

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL STAFF HOUSE
(U.S. Immigration Station)
Statue of Liberty National Monument
New York Harbor
New York
New York County
New York

HABS NY-6086-R
HABS NY-6086-R

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
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HISTORIC AMERICAN BUILDINGS SURVEY

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL STAFF HOUSE

HABS No. NY-6086-R

Location: Ellis Island, New York Harbor, Jersey City, Hudson County, New Jersey; and New York City, New York County, New York

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

Present Use: Vacant

Significance: The Staff House was a support structure for the Contagious Disease Hospital complex on Island 3 of the Ellis Island U. S. Immigration Station. Construction of the Contagious Disease Hospital in 1907-08 greatly expanded the hospital facilities run by the U. S. Public Health and Marine Hospital Service (after 1912, U. S. Public Health Service, or USPHS) in conjunction with the Bureau of Immigration at Ellis Island. Concerns about the spread of contagious diseases such as measles, scarlet fever, and trachoma (an eye disease that could lead to blindness) prompted Ellis Island officials to lobby for an expanded hospital capability on the island itself, rather than transporting these cases to medical facilities throughout New York City. This effort represents both compassion in providing highly professional medical care for ill immigrants and fears regarding urban public health and the potential diseases carried by arriving aliens. In later decades the function of the USPHS hospitals at Ellis Island shifted to include caring for a complex mix of immigrants, detainees, merchant seaman, service members and other local citizens eligible for government medical care.

The Staff House and the Contagious Disease Hospital were designed by James Knox Taylor, the Supervising Architect of the Treasury. The Office of the Supervising Architect was responsible for the design of federal facilities, in this case working for the Department of Commerce and Labor in consultation with the USPHS surgeons assigned to Ellis Island. The Contagious Disease Hospital was a mature example of a pavilion plan hospital, a form favored since its establishment in Europe during the nineteenth century and in the United States largely since after the Civil War. The Staff House exterior was executed in the same Georgian Revival mode as the rest of the Island 3 hospital, with red tile roof, pebble and dash stucco wall treatment, and red brick quoins and details. This decorative treatment complemented the Georgian Revival monumentality of the Island 2 general hospital while the detailing and lower scale of the new hospital made it visually distinct.

Originally the Staff House was free-standing, enhancing its appearance as a central-hall domestic structure within the sprawling pavilion hospital complex of attached buildings. Shortly after completion, the covered passageway for the hospital was extended to the Staff House at its west portico entrance. The Staff House was designed with communal spaces on the first floor and bedrooms and bathrooms on the second floor for USPHS assistant surgeons with families. Georgian Revival decorative details inside include fireplaces with ornamental mantels, chair rails, and picture molding. The high level of interior ornamentation and finish reflected the status of the USPHS professionals housed here.

The USPHS vacated the hospital facilities on March 1, 1951 and the U.S. Coast Guard Port Security Unit at Ellis Island expanded to use portions of the Island 3 hospital for file storage. The Ellis Island U. S. Immigration Station ceased operation on November 12, 1954 and the complex was largely unoccupied until it was made part of the Statue of Liberty National Monument in 1965, under the administration of the U. S. Department of the Interior, National Park Service.

Historian: Lisa Pfueller Davidson, HABS Historian, 2010

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: 1907-08. The Staff House was built during a second phase of construction from November 1907 into 1908.
2. Architect: Office of the Supervising Architect, Department of the Treasury, James Knox Taylor, Supervising Architect
3. Original owners: U.S. Department of Commerce and Labor, 1907-1912
Subsequent owners: 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
U.S. Department of the Interior, National Park Service, 1965-present
4. Contractor: North-Eastern Construction Co., New York, NY
5. Original plans and construction: In 1906, the Office of the Supervising Architect, under the direction of James Knox Taylor, prepared plans for the Contagious Disease Hospital to be built

on Island 3, including its detached Staff House. This drawing set includes elevations, floor, roof and foundation plans, sections and framing plans (Figures 1-3).¹

6. Alterations and additions: A covered passageway was extended to the Staff House and adjacent isolation wards in 1914. This passageway was built through the west portico, partially obscuring it. The porch on the east, or water, side of the building was enclosed and converted into a kitchen, probably during the 1930s. A number of interior changes were executed during the 1930s or 40s, such as altering openings and interior partition walls, particularly in the original kitchen and second floor hall, and adding the bathroom and closets in the west entrance foyer.

B. Historical Context:

The United States Immigration Station at Ellis Island was perhaps the most well known of the federal immigration facilities established at the end of the nineteenth century. The Immigration Act of 1891 formalized federal control of immigration in reaction to uneven state regulation and a growing influx of immigrants. The Bureau of Immigration was created within the Department of the Treasury. The original immigration station on Ellis Island opened January 1, 1892 and processed 700 people that first day. On June 15, 1897, fire swept through the complex, largely destroying its wood structures. During their tenure, more than 1,500,000 immigrants were processed through these buildings.² This time federal officials sought to create a more permanent and distinguished structure.³

The Office of the Supervising Architect of the Treasury quickly began planning a new facility.⁴ In September, the Supervising Architect James Knox Taylor sought designs in an architectural competition under the terms of the Tarsney Act, only the second time this had been done. Passed by Congress in 1893, the Tarsney Act authorized private sector architects to submit designs for federal projects.⁵ The New York firm of Boring and Tilton won the competition. Their plan called for a monumental complex on “Island 1” with three, primary, “fireproof” buildings—a French Renaissance Revival immigration building roughly on the site of the burned structure, a kitchen and laundry building, and a powerhouse – arranged along a northeast/southwest axis. Additionally, Boring & Tilton proposed a new island to the south

¹ Original drawings for Ellis Island buildings are digitized and available from the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of the Interior at <http://etic.nps.gov>.

² 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.

³ J. Tracy 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), 29. See also Diane Elizabeth Williams, *Historic American Buildings Survey (HABS) No. NY-6086, “Ellis Island,”* 2009. Prints and Photographs Division, Library of Congress, D.C..

⁴ Between 1890 and 1892, immigrants arriving at New York were processed through Castle Garden and then through a building called the Barge Office. According to Unrau’s *Historic Resource Study, Volume II*, 215-216, 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.

⁵ 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), 201.

across a ferry slip as the site of an imposing Georgian Revival hospital complex.⁶ Both revival styles stood firmly within the Beaux Arts approach popular in late nineteenth century America. Each island was a discrete unit with Island 1 containing public spaces for immigrant inspection and processing, immigrant dormitories and related functions and Island 2 devoted to the more private, and quiet, needs of a hospital complex. Each island also had its own food preparation, laundry and sanitary facilities.

The Main Immigration Building on Island 1 opened December 17, 1900, processing 2,251 immigrants the first day.⁷ Although the Immigration Building was the centerpiece of the project and the first priority, a hospital facility remained a key component of the U.S. Immigration Station. Construction of the hospital buildings on Island 2 began in March 1899. Included in the new complex were the Hospital, the Hospital Outbuilding and the Surgeon's House. Like the plan for Island 1, the hospital plan for Island 2 also placed the buildings on a linear, southwest-northeast axis. The buildings in the hospital complex featured Georgian Revival elements such as red brick walls detailed with quoins, limestone window and doorway details, and hipped red clay tile roofs.

Uniformed medical officers of the U. S. Marine Hospital Service, part of the Department of the Treasury and predecessor to the Public Health Service, were integral to federal immigration policy from the start.⁸ The Immigration Act of 1891, in addition to federalizing immigration control and creating Ellis Island and the other U.S. Immigration Stations, included a provision for medical examination of arriving aliens. Those with dangerous or contagious diseases, or mental problems could be turned away by the Marine Hospital Service surgeons. Initially the hospital facilities on Ellis Island were more limited, and the most contagious and dangerous cases were sent to New York Health Department hospitals. After the fire in 1897, a variety of rented spaces were used to handle hospitalized immigrants and inspections, including a docked steamship. According to Chief Surgeon Joseph H. White in 1898:

The present arrangement for the care of sick immigrants in contract hospitals under the care of a medical officer of this service is the best method possible under existing circumstances, but it has many disagreeable and unsatisfactory features, which cannot be eliminated. It is there earnestly hoped that for the best interests of the service the building of the new hospital on Ellis Island be pushed to completion with all practicable speed.⁹

The work of the Marine Hospital surgeons continued to increase as the number of immigrants seeking entry through the Port of New York grew. In 1900, the eight medical officers inspected 448,572 immigrants.¹⁰ The first section of the hospital opened in

⁶ Stakely, 38.

⁷ Stakely, 40-41.

⁸ The U.S. Marine Hospital Service was founded in 1798 to provide medical care for merchant seamen. In 1903 the name was changed to the U.S. Marine Hospital and Public Health Service to reflect its growing role in national public health issues. In 1912 the name was shortened to U.S. Public Health Service.

⁹ As quoted in Unrau, *Historic Resource Study, Volume II*, 581 from *Annual Report of the Commissioner General of Immigration* (1898).

¹⁰ Unrau, *Historic Resource Study, Volume II*, 583.

March 1902. However it was immediately deemed too small and requests were made for more funding to add the remaining portions of the original design.

The U.S. Public Health Service filled many roles associated with the Immigration Station, including cabin inspections, line inspections in the Main Immigration Building, and staffing the various hospital wards. The uniformed corps of federal surgeons first had a responsibility to screen for a wide variety of diseases:

It is their duty to determine whether aliens meet the physical and mental requirements of the immigration law. . . . All diseases of a quarantinable nature, including cholera, smallpox and yellow fever, are supposed to be detected at the Quarantine Station, and such cases rarely if ever reach Ellis Island. But the quarantine laws do not deal with insanity or such diseases as consumption, trachoma, favus, scarlet fever, measles, or physical ailments of a non-contagious nature.¹¹

After state quarantine officers boarded a ship and removed any quarantine cases (cholera, smallpox, yellow fever, typhus and plague), the federal medical officers inspected cabin passengers (1st and 2nd class). Steerage passengers were inspected in the immigration building by lining up for scrutiny by medical officers. The most common problem detected was a contagious eye disease called trachoma. Those who were identified as having physical or mental “defects” or needing closer examination were shown to medical detention rooms. Those needing more treatment would then be taken to the Island 2 hospital or transferred to a contract hospital. Those suffering from measles, diphtheria or chicken pox were sent directly from shipboard to New York City Health Department hospitals, given that there was not yet an appropriate contagious disease hospital on Ellis Island. Trachoma, favus (ringworm of the scalp), and tuberculosis were the most common diseases encountered by the Ellis Island medical division, as well as many cases of measles and scarlet fever among children. As expressed by documentary filmmaker Lorie Conway in her account of the Ellis Island hospitals:

Diseases that scarcely get passing notice today were life-threatening in 1900. . . . The PHS physicians at Ellis Island were “guardians of the gate” – the nation’s first line of defense against immigrant-borne illness. . . . Growing opposition to immigration led Congress to expand the authority of the Public Health Service, requiring it to weed out the weak and the unemployable as well as the sick.¹²

Ellis Island Commissioner of Immigration William Williams lobbied for expanding the medical facilities of the island with a contagious disease hospital starting in 1902.¹³ The

¹¹ *Organization of the U. S. Immigrant Station at Ellis Island, New York, Together with a Brief Description of the Work Done in Each of Its Divisions* (23 October 1903), as quoted in Unrau, *Historic Resource Study, Appendix D*, 324.

¹² Lorie Conway, *Forgotten Ellis Island: The Extraordinary Story of America’s Immigrant Hospital*. (New York: HarperCollins, 2007), 35. This book is a companion piece to a television documentary.

¹³ Letter, William Williams to Secretary of Treasury, (30 October 1902), File 51447/44 (Part 1A) Estimates on Construction Hospital Island, 1902, Entry 9 – Subject and Policy Files, 1893-1957, Record Group 85 – Records of

precipitating event was an announcement by the New York Public Health Department that it no longer wished to accept contagious immigrants from Ellis Island for care. Faced with dwindling support among local public health officials, the federal authorities needed to quickly increase their capacity to deal with the matter internally. In a newspaper article, New York Health Department officials complained about the growing numbers and uncouth behavior of the immigrant patients sent to them from the federal facility. Williams pushed for rapid construction of a new island, No. 3, to receive a pavilion-plan hospital. The urgent need quickly became bogged down in bureaucratic red tape. First the Secretary of War's permission was sought to create a new island within 500 feet of the existing one. Questions arose whether this distance was sufficient to guarantee safety from infection and Dr. Walter Wyman, Surgeon General, was invited to rule on the matter. In a letter to Bureau of Immigration Acting Commissioner-General Frank H. Larned, Williams wrote:

The principal point to be gained is . . . "absolute safety from infection." I am very glad to know that the Surgeon-General will call here, as I think he should be consulted in regard to so important a matter. . . . I understand that the best opinion now is to the effect that a single building should not be constructed, but several – say five or six – pavilions which will be more or less isolated. Each pavilion should not be over two stories in height.¹⁴

Williams noted that the City of New York was about to construct several contagious disease hospitals and those plans would be available for inspection by federal engineers.

Surgeon General Wyman sought a ruling from his Sanitary Board on a safe distance for a contagious disease hospital at Ellis Island. In early November 1902, Dr. J. H. White, Chairman of the Sanitary Board, conveyed their opinion that a hospital within 400 feet of the general hospital and separated by 200 feet of water with a gangway at one end "will be compatible with safety from the fear of extension of contagion."¹⁵ A few weeks later, Wyman wrote to Williams that he would be unable to personally visit Ellis Island, but he enclosed the Sanitary Board ruling that the proposed siting would be safe for contagious, but non-quarantinable diseases.¹⁶

It briefly appeared that Williams would be able to move forward with Island 3 construction, but then a lawsuit was filed by the State of New Jersey over ownership of Ellis Island. This litigation brought the entire status of the Immigration Station into question. Orders were given to avoid any construction or improvement expenditures while the lawsuit was underway, given that the plaintiffs called for ejection of the Immigration Station from the Island. Williams chafed under the delay, sending dire letters to Washington headquarters about the urgent need for a contagious disease hospital. Finally in November 30, 1904 the federal

the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC [hereafter Entry 9, RG 85, NARA I].

¹⁴ Letter, William Williams to F. H. Larned, (6 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

¹⁵ Letter, Sanitary Board of the USPHMHS (J.H. White, Chairman) to Surgeon General, (6 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

¹⁶ Letter, Surgeon General to William Williams, (26 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

government received clear title to both Ellis Island and the submerged land around it, clearing the way for the construction of Island 3 and the contagious disease hospital.

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 at New York.¹⁷ Constructed between April 1905 and 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 at its northwest end.

While Island 3 was under construction, planning proceeded for the Contagious Disease Hospital. In January 1905, Frank P. Sargent, Commissioner General for the Bureau of Immigration, prepared to go before the U.S. House of Representatives Appropriation Committee by asking Williams for more complete information on a new contagious disease hospital.¹⁸ Williams replied in detail, continuing to emphasize the great need. In 1904, 627 people were sent to other hospitals at an estimated cost of \$25,656, excluding ambulance and burial plots. The day he wrote a detailed report, January 28, 1905, there were 91 Ellis Island contagious cases in New York health department hospitals. Williams' description of the type of hospital desired shows knowledge of current medical practice and consultation with his USPHS colleagues:

A contagious disease hospital is composed of several pavilions or distinct compartments, in order that the various kinds of contagious diseases may be segregated. It is obvious that the pressure on one pavilion may be very much greater than the pressure on the other pavilions at the same time, but all of the pavilions must be of such a size as to be able to accommodate the maximum number of each of the chief classes of contagious disease patients.¹⁹

The basic concept of a pavilion plan was clearly favored from the beginning, but plans were still nebulous at this time. Williams noted that Chief Medical Officer Dr. George Stoner recommended a total capacity of at least 200. However, the engineer from the Public Buildings Service New York office, Alfred Brooks Fry, believed that the proposed appropriation request would only be enough to construct a hospital for 100 to 125 patients, without severe crowding. Williams noted that "in the absence of plans and specifications it is very difficult to give accurate figures upon this point," but did not hesitate to add that in his own judgment "a good hospital, probably adequate for the needs of this Station, can be constructed for \$250,000."²⁰

Funds for construction of the hospital - \$250,000 - were included in the Sundry Civil Act approved on March 3, 1905 and once some questions about the mechanism for distributing funds

¹⁷ File 51447/044, Part 3 - Construction, New Island, 1909, Box 36, Entry 9, RG 85, NARA I.

¹⁸ Letter, F. P. Sargent, Commissioner General to William Williams, (January 26, 1905), File 51436/1-8A - New Contagious Disease Hospital Ellis Island, Part 1, Entry 9, RG 85, NARA I.

¹⁹ Letter, William Williams to Commissioner General, Bureau of Immigration, (28 January 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁰ Letter, William Williams to Commissioner General of Immigration, (28 January 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

were settled, the Supervising Architect and his office could begin preparing plans.²¹ Collaboration between immigration officials, public health surgeons, and federal engineers and architects in developing plans for the hospital would emerge as a defining characteristic of the design process, as already indicated by Williams. In July 1905 Acting Commissioner General F. H. Larned informed Williams that “Honorable John [sic] Knox Taylor, Supervising Architect, expects to be in New York on Thursday for the purpose of conferring with yourself, Surgeon Stoner, and Chief Engineer Fry in regard to the plans for the new contagious disease hospital at your station.”²² The content of Taylor’s visit and any subsequent communication were not recorded, until January 1906 when Taylor forwarded the following:

...two prints showing the proposed arrangement of the Contagious Hospital to be built on the new island adjacent to Ellis Island. The Office regards the arrangement as shown as tentative only, and it is requested that you indicate on the plans such modifications as you may deem necessary, returning the prints to this Office, when the working drawings will be promptly taken up.²³

It is unknown exactly which prints are referred to here, although two drawings signed by Taylor showing the hospital largely as constructed survive -- a “General View” birds-eye rendering of the entire complex and another showing the complex in both plan and elevation (Figure 4).²⁴ Commissioner General Sargent replied that he would return the plans with suggestions after conferring with the Surgeon General.²⁵ In June 1906 the “sketch plans” were approved by the Secretary of Commerce and Labor and the Office of the Supervising Architect could prepare architectural drawings.²⁶

The design produced by James Knox Taylor and his Office of the Supervising Architect was for a pavilion plan hospital complex.²⁷ The core of the complex was a grouping of eight

²¹ Letter, F. P. Sargent, Commissioner General of Immigration to Secretary of Commerce and Labor, 30 March 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²² Letter, F. H. Larned, Acting Commissioner General of Immigration, to Williams, (10 July 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²³ Letter, James Knox Taylor to Commissioner General of Immigration [F.P. Sargent], (12 January 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁴ This birdseye rendering is very faded and no date is visible. It is labeled “Sketch #11” by hand. The elevation/plan has the handwritten date April 15, 1906. NPS Drawing No. 462/43,901, 2 Sheets, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

²⁵ Letter, F. P. Sargent to James Knox Taylor, Supervising Architect, (16 January 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁶ Letter, V.H. Metcalf, Secretary of Commerce and Labor to Secretary of Treasury, (16 June 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁷ During his tenure as Supervising Architect, James Knox Taylor (1857-1929) oversaw the design and construction of post offices, federal buildings, and custom houses. Taylor was born in Knoxville, Illinois and attended schools in St. Paul, Minnesota. He completed two years of architectural training at the Massachusetts Institute of Technology. Thereafter he worked for architectural firms in New York City and Boston but by 1882 had opened his own office in St. Paul. In 1884 he went into partnership with Cass Gilbert. The Panic of '93 adversely affected the architectural profession and by 1895, Taylor had joined the staff of the Office of the Supervising Architect as a draftsman. In 1896 he was promoted to temporary principal draftsman, and when the position of Supervising Architect became available in 1897 he was selected, serving until 1912. After retiring as Supervising Architect, he returned to private practice in Boston. He later moved his practice to Yonkers, New York and then retired to Tampa, Florida. See Lee,

identical two-story measles wards, the administration building, and kitchen, each attached on one side to an open two-story circulation corridor. The wards flanked the administration building/kitchen and were staggered on either side of the corridor to avoid cross contamination. The Staff House and three free-standing isolation wards stood at the southeast end of the island and a powerhouse, mortuary, and laboratory (with additional staff quarters) stood at the northwest end, at the gangway connecting to Island 2. This arrangement maximized the healthful benefits of fresh air and light, and provided all the necessary support structures for a self-sufficient institution. In addition, having free standing staff houses was a common technique used to give a more domestic scale to a large institutional complex.²⁸ In this historical moment, the pavilion plan was nearly fifty years old, but still a standard in hospital design. In just a few years, medical experts and architects would begin to vigorously seek alternatives, but the basic ideals of fresh air and sanitary conditions first espoused by Florence Nightingale continued to hold sway over the medical profession and their architects.

The pavilion plan had its origins in Europe and Great Britain, but in the United States it emerged from the aftermath of the Civil War with new attention to public health and the construction of hospitals. The predecessor to the Public Health Service, the U. S. Marine Hospital Service, was at the forefront of the development of modern hospitals and public health. Scientific understanding of disease and contagion was developing rapidly in the period as well, with the first, imperfect understanding of germ theory starting to coexist with older ideas of contagion by miasma or contaminated air. The discussion in the United States also benefitted from intense interest in this topic in Europe and Great Britain, begun a decade earlier by the Crimean War. Motivated by the unsanitary conditions in military field hospitals and her earlier study as a nurse, Englishwoman Florence Nightingale became a champion of hospital reform through her work in war relief, public policy and her writings. Nightingale's *Notes on Nursing* (1st American edition, 1860) and *Notes on Hospitals* (1st edition, 1859; 3rd revised edition, 1863) defined the debate about best practices on both sides of the Atlantic throughout the second half of the nineteenth century.²⁹

Led by Nightingale's work, hospital architecture was increasingly seen as a key element in patient care. A rudimentary understanding of germ contagion led to great concern with choosing hospital plans and building materials that would be healthful and avoid making patients sicker.³⁰ Proper ventilation, sanitation, light, and equipment were essential to healing both surgical and medical cases and avoiding cross infection. The details of ventilation, finish etc. were much debated by the medical profession and their collaborating architects, but the overriding concept of a large hospital divided into freestanding or semi-attached pavilion wards dominated hospital design for the next fifty years. Informed by Nightingale's recommendations along with other leaders of the sanitarian movement, the pavilion plan hospital emerged in

197-199, 215; Henry F. Withey, and Elise R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennesey & Ingalls, Inc. 1970), 592.

²⁸ Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London and New York: Leicester University Press, 1997), 28.

²⁹ For an overview of hospital development see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), esp. 155-70 on Nightingale wards.

³⁰ Florence Nightingale, *Notes on Hospitals* (London: Longman, Green, Longman, Roberts, and Green, 3rd revised edition, 1863), preface.

England, France and other European countries by the late 1850s and became commonplace by the 1860s.³¹ The Contagious Disease Hospital at Ellis Island was a mature example of the pavilion plan hospital, as employed by the architects of the Office of the Supervising Architect of the Treasury for the USPHS. This form was still considered the most effective solution to creating hygienic hospital designs in this period, even as standards of medical care were undergoing new changes.

Final architectural drawings for the Contagious Disease Hospital were dated August 18, 1906. The construction bid offering was made on September 17, 1906, with proposals due on October 20, 1906. Although \$250,000 was already appropriated for the new hospital, its construction would require at least twice that amount. In November 1906, the Commissioner-General of the Bureau of Immigration requested an additional \$250,000 from the Secretary of Commerce and Labor. He closed his letter, which made requests for a number of other improvement projects, by saying:

These newcomers are entitled to the best treatment which it is in our power to bestow and to subject them, at the time and place of landing, to the danger of disease and to the manifold discomforts which are certain to be produced by insufficient accommodations, is not conducive to good administration. The improvements herein advocated go far toward promoting humane and considerate treatment for many thousands of human beings who, while undergoing immigrant inspections, are temporarily the wards of the Government, which is responsible for their well-being.³²

Although there appeared to be complete agreement regarding the necessity for a new hospital, acquiring sufficient funding was another matter. Of the construction bids collected, the lowest was \$503,375 and the next lowest \$584,385. These proposals did not include heating, wiring, or the elevator in the administration building, which would be a separate contract and additional expense. The Office of the Supervising Architect estimated that the complete project would require approximately \$625,000 to complete.³³ As there was a general reluctance to request more than the \$500,000 total, officials began debating the best approach to reconcile the difference between available funds and cost estimates.

At question was whether to completely revise the plans or eliminate sections of the complex. The Office of the Supervising Architect suggested starting construction on selected parts of the complex that could be built within the original \$250,000 appropriation, then moving on with additional phases as funds became available. According to their estimates, the Administration Building, Kitchen, Measles Wards A, B and E, and Powerhouse/Laundry with connecting corridors could be built for \$201,590, with \$48,410 for powerhouse equipment,

³¹ Taylor, vii.

³² Letter, Commissioner-General, Bureau of Immigration to Secretary of Commerce and Labor, (12 November 1906), File 52519/18, Entry 9, RG 85, NARA I.

³³ Letter, Secretary of the Treasury to Secretary of the Department of Commerce and Labor, (3 December 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

elevator, heating, and wiring.³⁴ This condensed grouping would provide a complete, but smaller hospital during the first phase of construction. Bureau of Immigration officials were hesitant to embrace a plan that did not really address the potential funding shortfall. Acting Commissioner-General Frank H. Larned insisted in an internal memorandum that “the safest plan would undoubtedly be to reject all the bids and alter the entire plans and specifications to bring the aggregate cost of the contagious disease hospital within the maximum limit of \$500,000.”³⁵ It is not clear how this was to be accomplished since Larned also endorsed Dr. Stoner’s request that the revised plans not reduce the amount of space in the proposed hospital and he only suggested an elimination of “luxuries.”

Acting Secretary of the Treasury Charles H. Keep reiterated the Supervising Architect’s position that phased construction was the best approach, with wards and support structures eliminated according to the size of the appropriation. He noted that requesting new bids for revised plans would undoubtedly result in even higher costs, as it was doubtful the cost of building would decrease or another similarly low bid could be obtained. Keep also cautioned that “relative to changing the plans so as to make the buildings less expensive, it is believed that as now planned they are as cheap as it is practicable to build them so that they will be entirely suitable for the purpose and location.”³⁶ The Bureau of Immigration finally agreed to proceed with phased construction as in the “best interests of the public service.”³⁷ North-Eastern Construction Company of New York City was the lowest bidder. They were notified on January 3, 1907 that a portion of the work equal to \$201,590 was being approved. Their contract would stipulate a completion date of November 1, 1908.³⁸ Alfred Brooks Fry, Chief Engineer and Superintendent of Repairs for the Public Buildings Branch in New York, was designated as the federal Superintendent of Construction for the Contagious Disease Hospital project., He was jointly employed by the Departments of the Treasury and Commerce and Labor.³⁹

Because of the ongoing need to lobby for funds to complete the hospital, the Bureau of Immigration continued to solicit information from local officials that could be used to justify additional appropriations. Ellis Island Commissioner Robert Watchorn compiled statistics from the Medical Division for fiscal year 1906 at the request of Commissioner General Frank P. Sargent. During this year 2,553 arriving aliens were found to have “loathsome and dangerous contagious diseases” such as diphtheria, scarlet fever, trachoma, favus (severe ringworm of the scalp), or tuberculosis. Of these 563 were detained at Ellis Island and 1,990 sent to hospitals in New York. These patients were in addition to the 1,366 observed for mental illness and the

³⁴ Letter, C. H. Keep, Acting Secretary of the Treasury to Secretary of Commerce and Labor, (6 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁵ Memorandum, F.H. Larned, Acting Commissioner-General, Bureau of Immigration, (15 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁶ Letter, C.H. Keep, Acting Secretary of the Treasury to Secretary of Commerce and Labor, (18 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁷ Letter, Lawrence O. Murray, Assistant Secretary of the Treasury to Secretary of the Treasury, (19 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁸ Letter, Lawrence O’Murray, Assistant Secretary of the Treasury to North-Eastern Construction Company, (3 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁹ Letter, Oscar S. Strauss, Secretary of Immigration and Naturalization to Secretary of the Treasury, (30 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

5,124 detained for “all other diseases.”⁴⁰ The immigration through Ellis Island was continuing to grow with 1907 as a peak year. In addition to the Island 3 expansion and hospital, this period also saw the expansion of existing facilities in an ongoing effort to upgrade and meet demand. In addition to expansions and renovations to Island 1 buildings, the general hospital on Island 2 was greatly expanded. As planned by Boring and Tilton, the original section of the hospital on the west end of Island 2 received the center administration building and additional wing to the east. The new wing doubled the capacity of the original hospital and was known as the “New Hospital Extension.” In 1907, 1,123,842 aliens and 146,833 U. S. citizens received medical inspections by the Ellis Island surgeons. Of the aliens, 9,293 were detained in hospitals for treatment and 3,605 deported for medical problems.⁴¹

While work proceeded on the first set of structures, plans were made for constructing the remaining portions of the Contagious Disease Hospital complex. In July bids were solicited for construction of the Staff House, the other five Measles Wards, the three Isolation Wards, Laboratory, Mortuary, and the rest of the covered passageways. North-Eastern Construction again entered the low bid for \$298,405.60; each ward would continue to cost about \$30,000.⁴² However because the bid amount was still over the available second appropriation of \$250,000, debate again ensued among Immigration officials about the propriety of moving forward without sufficient funds. Acting Commissioner General of Immigration Frank H. Larned demanded an explanation from Watchorn, asserting that “it appears we will be forced to abandon the plan of constructing certain of the isolation wards or other buildings included in the original scheme, so that the structures now being erected may be finished and equipped and certain of the contemplated buildings not only erected, but fitted up as well.”⁴³ The work was again divided into two phases, after much discussion regarding which buildings to include. The erection of the Staff House, Measles Wards C, D and G, Isolation Ward L, Mortuary and some corridors were included under a \$161,908.20 contract with North-Eastern Construction dated October 14, 1907.⁴⁴ The third phase saw construction of Measles Wards F and H, Isolation Wards I and K and the Office Building in 1908.

Construction of the Staff House and the other structures in phase 2 proceeded quickly. North-Eastern submitted periodic progress photographs which are preserved at the National Archives. A set from mid-December shows the Staff House walls complete up to the cornice

⁴⁰ Letter, Robert Watchorn to F.P. Sargent, (26 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I. In January 1905, Robert Watchorn became commissioner in January 1905 after Williams resigned to return to his law practice. Watchorn was an experienced Bureau of Immigration official, with time spent as an inspector at Ellis Island.

⁴¹ Unrau, *Historic Resource Study, Volume II*, 600. Between November 1906 and August 1907, Geddings conducted three inspections of the Ellis Island medical procedures and facilities and produced detailed reports. In his November 16, 1906 report to the Surgeon General, Assistant Surgeon General H. D. Geddings noted that the main hospital was designed on the block plan and that its system of mechanical ventilation was not in use, due to the fact that it never worked properly and the natural ventilation was good.

⁴² Letter, Robert Murray, Assistant Commissioner, Immigration Service to Robert Watchorn, (1 August 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

⁴³ Letter, F. H. Larned to Robert Watchorn, (6 August 1907), File 51436/1-8C, Entry 9, RG 85, NARA I.

⁴⁴ Contract, (14 October 1907), Folder 51436/1-8D, Box 34, Entry 9, RG 85, NARA I.

(Figure 5).⁴⁵ By mid-January, the roof decking was in place and the stucco in progress (Figure 6).⁴⁶ By February the exterior was nearly complete, with window sash installed and the roofing tiles well underway (Figure 7).⁴⁷

In spite of the ongoing funding problems, Ellis Island officials looked forward to the completion of the Contagious Disease Hospital. In his *Annual Report* for 1908 Robert Watchorn optimistically speculated that the mortality numbers for many diseases, such as measles, would drop when treatment could begin immediately rather than after a long transfer to contract hospitals.⁴⁸ In the spring of 1909, all seventeen buildings designed for the Contagious Disease Hospital were complete. However, the complex still lacked equipment and furnishings, as well as a tie to electricity on Island 1 and these matters delayed its opening until 1911.⁴⁹ The Island 3 hospital finally opened for patients on June 20, 1911, ending the need for contracts with outside hospitals. It had a total capacity of 450 beds, but in the early years usually housed 30 to 130 patients.

The completion of the Contagious Disease Hospital came at a time of change for Ellis Island and the Public Health Service. In 1912, the “Marine Hospital” part of the agency’s full name was dropped, completing a transition to fully emphasizing their broader role protecting the American public. According to Dr. Alfred C. Reed, an Assistant Surgeon at Ellis Island:

An enduring commonwealth must of necessity guard rigidly the health of its citizens and protect itself against undesirable additions from without. . . . The medical phases of immigration blend very quickly into the subjects of national health protection, national eugenics and even the future existence of the ideals and standard of life which we are proud to call American. Conservatism and a carefully maintained medium between absolute exclusion, and free immigration, certainly seems the best policy.⁵⁰

His conservative tone was indicative of a growing tightening of immigration policy. William Williams was reappointed Commissioner in 1909 and continued to generate controversy with strict enforcement of immigration law, particularly regulations to determine whether an immigrant was likely to become a public charge for financial or other reasons.

⁴⁵ See Photographs No. 121-BCP-38AI-22E and -22I, (16 December 1907) and No. 121-BCP-38A-15K, (4 June 1907), in Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, National Archives and Records Administration, College Park, MD [hereafter RG 121-BCP, Still Picture Branch, NARA II].

⁴⁶ See Photographs No. 121-BCP-38AI-23F, and -23H, (11 January 1908), in RG 121-BCP, Still Picture Branch, NARA II.

⁴⁷ See Photographs No. 121-BCP-38AI-24C, -24A, and -24H, (11 February 1908), in RG 121-BCP, Still Picture Branch, NARA II.

⁴⁸ As quoted in Unrau, *Historic Resource Study, Volume II*, 602 from *Annual Report of the Commissioner General of Immigration* (1908), 233-35.

⁴⁹ Stakely, 65. See also Letter, William Williams to Commissioner General, (19 October 1910), File 52519/18C, Entry 9, RG 85, NARA I.

⁵⁰ Alfred C. Reed, “Going Through Ellis Island,” *Popular Science Monthly* 82 (January 1913): 11.

In another article, Dr. Reed emphasized his respect for his colleagues by saying “the variety of contagious diseases is unusual and extreme diagnostic skill is required of the physicians in charge.”⁵¹ In 1912 there were 130 medical officers and hospital attendants employed at Ellis Island. The system of treating quarantine cases in the Quarantine Hospital near Staten Island continued -- diseases such as cholera, yellow fever, smallpox, typhus, leprosy, and plague legally requiring isolation. The new Contagious Disease Hospital filled the gap in government medical facilities for other diseases considered “loathsome and contagious” such as measles, scarlet fever, chickenpox, trachoma, favus, and tuberculosis. A large number of patients detained on Island 3 had trachoma, an infectious eye disease that could lead to blindness. A contemporary account attributed the large number of trachoma cases among European immigrants to “low vitality and filthy surroundings.”⁵² In addition to trachoma cases, many patients at the Contagious Disease Hospital were children with measles, scarlet fever, or diphtheria.⁵³

The Contagious Disease Hospital connecting corridors were designed to be open, but it was almost immediately determined that enclosing them with windows would benefit the circulation of patients, staff, and food during inclement weather. Williams first requested funds for this work in July 1911.⁵⁴ It was not until June 1913 that funds were appropriated to install windows in the two-story passageways at the Measles Wards and extend a one-story passageway to the Staff House and other freestanding structures such as Isolation Wards and Office Building. This work was done in 1914 at a cost of \$28,000, according to plans prepared by engineers Alfred Brooks Fry and Frank S. Howell at the Public Buildings New York office. The Staff House connecting corridor was built on the existing concrete walk and pipe trench. It came right to the main doorway, obscuring the west portico.⁵⁵

Immigration decreased quickly after the outbreak of war in Europe in 1914. Less volume meant that more intensive medical inspections could take place, particularly for “feeble-mindedness.” The Surgeon General noted in his 1916 *Annual Report* that Surgeon Eugene Mullan and PHS officers at Ellis Island had developed standardized tests for feeble-mindedness and almost completed a manual of guidance for identifying mental diseases in aliens.⁵⁶ These efforts were an outgrowth of the contemporary interest in intelligence testing, as well as eugenics and other quasi-scientific methods of categorizing racial types. With the lull in immigration, the

⁵¹ Alfred C. Reed, “The Medical Side of Immigration,” *Popular Science Monthly* 80 (April 1912): 392. A third article by Reed offers a useful summary of the history of U.S. Public Service up to the period when the Contagious Disease Hospital opened. See “United States Public Health Service,” *Popular Science Monthly* 82 (April 1913): 353-375.

⁵² “Ellis Island: Its Organization and Some of Its Work,” (December 1912) transcribed in Unrau, *Historic Resource Study, Volume II, Appendix L*, see esp. 492, 501.

⁵³ *Annual Report of the Surgeon General of the Public Health Service* (1913), 158-59, reproduced in Unrau, *Historic Resource Study, Volume II, Appendix D*, 711.

⁵⁴ Letter, William Williams to Commissioner General, (7 July 1911), 5, File 52519/18C, Entry 9, RG 85, NARA I.

⁵⁵ See Sundry Civil Expenses, June 23, 1913, appropriations for Fiscal Year ending June 30, 1914, File 52519/18-D, Entry 9, RG 85, NARA I; and “Inclosing [sic] Corridors, Contagious Disease Hospital,” (12 March 1914), NPS Drawing No. 462/43912, 7 Sheets, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

⁵⁶ Quoted in Unrau, *Historic Resource Study, Volume III*, 746.

hospital laboratory was also available to support Public Health Service research in addition to routine testing.⁵⁷

Commissioner Frederick Howe instituted a number of reforms during the war years, all directed toward humanizing the experience of processing or detention at Ellis Island. He came under loud criticism, mainly from New York business interests, for allowing outdoor recreation, educational opportunities, and investigating bankers, railroad agents and others he felt preyed upon new immigrants. World War I brought additional changes to the island. On July 30, 1916, the munitions warehouses at Black Tom Wharf on the nearby New Jersey coast exploded. Thought to be the work of German saboteurs, the resulting concussions and flying debris broke windows, damaged every building on Ellis Island, and caused a temporary evacuation of the hospitals and dormitories.

After the United States entered World War I 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.⁵⁸ Crews of German and Austrian ships were seized and detained at Ellis Island in the Baggage and Dormitory Building on Island 1. The USPHS was responsible for their medical care and prisoners were relocated to the hospital facilities when necessary. The mix of groups being treated at the hospital became more complicated as various detained groups needed to be accommodated along with immigrants, servicemen, and others entitled to care. The Immigration Act of 1917 further increased the duties of the depleted Ellis Island USPHS staff by requiring medical examination of the crew of every merchant ship, in addition to the usual inspection of passenger vessels. In March 1918, the Ellis Island hospitals were temporarily turned over to the U.S. Army for processing and treating returning servicemen. They were designated "Debarkation Hospital No. 1." Immigrant patients were sent to hospitals throughout the region during the Army occupation.

The hospitals were returned to the USPHS on June 30, 1919.⁵⁹ They became Marine Hospital No. 43 on September 1. Care for immigrants remained a priority, but beds were also reserved for other USPHS beneficiaries including seaman and discharged military personnel. Medical procedures continued to keep pace with the times, including extensive laboratory work, x-ray apparatus, and occupational therapy.⁶⁰

Medical inspections for immigrants took place on ship until March 16, 1920, when the inspection of steerage passengers resumed on Ellis Island. However the increasingly restrictive immigration laws began to alter Ellis Island's function. 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. The Quota

⁵⁷ Unrau, *Historic Resource Study, Volume III*, 748.

⁵⁸ Unrau, *Historic Resource Study, Volume I*, 7.

⁵⁹ Unrau, *Historic Resource Study, Volume III*, 787, 796.

⁶⁰ Unrau, *Historic Resource Study, Volume II*, 620-22.

Act of 1921 changed the general tenor of immigration control in the United States to a more restrictive policy, limiting the numbers of newcomers by nationality percentages from the 1910 Census. Prior to 1921, immigrants were assumed to be eligible for admission barring specific evidence to the contrary. The new shift to a quota-based system reflected a public mood against Southern and Eastern European immigration and instead preemptively barred entry based solely on nationality.⁶¹

After the Immigration Act of 1924 tightened the quotas even further to be based on the 1890 census, a period prior to the more recent influx of Southern and Eastern Europeans, the flow of new immigrants continued to taper off. According to Harlan Unrau in his *Historic Resource Study* of Ellis Island, the 1924 law changed the principal function of Ellis Island from immigrant processing to assembly, detention, and deportation.⁶² Most inspections took place on ship or prior to departure through U.S. consulate employees. Chief Medical Officer William C. Billings wrote to the Surgeon General regarding the changes in Ellis Island medical inspection and care after the Immigration Act of 1924, noting that the hospital now cared for a mix of aliens and U. S. citizens who were Marine Hospital system beneficiaries.⁶³ Typically the medical staff of a large hospital was divided into specialties such as medical, surgical, and eye, ear, nose and throat services. Here the categories were modified to meet the special needs of Ellis Island – female medical, male medical, genito-urinary (including venereal), psychopathic, eyes and scalp, acute contagious, American seaman (medical and surgical). Patients suffering from contagious diseases were sent directly to the Island 3 hospital for processing and assigned to a specific ward to prevent the spread of infection.⁶⁴

A 1924 Surgeon General's report lists the types of patient care undertaken in each ward and other details regarding the operation of the hospital in this period. It noted that the hospitals employed 292 personnel. Quarters were provided on Islands 2 and 3 for medical officers, nurses, attendants, and orderlies, as well as some other single employees. The Staff House was designated for married commissioned officers with families. In 1927-29, Dr. Carl Ramus, the Chief Medical Officer, lived there with his family. The *Historic Structures Report* theorizes that the walls and doors added to divide the second floor hall indicate that two families were housed here at some point after these changes were made during the 1920s.⁶⁵

Starting on May 20, 1926, intensive examination of alien seaman was undertaken. Those found with venereal or other communicable diseases were confined to hospital while their ships were in the Port of New York. The primary hospital serving this function was the Quarantine Hospital in Stapleton, Staten Island, but Ellis Island received many overflow patients. The growth of this function and decline of immigration given stricter laws during the 1920s meant that the Ellis Island hospital now treated more seaman than immigrants – the latter now only

⁶¹ See Williams, esp. 15-16.

⁶² Unrau, *Historic Resource Study, Volume III*, 896.

⁶³ Letter, Billings to Surgeon General, (30 July 1925) General Subject File, 1850.15, RG 90, quoted in Unrau, *Historic Resource Study, Volume III*, 919.

⁶⁴ Unrau, *Historic Resource Study, Volume II*, 640, 644, 646.

⁶⁵ Unrau, *Historic Resource Study, Volume II*, 642, 645; Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 1 [Staff House]*, (U.S. Department of the Interior, National Park Service, 1986), 370, 368.

twenty-five percent of the patients.⁶⁶ In 1927, Chief Medical Officer Ezra K. Sprague wrote that “U.S. Marine Hospital No. 43 is becoming a marine hospital in fact as well as in name.”⁶⁷ The larger percentage of “old line beneficiaries” meant that the hospital was treating more chronic conditions, with longer hospital stays. Clinical research studies began to play a larger role in the Ellis Island hospital program, such as a 1931 study of gonorrhea treatment. Perhaps most significant to long term patient stays, tuberculosis care for Marine Hospital beneficiary patients from throughout Greater New York became a large part of the hospital activities, as described in the Surgeon General’s *Annual Report* for 1930. An additional ward of forty beds was created in the second floor corridor. Other physical changes to the Contagious Disease Hospital in these years were minor and involved tasks such as replacing screens, painting, and repairing roofs.⁶⁸ The biggest change to the hospital areas in this period was gradual infill of the lagoon between Islands 2 and 3 in order to provide more recreation space for patients and staff. After repeated funding requests, work did begin, although it would not be completed until the 1930s.⁶⁹

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.”⁷⁰ These efforts were sensationalized by the press and roused anti-immigrant sentiment among the general public. 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. When Corsi first arrived and toured the facilities, he was most pleasantly surprised by the hospital, which he found “large and well-equipped, and certainly a credit to the Public Health Service of the United States.”⁷¹ His desire to humanize the Ellis Island experience and to make the facility an “inspiration” to both Americans and to immigrants led to improvements in infrastructure and social service programs.⁷²

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. Under the leadership of new Secretary of Labor Frances Perkins, a fifty-two-member nonpartisan citizen committee was formed to analyze the conditions, operations, and facilities at Ellis Island. The

⁶⁶ Unrau, *Historic Resource Study, Volume III*, 920, 926.

⁶⁷ Letter, Sprague to Surgeon General, (27 July 1927) General Subject File, 1850.15, RG 90 – Records of the Public Health Service, NARA, quoted in Unrau, *Historic Resource Study, Volume III*, 922.

⁶⁸ Beyer Blinder Belle/Anderson Notter Finegold, *Historic Structures Report*, 289-90; 278-79.

⁶⁹ Stakely, 77.

⁷⁰ Unrau, *Historic Resource Study, Volume I*, 9.

⁷¹ Quoted in Unrau, *Historic Resource Study, Volume III*, 934.

⁷² Williams, 17-18.

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 report to the Secretary of Labor.

The Committee's report listed many recommendations. Among those implemented were adding lawn and shelters in the infill area between Island 2 and Island 3, construction of a New Immigration Building, Ferry Building, and Recreation Building and Shelters, alterations to the main immigration building and other related buildings to better segregate immigrants from deportees.⁷³ In the hospitals, New Deal funding was used for much needed repairs and renovations. Precise documentation on Staff House repairs and alterations in this period was not located. Physical evidence, also verified in the *Historic Structures Report*, indicates that the original kitchen was reconfigured into two rooms in this period, and the east porch enclosed. The opening between the dining room and pantry was altered and the bathroom and closets added in the west entrance foyer, sometime between the mid-1930s and 1951. The *Historic Structures Report* also theorizes that the wall dividing the bedrooms on the southeast side of the second floor was removed in this period as well.⁷⁴

The outbreak of World War II immediately impacted Ellis Island. The shifting nature of immigration was most strongly expressed in the transfer of the Immigration and Naturalization Service from the Department of Labor to the Department of Justice on June 14, 1940. After the U.S. entered World War II, the INS was responsible for detaining enemy aliens.⁷⁵ In July 1939 the Public Health Service was transferred to the Federal Security Agency in a federal reorganization. During World War II, various buildings on Ellis Island were again used by the military and as a training facility by the U.S. Coast Guard Port Security Unit. The hospital complexes housed wounded servicemen, and detainees, and the main immigration building housed suspected enemy aliens.

Following World War II, Ellis Island again processed and treated sick or injured immigrants and deportees. In 1949-50, a number of other wards in the Island 3 Contagious Disease Hospital – Nos. 13, 14, 17, 18, and 23 - were being used for the mentally ill.⁷⁶ 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.⁷⁷ The law was modified and thereafter many former detainees were allowed to enter the United States.

⁷³ 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 [hereafter RG 79, NARA – NE Region]. The full report was published in March 1934. See U. S. Department of Labor, *Report of the Ellis Island Committee*, (New York: Ellis Island Committee, March 1934).

⁷⁴ Beyer Blinder Belle/Anderson Notter Finegold, *Historic Structures Report*, 370, 359, 374, 371.

⁷⁵ Unrau, *Historic Resource Study, Volume III*, 827-33.

⁷⁶ Unrau, *Historic Resource Study, Volume III*, 968

⁷⁷ Unrau, *Historic Resource Study, Volume I*, 11; Williams, 20.

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.⁷⁸ After the USPHS vacated the hospitals on March 1, 1951, they were occupied by the Coast Guard. The Coast Guard reportedly used some of the Measles Wards for file storage.

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.⁷⁹ From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease the property.⁸⁰ 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.⁸¹

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural character: The Staff House is a center hall, double pile brick structure 2 ½ stories tall. It matches the Georgian Revival materials and detailing of the rest of the Contagious Disease Hospital structures, but is more domestic in form and scale.⁸²
2. Condition of fabric: Good. Many original features of the Staff House are intact and in good condition.

B. Description of Exterior:

1. Overall dimensions: The Staff House is five bays wide and three bays deep.
2. Foundations: The Staff House has granite foundation wall approximately two feet high. Above the granite is 14 courses of red brick laid in a 5 to 1 common bond. The brick section terminates with a slanted brick water table of header bricks approximately six inches deep. The structural foundation is a series of 16 inch concrete footings and wood piles.
3. Walls: The Staff House walls are brick masonry covered with a tan pebble and dash stucco. There are red brick quoins at the corners and a band of header bricks and then three corbelled

⁷⁸ Stakely, 92.

⁷⁹ Unrau, *Historic Resource Study, Volume III*, 1002.

⁸⁰ U.S. Senate, 89th Congress, 1st Session, *Report No. 306. Disposal of Ellis Island* (Washington, D.C., U.S. Government Printing Office, 1965).

⁸¹ Unrau, *Historic Resource Study, Volume I*, 11; Williams 20.

⁸² The principal façade of the Staff House is oriented to the west/northwest, but to simplify the description here it is considered to be facing due west.

courses of brick at the top of walls. There are additional brick quoins flanking the west elevation portico where the wall projects slightly.

4. Structural system, framing: The Staff House has load bearing brick masonry walls resting on concrete footings and wood piles. The floor slabs are reinforced structural clay tile. It has three asymmetrical wood trusses in the attic that stretch between raised brick piers near the west sill and over an interior load bearing wall to the east. This thick interior wall is evident at the chimneys and the east side of the second floor hall. The trusses are heavy timber with Roman numeral builders' marks at the ends. The joggled joints are held together by metal spikes and vertical metal tie rods. The common rafter roof includes a ridge beam and hip rafters.

5. Porches, stoops: The central west entrance has a decorative classical portico resting on a brick and granite foundation. The limestone engaged and free-standing banded columns flanking the doorway are topped by a limestone entablature and cornice. The entablature has simple Classical details such as triglyphs and metopes in the frieze. The motif continues to the wide limestone surround at second floor window with a keystone and scrolls flanking the bottom corners. There is a cast iron balustrade around the top of the portico creating a small balcony. Each baluster curves out near the bottom. The projecting portico on the west façade was incorporated into the connecting corridor c. 1914. Its columns and pilasters have been partially obscured.

The hipped roof, one-story east porch was enclosed and turned into a kitchen between 1932 and 1951, probably in the late 1930s. This porch sits on granite and brick foundation and has exposed rafter ends with decorative notching. The limestone columns resting on brick bases are still partially visible on its east side as part of the enclosing wall, as are the large pebble and dash piers at the corners. Originally there was a wrought iron balustrade between the columns and piers on this porch. The east porch has a cement floor edged with brick (partially obscured by in-fill). A brick stoop with eight granite steps provides access to the porch from its south side.

There is another stoop that consists of seven steps rising parallel to the east wall from the northeast corner of the building and terminating in a landing at the original kitchen doorway. The stoop has a granite foundation and steps with brick sides and a wrought iron hand rail.

6. Chimneys: The Staff House has two internal brick chimneys located on the south slope of the roof parallel with the ridge. Each has three courses of corbelled brick at the top and a limestone cap. The chimneys are evenly spaced for a symmetrical profile and located at the transverse interior dividing wall.

7. Openings:

a. Doorways and doors: The staff house has three exterior doorways – one in the center of the west façade at the portico/enclosed passageway and two on the east façade. The original west portico doorway is now within the enclosed passageway and covered with plywood. However the original doorway with a partially glazed wood door flanked by sidelights over panels with a transom above is still partially visible. The portico columns and original exterior wall are still visible here as well. The door differs from the original drawings, which correspond to the door

inside the vestibule. Here there are three recessed panels with a two over two glazed section above.

The entrance to the original kitchen was at the stoop on the northeast corner. The porch exterior door is now replaced by a temporary plywood door and the transom opening above filled in and stuccoed. A screen door with pin hinges is located inside, with two sections covered with heavy wire mesh. Pieces of a two leaf wood door still hang on this opening but they are heavily damaged.

The third exterior doorway was located within the east porch. When the porch was enclosed, the original doorway became a cased opening, and the exterior access shifted to a doorway at the stair on the south elevation of the porch. This opening is cut directly into the stuccoed hollow clay tile wall. Only part of the pin hinges remain and the opening currently has a temporary plywood door.

There is a small rectangular opening in the foundation at the east elevation to allow crawl space access. This opening has a cast iron door with square perforations and external paumelle hinges. The door is hung on a flat metal frame.

b. Windows: The Staff House has a regularly spaced fenestration pattern with symmetrical window placement on each façade. The wood sash windows are set directly into the masonry walls with an approximately five inch reveal and without additional trim. Each opening has a limestone lug sills and a slightly projecting brick and stucco hood. The large rectangular windows on the first floor have a flat lintel hood with a brick keystone alternating with sections of stucco. The original drawings show a pair of three light folding casements here, which seem to have been replaced by a two over two double hung wood sash window. The windows have a simple, thick bead frame. All of the first floor windows have a small, convex wrought iron balustrade supported on curved decorative brackets that form a series of balconettes. The second floor windows have a curved upper rail which is echoed in the segmental arch hood with similar brick keystone and stucco section design. These openings are smaller, with a two light folding casement in the original drawings. There is one larger, triple window opening on the center of the second floor east façade, with provided light at the staircase landing. The typical brick and stucco hood is expanded here to cover the larger opening.

Three window openings on the east elevation at the original kitchen – one full size and two small rectangular closet windows – have been filled in. The closet window close to the east porch is gone while the limestone sill and stucco patch for the one near the north corner remain. The brick and stucco hood and iron balustrade are still in place for the full-size window and the opening filled in and covered with stucco. A small square window with a concrete sill is located off center partially in this opening (and probably incorporates the adjacent closet window opening). The sill projects approximately three inches. There are matching windows in the north and east wall added to the east porch for its kitchen conversion. All three of these windows are set directly into the wall and contain sets of folding metal sash casements with three lights each and lever hardware.

8. Roof:

- a. Shape, covering: The Staff House has a low pitched hipped roof sheathed in red mission tile. The tile is laid in horizontal courses and prominent ridge and hip tiles outlining these roof angles.
- b. Cornice, eaves: The corbelled brick at the top of walls forms a simple cornice. The wide, open eaves have decorative notched rafter ends and a bead board soffit. The copper gutters are still intact, as well as some iron downspouts. Replacement pvc piping supplements the exterior drainage in several areas.
- c. Dormers: The Staff House has eight identical dormers – three each on the east and west roof slope and two each on the north and south. Each dormer is sheathed with copper and has a round arch barrel roof springing from small section of cornice at each side. The wood sash have been removed and covered with plywood. A few of the dormer openings on the south and west roof slopes have pieces of the original top slide latch and center pivot hinge.

C. Description of Interior:

1. Floor plans: The Staff House has a center stair hall flanked by two rooms on each side at the first floor and four rooms (originally) with bath at the second floor. Upon entering at the west portico through the vestibule into the large stair hall, large doorways at either side of hall provided access to the dining room (north) and living room (south). These front rooms are larger than the rooms located behind to the east. The original kitchen/pantry was located behind the dining room at the northeast corner; the library was in the southeast corner. The area at the back of the stair hall has been altered to accommodate enclosing the rear porch as a new kitchen and a reconfiguration of the original kitchen/pantry. A wall added near the back of the stair creates a short transverse hall. The second floor has center stair hall with a transverse hall traveling north to south. A bath is located at the end of each hall. The north hall provides access to four bedrooms, some with connecting doors between them, and on the west, additional baths. The south hall has a similar layout, except the partition wall between the two east rooms has been removed and the hall doorway filled in. This floor plan would accommodate semi-private baths and living quarters for staff on the second floor and communal spaces on the first floor. The large, unfinished attic was probably used for storage.

2. Stairways: The main stair rises from the first floor stair hall along the south wall. It is an open well dog leg stair with a half-pace landing. The second flight of stairs is shorter than the first. The stair has a concrete carriage and risers, and slate treads. The tinted concrete string is ornamented with a projecting rectangle with a rectangular recess at the center. The stair treads have evidence of a no-skid runner that has been removed. The stair has a balustrade with thin iron balusters and a wood handrail. The handrail curves at the simple bottom curtail step. The handrail curves up to a right angle and then has a straight section at each landing. The concrete beams supporting the stair carriage are visible from below.

The attic stair is located behind a door in the second floor stair hall. It is a fully enclosed stair with a quarter turn landing. It has concrete carriage, risers, and treads. A simple wood rail surrounds the stair opening at the attic floor. A steep straight run open wood stair provides access to the crawl space underneath the Staff House. It is located under the first floor stair behind a half height doorway.

3. Flooring: The Staff House has hardwood flooring throughout, with some exceptions. There are wood thresholds at the various hall openings. The kitchen added to the enclosed east porch has concrete flooring and the modified kitchen on the northeast side of the stair hall has the remnants of linoleum tile. The half bath added to the west vestibule on the first floor has brown linoleum square tiles on the floor. The two bathrooms on the south side of the second floor (end of hall and in west rooms) have similar brown linoleum tiles. The bathrooms at the north end of the second floor hall and adjacent to the northwest living quarters have a large white hexagonal tile with marble thresholds. The second floor stair hall has wood floor with a concrete edge at the stair well. The attic floor is concrete.

4. Wall and ceiling finish: The Staff House has plaster walls and ceilings throughout. The wall/ceiling junction is gently coved. Wall finishes include wood baseboard, chair rail, and picture rail (or evidence of a picture rail) in the stair halls and all rooms on the first floor except the kitchens. The second floor bedrooms have wood baseboards and picture rails (or evidence of a picture rail). The large baseboard has a tall flat section approximately six inches high topped by layers of ogee and cavetto molding. The baseboard includes shoe molding in the stair hall and kitchen areas. The chair rail also has a complex profile with a thick convex top edge tapering to a flat section over a thin section of tapered fillets and beads. The picture rail is approximately three inches high and has a coved profile. The second floor bathrooms have white subway tile wainscots approximately five feet high with bullnose tiles along the top edge and coved corners. The original drawings show marble wainscot in the hall end bathrooms.

A wood panel partition wall was added to the south side of the west vestibule to create a small water closet with sink. This alteration probably dates to the 1940s.

5. Openings:

a. Doorways and doors: The Staff House has numerous interior doorways both from the various halls into rooms and connecting doorways or coved openings between rooms. The original finish for all doors and trim was a brown varnish, partially visible underneath layers of ivory and green-blue paint. The typical doorway throughout has a wide wood molding with a tapered profile of flat sections, fillets, and a thick cyma recta molding near the outer edge. The door surround stands on a plinth that is also tapered and echoes the trim in a simplified manner. On the first floor the molding at the top of the doorways projects a few inches and then returns at a ninety degree angle on the sides, a Classical detail continued in the window moldings and fireplace surrounds. The typical door molding on the second floor is similar except for the omission of the return notch at the upper edges.

The vestibule opening has the same transoms, sidelights and panels as the original exterior door at the west corridor opening. The wide doorway is framed by typical trim. Each sidelight includes two recessed panels topped by a glazed section, and a square fixed transom. The larger center section of the three part fixed transom is located over the door. Each section of sidelight, transom and door is separated by wide, flat mullions. The single leaf wood door features a large fixed glazed section in the top half and two horizontal rectangular recessed panels below; the existing door matches the one shown in the original drawings. It has typical oval knob and

escutcheon hardware with a keyed mortise lock. Part of the doorway is divided inside the vestibule by the water closet partition and the south sidelight is filled with privacy glass.

There are wide openings with double doors at the stair hall into the living and dining rooms. These openings have wood thresholds. The other first floor openings and the second floor openings have single leaf doors. The typical thick wood door has five recessed horizontal rectangular panels, each edged by a complex tapered molding of fillets, ovolo, and cavetto profile sections. On the second floor, the bedroom doors at the hall have an unusual transom created by placing the top door panel on a bottom hinge with a chain support. Another difference on the second floor is that the door molding at the inside of the hall bathrooms is plain and flat with mitred corners and simple plinths. Otherwise matching doorway trim and doors appears throughout the second floor for all hall, connecting, and closet openings, in spite of the fact that the connecting doorways, small bathrooms, and some of the closets do not appear on the original drawings. These doorways seemed to have been created and trimmed with careful attention to matching the originals.

There are cased openings through the interior walls between the dining room/original kitchen and living room/library. The one at the dining room has a plaster round arch framed by typical molding on the dining room side only – the original drawings indicate a rectangular opening here. The openings flanking the fireplace between the living room and library feature have paneling in the reveal with five rectangular recesses and typical trim on both sides of the opening. These openings no longer have doors as indicated on the original drawings and the hinge scars have been repaired by a carefully fitted section of molding. There is similar paneling in the reveal of the hall doors on the east side of the second floor hall.

Several doorways were altered or added after the initial building campaign and have different wood molding and doors. The original exterior door to the east porch is now a plaster opening with a deep reveal and no trim. The interior molding for the exterior doorways on the east at the later kitchen is partially missing. The interiors of the doors in the original kitchen area at the northeast corner of the first floor has a wide molding with three incised horizontal lines at the center of each flat piece. The center line is longer than the top and bottom ones. This molding is framed by cavetto profile sections at the inner and outer edges. A wood door in pieces inside the room seems to belong to this opening. It is a wood door on pin hinges. The wall added at the back of the first floor stair hall has a doorway (the door has been removed) with a less robust tapered molding mitred at the corners. A short doorway with matching mitred corner trim is located under the side of the stair. The original basement stair doorway with typical trim is located under the stair itself; this shortened door opening is also missing its door. A simple wood panel door with crude trim is located at the water closet added to the west vestibule.

b. Windows: The typical tall rectangular windows on the first floor have a thick surrounding molding with flat and cyma reversa profile sections and a projecting sill. These openings reach almost floor to ceiling, with the bottom edge touching the tall baseboard. The upper edges have the same return motif as the doorways. The two over two double hung wood sashes are chain weighted and have finger notch and flip lock hardware that appears to be from the 1920s (?). These double hung sashes replaced the original casements at an unknown date. Roller shade remnants or hardware are still on many windows. A large wood valance at the top of the

opening appears to have been added later. There are not currently any historic storm windows or screens on these openings; they are covered with recent plexiglass and/or plywood.

On the second floor the typical window opening has a segmental arch top. The two over two double hung wood sash has a curved top rail. The hardware and molding is similar to that on the first floor. The molding is slightly narrower with a somewhat simpler profile, a curved top, and straight sides. The wide molding has a bead on the inner edge, which builds out to a filleted ogee molding and flat frame on the edge. The molding projects two inches from the wall. The bathrooms have the same windows with flat wood molding and sill.

Other variations on the typical window include the windows on the west wall at the second floor bathrooms. These windows are divided into smaller sashes by the interior partition walls and have opaque privacy glass. A three-sash variation appears at the second floor stair landing. Here a large arched opening with typical trim includes a larger center two over two sash. The center sash is flanked wide mullions and smaller one over one sash with a diagonal top rail.

Three later window openings in the kitchen areas are smaller with a pair of three light metal sash folding casements. The sash is set directly into the wall with a plaster reveal and a wood sill with a round edge and filleted molding below. These windows have lever handles. Window openings at the east porch were altered into cabinets when this area was enclosed. They have a mitred corner trim and plain wood cabinet doors and shelves. The east porch has metal sash casements with three lights each. These are set directly into the wall with a projecting wood sill and decorative molding below. A wood strip across the top of the window contains the remnants of curtain hanging hardware.

There is a row of fixed clerestory windows in the wood partition creating the water closet in the west vestibule.

6. Decorative features and trim: The most notable decorative features of the Staff House are the fireplaces in the dining room, living room, and library. Each has a brick surround and hearth with a shallow firebox. The brick is natural red or painted black. Each fireplace features identical wood surrounds and bracketed mantels carved with Classical ornamental motifs. The lower section of the surround is similar to the door and window molding – tapered molding rising from a plinth with notched returns at the upper corners. Two thick carved brackets with a cyma reversa profile and fluted surface frame a plain panel and support the mantelpiece. A band of egg and dart molding runs along the bottom of the mantel and top of the brackets. The wide top edge of the mantel has a thick ovolo molding.

There are two cyma reversa plaster brackets at summer beam on either side of the first floor stair hall. These brackets are ornamented by the continuation of the picture rail across their upper edge.

There is a large built-in cabinet in the west wall of the kitchen area, filling the masonry opening at the chimney for the original cooking range. It has trim with three scored lines matching the other later trim in the room. The doors are simple wood panels with a flat outer edge. Wall mounted counters and ledges are located in the kitchen areas. They have curved edges and a

plastic composite surface such as Formica. The one in the east porch kitchen is supported on decorative metal brackets.

The bathrooms have wood medicine cabinets with towel bars and beveled mirrors. These vary in size and condition. Other built-in cabinets were added to the north side of the vestibule (across from the water closet) and in three second floor bedrooms without original closets. These cabinets have plain wood paneled doors and simple clothing bars and/or hooks. Two of these (west corner rooms on the second floor) have recessed panels on the sides and an ovolo cornice molding (appears to be earlier than the other examples). The ones in the vestibule and southeast corner room have multiple compartments and are more utilitarian in appearance.

7. Hardware: Typical doors throughout the Staff House have the same door hardware. The heavy metal doorknobs are oval and mounted on the lower half of a plain metal escutcheon. The door hardware includes a push button lock at the strike plate and large pin hinges with ball tips. The bathrooms and some second floor rooms have a variation with a mortise lock on the inside escutcheon – the lock handle is either c-shaped or a small flat round knob. The west vestibule doors have c. 1940 auto closers. Most bathrooms also have wall mounted metal cup holders.

8. Mechanical equipment:

a. Heating, ventilation: The Staff House was heated with cast iron radiators linked to a central boiler plant. At least two generations of radiators are still in place although no longer functional. The original radiators seem to be the tall ones with thick rounded fins. The radiators in prominent first floor areas such as the stair hall and living room are ornamented with raised foliage designs while matching plain ones appear in the other first and second floor rooms. Smaller radiators with squared, thinner fins appear in the altered kitchen areas and parts of the second floor and probably date to the 1930s. Ventilation was provided by windows and the mainly decorative fireplaces.

b. Lighting: A number of early light fixtures survive in the Staff House – mainly wall sconces with porcelain bases that may date to the 1930s. There are also ceiling fixtures with porcelain or metal bases and closed opaque shades in several rooms. There are round scars and plates on many walls that may be the location of earlier wall sconces. Some of the second floor bedrooms have a ceiling fixture with the light hanging from a metal pole. All of the light fixtures appear to date to later renovations, not the initial building campaign. There are large metal electrical junction boxes mounted on the north wall of the first floor stair hall and in the north second floor hall. These boxes are serviced by exterior conduit and are probably later additions. Various electrical outlets, toggle light switches, and external conduit are found throughout the Staff House.

c. Plumbing: The Staff House was built with several bathrooms offering modern plumbing conveniences such as toilet, bathtub, and sink. Currently the bathrooms contain a mix of fixtures from different periods. The wall mounted porcelain sinks are supported by diagonal metal pipe braces and include separate hot and cold faucets with X-shaped handles. These appear to be the earliest fixtures in the bathrooms. The porcelain toilets (c. 1920) each have a wall mounted tank with porcelain knobs. The streamlined porcelain tubs in the bathrooms probably date to 1930s renovations. Each has a separate shower and tub hot and cold mixer faucets with X handles.

The subway tile around the tub extends to a tiled ledge filling the space between the edge of the tub and wall. There are external pipes throughout the Staff House, indicating plumbing upgrades after the original building campaign.

The water closet with sink added to the west vestibule has a porcelain sink supported by metal legs. This sink has a mixer faucet (handles missing). The porcelain toilet has a rectangular footprint with beveled corners.

The kitchen added to the east porch has a metal sink cabinet with a porcelain double sink and drain board. The sink has a mixer faucet with short lever handles.

d. Other Equipment: There is a c. 1940 four burner electric range located in the east porch kitchen.

D. Site:

1. Historic landscape design: The Staff House sits near the seawall at the far east/southeast edge of Island No. 3. It commands excellent breezes, light, and views of the Statue of Liberty and Manhattan. Originally freestanding, the connecting corridor was extended into its west portico at an early date (c. 1914). The domestic scale and form of the Staff House was highly visible to approaching watercraft and would soften the effect of the sprawling Contagious Disease Hospital.

PART 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 drawings most useful in preparing this report were:

Office of the Supervising Architect, James Knox Taylor, "Contagious Disease Hospital," (15 April 1906), NPS Drawing No. 462/43,901, Sheet 1 of 2, [site plan and elevation].

Office of the Supervising Architect, James Knox Taylor, Contagious Disease Hospital Staff House, (18 August 1906), NPS Drawing No. 462/43,902D, Sheets 1-8 [elevations, plans, sections, and details].

Public Buildings Service, New York, "Inclosing [sic.] Corridors Contagious Disease Hospitals," (12 March 1914), NPS Drawing No. 462/43,912, Sheets 1&2 of 7, [plans and details].

U.S. Department of Labor, Drawing No. E 1008-1, "Hospital Buildings, Island 3," (10 September 1928), NPS Drawing No. 462/43,920, Sheet 2 of 2, [floor plans and site plan].

B. Early Views: Several construction photographs of the Staff House are located in the collections of the Still Picture Branch, National Archives and Records Administration (NARA)

II), College Park, MD. They are found in Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954. General views of the Contagious Disease Hospital are found in Record Group 90-G, Records of the Public Health Service. Selected specific views are reproduced and identified below.

C. Bibliography:

See notes for a listing of relevant archival materials from:

- *Record Group 79 – Records of the National Park Service, National Archives and Records Administration – Northeast Region, New York, NY.*
- *Record Group 85 – Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC.*
- *Record Group 121 – Records of the Public Buildings Service, National Archives and Records Administration II, College Park, MD.*

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PART IV. PROJECT INFORMATION

Documentation of the Contagious Disease Hospital Staff House and other selected structures on Ellis Island (Phase II) 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 2010. 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 HABS Architects Daniel De Sousa, Alexander Matsov, and Anne E. Kidd. HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Julia Sienkewicz (University of Illinois, Urbana-Champaign) and HABS Historian Lisa Pfueller Davidson served as project historians. HABS Photographer James Rosenthal completed large-format photographs during fall 2010. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), Don Fiorino (Historical Architect), and Kathleen Sullivan (Project Manager).

PART V. SUPPLEMENTAL INFORMATION – ILLUSTRATIONS:

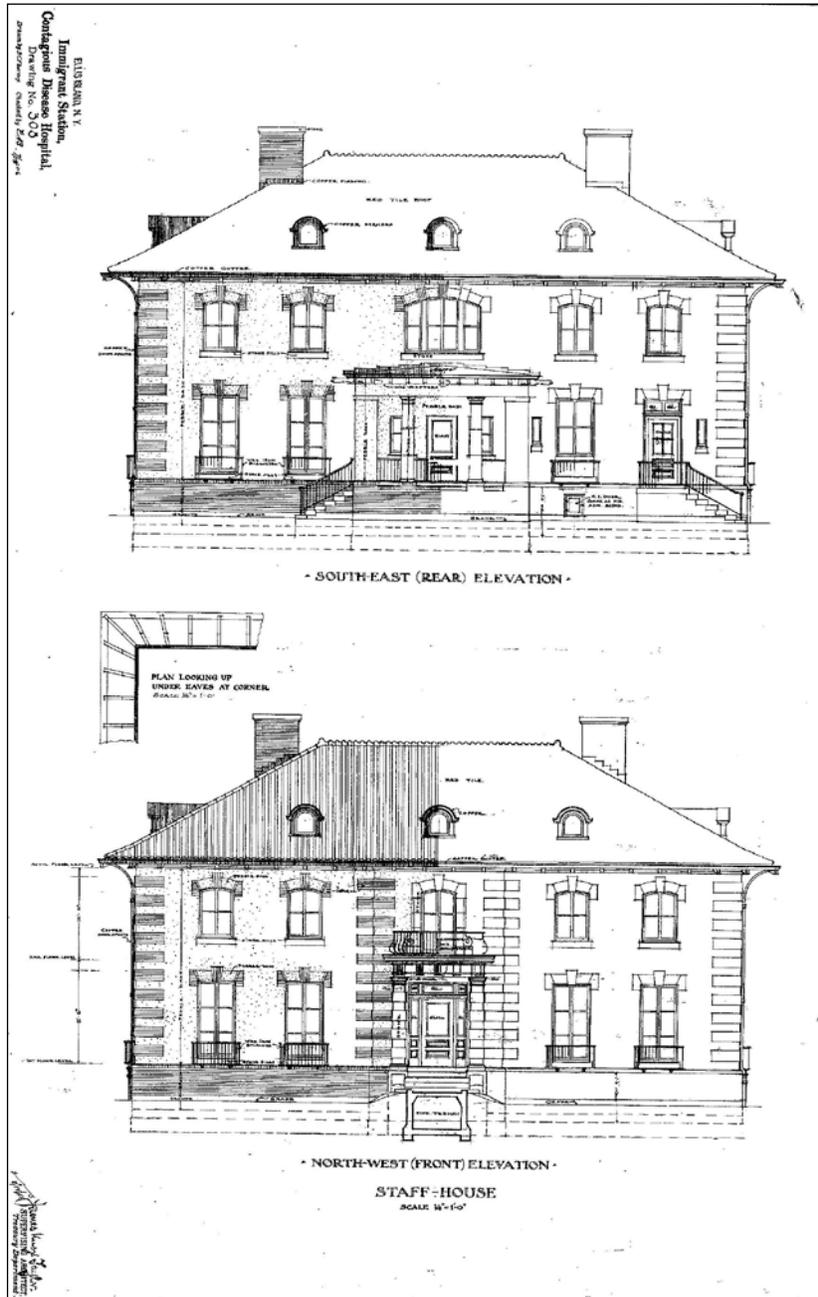


Figure 1: Office of the Supervising Architect, Contagious Disease Hospital Staff House – Front and Rear Elevations, Immigrant Station, Ellis Island, NY (18 August 1906)
(NPS Drawing No. 462/43,902D, Sheet 3 of 8)

Source: Technical Information Center, Denver Service Center, National Park Service

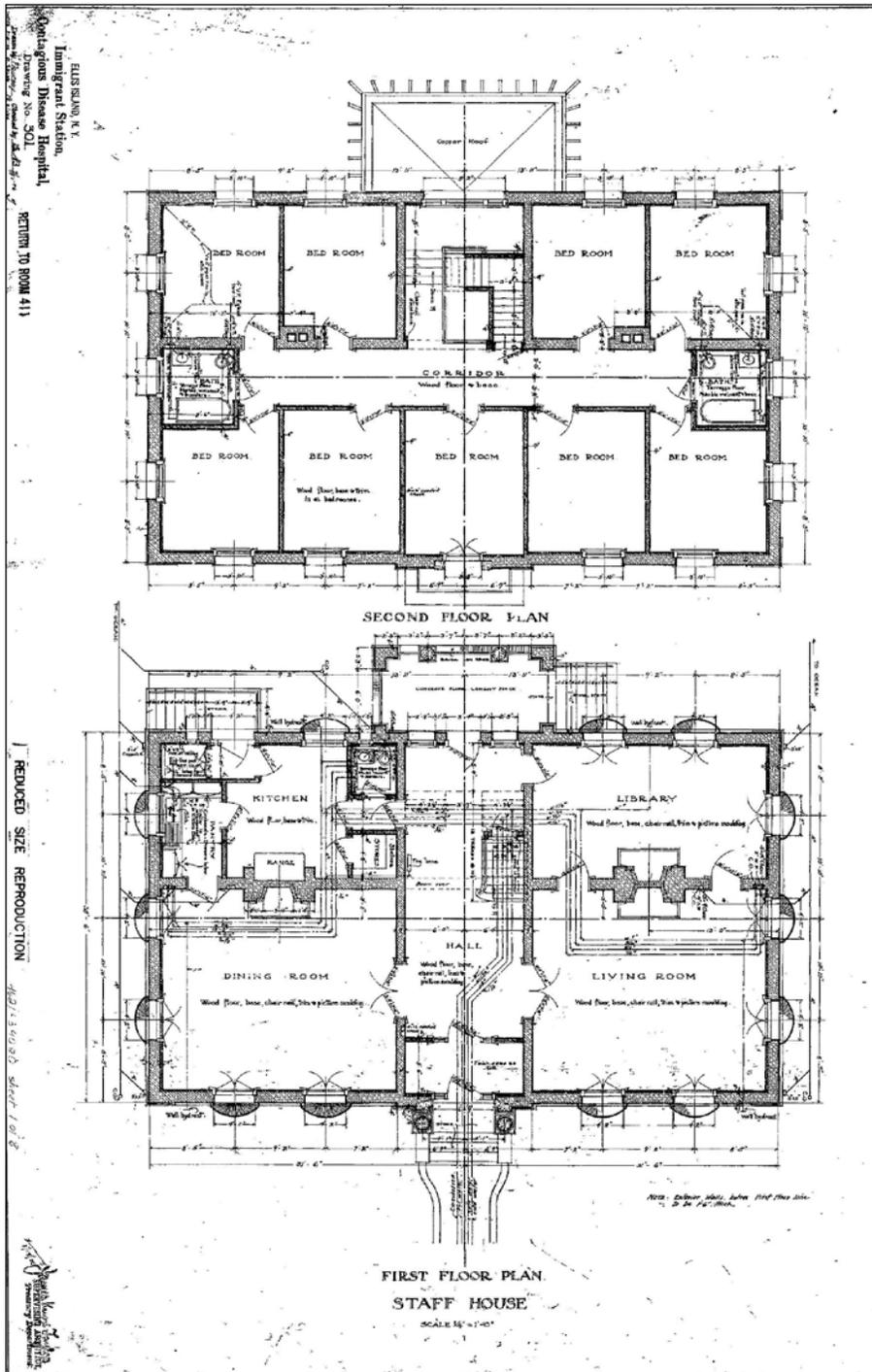


Figure 2: Office of the Supervising Architect, Contagious Disease Hospital Staff House – Floor Plans, Immigrant Station, Ellis Island, NY (18 August 1906) (NPS Drawing No. 462/43,902D, Sheet 1 of 8) Source: Technical Information Center, Denver Service Center, National Park Service

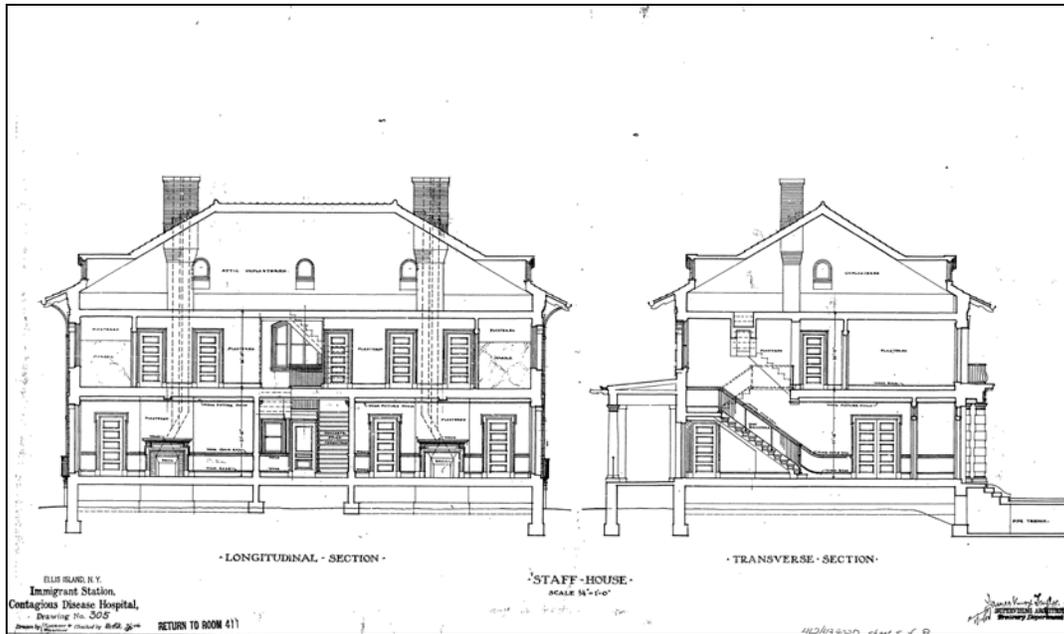


Figure 3: Office of the Supervising Architect, Contagious Disease Hospital Staff House – Sections, Immigrant Station, Ellis Island, NY (18 August 1906)
(NPS Drawing No. 462/43,902D, Sheet 5 of 8)
Source: Technical Information Center, Denver Service Center, National Park Service

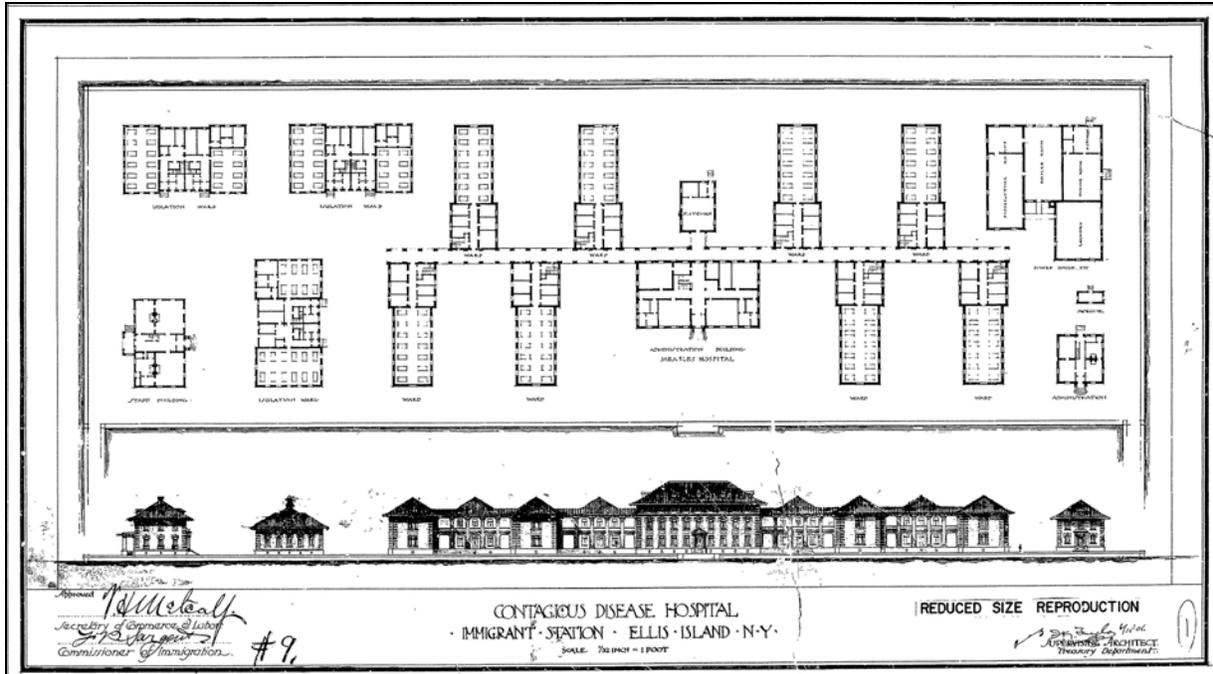


Figure 4: Office of the Supervising Architect, “Contagious Disease Hospital, Immigrant Station, Ellis Island, NY” (15 April 1906), (NPS Drawing No. 462/43,901 Sheet 1 of 1)
Source: Technical Information Center, Denver Service Center, National Park Service



Figure 5: “Staff House Looking Southwest,” (16 December 1907),
(Photograph No. 121-BCP-38AI-22E),
Source: Record Group 121-BCP – Records of the Public Building Service,
Photographs of the Construction of Federal Buildings, 1885-1954,
Still Picture Branch, NARA, College Park, MD

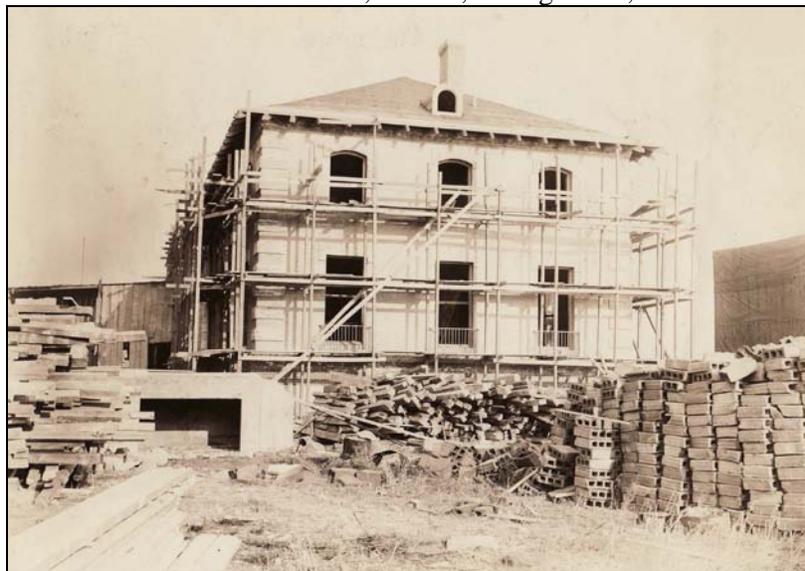


Figure 6: “Staff House Looking Southeast,” (11 January 1908),
(Photograph No. 121-BCP-38AI-23H),
Source: Record Group 121-BCP, Still Picture Branch, NARA, College Park, MD



Figure 7: "Staff House Looking East," (11 February 1908),
(Photograph No. 121-BCP-38AI-24C),
Source: Record Group 121-BCP, Still Picture Branch, NARA, College Park, MD