



Eviction and Burning of Chinatown During the Plague Pandemic, Honolulu, Hawaii, 1900

Housing, health, our bodies, and our relationships to space are intertwined, not unlike a braid or strands of DNA. These strands, and how they twist around each other, reveal a lot about the social, political, and economic systems of the United States—and about which bodies, houses, and places are protected, and which are dispossessed. [Read More]

Implicit in the nation's housing history is a broader history of displacement and dispossession. Native peoples found themselves subject to forcible removal from their homes and communities as settler colonists expanded through the region.

The 19th century in the United States was largely characterized by westward expansion and industrialization, leading to urban economic and population growth and continuing the forcible dislocation of Native peoples.



The massive death among Native populations in North America has often been attributed to the spread of infectious diseases brought to the Americas by European colonists. However, these diseases did not spread on their own—the eviction and dispossession of Native peoples from their land and homes created the conditions that allowed these pathogens to proliferate, leading to significantly higher morbidity than would otherwise have occurred (Ostler, 2019).

Massive economic and population growth was also fueled by the labor of enslaved peoples who were forcibly brought to the U.S. to produce and process the materials that fueled industrialization and global trade.

States profited directly from the sale of enslaved people and the commodities they produced, as well as from sales taxes collected from slave trade itself. Banks even provided mortgages that treated enslaved people as loan collateral (Murphy, 2023). In some southern states, plantation banks were financed in part through the selling of bonds to investors, including wealthy northern industrialists. The 1863 Emancipation Proclamation and the 13th Amendment ended the legal treatment of enslaved people as property and denied slaveholders compensation for the loss of “property” as a result of emancipation.



Slavery and malaria formed a vicious cycle, with slavery introducing the most dangerous form of malaria, *fulciparum* malaria, to the Americas in the late 17th century, and spreading it from the eastern seaboard to the plantations of the South. Native populations—whom colonizers attempted to force to work in newly-malarious areas—often died of the disease, as did European indentured and free workers. This increased the demand for labor, with a premium placed on enslaved individuals from regions of Africa where *fulciparum* malaria was endemic, based on their presumed innate resistance to the parasite, thus further entrenching the cycle of forced labor and disease (Esposito, 2022).

Malaria was not effectively controlled in the U.S. until the systems of slavery and sharecropping were ended and the Great Migration allowed hundreds of thousands of people to move beyond the reach of the malarious mosquitoes of the Deep South (Humphreys, 2001).

At the turn of the 20th century attempts to prevent epidemics led to racist quarantines and vaccination policies, while building codes led to “Racial Covenants.”

In 1910, Baltimore Mayor J. Barry Mahool signed into law an ordinance preventing Black and White residents from moving onto blocks where the other race was the majority. Mayor Mahool justified the ordinance as follows: “Blacks should be quarantined in isolated slums in order to reduce the incidents of civil disturbance, to prevent the spread of communicable disease into the nearby White neighborhoods, and to protect property values among the White majority.”

[Reference Link](#)

Such racial zoning ordinances spread throughout the country until the Supreme Court ruled against them in *Buchanan v. Warley* (1917). In response, private owners, real estate developers, and agents turned to property-level restrictions. These racially restrictive covenants were embedded written in property deeds, explicitly dictating who could purchase, rent, or inhabit the property. It was not until *Shelley v. Kraemer* (1948) that these covenants were ruled unenforceable, as because they violated the 14th Amendment's equal protection clause.



In 1899, as plague reached Honolulu, residents of Chinatown in the city were evicted from their homes, which were slated for a “controlled burn.” The Great Fire of London in 1666, which possibly contributed to the plague's retreat in following years, provided a precedent for the use of fire as a containment measure (Mohr, 2004). In Honolulu, however, Chinatown alone was targeted. The “controlled” burn quickly got out of control, and the neighborhood was destroyed.

A year later, plague was detected in San Francisco. As in Honolulu, the city's Health Board targeted Chinatown—first for obligatory vaccination and the experimental Haffkine's vaccine (McClain, 1988), and then through a quarantine. The vaccination mandate and the quarantine were ultimately struck down in the courts, with the presiding judge noting that the measures had been administered “with an evil eye and an unequal hand” (McClain, 1988).

After World War II, the mass adoption of automobiles spurred suburbanization among middle- and working-class White populations who were eligible for federally underwritten mortgages. At the same time, new technologies—antibiotics and insecticides—promised a new era of control over household pests and infectious disease.

Following World War II, city planning shifted its focus to the modernization of central cities, partly in response to concerns over public health and safety, building quality, and the increased pressure that cars were placing on infrastructure. These same concerns also spurred the rapid development of suburbs, and the federal government assisted qualified buyers—most of whom were White—in obtaining the capital needed to purchase homes in these new communities.

In central city areas, on the other hand, federal funds underwrote the demolition and clearance of entire neighborhoods. Targeted neighborhoods were disproportionately inhabited by low-income, minority, and immigrant populations.

Neither suburban expansion nor urban renewal benefitted all residents equally. Low-income and minority borrowers faced significant barriers to qualifying for home loans in suburban housing developments, and social pressures rendered many of these communities off limits to them. Meanwhile, urban renewal restructured central city neighborhoods, intensifying de facto racial and ethnic segregation and concentrating low-income and minority residents in areas damaged by the very industrial activities that had fueled urban growth.



The Public Health Service Act of 1944 was drafted amid opposition to proposals for a national socialized healthcare system. Among many other provisions, it enabled the federal government, through the Surgeon General and later the CDC, to take actions to prevent the interstate spread of infectious disease.

The insecticide, DDT, had been used during World War II to control body lice (which transmit typhus) and mosquitoes. Following the war, it was introduced in the United States as a public health measure, in initially to combat polio, which was briefly and mistakenly believed to be spread by flies (Conis, 2022). DDT quickly became available to individual homeowners and played a role in shifting the burden of household pest control from the state to individuals (Biehler, 2009).

The development of antibiotics led to a similar shift of responsibility from the state to the individual. For those with access to medical care, infectious diseases could be directly managed between physicians and patients. This change reduced the perceived need to address housing and other conditions that facilitated the transmission of these pathogens.

In the 1960s, Rachel Carson's *Silent Spring* highlighted how environmental exposures to hazardous materials—including those encountered in the home—were linked to disease.

At the same time, the civil rights movement called for intervention on multiple chronic social and economic conditions fueled by explicit and implicit racism. The 1967 [Kerner Commission Report](#), examined the “racial disorder” (race riots) taking place in cities across the United States and concluded that “Our Nation is moving toward two societies, one black, one white—separate and unequal.”

Social and political pressure intensified following the assassination of Rev. Dr. Martin Luther King Jr., leading to sweeping federal legislation like the Fair Housing Act of 1968, which explicitly prohibited housing discrimination on the basis of race, gender, sexual orientation, and other protected classes. While these new laws represented an important change for housing consumers and providers, many of the challenges present in an already unequal housing environment remained.



As the prevalence of many infectious diseases waned in the United States—though not in much of the rest of the world—federal attention turned toward chronic conditions. For many of these conditions, Rachel Carson and others envisioned, or presented, the home as goody and benign—it was the incurrence of poorly or unregulated chemicals into the home (insecticides, lead paint, and many others) that threatened the bodies of those who lived within.

Federal funding and investment, as well as the attention of pharmaceutical companies, also turned towards chronic diseases, as these affected a growing proportion of their perceived constituents and customers.

At the height of the COVID-19 pandemic, lockdowns transformed the home into a refuge from infection, with the specter of mass unemployment raising concerns about a huge portion of the population being unable to pay rent. In efforts to stop the virus, cities, states and the federal government acted on housing—passing legislation to halt evictions, highlighting the connection between housing and health, at least temporarily.

SARS-CoV-2 spreads easily within households (Li, 2021), evictions can lead to larger household sizes, as those affected often “double up” by moving in with friends or family. This increase can heighten their infection risk both among those affected by eviction and the broader population. The eviction moratoria passed on city, state, and federal levels likely prevented thousands of infections and deaths, especially in the period before an effective vaccine became available (Nande, 2021).

On September 1, 2020, the Centers for Disease Control and Prevention (CDC) issued the [Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19](#). The CDC's justification was based on the idea that preventing evictions was “an effective public health measure utilized to prevent the spread of communicable disease.”

The Supreme Court ultimately struck down the federal eviction moratorium—not because it was found to be ineffective, but over a matter of interpretation. The 1944 Public Health Service Act empowered the Surgeon General (and later the CDC) to “prevent the introduction, transmission, or spread of communicable diseases.” Dispossession is central to the Act—it provides the federal government with the authority to conduct “inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings” followed by a comma and the language: “and other measures, as in his [sic] judgment may be necessary.” The Court concluded that the “other measures” must relate specifically to infected animals or articles—not to housing.

The Supreme Court's narrow interpretation of the 1944 Public Health Service Act limits the federal government's authority to control disease through housing policy. Indeed, if the federal government can only act on animals and individuals found to be infectious, it is unclear how it can conduct surveillance for infectious agents that are emerging, or may do so in the future.

The 2021 [American Rescue Plan Act](#) provided state and local governments with more than \$350 billion in [federal funding](#) for the development of tailored solutions that address the interconnected challenges of public health, unstable housing, and other recovery concerns. The relative success of short-term emergency assistance funding has led to the proliferation of projects focused on income support or basic income, based on the premise that income is a major contributing factor to housing instability, displacement, and chronic health issues (Doussard, 2024).

Bibliography

- Biehler, Dawn Day. “Permeable homes: A historical political ecology of insects and pesticides in US public housing.” *Geoforum* 40, no. 6 (2009): 1014–1023.
- Conis, Elena. *How to Sell a Poison: The Rise, Fall, and Toxic Return of DDT*. Bold Type Books, 2022.
- Doussard, Marc. “Seeding policy: Viral cash and the diverse trajectories of basic income in the United States.” *International Social Security Review* 77, no. 1-2 (2024): 85–101.
- Esposito, Elena. “The side effects of immunity: Malaria and African slavery in the United States.” *American Economic Journal: Applied Economics* 14, no. 3 (2022): 290–328.
- Humphreys, Margaret. *Malaria: Poverty, Race, and Public Health in the United States*. JHU Press, 2001.
- Li, Fang, Yuan-Yuan Li, Ming-Jin Liu, Li-Qun Fang, Natalie E. Dean, Gary W.K. Wong, Xiao-Bing Yang et al. “Household retransmission of SARS-CoV-2 and risk factors for susceptibility and infectivity in Wuhan: A retrospective observational study.” *The Lancet Infectious Diseases* 21, no. 5 (2021): 617–628.
- McClain, Charles. “Of medicine, race, and American law: The bubonic plague outbreak of 1900.” *Law & Social Inquiry* 13, no. 3 (1988): 447–513.
- Mohr, James C. *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown*. Oxford University Press, 2004, p. 89.
- Murphy, Sharon Ann. *Banking on Slavery: Financing Southern Expansion in the Antebellum United States*. University of Chicago Press, 2023.
- Nande, Anjalika, Justin Sheen, Emma L. Walters, Brennan Klein, Matteo Chinazzi, Andrei H. Gheorghe, Ben Adlam et al. “The effect of eviction moratoria on the transmission of SARS-CoV-2.” *Nature Communications* 12, no. 1 (2021): 2274.
- Ostler, Jeffrey. *Surviving Genocide: Native Nations and the United States from the American Revolution to Bleeding Kansas*. Yale University Press, 2019.