"Only the Best Class of Immigration"

Public Health Policy Toward Mexicans and Filipinos in Los Angeles, 1910–1940

Public health officials contributed to the early 20th-century campaign against Mexicans and Filipinos in Los Angeles. In 1914, the newly established city and county health departments confronted the overwhelming task of building a public health infrastructure for a rapidly growing population spread over a large area. However, for several years public health reports focused almost exclusively on the various infectious diseases associated with Mexican immigrants.

Although the segregation of Mexicans was illegal in California until 1935, county officials established separate clinics for Whites and Mexicans during the 1920s. With assistance from state officials, local health authorities participated actively in efforts to restrict Mexican immigration throughout the 1920s and to expel both Mexicans and Filipinos during the 1930s.

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ALTHOUGH THE PROMINENT role of health officials in immigration restriction is a familiar theme in public health history, most studies concentrate on immigrants who departed from eastern and southern Europe and settled in East Coast cities during the late 19th and early 20th centuries.[1] This article helps to broaden our perspective by examining policies toward Filipinos and Mexican immigrants in Los Angeles.[2] Some entered California during the 1910s, but the majority arrived during the 1920s, by which time immigration from Europe had greatly diminished. Many worked in agriculture rather than in industry. They also encountered uncompromising discrimination. While European immigrants gradually came to be seen as White, Mexicans and Filipinos increasingly were racialized.[3] Segregation was common in education, health care, and public accommodations throughout Los Angeles County. And nativists sought not just to restrict the entry of both groups during the late 1920s but also to expel them during the 1930s. Although Mexican immigrants arrived in the largest numbers and initially aroused the greatest hostility, which led to demands for Mexican repatriation, state and local officials also became involved in an effort to expel Filipino immigrants, who were at first considered US "nationals."

Three agencies formulated public health policy in Los Angeles: the California State Board of Health, the Los Angeles City Health Department, and the Los Angeles County Department of Health, which was responsible for the unincorporated areas of the county as well as for several small cities within its borders. In addition, the Los Angeles County Department of Charities was involved in health as well as welfare because it operated both the county hospital and sanatorium; after 1932, its jurisdiction expanded to include most outpatient care delivered by the county. Although conflicts frequently arose among those 4 agencies, they generally agreed about the place Mexicans and Filipinos should occupy in Los Angeles.

Shortly after the completion of the transcontinental railroad in 1869, Los Angeles launched a massive campaign to lure prospective residents. Promoters touted the opportunity to live in an exclusively White, Anglo-Saxon society as a major advantage. An 1894 editorial entitled "The Right Kind of People" that appeared in a prominent booster journal declared, "We are not compelled, as in most eastern cities, to set aside 20 to 30 per cent as speaking little or no English and caring nothing for American institutions. . . . Only the best class of immigration thus far has been attracted to this section, and the situation is likely to continue the same in the future."[4]

But the desire for cheap labor shattered the dream of racial homogeneity. After 1914, when growers' demands for an inexpensive workforce coincided with unsettled economic and political conditions in Mexico, thousands of Mexicans poured into southern California. Their arrival provoked a fierce outcry from nativist groups, who argued that Mexicans created overwhelming social problems, took jobs away from Whites, and represented an undesirable racial group. As the *Grizzly Bear*, the journal of the Order of the Native Sons of the Golden West, wrote in 1927, "It is evident that, unless an end is put to the influx of Mexicans, this country will have merely substituted a low-grade Westerner for a European immigrant, with a new race problem thrown in. . . . The effect of this Mexican influx on the already over-burdened taxpayer should be considered. Los Angeles County . . . is the dumping ground for poverty-stricken Mexicans."[5]

Public health officials helped to craft the anti-Mexican discourse and at the same time led efforts to segregate, exclude, and repatriate Mexican immigrants.

DANGEROUS AND BURDENSOME

In 1914, the newly established local health departments in Los Angeles confronted the overwhelming task of building a public health infrastructure for a burgeoning population spread over an enormous area. For several years, however, public health reports focused almost exclusively on the various infectious diseases associated with Mexican immigrants. In 1916, John L. Pomeroy, the director of the Los Angeles County Department of Health, explained why he needed to hire public health nurses by submitting the report of a temporary nurse who had worked in Irwindale, a "Mexican village of about 63 houses" between Covina and Azusa in the San Gabriel Valley. According to the nurse, "the secretive nature of the Mexican" made it difficult to obtain "accurate records"; nevertheless, it was clear that various infectious diseases were prevalent. The one case of syphilis demonstrated that "in the crowded condition of the homes, privacy is an impossibility, and the moral tone is low indeed." The "illicit sale of liquor" occurred constantly, tending "to demoralize these people even more than poverty and natural shiftlessness." "Proper supervision" of contagious diseases was especially important because "people refuse to go to a hospital for treatment."[6]

In his letter to the Los Angeles County Board of Supervisors, Pomeroy stressed that public health nurses were needed to "protect the general public from the spread of disease" and "prevent neglect and carelessness in sanitation and hygiene"; their work therefore should not be regarded "in the nature of a charity."[7] To some extent, this comment simply reflected the scope of Pomeroy's charge. He was responsible for safeguarding population health, leaving the care of indigents to the Department of Charities. But Pomeroy also implied that Mexicans were outside the body politic and that their health was significant only insofar as it threatened that of Whites.

The following year, Pomeroy devoted the bulk of his report to attempts to extirpate typhus fever, which struck 4 Mexicans in a labor camp operated by the Southern Pacific Railroad in Harold, near Palmdale. Pomeroy acknowledged that the camp was "insanitary and overcrowded and proper facilities for bathing and general hygiene don't exist." Nevertheless, he considered Mexican workers to be masters of their own fates. "The Mexican was naturally uncleanly," his "habits tended to overcrowding," and "his ignorance and prejudice, coupled with a tendency to the life of a nomad, indeed created serious obstacles in the establishment of complete control."[8]

Perhaps no event so clearly demonstrated the readiness of local officials to blame Mexicans for disease as the great influenza epidemic of 1918 to 1919, which killed more than 21 million people worldwide; the victims came from all social strata.[9] The first reported cases in Los Angeles were aboard a ship from San Francisco.[10] Pomeroy, however, directed his response to the usual suspects. In December 1918, he wrote that he had sent 2 guards, one to a neighborhood near Duarte and the other to Berrytown, "where conditions among the Mexicans made it necessary to safeguard the rest of the population."[11]

Then, in October 1924, plague visited Los Angeles, killing more than 30 people, 90% of whom were Mexican.[12] This time, authorities were dealing not just with a virulent and frightening epidemic but with one that struck close to downtown, arousing fears that infection would spread to Whites and that bad publicity would undermine the tourist industry. Both city and state officials joined the campaign to eradicate the disease. They acted swiftly, establishing a quarantine over the affected areas, removing victims to the county hospital, disinfecting property, destroying buildings, and eradicating rodents.[13] As William Deverell notes, public health reports highlighted the ethnicity of the patients and the "uncleanliness" of their neighborhoods.[14]

Because tuberculosis was a major killer, it was the focus of sustained rather than episodic attention. By 1920, the city,

> *"While European immigrants gradually came to be seen as White, Mexicans and Filipinos increasingly were racialized."*

county, and state health departments had established separate divisions devoted to tuberculosis control. All 3 issued reports pointing to the very high proportion of Mexicans affected. In explaining the prevalence of tuberculosis, officials focused on the same mixture of personal habits and living conditions that were implicated in the genesis of other communicable diseases. In addition, authorities asserted, the biological makeup of Mexicans made them especially prone to tuberculosis.[15] That argument bolstered the increasingly widespread belief that Mexicans constituted a separate racial group, not simply a national one.

Public health reports about tuberculosis also supported the contention that Mexicans placed undue demands on government resources. In the mid-1920s, the State Board of Health published 2 widely circulated studies. The first reported that the county hospital spent $75 141 on care for tubercular Mexicans between July 1, 1922, and June 30, 1924.[16] The other noted that Mexican families "where tuberculosis is a problem" figured prominently among the recipients of relief.[17] Because an important basis for excluding immigrants was that they were "likely to become a public charge," those figures were cited over and over.[18]

SEGREGATION

Several historians note that although the segregation of Mexicans was illegal in California until 1935, some occurred in Los Angeles public schools on a de facto basis.[19] Health officials also separated Whites and Mexicans. One of the proudest achievements of the County Department of Health was the establishment of health centers offering both curative and preventive care. The 1923 Health Officer's Report listed 2 child hygiene clinics at the San Fernando Health Center, one "American" and the other "Mexican."[20] The following year, Pomeroy requested permission to lease space in El Monte for a new clinic, explaining that "we have no place in this town for caring for white people. One of the churches has been providing several rooms for the Mexicans. We cannot mix the races."[21] In 1925, he informed the Board of Supervisors of his intention to open the Maravilla Park Health Center "in the heart of the Mexican district" of Belvedere.[22] Two years later, he requested funds to establish a small clinic near Whittier "in Jimtown, a Mexican settlement of several hundred families."[23]

As school officials had, Pomeroy rationalized segregation by pointing to Mexican needs and White demands. The Maravilla Park Health Center, he noted, offered programs specifically geared toward Mexicans: "There are 10 000 Mexicans in Maravilla Park and many are in need of health education."[24] He stressed that "this, of course, protects the white people very definitely."[25] Pomeroy also argued that Maravilla Park mothers could not walk as far as the Belvedere Health Center with their children.[26] Just as segregation in education was in part a response to White fears of contamination,[27] so Pomeroy justified the opening of the center in Maravilla Park by calling attention to "public demand for the separate treatment of certain diseases which are infectious and prevalent among these people."[28] He noted in particular the "present situation with regard to plague among Mexicans.[29]

In health care, as in education, segregation meant that Mexicans received inferior accommodations. Pomeroy assured the Board of Supervisors that the Maravilla Park Health Center "will be a very inexpensive affair."[30] He originally leased a small wooden cottage for its use. In 1928, when the Belvedere Health Center acquired a major new building, Pomeroy moved its old one to Maravilla Park, where it served as the site of that area's health center. Two years later, Pomeroy did ask for additional funds for that facility, now noting that although Maravilla Park "is a breeding place of disease," its health center had only 3 treatment clinics and was "housed in a small wooden, almost ramshackle, structure."[31]

EXCLUSION

The porousness of the border between Mexico and the United States was a critical concern to nativists. Health officials helped to aggravate that concern. Reporting on the 1916 typhus outbreak, Pomeroy predicted that more cases would develop not only because of the "unsettled conditions in Mexico" but also because "persons may slip through the border and get into the country without passing through the usual government quarantine stations." Until control was tightened, he would be compelled "to maintain strict regulations over the Mexican settlements throughout the county."[32] The following year, the federal government instituted more rigorous medical inspections at El Paso, the primary port of entry for Mexicans in the Southwest. Health authorities continued to

point out, however, that immigrants crossed at other locations.[33]

Nativists also lobbied for legislation to restrict the number of Mexicans admitted. The Immigration Act of 1924 instituted numerical quotas for European immigrants, but not for those from the Western Hemisphere. Emory S. Bogardus, a sociologist at the University of Southern California, noted that "social and public health workers"[34] represented an important group of restrictionists agitating for an extension of the quota. In January 1928, A.S. Baker, a physician at the Los Angeles County Department of Health East Side Health Center, wrote to Albert Johnson, the head of the House Immigration Committee, on behalf of doctors and dentists who "are in close touch with the situation on the east side of Los Angeles (Belvedere and Maravilla Park) which is rapidly becoming intolerable to American tax payers" and who "feel especially qualified to speak on the subject."[35] The same month, Edythe Tate Thompson, the director of the State Bureau of Tuberculosis, mailed Johnson several copies of the 2 reports published by the State Board of Health documenting the high cost of caring for tubercular Mexicans in Los Angeles.[36] Two years later, she congratulated him "on the splendid fight that you have made so successfully on the quota" and indicated that she would be "glad" to "furnish any additional information."[37]

Other officials testified in the hearings organized by Representative John C. Box of Texas on the bill to limit immigration from Mexico. Pomeroy, for example, stated, "Unless the tubercular and venereal Mexican is cared for through the public health department he is likely to become a public health problem of sufficient size to affect the general public health."[38]

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MEXICAN REPATRIATION

The Great Depression had an especially devastating effect on Mexicans in Los Angeles. Although Mexicans were the first to lose jobs, many state and local relief efforts gave priority to Whites; some excluded noncitizens.[39] In addition, pressure mounted for the expulsion of all Mexican nationals. Mexicans left Los Angeles during the early 1930s for a variety of reasons, including unemployment, homesickness, and the encouragement of the Mexican government; however, the policies of the Los Angeles County Department of Charities were a major factor.[40] In January 1931, that department asked the Board of Supervisors for funds to pay the rail fares of Mexicans to the border. The first repatriation train departed on March 23, 1931, with 350 people on board.[41] By the end of 1933, the county had sponsored 15 trains, carrying a total of 12 786 Mexicans.[42] Although the department never again was able to transport so many people, it remained committed to a policy of expulsion throughout the decade.

Department officials justified repatriation by pointing not just to the relief directed to Mexicans but also to the high cost of the health care services they received. On January 29, 1934, Rex Thomson, the superintendent of the department, wrote to Alejandro V. Martinez, the Mexican consul in Los Angeles, requesting his support for the repatriation campaign. "You will readily perceive," Thomson noted, "that the savings to the taxpayers due to the success of this repatriation has been tremendous." Those savings included not only the cost of the relief that would have been spent on the repatriates but also "the immense outstanding costs in the way of hospitalization, clinical and medical attention, and education facilities which this community is obligated to provide."[43]

Thomson used virtually the same wording in a letter to the Los Angeles County Board of Supervisors on February 14, asking for more funds for Mexican repatriation.[44] Thirteen months later, he urged the board to endorse a resettlement plan in Mexico to encourage more immigrants to return, "thereby ultimately producing a tremendous savings, not only in the cost of relief . . . but also reducing the material costs of relief afforded in our institutions to such indigent aliens and effecting a savings in the costs of other Governmental services afforded to them such as general health, educational, etc."[45]

No accounts survive of conversations between Department of Charities staff and individual Mexican clients. Two cases that came to the attention of the Board of Supervisors, however, demonstrate the determination of staff to rid the county of clients with large medical expenses. In both, the department requested funds to return the families to Mexico by car rather than on the organized train trips. The first, occurring in August 1930, involved a woman and her 6 children. According to the letter from a department social worker, the family received $67.50 in county aid each month. In addition, "The children present numerous health problems which require costly medical care." Federal immigration authorities had refused the department's request to deport the family but promised that if the family "can be taken to TiaJuana the immigration officer will prevent their return."[46] The second case, 3 years later, involved a couple with 6 children. The superintendent of the Bureau of Welfare wrote that "the man and woman are both ill and represent an expensive case."[47]

On May 25, 1937, Thomson wrote to the Board of Supervisors, requesting permission to hire 5 to 10 social workers who "possess the ability to speak Spanish of extreme fluency" and could encourage indigent Mexicans to accept repatriation regardless of whether they were "employable or non-employable."[48] By that date, indigent people deemed "employable" had been transferred to the rolls of the State Relief Administration or the federal Works Progress Administration. The County Department of Charities thus provided relief primarily to "unemployable" people, most of whom were sick or disabled. That department did, however, remain responsible for providing health care to all indigents, regardless of the source of their financial assistance.[49] The bulk of Thomson's letter consisted of an account of the "material and medical relief" furnished by the county. The county spent $46 058 a month on material relief to "Mexican aliens" and another $34 025 for medical care ($30 395 for institutional care and $3630 for outpatient care).[50]

In 1938, Thomson attempted to reduce that burden by transporting 4 infirm people to Mexico in February, 2 in May, 4 in August, and 7 in October.[51] Abraham Hoffman writes that the repatriation program had "declined to the point where repatriates for the most part were . . . blind, tubercular, paralyzed, or were minor children or the aged."[52] The numbers involved certainly paled in comparison with those in earlier years, when trainloads of repatriates departed from Los Angeles. But these final trips also highlight a concern with the high cost of health care that had animated the campaign since its inception.

FILIPINO REPATRIATION

In 1932, the California State Board of Health wrote, "The exodus of thousands of Mexicans from this state has reduced both our clinic and hospital population with reference to this group." As a result, "Filipinos constitute one of our worst problems at the present time. Many of them are food handlers, either working in fields with fresh fruits or vegetables or working in kitchens and restaurants."[53] Because the Philippines was a US territory, the large numbers of Filipinos who arrived in California in the late 1920s were considered "nationals." By the early 1930s, Los Angeles had become an important center for that population. As the Board of Health noted, many found employment in service work as well as in agriculture; a very high proportion were young, single men.[54]

Pressure to expel Filipinos arose in the 1920s and intensified after the advent of the depression. As in the campaign for Mexican repatriation, an important charge was that many members of the population created social problems by importing "loathsome diseases" and requiring expensive medical care.[55] The nativists' first significant victory was the passage of the Tydings McDuffie Act in 1934, establishing the Philippines as a commonwealth and changing the status of Filipinos from nationals to aliens.[56] The 1935 Repatriation Act, introduced by California Congressman Robert Welch, provided for the return of "Filipino wards of public and private organizations" as well as others who were unemployed.[57] Although Welch originally had proposed that the War and Navy Departments furnish military transports, the government contracted with private steamship companies.[58] Very few Filipinos, however, accepted the offer of free transportation home.[59]

Health officials helped to fuel the nativist campaign. As director of the State Bureau of Tuberculosis, Edythe Tate Thompson frequently traveled throughout the state to inspect its many public hospitals and sanatoriums. Her monthly reports, available for the period after 1933, document her relentless hostility toward Filipinos and her tireless efforts in

support of expulsion. After visiting Kern General Hospital in April, she wrote,

> Here, as in many of the other general hospitals, the beds on the tuberculosis service were nearly all filled with Filipinos. These people seem to have more complications than other races. Rarely do I see a Filipino with just a pulmonary involvement. They require very much more nursing than a white patient, and since they are so often disturbed mentally, coupled with certain groups of them carrying many superstitions, it makes life very miserable for white patients around them.[60]

Thompson also frequently insisted that Filipinos, like Mexicans, deserved only the cheapest and least attractive types of care.[61]

In addition, Thompson joined the campaign for removal. At the suggestion of John Porter, the president of the California State Board of Health, she conferred in February 1933 with the federal immigration officer in Los Angeles, who suggested that she cooperate "in urging the new Congress to pass the bill returning Filipinos on army transports."[62] At a meeting of the State Board of Health 2 months later, she requested permission to raise the issue of the "deportation of aliens" with the California Conference of Social Agencies.[63] The resolution she submitted in May began by noting that more than 30 000 Filipinos lived in California and that tuberculosis was the cause of a third of their deaths. In an explicit reference to the "likely to become a public charge" clause of the immigration statute, the resolution argued that the high prevalence of tuberculosis "constitutes dependency as these people must occupy beds in county hospitals and be cared for at public expense." The resolution concluded by recommending that California congressmen seek passage of the repatriation bill "and that it be stipulated that Army transports be used to return these unfortunate dependent people to their own country at the earliest possible moment."[64] The conference's refusal to vote on the resolution prompted Thompson to remark that social workers "seldom see the complications in the present social disorder."[65]

On a trip to Washington, DC, in August, Thompson met with the commissioner of immigration to urge him to work for "voluntary deportation" of Filipinos. As she later wrote, "I mentioned to him the great amount of sickness, particularly tuberculosis, among them at the present time; and the fact that they were filling up our hospital beds for almost indefinite periods; and I thought perhaps a recommendation from him to the War Department might make it possible to use these transports without legislation."[66] Again, she met opposition. According to her report, he responded that the Philippines Island had few medical resources and that the State of California "had a distinct obligation to take care of any sick Filipino, regardless of what their illness might be, or the length of time they had been in the state." Thompson remained unconvinced: "I was quite interested to see how indifferent they were as to the problems here."[67]

Local as well as state officials sought Filipino repatriation. In April 1934, the Los Angeles Herald reported that Frank L. Shaw, chairman of the Los Angeles County Board of Supervisors, planned to inaugurate a program to return Filipinos on the relief rolls and that Supervisor Roger W. Jessup asked the County Counsel to determine the program's legality.[68] Despite the passage of the federal Repatriation Act the following year, the Department of Charities proceeded on its own, contracting with American steamship companies to transport indigents to Manila at reduced rates.[69] As in the case of Mexican repatriation, sick and disabled people were especially likely to be encouraged to depart. A thesis for a master of arts degree in social work included this account: "It was the privilege of the writer to work with some of the Filipinos who were on relief at the Los Angeles County Welfare office in the spring of 1936. Most of these people were sickly and unable to work. Because of their inability to work, it was often suggested that it was perhaps best for them to be sent back to their families and immediate relatives in the homeland. They were told that they would

"Because the Philippines was a US territory, the large numbers of Filipinos who arrived in California in the late 1920s were considered 'nationals.'"

receive better care at home."[70] Only a few Filipinos agreed to leave.

DISCUSSION

With this article, I hope to expand understanding of the association of immigrants with dread diseases by focusing on Mexicans and Filipinos in Los Angeles during the early 20th century. At a time when Los Angeles elites were committed to establishing an exclusively Anglo-Saxon society, public health authorities may have assumed that they could make a convincing case for adequate resources only by promising to safeguard the health of the White majority. But if officials mirrored prevailing attitudes and responded to the particular context in which they operated, they also made their own contribution to the politics of exclusion. By establishing separate clinics for Mexicans and Whites, officials expanded patterns of segregation. And by exploiting White fears, officials may have helped to intensify them. Because public health authorities spoke with the voice of scientific authority, their portrayal of Mexicans as menaces carried special weight.[71]

Health officials also added grist to the nativist mill when they portrayed Mexicans and Filipinos as economic burdens. Because both groups were assumed to be outsiders who had no entitlement to social provision, they were especially likely to be condemned when they took advantage of the limited medical services available to them. The argument that Mexicans and Filipinos made overwhelming demands on public health care services figured prominently in efforts to restrict their entry during the 1920s and expel them during the 1930s.

Growing fears today about the germs imported by Asian and Latin American immigrants and the cost of caring for them give this history contemporary significance. A recent New York Times article states that hospitals increasingly are reluctant to provide expensive, long-term care to uninsured immigrants. Some facilities find ways to discharge chronically ill immigrants prematurely. In a move eerily reminiscent of the repatriation program of the Department of Charities, some "have taken unusual steps, including putting nurses on planes to fly the patients back to their own countries."[72] ■

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Endnotes

1. See Amy L. Fairchild, *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force, 1891 to 1930* (Baltimore: Johns Hopkins University Press, 2003); Alan M. Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York: Basic Books, 1994); Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: Johns Hopkins University Press, 1997).

2. Other recent studies on public health and immigrants on the West Coast include Susan Craddock, *City of Plagues: Disease, Poverty, and Deviance in San Francisco* (Minneapolis: University of Minnesota Press, 2001); Jennifer Koslow, *Eden's Underbelly: Female Reformers and Public Health in Los Angeles, 1889–1932* [PhD Dissertation] (Los Angeles: University of California–Los Angeles, 2001); Natalia Molina, *Contested Bodies and Cultures: The Politics of Public Health and Race Within Mexican, Japanese, and Chinese Communities in Los Angeles, 1879–1939* [PhD Dissertation] (Ann Arbor: University of Michigan, 2001); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).

3. Mae M. Ngai, *Illegal Aliens and Alien Citizens: United States Immigration Policy and Racial Formation, 1924–1945* [PhD Dissertation] (New York: Columbia University, 1996).

4. *Land of Sunshine* (December 1894): 10.

5. *Grizzly Bear* (December 1927).

6. "Report of the Work of the Visiting Nurse for a Period of Sixty Days, County Health Department," Old Documents (OD) #1160, Files of the Los Angeles County Board of Supervisors, Hall of Administration, Los Angeles.

7. John L. Pomeroy to Board of Supervisors, June 29, 1916, OD#1169, Files of the Los Angeles County Board of Supervisors.

8. "First Annual Report of the Health Officer of Los Angeles County, California, for the Year Ending June 30, 1917," OD#1260H, Files of the Los Angeles County Board of Supervisors.

9. Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (Cambridge, England: Cambridge University Press, 1989), xiv.

10. Pomeroy to Board of Supervisors, March 22, 1919, OD#1448, Files of the Los Angeles County Board of Supervisors.

11. Pomeroy to Board of Supervisors, December 17, 1918, OD#1396H, Files of the Los Angeles County Board of Supervisors.

12. William Deverell, "Plague in Los Angeles, 1924: Ethnicity and Typicality," in *Over the Edge: Remapping the American West*, ed. Valerie J. Matsumoto and Blake Allmendinger (Berkeley: University of California Press, 1999), 179.

13. Ibid, 172–200.

14. Ibid, 172–200.

15. See California Bureau of Tuberculosis, *A Statistical Study of Sickness Among the Mexicans in Los Angeles County Hospital, From July 1, 1922 to June 30, 1924* (Sacramento: California State Printing Office, 1925).

16. Ibid.

17. *Summary of Mexican Cases Where Tuberculosis Is a Problem* (Sacramento: California State Printing Office, 1926).

18. *Grizzly Bear* (December 1927); *Immigration From Countries of the Western Hemisphere*, Hearings Before the Committee on Immigration and Naturalization, House of Representatives, 70th Congress, First Session on HR 6465, HR 7358, HR 10955, HR 1168, February 21 to April 5, 1928, Hearing No. 70.1.5 (Washington, DC: Government Printing Office, 1928), 52, 59, 64, 90; *Seasonal Agricultural Laborers From Mexico*, Hearings Before the Committee on Immigration and Naturalization, House of Representatives, 69th Congress, First Session, January 28 and 29, February 2, 9, 11, and 23, 1926 on HR 6741, HR 7559, HR 9036, Hearing No. 69.1.7 (Washington, DC: Government Printing Office, 1926), 15, 319.

19. On school segregation, see Emory S. Bogardus, *The Mexican in the United States* (Los Angeles: University of Southern California Press, 1934); Martha Menchaca, *The Mexican Outsiders: A Community History of Marginalization and Discrimination in California* (Austin: University of Texas Press, 1995); Douglas Monroy, *Rebirth: Mexican Los Angeles From the Great Migration to the Great Depression* (Berkeley: University of California Press, 1999), 132–137; Judith Rosenberg Raftery, *Land of Fair Promise: Politics and Reform in Los Angeles Schools, 1885–1941* (Stanford, Calif: Stanford University Press, 1992); George Sánchez, *Becoming Mexican American: Ethnicity, Culture, and Identity in Chicano Los Angeles, 1900–1945* (New York: Oxford University Press, 1993).

20. "Annual Report of County Health Officer to Board of Supervisors for Calendar Year 1923," OD#1874.8, Files of the Los Angeles County Board of Supervisors.

21. Pomeroy to Board of Supervisors, March 31, 1926, file 180.2/30, Files of the Los Angeles County Board of Supervisors.

22. Pomeroy to Board of Supervisors, June 8, 1925, file 180.2/9.

23. Pomeroy to Board of Supervisors, April 11, 1927, file 180.2/66.

24. Pomeroy to Board of Supervisors, March 3, 1925, file 180.2/6+; Pomeroy to Board of Supervisors, August 21, 1928, file 180.3/112.

25. Pomeroy to Board of Supervisors, March 3, 1925, file 180.2/6+.

26. Pomeroy to Board of Supervisors, August 21, 1928, file 180.3/112.

27. See Bogardus, *The Mexican*, 53; Raftery, *Land of Fair Promise*; Sánchez, *Becoming Mexican American*, 102.

28. Pomeroy to Board of Supervisors, August 21, 1928, file 180.3/112.

29. Pomeroy to Board of Supervisors, March 3, 1925, file 180.2/6+.

30. Pomeroy to Board of Supervisors, June 6, 1923, OD#1754H.

31. Pomeroy to Board of Supervisors, August 21, 1928, file 180.3/112; "Annual Report of the Los Angeles County Department of Health for 1929–30," 43, file 180.3.

32. "Health Officer's Quarterly Report for December 31, 1916," OD#1217H.

33. See California Bureau of Tuberculosis, *A Statistical Study of Sickness.*

34. Bogardus, *The Mexican*, 84.

35. A.S. Baker, Los Angeles, to Albert Johnson, January 17, 1928, HR 70A-F14.3, National Archives, Washington, DC.

36. Edythe Tate Thompson to Albert Johnson, January 30, 1938, HR 70A-F14.3, National Archives, Washington, DC.

37. Thompson to Johnson, February 18, 1930, HR 71A-F16.2, National Archives, Washington, DC.

38. *Western Hemisphere Immigration*, Hearings Before the Committee on Immigration and Naturalization, House of Representatives, 71st Congress, Second Session on the Bills HR 8523, HR 8530, HR 8702, to Limit the Immigration of Aliens to the United States, and for Other Purposes (Washington, DC: Government Printing Office, 1929), 407.

39. Sánchez, *Becoming Mexican American*, 211–212.

40. Francisco E. Balderrama and Raymond Rodríguez, *Decade of Betrayal: Mexican Repatriation in the 1930s* (Albuquerque: University of New Mexico Press, 1995); Sánchez, *Becoming Mexican American*, 213.

41. Abraham Hoffman, *Unwanted Mexican Americans in the Great Depression: Repatriation Pressures, 1929–1939* (Tucson: University of Arizona Press, 1974), 87.

42. J.H. Winslow to Rex Thomson, Los Angeles, January 26, 1934, RG 85, file 55853/737, National Archives, Washington, DC.

43. Rex Thomson to Alejandro V. Martinez, Los Angeles, January 29, 1934, RG 85, file 55853/737, National Archives.

44. Rex Thomson to Los Angeles County Board of Supervisors, Los Angeles, February 15, 1934, file 40.31/340.35, Files of the Los Angeles County Board of Supervisors.

45. Rex Thomson to Los Angeles County Board of Supervisors, Los Angeles, March 21, 1935, file 40.31/340.46.

46. Winifred Ryle to A.C. Price, August 1, 1930, file 40.31/297.

47. A.C. Price to Board of Supervisors, July 20, 1938, file 40.31/858.

48. Rex Thomson to Los Angeles County Board of Supervisors, May 25, 1937, file 40.31/340.47.

49. Ibid.

50. Ibid.

51. Rex Thomson to Los Angeles County Board of Supervisors, February 10, 1938, May 16, 1938, August 9, 1938, October 18, 1938, file 40.43/340.

52. Hoffman, *Unwanted Mexican Americans*, 159.

53. *Thirty-Second Biennial Report of the Department of Public Health of California for the Fiscal Years From July 1, 1930 to June 30, 1932* (Sacramento: California State Printing Office, 1932), 132.

54. H. Brett Melendy, "Filipinos in the United States," *Pacific Historical Review* 43 (1974): 520–547; James D. Sobredo, *From American 'Nationals' to the 'Third Asiatic Invasion': Racial Transformation and Filipino Exclusion (1898–1934)* [PhD Dissertation] (Berkeley: University of California, Berkeley, 1998).

55. See Bruno Lasker, *Filipino Immigration* (Chicago: University of Chicago Press, 1931), 107–115.

56. Benicio Catapusan, "Filipino Immigrants and Public Relief in the United States," *Sociology and Social Research* 23 (1939): 546–554.

57. Casiano Pagdilao Coloma, *A Study of the Filipino Repatriation Movement* [MA Thesis] (Los Angeles: School of Social Work, University of Southern California, 1939).

58. Ngai, "Illegal Aliens and Alien Citizens."

59. Ronald Takaki, *Strangers From a Different Shore: A History of Asian Americans* (New York: Penguin Books, 1989), 333; Sobredo, *From American 'Nationals,'* 234.

60. "Tuberculosis—Monthly Reports," May 1933, California State Archives, Sacramento.

61. See especially "Tuberculosis—Monthly Reports," June 1934.

62. "Tuberculosis—Monthly Reports," February 1933.

63. Minutes of State Board of Health, April 1933, California State Archives, Sacramento.

64. "Tuberculosis—Monthly Reports," May 1933.

65. Ibid.

66. "Tuberculosis—Monthly Reports, September 1933.

67. Ibid.

68. Cited in Coloma, "Filipino Repatriation Movement," 40–41.

69. A.H. Payne to Board of Supervisors, July 19, 1937, file 40.31/1582.

70. Coloma, "Filipino Repatriation Movement," 71.

71. See Shah, *Contagious Divides.*

72. Dana Canedy, "Hospitals Feeling Strain From Illegal Immigrants," *New York Times*, August 25, 2002, p. 12.

73. Emily K. Abel, "From Exclusion to Expulsion: Mexicans and Tuberculosis Control in Los Angeles, 1914–1940," *Bulletin of the History of Medicine* 77 (2003): 823–849.

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