

Covid-19, the Chinese diaspora, and the enduring legacy of racism in Peru

Covid-19, a diáspora chinesa e o legado duradouro do racismo no Peru

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Abstract

The coronavirus pandemic has exposed a global tendency throughout history to blame immigrants for propagating epidemics. Chinese individuals were thus targeted during past public health crises in Peru, but during the current coronavirus pandemic racist notions painting people of Chinese descent as “agents of contagion” diminished significantly. Here we examine three major epidemics (yellow fever, the bubonic plague, and covid-19) to demonstrate the current and somewhat surprising shift in negative attitudes toward the Chinese community. Peruvians’ refusal to embrace derogatory terms (the “Chinese virus”) or target individuals of Asian descent constitutes an intriguing case at a moment when xenophobic discourse is rampant in the Western hemisphere.

Keywords: racism; prejudice; epidemics; coronavirus infections; Peru.

Resumo

A pandemia do coronavírus expôs uma tendência mundial ao longo da história de culpar imigrantes pela propagação de epidemias. No Peru, os chineses sofreram preconceito racial durante crises de saúde pública anteriores. Surpreendentemente, a ideia de que os descendentes de chineses são “agentes de contágio” diminuiu significativamente durante a atual pandemia. Examinaremos aqui três grandes epidemias (febre amarela, peste bubônica e covid-19), a fim de demonstrar a atual mudança nas atitudes negativas em relação à comunidade chinesa. A recusa dos peruanos de adotar termos depreciativos (o “vírus chinês”) ou visar indivíduos de ascendência asiática é algo intrigante em tempos de completa disseminação de discurso xenofóbico no hemisfério ocidental.

Palavras-chave: racismo; preconceito; epidemia; infecções por coronavírus; Peru.



As new strains of the novel coronavirus disease known as covid-19 expand and penetrate national borders around the world, authorities and the population at large have made various decisions to protect themselves from its spread. Early on, as Italy, Brazil, and the United States became epicenters of the pandemic, it became evident that a prompt and decisive response from authorities, together with significant investments in public health were essential to help contain the virus. But in addition to the virus itself, another problem began to resurface globally: the scapegoating of immigrants, particularly those of Asian descent, as spreaders of the virus (Hsu, 28 Feb. 2021; Chang, Lee, Ohtagaki, 12 Mar. 2021).

For those familiar with the history of pandemics over the past century, news of these attacks on people of Chinese descent bears painful parallels with local attitudes toward this community in previous decades. Chinese immigrants have historically been the victims of prejudice during health crises; wherever this community managed to develop a significant presence, such as in the Americas, it faced acts of intimidation (Montt Strabucchi, Chan, 2020). In the case of Peru, whose Chinese diaspora community is the largest in Pacific Latin American, this group was subjected to transgressions ranging from verbal attacks to forced repatriation when they were accused of spreading disease (Palma, 2018; Palma, Ragas, 2018).

Some Peruvians feared, from the first reports of covid-19, that individuals of Chinese descent would be targeted by racism due to the long history of xenophobia toward this community in the past, but this has not been the case. While reports of markedly xenophobic attacks proliferated in various regions, this has not been the case in Peru (a side from isolated incidents). How did one of the most important Asian communities in the Americas avoid racial tensions amid a global disaster? What explains the shift in the local population's attitude during this pandemic? If individuals of Chinese descent did not face public scrutiny as potential spreaders of covid-19, were other groups blamed? Can Peru's example be replicated in the future, or in other countries where similar episodes of xenophobia occur?

This paper investigates why a country like Peru, which a century ago experienced one of the Western world's most aggressive waves of xenophobia against Asian immigrants, has managed to break free from the current trend to blame Chinese individuals for the spread of covid-19. We argue that China's prominence as a global power (which has been further reinforced during this health crisis) and a set of actions by the Peruvian government helped prevent and curb racial animosity towards Peru's Chinese population.

In the past, specific groups were blamed for other epidemics in Peru. For instance, during the 1918 influenza epidemic that reached the country's coastal region, the magazine *Varietades* published a cartoon depicting a woman in indigenous clothing; titled "Grippe Boliviana" (the Bolivian Flu), the cartoon associated racial prejudices toward Bolivians and Indigenous people with the pandemic (Sarrín, 9 Aug. 1919). Later during the second half of the twentieth century, the country was marked by drastic social and urban transformations. Massive internal migration from the Andes to the main cities – especially Lima – revealed the precariousness of health and housing systems. Like Chinese immigrants a few decades earlier, the new Andean migrants lived in precarious conditions in shantytowns (*barriadas*); families in these neighborhoods crowded into small houses made of flimsy material and had scarce access to essential services such as drinking water and electricity (Lobo, 1984). Still, public discourse blamed Indigenous people for the spread of diseases.¹

Another example of the tendency to blame marginalized groups for public health crises in the country is the 1991 cholera epidemic that revealed the precarious conditions in which millions of Peruvians lived. As Marcos Cueto points out, by the time the epidemic reached the country, 40% of Callao's population was consuming water contaminated with fecal waste, since drains were used to irrigate crops. But despite this situation, the government, media, and people from various socioeconomic strata blamed a lack of hygiene among Andean migrants as the essential culprit in spreading this disease (Cueto, 1997, p.180-181): the precarious public health infrastructure was only secondary. Public opinion and official government discourse blamed the victims, calling them "dirty." The epidemic took place at a sensitive time when the new government of Alberto Fujimori (1990-2000) was having visible difficulties transitioning toward a neoliberal society. For this reason, the government actively dismissed the structural causes of the epidemic that were linked to inequality and the progressive dismantling of health and public services (Valdivia, 2017).

Rather than draw a parallel between past and present junctures, we consider it important to study the train of thought that viewed Chinese immigrants as agents of disease, along with the consequences of this association. To do so, we use sources such as newspaper articles, medical reports, and cartoons to examine three critical points when the Chinese diaspora and epidemics shaped Peruvian public health: the 1868 yellow fever epidemic, the 1903 plague, and the current covid-19 pandemic.

Our objective is to position the Chinese diaspora as an important component to consider in the study of pandemics, both past and present. This involves deciphering the complex dynamics between racism, migration, and public health crises that have prompted xenophobia in the past, along with their effects on policymakers, physicians, the local population, and immigrants. We therefore focus on the case of the Chinese community in Peru and two central strategies employed by local and national governments: (a) selective confinement or local relocation, and (b) restrictions on international travel, including repatriation of Chinese citizens. This paper is divided into four sections. The first focuses on the origin of anti-Chinese discourse in Peru during the yellow fever outbreak in 1868 and the bubonic plague in 1903-1904. We next analyze anti-Chinese measures implemented by political authorities to control public and private spaces used by Chinese immigrants, such as theaters, markets, and residences, especially calle Capón and callejón Otaiza. Along with controlling Chinese urban spaces, political and health authorities sought to prevent Chinese people from entering the country, establishing restrictive immigration laws and repatriating Chinese immigrants. We finally move to the present day, demonstrating how the current pandemic has meant a new attitude towards Chinese immigrants that breaks with the historical legacy of racist attitudes towards people of Asian descent and proposing some explanations for this shift.

Blaming the immigrant

Until the recent arrival of nearly one million Venezuelans, Peru's most significant modern foreign community had been the Chinese. The rapid changes transpiring worldwide during the first half of the nineteenth century served as the backdrop for the arrival of the

first immigrants in 1849, from Canton to Callao, the main Peruvian port (Stewart, 1951). Some escaped the Opium Wars of 1842 and 1856, arriving as “coolies” to replace African slaves on coastal plantations (Ching-Hwang, 2013). African slavery was slowly fading away, but was only completely abolished in 1855 by President Ramón Castilla.

Landowners considered Chinese coolies a “natural” replacement for former African slaves, who abandoned rural estates and moved to urban areas. These newcomers provided the workforce needed to move produce from the fields to cities and ports, and unfortunately were mistreated much like their predecessors. Revolts and other forms of subtle individual and collective resistance emerged as the Chinese struggled to adjust to their new environment and local culture. Once coolies completed their contracts on rural estates, many moved to the city to improve their living conditions; their presence in a burgeoning metropolis like the capital, Lima, did not pass unnoticed (Rodríguez Pastor, 1989).

A sudden yellow fever epidemic struck Lima and the neighboring port of Callao during the summer of 1868 and called unexpected attention to these new residents. By the mid-nineteenth century, the country was rapidly reconfiguring itself from a former colony of the Spanish Empire into a vibrant nation with global networks due to the export of guano, a nitrate-rich natural fertilizer from bird excrement which is abundant on the coastal islands (Cushman, 2018). The intense trade in the Pacific and Callao’s strategic position as a port exposed the country to new epidemics such as yellow fever, carried by *Aedes aegypti* mosquitoes (Lossio, 2003, p.69). Presumably arriving from Panamá and Guayaquil (Ecuador), the epidemic found an ideal incubator in a society with an almost nonexistent public health system that could not impede its spread. This disease ravaged the country over the following months as authorities desperately tried to contain it, and new patients and victims filled hospitals. By the year’s end, it had infected one out of ten *Limeños*. As yellow fever struck more victims, authorities implemented drastic measures that were mostly accepted by inhabitants of urban areas, especially in Lima and Callao. Police officers and doctors attempted to reduce the number of infections by monitoring hygiene habits inside people’s homes. Infected or not, the population attempted to alleviate their suffering with traditional methods and looked for someone to blame.

As the country’s newest community, Chinese immigrants became scapegoats. For the first time in the country, the authorities and press targeted Chinese immigrants, blaming them for spreading the disease according to prejudices surrounding their cultural habits and dietary preferences. A group of Chinese passengers were the only travelers barred from disembarking in Callao, despite having already passed through the port’s strict public health controls; their ship’s captain forced them to quarantine on nearby San Lorenzo island to avoid bringing the epidemic to the mainland (Inga, Carcelén, 2019, p.193). Unfortunately, this captain was not the only source of discrimination against specific groups of passengers based on their national origins; newspapers such as *El Comercio* echoed these prejudices and spread the idea that Chinese people were the only infectious agents in the country. “At all times Asian shops are a disgusting danger, but never more so than now, and especially when it is known that they are prone to suffer and become infected with diseases such as this (yellow fever), due to their poor hygiene and bad food they consume” (*Asiáticos*, 23 Mar. 1868, p.2).²

The epidemic of the bubonic plague that arrived in May 1903 cemented the idea that Chinese immigrants were a sickly group that had been infiltrating Peruvian society over the past four decades. Despite the authorities' efforts to curtail the disease before it arrived in Peru, they still blamed the Chinese immigrant community for causing the bubonic plague, just as they had done with yellow fever. When they learned that the plague had arrived at other ports in the Americas such as San Francisco, Los Angeles, and Mazatlán (Mexico), they began to monitor the Chinese community and inspect their neighborhoods. In early May, the Municipality of Lima started to prepare the city for the epidemic. One of the first measures taken was the disinfection of Lima's Central Market area, coincidentally located right next to Chinatown (Crónica, 11 Feb. 1903, p.2). Lima's mayor went even further, asking the Ministry of Defense to draft a plan to demolish and move the "Asian neighborhood" to the outskirts of the capital (Barrio Chino, 1903, p.1003). Prejudice spread as fast as the epidemic, mainly through printed media and other publications. One month after the epidemic reached Callao, *La Crónica Médica* (the magazine of the medical guild) published an article by the physician Edmond Souchon (1900, p.94) stating that the plague "attacks all races, particularly the yellow ... because they eat very poorly."

The epidemic revealed the broad extent of anti-Chinese racism among the local population. Much like the designation of covid-19 by some authorities as a "Chinese virus," Peruvian health authorities began to refer to the 1903 bubonic plague as "the Asian scourge" shortly after the first cases of infected people became known. The press and some physicians were responsible for instilling the idea that a Chinese worker named Manuel Hubí was that epidemic's "patient zero," an idea constantly repeated over the following months (Palma, Ragas, 2018). Even after the School of Medicine presented evidence to the contrary, the misinformation regarding Hubí was ubiquitous and accepted as valid by a population and professional class exposed to decades of prejudices against the Asian community. In a report commissioned by the National Academy of Medicine, three doctors traced the plague back to Pedro Figueroa, a worker at a mill in Callao. Hubí was the sixth person to be infected, but blamed since he was of Asian descent. The magazine *Actualidades* informed readers of this finding, but conveniently hid the names of the other victims by saying that "the first case that set off the alarm in the city was the death of the Asian Hubí" (La plaga, 1903, p.266-267). Juan B. Agnoli, a hygiene inspector, turned this misinformation into official truth when he declared Manuel Hubí the source of the epidemic.

Health authorities harassed and invaded the privacy of Chinese immigrants to a great extent. The same year the bubonic plague arrived, the government created the Dirección de Salubridad Pública (Directorate of Public Health) in tandem with a special task force that played an active role in monitoring public health conditions in the capital city. At the peak of the epidemic officers from this task force went door to door, registering every household, disinfecting homes, and searching for rats to eliminate (Cueto, 1997, p.37; Parker, 1998, p.159). As we will explain in the next section, Chinatown's residents were specifically targeted. Similar measures were taken in other regions, even in small towns with significant numbers of Chinese individuals. For instance, the Chinese community in Pacasmayo, a city on the northern coast, was quarantined as a precaution. Physicians refused to perform autopsies on Chinese people who died in the town, leading to large number of uncertified

deaths and in turn causing authorities to isolate the entire community (Crónica, 15 Aug. 1903, p.3). On the southern coast, the mayor of Tacna took his own preemptive measures, proceeding to “disinfect all the Asian *fondas* [restaurants] that existed in the city, as had been done in Callao ... This measure is urgent because almost all of the establishments, as mentioned above, are found to be extremely dirty, each one being a real breeding ground for rats, mice, and other disgusting bugs” (Perú..., 9 May 1903, p.2).

The reductionist and derogatory view of the Chinese as agents of contagion was so embedded in the thinking of political and public health authorities that they even refused to notice or acknowledge crucial contributions to public health from Chinese herbalists during epidemics. Many Chinese immigrants working on local plantations retained their knowledge of medicine and medicinal herbs from their native country; when they completed their contracts in the fields, they moved to urban areas and opened herb shops. Their medical knowledge was crucial during the 1868 yellow fever outbreak, as they provided an alternative service to those who could not afford a local physician, Chinese or otherwise (Palma, 2018). Overwhelmed by recurring waves of epidemics, insufficient health services, and a lack of affordable physicians in Peru, Peruvians relied heavily on newly arrived Chinese immigrants for access to treatment and medicines. In 1879, the Peruvian government declared that Chinese healers could practice medicine and sell “Asian herbs” through their herbal shops (p.25), but local physicians sought to shutter the medical practices of their Asian counterparts and did not stop until Chinese medicine was finally declared illegal in 1931.

The narrative that associated Chinese people with epidemics not only interfered with an actual medical alternative for the lower and middle classes during outbreaks, it had severe consequences on people’s lives. As we explain in the next section, the narrative that scapegoated the Chinese community affected their right to mobilize inside and outside the country.

Controlling public spaces

In urban areas, Chinese immigrants were able to replicate their customs and lifestyles. As Clarence Glick (1989, p.141-142) states, Chinatowns became a place for Chinese immigrants to relax and maintain their contacts on the mainland. More importantly, Chinatowns were places where Chinese immigrants could find support in times of crisis, similar to what they would have received at home from their own family, clan, or village temple. As in the United States, Peruvian health officials and politicians considered Chinatowns preeminent sites of urban sickness, poverty, and degradation (Shah, 2001; Risse, 2012). After 1855 many free Chinese immigrants settled around the new La Concepción market, which was in the downtown district near Lima and would later become known as Chinatown (Rodríguez Pastor, 1999; Lausent-Herrera, 2011). Lima’s Chinatown is the third oldest in the Americas, after San Francisco (USA) and Havana (Cuba). Currently a popular tourist attraction, Chinatown comprises calle Capón, calle Paruro, and the surrounding area in one of Lima’s oldest quarters (Lopez-Calvo, 2014, p.129). Despite its tumultuous origins, Lima’s Chinatown included spaces for living, commerce, professional associations, and entertainment. In the last decades of the nineteenth century this area came under the

scrutiny of municipal and health authorities, which advocated to control, relocate, or even destroy this neighborhood. During the 1903 bubonic plague epidemic, newspapers seriously discussed the immediate relocation of Chinatown to a site across the Rímac river. As David Parker (1998, p.159) states, some public officials seemed to only care about eradicating slums when those tenements stood uncomfortably close to the homes of “respectable people.”

Of all these spaces, authorities questioned residences and entertainment venues the most, stressing how alleged unsanitary conditions threatened the local population’s health. In 1869 the first Chinese theater opened and rapidly became the Chinese community’s main entertainment space, but was short-lived. A few years later, members of the Chinese community opened two new theaters, Teatro Rastro de la Huaquilla and Teatro Odeón, in Chinatown. The Teatro Odeón operated between 1872 and 1878; it provided entertainment typical for the middle and upper classes such as plays, Italian operas, and masquerade balls (Valladares, 2012, p.127-131). It was nevertheless unpopular with the local public and held few functions. In contrast, the Teatro Rastro de la Huaquilla was one of the busiest local theaters until it was closed by the municipality in 1892. Although this space was intended for the Chinese community, it soon attracted the local population and commonly presented shows with “erotic, indecent and scandalous scenes” (Muñoz, 2001, p.140). While these shows were popular with the public, authorities and the press criticized them for vice and corruption.

The theater was ultimately closed due to health concerns. In 1886, a group of neighbors wrote the *El Comercio* newspaper demanding that authorities destroy what was left of the Teatro Odeón, since it attracted large numbers of Chinese immigrants and rats. They also requested the closure of the Teatro Rastro de la Huaquilla for sanitary reasons (Teatro Principal, 19 Nov. 1896, p.1). In December 1889, Lima’s municipal hygiene inspector reported his inspection of the theater to the mayor; his words dripped with prejudice, describing the theater as being in poor sanitary conditions due to its frequent use and location in “the least clean neighborhood we have” (Teatro Chino, 1889, p.620). He warned that a fire could easily destroy the site and adjacent buildings (which finally happened in 1912) and recommended tearing down the building, disinfecting it, and drying the ground. From that year on, the theater was subjected to multiple health inspections and threats of closure. Its doors finally closed on December 7, 1892 because the owner was unable to carry out the repairs needed for clean and safe operations (Muñoz, 2001, p.144).

Although they were closed to the general public, the Chinese community continued to use these sites as gambling halls and opium dens. The theaters also served as improvised residences for hundreds of poor inhabitants, mainly of Chinese descent. In June 1904, in the middle of the bubonic plague that affected Lima, three people residing in the old Teatro Odeón exhibited symptoms of the illness, alarming the authorities (La situación..., 17 June 1904, p.3). Both municipal and health officials vacated the former theater to disinfect it and hoped it could be inhabited again. Still, the press campaigned against this idea, stressing that it was “difficult to place its mostly Chinese inhabitants, [due to their] hygiene and cleanliness habits” (p.3). To stop the plague from spreading, authorities decided to close it, displacing its 205 tenants. But many returned over the subsequent weeks; both the Odeón and Huaquilla theaters continued to attract people until 1909, when authorities finally demolished both.

According to the authorities as well as public opinion, the paradigm of filth in Chinatown was the callejón Otaiza (Otaiza passage), a former aristocratic property (Ramón, 1999, p.200). It was located near the La Concepción market, and from the 1880s became the area with the highest concentration of Chinese residents in the country. As the number of inhabitants rapidly multiplied, its interior was divided into small spaces to house newcomers. These rooms lacked proper ventilation, and the building deteriorated due to constant structural changes as more rooms were created (Rodríguez Pastor, 1999, p.416). The Otaiza became one of the spaces where poorer inhabitants and former coolies could afford to live in Lima; it was also considered unhygienic, overly crowded, and a source of disease and moral vices (Candela, 2013, p.156).

In 1877, medical student César Borja presented a thesis entitled *La inmigración china es un mal necesario de evitar* (Chinese immigration is a necessary evil to avoid), which devoted a section to these immigrants' sanitary conditions, food, habits, and housing. Borja's (1877, p.31-34) description of the large houses on calle Capón and especially callejón Otaiza includes overcrowding and poverty: "I have entered all the rooms and other Chinese establishments that occupy Calle Capón... and I was amazed when I arrived at the incredible sum of 220 Chinese residents all from that small block. In each store, room, or inn, six individuals live on average... Inside the old Callejón Otaiza, I counted 650 Asians distributed in eighty rooms."

Over the next four decades, inhabitants of the Otaiza were constantly subjected to the invasive presence of health officers who questioned their lifestyles. In 1883, health inspectors examined the house and described it as a "labyrinth designed for numerous inhabitants, whose landlords sacrifice hygiene for the sake of profit" (Candela, 2013, p.157). Three years later, the same inspector reported poor sanitary conditions there to the mayor of Lima, especially the presence of opium dens and lack of fresh air. Like many other doctors, the inspector used the fear of epidemics as a rhetorical tool to push for the site's closure. He concluded that "if the need for its destruction in normal circumstances is urgent, it is much more so today, that prudence advises them to be on guard for the possible case of an epidemic invasion" (Visita higiénica, 1887, p.23). A looming racist discourse connected to early notions of hygiene and modernity can be seen in these reports; doctors called for urgent urban reforms with the idea of "civilizing" the city, as David Parker (1998, p.158) suggested.

The outbreak of bubonic plague in 1903 and creation of a public health police force allowed authorities to implement radical sanitary measures at the callejón Otaiza. In May, when there were barely a dozen infected people in the city, the municipal council discussed the option of confiscating the callejón with its owner (Crónica, 23 May 1903, p.2). If this plan worked, the residents would be transferred to the Cuartel de Barbones on the city's outskirts. But the city's lack of financial resources limited the formerly ambitious plan to just a thorough cleaning of the place. The police demolished the partitions that subdivided the building, destroyed personal belongings, restricted the number of tenants to three hundred, and hired a watchman to control who entered and left (Parker, 1998, p.165). In May 1909, amid Lima's worst anti-Asian riots, Mayor Guillermo Billinghurst ordered the destruction of the callejón. On May 12, 140 police and military officers surrounded the callejón and evicted its inhabitants (Figure 1). *Variedades* (a magazine highly critical of Asian immigration that had repeatedly printed stereotypes of Chinese immigrants in

the past) reported the callejón's closure, stating that it "was taken by assault and began a real exodus of chinks [*macacos*] swarming like ants, they came out like scared rabbits, leaving fearfully in a single line, hugging the wall, filling the street as a mouse hole before a flood" (El Callejón, 1909, p.254-256). After the demolition, the mayor began to search for a suitable location to move the former inhabitants of the Otaiza (McKeown, 2001, p.153).



Figure 1: The destruction of callejón Otaiza (Variedades, v.4, n.63, p.254-256, 1909)

With the destruction of the callejón Otaiza and eviction of its residents, authorities and the local population had traversed the ominous path from prejudice to policy. Justified by public safety and sanitary conditions, the demolition of the callejón Otaiza was a turning point for urban interventions in the capital city. Nevertheless, as epidemics continued to affect urban areas and individuals the Peruvian government went from containing the Chinese community to closing their social spaces to more ambitious initiatives, such as interrupting the flow between China and Peru to encourage Chinese immigrants to return to their homeland.

Closing the gates

While health inspectors and authorities were determined to control Chinese urban spaces, other policymakers focused on repatriating sick Chinese people and designing specific policies to restrict the arrival of newcomers from China as the best strategy to protect the city. By the late nineteenth century, many Chinese immigrants who had entered the

country as coolies were elderly and lacked a proper support network; the press frequently reported on the presence of Asian beggars in the streets. For this reason, in 1884, the Chinese Charitable Society asked the prefect of Callao to move beggars to the Bellavista Hospice, where they could receive some temporary assistance (Mendigós, 28 Oct. 1884, p.2). For nearly two decades, this hospice (which was originally built for lepers) hosted a significant number of homeless Chinese people and patients with tuberculosis and leprosy. Neighbors did not hesitate to complain to local authorities that the place undoubtedly posed a major threat to public health. In 1902, health authorities asked the mayor to vacate the place to “eradicate the focal point of infection that so closely threatened the Bellavista neighborhood” (Correspondence, 1902). According to the authorities, the hospice needed to be reclaimed for its original purposes.

The 1903 bubonic plague revived complaints from authorities and neighbors, who demanded the hospice be closed. Finally, in September of that year, the municipality agreed with the Benevolent Association to vacate and improve the hospice. Meanwhile, the Chinese community was negotiating with Domingo Loerno, an Italian immigrant and naval businessman, to expel their fellow nationals who had been living there. With the support of the city of Lima and the Benevolent Association, 204 Chinese residents of the hospice embarked on the Lothair back to China on October 31, 1904. Upon their arrival, 192 of these passengers directly entered a private hospice supported by the Chinese Colony in Peru. The local press reported that those who had left their country young and full of life returned “old, poor, and blind” (De regreso..., 1 Nov. 1903, p.2). Over the following days, special personnel disinfected the former Chinese hospice.

Five years later, the Lothair also transported those affected by the destruction of the callejón Otaiza back to China. After their homes were destroyed they had not received any compensation or assistance from the Peruvian government, and the Benevolent Association did not have enough space to accommodate the five hundred displaced Chinese immigrants. As Ana María Candela (2013, p.166) explains, the Association made arrangements to open a charitable association that would support their compatriots, this time in Guangzhou, providing a place where destitute coolies could live out the remainder of their lives. With the initiative of the Chinese consul Way Lang and support from the Chinese Benevolent Association, 676 Chinese immigrants boarded the Lothian in June 1909 for repatriation.

Two hundred seventy-one of the passengers were sick, mostly older people. They also traveled with 12 Peruvian women, two Chinese women and 31 children (El viaje..., 6 July 1909, p.3). *Variedades* reported on the destruction of the callejón Otaiza as well as the repatriation, including photographs of passengers boarding the ship. The magazine described most as homeless people who roamed the streets begging. Some merchants who liquidated their businesses and feared new violent protests added: “They do well by moving to a safe place” (Regreso..., 1909, p.456-457). Over the following years a third round of Chinese repatriations took place, again supported by the Benevolent Association.

According to public opinion, ending Asian immigration was the best way to prevent the spread of disease. But the public also saw the end of Chinese immigration as necessary to avoid racial degeneration and protect the jobs and health of native Peruvian workers (Blanchard, 1979, p.67; Drinot, 2011, p.167). In 1904 there was a revival in Chinese

migration, thanks to coastal planters who needed cheap labor. The arrival of the Kensington generated strong press criticism for carrying Chinese immigrants and docking at Callao in October 1904 amid the bubonic plague epidemic (McKeown, 2001, p.85). Despite medical efforts to disinfect the ship and quarantine its passengers, Callao's residents expressed hostility towards the Chinese and protested the continuous stream of immigrants (Crónica, 19 Oct. 1904, p.1). Congress proposed laws banning collective immigration from Asia, but Deputy Cavero and Senator La Torre Bueno noted that Peru had signed a treaty in 1874 ensuring free travel for the Chinese, and only the president could alter this agreement (Intereses generales, 27 Oct. 1904, p.3).

Newspapers were filled with anti-Asian articles reporting the “yellow danger.” One was *Fray K-Bezón*, a satirical publication that devoted most of its space to attacks on the Chinese community. Hygiene and alleged transmission of disease by Chinese immigrants were recurring themes (Figure 2). Isabelle Lausent-Herrera (2011, p.74-75) has explained that these issues stemmed from the Peruvian authorities' inability to control the growing numbers of Chinese immigrants, which in turn provoked animosity towards the Chinese among working-class Peruvians. The anti-Chinese climate peaked in May 1909 in a tragic juncture that coincided with the destruction of the callejón Otaiza and changes to immigration policy. To reassure the population, the Peruvian government decreed that Chinese laborers would be barred on May 14, 1909; over the following years fewer Chinese immigrants entered the country via passport speculation and corrupt consuls and port officials (McKeown, 1996, p.85).



Figure 2: The yellow plague (Fray K-Bezón, n.91, p.5, Oct. 1908)

The number of Chinese immigrants decreased significantly over the following decades. Starting in the 1920s, the Chinese community began a campaign to bring the local population closer together, primarily through charitable donations. In the south of the country, Chinese colonies played an active role in funding public education and health through constructing schools and contributing medical equipment. As Adam McKeown (1996, p.85) points out, anti-Chinese propaganda had long-lasting effects. Today very little remains of the anti-Chinese sentiments from a century ago in Peruvian as well as Chinese communities; what prevails in the public discourse is the alliance between the two countries and the critical influence of Chinese culture in Peru.

New epidemics, new attitudes

During the current covid-19 pandemic, official actions and public opinion have exhibited important similarities related to those “responsible” for spreading the illness in the country. At the international level, Chinese and Asian communities have been blamed for spreading the virus and subjected to racism and xenophobic attacks. This situation was exacerbated after statements made in March 2020 by former President Donald Trump linking the coronavirus to China as part of an ongoing feud between the two global powers. Trump deliberately used the term “Chinese virus” in a press conference, citing the “Spanish flu” named after Spain as justification (Vazquez, Klein, 19 Mar. 2020).

Despite its long tradition of blaming certain indigenous groups, sexual minorities, or foreigners for the spread of epidemics, in Peru the arrival of covid-19 did not coincide with major incidents against the Chinese community or any other immigrant group. A review of two of Peru’s most important newspapers (*El Comercio* and *La República*) and the *Tusanaje* website between January 2020 and April 2021 did not find descriptions of physical or verbal attacks against Asian Peruvians, in contrast with events in the United States. The newspaper *El Comercio* published dozens of articles chronicling hate crimes against the US Asian community, but none on similar incidents in Peru. Similarly, *La República* mentioned the anti-Asian attacks occurring in the US, with an article about the daily racism faced by *tusanes* (Chinese descendants) in Peru, but these offenses did not include physical violence (Miranda, 23 Aug. 2020). The *Tusanaje* website has been active in condemning and chronicling attacks on Asian communities in Peru and worldwide; during our period of study, they published a number of stories denouncing racism against Asians in the Americas and Spain, but did not report physical or verbal attacks on people of Chinese origin occurring in Peru.

Why has this type of violence not manifested in a country with one of the largest Chinese diasporas in the Americas? We would like to suggest three key factors (both internal and external) to consider when analyzing the major shift in attitudes toward China and the Chinese population over the past century. First, the few attacks on the Chinese population during the current pandemic originated from a small group of people belonging to discredited political organizations, and as a result these remarks lacked the impact they had in the past. Only small far-right and conservative local groups embraced the term “*virus chino*” (“Chinese virus”) on social media; their main intent was to attack

progressive and left-wing Peruvian parties by blaming them for their management of the pandemic, including former President Martín Vizcarra's administration. These efforts to insert this term into the local parlance related to the pandemic were not successful (especially considering the political and public discrediting of these groups).

A second factor is the Peruvian government's rapid and decisive measures that stopped rumors from proliferating. One hundred years ago, the central government's lack of an effective response gave rise to rumors and misinformation. Unlike the US or United Kingdom, where former President Trump and Prime Minister Boris Johnson hesitated to implement policies to contain the virus, the Peruvian government enforced a mandatory national quarantine early on, starting on March 16, 2020. More importantly, the government did not differentiate between social groups or blame minorities for the arrival and spread of the virus. Even Venezuelans, Peru's largest immigrant community, did not suffer any significant attacks because of their national origin. On the contrary, the coronavirus pandemic made it possible for many foreign health professionals who were in Peru performing unskilled jobs to join health centers. For example, the government hired Venezuelan immigrants who were doctors in their home country to remediate the shortage of health professionals during the crisis (Perú..., 12 Apr. 2020).

A third aspect (and perhaps the most important factor in understanding the cessation of racist attacks on the Chinese community during the covid-19 pandemic) is China's current role as a global actor in fighting the pandemic. The country has provided both health aid and privileged access to its new vaccine. Since the beginning of the current health crisis, the Peruvian and Chinese presidents have communicated with each other; during one of his daily briefings to the public, Peru's President Vizcarra said, "we also need to ask help from those countries with good experience [in handling the crisis]. And since covid-19 started in China, it is a country with more experience in this particular disease" (Martín Vizcarra..., 31 Mar. 2020). By the end of March 2020, Vizcarra sent Chinese President Xi Jinping a letter asking for cooperation. Xi's reply acknowledged Peru's efforts to contain the virus as well as his intention to help strengthen these efforts. Peru's ambassador to China, Luis Quesada Incháustegui, confirmed the donation of equipment and materials from the Chinese government, private companies like Ali Baba and Huawei, and NGOs, in addition to charitable societies (China..., 1 Apr. 2020).

The medical assistance China provided to Latin America and especially Peru has ranged from medical tests to ventilators and other medical equipment, as part of a strategy known as mask diplomacy (Koop et al., 6 Apr. 2020). China's strategy was twofold. On the one hand, it sought to change the narrative that positioned Wuhan and the country as the source of the virus by offering to help fight the pandemic and developing cutting-edge methods to contain its spread. On the other hand, it was part of a new "soft power" to replace the influence of the United States and Europe in the region (China..., 2 May 2020).

The subsequent race to test and obtain approval for a vaccine led to a geopolitical realignment between the global powers that had laboratories developing vaccines and other countries without the technology or means to produce them. The World Health Organization (WHO) closely monitored the subsequent phases of the vaccine production process and how the laboratories proceeded to test the first versions, first in animals and

then in humans. The “vaccine race,” in which China was a major player, paved the way for “vaccine nationalism,” where public health and national prestige entered into a fierce competition with echoes of the Cold War.

Latin American governments closely followed progress on vaccines developed under the vigilance of WHO; the threat of new waves and virus variants that could collapse already strained economies convinced governments to start negotiating for vaccines prior to official approval. These negotiations reflected both the government’s abilities to secure enough doses to immunize their populations, as well as their geopolitical preferences and ideological alignments. At Christmas, the first shipments of Pfizer’s vaccines arrived in Santiago, Chile, while another plane from Moscow arrived in Buenos Aires bearing the Sputnik vaccine. Brazil opted to obtain vaccines from another right-wing government, India: in mid-January, the Brazilian government dispatched an aircraft to secure AstraZeneca vaccines from the Serum Institute in Pune, India (Mohan, 16 Jan. 2021). Cuba, continuing its long tradition of autonomous scientific excellence, announced the development of a national vaccine named Soberana.

The close relationship between China and Peru facilitated Peruvian medical trials of Sinopharm’s vaccine in a controversy known as “Vacunagate,”³ and also granted the Peruvian government privileges in acquiring the vaccine if it was successful. The Chinese delegation’s arrival marked the beginning of vaccine trials in Peru, which were sponsored by the Universidad Peruana Cayetano Heredia. Former Minister of Health Pilar Mazzetti (5 Sep. 2020) declared that the trials were “part of the cooperation with the People’s Republic of China, which has granted support for six million dollars. Both Chinese people and its ambassador have accompanied Peru since the very beginning.” By mid-December, 11,000 local volunteers waited to be inoculated with either the vaccine or a placebo under the supervision of the Instituto Nacional de Salud and Universidad Peruana Cayetano Heredia (Perú..., 16 Dec. 2020).

The medical aid provided by the Chinese government was crucial in alleviating the crisis in Peru (Gianella, Gideon, Romero, 7 Dec. 2020), which was one of the countries most impacted by the pandemic: by mid-January 2021, the journalism website *Ojo Público* reported the country’s death toll at 38,000, with over a million positive cases (Huamán, 17 Mar. 2020). It also had the highest per-inhabitant victim rate, followed by Argentina, Brazil, Colombia, and Chile. Although severe measures were implemented nationwide (including one of the strictest lockdowns in the hemisphere), the virus was contained for only a few more weeks by late November. The number of cases dropped abruptly, but a second wave hit the country in December 2020 (Vergara, 2020). While Peruvians struggled to stay healthy and economically afloat, the news of potential vaccines to curb the pandemic created new possibilities.

In early January, President Francisco Sagasti finally announced that the first batch of 38 million vaccines would arrive by the month’s end, coming from the Chinese company Sinopharm and the Beijing Institute of Biological Products (Chávez, 7 Jan. 2021). With this announcement, Peru became the first country in the region to acquire the Sinopharm vaccine, which had been approved in December 2020 by Chinese authorities (Covid-19..., 13 Jan. 2021). This is not surprising if we consider the evolving relationship between China

and Peru over the past few decades and the shift towards Asia since the 1990s. Today China is Peru's main trading partner, and nearly one-quarter of Peru's total exports go to China. The financial exchange between Peru and China has been estimated at twenty-three billion dollars, and China is Peru's most important investor.

Final considerations

This article examined the reactions of Peruvian authorities and citizens to the Chinese community during past and present public health crises. We sought to emphasize how public opinion shaped policies that mandated forced relocation and expulsion of Chinese immigrants from 1860 to 1910. It is important to call attention to the long-term factors that helped divert hostile attitudes away from foreign communities and minority groups. At a time like the present, when nationalist populism and nativism are increasingly popular, immigration is a crucial factor in the repertoire of policies aimed at containing and understanding a pandemic such as covid-19. Immigrants have historically been framed as scapegoats for societal issues, time after time. But the geopolitical and social forces that determine this attitude are not immutable and are constantly changing, as we have confirmed in the Peruvian Chinese immigrant experience.

As Marcos Cueto correctly points out, the old fallback of victim-blaming for social evils remains a constant in Peruvian epidemics. Rather than blaming Chinese immigrants, the current epidemic has placed informal, national, and foreign workers at the center of public debate: they have been accused of violating the government-imposed quarantine. As the sociologist Omar Manky (2020, p.32) asserts, the percentage of informal workers nationwide prior to the crisis was nearly 72%, while this figure reached 91% in some regions such as Huancavelica. The Peruvian State's inability to provide financial aid to needy families (national as well as foreign) led thousands of people to respond to unemployment by selling goods on the street. As in the past, various media outlets rushed to blame informal workers for failing to comply with quarantines. For instance, by the end of May, multiple media outlets reported that motorcyclists from a local delivery company did not comply with social distancing, and instead transferred responsibility for implementing proper public health measures from the company and authorities to the workers (Surco..., 15 Apr. 2020).

The shift in attitudes toward the Chinese community in Peru during the current crisis was part of a major geopolitical transformation in the role of the People's Republic of China, and a more positive view of Chinese people. The absence of comparatively violent episodes against this group in contrast to similar episodes from the past is a remarkable feature of how Peruvian society is managing the current pandemic and quarantine. Unlike in previous epidemics such as yellow fever and the bubonic plague, the Chinese community is no longer the target of the media and local populations, and China has emerged as a global ally in public health. Long-term analysis of pandemics highlights enduring patterns of social attitudes that should be considered when policy makers design protocols. By treating pandemics as isolated and unexpected events, authorities and experts are dismissing crucial features of these phenomena that may be relevant in countering their pervasive effects in society.

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NOTES

¹ On medicine and ethnicity, see: Zulawski (2007). On the tendency to blame victims according to race or sexual orientation, see: Cueto, Palmer (2015, p.262-263).

² Because the vast majority of Asian immigrants to Peru were Chinese, the terms “Asian” and “Chinese” became interchangeable among authorities and the local media. It was only in the late nineteenth-century that an incipient Japanese diaspora broke this monopoly, even their numbers never surpassed those of Chinese descendants. This small number of Japanese immigrants and their lack of involvement in the medical industry may explain why the Japanese community in Peru was not subjected to vicious attacks like those suffered by the Chinese.

³ “*Vacunagate*” was a political scandal involving former President Martín Vizcarra and other high-level authorities. A journalist revealed that when he was still in power, President Vizcarra asked to be vaccinated, along with his wife. Later, a list of nearly five hundred individuals who had received the Sinopharm vaccine through irregular channels surfaced.

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