

# KQED INTERVIEW: Why Were Many SF Hospitals Once Affiliated With Ethnic Groups?



By Katrina Schwartz  
Published July 14, 2022

San Francisco has some of the country's premier hospitals. Big providers like Kaiser, Sutter Health and UCSF Medical Center operate here, part of a vast and complicated system of health care that can feel byzantine in complexity. So it's hard to believe that hospitals here were once a lot simpler: people with ethnic or religious affinities taking care of one another. Bay Curious listener Ken Katz saw hints of this history and wanted to know more.

"I work at Kaiser Permanente in San Francisco, and one of our campuses is the French campus," Ken said. "Only recently did I learn that the reason it's called the French campus is it's the site of the former French hospital."

Then he remembered that when visiting California Pacific Medical Center Davies, in the Castro, he'd once seen an exhibit showcasing the building's history. It was once known as "the German Hospital." Two hospitals named after ethnic identities seemed like an unlikely coincidence to Ken.

"So I'm wondering, when did this pattern of ethnic hospitals in San Francisco begin? What was the impetus for it? And when did they start losing their ethnic

orientation? Or, maybe some, like the Chinese Hospital, haven't yet," he said.

Ken's question sparked the curiosity of other Bay Curious fans and won a voting round. The answer, like so many things, goes back to the Gold Rush, when thousands of people poured into the region, multiplying the city's population several times over in a matter of months.

### **When care was provided at home**

People lived in the Bay Area long before the Gold Rush, of course. The smattering of colonizers, Mexican ranchers and native peoples would have relied on herbal remedies when they got ill. At that time, San Francisco was a sleepy town with few amenities. It was unprepared for the surge of gold seekers from all over the world that descended after news spread that gold had been found near Coloma in 1848.

Many fortune hunters were men who came expecting to prospect for gold, strike it rich and return home. Most did not bring their families with them, which was a problem when they got sick.

"The primary source of care before hospitals was in the home," said Aaron Jackson, a doctoral candidate in the department of health sciences at UCSF. His research focuses on the evolution of care for veterans and intersects with the general history of hospitals in America.

The first doctors in San Francisco came for the same reason as everyone else – to prospect for gold. But, when it started to become clear that gold mining wasn't as easy as it sounded, some of those doctors returned to their prior profession. The quality of their services varied widely, but all of them would have attended patients in their homes. That model didn't work as well for people who didn't have families to care for them.

Maritime hospitals were the first institutions to address this structural problem.

"Sailors are obviously away from their families," Jackson said. "Some of these sailing expeditions could last years, and if they got sick, well, the ship would have to still continue on, but the sailor would have to have a place to stay."

The maritime hospital mostly provided sailors a roof, food and a bed in which to recover. At this point in history, hospitals were less focused on medicine and more on providing general care, the kind that would normally have been offered at home. Even the word "hospital" comes from the same root as "hospice," Jackson said, meaning "to care."

But the maritime hospital served only a small portion of the population. With so many people jammed into San Francisco, it was only a matter of time until diseases like cholera and smallpox started to spread. Many people were getting sick and had no one to care for them. That's when churches and benevolent societies got involved.

### **A proliferation of hospitals**

"The hospital being attached to the religious element or to the ethnic group is something that goes back centuries in Western Europe," Jackson said. "And that

was inherited by the United States from the earliest days of colonialism.”

Many religions included charity as part of their missions, so it made sense that they would be involved in early health care.

But to understand the ethnic origins, it's important to know that many early San Franciscans did not yet identify as “American.” They considered themselves to be French, German, Chinese, Mexican or Spanish, to name just a few. And people in these groups stuck together. They created benevolent societies that acted as social safety nets. And they funded hospitals, formed welcoming committees for new arrivals, cared for widows and orphans, and even provided undertaking services.

The French Benevolent Society established the first private hospital in San Francisco in 1851, known as the French Hospital. The Catholic Church sent a group of Irish nuns in 1854 who would eventually establish Sisters of Mercy, later known as St. Mary's. Many immigrants to San Francisco found it comforting to receive care that adhered to their cultural or religious values and that was delivered in their home languages.

There was a public hospital, but by all accounts the care there was terrible and corruption rampant. So, many more ethnic and religiously affiliated institutions opened in the 1880s and '90s as people realized how bad the public care was.

### **San Francisco's wealthy show off**

The city's early hospitals may have started as a stop-gap measure to care for people without families, but they soon became places that mostly cared for the poor. It became prudent for newly wealthy San Franciscans to donate money to their home-country benevolent society or church to show off their social standing.

“The Jews have a unique experience here,” said Judi Leff, a teacher and historian of San Francisco's Jewish community. The first Jewish people to immigrate to San Francisco were from Bavaria, Germany. They experienced religious discrimination in Europe, where they had few professional or social opportunities and were limited to making their livings as traders, traveling salesmen and money lenders. They came to California, like so many, for better opportunities.

“What they discover is that these miners have a lot of needs,” Leff said.

The mining industry sprang up almost overnight. Men working in mining camps out in the hills needed food, supplies and tools. The Jewish arrivals were poised to start successful businesses.

“The very things that they are limited to in Europe allow them to become successful rather quickly out here in California,” Leff said.

Think of Levi Strauss providing clothing to the miners.

And, because San Francisco was a young city, building itself up quickly, the Jewish community did not experience the same level of religious discrimination as they did in Eastern cities like New York and Boston. It helped that they were perceived as white, and so did not face the racial bias non-white groups, like the Chinese, endured.

"You don't have a lot of religion and you don't have a lot of law," Leff said. "So yeah, it's just like, 'Can you do the work or can you help us do the work? Great.'"

Once established, the Jewish community started giving back to the city that had provided them with so many opportunities. Look around San Francisco today and you'll see the legacy of Jewish philanthropy throughout the city including Fleishhacker Zoo and Pool, Stern Grove, Steinhart Aquarium at the California Academy of Sciences and Hellman Hollow in Golden Gate Park.

"They also want the reputation of the Jewish community to be held in high esteem," Leff said. "This is very important to the Jews because this is a new experience for them to be in San Francisco and to be regarded so well. They want to keep up appearances."

### **The founding of Mount Zion Hospital**

The Jewish community's first priorities when they arrived in San Francisco were to meet the specific needs of their community. They established sources of kosher food, built synagogues to worship in, raised funds to support widows and orphans, and established religiously appropriate burial services. But by 1887, they turned their attention to health care. The story goes that a prominent Jewish businessman, Frederick Castle, had recently lost his son to smallpox at the poorly run county hospital.

"And something like 43 Jews get together and they decide that there's going to be a hospital, but it's going to be nonsectarian," Leff said.

The Jewish community had a debate over whether the new hospital should serve only California's Jewish population, but ultimately influential rabbis like Jacob Voorsanger of Temple Emanu-El, Jacob Nieto of Sherith Israel, and Myer S. Levy of Neth Israel won out. They argued that a hospital that served San Franciscans of all faiths would be a better tribute to the city. Mount Zion hospital opened in 1897 with just 12 beds.

Fairly quickly, the Mount Zion Hospital Association realized they should train nurses to help provide higher-quality, more consistent care. When UCSF medical school wanted to partner with Mount Zion to become a teaching hospital in the 1920s, it was a natural fit. Over time, as the medical school became more established, it took over Mount Zion hospital entirely.

### **Chinese Hospital represents another reason for ethnic hospitals**

While hospitals affiliated with ethnic groups from Europe flourished and new immigrants built wealth and power by becoming benefactors, the same was not true for the Chinese community, who also came to San Francisco during the Gold Rush. Chinese miners experienced harsh racism in the mining camps and in communities around California. When they got sick, most hospitals refused to care for them. To make matters worse, many white San Franciscans wrongly blamed the Chinese population for spreading disease.

Chinese community leaders repeatedly asked the city for better health care and were denied. Finally, members of six prominent benevolent Chinese societies, known collectively as the Six Companies, raised enough money to build. But before they could do so, white people living near the proposed site in Portola mounted a

campaign to stop the project, using racist arguments that the presence of a Chinese hospital near their homes would lower property values.

The Board of Supervisors sided with the white neighbors and the hospital planned for Portola was never built. Instead, the Tung Wah dispensary – a clinic, not a hospital – opened in Chinatown in 1900. It was a forerunner of the Chinese Hospital, was staffed by Christian missionaries and pioneered a blend of Eastern and Western medical practices. Only six years later, the dispensary burned down during the 1906 earthquake and fire, and the community had to begin fundraising once again. This time they'd take nothing less than a modern hospital.

The first Chinese hospital in the country opened in San Francisco in 1925 with 60 beds. The community raised funds from all over the country and world. Celebrations lasted 11 days and included a festival queen, parade, and ball.

### **What happened to ethnically affiliated hospitals?**

Providing care to poor people has always been an expensive proposition. Many of San Francisco's early hospitals struggled to cover their costs, developing elaborate fundraising schemes to keep money coming in the door. Each local hospital with ethnic or religious roots has its own unique story of how it lost its orientation, but there were some larger trends that also played a role.

Global events like World War I and the 1918 flu pandemic led to many more people needing medical care all at once. There wasn't enough existing hospital space, and cities like San Francisco had to scramble to convert gyms and churches into care facilities.

Meanwhile, as more hospitals became associated with medical schools, the hospital as an institution became more prestigious.

These developments led cities to take an interest in funding hospitals. It became a point of civic pride to have a world-class hospital, and it made more sense to take over existing hospitals than to build new ones. Over time, municipalities started to contract out their hospital services to private companies because it was cheaper. And ultimately that's why the old French hospital is part of Kaiser, the old German hospital is part of Sutter Health, Mount Zion is part of UCSF, and St. Mary's is part of Dignity Health.

### **Chinese Hospital remains**

Chinese Hospital is the only ethnically oriented hospital that continues to operate independently in San Francisco. That's in large part because much of the racism and exclusion that spurred its development is still pervasive.

Dr. Jian Zhang, CEO of Chinese Hospital, said several of her employees have been physically and verbally attacked since the coronavirus pandemic began. Some people blame the Chinese community in San Francisco for bringing the disease to the U.S. and spreading it, an unsettling reminder of the exact same rationale used by white San Franciscans against the Chinese community in the 1800s.

The rise of anti-Asian hate makes Zhang angry, but she tries to stay focused on the important role Chinese Hospital plays in the community.

"We still have a lot of monolingual immigrants and low-income living in



Chinatown,” said Zhang. The hospital now has satellite clinics outside of Chinatown and serves people all over the Bay Area, but their mission still stands: to provide culturally appropriate care to the community.

“Think about it – you can go in and talk to a provider who can speak your language and understand your culture,” Zhang said. “It makes a huge difference. That’s what a lot of patients told me, and a lot of doctors told me, too.”

The longevity of Chinese Hospital has made it a point of pride in the community. Even lower-income patients donated money to the hospital’s fundraising campaign. And they treat it like their own, too. Before the coronavirus pandemic changed the rules, many people living in the community would bring their breakfasts and newspapers and read in the lobby of the hospital.

“It’s a community place for them. It’s safe,” Zhang said.

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## **KTVU FOX 2 INTERVIEW: Chinese Hospital founded in San Francisco due to discrimination**



SAN FRANCISCO – San Francisco's only independent hospital, the Chinese Hospital, started more than 120 years ago as a way to address discrimination in healthcare and is today expanding its services.

Chinese Hospital, in the heart of Chinatown, opened back in 1899 as a dispensary, as a result of anti-Asian discrimination.

"When they were sick, they were actually not allowed to go to the mainstream hospitals," said Jian Zhang, the hospital's CEO. "They were united and said, 'Let's build our own.' "

Fast forward to today. ' "

Zhang says so much has changed, yet some things stay the same.

"They blamed Chinese for bringing in or spread tuberculosis, and now, 120 years later, they blame Chinese for bringing in COVID," she said.

Zhang recently gave KTVU a tour of the hospital on Jackson Street.

She says it's the only independent hospital left in San Francisco. It offers medical, surgical, and specialty care and also has a 24-hour emergency room.

Some rooms boast scenic views.

Each floor has its own unique pastel color. The second floor is peach.

"This is the skilled nursing facility. It was built – but not opened – in 2016," Zhang said of the second floor.

"When the coronavirus first showed up in 2020, the state needed more beds – quickly. The hospital helped out.

"We quickly got this floor licensed so we could take patients from Zuckerberg SF General Hospital," Zhang said.

Then-Assemblymember David Chiu helped out with the licensing. He also got all three of his covid shots here.

But so much was unknown when covid first reared its head.

"I could say it was a nightmare, actually," Zhang said.

But the hospital was able to limit the number of COVID cases with an education and prevention campaign. It set up a trilingual hotline in English, Mandarin and Cantonese. It offered COVID testing.

They got calls from worried people across the country.

But even in San Francisco, the anti-Asian discrimination was harder to fend off.

"Our employees received a lot of you know when they take public transportation, they were yelled at and told to go back to China," Zhang said.

Zhang says the science is clear.

“Coronavirus is a virus. It can infect anybody regardless of your color. It had nothing to do with Chinese,” she said. “It’s not right to call it a Chinese virus.”

And Chinese Hospital is at the forefront in the ongoing fight against covid.

“There are so many Chinese or Asian providers out there, front-line workers out there fighting against coronavirus, right, so we are very much part of the contributor actually,” she said.

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## **CNN INTERVIEW: Early Chinese Americans were blamed for diseases and denied health care. So they built their own hospital**



By Harmeet Kaur, CNN  
Published 7:20 AM EDT, Mon April 12, 2021

When diseases have historically spread in the US, so too has discrimination and hate against Asian Americans.

Asian Americans have been verbally harassed, spat on and attacked throughout the coronavirus pandemic. More than a century ago, something similar happened.

During disease outbreaks in the 19th and 20th centuries, Chinese immigrants in



San Francisco were depicted as harbingers of infection, placed under racist quarantines and denied access to health care.

Just as Asian Americans have protested racism against them today, Chinese Americans in San Francisco at the time fought back, building their own hospital to provide the critical services that their local government had denied them.

Their response is one of numerous historical examples of Asian American resistance in the face of anti-Asian racism – and its legacy lives on today.

### **It started with anti-Chinese sentiment in the 1800's**

Chinese immigrants began making their way to American shores in the mid-1800s, among thousands of people hoping to improve their economic fortunes during the California Gold Rush.

Eventually, they would come to be exploited for cheap labor, working in industries such as farming, restaurants, laundry and most notably, railroad construction. And when an economic panic swept the US in the 1870s, White citizens scapegoated Chinese immigrants for taking away jobs.

Anti-Chinese sentiment continued to rise throughout the late 1800s, laying the groundwork for discriminatory policies such as the Chinese Exclusion Act of 1882 and resulting in White mobs violently driving out Chinese communities across the West.

At the same time, the US was battling disease outbreaks including the Bubonic Plague and small pox, said Laureen Hom, an assistant professor of political science at California State Polytechnic University who wrote a case study on Chinese Hospital when she was a public health researcher in 2013.

Chinese immigrants in San Francisco were forced to live in poorer, overcrowded neighborhoods under unsanitary conditions, where such diseases were more prevalent, Hom said. On top of that, the prevailing scientific theory at the time held that diseases were caused by breathing “bad air.”

The result: Chinese communities were blamed as sources of the disease.

“They were neglected by mainstream institutions and that fed into how they were blamed for these diseases,” Hom said.

### **Chinese people faced barriers to health care**

Instead of working to improve the poor conditions of Chinatown, officials in San Francisco subject the neighborhood and its residents to countless inspections and responded with punitive measures against Chinese immigrants, Hom said.

Public health laws allowed police to harass Chinese immigrants for living in crowded conditions and shut down Chinese businesses because they were deemed as sources of illnesses, according to Hom.

Restrictive quarantines prevented Chinese people from leaving Chinatown while White people could pass through without issue, wrote Grace Chen, in an October 2020 article published in the Yale Undergraduate Research Journal.

The Chinese community also faced challenges in accessing health care, Hom said.

There were few services in or around their own neighborhood, and traveling to hospitals elsewhere meant potentially risking harassment and violence. They often faced discrimination in the hospitals that agreed to admit them, such as higher taxes and fees than White residents. There were cultural barriers, too: hospital staff couldn't speak Chinese and many immigrants were skeptical of Western medicine.

"Chinatowns were severely neglected by mainstream institutions," said Hom. "And so the communities themselves took care of each other."

### **So they took matters into their own hands**

The Chinese Six Companies, a group of merchant-led community organizations formed to assist Chinese immigrants with life in the US, eventually came together to provide health care for Chinatown residents.

Despite resistance from local officials and lobbying groups, the Chinese Six Companies finally opened the Tung Wah Dispensary in Chinatown around 1900.

Staffed by both Western-trained physicians and Chinese herbalists, the dispensary served as an early model of community-based health care. It also provided free or low cost services to patients who couldn't afford it.

Then an earthquake hit San Francisco in 1906, and resulting fires devastated much of Chinatown, including the Tung Wah Dispensary. Though it was quickly rebuilt, the dispensary soon began to outgrow its capacity and the community started making plans for a modern hospital, Hom said.

The Chinese Six Companies and several other community organizations banded together in the early 1920's and raised funds for a new facility, according to the Chinese Hospital website.

On April 18, 1925, Chinese Hospital opened its doors to the public, the first and only institution in the nation of its kind. It was a bold move, given that anti-Chinese sentiment was still high at the time.

"It's part of this story about Chinatown as a neighborhood and how it resisted the community leaders at the time," Hom said. "Chinese Americans pulled together resources and were able to establish this despite the exclusion and racism that they were facing."

Over the decades, Chinese Hospital continued to expand its facilities and services, creating its own health insurance plan and opening new community clinics to accommodate Chinese Americans that had moved out of Chinatown to other neighborhoods. It also established a clinic that integrates Chinese and Western medicine.

### **The hospital is still in existence today**

Nearly 100 years later, Chinese Hospital continues to provide community-oriented,

culturally sensitive care to Bay Area residents, with numerous locations and clinics across the region.

And it played a crucial role in protecting San Francisco's Chinatown from the worst of the Covid-19 pandemic, says Chinese Hospital CEO Dr. Jian Zhang.

Leaders at the hospital saw early on how Covid-19 had the potential to hit their community especially hard, Zhang said. The virus had been spreading rapidly in Wuhan, China. Chinese New Year was around the corner. And at the time, there were direct flights running from Wuhan to San Francisco.

"Covid could have and should have spread like wildfire," said Dr. Jessica Li, the medical director of Chinese Hospital's emergency department. "But it didn't.

That's because the hospital took a preventative approach. They created a bilingual hotline to answer questions about Covid-19 in both English and Chinese. They went directly into communities to educate them about how to properly wash their hands and clean common spaces. When they did encounter their first cases of the virus, they were diligent about contact tracing and providing areas where exposed residents could quarantine.

As a result, the toll of the virus on the community wasn't as bad as it could have been.

Zhang says this past year has proved even further how significant an institution Chinese Hospital is.

"For Chinese hospital to be here to provide culturally and linguistically competent care, it's just really important to the community," she said.

For Zhang, Chinese Hospital isn't just a hospital.

It's a reminder of how the Chinese American community in San Francisco has come together to help each other, time and again.

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## **PBS INTERVIEW:**

# **How planning and early action helped San Francisco's Chinatown control coronavirus**



- **Alyson Stamos:**

Jian Zhang is the CEO of Chinese Hospital, an acute care facility in the heart of San Francisco's Chinatown. The neighborhood was poised for disaster, 15,000 people living in approximately 22 blocks, making it one of the densest neighborhoods west of Manhattan.

To make matters worse, most of its residents are elderly, living in cramped single-room occupancy hotels, called SROs.

- **Yongfaz Zhu (through translator):**

Our room is very small in the SRO. It's about 70 square feet.

- **Yongfaz Zhu:**

We have little space in here besides the bed. We don't have our own kitchen. We don't have our own restroom.

- **Alyson Stamos:**

The virus can spread easily here. Shared spaces like these have led to some of the deadliest outbreaks in the country. At Chinese Hospital, they planned for the worst.

- **Alyson Stamos:**

Since January, only two Chinatown residents have been hospitalized here. And there have been fewer than 20 cases of COVID-19 in the neighborhood, accounting for one of the lowest rates in the entire city.

Zhang says it was all about preparation.

- **Jian Zhang:**

Because the outbreak happened in China first, so they learned a lot of lessons. We don't have to go through that in order to learn what to do.

- **Alyson Stamos:**



In January, Zhang's staff was already masking respiratory patients outside the hospital to avoid transmission. Her network in China has shipped pallets of PPE to Chinese Hospital in San Francisco. Now there is an overflow.

And they are helping mobilize others. As early as February 1, Zhang teamed up with community leaders and city officials to give some of the earliest education on hygiene and sanitation.

- **Man:**

We can stop this virus.

- **Alyson Stamos:**

Local Chinese media shared the preventative messages widely.

- **Chi Wing Pau (through translator):**

Our community realized the potential risk for an outbreak early on because a lot of us experienced the SARS outbreak. A lot of people died.

- **Alyson Stamos:**

Chi Wing Pau, manager of Far East Cafe, one of the largest restaurants in Chinatown, shared information with his coworkers and customers.

- **Chi Wing Pau (through translator):**

I hung up the flyers in the restrooms, kitchen, and outside the restaurant. I also told our staff everything I learned on how to prevent infection.

- **Alyson Stamos:**

The restaurant is closed for business right now. They are instead using the kitchen to further keep the virus at bay.

- **Chi Wing Pau (through translator):**

We're making a few hundred meals a day for elderly residents in the SRO. This helps minimize using the shared kitchen and the chance of being infected.

- **Alyson Stamos:**

It has, in some ways, been the simple things that have kept the infection rate low, hot meals, more hand sanitizer and increased cleaning.

- **Yongfa Zhu (through translator):**

They clean the kitchen, bathrooms and the floor twice a day in our building. We stay in our rooms as much as possible because we're scared.

- **Alyson Stamos:**

Recently, Chinese Hospital gave free tests to residents in Zhu's building.

- **Yongfa Zhu (through translator):**

I'm still afraid. There have been cases in other SROs in the city, so we have to be more careful.

If anyone tests positive, we can quarantine that person. It's beneficial to the person, because they can get treated, and it can protect others, too.

- **Alyson Stamos:**

All 32 residents in Zhu's building who participated tested negative for the coronavirus. And testing continues. Getting ahead of any infection will be essential for the eventual reopening of the neighborhood.

For the "PBS NewsHour," I'm Alyson Stamos in San Francisco.

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# KPIX INTERVIEW: Chinese Hospital Helped Prevent COVID-19 Outbreaks In San Francisco's Chinatown



**By Sharon Chin | June 1, 2020 at 4:37 pm** SAN FRANCISCO (KPIX 5) – One of San Francisco's most densely populated neighborhoods – considered a high risk for the spread of COVID-19 – managed to stay ahead of the curve with the over a century-old Chinese Hospital leading the way.

San Francisco Chinatown was considered a potential COVID-19 hot spot, where thousands of people cram into single room occupancy residences called SROs.

"We were worried," said Chinese Hospital CEO Dr. Jian Zhang.

Zhang realized the serious risk early on when China deployed doctors to COVID-19's ground zero in Wuhan, during Chinese New Year, a major holiday.

"You don't leave family unless something is really important, something is really bad," Zhang noted.

The hospital's doctors like Jennifer Chen recognized Bay Area infections could explode.

"A lot of our patients go back and forth between China, Hong Kong as well as the United States," Dr. Chen said.

Two months before San Francisco sheltered in place, Dr. Zhang pleaded for PPE over social media. Donations from China and the U.S. poured in.

"It was overwhelming support from people all over the world," she said.

And on local Chinese language media, the hospital spread the word on washing

hands and social distancing.

Patient and hospital donor Arthur Chan listened.

“Jian convinced me use a face mask. I’m very stubborn, I don’t want to use it,” Chan said.

The result: only a handful of COVID-19 infections ended up at Chinese Hospital.

So far, several patients who tested positive recovered at home. The emergency room admitted several others, including some seniors citizens aged 68 years and older.

Dr. Ziang says all of them survived. And none of the patients lived in Chinatown.

“We’re really blessed Chinese Hospital doesn’t have an outbreak,” Dr. Zhang said.

In addition, the response to COVID-19 is an example of how Chinese Hospital is extending its reach.

It took in patients from Zuckerberg General Hospital to free up space for COVID admissions.

121-year-old Chinese Hospital has been undergoing a multi-million dollar improvement project over the past several years.

It added patient beds, upgraded the emergency room, opened a new cancer center and gastrointestinal clinic, and expanded same-day surgeries.

“We want to reach all the members of our community, not just the Asians,” Dr. Chen said.

Still, the hospital remains committed to the Chinese community.

For example, there was concern that half the people who died of COVID-19 in the city were Asian American.

So the hospital recently launched a pilot program with the health department offering free COVID-19 testing and health tracking to SRO tenants in Chinatown.

The hospital said 32 people in one SRO on Waverly Place tested negative last week. The program will continue to expand to other SROs to prevent an outbreak of the virus.

“It’s not over,” said Dr. Zhang. “How do we continue to keep the community safe?”

That remains a focus as the nation’s only independent hospital built by and for the Chinese community keeps its sights on patient care on the streets of Chinatown and beyond.

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## SF CHRONICLE:

**Chinese Hospital gave free coronavirus tests to SRO residents in SF Chinatown to try to prevent another widespread outbreak in these densely packed buildings.**



The Chinese Hospital gave free coronavirus tests to all residents in a single-room-occupancy hotel in San Francisco's Chinatown on Friday to try to prevent another widespread outbreak in these densely packed buildings. Cases have soared among the many vulnerable, elderly people living in these residential hotels elsewhere in the city where tight quarters and communal spaces make it especially easy for the virus to spread.

On Friday, those living at a residential hotel on Waverly Place walked down narrow stairs and onto the sunny Chinatown street where a pop-up tent and team of gowned nurses waited. Temperature check, two squirts of hand sanitizer. Each single-room-occupancy hotel resident sat on a folding chair, lowered their mask and tilted their head back. A poke from a long thin swab in each nostril – some winced, others coughed, a little girl cried – and then it was done. Thirty-four residents of the Ning Yung SRO on Waverly Place were tested for the coronavirus on Friday afternoon through a pilot program spearheaded by the Chinese Hospital, a nonprofit community hospital, and supported by the San Francisco Department of Public Health.

The city's Board of Supervisors this week passed an emergency ordinance calling



on the health department to follow specific protocols on testing, contact tracing and reporting cases at SROs.

The legislation, sponsored by Supervisor Aaron Peskin, came as cases among residents and staff at residential hotels have soared 1,888% since April 1. There were 179 cases as of Monday.

“We should not be resting on our laurels,” Peskin said, adding that he is worried about a second wave of the coronavirus if people become complacent. “This is only the beginning. Testing some 30 people in one SRO is not going to yield the information and results and the safety.” Still, Gina Yam, the hospital’s director of operations, said the testing was smooth as her team wiped and sanitized and peeled off gloves after testing for roughly an hour. “I think it’s a great start,” she said. “We are hoping that all results are negative.”

The program will test and track each resident, providing contact tracing, follow-up testing, and additional support and medical care as needed, Yam said.

Testing was voluntary, but nearly all residents chose to be tested. The Chinese Consolidated Benevolent Association, which runs the SRO and has an office in the same building, helped educate residents about the program. None of them had symptoms when screened before the tests, Yam said. Jian Zhang, CEO of Chinese Hospital, said the goal is to expand the program to other SROs, but there are no firm plans yet. The program is labor-intensive, and limited resources remain an issue, she said.

“This is just the first one,” Zhang said. “We’re figuring out how to do more.”

Another obstacle is that some residents are afraid to be tested because they fear it could mean separation from their family, loss of work or stigmatization, Zhang said.

Dr. Sunny Pak, director of Chinatown Public Health Center, said the city’s health department is committed to working with community groups to offer appropriate, culturally sensitive medical care in native languages to immigrant and SRO communities. Upstairs at the Ning Yung building, two floors each have a dozen rooms, some with multiple people. The residents, many of them seniors, share three toilets, two showers and a kitchen with one sink and one stove top per floor. Cloth sheets substitute for doors on many rooms. On Friday, a man turned on the shower to wash clothes in a plastic tub.

Chinatown has yet to be hit by a large outbreak of the coronavirus, but members of the Chinese Hospital and other community groups say complacency is not an option – the pandemic is not over. “Being one of the most densely populated neighborhoods in the United States, San Francisco Chinatown is at an extremely high risk of a devastating community outbreak,” Zhang said.

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# NEW YORK TIMES INTERVIEW: CEO Dr. Zhang talks about how SF Chinatown and Chinese Hospital prevent and prepare for COVID-19



On Thursday, Gov. Gavin Newsom said he had signed an order providing extra paid sick time for workers in the food chain.

“The grocery lines are also the front lines in this pandemic,” he said.

Later in the day, lawmakers dug into the state’s spending on its coronavirus response, as The Sacramento Bee reported. According to CalMatters, Mr. Newsom’s free-flowing spending has been facing scrutiny. **Today, we have another dispatch from our partners at the University of California, Berkeley Graduate School of Journalism, written by Alyson Stamos and Meiyng Wu:** SAN FRANCISCO – On Jan. 24, the eve of the Chinese New Year, Dr. Jian Zhang, the chief executive of San Francisco’s Chinese Hospital, saw an alarming photograph as she scrolled through her holiday greetings on WeChat. An old medical school colleague was about to join more than 100 other health care providers being rushed to Wuhan to help manage the coronavirus outbreak. Dr. Zhang immediately recognized the threat.

“Twelve hours,” she recalled thinking. “We have direct flights from Wuhan to San Francisco, and it only takes 12 hours.” She knew those who were visiting family in China during the Lunar New Year would soon be back.

A perfect storm seemed to be headed for the 22 square blocks that make up Chinatown, one of the most densely populated neighborhoods in the United States. Chinese Hospital, which Dr. Zhang has led since 2017, is an acute care facility

in the heart of Chinatown. Many of the neighborhood's older Chinese residents live in cramped single-room-occupancy hotels. Travel between Chinatown and China is constant.

Dr. Zhang called Aaron Peskin, a San Francisco supervisor who represents Chinatown. "If we have an outbreak in Chinatown," she told him, "it will be a nightmare of yours and mine."

But Chinatown has thus far held off the nightmare.

Chinese Hospital admitted its first Covid-19 patient on March 26, three weeks after patients had been hospitalized in other parts of San Francisco. As of mid-April, at least 34 cases of Covid-19 had been detected in 22 S.R.O.s around San Francisco, according to figures collected by Mr. Peskin's office. None of these cases were within those 22 square blocks, although three were on the border of Chinatown.

"It's kind of amazing," Mr. Peskin said. "Here we are – it is now the beginning of April, and Chinatown, knock on wood, is looking pretty darn good."

Despite being particularly vulnerable to the novel coronavirus in the United States, Chinatown turned out to be well-prepared, unlike other places around the country. Chinese Hospital was at the center of an effort to coordinate barriers for entry of the virus. These involved almost every major institution in Chinatown, including the Chinese-language press and deeply engaged neighborhood institutions, all of whom were imprinted with memories of earlier infectious disease outbreaks. Deep links to front-line health workers in China would also be invaluable as Chinese Hospital worked to avoid what everyone thought was coming.

Given the unpredictable pathways of this highly contagious disease, Dr. Zhang and other leaders in Chinatown are well aware that circumstances could change in an instant. Compliance with shelter in place has at times been haphazard. (Mr. Peskin's office has fielded many complaints about card games in Chinatown's Portsmouth Square.) But the successes so far can be traced to early action by hospital and community leaders to keep the virus out of areas where it might otherwise flourish.

On Feb. 1, one week after Chinese New Year, Dr. Zhang, Mr. Peskin and Chinatown community leaders hosted a news conference highlighting practices to slow the spread of the virus. The Chinese Consul General in San Francisco gave an update on the Chinese government's response.

Mr. Peskin saw the effects of this informal campaign every day when he drove through Chinatown on his way to City Hall. "For a while it was kind of startling that on one side, on the north side of Broadway, everything was 'normal' and nobody was wearing masks," he said. "And the second you would cross Broadway into Chinatown, everybody was wearing masks."

Nonetheless, the perception of Chinatown as a potent hotbed of the coronavirus quickly took hold. In February, well before a single Covid-19 case had been detected in San Francisco, tourism in Chinatown evaporated. On Jan. 31, President Trump had announced travel restrictions to and from China, and before long he was referring to "the Chinese virus." Attacks against Asian-Americans jumped nationwide.

In late February, Speaker Nancy Pelosi returned to her home district of San Francisco and took a high-profile tour of Chinatown, arm in arm with community and business leaders. "Everything is fine here," she said. "Come, because precautions have been taken."

Chinese Hospital has played a prominent role in San Francisco's Chinese community for more than a century. It began as the Tung Wah Dispensary, opening in 1899 to provide health care to Chinese immigrants who were otherwise unable to get treatment because of rampant discrimination. When the 1906 earthquake destroyed the dispensary, Chinese community groups raised money to rebuild what is now known as Chinese Hospital. Today, it remains the only hospital in the United States built by and for the Chinese community. Bruce Lee, the actor and martial arts master, and Norman Yee, the president of the San Francisco board of supervisors, were born there.

Most of the hospital staff is bilingual or trilingual, speaking English, Mandarin and Cantonese. Dr. Roger Eng, chief of radiology, says small details like serving jook, a traditional Chinese rice porridge, to patients for breakfast "does have an impact on their mental well-being which we know helps speed up their recovery." Dr. Zhang, 53, left her home in Guangzhou in 1990 to study, and obtained a doctorate in nursing practice at the University of San Francisco. While on clinical rotation at Chinese Hospital, she noticed that many women could not afford cancer screenings; she sought and obtained funding for low-cost mammograms and training in breast self-examinations. She's been with Chinese Hospital since 1993, and became chief executive in 2017. One of the hospital's most effective tools for raising the alarm about the novel coronavirus and getting health information to the community is the city's Chinese-language media – at least two newspapers, a radio station and two TV stations. A 90-minute community-initiated fund-raiser on Sing Tao Chinese Radio last month raised more than \$300,000 for the hospital's efforts to fight the pandemic. Dr. Zhang and her colleagues' continuing links with China also gave them insights from the front lines in Wuhan. Dr. Zhang's medical school friend who deployed to Wuhan just before Chinese New Year's ended up running a 51-bed critical care unit. One early idea Dr. Zhang borrowed from her medical colleagues in China was to put masks on every patient before they even set foot inside the hospital to minimize the virus transmission in their wards.

The local Wuhan diaspora has also helped. A longtime friend of Dr. Zhang's, Hai Su, a software engineer from Wuhan, came to the United States in 2001. He helped organize two Wuhan alumni associations to send thousands of dollars' worth of medical equipment to their hometown at the height of the crisis. As the epicenter of the pandemic shifted to the United States, the Wuhan alumni refocused their help on the Bay Area. In March and April they donated more than \$50,000 to Chinese Hospital in masks and cash.

As of Thursday, only one Covid-19 patient remains at Chinese Hospital. Two others have been discharged. So far in April, the hospital has taken in 18 patients from Zuckerberg San Francisco General Hospital who do not have the coronavirus, helping to open up acute care beds there for those with the virus.

On the streets of Chinatown, about 80 percent of the restaurants are shuttered. Produce markets, fish sellers and butchers are gamely trying to stay solvent with socially distanced shopping in what are often confined spaces. Dr. Zhang does not presume that the hospital's record thus far will continue. She hopes for the

best, prepares for the worst. “Every day that we don’t have a surge is a good day,” she said.

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## **KPIX INTERVIEW: CEO Dr. Zhang talks to Bay Area Focus host Kenny Choi about the Chinese Hospital**



CEO Dr. Jian Zhang talks to Bay Area Focus host Kenny Choi about the Chinese Hospital, San Francisco’s only 5-star acute care facility, its programs and plans for expansion, and the facility’s 120th Anniversary. To become a donor, or get more information, go to [ChineseHospital-SF.org/donate-now](https://ChineseHospital-SF.org/donate-now), or call 415 982-2400.