers found them to be “efficient, cooperative, and trustworthy”; a few others perceived them to be “clean, neat, and orderly.”<sup>148</sup> One study by a University of Utah graduate student found that the least discriminatory employees included “doctors and health workers, public and private welfare workers, teachers and educators”; by extension, their employers were similarly accommodating to the Japanese. Prior to the war, whites in the medical field often perceived local Nikkei as particularly well educated and responsible about their and the community’s health. Hospitals hired several Nisei to be nurses, while doctor Edward Hashimoto remained one of the only two non-white physicians in the state. During and after the war, Hashimoto retained his positions at the University Medical School and Holy Cross Hospital, never sensing any hostility or ostracization from his white colleagues. He claimed that “educated people knew I had nothing to do with the war.”<sup>149</sup> Officials at the Latter-day Saints Hospital seemed to have believed similarly, as they hired several Nisei physicians during the war to temporarily replace white doctors who left for the warfront; one nurse recalled, “we all grew to love the Japanese doctors for the short while we had them.”<sup>150</sup> In total, twenty-one Nikkei worked at Salt Lake City’s hospitals by 1946. The LDS and Holy Cross Hospital nursing schools, meanwhile, graduated four Japanese nurses, while several Nikkei males took their medical degrees at the University of Utah.<sup>151</sup>

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<sup>148</sup> Hardy, 78.

<sup>149</sup> Edward Hashimoto quoted in, Kelen and Stone, 345.

<sup>150</sup> LTP, Charles Redd Center for Western Studies, Nurses Oral History Project, Mss OH 02228, Margaret May, p. 3.

<sup>151</sup> LTP, Special Collections, LDS Hospital School of Nursing Alumni Records, Box 2, folder 5, “Graduation Programs, 1924-1955”; History of Holy Cross Hospital School of Nursing From

Of course, some white medical officials and patients focused more on the Japanese' race and culture than on the health science they practiced. As a result, the WRA learned that at one hospital, "there were several patients (of the lower-income and less-educated group) who made personal complaints against [a Nisei doctor] on a racial basis." At a different hospital, "during the war several complaints were made by patients who objected to the Japanese nurse because she was Japanese."<sup>152</sup> In Ogden, Seiji Yei, a disabled veteran, applied for a position as a medical technician at Saint Benedict's Hospital. Despite his training and the encouragement of the Veteran's Affairs Administration, Sister Mary Margaret denied him the position, saying, "You're a Jap? . . . I'm sorry, [but] we have a public to serve. We can't use you."<sup>153</sup> Meanwhile, dentist Jun Kurumada who operated his own dental practice in Salt Lake City's Mc Entyre Building, observed some patients' clear racist expectations: "patients would come in . . . look around and see me and say, 'Where's the dentist?' And I'd say, 'Why, I'm the dentist.' And they'd look at me and say, 'Well, goodbye [sic].' Just like that."<sup>154</sup> Other Nikkei failed to receive a medical education, much less a medical career, due to strict racial quotas that all but prevented non-white women from attending nursing schools at Salt Lake City's church-sponsored hospitals, and permitted one Japanese male applicant to enter with each incoming class at the University of Utah Medical School. According to the state's Bureau of Disease

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Beginning to End, 1901-1973, pp. 86-89; Email correspondence between author and doctor Taira Fukushima, June 5, 2012.

<sup>152</sup> Hardy, 84-85.

<sup>153</sup> JWML, Special Collections, Accn 1209, Interviews with Japanese in Utah, Box 4, folder 11, Seichi Yei, p. 18.

<sup>154</sup> *Ibid.*, Box 2, folder 5, Jun Kurumada, s3: 25.

Prevention director doctor Taira Fukushima (1970-1980), the dean of the Medical School, doctor Leo Marshall (1945-1946), once stated, “you must have quotas for admission or you’ll have nothing but Japs and Jews.”<sup>155</sup>

Since most returning Japanese received low paying jobs in non-medical fields, living in the Salt Lake Valley remained difficult. To make ends meet, many worked several jobs while trying to keep their personal expenses to a minimum. Many others turned to public welfare, and committed themselves to enduring inexpensive, unsanitary, and at times unhealthy living conditions. Although hospitals noted before the war the Japanese’ ability to pay their medical bills on time, after the war one study highlighted the “danger” of the Nikkei’s “inability to pay for health services.”<sup>156</sup> While prominent Japanese residents historically funded food, housing, and medical assistance for impoverished countrymen, especially during the Great Depression, that remained less possible as the number of needy Japanese increased and developed expensive health conditions, including stress-induced cardiovascular disease and depression.<sup>157</sup> Prior to 1941, there were about ten Japanese on the Salt Lake County Welfare rolls. By 1946, one researcher observed that “there are approximately 100 persons of Japanese descent receiving Enemy Alien Assistance in Salt Lake County alone.”<sup>158</sup> It also noted that Japanese residents who suffered health

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<sup>155</sup> Email correspondence between author and doctor Taira Fukushima, June 5, 2012.

<sup>156</sup> Hardy, 81.

<sup>157</sup> Gwendolyn M. Jensen, “The Experience of Injustice: Health Consequences of the Japanese American Internment,” (Ph.D. Dissertation, University of Colorado, 1997), v; Gwenn Jensen, “System Failure: Health-Care Deficiencies in the World War II Japanese American Detention Centers,” Bulletin of the History of Medicine Vol. 73 (Winter 1999): 602-628.

<sup>158</sup> Hardy, 81.

problems typically included those “who generally receive low incomes and live in overcrowded places in the poorer districts of the city or in the rural areas.”<sup>159</sup>

Many Nikkei lived in squalid hotels or rental homes in the Westside that featured four to six people per room, “poor lighting and ventilation.” The Japanese tried to “keep their living quarters clean and ‘homey,’” even if about a third of their domiciles lacked private toilets and showers.<sup>160</sup> Although the Red Cross and the WRA tried to secure adequate housing for resettlers, “available housing has been practically non-existent,” claimed one researcher. He noted that “the Salt Lake Real Estate Board would not cooperate with the National Housing Agency in programming new home construction. Consequently, very little construction was done during the war to meet increased population demands.” Moreover, “purchasing real estate in Salt Lake City has been difficult for evacuees since the Real Estate Board set up certain restrictions on the sale of property to non-Caucasians.” Many Mormons moved to the suburbs during, and no doubt because of, resettlement. One affluent Sugarhouse resident angrily wrote Governor Maw, “Therefore, I say, keep these ruthless barbarians, these plague-dispensing savages far removed.”<sup>161</sup> Applying housing covenants originally intended for African American to Japanese resettlers, affluent Mormons and gentiles revealed their mutual hostility to the “deceitful devils,” and their desire to keep them and their savage affinities out of clean, respectable spaces.

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<sup>159</sup> Ibid.

<sup>160</sup> JWML, Special Collections, Ms 144, Japanese Relocation Records, Box 10, folder “Japanese Relocation Study in Utah, Elmer Smith, April 1944,” pp. 13, 29.

<sup>161</sup> USHS, Series 221, Governor Maw Correspondence, Reel 19, Box 10, folder 5 “Japanese Evacuees—Resettlement Against,” Letter from Mr. J. M. Calderwood to Governor Herbert B. Maw, March 17, 1942.”

In 1945, an investigator for the Salt Lake City Council for Civic Unity reported that he

attended a restrictive covenant meeting held in the Second Ward meeting house of the LDS church. Similar meetings in several other wards in the city were also held. A letter of protest was sent to George Albert Smith, President of the LDS Church, . . . advising [the offending bishops] that church buildings were not to be used for such meetings.<sup>162</sup>

Although some church authorities decried “these foolish prejudices” against the Japanese, and some resettlers embraced the Mormon faith, many Nikkei felt unwanted in the Salt Lake Valley.<sup>163</sup> Wartime and the incursion of the West Coast Japanese had reshaped perceptions of the Nikkei among affluent whites. No longer did the Japanese seem to be especially concerned with American assimilation and progress, but rather essentially foreign and opposed to the welfare of the nation. In this context, prominent whites portrayed them as members of a barbaric, anti-American, dirty, and diseased race who deserved unconstitutional, and at times inhumane, internment and relocation. When WRA officials reasoned that Japanese culture more than Japanese blood threatened the American way of life, they permitted American-born internees to resettle into communities that harbored diminished though still powerful anti-Japanese prejudices. Caucasian community leaders still warned against resettlers harming white communities through poison or plague, and frequently observed white youths and adults commit violence, job and housing discrimination against the Japanese.

<sup>162</sup> Hardy, 90; Salt Lake Telegram, March 23, 1944.

<sup>163</sup> Deseret News, December 4, 1945. JWML, Special Collections, Accn 2465, Topaz Museum Interviews, Box 1, folder “Ted Negata,” p. 15.

Conversely, resettlers, especially those in adolescence and adulthood, emerged from internment more aware of their Japanese identity and diminished status in society. Many Nikkei worked “to end their subordination through hard work, education, and integration into the larger society,” writes historian Benson Tong.<sup>164</sup> Integration took many forms. Helen Harano Christ and others like her worked to empty themselves of their Japanese consciousness. Christ attended West High School, and felt “hated by all white people in Salt Lake City after the war. So we just completely denied our Japanese, we stopped speaking Japanese, and whenever we did anything Japanese, it was just among us.”<sup>165</sup> Others joined the American and Japanese press in decrying the “barbarism” of Japan’s leaders who initiated and lost the war.<sup>166</sup> Still others had smaller families, thereby diluting Japanese difference in the white American populace. Before the war, the average Issei family consisted of five people, but soon after the war comprised three-and-a-half persons. The apparent reason for this change was the decreasing ability of Japanese Americans to achieve well-paying jobs, and in turn hospitable living conditions and healthcare.<sup>167</sup> Family size, long the key variable for sustaining white Mormon domination, became a vital factor for erasing the non-white Asian constituency of Salt Lake City during the early postwar era.

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<sup>164</sup> Benson Tong, “Race, Culture, and Citizenship among Japanese American Children and Adolescents during the Internment Era,” *Journal of American Ethnic History* Vol. 23 (Spring 2004): 31.

<sup>165</sup> JWML, Special Collections, Accn 2465, Topaz Museum Interviews, Box 1, folder “Helen Harano Christ,” p. 14.

<sup>166</sup> *Salt Lake Telegram*, September 18, 1945.

<sup>167</sup> Takuya Maruyama, “Factors Involved in the Changing Size of Selected Japanese Families in Salt Lake City Through Three Generations” (M.A. Thesis, University of Utah, 1950), pp. 51-52.

Integration and outmigration, in turn, worked to whiten the Salt Lake Valley. Although Salt Lake's nihonmachi peaked at about two thousand persons in the late 1950s (due to resettlement), it radically diminished in the following decade due to family planning as well as outmigration. The planned demolition of Japan Town (in 1966 to make way for the new Salt Palace Convention Center) encouraged the latter, and literally reduced cultural space for Japanese Americans. Japanese buildings that hosted vital Nikkei institutions, such as the Japanese Church of Christ, helped local Japanese to feel "safe," and taking them away many Nikkei uncomfortable, embittered, and interested in removing to more accommodating places.<sup>168</sup> Perceiving those to be mainly in California, the Salt Lake Japanese migrated during the 1960s to the larger nihonmachis of Los Angeles and San Francisco, strengthening the Utah's reputation as a basically Caucasian population and cultural center.

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<sup>168</sup> Email correspondence between author and doctor Taira Fukushima, June 5, 2012.

## CONCLUSION:

### CHANGING TIMES: SWINE FLU IN THE SALT LAKE VALLEY, 1976

Every fall, many Americans prepare for the annual flu season. The return of the school year, plus the close interaction that schools promote, combine with the body's lowered production of immunity-boosting Vitamin D (due to our diminished exposure to the sun) and the atmosphere's falling humidity to encourage the spread of influenza. Fortunately, such contaminations are usually more inconvenient than life threatening, producing bodily aches, vomiting, chills, coughing, and fever. Influenza can lead to severe complications and death, particularly among the elderly and young who have developing or compromised immunities, or chronic medical conditions. Healthy middle-aged adults, by contrast, fend off the virus more easily with few, if any, long-term medical effects.

It seemed reasonable, then, that medical officials became alarmed in February 1976 when over five hundred Army reservists became dangerously sick with a flu-like virus at Fort Dix, New Jersey. Four reservists required hospitalization, and nineteen-year-old Private David Lewis died while participating in a forced run with his unit. Collapsing on the trail, Lewis was revived and rushed to a hospital, but expired several days later. Perplexed, Army officials contacted the Center for Disease Control (CDC), which performed blood, which sickened and killed millions of humans worldwide. In response, the CDC ordered an increase in surveillance and testing of flu patients at hospitals



nationwide. By March, health officials learned that the virus remained isolated at Fort Dix. They also learned, however, that a second strain circulated throughout the country. This other strain was swine flu, a particular type of zoonotic virus that remains endemic in pigs, and occasionally infects humans. Due to its apparent lethality, and in order to ward off a potential epidemic, in April President Gerald Ford initiated the National Influenza Immunization Program (NIIP).

Over the summer, CDC scientists worked with medical manufacturers to produce a vaccine. On October 1, the federal immunization program began, and health officials across the country established vaccination drives. Federal officials advised all Americans to become vaccinated, while F. David Matthews, the secretary of health, education, and welfare (HEW), warned of a catastrophe if people refused the panacea; one million deaths or more could emerge in North America alone, he warned.

Yet, this medical crisis failed to inspire a successful response by the federal government. Many states received their vaccines late (by the end of October or early November), and several insurance companies refused to indemnify vaccine manufacturers, which, they believed, hurriedly produced vaccines without verifying their safety. Three senior citizens died and several young adults developed Guillain-Barre' Syndrome (GBS), a rare condition that often leads to neuromuscular paralysis, after receiving their vaccinations; lawyers for the victims' kin, in turn, demanded compensation and significant policy changes, such as informed consent. While health officials determined these deaths to be coincidental and not linked to the vaccine, many Americans—

including some medical researchers—believed otherwise. As a result, vaccination rates fell, and several states terminated the program before its official end on December 16. One study estimated that only about 20 percent of the national population became vaccinated, and that the rest of the country remained vulnerable to contagion. The national media criticized the program as a waste of federal dollars, and for frightening millions of Americans while jeopardizing faith in modern medicine; coming in wake of the Watergate scandal and the unpopular war in Vietnam, the NIIP seemed like another example of federal deceit and incompetence. HEW secretary Joseph Califano Jr. explained his blundering as due to his subordinates' individual failures; in February 1977, he fired CDC director David Sencer.

The public's response to the NIIP revealed historical and new patterns about the way different constituencies interacted with public health, medicine, and the ideas and images they connoted. As in the Progressive Era, many middle-class whites continued to trust medical authorities and see swine flu as threatening, and immunization as an imperfect though necessary defense. Vaccination remained a valid medical technique that helped preserve health even if it occasionally yielded real or perceived negative side effects. Many other Caucasians, however, embraced vaccination in theory, but rejected the dubious government-sponsored swine flu vaccine in particular. By contrast, poor African Americans seemed to have generally resisted immunization, especially in light of the federal Tuskegee syphilis experiment (1942-1976), which subjected poor black males to unethical medical studies conducted by whites. The perception

that government medical programs existed to advance and promote the interests of white Americans may have also inspired non-whites from Latin America and beyond to generally avoid vaccination and risk contracting swine flu.

In Utah, however, racial, class, and religious differences failed to inspire tension as they had in the past. Newspapers, diaries, and government documents reveal little opposition or ambivalence to vaccination, but rather a broad dispersal of immunizations. Explanations for this change are not readily apparent, but it seems likely that shifting socioeconomic patterns in the Salt Lake Valley, and the historic pressure put on the Mormon Church to Americanize, played important roles. Beginning in the 1930s and continuing during and after World War II, racial and ethnic minorities left the valley to find better economic opportunities in neighboring states, especially California. This population fell from comprising approximately 5 percent of total residents to one, literally whitening Utah's population.<sup>1</sup> Yearly household incomes also rose during the 1950s to surpass the national average, and allow residents who chose to bypass the free federal vaccinations in favor of receiving five-dollar injections and consultations from their doctors, to do so more easily.<sup>2</sup>

Moreover, the Americanization process that began in earnest in Utah during the late nineteenth century, and worked to pressure the Mormon Church to conform and embrace mainstream views of political and economic practice, and sexual morality, seemed to continue with regards to health. The Saints, who

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<sup>1</sup> In 1976, black or other non-white adults numbered fifty-five hundred, nearly 1 percent of the five hundred and fourteen thousand total residents in Salt Lake County.

<sup>2</sup> Across the country in 1979, the median household income averaged \$16, 841, whereas in Salt Lake County it numbered \$18,400.

historically followed their own prophetic medical codes, and as a result usually opposed vaccination, increasingly advocated vaccination and regular medicine after the Second World War. Progressive members of the church led this change, as did First Presidency, which in September 1976 issued a circular advising all churchgoers to obtain the swine flu immunization, which it dubbed, “a cure without a disease.”<sup>3</sup> The *Deseret News* published favorable articles about the vaccine and the apparent deadliness of the swine flu, as did the *Salt Lake Tribune*; photographs of Utahns lining up at vaccination centers and receiving jet injections of the vaccine served to rally support for it. By early December, more than half of Utah’s residents received vaccinations to yield a higher rate than the national average.<sup>4</sup> To be sure, some Mormons rejected immunization—and at least one person claimed medical injury due to vaccination—but they remained an exception in a religious community that seemed increasingly “normal,” and which underwent a revolution in its public health and medical understanding.<sup>5</sup> Most Mormons viewed orthodox medicine not as a Victorian-era pseudo-science that empowered gentiles over Mormons—a view that many Saints held during the late nineteenth century—but as a value-neutral endeavor used and appreciated by Mormons and non-Mormons alike.

The population migration of the Depression era, plus the Americanization process may have also impacted Mormon attitudes towards racial minorities. In

<sup>3</sup> <http://onthisdayinmormonhistory.blogspot.com/2008/10/september-28th.html>

<sup>4</sup> *Deseret News*, September 27, 1976; September 30, 1976; October 1, 1976; October 13, 1976; *Salt Lake Tribune*, October 12, 1976; October 13, 1976; October 14, 1976; *Garfield County News*, September 23, 1976; September 30, 1976; November 25, 1976; *Vernal Express*, November 4, 1976; November 11, 1976; December 9, 1976.

<sup>5</sup> A man from Kaysville, Utah, filed a tort lawsuit against the federal government and its immunization program after suffering GBS. One Utahn also died allegedly due to the vaccination. *Salt Lake Tribune*, December 17, 1976.

regards to the latter, the Civil Rights movement of the 1960s presaged new opportunities for African Americans to vote, to participate in democratic capitalism and more generally in American life as racial equals with whites. This development, which coincided with the Mormon Church's foray into the southern hemisphere and growing membership among Caribbean, Brazilian, and African people, preceded the First Presidency's declaration in 1978 that a new revelation permitted black male members to obtain the priesthood. Conferring power to perform ordinances and miracles, the priesthood elevated the status of non-whites within the church, and perhaps without it.<sup>6</sup>

In the medical field, non-whites rarely, if ever, held positions of authority in Utah. Those who did faced scorn and rejection from progressive and working-class whites who historically equated racial minorities with illness, irresponsibility, and dubious patriotism. Yet over time, some Japanese, Greek, and Italian women became nurses at Salt Lake Valley hospitals, while a handful of men entered medical programs at the University of Utah and elsewhere during the 1950s and 1960s. The presence of racial and religious outsiders and insiders in Utah's public health department during the swine flu outbreak seemed to follow a precedent of change that was initiated by combination of complex historical forces, and which served to manifest the historical distance between the 1970s and the Progressive Era.

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<sup>6</sup> On the campaign within the Mormon Church to revise the status of black people within and without the church, see, Armand Mauss, All Abraham's Children: Changing Mormon Conceptions of Race and Lineage (Urbana: University of Illinois Press, 2003), pp. 231-266, and Jessie L. Embry, "Spanning the Priesthood Revelation (1978): Two Multigenerational Case Studies," in, Newell Bringhurst, Black and Mormon (Urbana: University of Illinois Press, 2006), pp. 60-81.

In 1978, doctor Lyman Olsen, Utah's state health director and a descendent of original Mormon pioneers, led Utah's vaccination's efforts. Olsen worked with CDC officials to ensure the vaccine's timely arrival, and appointed Mormon and non-Mormon health professionals to oversee emergency vaccination centers. Doctor Serge Moore, a Mexican member of the LDS Church, served as state's medical examiner who worked with doctor Taira Fukushima, a Nisei American member of the Japanese Church of Christ (Presbyterian), and chief of the Bureau of Disease Prevention, to rally support for the federal program. These efforts were successful, and in 1976 Olsen won the state's annual public health award due to his efforts to ward off swine flu. Peoples of various socioeconomic and religious backgrounds nominated him for the honor, named after Theodore Beatty, Utah's first health director and a member of the Episcopalian Church who castigated Mormon legislators (in the early 1900s) for their frequent opposition to public health initiatives. That a Mormon physician received the award through the support of white and non-white interdenominational nominators overlaid the significant evolution of medicine and public health—their knowledge, techniques, and meanings—vis-à-vis race, class, and religion during the late nineteenth and mid-twentieth centuries.<sup>7</sup>

This evolution occurred mainly due to changing balances of power in Utah, the West, and the nation. Power remained unevenly distributed, allowing different people to experience different types of medicine, health, and sickness at different times and places. This distribution began when Utah transitioned from

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<sup>7</sup> For a complete listing of Beatty Award recipients from 1962 to the present, see, <http://www.upha.org/awardsluncheon.html>.

territory to statehood, and immigration, industrialization, and urbanization accelerated to divide power initially along religious lines. In 1869, the transcontinental railroad began to shuttle religious outsiders to the Salt Lake Valley and vie with Mormons for political and economic power. This contest attracted the attention of federal officials who pressured Mormons to renounce their dominance, and to change, in exchange for Utah statehood. At the same time, the valley's population grew in many ways to require a new generation of modern health laws and infrastructure. Affluent white progressives responded by harnessing government power and medical science to spur reforms and improve public life. This behavior mirrored that of progressives nationally, but also chartered new historical ground as affluent residents worked across religious and cultural divides to increase the size and scope of their community. The public sphere expanded to include gentiles as well as Mormons, but also contracted to deny access to ethnic immigrants who were not accepted as white (and some working-class whites). Because participating in community entails the ability to access basic public and private goods and services, racial and class biases that denied impoverished immigrants from Asia, Europe, Latin America, and the American South from benefitting from taxpayer-supported health initiatives, medical and hospital care served as a primary means of denying them community membership. Poor immigrants typically received dangerous jobs that made medical care necessary but whose wages made it unaffordable; in this way, racial, income, and health inequality became linked together in a vicious circle.

Race and class continued to inform medical welfare, as public sanitary reforms became a vehicle for advancing private interests. Industrialization and urbanization led to a spike in water-borne diseases, such as typhoid fever, diphtheria, and cholera, whose germs threatened community health. Germs remained immune to artificial social boundaries, and theoretically leveled society. But in reality they exacerbated social problems, and in the Salt Lake Valley culture established hierarchies that became evident as tax-supported improvements (water purification, garbage and sewage removal) intended to prevent these diseases became more accessible in certain parts of the community than in others. These services became available first to property owners in the central business district and in the affluent neighborhoods of Salt Lake City's eastern, northern, and southern sides, and last, if at all, in the poor dilapidated Westside. As a result, sanitary diseases became less common among the powerful elite, regardless of religious affiliation; they increasingly grew to associate affluence, whiteness, and suburbia with health and cleanliness. They also corroborated physical well-being with character and patriotic duty by leading city cleanup crusades and other educational programs that identified responsibility and knowledge, rather than structural equality, as the surest means to bodily health. Through the unequal distribution of public reforms, then, poor ethnic and non-white immigrants suffered higher contagion due to their apparent intemperance and ignorance. Powerful whites confirmed their own stereotypes about "backwards" foreigners who seemed unable and unwilling to assimilate into



mainstream America. Sickness became associated with brown, yellow, and black skin color, as well as Westside residents in general.

British Mormons who lived in the Westside and upper Avenues and who did not benefit from sanitary reforms and possessed lesser claims to health and whiteness, underscored the existence of a health-based hierarchy complicated by class. Socio-economics continued to complicate health history as vaccination emerged as an apparent panacea to potentially lethal viruses like smallpox, which appeared in epidemic form in 1901. Mormon and gentile physicians, newspaper editors, and church officials advocated compulsory immunization instead of traditional Mormon herbal remedies. Smallpox represented a genuine threat, they argued, rather than a duplicitous means for gentile doctors to introduce immunization and regular medicine in general, which the Saints generally opposed. Working-class Mormons (and likely some gentiles) believed otherwise, however, and insisted on their right to medical privacy and freedom of religion, going so far as to establish a predominantly Mormon chapter of the national Anti-Vaccination League.

Besides dividing whites by class and religion, vaccination also seemed to coalesce non-white residents around anti-vaccination. Nationally, new foreign and African American immigrants generally resisted immunization, which they viewed as a tool for advancing white interests. In Utah, very few non-whites embraced the procedure and instead likely joined immigrants nationally in hiding from public health authorities. Thwarting, as well as being thwarted by public health and medical “progress,” then, became staples of non-white identity.

Lacking sanitation and vaccination, poor residents were collectively viewed as unclean, unwell, not white, and literally and figuratively on their community's margins. Even still, working-class British Mormons and gentiles possessed a higher social status than first generation Japanese immigrants and their kin who appeared to be the most pristine non-white newcomers, and than Greeks, Italians, Mexicans, Chinese, and African Americans. Yet during the early twentieth century, British laborers witnessed their status position become vulnerable as hospital care modernized. Church-sponsored hospitals originally emerged to care for gentile miners and smelters, and to evangelize Mormons, or to defend and expand Mormon community. By the turn of the century, however, religious hospitals evolved to primarily serve affluent white patients. This transformation occurred as the quality and cost of surgery and professional medical care increased to require hospitals to focus less on charity and more on business. Hospitals catered to clients who seemed better able to afford expensive medical services than workingmen. As a result, injured or sick British laborers became a low priority at Salt Lake City hospitals. In response, laborers in Park City worked with their fellow British Christians (who included powerful mine managers and lawmakers) to establish a hospital for and by them. Non-white workers in the Salt Lake Valley and Bingham Canyon, by contrast, remained essentially divided (by religion, race, nationality, and employment and pay-grade) and without powerful supporters, and therefore less able to institute their own healing. They thus turned to company or church-sponsored hospitals

in Salt Lake City, which remained racially oppressive, as they provided separate but unequal services and employment.

By the World War I era, powerful Saints and gentiles stood atop the Salt Lake Valley's social hierarchy. They controlled and restricted the formal means (sanitation, vaccination, and hospital care) of cleanliness and health, while Mormons were no longer viewed as un-American objects of reform, but instead as vehicles of reform themselves who worked to assimilate allegedly un-American new immigrants into the national mainstream. This pejorative perception of non-white foreigners remained intact as affluent whites failed to see or approve of the informal and formal health measures that Asian, Mediterranean, and Latin American immigrants adopted in response to Salt Lake's inequality. Foreigners established mutual aid societies to insure against the rising costs of health care. These societies were generally accepted by powerful whites, but only so long as they conformed to Christian morality and remained non-threatening to white racial hegemony. The Chinese' Bing Kong Tong, for instance, provoked the ire of lawmakers as it provided nonmedicinal opium and nontherapeutic abortions to white women who appeared to be liable to moral contamination, sexual predation, and racial degeneration by Chinese men. The Italians' Christopher Columbus Society, however, gained progressive white backing for industrial workmen's compensation and corporate welfare, which aimed to reduce workers' physical suffering at the expense of industrial corporations whose financial and political power appeared to grow out of control to threaten society in general. Foreign folk healers, many of them women,

served to fill the void in available and affordable medical care in ethnic communities, especially as their patients occasionally witnessed the limitation of orthodox medicine to heal or prevent injury. In response, they turned to familiar folk healers who spoke their language, understood their culture, and healed their bodies, even through nonempirical mystical means. Attempts to regulate and improve medical practice, however, required progressive lawmakers to occasionally discipline unlicensed healers and doctors, and thereby deprive poor, primarily foreign residents of inexpensive and culturally accessible healthcare.

Finally, during the 1930s, lawmakers and police officials controlled local and federal welfare services to benefit white male breadwinners primarily, and thereby protect the community's racial and gender hierarchy. Greeks and Italians began to out-migrate in search of better opportunities elsewhere. Mexicans, meanwhile, whose numbers continued to swell in the Salt Lake Valley, received public and private church-sponsored relief, yet did so at the risk of reinforcing stereotypes of foreign sickness and ignorance. Less numerous Issei and Nisei immigrants relied more on Japanese community leaders, and less on public largesse for survival, and therefore seemed to be more acceptable to powerful whites.

This acceptance proved to be skin-deep, however, and subject to change. The Japanese bombing of Pearl Harbor destabilized the Nikkei's social position as powerful whites portrayed them not as healthy and patriotic residents, but instead as members of a diseased barbaric race that threatened public health and safety. They thus deserved confinement in government internment and

assembly centers that jeopardized their physical and emotional well-being. After the Second World War, many whites diminished their biases against the Japanese, but many others did not and believed that they deserved undesirable jobs and poor living conditions, which further diminished their health and welfare already lowered by the wartime experience. To many whites, these responses served as self-fulfilling prophecies that encouraged and often resulted in impoverished, unwell, and allegedly barbaric Nikkei residents. By the 1960s, they also pressured Japanese residents to culturally assimilate, and even to consider migrating away from the Salt Lake Valley. In this way also, health became a means of whitening Zion.

The seemingly widespread rate of vaccination against swine flu in 1976, then, occurred as most residents in the Salt Lake Valley belonged to a white middle-class community that came to dominate public health and medicine during the first half of the twentieth century. These variables became a hallmark of upstanding citizenship that cut across old nineteenth century religious boundaries even as it left new divisions in its wake. As Utah transitioned to the twentieth century, Mormons were pressured to adopt mainstream American views of physical wellness; they, in turn, joined with their former rivals, upper-class “gentiles,” to paradoxically pressure successive generations of non-whites to do the same, even if they not always could. As a result, medicine and health became a salient means of measuring social, economic, political, and racial power in the Salt Lake Valley.

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| RA    | Rockefeller Archive Center, Sleepy Hollow, New York<br>Record Group 5   |
| UPRRM | Union Pacific Railroad Museum, Council Bluffs, Iowa<br>Company Hospital Annual Reports<br>Hospital Association Records<br>Medical Department Records  |
| USHS  | Utah State Historical Society and State Archives, Salt Lake City,<br>Utah<br>Dan Hinman Oral History Interviews, Mss B 248<br>David Keith Scrapbooks, Mss B 504<br>Denver and Rio Grande Western Railroad Records, Mss B<br>294<br>John M. Dunoskovic Interview, Ms A 373 c.1 |

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