

The Island of Tears:
How Quarantine and Medical Inspection at Ellis
Island Sought to Define the Eastern European
Jewish Immigrant, 1878-1920

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Not like the brazen giant of Greek fame,
With conquering limbs astride from land to land;
Here at our sea-washed, sunset gates shall stand
A mighty woman with a torch, whose flame
Is the imprisoned lightning, and her name
Mother of Exiles. From her beacon-hand
Glowes worldwide welcome; her mild eyes command
The air-bridged harbor that twin cities frame.
“Keep, ancient lands, your storied pomp!” cries she
With silent lips. “Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me,
I lift my lamp beside the golden door!

- Emma Lazarus, “The New Colossus” (1883)

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Introduction

Realities of Immigrant New York

“Give me your tired, your poor, / Your huddled masses yearning to breathe free” reads the inscription of the Statue of Liberty, one of the most iconic symbols of both New York City and the freedom of the American dream. This passage from the poem, “The New Colossus,” by Jewish-American poet Emma Lazarus, has become synonymous with the American ideal of freedom to create a better life than the one left behind. From the broken shackles at her feet to the welcoming lantern in her hand, she has become a beacon to those running from persecution, a reminder that the United States is a country made up of immigrants and a home for all. Erected in 1886, at the height of immigration in New York City, it was her glowing torchlight that signified the end of a long and arduous journey and the arrival in New York City: the “Golden Land.” However, what Lady Liberty did not convey to the 12 million immigrants passing through Ellis Island was the fact that in order to gain access to that Golden Land, one must be absolutely, irrefutably, undeniably *healthy*.

After several epidemics ravaged New York City in the late nineteenth century, there emerged a great fear of illness. This fear of contamination drove politics, economics, and social behaviors all over the city. As germs are invisible, this fear easily turned to accusation about not only cleanliness and health but about immigrant morality and intention.¹ With each new immigrant wave came new germs, the new iteration of the Columbian Exchange. But instead of Spaniards carrying smallpox and yellow fever, people associated the Chinese with tuberculosis, the Italians with polio, and Jews with cholera. As different illnesses grabbed hold of the city,

¹ Philip Alcabes, *Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to Avian Flu* (New York: Public Affairs, 2009), 105.

racism and xenophobia began to swirl as immigrants were scapegoated as dangerous and dirty. Names, ethnicities, and addresses were published in newspapers of those who were taken ill and quarantined, reverberating through the city.² Government officials implemented systems of quarantine and inspection to ensure that no germs would make their way from an immigrant ship through Ellis Island and settle in the city. Though intentions were ethically sound, the implementation of these practices were fueled by bigotry, corruption, and malpractice. With the establishment of first a state sanctioned quarantine and then a federal quarantine and the creation of quarantine islands, abuse of power was rampant and Eastern European Jewish immigrants became casualties of corrupt governments and hurried inspection officers. Playing into the city's fear of disease, immigration and public health officers could make decisions about who was allowed entry into the country influenced by their nativist biases, attributing appearance to poor health. A system of checks to ensure justifiable rulings did not exist—those who made the final decisions of who to exclude were the same people who made the initial judgement during examinations. There were simply too many immigrants and too few officers to ensure that a standard was being used to designate who was too sick to enter the country.

As a result, quarantine islands and inspection processes became barriers to the Eastern European Jewish immigrant, trapping them within a system that capitalized on the immigrant's misfortune. Ellis Island became a maze of inspections and hidden tests, operated by overworked officers who were convinced that certain physical traits of the Eastern European Jew were markers of disease. Quarantine islands were understaffed and falling apart, becoming places where sick people got sicker and healthy people became ill. Oftentimes immigrants were placed

² "Another Typhus Outbreak" *New York Tribune*, March 1, 1892.

on these islands not because they were sick, but because they were a certain ethnicity.³ Just by being immigrants and therefore being relatively powerless against the authorities that could potentially deny them entry to the United States, Eastern European Jews were easy targets. Many were shipped back to their home countries that that they were desperately trying to escape, a place where in the words of one immigrant, “being Jewish was one of the worst thing that could happen to you.”⁴ Others were separated from their families because they alone were deemed ill, “and that's why they called it the Island of Tears, because when somebody from a family is sent back, that's very, very bad for the other, for the other people of the family,” said one Russian immigrant, Gussie Shapiro.⁵ Even the healthy Jewish immigrants who made their way through the inspections at Ellis Island were not immune to the prejudice—they became the subject of racist political cartoons and of jokes, crowded into Manhattan’s Lower East Side, working in sweatshops and sleeping a family to a room.

Several epidemics ravaged New York City in the late nineteenth century, including typhus, tuberculosis, and cholera, leaving the population frightened and willing to do anything to avoid illness. With changing political administrations came different motives to change quarantine policy and by the turn of the century the state system had transformed into a federal system. This lead to corruption and discrimination against the Eastern European Jewish immigrant by ordering a federal quarantine to combat certain illnesses that were associated with these immigrants.⁶ In comparison to the total number of immigrants entering the country, those

³ Howard Markel. *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892*. (Baltimore: Johns Hopkins University Press, 1997), 11.

⁴ Elizabeth Friedman. Interview by Nancy Dallett. *Ellis Island Oral History Project*. November 3, 1989.

⁵ Gussie Shapiro. Interview by Dennis Cloutier. *Ellis Island Oral History Project*. November 17, 1983.

⁶ Alan M. Kraut. *Silent Travelers: Germs, Genes and the “Immigrant Menace.”* (Baltimore: Johns Hopkins University Press, 1994), 23, 30.

committed to quarantine islands or sent back to their countries were a fairly small number, and thus easy to ignore. These exclusions were only three percent of the total number of immigrants and were geographically removed from the city and population at large, far enough to be out of the public eye and easy for government to convince the public that these exclusions were necessary.⁷ The very real and legitimate practice of quarantine was illegitimated by being used as a threat against certain ethnicities, resulting in many sick people slipping into the city unnoticed and many healthy individuals exposed to illnesses and mistreated.

This thesis addresses these quarantine measures in the context of public health history and the immigrant history of New York. It argues that quarantine was not used as a tool to keep the public healthy, but as a mechanism to keep Eastern European Jewish immigrants from assimilating into the United States, oftentimes branding them with stereotypes that persisted long after they were released from quarantine. The need for a scapegoat ensured that these immigrants would be the prime suspect in the cholera and typhus epidemics of the late nineteenth century, complicating their entry into the United States. The thesis illustrates how the Jewish immigrant was a casualty of the struggle between federal and state power, and how these powers used quarantine and public health to advance their own political agendas. It demonstrates that these measures did not actually protect the public from illness, but actually endangered immigrant people both in the journey from their homelands as well as in New York City proper. The thesis demonstrates how the Eastern European Jewish immigrant was set up to fail by a system riddled with the abuse of power—from the journey to the United States to the inspections at Ellis Island, to the quarantine hospitals, the Jewish immigrant was poised to become ill, be punished for that illness, and not be cared for or cured once contracting the illness.

⁷ Kraut, *Silent Travelers: Germs, Genes and the "Immigrant Menace"*, 4.

The first chapter will explore the ethics of quarantine and place the New York City quarantines within the broader sweep of quarantine history and its ties to anti-Semitism, reaching back to the 14th century. Examining the Eastern European Jewish immigrant's experience of the journey to New York and the first inspection processes at Ellis Island, the second chapter will examine the political struggles and corruption that ruled the quarantine system as showcased in the cholera epidemic of 1892. The third chapter will detail the medical inspection process for the Eastern European Jewish immigrant at Ellis Island and the conditions at the quarantine hospitals surrounding Manhattan, showing how bias and desire for efficiency came to undermine the care of the immigrants themselves.

Historiography

Immigration in New York City is well documented, with many oral histories, news sources, and legal documentation. As millions of immigrants flooded to the United States through New York, there is no shortage of information about incoming ships, names, and future addresses of immigrants, processes at Ellis Island and life after immigrating. However, information about quarantine procedures is perhaps smaller than one might think—most of the information is based on legislation passed to regulate immigration in the wake of epidemics. Two scholars dominate the field of immigration and public health of New York City: Howard Markel and Alan Kraut. Their writings appear many times in this thesis and are referenced externally in other secondary sources.

Dr. Howard Markel is a professor of the History of Medicine at University of Michigan and focuses on epidemics and their effects on the social and political fabric of society. He has written numerous articles about New York City and Jewish immigrants and is considered one of

the experts on this topic. His graduate dissertation, *Layers of Separation: Epidemics and the Quarantining of East European Jews in New York City During the Late nineteenth Century* became his book, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892*, a cornerstone text in the field of immigrants and public health. In this text he traces typhus and cholera in the year 1892 and its effects on the assimilation of Eastern European Jews. He uses this fifteen-month case study to examine the tension between immigrant accounts of quarantine and the inner workings of governmental quarantine operation. Markel's text does examine quarantine critically, however in the context of the life of the Eastern European Jewish immigrant in city in 1892, focusing substantially on instances where the public health of the city took precedent over the ethical treatment of these immigrants. Much of this text describes life after Ellis Island, living in the Lower East Side and the quarantines that were enforced as a result of epidemics breaking out there. Markel's text is notable as well for its use of Yiddish newspapers and memoirs to convey the immigrant narrative of life in quarantine.

The other major player in academic discourse about the Eastern European Jewish immigrant and medical quarantine is Alan M. Kraut. He is a professor of History at American University and has written numerous books about immigration, including *The Huddled Masses: The Immigrant in American Society, 1880-1921* and *Silent Travelers: Germs, Genes, and the "Immigrant Menace."* Neither of these books focus on the Eastern European Jewish immigrant as specifically as Markel does, though there are chapters dedicated solely to this group. Kraut takes a particularly close look at the United Public Health Service in relation to quarantine legislation and the experiences of the state and federal quarantine officers. He examines the discrimination against different immigrant groups, linking them to fears of certain diseases, but lacks information about the quarantine islands and focuses on immigrants as a whole instead of the plight of the Eastern European Jewish Immigrant. Markel and Kraut's narratives run fairly parallel, however both

have gaps when it comes to information about the immigrant experience with medical inspection and quarantine and the manifestations of nativism in these processes. Markel and Kraut trace prejudice and nativism against Eastern European Jews in New York City but gloss over the nativism involved in both the medical inspections and the quarantine processes at Ellis Island.

This thesis aims to begin to fill that gap, tracing prejudice against the Eastern European Jew through both the quarantine and inspection systems by focusing on the processes at Ellis Island. These systems were focused more on efficiency and weeding out the weak than protecting the rights of the immigrant. Markel illustrates the struggle for power between the state and federal governments and highlights the corruption that categorized the quarantine system in the last decade of the nineteenth century in New York. However, by situating these quarantine and inspection at Ellis Island within the larger context of disease and anti-Semitism, this thesis aims to demonstrate how the act of policing and punishing immigrant bodies was a manifestation of nativism and discrimination.

CHAPTER ONE

Ethical Exile: A Brief History of Quarantine and Prejudice

The relation of each individual to his disease and to his death passes through the representatives of power, the registration they make of it, the decisions they take on it.

—Michel Foucault, *Discipline and Punish*, 1975

The Ethics of Quarantine

Quarantine as a practice is complicated, as certain bodies are deemed inherently harmful to society and are removed from the public. Automatically lines are drawn through the population, often along class or racial lines, creating scapegoats and impinging on personal sense of liberty and autonomy. The cornerstone of public health is non-maleficence, and sometimes in order to maintain the health of the public, an individual must sacrifice his or her autonomy. Usually the individual's consent is not required to be detained or quarantined. This is deemed ethically sound as long as certain precautions are taken to ensure that quarantine is the last resort option for public health officials. In modern times, it is specified that quarantine must be implemented only when all other methods of containing a disease have failed, not as the first line of defense as it was used historically.⁸ As the mode of transmission for many diseases is known today, quarantine is used only in extreme circumstances. Quarantine is used to separate individuals who might have been exposed to an infectious disease but not yet showing symptoms, isolated for the known incubation period of the disease to determine if they will exhibit symptoms. Once there is an outbreak, quarantine as a method of disease control is ineffective.

⁸ Robert E. McKeown and R Max Learner. "Ethics in Public Health Practice" in *Ethics and Epidemiology* edited by Steven S. Coughlin, Tom L. Beauchamp, and Douglas L. Weed (New York: Oxford University Press, 2009), 169.

However, it will allow the isolated individuals to be observed and given the proper treatment if they do become ill.⁹

According to medical ethicists, for quarantine to be implemented, several criteria have to be met. First, the infectious disease must be transmitted person to person. If transmitted through other vectors, the quarantine is not warranted and therefore unethical. Second, every less restrictive measure should be put into place before quarantine, meaning that quarantine should first be voluntary before a patient is forcibly isolated and surveilled. Every other precaution must be taken before quarantine is executed. Third, the public health authorities implementing the quarantine must be accountable to those they isolate—providing food, water, and shelter well as upholding the rights of the individuals. And fourth, the authorities must be communicative about their intentions and actions, maintaining transparency with those being quarantined. In addition to these four criteria, quarantine must be accompanied by procedural due process and ultimately, the opportunity for appeal of an adverse decision.¹⁰ Most importantly it must be “applied equally to all at risk persons, regardless of social standing or class.”¹¹ This is the crucial factor in ethical quarantine that often fails, as it did in New York City and at Ellis Island.

This construct fails because as bodies are divided into categories of healthy vs. unhealthy, the categories are oftentimes not applied equally across all social classes, but instead along class or racial lines. Bodies are seen as corruptible, and contact with a corrupt body ensures the contagion of the uncorrupt body. To avoid this, drastic quarantine measures are taken and class lines are concretely drawn, linking the poor with disease. As a result of this assumption, the lower

⁹ Ross Upshur, “The Ethics of Quarantine,” *AMA Journal of Ethics* 5, no. 11 (2003).

¹⁰ Upshur, “The Ethics of Quarantine.”

¹¹ Dayna Kerecman Myers, “The Ethics of Quarantine,” *Johns Hopkins Bloomberg School of Public Health: Global Health Now*. August 21, 2014. <https://www.globalhealthnow.org/2014-08/ethics-quarantine>

classes, sick or healthy, are stripped of their rights and prejudice is made into fact. This occurred with the quarantine of Florence as described by eighteenth century Italian historian Ludovico Antonio Muratori, remarking upon the first action to control the epidemic was:

putting into quarantine all the low class people of the city, because experience too often shows that it is by these people, not the mobility of the more wealthy, that the disease is easily disseminated and introduced into the homes of the more prudent citizens. That means, those who wish to leave the city may do so when ordered to leave within so many days, the poor and the lower class people must be locked in their houses [and remain there] until pain of death.¹²

This is an example of prejudice turning into “fact.” Muratori uses the words “experience too often shows,” to support his classist approval of the quarantine system, but he cites no evidence to support the insistence that all the poor of Florence should be locked in their homes to die, regardless of being sick or healthy. This directly goes against the definition of ethical quarantine as outlined above—nothing is being provided for those being isolated, there is no due process, and only individuals of a certain class are being examined. This is the reality of many historical quarantines, including the nineteenth century mass quarantines in New York City. With so many immigrants and possible disease carriers to monitor, oftentimes race or social class become reason enough to isolate an individual.

This prejudice came to include the immigrant body in an attempt to create a sense of security in frightening times. By isolating and exiling the immigrant body, those in power confirmed that the corrupt body is from somewhere else and therefore one’s own body is healthy as a result of being born in the right place and theoretically would have remained healthy and even immune from the disease if the immigrant had not entered the country. As it was not the wealthy or privileged who, by and large, chose to leave their countries, but those in lower classes

¹²Ludovico Antonio Muratori, in *The Disordered Body: Epidemic Disease and Cultural Transformation* by Hatty, Suzanne E., and James Hatty (Albany: State University of New York Press, 1999) 146.

or social groups, many immigrants were assumed to have “already been living lives of physical deprivation and moral degradation.”¹³ Ethnicity cannot be addressed in a meaningful way without also addressing, on an equal plane, the reality of class division. It is precisely at the intersection of these two factors that nativism and xenophobia emerge. Many diseases were associated with certain moral failings of the poor, as revealed in an article from the *New York Times* in 1865 about cholera, stating that,

it is especially the sickness of the poor and the filthy. The more comfortable classes are comparatively little affected by it. Bad sanitary conditions, and nuisances which are obvious, influence it immediately. So clearly is this the fact, that many persons look upon it as a direct Providential punishment for want of cleanliness and carelessness of sanitary provisions.¹⁴

Disease was seen as a kind of punishment for both low morals and poverty. And as a result of immigrants existing in a lower class than those in power, the immigrant body becomes politicized and a casualty of the power structures that govern the public health of the polity.

Foucault and The Politics of The Ailing Body

The philosopher Michel Foucault writes about the politicization of the body by those in power and in institutions regulated by power relations such as the prison and hospital systems. The prison system is not unlike the quarantine system in that subjects are held, surveilled, and treated against their own will, enforced by laws dictated by those placed higher in the governing power structures. In society, the body is an “object and target of power” and in order to discipline these bodies, they are enclosed, ranked, examined, and acted upon by those in power.¹⁵

¹³ Kraut, *Silent Travelers*, 30.

¹⁴ “The Cholera: General Character of the Disease—the Precautions to be Taken” *New York Times* November 10, 1865.

¹⁵ Michel Foucault, *Discipline and Punish: The Birth of the Prison*. trans. Alan Sheridan (New York: Random House, 1977), 136.

Society acts upon the body of the criminal (or, in this case, the immigrant) in two ways: it “rejects the criminal” and “seeks to control delinquency by a calculated economy of punishments.”¹⁶ In other words, society casts out the individual but for the express purpose of controlling him by punishing him and subjecting his body to a regimented order in an institution. This is visible in nineteenth century New York as the immigrant body became a threat to the health of the public and was subjected to this “economy of punishments” in the form of being sent to quarantine institutions to be controlled, neutralizing the threat and placing it out of the public eye. By quarantining the immigrant body and placing that body under the supervision of those in power, “power is exercised without division, according to a continuous hierarchical figure, in which each individual is constantly located, examined and distributed among the living beings, the sick and the dead.”¹⁷ The sick individual is monitored and examined by a monolithic power, always subject to the decisions made by this power, or in this case, the government, in the form of the public health authorities.

Foucault uses the quarantine efforts during the Black Death as one of the chief examples of the body in power relations and as an example of fear fueling power dynamics. In order to combat the plague, an unseen predator which represents pure chaos, power must be exercised over what can be controlled—those who have been infected.

The plague is met by order; its function is to sort out every possible confusion: that of the disease, which is transmitted when bodies are mixed together; that of the evil, which is increased when fear and death overcome prohibitions. It lays down for each individual his place, his body, his disease, and his death, his wellbeing, by means of an omnipresent and omniscient power that subdivides itself in a regular, uninterrupted way even to the ultimate determination of the individual, of what characterizes him, of what belongs to him, of what happens to him. Against the plague, which is a mixture, discipline brings into play its power, which is one of analysis.¹⁸

¹⁶ Foucault, *Discipline and Punish*, 103.

¹⁷ Foucault, *Discipline and Punish*, 197.

¹⁸ Foucault, *Discipline and Punish*, 197.

In this way, order and discipline emanating from the power structure determine the fate of the individual, becoming more important than the life of the individual in order to effect control over the plague and those who have been infected by it. This order is enforced by the government, in the form of magistrates, controlling medical treatment and appointing a doctor. These magistrates decree that “no other practitioner may treat, no apothecary prepare medicine, no confessor visit a sick person without having received from him a written note ‘to prevent anyone from concealing and dealing with those sick of the contagion, unknown to the magistrates’”¹⁹ In this way, those with power ensure that they retain control over the sick bodies, removing agency from the sick person. As a result, “the relation of each individual to his disease and to his death passes through the representatives of power, the registration they make of it, the decisions they take on it.”²⁰ The individual loses control over his or her own body, an unwilling surrender of power to those in charge of the institution and political system.

Foucault argues that the discipline over the ailing body is in fact a reaction to the memory of the chaos of the Black Death, and behind these “disciplinary mechanisms can be read the haunting memory of ‘contagions,’ of the plague, of rebellions, crimes, vagabondage, desertions people who appear and disappear, live and die in disorder.”²¹ In order to combat this memory of extreme disorder, a binary division of mad/sane, sick/healthy, dangerous/innocuous is created to measure, supervise, and correct the “abnormal.”²² This binary is created in response to the abnormal individual, to “brand him and to alter him.”²³ These two results seem to be the effects

¹⁹ Foucault, *Discipline and Punish*, 196.

²⁰ Foucault, *Discipline and Punish*, 197.

²¹ Foucault, *Discipline and Punish*, 198.

²² Foucault, *Discipline and Punish*, 199.

²³ Foucault, *Discipline and Punish*, 199.

of the nineteenth century New York quarantines—to brand the immigrant as the “other” and to act upon the immigrant body because this body appeared to be different and therefore, dangerous.

This system lends itself to a division of immigrants from non-immigrants. Once divided, the quarantined populations must subsist without a political voice or representation. The so-called dangerous segment of the polity is silenced with the approval of those who are certified as lacking the dangerous qualities of a given disease. The practical effect of such supposedly beneficent societal segmentation, however, is to routinize division within the society.

Origins of Quarantine and Anti-Jewish Sentiments

Since the Middle Ages, disease has been a source of unease, prejudice, and panic. Automatically setting up a power dynamic between sick and healthy, disease is the great leveler, ignoring social status and economic standing to invade a host with no defenses. With the invention of naval technology and the increase of a globalized mercantilist economy came the unwanted passenger of the germ. When the Black Death began its reign of terror over Europe in 1346, people began to notice that the disease spread from port cities through Italy, then Spain and France and eventually Central Europe. Traditional humoral medicine couldn’t not save the lives of the afflicted, and it seemed that the only way to avoid the disease was to avoid infected hosts.²⁴ This led to politics barring strangers from entering their cities and shutting out anyone unfamiliar—including religious minorities such as Jews. Strict lines were drawn between healthy

²⁴ E. Tognotti, “Lessons from the History of Quarantine, from Plague to Influenza A.” *Emerging Infectious Diseases*. 19(2) (2013): 254.

and unhealthy individuals, and this process of isolation became the first line of defense against the Plague.²⁵

Disease was thought to be a result of the devil or of clouds of bad air, or *miasmas*—an invisible killer who chose its victims seemingly randomly. There was no knowledge of transmission or vectors of disease but by tracing the plague’s destructive route, it became clear that the disease was traveling by boat. Using this knowledge, a practice was established of enforcing a 40-day period of isolation for all incoming ships to Venice, in the hopes that the disease would be contained, avoiding the city. In the event that it did reach the city, infected ports were sealed off and no sailor, cargo, nor passenger was allowed to enter until the 40-day period had come to an end. The word *quarantine* comes from the Italian *quaranta giorni*, or 40 days, referring to this practice. Homes of infected persons were marked with a red cross with their inhabitants put in isolation or moved to the dreaded “pest houses,” really places to await death.²⁶

Other states in Europe put this quarantine practice in place as the aftereffects of the Plague reverberated throughout the continent. Quarantine was seen as precaution to guard against future plagues, to ensure that an epidemic such as the Black Death never occurred again. Dubrovnik implemented quarantine in 1377, Marseilles in 1383, Pisa in 1464, and Genoa in 1467. The first quarantine hospital, or *lazzaretto*, was built in 1423 on the island of Santa Maria di Nazareth by the Republic of Venice.²⁷ However effective, in many ports these precautions were strongly opposed. Quarantine hurt trade, and many merchants tried to get the isolation period reduced or altered by using their power and influence, as their businesses were negatively affected by the 40-day isolation period. This period put merchants behind schedule and ensured

²⁵ Kraut, *Silent Travelers*, 24.

²⁶ Dorothy H. Crawford. *Deadly Companions: How Microbes Shaped Our History*. (New York: Oxford University Press, 2007), 88.

²⁷ Tognotti, *Lessons from the History of Quarantine*, 255.

that for many months of the year, they would be stuck at certain ports, losing profit. Using their influence, many merchants bribed government officials to shorten the isolation periods or forgo them all together.²⁸ As quarantine was inconvenient for the merchant, it could be bypassed by those higher in power, endangering citizen's lives. In this way, quarantine began to function as a "social filter," allowing important merchants to bypass the laws while minority groups were targeted.²⁹ Even in the 15th century, power and influence began to trump the health of the public and those inside power structures could bend the law at their will and for their benefit.

In addition to being detrimental to trade, quarantine raised problems for minorities living in Europe. Needing a scapegoat for the Plague, oftentimes Jews, gypsies, and foreigners were blamed for bringing in and perpetuating the disease. Members of these groups were often persecuted with no evidence, as people became convinced that they were the source of the Plague. Blame and scapegoating appear when epidemics strike, usually manifesting themselves in the establishment of quarantine or isolation of the marginalized group. However, in medieval Europe, it was believed that these groups needed to be exterminated, not isolated, so as to address the actual disease at issue.³⁰

Christian Europe assumed that the Black Death was either God's vengeance or the work of the devil as disease was unseen and unstoppable. At this time, Jews were associated with the devil—believed by some to have made a deal with the him, accused of drinking the blood of Christian children, and destroying the body of Christ by desecrating the Eucharist. These accusations have existed since the 12th century, but discrimination against Jews rose dramatically as a reaction to the Black Death. This shared fear lead to the harassment of Jews by those who

²⁸ Mark Harrison. *Contagion: How Commerce Has Spread Disease*. (New Haven: Yale University Press, 2012), 15.

²⁹ Harrison, *Contagion*, 14.

³⁰ Harrison, *Contagion*, 14.

believed that Jews had been seduced by the devil to poison the drinking water in the wells, even though Jewish communities were equally stricken by the plague. To punish them for poisoning the wells, Jews were burned alive, their homes destroyed, and targeted individuals were tortured until they confessed to crimes which they did not commit.³¹

This presence of disease was believed to be an international conspiracy against all of Christendom, resulting in the torture and burning of Jews throughout Europe. A Jewish merchant, Agimet of Geneva, was arrested after buying silks in Venice in October of 1348 and tortured until he confessed under duress to purposefully facilitating the transmission of the disease. In the transcribed confession, he names a Rabbi Peyret as the mastermind conspirator behind the plot, and the confession details his actions after being convinced by the Rabbi and given poison to distribute on his trade route:

Agimet took this package full of poison and carried it with him to Venice, and when he came there he threw and scattered a portion of it into the well or cistern of fresh water [...] in order to poison the people who use the water of that cistern. And he says that this is the only cistern of sweet water in the city. He also says that the mentioned Rabbi Peyret promised to give him whatever he wanted for his troubles in this business.³²

Disease had now morphed into an issue of morality, a weapon wielded by those wicked enough to obey the devil by practicing the Jewish faith, and morally corrupt enough to accept payment for such a deed. Or of course, those simply unlucky enough to be suspected by one's neighbors. It was this reaction to the Black Death that drove the persecution of the Jews in the 14th and 15th centuries, creating a lasting legacy of stereotypes linking Jews to disease and evil.

Quarantine as a method of disease control proved to be effective, and continued to be implemented as new diseases were carried on ships all over the world, even in early America over

³¹ Alcabes, *Dread*, 29-33.

³² "The Confession of Agimet of Geneva, Châtel, October 20, 1348" in *The Jew in the Medieval World: A Sourcebook 315-1791* ed. Jacob Marcus (New York: JPS, 1938), 43.

three centuries later. Contagion was just beginning to be understood, but transmission remained a mystery until later in the nineteenth century. At this time though paths of disease could be traced, and it had been proven that isolation was effective for whatever reason. In 1793, Philadelphia was hit with yellow fever, decimating over ten percent of the population³³. Public health was immediately thrust into the hands of the government and Governor George Clinton of New York issued a proclamation implementing the quarantine of ships coming from yellow-fever stricken ports, directing them to Bedlow's island, now modern-day Liberty Island and home of the Statue of Liberty. He ordered that,

all vessels of whatever kind that may be having on board any Person or Persons infected with Yellow Fever or any other contagious Distemper, or coming from any places infected with such contagious Distemper shall not come into any of the Ports or Harbours of the State, or nearer the city of New York than the Island commonly called Bedlow's Island [...]. No person or persons whomsoever, not any Goods or Merchandise whatsoever coming or imported in any such Vessels are to come or be brought on shore or unloaded or put on board any vessel within this State, until the Vessel so performing Quarantine shall be duly discharged.³⁴

The epidemic resulted in state laws passed in 1806 and 1818 to create a Board of Health for the state of Pennsylvania, under the leadership of the Governor. The Board created a 10-acre quarantine station on the Delaware River.³⁵ This was the first quarantine island in the United States, established by the government as a response to a destructive epidemic. This would be the precursor to the quarantine stations set up in New York City later in the nineteenth century.

This state governed quarantine, established as a response to yellow fever outbreaks in Philadelphia in the eighteenth century, proved to be an effective method for keeping out

³³ Edmund Ramsden. "Science and Medicine in the United States." *The History of Medicine*, ed. Mark Jackson. (New York: Oxford University Press, 2011), 100.

³⁴ George Clinton, *A Proclamation*, (New York: September 13, 1793).

³⁵ Kraut, *Silent Travelers*, 29.

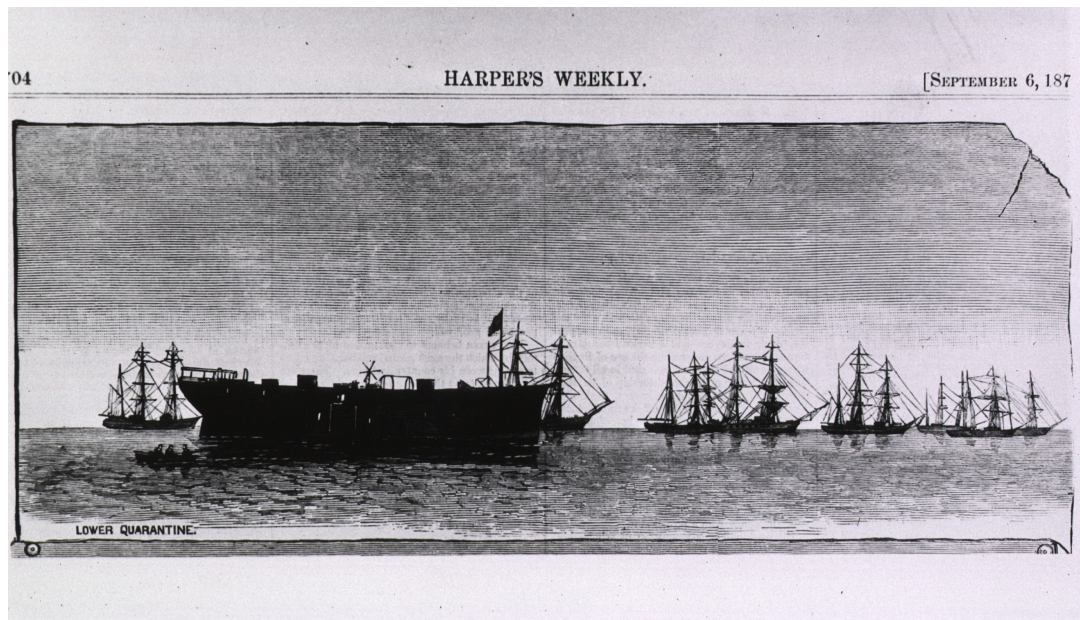
disease.³⁶ At this time, a century before Robert Koch's germ theory, disease was thought to be caused by a filthy environment—human and animal waste, rotting organic matter, clouds of bad air that came from the exposure of decaying matter or stagnant water to cold air, called *miasmas*. These dangerous miasmas could be found in swamps, puddles, gutters, cellars or even the quarters below decks of ships and were thought to create an imbalance of the humors in the body.³⁷ Those who subscribed to this theory, anti-contagionists, believed that disease was not transmitted from person to person, but was a manifestation of an unclean atmosphere. Quarantine kept the miasmas and unclean atmosphere of the ship far from the port city, thereby keeping disease from entering as well. Miasmatic theory continued to be the reigning disease theory until Robert Koch developed the four postulates of Germ Theory in the 1890's, stating that disease is caused by microorganisms that travel by various vectors, one being human contact. With this emerging understanding of contagion came a new need for quarantine: to keep foreign bodies who were infected from interacting with healthy citizens.

Medieval and pre-nineteenth century quarantine would not necessarily have been considered ethical by our modern standards as it was the first line of defense against disease and did not examine groups of all class or racial status. It was a method of policing the poor body, locking it away so it would not corrupt the body of the healthy citizen. In the event of an epidemic, mandatory quarantine creates stigmas for certain marginalized groups and if fear runs unchecked, these stigmas can turn into action as seen with the burning and torture of Jews in medieval Europe. In the nineteenth century, these stigmatized groups were not persecuted directly in this manner, but isolated. This isolation ensures that the stigmatized body remains

³⁶ Carl J. Pfeiffer. *The Art and Practice of Western Medicine in the Early Nineteenth Century*. (Jefferson: McFarland & Company, Inc., 1971), 100.

³⁷ John C. Burnham, *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015), 96.

under surveillance and under control of the healthy, the powerful.³⁸ Existing in quarantine, as an “enclosed, segmented space,” in which “the individuals are inserted in a fixed place” all of their “slightest movements are supervised, [...] all events are recorded.”³⁹ Immediately they lose control over their bodies and choices about said bodies, reduced to the image of sick, dirty, or evil. As contagion is understood and Germ Theory is a matter of common parlance, the immigrant body is seen as a threat and stereotypes that originated in medieval times begin to rear their heads once again.



Wood engraving of ships in quarantine in Lower Manhattan Bay. Note the doctor's boat with the yellow flag, signaling quarantine. *Harper's Weekly*, 1879⁴⁰.

³⁸ Tognotti, “Lessons from the History of Quarantine,” 258

³⁹ Foucault, *Discipline and Punish*, 197

⁴⁰ “Views of Lower Quarantine” *Harper's Weekly*, September 6, 1879.

CHAPTER TWO

Land, Ho! Quarantine Policy Arrives at Ellis Island

“[Quarantine is] the official barrier between the horrible disease
and the great port of New York”

—Dr. William T. Jenkins, Health Officer of the Port of
New York, 1892⁴¹

Welcoming the Immigrants

Quarantine became an integral part of New York immigration culture in the nineteenth century as Ellis Island welcomed over five thousand of the “huddled masses” every single day.⁴² First Castle Garden, located on the southern tip of Manhattan in present-day Battery Park became the entrance for immigrants to New York City. This was the first station to accept immigrants in the United States, opening in May 1855 and operating until 1889. With the increase in the federalization of quarantine and the exponential rise in immigration, Castle Garden could no longer support the hordes of immigrants flocking to New York City. Ellis Island opened in 1892, becoming the primary immigration station in the United States, accepting over 12 million immigrants by the time that it closed almost sixty years later. With typhus and cholera rocking the city, each immigrant was to be inspected at Ellis Island and either approved to enter the city, sent to a quarantine island to recover, or sent back to their port of origin—if they made it through the perilous journey from the Old Country.⁴³ The entire immigration process quickly became a main focus of both the state and eventually federal governments as the public began to

⁴¹ “Precautions Against the Disease” *New York Tribune* August 25, 1892

⁴² David M. Brownstone, Irene M. Franck and Douglass L. Brownstone, *Island of Hope, Island of Tears*, (New York: Rawson, Wader Publishers Inc., 1979), 57.

⁴³ Krista Maglen, *The English System: Quarantine, Immigration, and the Making of a Port Sanitary Zone*. (Manchester: Manchester University Press, 2014), 148.

see Eastern European Jewish immigrants as a threat to their public health. Overwhelmed by the sheer number of immigrants, the physicians at Ellis Islands resorted to relying on physical characteristics to determine who needed to be quarantined during inspections. Coupled with the fact that governmental public health officials were scrambling to exercise their power, quarantine became an unethical system that entrusted immigrant lives to very few officers in an organization aimed at restricting immigration and an inspection that prided efficiency over quality control.

The timing of the acceptance of Germ Theory by the medical community coincided with the mass influx of Eastern European Jewish immigrants into New York City, as well as the moment when state and federal governments were jockeying for jurisdiction over the quarantine system. This created an environment marked with more hostility and a tendency for xenophobia than other groups of immigrants had experienced earlier in the nineteenth century. The “old” immigrants from Northern Europe, such as Ireland, England, Germany, France, Norway, Switzerland, immigrated at a time when disease was thought to be a product of one’s environment, while the “new” immigrants from Eastern and Southern Europe, specifically Russia, Poland, Austria-Hungary, Greece, Italy, Portugal, Turkey and others, immigrated as people were beginning to understand that disease could be carried and transmitted by humans.⁴⁴ It became clear that it was not clouds of air in the environment that had caused the epidemics shaking the city, but germs traveling through people. And those people had to be the immigrants, bringing microorganisms from their respective countries. This realization necessitated a more intense quarantine system, more regulated than the state operated system of the first half of the nineteenth century.⁴⁵ A sentiment arose among New Yorkers that only the Federal Government had the resources and potential to deal with the increasing number of Eastern European

⁴⁴ Markel, *Quarantine!* 6.

⁴⁵ Maglen, *The English System*,” 145.

immigrants, as the Federal Government took strides to curb immigration all together.⁴⁶ It is not a coincidence then, that the late nineteenth century was one marked by racism and nativism, distrust of immigrants and a vision of these incoming immigrants as vectors of disease, not to be permitted to assimilate into the fabric of America and spread whatever foul condition they carried.⁴⁷

Early Legislation and Life in Steerage

New York State took the health of the hopeful would-be Americans very seriously, quarantine remaining under the jurisdiction of the state until the twentieth century. Between the years 1880 and 1924, over 23.5 million immigrants arrived in the United States, with over 67 percent of those immigrants arriving through New York City, the busiest port in the country. With fear of contagion rising, as cholera swept Europe, a quarantine system was constructed to screen the passengers of the numerous ships before they were permitted to cross the threshold to New York City.⁴⁸ Each state had its own quarantine laws and procedures, without a federal system to regulate the processes. However, after outbreaks of yellow fever along the Mississippi River Valley claiming over 100,000 lives, demand for a nationally regulated quarantine system arose. The Quarantine Act of 1878 was established as the first attempt to create a national approach to quarantine. This Act gave the Marine Hospital Service authority over state quarantine, dictating that, “no vessel or vehicle coming from any foreign port or country where any contagious or infectious disease may exist, and no vessel or vehicle conveying and person or

⁴⁶ Kraut, *Silent Travelers*, 77.

⁴⁷ Markel, *Quarantine!* 5.

⁴⁸ Alan M. Kraut “Plagues and Prejudice: Nativism’s Construction of Disease in Nineteenth and Twentieth Century New York City,” in *Hives of Sickness: Public Health and Epidemics in New York City*, ed. David Rosner, (New Brunswick: Rutgers University Press, 1995), 67.

persons, merchandise or animals, affected with any infectious or contagious disease, shall enter any port of the United States.”⁴⁹ However, this federal system could not, “conflict or impair any sanitary or quarantine laws of any state or municipal authorities,” meaning that while quarantine remained a state regulated process, Marine Hospital Service officers acted under federal regulations created by the Surgeon General.⁵⁰ In addition to crafting the first federal regulations of quarantine, however loosely enforced, this act created Federal protocol for quarantine in case of national emergency, a National Board of Health, and maintained state laws, creating a climate of confusing political uncertainty with regards to public health.⁵¹

This quarantine was markedly different than the quarantine of medieval times. Instead of holding ships at the port for a 40-day period as was common in the 15th century, public health officers would board the ship to personally inspect all persons and cargo. This is where quarantine met immigration—this quarantine process included thorough inspection of all passengers, crew, and cargo to ensure that no infectious diseases were being carried into the country as a result of the Immigration Act of 1891. This act sought to regulate immigration by designating what made an immigrant fit to enter society. The government sought to keep out immigrants that could potentially become a “public charge,” not contributing to American society or able to earn their keep. If an immigrant was found unfit to enter the country, they would be send back to their port of origin at the cost of the steamship company, according to this act.⁵² Any immigrants rejected at the port of entry had to be taken back to their port of origin at the cost of the steamship company as dictated by the Act, as “all aliens brought to this country in

⁴⁹ National Quarantine Act. Sess. 2, Ch. 66, 20 Stat. 37. 1878

⁵⁰ National Quarantine Act. Sess. 2, Ch. 66, 20 Stat. 37. 1878

⁵¹ Maglen, *The English System*, 133.

⁵² Jerrold M. Michael. “The National Board of Health: 1879-1883” *Public Health Reports* 126 no. 1 (2011): 125.

violation of law shall, if practicable, be immediately send back to the country where they respectively came on the vessels bringing them. The cost of their maintenance while on land, as well as the expense of the return of such aliens, shall be borne by the owner or owners of the vessels on which they respectively came.”⁵³ According to Section One of 26 Stat. 1084, grounds to reject immigrants included:

All idiots, insane persons, paupers or persons likely to become a public charge, persons suffering from a loathsome or dangerous contagious disease, persons who have been convicted of a felony [...], and also any person whose ticket or passage is paid for with money of another [...].⁵⁴

The definition of the immigrant who would become a “public charge” would undergo many changes well into the twentieth century, but “persons suffering from a loathsome or dangerous contagious disease” stays constant as an excludable offense. By rejecting immigrants with these conditions, immigration was actively restricted to letting in immigrants who were healthy enough to work, had enough money to purchase their own ticket, ensuring, in the government’s eyes, that they would be worthy additions to American society. In order to ensure that only the able-bodied could pass into the United States, the Federal Government required inspections of immigrants at both their port of departure and upon arrival, as laid out in the Immigration Act of 1891.⁵⁵ This act also required steamships to provide certificates from medical officers to the Marine Hospital Service at the ports of entry to the United States, to more thoroughly document and inspect the bodies of the immigrants. Steamship companies relied heavily on these pre-departure inspections to ensure that they would not have to pay for the return journey of their immigrant passengers.⁵⁶

⁵³ 1891 Immigration Act, Sess. 2, Ch. 551, 26 Stat. 1084

⁵⁴ 1891 Immigration Act, Sess. 2, Ch. 551, 26 Stat. 1084

⁵⁵ 20 Stat. L. 484, March 3, 1879

⁵⁶ Harvard Law School. “Origins of Federal Quarantine and Inspection Laws.”
<https://dash.harvard.edu/bitstream/handle/1/8852098/vanderhook2.html?sequence=4>

These preliminary inspections were performed at control houses at the ports by medical officers assigned to consular offices in these foreign ports to ensure that steerage passengers would not bring disease onto the ship and into New York. These cursory inspections were oftentimes rushed and incomprehensive, however those believed to be ill were sent back home to recover and try again. Over one thousand passengers could pass by two doctors standing behind a small window, examining the tongues of the passengers from behind glass. One anonymous doctor who made the voyage many times called this inspection a “charade” in a letter to *The New York Daily Times*. In this letter, he argues that it, “would be rendering a service to humanity” to “examine properly the conditions of the passengers, instead of driving them on board ship like so many cattle.” Though the doctors examined tongues of the passengers, “no other notice is taken of their filthy condition nor is the body which may be full of ulcers, itch, small pox or other disagreeable diseases.” He goes on to describe that many unnecessary deaths occur on board and as the ship’s doctor, he has had to send many immigrants back to their home countries after arriving in New York due to illness.⁵⁷

Immigrants who did not pass the initial inspection the dock had a similar fate, being sent home or quarantined at the dock until they had recovered, necessitating the purchase of a new ticket and the repetition of the system. This gave rise to a new concern—that a member of the family would be left behind in quarantine while the rest of the family traveled to America. As this haphazard inspection did not actually identify many of those in need of medical attention, it fated the rest of the steerage passengers to become ill, making their experience at Ellis Island much more difficult and putting them at risk to be quarantined once in the United States.

⁵⁷ Doctor. “Condition and Care of Emigrants on board Ship,” *The New York Daily Times*, October 15th, 1851, 4.

Gaining passage to New York through Ellis Island proved to be very difficult for many of these Eastern European Jewish immigrants. Leaving Russia or Poland meant leaving persecution and prejudice behind them. In the Old Country, villages were sacked, Jews were forced out of their homes, and many were killed in violent *pogroms*, meaning “to demolish violently” in Russian. It was a long process to gain a passport and oftentimes they had to be smuggled across the border to leave for the United States. Many of those fleeing persecution were also fleeing poverty, and securing the 20 to 30 dollars required for a ticket was more than many made in a year.⁵⁸ This ticket assured a place in steerage: the lowest class in the ship, below the deck. First and second class passengers had their own quarters and bathrooms, but these tickets were costly. The conditions in steerage were dismal—passengers were not given the opportunity to bathe nor given towels or soap, many slept seated on their own luggage using a life preserver as a pillow or on thin cots stacked three high. There was no privacy whatsoever, and with no windows, every smell was locked inside the room. Food was as cheap as the ship could afford, and the shipping companies blatantly disregarded kosher laws, even if the ship was supposed to have a designated kosher area.⁵⁹ Author, philosopher, and lawyer Morris Raphael Cohen recalls his own journey, saying that they,

were huddled together in steerage literally like cattle [...]. Naturally, we could not eat the food of the ship, since it was not kosher. We only asked for hot water into which my mother used to put a little brandy and sugar to give it a taste. Towards the end of the trip when our bread was beginning to give out we applied to the ship’s steward for bread, but the kind he gave us was unbearably soggy. The hardships of the trip began to tell on my mother, so that she took sick and developed a fever.⁶⁰

⁵⁸ Lawrence J. Epstein, *At The Edge of a Dream: The Story of Jewish Immigrants on New York’s Lower East Side 1880-1920*. (San Francisco: Jossey-Bass, 2007), 20.

⁵⁹ Epstein *At The Edge of a Dream*, 24

⁶⁰ Morris Raphael Cohen. *A Dreamer’s Journey*. Boston: Beacon Press, 1949. 61.

Steamship companies saw minimizing space and food for each immigrant as a method to maximize profit. According to German immigrant and writer, Friedrich Kapp, the steamship companies, “sent on board as many passengers as they could get hold of, without the smallest reference to the conveniences of the steerage, the separation of the sexes, or anything except their own immediate profit.”⁶¹ Passengers in steerage could not complain, and in reality “had no other right than to occupy the ten or twelve square feet which were allotted to him.”⁶² Without concern for the wellbeing of the passengers in steerage, many passengers took ill and even died. Many immigrants choose to forget this time, saying that “it was forgotten, because it was terrible. Really terrible.”⁶³ If a passenger in steerage had a disease such as cholera or typhus, it would inevitably spread to the other passengers, making the second inspection at Ellis Island very difficult to pass.

Class Divisions On Board

As a result of the Immigration Act of 1891, any ship arriving in New York had to not only undergo an inspection at the port of origin, but also undergo a thorough inspection at the port of entry by Marine Hospital Service officers. These officers were trained to look specifically for signs of “germ” diseases, such as typhus, smallpox, yellow fever, and plague. They were especially focused on identifying cases of two highly contagious diseases: trachoma, an eye disease, and favus, a scalp fungus. The state health officials interrogated the ship’s crew as well as the ship’s physician before examining the first and second class passengers and taking stock of the dead.

⁶¹ Friedrich Kapp, *Immigration and the Commissioners of Emigration of the State of New York*, (New York: The Nation Press, 1870), 27

⁶² Kapp, *Immigration and the Commissioners of Emigration of the State of New York*, 27.

⁶³ Friedman, *Ellis Island Oral History Project*, 1989.

Then the federal Marine Hospital Service officers boarded the ship to ensure that it had indeed passed quarantine.⁶⁴ The passengers in steerage were never examined in this inspection at the dock, they were kept waiting until all cabin passengers had passed inspection and then were sent into the landing depot for a more thorough examination.⁶⁵ Many of the passengers did not even know what was occurring, as many didn't speak English. Rose Siegel, passenger on the Lapland from Russia said that she asked an officer "what are you looking for? And they wouldn't even answer me."⁶⁶ It was discovered that many immigrants would save for tickets in first or second class as the inspections were less intense than those for passengers in steerage. In this sense, quarantine was not divisive in isolating the poor, but in isolating the rich. If one was privileged enough to be in first or second class, they stood a better chance of being allowed into the country by not having to go through the intense inspection that most immigrants had to endure.

However, this privilege was controlled entirely by the Marine Hospital Service officer. The public health of America seemed to be at his discretion, and these state officials wielded a tremendous amount of power. If the officer deemed the ship to be carrying disease, the ship would have to be completely disinfected and fumigated at the steamship company's expense, staying at the quarantine station for as long as the officer stated, which racked up huge costs for the company. It was also up to the prudence of the officer to decide to detain passengers or crew in a hospital, and his word was final. In the case of a public health emergency, the public health official could even close down the entire port of New York City.⁶⁷ As this official wielded great

⁶⁴ Kraut, *Silent Travelers*, 61.

⁶⁵ Kraut, "Plagues and Prejudice," 69.

⁶⁶ Rose Hoffman Siegel, interview by Debby Dane, *Ellis Island Oral History Project, Series AKRF, no. 066: Interview of Rose Hoffman Siegel by Debby Dane, October 31, 1985* (Alexander Street Press, Alexandria, VA, 2003).

⁶⁷ Mervyn Susser and Zena Stein. *Eras in Epidemiology: The Evolution of Ideas*. (Oxford: Oxford University Press, 2009), 133.

power, it is crucial to note that these officers were often appointees of the governor of New York, and though they all possessed medical training, their political ties were often stronger than their medical knowledge.⁶⁸ The last decade of the nineteenth century was rife with political tension between the federal government and state governments as public health under President Benjamin Harrison sought to restrict immigration entirely. By transforming quarantine, the government prejudiced the image of the Eastern European Jewish immigrant and ensured that medical inspection would take on new intensity, restricting their immigration even further.

Cholera Epidemic of 1892 and Tammany Hall Quarantine Policy

The cholera epidemic of 1892 was a turning point in quarantine politics. Asiatic cholera was ravaging many of the European ports that Eastern European Jewish immigrants were hailing from, especially Hamburg. The main path from Russia to America was via Hamburg, Germany and as cholera reached Hamburg, it spelled trouble for the acceptance of the immigrants back in the United States.⁶⁹ As fear rose in New York about a possible epidemic, President Harrison's Tammany Hall controlled-government saw an opportunity to attempt to centralize power within the public health system. By limiting the immigration of "Russian Hebrew" immigrants, immigration decreased immensely and federal power grew. In order to limit immigration without stopping it entirely (as was within the President's powers but necessitated congressional approval), Harrison's administration sought to limit certain classes, and therefore ethnicities, from entering into the United States. This began with the complete separation of cabin and steerage passengers coming from cholera-stricken Hamburg initiated by health officer of the Port of New York, Dr.

⁶⁸ Markel, *Quarantine!* 8.

⁶⁹ Markel, *Quarantine!* 88.

William T. Jenkins, appointed to his position as result of his marriage to the daughter of a Tammany Hall boss. This separation allowed cabin passengers to be placed on faster and newer ships while steerage passengers were transported in slower vessels, allowing immediate quarantine in the event of a cholera occurrence.⁷⁰

One of these steerage ships, the SS Moravia, brought cholera directly to the port of New York, changing the image of the Eastern European Jewish immigrant irrevocably. Traveling from Hamburg to New York and filled with Russian and Polish Jewish immigrants, several passengers developed symptoms of cholera while at sea. Vomiting, diarrhea, stomach cramps and eventually coma and death are the classic cholera symptoms, killing twenty-two passengers on board by the time the ship docked in New York in August of 1892. The dead had been thrown overboard during the voyage. Jenkins placed the entire ship under quarantine, both sick and healthy. The cause of the cholera was determined to be the drinking water on the ship, drawn from the Elbe River in Hamburg, infested with cholera.⁷¹ The passengers were placed in quarantine in the Lower Bay of New York, and “as soon as a passenger is taken sick a transport takes the suffer from the ship to the hospitals on Swinburne Island” while “the dead are at once carried to the crematory there, the fires of which are kept going night and day.”⁷² This caused great panic amongst the passengers, as “men offered any amount of money to be put ashore anywhere” and both “men and women suffered from nervous collapse.”⁷³ This macabre quarantine lasted until September 29, 1892 when the remaining passengers of the Moravia were permitted to enter Ellis Island for their inspection.

⁷⁰ Markel, *Quarantine!* 90-93.

⁷¹ Markel, *Quarantine!* 94.

⁷² “More Victims of Cholera” *New York Times*, (New York, NY), September 5, 1892.

⁷³ “More Victims of Cholera” *New York Times*, (New York, NY), September 5, 1892.

With the threat of cholera now firmly at New York's gates, President Harrison called a meeting with the Attorney General, the Secretary of the Treasury, and the Supervising Surgeon General of the Marine Health Service to address the dire situation. While the President had the power to cease all immigration from a particular country, there was not time to acquire congressional approval and therefore the consensus was to implement a strict quarantine of twenty days on all vessels from infected ports which carried "Russian Hebrew" immigrants.⁷⁴ The *New York Times* reported on the new rules, correctly assuming that it would "practically put a stop to immigration, for no steamship company will continue to transport people to this country whom it will have to feed and shelter three weeks after their arrival."⁷⁵ The steamships were reported as being compliant with the order, as it

caused little surprise among New York steamship agents, as action of that nature had been expected ever since the Moravia reached the bay with cholera on board. The [...] regulation, it was unanimously agreed, would be to stop all emigration from Europe to New York until the cholera trouble is over on the other side. The cost of detention of a steamship down the bay for twenty days, the agents said, would cause the companies to drop their steerage business entirely.⁷⁶

Several representatives of steamship companies such as the Hamburg-American Packet Company, the North German Lloyd Line and the Compagnie Générale Transatlantique attest to this fact, agreeing to compliance with the federal government as this 20-day quarantine would "inflict an incalculable loss." This order took quarantine out of the hands of the states and into the hands of the federal government. Previously, quarantine was largely a state issue as the Quarantine Act of 1878 stated that, the federal regulations should not "conflict with or impair

⁷⁴ Maglen, *The English System*, 139.

⁷⁵ "The Government Takes Decisive Action" *New York Times* (New York, NY), September 2, 1892.

⁷⁶ "The Government Takes Decisive Action" *New York Times* (New York, NY), September 2, 1892.

any sanitary or quarantine laws or regulations of any state.”⁷⁷ However, with this new quarantine, the federal government overrode the state governments to act in an emergency as also stated in the Quarantine Act of 1878.

In addition to transferring power to the Federal government, this order issued by Surgeon General Walter Wyman resulted in the swift reduction of steamship companies transporting steerage passengers, decreasing the number of incoming Eastern European Jewish immigrants dramatically—dropping from over four thousand a month to just three hundred.⁷⁸ However, the Superintendent of Immigration at the time, Col. John B. Weber, argued that just limiting steerage passengers was not actually useful in preventing cholera as there still remains “the danger of cholera germs coming in through merchandise which is handles by persons who infect it with cholera germs and which is carefully packed away, rides in free and unmolested in packing boxes, and is first heard from after the merchandise has been handled by some unsuspecting individual” and “there are cabin passengers who come from infected districts or who come into contact with people who are from infected districts.”⁷⁹ There were New Yorkers who agreed with this opinion, such as Quarantine Surgeon Dr. Palmer Cole who insisted that “the first-class passenger, though not so liable, may unawares carry the bacillus in his clothing or in the goods in his trunks and should be quarantined” and that suspecting only steerage passengers of carrying the disease “is wrong.”⁸⁰

However, not all citizens saw the decrease in steerage passengers as an injustice—for some, it validated their nativist prejudices about Eastern European Jewish immigrants. The

⁷⁷ National Quarantine Act. Sess. 2, Ch. 66, 20 Stat. 37. 1878

⁷⁸ Maglen, *The English System*, 141.

⁷⁹ “The Government Takes Decisive Action” *New York Times* (New York, NY), September 2, 1892.

⁸⁰ “Quarantine Rules Not Stringent Enough” *New York Times* (New York, NY), September 2, 1892.

highly publicized case of the SS Moravia had linked cholera with the image of Eastern European Jewish immigrants in the minds of Americans, though the disease was contracted in Germany and not in Russia nor Poland. An article featured on the front page of the New York Times declares that “with the danger of cholera out of the question, it is plain that the United States would be better off if ignorant Russian Jews and Hungarians were denied a refuge here.” The article continues to call these immigrants “creatures” and “riffraff,” declaring that “every big city has its colony of Russian Jews [...] and every good citizen knows that they make most undesirable residents.” The article declares them “offensive at best,” and a “positive menace to the health of the country.”⁸¹ *Harper’s Weekly* called them the “scum of invalided Europe” and nativist political cartoons linking cholera and the stereotypical image of the Eastern European Jewish immigrant circulated throughout New York City, calling for immigration to stop completely.⁸²

These extreme opinions were shared by the President of the United States, Benjamin Harrison. The 20-day quarantine was an attempt to cease immigration without necessitating the executive order to do so, though he spoke in his last two addresses to Congress about his desire of “restricting the immigration of the Russian Hebrews.”⁸³ This quarantine was unnecessarily long, as most medical experts say that five to eight days would have been sufficient.⁸⁴ By creating a gratuitous quarantine period, the steamship companies were forced to stop their steerage passage as 20 days in isolation would have meant huge financial loss. And therefore by stopping steerage all together, very few Eastern European Immigrants would be able to make the journey to the

⁸¹ “No Way to Stop Immigration: Quarantine the Only Safeguard Against Cholera” *New York Times*, (New York, NY), August 29, 1892.

⁸² *Markel, Quarantine!* 88.

⁸³ *Markel, Quarantine!* 95.

⁸⁴ Maglen, *The English System*, 140.

United States. Continuing President Harrison's vision of a completely federal quarantine system, an Act of Congress was passed on February 15th, 1893, declaring that, "in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate and for such period of time as he may deem necessary."⁸⁵ In addition to this power, this act also placed all national quarantine responsibility on the Marine Hospital Service, specifically the Surgeon General of the Marine Hospital Service as well as the Secretary of Treasury, as well as the introduction of uniform regulations for all state quarantine stations.⁸⁶



Caption reads: "The kind of emigrant we can not afford to admit." Political cartoon showing cholera (written on the waist of the death-like figure) entering New York City on an immigrant vessel with the Board of Health wielding carbolic acid and other disinfectants to attempt to keep cholera out of the port. *Puck*, 1883⁸⁷

When President Theodore Roosevelt was elected in 1901, he sought to rethink the Marine Hospital Service and Harrison's legacy of prejudice and emphasis on centralizing power, cutting ties with Tammany Hall. He attempted to abolish the corrupt system that had been in

⁸⁵ Sess. 2, Ch. 114, 27 Stat 452, February 15, 1893.

⁸⁶ Ann Doyle, "Development of Federal Public Health Functions in the United States" *The Public Health Nurse* 12, no. 7 (1920): 879.

⁸⁷ "The Kind of Emigrant We Can Not Afford to Admit" *Puck*, 1883.

place as his administration found evidence of corrupt officers taking bribes, bypassing inspections, not reporting sick individuals.⁸⁸ President Roosevelt's most important action in this arena was to appoint William Williams as Commissioner of Immigration who served from 1902-1905 and then from 1909-1914. It was Williams that found that the Marine Hospital Service had only appointed eight physicians to conduct examinations of over 480,000 steerage passengers and over 68,000 cabin passengers. The Marine Hospital Service was renamed the United States Public Health and Marine Hospital Service in 1902, and then the United States Public Health Service in 1912 to reflect the national nature of the regulations they were to enforce.⁸⁹

⁸⁸ Michael LeMay *Doctors at the Borders: Immigration and the Rise of Public Health* (Santa Barbara: Praeger, 2015), 130.

⁸⁹ Kraut, *Silent Travelers*, 57-60.

CHAPTER THREE

Second Inspection: To the Golden Land or To the Quarantine Hospital

“What was Ellis Island like? It was hell and it was good. For one who passed by, everything was all right. For one who was detained or sent back, oh, that was awful.”

—Theodore Lubik, officer at Ellis Island 1914-1917⁹⁰

The Dreaded Medical Inspection

In an effort to steer Ellis Island from corruption, the United States Public Health and Marine Hospital Service sought to regulate one of the most unpleasant duties of the officers: the inspection of immigrants in steerage. By aiming to increase efficiency and standardizing the process, the medical examination of immigrants was a dehumanizing and humiliating experience for the Eastern European immigrants. Experienced medical officers became experts at recognizing telltale signs of illness, seeing the immigrant body in its disparate parts as either normal or abnormal. The stakes were extremely high as a failure of the exam could necessitate further medical quarantine or the deportation back to their port of origin and the persecution they fled. Speaking little to English, this could be a traumatic experience for the immigrant, arriving at Ellis Island was described by immigrant Edward Steiner, as “hard, harsh,” being “surrounded by the grinding machinery of the law, which sifts, picks, and chooses, admitting the fit and excluding the weak and helpless.”⁹¹

In order to standardize the often subjective medical inspection, the Immigration Act of March 3, 1903 sought to define further the qualifications for deeming an immigrant inadmissible

⁹⁰ Brownstone, Frank and Brownstone. *Island of Hope, Island of Tears*, 174.

⁹¹ Alan M. Kraut, *The Huddled Masses: The Immigrant in American Society, 1880-1921*. (Arlington Heights: Harlan Davidson, Inc., 1982), 55.

to the United States by categorizing excludable illnesses. As written in the *Book of Instructions for the Medical Inspection of Immigrants* of 1903, Class A diseases were dangerous and contagious diseases including: trachoma, pulmonary tuberculosis, favus, syphilis, gonorrhea, leprosy, and insanity. Class B diseases were likely to render a person a public charge: hernia, valvular heart disease, pregnancy, poor physique, chronic rheumatism, nervous afflictions, malignant diseases, deformities, senility and debility, poor eyesight.⁹² It was the state public health officials that screened immigrants as “on landing, the passengers are examined by a Medical Officer, to discover if any sick have passed the Health authorities at Quarantine [...] and likewise to select all subject to special bonds under the law—as blind persons, cripples, lunatics, or any others who are likely to become a future charge.”⁹³ If the immigrant looked suspicious or threatening at all, they would be deemed unfit to enter the country. In this sense, the officer had the final word in deciding the immigrant’s destination. If the immigrants were to fail this inspection, they would be sent to a quarantine hospital.⁹⁴ They could be sent to the hospital at Ellis Island for an abbreviated stay, or be transported to one of the quarantine islands to face inadequate staff and crumbling facilities.

Ellis Island functioned like a machine, one capable of processing over 5,000 immigrants every day. This was the checkpoint that stood between a new world, being sent back home, or being swept off to a hospital on the property or on another quarantine island. Hence, Ellis Island was nicknamed, “The Isle of Hope or the Isle of Tears” by immigrant families.⁹⁵ New York City acquired the island from the children of farmer Samuel Ellis and subsequently doubled the size of

⁹² *Book of Instructions for the Medical Inspection of Immigrants*, (Washington: Government Printing Office, 1903), 5-12.

⁹³ Kapp, *Immigration and the Commissioners of Emigration of the state of New York*, 112.

⁹⁴ Kraut, *Silent Travelers*, 36.

⁹⁵ Telushkin, *The Golden Land*, 9.

the island with landfill, a tactic used to create the other quarantine islands around Manhattan as well. These quarantine islands inspired dread and fear in the immigrants, and passing the rigorous inspection at Ellis Island became a sort of gauntlet. Failing the inspection could mean immediate passage back to the home country, being separated from one's family and spending an indeterminate amount of time at a quarantine island, or even death from the disease. Rose Siegel, traveling from Russia to New York in 1922 described her fear of being separated that, "I worried for my mother because she was old, if they would send my mother back I would go with her."⁹⁶ In order to pass the inspection, one needed to prove to be healthy and free of any diseases as well as able to make a living once admitted. The inspection was geared to weed out those with physical diseases and sufferers of "contagious and loathsome diseases," and the inspection began the minute the immigrants stepped onto Ellis Island from the ship.⁹⁷

Upon landing, the passengers in steerage who had not been cleared by the quarantine officials who inspected the first and second class passengers disembarked from their ship. Immigration officials then pinned cards on the new immigrants and then sorted the immigrants into groups of thirty. This was a very jarring experience for them, as interpreters shouted in various languages, officials yelled and pushed while immigrants tried to keep a grip on both their children and their luggage. Luggage was then primarily wooden or wicker, and very cumbersome and heavy to manage in the crowd, and key to the first test in the inspection. The groups of thirty moved up the stairs to the second floor. Immigration officials would watch carefully as the immigrant walked up the stairs carrying their luggage, looking for limps, difficulty walking,

⁹⁶ Rose Hoffman Siegel, *Ellis Island Oral History Project*.

⁹⁷ Willard A. Heaps. *The Story of Ellis Island*. (New York: The Seabury Press, 1964), 72-73.

trouble with balance or slow moving individuals.⁹⁸ After preceding up the stairs, the line inspections began.

Women were in a separate line from the men for this first stage of the inspection. Here, the immigration officials kept the line moving as fast as possible, checking ears, scalps and eyes, looking for irregular breathing, lumps that could indicate goiter, and for people with strange facial expressions that could indicate mental illness. Officers were trained to recognize methods of covering contagious disease, removing hats to check scalps, unbuttoning shirts and making children walk to look for deformity.⁹⁹ They were looking for highly contagious trachoma and favus at this point. To diagnose trachoma, the officers would use button hooks to flip up the eyelids to check for symptoms. Trachoma was easily diagnosable, as one could not hide swollen eyelids, pustules, discharge from the eyes, and red eyeballs.¹⁰⁰ This nasty disease was associated with the Eastern European Jewish Immigrant as it ran rampant among steamships at this time. Surgeon General Walter Wyman declared it to be a “dangerous, contagious disease” that was “seldom seen except among recent immigrants from the Eastern end of the Mediterranean, Polish and Russian Jews.”¹⁰¹ Trachoma became the most common medical reason for immigrants to be rejected, accounting for over 80 percent of all cases of immigrants being rejected for carrying a “dangerous and loathsome contagious disease” as dictated by the Immigration Act of 1891.

⁹⁸ Victor Safford, *Immigration Problems: Personal Experiences of an Official*. (New York: Dodd, Mead, and Company, 1925), 247.

⁹⁹ Heaps, *The Story of Ellis Island*, 75.

¹⁰⁰ Allen and Semba, “The Trachoma “Menace” in the United States, 1897-1960,” 503.

¹⁰¹ Wyman, Walter, Letter from Dr. Walter S. Wyman to Frank H. Larned (1897) quoted in Howard Markel, “The Eyes Have It.” *Bulletin of the History of Medicine*, 74 no. 3 (2000): 533.

From 1897 to 1924, over 36,000 immigrants were barred from entering the United States from Ellis Island because of trachoma.¹⁰² It was very easily transmittable for passengers in steerage and highly contagious, meaning that if one passenger in steerage contracted trachoma, it would spread to many more before the ship docked in New York. In this sense, the system was set up against the Eastern European immigrant—the dismal conditions of steerage encouraged the spread of trachoma and then once contracting the disease, the immigrant was barred from entering the country and the voyage was in vain. If one did not pass this phase of the inspection, they would be marked with blue chalk on their lapel—though some would turn their jackets inside out to hide this incriminating blue mark. If one passed, they would proceed to the second part of the inspection.



Using buttonhooks to look for trachoma during eye examinations for men and women, date unknown.

In order to proceed to the second part of the inspection, they would go from the initial inspection to the Registry Hall and wait to see an official. This waiting was excruciating—and sometimes lasted up to five hours. Russian Jewish immigrant Tania Lipkovka remembers that by the time her family had progressed to this stage, “we had gone through so many experiences

¹⁰² Shannen K. Allen and Richard D. Semba, “The Trachoma “Menace” in the United States, 1897-1960,” *Survey of Ophthalmology* 47 no. 5 (2002): 503-504.

since arriving that we were completely exhausted.”¹⁰³ This was a common occurrence, and facing this part of the inspection exhausted lead to a higher margin of error. The officials were overworked and overtired, often working seven days a week from 9:00 AM to 7:00 PM. They were the last obstacle for the immigrants to clear before they could enter the country and start their new life, and the officials certainly did not make it easy. There were certain trick questions that the officials would use to confuse the immigrants. For example, the official would ask if the newcomer had a job lined up—most thought the correct answer was yes to show that they had a plan and therefore would not be a financial burden on the state. In fact, the correct answer was that they did not already have a job as the officials viewed this as the immigrants stealing jobs from Americans before they even had arrived.¹⁰⁴

The inspection was inherently nativist as it favored anyone who spoke English and looked as if they could be American. However, the process proved to be fairly sexist as well. Young, single women were not permitted to enter the country until a social worker could confirm that they had someone in the country already who would be taking care of them. Further, pregnant women would be excluded unless they could prove they were married, as an unmarried pregnant woman was considered a potential burden of the state.¹⁰⁵ If the immigrants passed this stage of the inspection, they were given a landing card and proceeded down the “stairs of separation,” so called because one path was to the detention room, and the other lead to the “kissing post” where immigrants were greeted by friends and family.¹⁰⁶

However, those that were marked with chalk would be pushed into pens with wire screen around them to separate them from those that passed the initial inspection. Children over the age

¹⁰³ Heaps, *The Story of Ellis Island*, 79.

¹⁰⁴ Kraut, *The Huddled Masses*, 57.

¹⁰⁵ Kraut, *Silent Travelers*, 63.

¹⁰⁶ Epstein, *At the Edge of a Dream*, 34-40.

of ten went alone, but could be accompanied by a parent if they were under ten in case they were condemned to return to their home country. From there began the more rigorous examination. This was a new and humiliating experience for many of the immigrants. Many of the Eastern European Jewish immigrants were very religious, and having to be naked and examined by a strange man was very degrading. Many of them had no idea what was going on as they did not speak English, nor had ever been to a doctor in their lives and felt very violated and dehumanized by this process.¹⁰⁷ If they failed this examination, their papers were stamped with the letters “LPN” which indicated that they were “liable to become a public nuisance.” As there was no second opinion on the judgement of these examinations, the officers could turn away those who they thought were “socially undesirable” by sending them to quarantine islands by claiming that they had symptoms of a contagious disease.¹⁰⁸ They were once again marked with chalk, but this time to indicate what specific affliction they were suffering from:

B-Back
 C-Conjunctivitis
 CT-Trachoma
 E-Eyes
 F-Face
 Ft-Feet
 G-Goiter
 H-Heart
 K-Hernia
 L-Lameness
 N-Neck
 P-Physical condition and lungs
 Pg-Pregnancy
 Sc-Scalp
 S-Senility
 X-Suspected mental illness
 O with an X through it-definite signs of mental illness

¹⁰⁷ Epstein, *At the Edge of a Dream*, 40.

¹⁰⁸ Alcabes, *Dread*, 106.

These conditions were damning as once convinced that an immigrant had a condition, the system began to work against them. After failing the examination, immigrants would either be detained at Ellis Island, sent to one of the other quarantine islands around Manhattan, or sent back to their home country, for some a fate worse than death.¹⁰⁹ A Board of Special Inquiry would decide their next steps a week or two after arriving at Ellis Island. These Boards of Special Inquiry were made up of three Immigration Service officers. No physicians ever sat on one of these boards, and some physicians reportedly protested using medical diagnoses as justification for exclusion.¹¹⁰ Though a noble thought, this created a corrupt system, as those Immigration Service officers serving on the Board were most likely some of the same officers performing the initial inspections. The immigrants facing these boards had no time or resources to prepare a defense, no right to counsel, and most likely did not speak English. Appeals could be made, however only those three officers could decide the fate of the immigrant as there was no jury.¹¹¹ It was left to this board to decide if the immigrant would be sent back to their home country, enter the United States, or be detained in a quarantine hospital. However, the hospital was a dire and overcrowded place, as over 2400 immigrants were forced into an area that only had 1800 beds, reminiscent of steerage and the voyage over.

By 1905, there were only 16 officers working the line inspections at Ellis Island and in order to ensure the utmost efficiency and thoroughness of the inspection, the officers established certain methods in order to determine the medical condition of an immigrant as quickly as possible. These officers were very intimidating to the Eastern European Jewish immigrant, as their uniforms were reminiscent of their oppressors in Russia. The uniforms instilled fear in the

¹⁰⁹ LeMay, *Doctors at the Borders*, 129.

¹¹⁰ Kraut, *Silent Travelers*, 68.

¹¹¹ Brownstone, Frank and Brownstone. *Island of Hope, Island of Tears*, 213.

immigrants, heling to create a power inequality in the inspection that put the immigrants at a disadvantage.¹¹² Though often diagnoses were no more than hunches, and some inspection officers such as Victor Safford, felt that these hunches were sound diagnoses, as “suspicion that something might be wrong was alone sufficient justification for turning a person aside.”¹¹³ He goes on to compare immigrants to automobiles, saying that it is the same task to detect “poorly built, defective, or broken down human beings than to recognize a cheap or defective automobile.” This thought is met with an inherent distrust of the Eastern European Jewish immigrant as he believed that “the alien who comes before the immigration medical officer is usually interested only in leading the medical officer to believe that nothing is wrong” and that “the Jewish attempts at deception had an Oriental finesse in their conception and a persistency with respect to their execution.”¹¹⁴ He is able to recognize Jews by their physical characteristics and calls them “Europe’s defectives and good-for-nothings” and that they brought with them “serious epidemics.”¹¹⁵ This nativist attitude was adopted by many of the inspection officers. However, some officers felt that this was an injustice as “heartbreaking incidents were constantly occurring when rejections had to be made” and the immigrant had to be conceptualized as “a potential focus of infection rather than a figure of tragedy.”¹¹⁶

Some of the methods put in place by the inspection officers were inherently biased, especially when determining the health of the immigrant. Mental health was extremely hard to gauge, and often lead to many misdiagnoses. Howard Knox, assistant surgeon at the Ellis Island Hospital, published his methods of diagnoses in the *New York Medical Journal* in an article entitled

¹¹² LeMay, *Doctors at the Borders*, 145.

¹¹³ Safford, *Immigration Problems*, 246.

¹¹⁴ Safford, *Immigration Problems*, 244, 111.

¹¹⁵ Safford, *Immigration Problems*, 145-146.

¹¹⁶ Victor Heiser, *An American Doctor's Odyssey: Adventures in Forty-Five Countries*, (New York: W.W. Norton & Company, 1936) 14-15.

“A Diagnostic Study of the Face” in June 1913. In this article, he endorses the practice of “diagnoses through inspection” practiced by inspection officers in the Public Health Service.¹¹⁷ He argued that by studying facial expressions, inspection officers could diagnose a myriad of diseases and afflictions including “drug addictions, alcoholism hereditary syphilis, psychopathic disposition, sane and insane paranoiac systems, epilepsy, hysteria, neurasthenia, melancholia, manic depressive insanity, idiocy, imbecility,” all reasons for exclusion and rejection.¹¹⁸ Future Mayor of New York City, Fiorello La Guardia, worked at Ellis Island between 1910 and 1912 and remarked that in his opinion, after working in the Ellis Island Hospital, “over fifty per cent of the deportations for alleged mental disease were unjustified. Many of those classified as mental cases were so classified because of ignorance on the part of the immigrants or the doctors and the inability of the doctors to understand the particular immigrant.”¹¹⁹ Dr. Grover Kempf, physician in the Ellis Island Hospital, agreed with La Guardia and stated that,

the mental examination of immigrants was always haphazard. It couldn't be any other way because of the time given to pass the immigrants along the line. Some questioning—if the immigrant did not respond or looked abnormal he was sent in and given a further examination.¹²⁰

As some inspection officers were harsh and prejudiced against the Eastern European Jewish immigrants, some such as Dr. Kempf and La Guardia understood how difficult it was to fairly inspect immigrants in a system that was prejudiced itself. Unfortunately, if one failed the inspection and was sent to a quarantine station, conditions were still difficult. Understaffed and

¹¹⁷ John T. E. Richardson, *Howard Andrew Knox: Pioneer of Intelligence Testing at Ellis Island*, (New York: Columbia University Press, 2011), 88.

¹¹⁸ Richardson, *Howard Andrew Knox*, 87.

¹¹⁹ Brownstone, Frank and Brownstone. *Island of Hope, Island of Tears*, 91.

¹²⁰ Kraut, *Silent Travelers*, 71.

overcrowded into crumbling buildings, quarantine islands were a bleak place for the Eastern European Jewish immigrant.

Quarantine Islands, The Last Stop

During epidemics or when immigrant influx was too high for the Ellis Island hospital to hold, extra quarantine facilities were needed. In a city where land is a commodity and supply is low, the Public Health Service looked to the bays of New York to establish external quarantine stations. By using both existing islands and creating man-made ones to keep contagious disease hospitals far from the rest of the population, there seemed to be a perfect solution. However, these quarantine islands soon fell to disrepair and overcrowding. This resulted in illness spreading through the island instead of being eradicated, exposing all who were placed there. The islands became home to prisons and asylums, as it felt to immigrants placed there against their will. There was no due process for placing an immigrant here and conditions were dire, bringing ethics onto the question as quarantine did not seem to improve patient's health.

Blackwell Island, modern day Roosevelt's Island, was first established quarantine island, the home of a smallpox hospital, asylum, and prison. The hospital operated in the first half of the nineteenth century, treating up to three hundred patients per year with a very high survival rate. The hospital did not solely treat smallpox, but many diseases including anemia, burns, cholera, croup, frostbite, hernia, herpes, meningitis, pericarditis, scabies, syphilis, and ulcers.¹²¹ This island hospital functioned before the surge of immigration from Eastern Europe, serving as both quarantine station and contagious disease hospital. However, with diseases such as typhus and

¹²¹ *Report of the Resident Physician of Blackwell's Island to the Governors of the Alms House on the Several Hospitals Under his Charge for the Year 1858.* (New York, 1859), 75-77.

cholera arriving at the shores of New York, coupled with the exponential rise in immigration, Blackwell Island became overcrowded. It was clear that an alternative solution was needed.

As cholera claimed over 1,200 deaths in 1866, it was clear that an alternative quarantine station needed to be constructed for future epidemics.¹²² The search for a new quarantine station angered many as Coney Island, Fire Island and Sandy Hook were suggested. The communities who lived there protested heavily, even resorting to violence to keep from being surrounded by pestilence and those who carried it. Swinburne and Hoffman Islands were the city's answer to this problem, built with stone barged down the Hudson and sand pumped from the bay. Hoffman Island was over 9 acres while Swinburne Island was just over 3 acres.¹²³ In use from 1878 to 1928 and located in Lower New York Bay between Staten Island and Coney Island, these two man-made islands served as the chief quarantine stations during the cholera crisis of 1892. In the six-week period of August 31 and October 8, 1892 cholera was discovered on seven vessels, including the SS Moravia, necessitating quarantine immediately. Whole ships were quarantined and fumigated with hot steam, as all steerage passengers, both healthy and unhealthy, were directed to the islands. Hoffman became the main hospital for cholera patients or those suspected to have cholera, and once cases were confirmed or the patients died, they were moved to smaller Swinburne and cremated there.

¹²² "Historic Islands at New York's Front Door" *New York Times*, February 28, 1937.

¹²³ "Historic Islands at New York's Front Door" *New York Times*, February 28, 1937



Captions read “the “Wadsworth” disinfecting a steamer from an infected port” (upper left) and “a boat-load of “suspects” at the quarantine station dock (upper right), *Harper’s Weekly*, 1901¹²⁴

However, both Swinburne and Hoffman islands were in disrepair—the wooden buildings were decaying, conducting and spreading disease to unlucky healthy detainees.¹²⁵ Dr. Alvah H. Doty, health officer of the Port of New York in 1895 recognized these facilities as insufficient and dangerous, calling one of the dormitories a “tinder box” and a “death trap.”¹²⁶ He argued that due to the “lack of protection from fire, the wooden hospital building on Swinburne Island” should be “replaced by a fire-proof brick structure costing \$61,000,” and called for the enlargement of Hoffman Island, but his pleas for renovation were ignored by state legislature for a long while.¹²⁷ Even though the health officer recognized a health risk, A crematorium was built for the dead on Swinburne, and finally a new dorm for the living on Hoffman, increasing capacity to 2100. Even with the three story dorm, overcrowding was still a problem and

¹²⁴ “Hoffman Island” *Harper’s Weekly*, June 22, 1901.

¹²⁵ Sharon Seitz and Stuart Miller, *The Other Islands of New York City: A History and Guide*, (Woodstock: The Countryman Press, 2011), 90.

¹²⁶ Seitz and Miller, *The Other Islands of New York*, 94.

¹²⁷ “Quarantine Commission Work” *New York Times*, January 25, 1895.

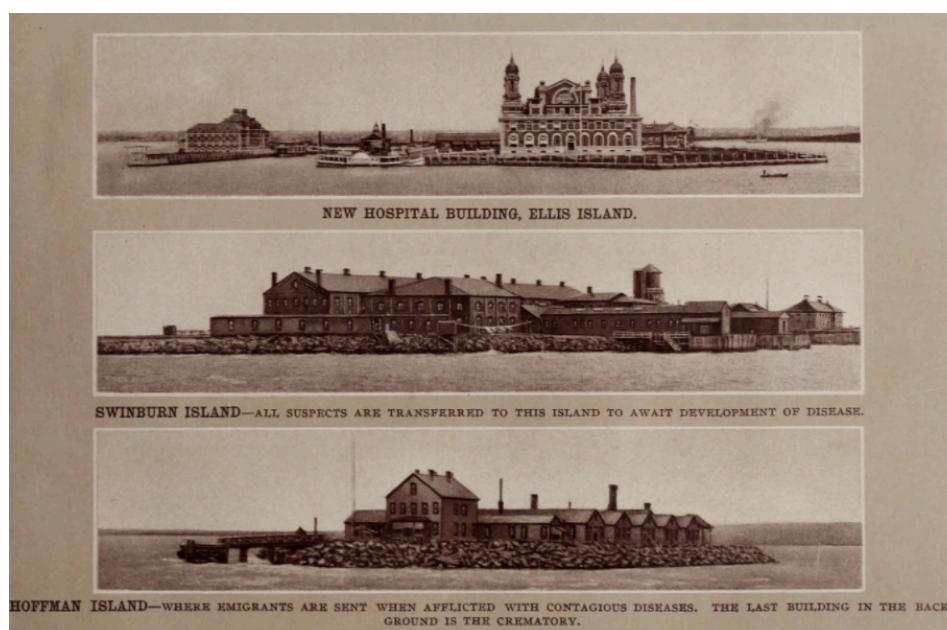
eventually over nine acres was added to the island using sand and landfill, as Doty requested. As cholera afflicted both steerage and wealthy cabin passengers, a building was built to segregate the classes with over 7800 people were detained on Hoffman in 1901 alone. Even equaled by disease, cabin passengers were separated from steerage passengers. A decade later, health officer Joseph J O'Connell placed a similar request as reported by the *New York Times*, asking for over a million dollars to renovate and improve the facilities on the islands as in the year 1912 alone,

4,175 steamships and 710 sailing ships have been boarded by his department. These vessels carried crews aggregating 473,485, first class passengers numbering 162,801, second class passengers numbering 194, 506 and steerage passengers numbering 677, 660. In all, 6, 304 persons were removed from these vessels for observation or detention. On Swinburne Island out of 192 cases treated there were 14 deaths. On Hoffman Island 218 persons were detained with only seven deaths.¹²⁸

He argued that as “71.5 percent of all immigrants to this country pass through the Port of New York,” and that “in most other ports the quarantine regulations are in the hands of the Federal authorities,” it was only fitting that the state should invest funds in the quarantine islands that had so much success. As World War I began and immigration slowed considerably, the islands’ hospitals were used by the US Army and Navy to care for thousands of soldiers with venereal diseases, and Hoffman Island was used to quarantine parrots as a precaution against psittacosis, or parrot fever, until 1937.¹²⁹

¹²⁸ “Wants Quarantine Service Improved: Health Officer Asks that Stations at Hoffman and Swinburne Islands be Rehabilitated” *New York Times* January 15, 1913.

¹²⁹ Seitz and Miller, *The Other Islands of New York City*, 91.



*Quarantine hospital on Ellis Island, Swinburne Island, and Hoffman Island. Quarantine: Glimpse America's Threshold, 1902*¹³⁰

As Hoffman and Swinburne Island functioned as the city's repository for cholera patients, North Brother Island became the typhus quarantine hospital, famous for housing Typhoid Mary and for its terrible conditions. Used as a contagious disease quarantine since the 1850's, North Brother Island was repurposed in the 1880s with the construction of Riverside Hospital as the typhus quarantine for immigrants, mostly Eastern European Jews. In the year 1892 alone, over 1,200 immigrants were quarantined there, the majority Jews from Russia.¹³¹ These immigrants were taken to the island from incoming ships and an alarming amount removed from their lodgings on the Lower East Side of Manhattan as typhus began to spread through the boarding houses of the neighborhood. In the case of one lodging house, No. 42 East Twelfth St., the health commissioner "gave orders for the removal of 102 Russian Hebrews from the lodging

¹³⁰ *Quarantine: Glimpse America's Threshold*, (New York: Maltine Co., 1902), 8.

¹³¹ Markel, *Quarantine!* 59.

house to North Brother Island.”¹³² Their names were published in the newspaper, belongings destroyed and lodging house knocked down. This island was particularly corrupt, as showcased in an 1895 article from the *New York Times*. The island was advertised to be the “local refuge for patients suffering from contagious diseases,” complete with gardens, gravel pathways, 10 buildings for housing patients, a complete sewer system, transport boats, and a kitchen.¹³³ However in reality, the island was in dire condition with a severe lack of space, resources, and staff. Patients were reported to be sleeping in tents when beds ran out and doctors reused tongue depressors as there weren’t enough for the overflow of patients. There were no telephone or telegraph lines to the island until 1894, and the two resident physicians would sometimes not make it to the island for months at a time.¹³⁴ There was no kosher food available, and as one newspaper acknowledged, “the Russian Hebrews are so careful in following their religious customs that they refuse to partake of any food which is not ‘kosher,’” necessitating volunteers from the United Hebrew Charities to send kosher meat to the island.¹³⁵ In another *New York Times* article, former patient wrote a letter to the editor, saying that,

Anyone who has spent a short time on the island, and who has ordinary powers of observation, cannot but be impressed with the uncleanness and unsanitary in which the patients are treated. We civilized people who have a habit of calling some poor foreigners dirty and slovenly and disgusting to mingle with, what example do we, through our Government, set before them that we may take pride in?

¹³²“Another Typhus Outbreak” *New York Tribune*, March 1, 1892.

¹³³ “A New Island Hospital Intended for Patients Suffering Contagious Diseases” *New York Times*, April 3, 1895.

¹³⁴ Markel, *Quarantine!* 56.

¹³⁵ “Another Typhus Outbreak” *New York Tribune*, March 1, 1892.

He goes on to describe the hospital as a “mockery” and describes how patients are forced to use the same bed linens for weeks on end and “when the cleaning comes, little water and soap is used.”¹³⁶

Mary Mallon, the most famous detainee of North Brother Island, is better known by her pseudonym, Typhoid Mary. An Irish immigrant chef, she became infamous for being a healthy carrier of typhus, responsible for several outbreaks but never contracting the disease herself. Health officials quarantined her on North Brother Island and she spent a collective 26 years in isolation on the island after being apprehended for cooking under an alias and infecting New Yorkers with typhus, over fifty dying.¹³⁷ With the case of Mary Mallon, ethics became the main concern of quarantine for the first time—clearly a public danger, she was quarantined without her consent, bringing many legal battles. A poor immigrant, she did not have the knowledge or resources to argue her case and prejudice linking immigrants to disease was already so ingrained in the culture of the city that the battle was already lost. She was villainized and exiled to the island alone, dying there. Eventually the island was used as a tuberculosis sanatorium and a drug rehabilitation center.¹³⁸

These islands became prisons for immigrants, trapped for weeks or months before being allowed back to Ellis Island to be inspected once more. Hospitals became vectors of disease themselves as buildings fell into disrepair and with a lack of staff and supplies, it was likely that one of the Eastern European Immigrants would in fact contract an illness there and then be rejected during the inspection. Quarantine stations were initially ethically sound, but falling to discrimination along lines of class and ethnicity, ignoring the needs of the patients and causing

¹³⁶ “To the Editor of the New York Times” *New York Times*, June 5, 1901.

¹³⁷ Crawford, *Deadly Companions* University Press, 156-157.

¹³⁸ Alcabes, *Dread*, 108.

them harm, and using quarantine as the first line of defense against illness, they became places of corruption and death instead of public health.¹³⁹

¹³⁹ Upshur, “The Ethics of Quarantine.”

Conclusion

“We had to wait overnight at the port because the ship arrived too late to disembark. None of us slept, it was so fantastic to look at New York, and it was only this one more night that we were on the other side of that big world—the big mouth that would open up and swallow us.”

—Ary Stillman, emigrated from Russia to New York in 1907¹⁴⁰

For Eastern European Jews, New York was the “Golden Land,” a place where they didn’t have to hide from the vengeful soldiers, could own land and their own piece of the American dream. Great figures such as Irving Berlin, Isaac Asimov, and Joseph Conrad arrived at Ellis Island and never looked back, forgetting the hours or weeks they spent on their voyage and at the immigration station. For these immigrants, Ellis Island was the Island of Hope, their gateway to a new life. However, for three percent of those immigrants, this was the most devastating part of the journey. During this short period, confused and under informed of the protocol, they were at risk for being sent back to their ports of origin, contracting a disease, sent to a quarantine island or even death, never advancing past the Island of Tears. Eastern European Jews made up the majority of the immigrants coming to the United States in the twilight of the nineteenth century, a time where bacteriology was just beginning as a science and long-time prejudice was beginning to resurface. Entering a country and encountering a government that had already begun to suspect them as contagious, these immigrants were immediately placed at a disadvantage.

This thesis has demonstrated times where these immigrants were labeled “creatures,” “riff-raff” and “suspects” before they even landed at Ellis Island. They were moving cogs in a system that sought to ensure the public health of native New Yorkers by assuming the potential contagion that these immigrants were bringing. Even during the cholera epidemic of 1892 when

¹⁴⁰ Ary Stillman. “Reminiscences: Coming to the United States.” The Stillman-Lack Foundation, 2007. <http://www.stillmanlack.org/css-version/history-publications-reminiscences-usa.html>

newspapers published that the ship's drinking water from a German river was the culprit, the damage had been done and suddenly Eastern European Jewish immigrants were scrutinized in medical inspections and quarantine without any proof of illness. In this sense, the immigrant lost control of his body and was betrayed by that same body. Exiled as a result of a physical condition, these immigrants were victims of what Markel calls, "the Great Social Leveler."¹⁴¹ Disease does not discriminate against its victims, but humans do—punishing those who become ill and insisting that it reflects other qualities. Foucault calls upon this method of rejection in his *Discipline and Punish* as he isolates the action that nativism takes in this case—the rejection of the foreign body and then the desire to police it. By subjecting these immigrants to inspection after inspection, hidden tests, arbitrary judgements and complete isolation all within a larger legal system intent on keeping them out, nativism seeks to control the immigrant. However, still millions of Eastern European Jewish immigrants beat that system, gaining entrance to the Golden Land.

Quarantine as a public health tactic was extremely effective, and after World War I, cholera and typhus soon became an unpleasant memory. By the 1920's immigration had slowed to a trickle and the Lower East Side became the most densely populated place on earth, full of Eastern European Jewish immigrants trying to make a new life for their families. Quarantine buildings crumbled, islands were razed, Ellis Island shut its doors and the often traumatic experiences of inspection and quarantine faded away, as if "that part is covered up with a veil; I could never put my finger; it is just like a dream."¹⁴²

¹⁴¹ Markel, *Quarantine!* 183

¹⁴² Stillman. "Reminiscences: Coming to the United States."

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