

Ellis Island
Statue of Liberty National Monument
New York Harbor
New York County
New York

HABS No. NY-6086

HABS
NY,
31- ELLIS,
1-

PHOTOGRAPHS

Historic American Buildings Survey
National Park Service
Department of the Interior
Washington, D.C. 20240

ADDENDUM TO:
ELLIS ISLAND
(U.S. Immigration Station)
New York Harbor
New York
New York County
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HABS NY-6086
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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
U.S. Department of the Interior
1849 C Street NW
Washington, DC 20240-0001

HISTORIC AMERICAN BUILDINGS SURVEY
ELLIS ISLAND (U.S. IMMIGRATION STATION)

HABS No. NY-6086

Location: New York Harbor, Jersey City, Hudson County, New Jersey, and New York City, New York County, New York

Dates of Construction: 1897-1911; 1934-1936 with repairs, additions and outbuildings at various dates

Builder: U.S. Department of the Treasury, Bureau of Immigration

Original Owner: U.S. Department of the Treasury, Bureau of Immigration, 1897-1904

Subsequent Owners: U.S. Department of Commerce and Labor, 1905-1912
U.S. Department of Labor, 1913-1940
U.S. Department of Justice, Immigration and Naturalization Service, 1942-1954
U.S. General Services Administration, 1954-1965.

Present Owner: U. S. Department of the Interior, National Park Service, 1965-present.

Present Use: Ellis Island National Monument—interpretive facility operated by the National Park Service for public use. A small number of restored buildings are used for park activities. Others are unrestored and vacant.

Significance: Ellis Island is significant as the primary port of entry into the United States for immigrants during the period 1892-1954. The Ellis Island facility is located in New York Harbor on three small islands modified by successive building programs into one. From January 1, 1892 until June 15, 1897, the immigration station was housed in a variety of wood buildings which included a main building, a hospital, a laundry, a utility plant and a number of supporting outbuildings. Some of these support structures were former military buildings from the naval powder magazine previously located on the island. After a fire destroyed the immigration facility on June 15, 1897, a new, larger facility was erected on Island 1 and Island 2. The new facility opened December 17, 1900 and featured a three-story, brick, French Renaissance style immigration building, a brick Georgian Revival style hospital complex, and outbuildings. Subsequent construction occurred between 1900 and 1911 and included numerous additions to the main hospital, a contagious disease hospital on Island 3, a number outbuildings, and connecting corridors. Between 1934 and 1936 the last buildings were constructed with Public Works Administration (PWA) funding. These structures included a new immigration building, a new ferry building, a recreation building and brick passageways.

In addition to immigration functions, Ellis Island was a detention center for enemy aliens and deportees during World Wars I and II. A U.S. Coast Guard unit was stationed there from 1939 until 1946, and again from 1951-1954. The hospital complex at Ellis Island—operated by the U.S. Marine Hospital Service from 1900 to 1912 and by the U.S. Public Health Service from 1912 to 1951—closed March 1, 1951. The Ellis Island U.S. Immigration Station ceased operation November 12, 1954. The complex was made part of the Statue of Liberty National Monument in 1965.

Historian: Diane Elizabeth Williams, 2009

Project Information: Documentation of selected structures on Ellis Island was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP) during the summer of 2009. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and Architects Sara Dewey (University of Maryland), Luis Peraldi (Metropolitan University of Puerto Rico), Michael Sandbury (Kent State University), and Thomas Sheridan (Rhode Island School of Design). HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Diane E. Williams served as project historian with guidance from HABS Historian Lisa Pfueller Davidson. HAER Photographer Jet Lowe and HABS Photographer James Rosenthal completed large-format photographs during 2009. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), and Don Fiorino (Historical Architect).

I. HISTORICAL INFORMATION

The Beginning 1890-1897

For most of the nineteenth century, U.S. immigration was handled by the states, but in 1875 U.S. Congress responded to increasing immigration by enacting the first federal law to exclude criminals and prostitutes. Additional legislation in 1882 excluded those labeled lunatics or idiots and those unable to care for themselves without public assistance; similar legislation barred Chinese laborers. In 1885, importing aliens for contract labor was made illegal. Although these laws supported individual states' efforts to control immigration, the mixed federal-state system proved inefficient and unworkable and finally led to the federalization of immigration control under the oversight of the U.S. Department of the Treasury.¹ The United States Immigration Station at Ellis Island, New York, was established

¹ Tracy J. Stakely, *Cultural Landscape Report for Ellis Island Statue of Liberty National Monument Site History, Existing Conditions, Analysis* (Brookline, MA: National Park Service, Olmstead Center for Landscape Preservation, 2003), 27 as referenced from Thomas M. Pitkin, *Keepers of the Gate: A History of Ellis Island* (New York: New York University Press, 1975), 9-11.

in April 1890 and was an early, and perhaps the most well known, example of the late nineteenth century federalized immigration system. From 1855 until 1890, the State of New York undertook minimal inspection of immigrants at Castle Garden, located at the southern tip of Manhattan. At the time federalization of immigration was under consideration, the Castle Garden employees were charged with mismanagement, abuse, and evasion of immigration law, and federal officials sought a new, isolated facility that would be solely under federal control.² Officials considered a number of sites in New York Harbor, including Governor's Island and Bedloe's Island (Liberty Island) as well as Ellis Island. In early 1890, a Congressional committee selected Ellis Island over the objections of Secretary of the Treasury William Windom, who felt the island was too small and low in the water to be a good choice. On April 11, 1890, Congress appropriated \$75,000 to remove the powder magazines associated with Fort Gibson, a small naval facility located there, and to "...make improvements on the island to accommodate its anticipated new use as New York Harbor's primary immigration facility."³

In May 1890, the federal government transferred Ellis Island from the War Department to the Department of the Treasury and planning began for the new station under the supervision of the New York office of the U.S. Public Buildings Service. Jacob Bachmeyer of that office prepared drawings for the new immigration facility including a main building, baggage station, pier, boiler and engine house, three hospital buildings, a kitchen and dining room for the hospital and a restaurant. Although iron construction was first considered, the plan was revised to save costs. The facilities were instead built of wood, and some of the existing military buildings remodeled for new uses associated with the station. To accommodate the needed buildings, the small island was enlarged with fill. Docks and other landing facilities were built. Congress appropriated another \$75,000 for this work. With the new fill material, the island sat about two to three feet above the high tide mark, and a breakwater was built to create a sheltered ferry basin. By 1892, Ellis Island covered about eleven acres.⁴

The facility opened January 1, 1892 and about 700 people reportedly landed that first day; most were likely steerage and third class passengers as those with first and second class cabin accommodations were examined on their ships.⁵ American business needed laborers and foreign immigration helped supply workers. Immigration continued to increase until the Panic of '93 slowed labor demands and reduced immigration somewhat. But within a few years the U.S. economy recovered and the number of immigrants arriving at Ellis Island steadily grew. Construction of the buildings at Ellis Island continued for several years, along with remodeling of some buildings, and more and more immigrants arrived. Shortly after construction was finished, a fire broke out in the restaurant and kitchen building and quickly spread. The wooden buildings of the first Ellis Island Immigration Station were destroyed.

² Ibid., 27 as referenced from Pitkin, 9-11.

³ Stakely, 28 as referenced from Harlan D. Unrau, *Historic Structure Report, Historical Data* (U.S. Department of the Interior, National Park Service, Denver Service Center), 1981, 3,4,9.

⁴ Stakely, 29.

⁵ Fitzhugh Mullan, *Plagues and Politics: The Story of the U.S. Public Health Service* (New York: Basic Books, 1989), 42.

During their tenure, the first Ellis Island facility buildings saw the processing of more than 1,500,000 immigrants.⁶

The Second Immigration Station, 1897-1907

Within three days of the fire, the Department of the Treasury began planning a new facility.⁷ John L. Smithmeyer, Inspector of Public Buildings for the U.S. Public Building Service, created a preliminary plan, which included adding three acres to the island and building three steel and brick buildings: a main immigration building, a kitchen and restaurant and a hospital at an estimated cost of \$600,000. President William McKinley approved the scheme and Congress appropriated a portion of the needed construction funding on July 19, 1897.

As with the first Ellis Island Immigration Station, the Department of the Treasury was responsible for federal construction projects outside the District of Columbia. Within Treasury, the Office of the Supervising Architect was responsible for the design, oversight and construction of federal buildings such as "...custom houses, courthouses, post offices, and other buildings that housed federal government functions."⁸ These federal architects played an important role in molding a "...national building program" that continued for nearly a hundred years and created federal buildings "...that serve as the political and architectural anchors of thousands of communities nationwide."⁹

With the passage of the Tarnsey Act in 1893, architects in private practice won the opportunity to participate in competitive design programs for federal projects.¹⁰ However, the act was not implemented until 1897 during which time a number of administrative procedures were developed. In September 1897, under the terms of the Tarnsey Act, the Department of the Treasury sought plans for a new immigration station at Ellis Island in an architectural competition. The competition was the second of its kind for a federal project, and several prominent New York firms were invited to submit designs, including Alfred E. Barlow, Boring & Tilton, Carrere and Hastings, McKim, Mead and White, and Bruce Price. John L. Smithmeyer, of Washington, D.C. also was asked to participate.¹¹ A commission appointed to judge the competition included James Knox Taylor, Supervising Architect for the Department of the Treasury, and a number of prominent East Coast architects.

⁶ Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume I of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), xix.

⁷ From 1890 until Ellis Island opened in 1892, immigrants arriving at New York were processed through Castle Garden and then through a building called the Barge Office. According to Harlan D. Unrau, between 1897-1900 an annex to the Barge Office was turned into an inspection station for steerage passengers and two large houses on State Street fronting the Battery were leased for detention and hospital uses. See *Historic Resource Study (Historical Component) Volume II of III, Ellis Island-Statue of Liberty National Monument New York-New Jersey* (U.S. Department of the Interior, National Park Service, Denver Service Center, 1981), 215-216.

⁸ Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office* (New York and Oxford: Oxford University Press, 2000), 3.

⁹ *Ibid.*, 3-4.

¹⁰ *Ibid.*, 166-167.

¹¹ *Ibid.*, 201.

The firm of Boring & Tilton was selected by the commission because their proposal demonstrated the best grasp of the project and focused on the use of simple materials for facilities that could be economically constructed.¹² The plan proposed a linear, southwest-northeast axis with three primary “fireproof” buildings—an immigration building roughly on the site of the burned structure, a kitchen and laundry building, and a powerhouse. Additionally, the plan proposed a new island south of the original island. A ferry slip would separate the two and the second island would be the site of a hospital. The plan also called for an ornamental Beaux Arts setting with “...symmetrical walks lined with allees of trees.”¹³ While the French Renaissance style immigration building was the centerpiece of the immigration station, the Georgian Revival style hospital building was the focus of the hospital complex. The revival styles chosen for facility buildings proudly referenced western European architectural traditions popular in late nineteenth century America. The brick, steel and stone selected as primary building materials utilized up-to-date, fire-resistant construction methods. Public response was favorable and a *New York Times Magazine* article in August 1898 discussed the project at length comparing the siting of the main immigration building to the Beaux Arts setting of the buildings at the 1892-1893 Chicago World’s Fair.

William A. Boring (1859-1937), son of a builder, was born at Carlinville, Illinois, studied architecture at the University of Illinois and Columbia University School of Architecture. Upon graduation in 1887 from Columbia, he enrolled at the Ecole des Beaux-Arts in Paris for an additional three years of study.¹⁴ Upon his return he worked briefly for the New York firm McKim, Mead and White but soon formed a partnership with Edward L. Tilton.¹⁵ Edward L. Tilton (1861-1933) studied architectural drawing with a tutor and then entered business, before working for a short time for McKim, Mead and White. Within a year he traveled to Paris to attend the Ecole des Beaux-Arts. After finishing his studies, he and William Boring toured southern Europe before returning to New York.¹⁶ The new Ellis Island immigration station would be the Boring & Tilton firm’s most prominent project. In addition to the immigration station at Ellis Island, other important commissions of the firm included the Seamen’s Institute in New York and the Jacob Tome Institute in Port Deposit, Maryland.¹⁷ The firm dissolved in 1903 and Boring pursued institutional and large residential commissions for wealthy New York patrons. Boring was active in architectural education through the American Academy in Rome, and the Society of Beaux-Arts Architects. In 1915 he became a professor in the architecture school at Columbia University, and in 1931 became

¹² Stakely, 37 and Letter, Chandler Peabody and James Knox Taylor to the Secretary of the Treasury (7 December 1897) and letter, Taylor to Boring & Tilton (8 December 1897), as referenced from National Archives and Records Administration (NARA), Washington, D.C. Record Group 121, Records of the Public Buildings Service, as cited in Harlan D. Unrau, *Historic Structure Report, Historical Data* (U.S. Department of the Interior, National Park Service, Denver Service Center, 1981), 35.

¹³ Stakely, 38.

¹⁴ Henry F. Withey, and Elise R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennesey & Ingalls, Inc. 1970), 66.

¹⁵ Adolf K. Placzek, ed. *Macmillan Encyclopedia of Architects, Volume 1*. (New York: The Free Press), 1982, 247.

¹⁶ Withey and Withey, 66, 601.

¹⁷ Withey and Withey, 601.

the school's first dean.¹⁸ Tilton went on to build a highly successful career focusing on smaller commissions, especially library design.¹⁹

Beyond the visual intentions and construction merits of the Boring & Tilton plan, the facility appropriately was organized as a hierarchy of spaces with Island 1 devoted to the public areas involving immigrant processing, and Island 2 designated for the sequestered work of caring for immigrants with serious non-contagious illnesses, injuries and complications of pregnancy. Each island was a discrete unit and included required support buildings such as laundry and kitchen facilities in an effort to provide the best available sanitary practices. When a separate contagious disease hospital was built beginning in 1907 on newly constructed Island 3, it too functioned as a largely independent entity, and contained its own food preparation, laundry, disinfecting and morgue facilities.

Work on the new facility proceeded quickly, with initial drawings and site plans approved in February 1898 and drawings, plans and specifications finished by mid-June. A water main from the New Jersey mainland was completed, and on August 8, 1898, the firm of R.H. Hood Company, New York, won the contract for construction of the main immigration building at a cost of \$419,298. After a number of delays, work began on the building in late 1898. The immigration building opened December 17, 1900, processing 2,251 immigrants.²⁰ Between 1901 and 1903 several other buildings were erected including the kitchen and laundry, powerhouse, and a number of temporary wooden support buildings.²¹

As these plans progressed, three additional buildings were added to the immigration station: a Surgeon's House, an additional wing for the Hospital (known as the New Hospital Extension) and a hospital laundry and outbuilding, which came to be known as the Hospital Outbuilding.²² While Boring & Tilton prepared plans for the Hospital, the Office of the Supervising Architect, under James Knox Taylor, prepared plans for the Surgeon's House and the Hospital Outbuilding.²³ However, after bid proposals all came in over the available funding amounts, Boring & Tilton revised the drawings and specifications to allow construction within the available amount. In February 1898 plans for a 125-bed hospital on Island 2 also were approved, but funding shortfalls stalled construction until March 1899, when Congress appropriated the needed funds for the Hospital, the Surgeon's House and the Hospital Outbuilding. Like the plan for Island 1, the hospital plan for Island 2 also placed the buildings on a linear, southwest-northeast axis. The contract for the Hospital was awarded

¹⁸ Ibid., 247.

¹⁹ Abigail Van Slyck, *Free to All: Carnegie Libraries & American Culture, 1890-1920* (Chicago: University of Chicago Press, 1995), 57-59.

²⁰ Stakely, 40.

²¹ Stakely, 40-41.

²² Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument New York-New Jersey. Historic Structures Report, Units 2, 3, and 4, Volume 4, Part. 1* (U.S. Department of the Interior, National Park Service, 1986), 69. The building also has been called the Hospital Laundry and Outbuilding, the Laundry and the Washroom. Other names also may have been applied to it.

²³ Ibid., 70.

February 20, 1900 to Daniel A. Garber of New York City, and contractor Atilio Pasquini of New York City won the contracts for the Surgeon's House and the Hospital Outbuilding.²⁴

Uniformed medical officers of the U.S. Marine Hospital Service were stationed at Ellis Island as early as 1892 and these government physicians assumed management of the new hospital when it was complete. The U.S. Marine Hospital Service was established in 1798 to provide medical care to disabled or injured merchant seamen and naval and marine personnel.²⁵ In the late nineteenth century some U.S. Immigration Stations, including those at New York, Boston, Philadelphia and Baltimore were located near U.S. Marine Hospital Service facilities.²⁶ Such a hospital on nearby Hoffman Island served merchant seamen and immigrant quarantine cases from Ellis Island but was unable to also care for immigrants with non-quarantinable contagious diseases.²⁷

From 1897 until 1902 when the hospital on Island 2 was completed, the Marine Hospital Service provided immigrant medical inspections on board ships—for cabin passengers—and at the Barge Office for steerage passengers. Those detained were held on board a leased vessel, the Narragansett.²⁸ Upon the hospital's completion, steerage and cabin immigrants were examined at Ellis Island and those with non-contagious conditions were treated there. Those with contagious diseases were sent to New York City hospitals until 1911 when the Contagious Disease Hospital on Island 3 at Ellis Island opened. The Marine Hospital Service continued to operate the Island 2 and Island 3 hospitals at Ellis Island until 1912, when it was converted into the U.S. Public Health Service. This new agency was charged with the protection of public health through hospitals and research programs designed to identify and contain contagion that threatened public welfare.²⁹ Between 1917 and 1919 the U.S. Army and U.S. Navy used military medical and public health service staff at Ellis Island hospitals to treat war wounded. In 1919, Ellis Island hospitals were returned to the U.S. Public Health Service, which operated the medical facilities there until 1951. In the early days, steamship companies were responsible for paying hospital and housing charges for immigrants and their families when one or all were detained for hospital care or for deportation.³⁰ Later, patients

²⁴Beyer Blinder Belle/Anderson Notter Finegold, *Volume 4, Part 1*, 70. Garber became president of the North-Eastern Construction Co., the firm that built the contagious disease hospital buildings on Island 3.

²⁵ Mullan, 14.

²⁶ Harlan D. Unrau, *Ellis Island Statue of Liberty National Monument New York-New Jersey, Historic Resource Study (Historical Component) Volume II of III* (U.S. Department of the Interior, National Park Service, 1984), 578 as quoted from the *Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service*, 1892, 34 and *Ibid.*, 1894, 23-24.

²⁷The quarantine hospital on Hoffman Island remained in use until the 1930s, when a new quarantine hospital was erected at Stapleton on Staten Island. Hoffman Island is a tiny land mass off the southeast coast of Staten Island

²⁸ Unrau, *Volume II* 1984, 580 as taken from the *Annual Report of the Commissioner General of Immigration*, (1898), 41.

²⁹ U.S. Department of Health and Human Services, "Doctors at the Gate: The U.S. Public Health Service at Ellis Island." Brochure from an exhibit at the National Museum of Health and Medicine, (1998) 2.

³⁰ Department of Commerce and Labor, *Report of the Commission Appointed by the President on September 16, 1903 to Investigate the Condition of the Immigration Station at Ellis Island* (Washington, D.C.: U.S. Government Printing Office, 1904), 32.

who could pay for their care were charged, while those who could not were treated without charge. Patients had access to some of the best medical care available at the time and the hospital complex delivered a great service representing the best aspects of American values.

Although Ellis Island now had a fireproof facility, all the new buildings were in some ways compromises that hindered aspects of efficiency. Funding shortfalls, created by inadequate Congressional appropriations, resulted in buildings were from the outset insufficient, due to space or design. The hospital was the best example of inadequate space and poor siting. At high tide the basement flooded, a situation detrimental to the health of patients and the longevity of the building. Bed space was about half of what was needed, requiring the overflow of patients to be transferred to hospitals on Long Island or in Manhattan. Requests were made for an additional hospital building and for an immigrant processing building that better served both immigrant inspection and housing.³¹ As immigration figures grew steadily, the number of patients needing treatment also increased. Of special importance was the hospital's lack of isolation wards for treatment of patients with contagious diseases. Office and physician living quarters also were minimal, and almost as soon as the hospital was finished, Terence V. Powderly, Commissioner-General of Immigration, pointed out that the new hospital lacked sufficient ward space to meet station needs, and that another pavilion was needed for non-contagious patients.

To alleviate some of the overcrowding and inadequate administrative space, an addition to the hospital, then known as U.S. Marine Service Hospital No. 43, was begun by the end of 1905. However treatment demands continued to grow and Ellis Island still lacked facilities to treat contagious diseases. Although immigrants with typhus, the plague, yellow fever, cholera, leprosy and smallpox were subject to quarantine and were taken from their ships directly to the New York Quarantine Station on Hoffman and Swinburn Islands, immigrants with other serious contagious diseases such as measles, whooping cough, diphtheria, scarlet fever and non-acute forms of pulmonary tuberculosis, among others, were transported to New York area hospitals for treatment. In that era, before the advent of antibiotics, treatment options were limited and patient exposure to the elements during transit to these hospitals lessened chances of recovery. Transfer of sick immigrants also exposed everyone with whom patients came in contact, potentially spreading serious illnesses within the general population. In 1904, 627 immigrants were sent to New York City hospitals for treatment and as many as 45 immigrants in a single day during January 1905 were so transferred.³²

If patients in quarantine and those with other contagious diseases recovered and passed their immigration inspection, they were allowed to enter the country. If they died, they were buried in one of the New York-area cemeteries under contract to the Bureau of Immigration for such services. In addition to communicable diseases, medical personnel at Ellis Island examined immigrants for physical and mental disabilities and mental illness. People identified with serious physical disabilities were deported, while those suspected of mental insufficiency or mental illness were typically detained for more in-depth examinations, and

³¹ Ibid.,15.

³² Letter, William Williams to Commissioner-General of Immigration (January, 28, 1905). Folder 51436/1-8A: New Contagious Disease Hospital, Ellis Island, Pt. 1, Box 33, Entry 9 Subject and Policy Files, Record Group 85, Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, D.C. (hereafter Entry 9, RG 85, NARA I).

those considered likely to become public charges were denied entry into the United States. However, until immigrants were certified as physically or mentally disabled or mentally ill and deported, they had to be housed on Ellis Island. To address some of these needs, a special two-story psychopathic ward building was completed in November 1907. Located between the Hospital Outbuilding and the main hospital this special needs facility had room for twenty-five patients.

However the issue of housing detained people for observation, as well as their families, led to overcrowding of the existing facilities, and remained a persistent problem, despite the presence, by 1909, of a number of temporary wooden barracks erected at an unknown location for this purpose.³³ In 1912, Congress supplied \$350,000 at the recommendation of Ellis Island Commissioner William Williams to construct additional quarters for detained immigrants, including adding a third story and open-air porches to the Baggage and Dormitory building and converting three-tier “beds” into two-tier types.³⁴ The location of the new detainee quarters has not been identified.

Upon completion of the main Immigration Building, the Hospital, and its Laundry Building, Boring & Tilton revised the island’s landscaping plan to incorporate connecting corridors, develop a more intricate system of walkways, connect Island 1 and Island 2 and implement previously designed allees and planted areas.³⁵ However, funding remained limited and facility needs great, and landscaping was a low priority for the Department of the Treasury and Congress. When William Williams became Commissioner of Immigration at Ellis Island in 1902, he implemented a landscape plan likely based on the Boring & Tilton design. This plan included an orderly arrangement of lawns and walkways arranged to complement the buildings. Construction detritus was removed, loam brought in and Island 1 graded and planted. Ligustrum hedges—a popular shrub during this period—and annuals in formal square and crescent shaped beds were planted. Numerous articles in unidentified newspapers praised the transformation of the “...dreariest looking spot in the harbor of New York...” into a “very pleasing sight.” Funding for this project was provided by Congress from the “...receipts of the station itself...” in the amount of \$116,625.³⁶ As immigration increased, Williams realized the need for outdoor waiting areas for immigrants and had a roof garden with retractable canvas awnings installed on the south wing of the main immigration building.³⁷

³³ Stakely, 66.

³⁴ U.S. House of Representatives, 62nd Congress, 3rd Session, *Ellis Island Affairs: Annual Report of William Williams, U.S. Commissioner of Immigration at New York, for the year ended June 30, 1912* (Washington, D.C.: Government Printing Office, 1913) 13.

³⁵ Stakely, 44.

³⁶ *New York Times*, (July 1903); unidentified newspaper article dated 1902, New York Public Library, Archives and Manuscripts Section, William Williams Papers, microfilm, Reel 2.

³⁷ Stakely, 44-46.

The Early 20th Immigrant Experience

Williams, a young Wall Street attorney from a patrician New England family, was appointed by President Theodore Roosevelt to improve operations at Ellis Island. Williams served two terms as Commissioner of Immigration—1902-1905 and 1909-1913—and proved an able administrator. Prior to Williams' appointment, the facility had developed a reputation for mismanagement and disrespectful treatment of immigrants. The government took steps to correct the situation through Williams. Facing a difficult job, Williams, a conservative reformer who emphasized efficiency, fairness and respect—both for the law and for immigrants—made significant improvements in the management of Ellis Island, and refuted charges of unfair treatment brought by immigrant advocate groups who were not able to substantiate charges of mistreatment and favoritism.³⁸ During his administration, signs were placed to remind staff members to be polite and respectful of the many people passing through the facility. Williams standardized procedures for the processing of immigrants, implemented civil service rules for employees, took steps to improve the quality and variety of food offered by vendors at Ellis Island, and created recommendations for changes to immigration law that would limit the conditions under which immigrants would be allowed to enter the country. Many of his recommendations were included in immigration legislation passed in 1917.³⁹

Although during the late nineteenth and early twentieth centuries the United States needed a large labor pool to man its growing industrialization, economic ups and downs resulted in wavering enthusiasm for the flood of immigrants arriving at Ellis Island. Widespread concern grew throughout the first few years of the twentieth century, enhanced by the press, about the ability of the nation to absorb so many immigrants from diverse cultures. Up until the end of the nineteenth century the majority of immigrants were from northern and western Europe. Many spoke English and were Protestants. In the last two decades of the nineteenth century a shift in immigration began, with more and more people arriving from southern and eastern Europe. Most of these immigrants were Roman Catholic or Jewish, and many had skin darker than northern or eastern Europeans. Very few spoke any English. In an era with limited social service programs, immigration officials and native born Americans were concerned about the potential for immigrants to become public charges. Many people considered these new immigrant groups inferior to those of northwestern European origins. Commissioner Williams shared these views and "...expressed himself freely on the subject, while insisting that all who came to Ellis Island receive equal treatment."⁴⁰ He sought to keep immigration at a minimum within the law, tightening

³⁸ U.S. House of Representatives, 62nd Congress, 1st Session, *Hearings on House Resolution 166* [complaints about administration of Ellis Island] (29 May 1911). (Washington, D.C., Government Printing Office, 1911).

³⁹ Unrau, *Volume II, 1984*, 57, 66-67, as quoted from the *Annual Report of the Commissioner General of Immigration*, (1902); Appendix H, "Excerpts from Interview of Frank Martocci by Commissioner Edward Corsi "Concerning What It Was Like to Work on Ellis Island" (in 1907), 407. In this interview, Martocci recalls that the food vendor offered only prunes or prune sandwiches to immigrants in an effort to increase profits. Commissioner Williams put a stop to this, requiring vendors to offer a more nutritious and varied food items; as referenced by Unrau, *Volume II, 1984*, 179-204 from Darrell H. Smith and H. Guy Herring, *Bureau of Immigration: Its History, Activities and Organization* (Baltimore, MD, 1924).

⁴⁰ Thomas M. Pitkin, *Keepers of the Gate: A History of Ellis Island* (New York: New York University Press, 1975), 43.

administrative procedures and making recommendations for stricter immigration laws, some of which were eventually incorporated into new legislation. However, despite these measures, "...only a very small percentage of those who actually arrived at Ellis Island could ultimately be excluded. How many were discouraged from leaving Europe by his policy can never be known."⁴¹

As immigration law was tightened during the first ten years of the twentieth century, a pseudo-scientific school of thought developed called eugenics. The eugenics movement promoted genetic purity and controlled reproduction through segregation and forced sterilization. During the early twentieth century, eugenics was supported not only by "nativists"—Americans who believed in the cultural and physical superiority of native born Americans of northwestern European heritage—but also was embraced by some members of the medical profession, and many social service groups and progressive reformers of the day. These factors helped strengthen immigration legislation which defined the types of circumstances and conditions that would bar immigrants from entry into the country, and led to new immigration rules that included more comprehensive physical and mental examinations.⁴²

To meet the challenges of more intensive immigrant screening, Commissioner Williams increased the number of medical personnel at Ellis Island in 1903, thus "placing at the disposal of each medical officer more time for the examination of immigrants passing the preliminary line inspection, as well as of those turned aside for special examination."⁴³ One of the more insensitive processes was the exam for venereal disease and physical "defects" given to unmarried men, which consisted of stripping them of their clothing in a mass setting. This exam, given randomly for a short time on a weekly basis, examined more than 3,400 men and found only five cases of venereal disease; it was discontinued on recommendation of the Dr. George Stoner, chief physician at Ellis Island and with the support of the U.S. Surgeon General.⁴⁴ Thereafter, physicians at Ellis Island returned to using the 1903 manual "Book of Instructions for the Medical Examination of Immigrants" which they had employed since its development following 1891 legislation authorizing immigrant medical examinations.⁴⁵ Each immigrant was also inspected for trachoma, a contagious and difficult to treat eye disease that led to blindness. According to Dr. Stoner, physicians working the medical line spent most of each day turning eyelids of each immigrant in search of this disease. In his opinion, few additional cases were identified in this process. Another

⁴¹ Ibid., 44.

⁴² Lorie Conaway, *Forgotten Ellis Island* (PBS documentary aired on WETA, Washington, D.C., 2007).

⁴³ Unrau, *Volume II*, 1984, 585-586.

⁴⁴ Ibid., 652. However, the issue of venereal disease examinations arose again in 1921 when the House of Representatives Committee on Immigration and Naturalization conducted hearings on the physical examination of immigrants. At that time examination for venereal diseases was not conducted at Ellis Island due to the time and the number of additional physicians required. U.S. House of Representatives, 62nd Congress, 1st Session. *Hearings Before the Committee on Immigration and Naturalization, House of Representatives, Sixty-Sixth Congress, Third Session, January 11, 1921.* (Washington, D.C.: Government Printing Office, 1921). The outcome of these hearings was not discovered during research.

⁴⁵ Folder 51467/1[E]: Instruction manual for medical examinations, Box 65, Entry 9, RG 85, NARA I.

common and serious contagious disease was favus, a scalp condition. Immigrants diagnosed with either of these illnesses were typically barred from entry into the country.

People determined to be, in the nomenclature of the day, feeble-minded, imbeciles or idiots, were excluded from entry into the country. Exactly what these labels meant was vague, but the result was that people so identified were deported to their home countries. The exams for insanity were conducted with the “greatest freedom” in selecting immigrants for more intensive mental examination.

“Every effort is made to pick out those whose appearance even remotely suggests the existence of mental disease or the possession of a ‘psychopathic organization.’ If the manner seems unduly animated, apathetic, supercilious, or apprehensive, or if the expression is vacant or abstracted the immigrant is held and carefully examined. A tremor of the lips when the face is contorted during the eversion of the eyelids [the exam for trachoma], a hint of negativism, or retardation, an oddity of dress, unequal pupils, or an unusual decoration worn on the clothing—any is sufficient to arouse suspicion.”⁴⁶

The considerable measures taken to identify a small number of people, some of whom were likely not mentally disabled or insane, may or may not have been justified, but the process certainly left indelible, and unfavorable, memories with individuals and their families. Deportations for physical or mental disabilities often fractured families with one parent returning to the mother country with an excluded child or elder. In some cases entire families returned, while in others, the excluded family member was sent back alone. As a result, for many, Ellis Island became known as the Isle of Tears, instead of the Isle of Hope.

Ellis Island Expansion, 1907-1924

Despite changes in immigration law and immigrant processing at Ellis Island, the need to treat immigrants with serious contagious diseases remained unsolved. In June 1902, Dr. George Stoner, the supervising physician at Ellis Island, began lobbying for additional hospital space on Island 2 and for the construction of a contagious disease facility. In September, the urgency increased when the New York City Health Department decided to terminate its contract with Ellis Island for the treatment of immigrants with contagious diseases at an undetermined date in the near future.⁴⁷ In view of this, the Department of the Treasury developed and implemented plans for the construction of a contagious disease hospital on a new island—Island 3. Commissioner Williams assisted his medical staff in their lobbying efforts by citing for Congress and senior immigration officials the numbers of seriously ill immigrants treated at Ellis Island. According to Williams as many as 400 to 500

⁴⁶ Unrau, *Volume II, 1984*, 594-595, 612. In 1905, 821,128 immigrants passed through Ellis Island; 59 were certified as insane. In 1906, Ellis Island handled 935,860 immigrants; 189 people were certified insane and 97 were identified as mentally weak or feeble-minded. During the fiscal year ending in mid-1911, 209 people were certified as mentally defective. Of these, 45 percent were identified as feeble-minded and 33 percent insane. In the language of the day, developmentally disabled people as a group were called mentally defective and those with physical impairments were labeled physically defective. Perhaps the term defective had no special pejorative meaning when applied to humans, as it does today.

⁴⁷ Unidentified newspaper article, (n.d.), Reel 2, William Williams Papers Microfilm, Archives and Manuscripts Section, New York Public Library.

people were seriously ill at any time on the island. Other sources stated that in one year more than 1,500 children had arrived with the measles or scarlet fever.⁴⁸

In 1903, to facilitate the development of Island 3 and its hospital complex, the federal government began negotiations with New Jersey to acquire submerged land around Ellis Island, and Congress appropriated \$150,500 for the island's construction. However, due to legal uncertainties of title and right to build, Congress withheld funding until the issues were settled.⁴⁹ On November 30, 1904 the federal government received clear title to both Ellis Island (its ownership had also been questioned by New Jersey in the suit) and the submerged land around it, clearing the way for the construction of Island 3 and the contagious disease hospital.

Located about 500 feet from Island 2, Island 3 was built of log cribbing filled with clean soil to specifications developed by Alfred Brooks Fry, Chief Engineer and Superintendent of Repair of U.S. Public Buildings in New York.⁵⁰ The island was originally to have been located about 800 feet from Island 2, but in consideration of issues that could arise with New Jersey over the island's placement, Commissioner Williams consulted the U.S. Surgeon General to determine the appropriate distance for a contagious disease hospital and thus Island 3. He was advised that according to contemporary medical understanding of contagion, a maximum of 410 feet with 200 feet of clear water was ample to protect the facilities on Island 2 from the spread of disease. In addition, the Surgeon General advised that several small pavilions where diseases could be treated in isolation were preferable to a single building.⁵¹ In April 1905, the New Jersey Dock and Bridge Building Company was awarded the contract for island construction, which was to cost \$142,593.05.⁵² The new island was to be about 800 feet in length by 250 feet in width. Digging a trench fifteen feet deep by thirty feet wide, the company filled it with "...more than 1.2 million cubic feet of cribwork and stones. The island was formed by filling behind the cribwork with approximately sixty thousand cubic yards of dredged material including 'cellar dirt, stones, clay, old masonry, etc.' and seventy thousand cubic yards of earth and a 'very excellent grade of sand obtained by dredging' near the island."⁵³ Finished in early 1906, the resulting island was 4¾ acres and increased the total mass of Ellis Island to 21¼ acres. It was connected to Island 2 by a wood gangway.

The construction of the new contagious disease hospital between 1907 and 1909 coincided with the peak years of immigration through Ellis Island. The flow was heaviest

⁴⁸ Stakely, 48-49.

⁴⁹ Letter, F. P. Sargent to Commissioner of Immigration, Ellis Island, (24 September 1903), Folder Estimates on Construction Hospital Island 1907, Pt. 1A, Box 36, Entry 9, RG 85, NARA I.

⁵⁰ Folder 51447/044, Part 3, FF Construction, New Island, 1909, Box 36, Entry 9, RG 85, NARA I.

⁵¹ Letter, U.S. Surgeon General to William Williams, (6 November 1902), Folder 51447/044, Pt 1, Box 36, Entry 9, RG 85, NARA I.

⁵² Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument New York-New Jersey. Historic Structures Report, Units 2, 3, and 4, Volume 4, Part 2* (U.S. Department of the Interior, National Park Service, 1986), 220.

⁵³ Stakely, 51.

between 1900 and 1914 when America's rapidly growing industries sought immigrant labor. More than one million people passed through the facility in 1907. On April 17th of that year, 11,747 immigrants arrived at Ellis Island, the largest number in a single day.⁵⁴ The number of immigrants needing medical care rose in conjunction with the increase in immigration overall. Between July 1905 and the end of June 1906, 563 people were ill at Ellis Island and 1,990 immigrants were admitted to New York City hospitals for care.⁵⁵

Buildings constructed during this period on Island 1 include the baggage and dormitory building (1907); a no-longer-extant greenhouse (1910); an incinerator (1910); bakery and carpentry shop (ca. 1914). A third story was added to the west wing of the Immigration Building.⁵⁶ In addition, repairs and renovation to existing buildings occurred and a few new buildings were erected on Island 2 to support the hospital there. New buildings constructed on Island 2 included the Psychopathic Ward (1907), the New Hospital Extension (1908) (connected to the southeast side of the recently built hospital Administration Building) and the American Red Cross Building (1915). A pergola was added to Island 2 in 1913, as was a tennis court. Concrete pads were built around some buildings and "cinder paths" constructed around the island's perimeter.⁵⁷ In 1915, Ellis Island's new Commissioner of Immigration, Frederic C. Howe (served 1914-1919), increased recreational space for detained immigrants. The improvements included a fenced play area with swings and other play equipment as well as benches, lawns, and handball courts and he also "...encouraged outdoor activity with a series of regular Sunday band concerts on the lawn."⁵⁸

Island 3 was the focus of most new construction between 1907 and 1909, when the contagious disease hospital complex was erected there. This hospital also was to be staffed by physicians from the U.S. Marine Hospital Service. The plan for the new hospital utilized the then-popular pavilion form which featured separate ward and administration wings connected by covered corridors but isolated from one another to stem the spread of disease. The pavilion plan was an established contagious disease hospital form that developed in France during the late eighteenth century and replicated throughout Europe and the United States.⁵⁹ The many individual wings also maximized the exposure of each ward to fresh air and natural light.

⁵⁴ Unrau, *Volume I*, 1984, xix.

⁵⁵ Letter, Robert Watchorn, Commissioner of Immigration at Ellis Island to F. P. Sargent, Commissioner General of Immigration.,(n.d.), Folder 51436/1-8B, FF New Contagious Hospital at Ellis Island, Part 1, Box 34, Entry 9, RG 85, NARA I.

⁵⁶ *Annual Report of Commissioner Williams in Reference to Ellis Island Affairs (Extracts)*, New York, (November 1911), Reel 2, William Williams Papers Microfilm, Archives and Manuscripts Section, New York Public Library.

⁵⁷ Stakely, 62-64.

⁵⁸ *Ibid.*, 62.

⁵⁹ Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital 1893-1943* (Minneapolis, MN: University of Minnesota Press, 2008), 9.

The Ellis Island contagious disease hospital plan was created by the Department of the Treasury's Office of the Supervising Architect, headed by James Knox Taylor.⁶⁰ The plan arranged the buildings along the same linear, southwest-northeast axis used on Island 1 and Island 2, and like the hospital complex on Island 2, the contagious disease hospital also featured the Georgian Revival style. However, on Island 3 it was expressed as a simplified, more vernacular form appropriate to the smaller scale pavilions that comprised the complex.

Congress appropriated half of the approved \$500,000 in 1905 for the contagious disease hospital, but that amount was insufficient to complete all the needed facilities. Opinions among immigration and medical officials and government architects, as well as congressmen, differed in regard to needed facilities and funding, but a primary goal was to build a complex capable of meeting medical needs for the foreseeable future and in so doing avoid the need for additions or extensions as had been required for the hospital on Island 2.⁶¹ Discussions among immigration officials in 1906 expressed concern that to build piecemeal could jeopardize the facility's function. To stay within the approved amount of \$500,000, officials recommended eliminating luxuries, but not space or other necessities.⁶² But despite these factors, funding was supplied in increments and ultimately increased to cover construction of all needed buildings. The first group of buildings was constructed under a December 1906 contract awarded to the North-Eastern Construction Co of New York City. Buildings were built in three phases and the complex finished in 1909, except for some electrical issues that delayed the opening of the hospital until 1911. After completion, landscaping was undertaken and included planting areas of lawn and flowering annuals.

In 1914, the start of World War I in Europe significantly slowed immigration, and after the United States entered the war in 1917, immigration slowed even more. The number of people arriving at Ellis Island in 1915 was 178,416, but by 1918 only 28,867 immigrants passed through the facility's doors.⁶³ During that period Ellis Island was mainly used as a military hospital and detention and deportation facility for enemy aliens including German merchant officers and seamen taken from ships in New York and Boston harbors when the United States entered the war.⁶⁴ In 1918-1919, while the U.S. Army and the U.S. Navy occupied Ellis Island, the hospital complex was a facility for returning wounded military personnel; military medical and public health service staff treated patients. Ellis Island was the first World War I "debarkation hospital" established in the United States and processed the majority of the military wounded upon return from Europe.⁶⁵ Immigrants needing care were placed in New York City area hospitals.⁶⁶ During this period the Army replaced the

⁶⁰ Memo, L.O.M., Assistant Secretary to an unidentified person (n.d.). NARA, Washington, D.C. Record Group 85, Records of the Immigration and Naturalization Service, Subject and Policy Files, 51436/001 8B-51439/023, 1893-1957, Box 34, Folder 51436/1-8B [1] New Contagious Disease Hospital at Ellis Island, Pt. 1.

⁶¹ Stakely, 64.

⁶² Memo, F. H. Larned to Bureau of Immigration and Naturalization, (15 December 1906), Folder 51436/1-8A, Box 33, Entry 9, RG 85, NARA I.

⁶³ Unrau, *Volume I*, 1984, 7.

⁶⁴ *Ibid.*, xx.

⁶⁵ Unrau, *Volume III*, 1984, 796.

⁶⁶ *Ibid.*, 795.

wood gangway between Island 2 and Island 3 with a covered wood walkway.⁶⁷ They also extended it along the western perimeter of Island 3.⁶⁸ Navy personnel occupied a portion of the baggage and dormitory building in 1918 and 1919. In 1919, the hospitals at Ellis Island were returned to the U.S. Public Health Service.⁶⁹

Following World War I, officials at Ellis Island were charged with implementing changes in immigration law established by the Immigration Act of 1917, which included additional categories for exclusion of immigrants such as illiteracy and more extensive medical examinations. The anti-foreign concerns of the war years were replaced by fear of communism and expressed in the “Red Scare,” a period of hysteria in which suspected alien communists, anarchists, socialists and radicals were targeted for deportation. According to National Park Service historian Harlan Unrau, “Hundreds of suspected alien radicals were interned at Ellis Island and many were deported under new legislation based on the principle of guilt by association with any organization advocating revolution.”⁷⁰

New Directions: Declining Immigration, Detention and New Uses, ca. 1924-1954

In the early 1920s an overall reduction in immigration relative to the 1900-1914 period occurred as a result of new federal immigration legislation in 1921 and 1924. This legislation put limits on total annual immigration and established quotas based on a percentage of each group resident in the United States in 1910; the percentage was later revised to the figures for 1890.⁷¹ Because of rising literacy in Europe, the requirement that immigrants be literate in some language, instituted in 1917, rapidly became ineffective as a means to curb immigration. The new quota system proved more effective.⁷²

The legislation of the early 1920s also stipulated that immigrants obtain a visa in their home countries through examination at American consulates so that those found to have contagious diseases, physical handicaps, mental illness or “feeble-mindedness” could be barred from departure and spared the expense of travel only to be turned away at Ellis Island. This process resulted in far fewer people arriving at Ellis Island, and transport to the facility was needed only for those requiring medical assistance or who were being detained for some other reason.⁷³ Because of declining immigration by the mid-1920s, Ellis Island was “...rapidly losing the basic function for which it had been created—the primary examination

⁶⁷ Stakely, 65.

⁶⁸ Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 3* (U.S. Department of the Interior, National Park Service, 1986), 437.

⁶⁹ The U.S. Marine Hospital Service provided care for merchant seamen and other related occupations in hospitals around the country. The U.S. Public Health Service also operated hospitals, including care facilities on Indian reservations, and provided other public health services.

⁷⁰ Unrau, *Volume I*, 1984, 8.

⁷¹ Unrau, *Volume I*, 1984, xx.

⁷² Pitkin, 38.

⁷³ Of course not all such cases were identified and need for examinations and medical assistance at Ellis Island continued.

and processing of immigrants.”⁷⁴ Most immigrants were “pre-processed” before leaving home with final checks conducted on board the ships. The line medical inspections of massive numbers of immigrants ended, and only those identified on board ship as requiring more intensive examination were brought to Ellis Island. This left a large, underutilized physical plant at Ellis Island. However, with fewer immigrants to process, more intensive medical exams became the norm. More immigrants were identified as feeble-minded or detained for observation, and the intensive exams also permitted more accurate screening for life threatening illnesses such as tuberculosis and venereal diseases.⁷⁵

With the smaller number of immigrants treated at the hospitals on Ellis Island, those facilities had room for non-immigrant patients. During this period, the contagious disease facility continued to treat tuberculosis patients and by 1930, such patients from New York City’s general population also were being cared for at Ellis Island. Although there were many empty beds at the start of this program, additional space was soon needed. To accommodate the new patients, second floor corridors were used for ward care, adding an additional 40 beds to the facility.⁷⁶ These beds were likely adjacent to the three isolation wards at the southeast end of Island 3.

Beginning in 1926 physicians at Ellis Island began intensive examination of alien merchantmen taken from both American and foreign vessels. Within the first month, 48,031 sailors were intensively examined and 209 sent to Ellis Island for testing and diagnosis. Federal legislation required that those with communicable diseases be confined to a hospital for the duration of their ship’s stay in port, which led to hospital overcrowding, despite the limited number of immigrants. The U.S. Marine Hospital on Hoffman Island was the designated merchant marine hospital for New York, but Ellis Island handled the overflow, resulting in a greater number of seamen patients than immigrants.⁷⁷ It was estimated that twenty-five percent of the bed space in the contagious disease hospital was used for immigrant care, with the remaining seventy-five percent occupied by alien merchant seamen.⁷⁸

During this period issues of maintenance and repair came to the forefront as many of the oldest buildings showed signs of their heavy usage. In addition, changing ideas about the need for exercise and recreation by both immigrants and staff members spurred interest in constructing more recreational facilities. In 1923, the Bureau of Immigration requested more than \$2.5 million for a new seawall, recreational facilities, and infill of the water between Island 2 and Island 3. This amount was not approved. The next year President Calvin Coolidge requested \$300,000 from Congress for this work, but the request was only partially funded. With the new funding, infill of the space between Island 2 and Island 3 began in the 1920s, although it was not finished until the 1930s (Figure 1). Also various repairs and

⁷⁴ Unrau, *Volume III*, 1984, 896.

⁷⁵ *Ibid.*, 917.

⁷⁶ Unrau, 1981, 290, as referenced from the Surgeon General’s Annual Report, 1930.

⁷⁷ Unrau, *Volume III*, 1984, 920.

⁷⁸ Beyer Blinder Belle/Anderson Notter Finegold, *Volume 4, Part. 2*, 289.

upgrades were made to buildings; a 75,000 gallon water tank and associated pumps were added in 1920 and additional water towers installed in 1929-1930.⁷⁹

After the stock market crash in October 1929, economic opportunities in the United States were limited, and President Herbert C. Hoover instructed American consuls to strictly apply rules preventing the immigration of people likely to become public charges. Further, Secretary of Labor William N. Doak organized "...a national roundup of illegal aliens for prospective deportation and transferred many of them to Ellis Island."⁸⁰ The roundups were sensationalized by the press, leaving the impression that illegal aliens were crazed, dangerous or subversive, and stirring the kettle of anti-immigrant feelings toward legal immigrants.⁸¹

In 1931, perhaps as a counter action to the xenophobia displayed by some American authorities, the press, and a portion of the public, Edward Corsi became Ellis Island's new Commissioner of Immigration, remaining in that post until 1934. Corsi was himself an immigrant who had come through Ellis Island in 1907. His professional life involved extensive social service work among New York City immigrants. His desire to humanize the Ellis Island experience and to make the facility an "inspiration" to both Americans and to immigrants led to improvements. To make the island more hospitable for immigrants detained there, he enlarged the recreation space on the northeast side of Island 1 and added a new enclosing fence. To make the immigrant's first impression of Ellis Island more inviting, he had the old entry portico of the main building removed and the area landscaped with a "...paved plaza and a forty-foot diameter circular flower bed."⁸² A number of upgrades were made to the infrastructure on the island including conversion of the power plant from coal to oil, and installing an additional incinerator. A pump house and new pumps were installed on Island 2 to better handle flooding of the main hospital building at high tide, and the drains and sewers were renovated. Social service programs were instituted including information on learning English and otherwise assimilating into American society.

With the election of President Franklin D. Roosevelt in 1932, new programs and new funding sources were established to create jobs, construct public buildings, support social and economic development and find humane approaches to solving local, regional and national issues. Known as the New Deal, these programs included funding under the National Recovery Act from sources such as the Public Works Administration (PWA) and the Works Progress Administration (WPA), and studies of conditions at federally owned facilities. The Department of Labor supervised immigration at this time. Under the leadership of new Secretary of Labor Frances Perkins, 52-member nonpartisan citizen committee was formed to analyze the conditions, operations, and facilities at Ellis Island. The goal was to improve the physical plant and the immigrant experience and evaluate immigration law with a view toward fairer and more effective rules. Corsi worked closely with the committee and many of his ideas were incorporated into the Committee's March 1934 report to the Secretary of Labor.

⁷⁹ Stakely, 77.

⁸⁰ Unrau, *Volume I*, 1984, 9.

⁸¹ Unrau, *Volume III*, 1984, 930.

⁸² Stakely, 79.

The Committee's report listed many recommendations (Figure 2). Among those implemented were adding lawn and shelters in the infill area between Island 2 and Island 3, construction of a new immigration building to receive incoming immigrants, alterations to the main immigration building and other related buildings to better segregate immigrants from deportees.⁸³ Separating various categories of deportees was also important to Ellis Island reform, since this group included the ill, those in financial trouble, and criminals.⁸⁴ Corsi recalled in his memoirs that in 1932, for the first time in more than a hundred years, more people left the United States than entered it.⁸⁵ Other recommendations included construction of a new fire-proof ferry building, a new recreation building and verandas on tuberculosis ward buildings.

As a result of the commission's recommendations, three major new buildings were erected at Ellis Island between 1934 and 1936. These are the Ferry House (1934), the New Immigration Building (1934) and the Recreation Building (1936), designed by the Procurement Division of the Public Works Branch of the Department of the Treasury.⁸⁶ Funding for the buildings came from the Public Works Administration (PWA) program in the amount of \$1,151,800. New support structures built included shelters and enclosed brick corridors on Island 2 and Island 3, among other projects.⁸⁷ Funding for these projects came from Works Progress Administration (WPA) sources in the amount of \$1,422,980, and all emphasized providing a welcoming, comfortable, practical experience for the immigrant.⁸⁸ Simple modernist forms and detailing differentiated the new buildings from their turn-of-the-twentieth century counterparts, many of which were housing detainees and those awaiting deportation.⁸⁹

⁸³ Report on the Sub-Committee on Buildings, Grounds, and Physical Equipment for Ellis Island (13 September 1933), 1. The report was located in Folder 330 – WPA Projects 1933-37, Box 16, Record Group 79 – Records of the National Park Service, National Archives and Records Administration (NARA), Northeast Region, New York City.

⁸⁴ Stakely, 79, 81.

⁸⁵ Unrau, *Volume III*, 1984, 935.

⁸⁶ Lee, 260. Lee writes that a re-organization of the Treasury Department in 1933 moved the Office of the Supervising Architect into the newly created Procurement Division, Public Works Branch. This new division was at a lower level within the department's bureaucracy than the Office of the Supervising Architect, but Simon retained the title of Supervising Architect and his control over the design of federal buildings.

⁸⁷ During 1935 WPA funds also were used for a variety of landscaping and site improvements including Island 1 seawall repairs, replacing existing concrete walks and a ca. 1918 wood walkway built by the U.S. Army along the western edge of Island 2 and Island 3. A comprehensive planting plan developed in 1939 appears to have been at least partially implemented in the installation of sycamore and oak trees, many of which survive on Island 1, Island 2 and Island 3 in mature form. The recreation building was erected in 1936 by the Albert Development Corporation of New York City. Also included in the recreation building contract was the construction of two shelters, one of Island 2 and one on Island 3, roughly opposite the east elevation of the recreation building on the infill area between the islands.

⁸⁸ Unrau, *Volume III*, 1984, 943.

⁸⁹ Barbara Benton, *Ellis Island: A Pictorial History* (New York, Facts on File Publications, 1985), 150, 152.

Completed in 1936, the New Immigration Building remained vacant until 1939, when the U.S. Coast Guard occupied it, as well as the Ferry Building and the ground floor of the Baggage and Dormitory building on Island 1.⁹⁰ The New Immigration Building was apparently used for administrative purposes and for training Coast Guard patrol units.⁹¹ The Coast Guard remained in the New Immigration Building until 1946, making changes to room partitions and bathroom facilities. During World War II the hospital complexes housed wounded servicemen, and detainees, and the main immigration building housed suspected enemy aliens. From 1946 until 1951, the U.S. Public Health Service occupied the New Immigration Building. From 1951 to 1954, the Coast Guard reoccupied the building using it as part of its Port Security Unit activities.⁹²

Following World War II, Ellis Island again processed and treated sick or injured immigrants. For a time following the passage of the Internal Security Act of 1950, Ellis Island housed as many as 1,500 detainees. Under that act, aliens who had been members of Communist or Fascist organizations were excluded from entry into the United States. However, the government soon realized that many people from eastern Europe, Italy and Germany seeking entry to the United States had been forced to join Communist or Fascist youth groups.⁹³ The law was modified and thereafter many former detainees were allowed to enter the United States. By 1952 the "hysteria" surrounding this law began to wane. On March 1, 1951, the U.S. Public Health Service closed the hospitals on Island 2 and Island 3 due to the declining number of patients, and the hospitals' status as obsolete. However, the Public Health Service maintained a small infirmary for detainees in the main immigration building.⁹⁴

On November 12, 1954, both immigration and Coast Guard operations ceased on Ellis Island. Equipment and fixtures, including plumbing, were removed from many buildings and distributed to other federal entities including border patrol offices, federal prisons, the Public Health Service, the military, and the General Services Administration.⁹⁵ From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease the property.⁹⁶ After several unworkable proposals, the island was placed under the jurisdiction of the National Park Service and on May 11, 1965, President Lyndon B. Johnson issued Proclamation 3656 adding the island to the Statue of Liberty National Monument.⁹⁷

⁹⁰ Stakely, 81, 83.

⁹¹ Unrau, *Volume I*, 1984, 11.

⁹² Beyer Blinder Belle/Anderson Notter Finegold, *Volume 4, Part 3*. Floor plan showing historical room use. NPS drawing No. 356/26,011, Sheet 6.

⁹³ Unrau, *Volume I*, 1984, 11.

⁹⁴ Stakely, 92.

⁹⁵ Unrau, *Volume III*, 1984, 1002.

⁹⁶ U.S. Senate, 89th Congress, 1st Session, *Report No. 306. Disposal of Ellis Island* (Washington, D.C., U.S. Government Printing Office, 1965).

⁹⁷ Unrau, *Volume I*, 1984, 11.

III. SOURCES OF INFORMATION

A. Architectural drawings: A computerized Drawings Index System for all types of Ellis Island architectural and engineering drawings is located at the Technical Information Center (TIC), Denver Service Center, National Park Service. Original drawings are digitized and available at <http://etic.nps.gov>. The site plans most useful in preparing this report were:

Boring & Tilton, "Plan of Ellis Island," (ca. 1900), NPS Drawing No. 356/43,968 Sheet 2A

Office of the Supervising Architect, "Contagious Disease Hospital," (1906), NPS Drawing No. 462/43,901 Sheet 1 of 2

Office of the Supervising Architect, "Plan of Proposed Grading and Sidewalks for the Contagious Disease Hospital Island," (23 June 1909), NPS Drawing No. 462/43,909, Sheet 1

B. Early Views:

Still Picture Branch, National Archives and Records Administration (NARA) has two record groups which include historic images of Ellis Island:

Record Group 90-G, Records of the Public Health Service (general views including aerials)

Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954 (construction photographs of various buildings). See citations and individual reports for specific images.

William Williams Collection, Archives and Manuscripts Section, New York Public Library, New York, NY.

Ellis Island Immigration Museum Photographic Collection.

C. Bibliography:

See notes for a listing of relevant archival materials from Record Groups 79 and 85 at the National Archives and Records Administration in New York City (Northeast Region) and Washington, D.C.

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U.S. Senate, 89th Congress, 1st Session. *Disposal of Ellis Island: Report No 306*. Washington: D. C.: U.S. Government Printing Office, 1965.

Withey, Henry F. Withey, and Elise R. Withey. *Biographical Dictionary of American Architects (Deceased)*. Los Angeles: Hennesey & Ingalls, Inc. 1970.

D. Likely Sources Not Investigated:

Record Group 26, Records of the U.S. Coast Guard 1915-1967 held at the National Archives and Records Administration (NARA I) in Washington D.C. includes logs of stations, vessels, and depots for the years 1915-1941, arranged by station type under regional divisions (New York Division). While the electronic finding aid for this record group provided no listing for Ellis Island, a search of the paper finding aid may prove useful for additional information on the Coast Guard's duty assignments and changes to buildings occupied at Ellis Island.

Annual Reports of the Supervising Architect and of the Secretary of the Treasury may also provide additional information on the funding, design and construction of buildings at Ellis Island. Annual Reports of the U.S. Marine Hospital Service, the U.S. Public Health Service and the Surgeon General may offer additional insight into the mission of the Ellis Island hospitals and about their construction and use.

Record Group 18, Records of the Army Air Forces 1902-1964, Airscapes of American and Foreign Areas 1917-1964, War Department, Army Air Forces, held at held at the National Archives and Records Administration (NARA II) in College Park, MD includes aerial views of Ellis Island. Image #18-AA-93-60, shows Ellis Island in the 1920s.

IV. PROJECT INFORMATION

Documentation of selected structures on Ellis Island was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP) during the summer of 2009. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and Architects Sara Dewey (University of Maryland), Luis Pieraldi (Metropolitan University of Puerto Rico), Michael Sandbury (Kent State University), and Thomas Sheridan (Rhode Island School of Design). HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Diane E. Williams served as project historian with guidance from HABS Historian Lisa Pfueller Davidson. HAER Photographer Jet Lowe and HABS Photographer James Rosenthal completed large-

format photographs during 2009. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), and Don Fiorino (Historical Architect).

V. SUPPLEMENTAL MATERIAL – ILLUSTRATIONS



Figure 1: Aerial View of Ellis Island, ca. 1930 (Photo No. 90-G-90-16)
Source: Record Group 90-G – Records of the Public Health Service, Historic Photograph File,
Still Picture Branch, National Archives and Records Administration, College Park, Maryland

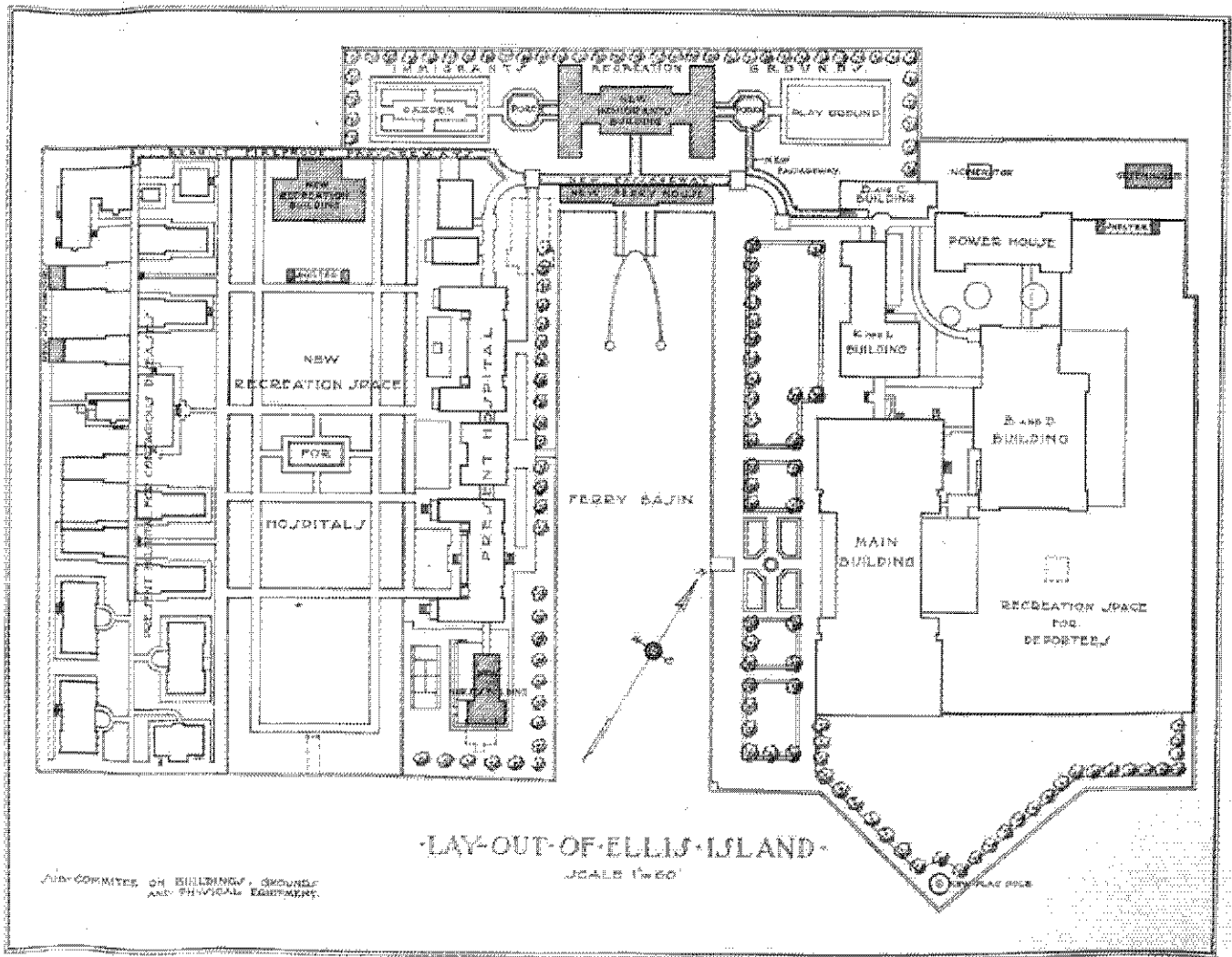


Figure 2: "Lay-Out of Ellis Island," (1934)
Source: Report of the Ellis Island Committee