



2020

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Recommended Citation

Slabaugh, Elyse (2020) "Immigrant Hospitals: Centers of Charity and Agents of Social Change," *The Thetean: A Student Journal for Scholarly Historical Writing*. Vol. 49 : Iss. 1 , Article 6.
Available at: <https://scholarsarchive.byu.edu/thetean/vol49/iss1/6>

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Article

Immigrant Hospitals Centers of Charity and Agents of Social Change

Elyse Slabaugh

WHEN THE STATUE OF LIBERTY WAS BROUGHT TO THE UNITED States, it was placed in a central location in the New York harbor. As the first sight to greet arriving immigrants, it stood as a beacon of hope and a symbol of freedom. Inscribed at the foot of this majestic statue is a poem by Emma Lazarus. The last few lines read:

Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me,
I lift my lamp beside the golden door!¹

However, the reality is that attitudes among the public have rarely reflected the ideals in this poem. Americans have not always *wanted* to welcome the poor, homeless, or sick. This view is reflected in a newspaper editorial from 1892 which addressed the influx of immigrants by stating, “We have enough dirt, misery, crime, sickness, and death of our own without permitting any more to be thrust upon us.”² The link between immigrants and disease has been a

1. Emma Lazarus, “The New Colossus” (Statue of Liberty, New York, 1883).

2. Lorie Conway and Chris Barnes, *Forgotten Ellis Island: The Extraordinary Story of America’s Immigrant Hospital* (New York: Collins, 2007), 4.

constant thread in America's history, especially in periods with a higher number of arriving immigrants.

The stigmatization of immigrants in the early 1900s was closely related to issues of public health, spurred by the fear of disease and contamination. Foreigners have often been blamed for outbreaks of certain diseases.³ It was widely believed that not only were immigrants more susceptible to disease because of their poor living conditions and lack of cleanliness, but they were also the carriers of foreign germs that wreaked havoc on ordinarily healthy Americans. Therefore, hospitals created specifically for immigrants were seen as a desirable addition to American society precisely because they would help eliminate the public health threat posed by immigrants and also alleviate widespread fears of contamination. The Ellis Island Hospital was the first of these immigrant hospitals, although other hospitals created by immigrant groups themselves, such as the Beth Israel Hospital, the Sisters of Charity, and the St. Raphael Society, soon followed.

Because immigrant hospitals were primarily seen as a means to combat the general public's fears towards immigrants, they endeavored to eliminate the health problems that frequently plagued immigrants and that posed a larger threat to public health. However, in examining the history of these immigrant hospitals it is clear that they were created not only as a necessary preventative measure to combat prejudiced attitudes and widespread fear of contagion, but also as a charitable response by Americans and immigrants themselves—a reflection of compassion and genuine concern for each immigrant's well-being. As immigrant hospitals provided care for certain vulnerable immigrant groups, they helped these immigrants assimilate to American society. In doing so, immigrant hospitals also evolved and became important centers of innovation and medical research that gradually helped diminish the prejudice and antipathy that had marked immigrants as a public health threat for so long.

The Link Between Foreigners and Disease

In the history of immigration to the U.S., foreigners have long been associated with germs and disease. One of the most influential books addressing this topic is Alan Kraut's *Silent Travelers: Germs, Genes, and the "Immigrant Menace."* Kraut

3. Alan Kraut, *Silent Travelers: Germs, Genes, and the Immigrant Menace* (New York: Basic Books, 1995) 32, 84–90, 109.

looks at the relationship between immigrants and disease throughout America's history, citing ample evidence of the prevalence of the popular belief that "disease came from abroad, spread by the bodies and/or breath of immigrants" and that "the foreign-born continued to be perceived as the most significant public health menace."⁴ Due to the lack of advanced medical knowledge, or even a basic understanding of bacteria and how diseases are spread, these fears were easily fed. When faced with unknown and seemingly uncontrollable diseases, Americans found it easier to blame immigrants. As Kraut put it, "Knowing that the stigmatized victim is from another place brings with it the reassurance that one's own body and surroundings are inherently healthy and would remain so were it not for the presence of the stranger."⁵ For many Americans, it was not a question of *how* diseases were spread, but rather *who* spread them.

Not only was it easier and more comfortable to blame the stranger, but there were many instances in which certain groups of immigrants appeared to be more susceptible to certain diseases, or even appeared to be the cause of the outbreaks. The Irish were blamed for the cholera epidemic of 1832, the Italians for polio, and the Chinese for the Bubonic Plague outbreak in San Francisco in 1900.⁶ Even Jews, who had lower rates of disease than any other immigrant group because of religious customs that promoted cleanliness, were under severe scrutiny by the general public who were predisposed to blame them for certain diseases.⁷ Extensive studies were undertaken in the early 1900s to try to explain the inconsistency between perceptions and reality—not only by Anti-Semites, but also by Jewish physicians in order to dispel bias and stigma.⁸

Often studies were conducted to reveal statistics that confirmed prejudices and stigmas in order to influence government policies. In 1912, there was a series of communications between the Commissioner of Immigration at Ellis Island and New York government officials requesting data from the New York State Board of Charities regarding the number of foreign-born inmates in state institutions. These government officials were interested in two factors: how long foreign-born individuals had been in the United States before becoming public

4. Kraut, *Silent Travelers*, 29–30.

5. Kraut, *Silent Travelers*, 26.

6. Kraut, *Silent Travelers*, 32, 109, 84–90.

7. Kraut, *Silent Travelers*, 146.

8. Mariano Martini et al., "The Intriguing Story of Jews' Resistance to Tuberculosis, 1850–1920," *Israel Medical Association* 21, no.3 (March 2019): 222; Kraut, *Silent Travelers*, 156–158.

Foreign Born Admissions
to the
New York State Hospitals for the Insane.

Year	Admissions		Birth Place Unascertained	From Northern and Western Europe		From Southern and Eastern Europe		From Other Countries	
	Native born	Foreign born No. Per cent		No.	Per cent	No.	Per cent	No.	Per cent
1889	1,250	534 29.9	26	481	90.1	10	1.8	43	8.1
1890	1,307	579 30.7	56	511	88.3	17	2.9	51	8.8
1891	1,870	811 30.2	187	702	86.6	28	3.4	81	10.
1892	1,709	816 32.3	112	693	84.9	50	6.1	73	9.
1893	1,815	804 30.7	85	696	86.6	40	4.9	68	8.5
1894	2,320	1498 39.2	183	1,541	89.5	40	2.7	117	7.8
1895	2,019	963 32.3	47	790	82.	76	7.9	97	10.1
1896	2,824	2670 48.6	121	2,117	79.3	415	15.5	138	5.2
1897	2,510	2084 45.4	55	1,593	76.4	357	17.2	134	6.4
1898	2,773	2589 49.6	180	2,042	78.9	403	15.6	144	5.5
1899	2,847	2319 44.9	71	1,794	77.4	385	16.6	140	6.
1900	2,771	2055 42.6	36	1,492	72.6	441	21.5	122	5.9
1901	2,827	2044 42.	45	1,482	72.5	427	20.9	135	6.6
1902	3,587	3724 50.9	308	2,668	71.7	861	23.1	195	5.2
1903	3,258	2821 46.4	57	1,945	69.	466	16.5	410	14.5
1904	3,176	2546 44.5	66	1,697	66.6	707	27.8	142	5.6
1905	3,518	2975 45.8	71	1,998	67.2	827	27.8	150	5.
1906	3,469	2810 44.8	64	1,743	62.	892	31.8	175	6.2
1907	3,827	3085 44.6	42	1,828	59.2	1,054	34.2	203	6.6
*1908	2,737	2549 48.2	15	1,438	56.4	900	35.3	211	8.3
*1909	2,791	2411 46.3	20	1,378	57.2	836	34.7	195	8.1
*1910	2,975	2559 46.2	30	1,421	55.5	961	37.6	177	6.9
*1911	2,923	2737 48.4	40	1,443	52.8	1,106	40.4	188	6.8
Total	61,103	47983 44.	917	33,293		11,301		3,389	

*First admissions only.

Figure 1

charges, and if the percentage of foreign-born inmates had been increasing over time.⁹ Their data (see Figure 1) revealed that the percentage of foreign-borns admitted to these mental institutions had been increasing since 1889.

However, more interesting than the data collected is the conclusion that the government officials drew. In a letter to the Secretary of Commerce and Labor, the Commissioner complained of the large financial burden this increase posed to the New York taxpayers. He stated, "The fact that this enormous burden upon the State of New York results from the inability or the impossibility, owing to the lack of adequate legislation, of the Federal Government to exclude these persons, or by its decision for any reason to permit them to remain in the country, strongly suggests the desirability of legislative amendments which would prevent the influx of this large number of aliens."¹⁰ Government officials in New York clearly wanted to show through this study that immigrants were more susceptible to mental illnesses, and therefore would become burdens

9. Report of the New York State Board of Alienists on mental illness and the immigration law, New York State, Jan 01, 1901—Aug 31, 1912., 20.

10. Report of the New York State Board, 62.

to the state and American taxpayers—something that could be avoided if a stricter immigrant quota was established. Therefore, studies such as these were conducted in order to reinforce prejudices against immigrants and to promote government policies that would restrict the number of immigrants coming into the United States.

In his book, Kraut analyzes other studies that were conducted to prove the apparent link between certain groups of immigrants and their higher susceptibility to disease. In the case of the Irish, statistics revealed that they did have higher rates of illness, especially mental illnesses. “From 1849 to 1859, three-fourths of the admissions to New York City’s lunatic asylum on Blackwell’s Island were immigrants; two-thirds of these were Irish.”¹¹ However, it is probable that more immigrants were institutionalized because they had no one else to take care of them. Kraut’s book is important, among other reasons, because it reveals the distorted nature of statistics collected for these studies. Although today it is understood that these studies were often biased and that immigrants are not inherently to blame for diseases, at the time, such studies held powerful sway on the public’s attitudes towards immigrants, and the creation of charitable immigrant hospitals was a direct response to these studies because they clearly highlighted the fact that immigrants stood in need of better health care.

The Ellis Island Hospital

The Ellis Island Hospital was primarily created in response to public fears regarding immigrants and the health threat they posed. However, it further expanded as a charitable response to meet arriving immigrants’ needs and soon developed as a center of medical research and experimentation. Dr. Alfred Reed, a physician on Ellis Island, addressed the public’s growing concerns about arriving immigrants in a newspaper article. He stated,

No one can stand at Ellis Island and see the physical and mental wrecks who are stopped there, or realize that if the bars were lowered ever so little the infirm and mentally unsound would come literally in hordes . . . The average citizen does not realize the enormous numbers of mentally disordered and morally delinquent persons in the United States nor to how great an extent these classes are recruited from aliens, and their children. Restriction

11. Kraut, *Silent Travelers*, 38–39.

is vitally necessary if our truly American ideals and institutions are to persist, and if our inherited stock of good American manhood is not to be depreciated. This restriction can be made operative at various points, but the key to the whole situation is the medical requirement. No alien is desirable as an immigrant if he be mentally or physically unsound, while, on the other hand, mental and physical health in the wide sense carries with it moral, social and economic fitness.¹²

As Dr. Reed notes, these fears toward immigrants and the diseases they brought led to the desire for further restriction of incoming immigrants. It became apparent to government officials that some sort of structure must be established on Ellis Island to weed out the undesirable immigrants. In his 1901 State of the Union address, Theodore Roosevelt called for stricter examination of incoming immigrants, and he chose William Williams to be the hospital's commissioner.¹³ Prior to 1901, the building that immigrants passed through on Ellis Island was ill-equipped to take care of the many who would require medical attention. Williams undertook the daunting task of building an adequate hospital for the incoming immigrants, and the Ellis Island General Hospital officially opened in 1902.¹⁴

Whereas the Ellis Island hospital began as a preventative measure to protect American public health, evidence exists that it was also a place established on charitable principles, which was a very innovative idea for that time period. Williams was adamant that all the immigrants "be treated with kindness and civility by everyone at Ellis Island. Neither harsh language nor rough handling [would] be tolerated."¹⁵ Williams was only commissioned to enforce stricter examination of incoming immigrants, but with the creation of the hospital, he went beyond what was asked of him. The Ellis Island hospital was not just a site where incoming immigrants were indifferently examined and sorted based on their health; it became a hospital that was dedicated to the well-being of its patients.

Williams helped the hospital expand and transform over the years as new needs arose. For example, after the suicide of several patients, a psychiatric hospital was created to best meet the needs of those who had mental or emotional

12. Alfred C Reed, "Going Through Ellis Island," *Popular Science Monthly* 82 (January 1913): 9.

13. Conway and Barnes, *Forgotten Ellis Island*, 4.

14. Conway and Barnes, *Forgotten Ellis Island*, 2–7.

15. Conway and Barnes, *Forgotten Ellis Island*, 6.

problems, dedicated to providing the most “humane and efficient treatment.”¹⁶ Similarly, the Contagious Disease Hospital opened in 1911, reflecting Williams’ commitment to help the immigrants in spite of the acquisition of contagious diseases that would surely prevent them from entering the United States.¹⁷ These new additions to Ellis Island were not only treatment centers but also leading centers of medical research, where physicians and medical students could study a variety of diseases in high-tech laboratories.¹⁸ Therefore, the Ellis Island Hospital was not just an examination or detention center, but an adaptable edifice that attempted not only to meet the needs of incoming immigrants, but also to make breakthroughs in the medical understanding of diseases and pathogens.

Immigrant-Run Hospitals

While the Ellis Island Hospital was created by U.S. officials to treat recently arrived immigrants, a variety of other immigrant hospitals appeared throughout the country, supported and maintained by second or third-generation immigrants themselves to provide additional treatment and care for their own people. In doing so, they helped recently arrived immigrants assimilate to their new environment, and eventually their success as centers of medical research helped dissipate the stigma connecting immigrants to disease. A few of the most influential were the hospitals established by the Catholic Sisters of Charity in New York, the Jewish Beth Israel Hospital, and the St. Raphael Society established for Italian immigrants. These hospitals are unique in that they usually were created by immigrant groups themselves to care for their own. There are a number of reasons why this was the case. For example, Jewish hospitals started in response to growing Anti-Semitism. In Alan Kraut’s book, *Covenant of Care*, he explains that fellow Jewish immigrants desired to provide “a charitable institution where their identities and religious beliefs would be respected and allowed expression.”¹⁹ In providing a hospital with Jewish physicians, patients would not be subject to Anti-Semitic attitudes and cultural insensitivity that would affect diagno-

16. Conway and Barnes, *Forgotten Ellis Island*, 8.

17. Conway and Barnes, *Forgotten Ellis Island*, 9.

18. Conway and Barnes, *Forgotten Ellis Island*, 8–9.

19. Alan M. Kraut and Deborah A. Kraut, *Covenant of Care: Newark Beth Israel and the Jewish Hospital in America* (New Brunswick, NJ: Rutgers University Press, 2007), 4.

ses. Other immigrant groups similarly wanted to take care of their own. Italians immigrants preferred Italian doctors. They distrusted American physicians, mostly because of the language and cultural differences, and other immigrant groups were no different.²⁰ Immigrant hospitals were an important creation because many immigrants would resist care from anyone other than their own. Therefore, because treatment was provided in a facility where the patient's comfort and cultural traditions were respected, many immigrants received treatment who otherwise would have gone untreated.

One physician who understood that well was Michael M. Davis, Jr., the director of the Boston Dispensary. Davis conducted a series of studies with immigrants in the early 1900s, attempting to understand the problems that they faced in terms of healthcare. He discovered that the rates of recovery were higher when patients were treated in a hospital where someone spoke their language and where they were treated with respect and cultural sensitivity. However, he went beyond what other immigrant hospitals were doing in caring for just their own. He believed that such practices could and should be implemented in all hospitals.²¹

Davis' ideas reflected another powerful idea that often was present in providing health care for immigrants—the eventual goal of assimilation. Many immigrant hospitals provided treatment with compassion and understanding of the cultural differences and traditions of each immigrant, but they also expected immigrants to change some of their habits and become healthy, productive Americans. While charity may have been a motivating force behind the creation of immigrant hospitals, “improving health and hygiene were means to an even broader end, assimilation.”²² Newcomers to America may not have had the desire to assimilate or even understand the need to assimilate, but second-generation, or even third-generation immigrants were more assimilated. As the ones providing health care in immigrant hospitals, these experienced immigrants could help the newcomers adapt to American life and help them let go of some old traditions and practices, especially those that negatively affected health and hygiene.

20. Alan M. Kraut, “Foreign Bodies: The Perennial Negotiation over Health and Culture in a Nation of Immigrants,” *Journal of American Ethnic History* 23, no.2 (2004): 6–7; Kraut, *Silent Travelers*, 199.

21. Kraut, *Silent Travelers*, 199–200.

22. Kraut, *Silent Travelers*, 132.

One important organization that reflected these goals was the St. Raphael Society for Italian immigrants, which was established in 1891 in New York. Although it was not strictly a medical hospital, providing health care was part of the society's aim. This stated aim was to "procure [Italian immigrants'] moral, physical, intellectual, economic and civil welfare."²³ The society offered medical assistance to Italian immigrants, mainly through the form of visiting nurses who would provide whatever care was needed in the homes of the affected individuals. They would also help immigrants assimilate by offering health and hygiene tips.²⁴ Italians, who were often naturally distrustful of hospitals, were more prone to listen to other Italians, and were more comfortable with visiting nurses who would come to their homes.²⁵ Therefore, the St. Raphael Society offered a charitable alternative to immigrant hospitals, by helping the immigrants in a way that would be more comfortable to them, while still ensuring that they received treatment.

Although many immigrant hospitals were created for specific ethnic groups, many were more committed to providing charitable relief than they were concerned about who was receiving their care. Catholic hospitals are one such example. Known as the Sisters of Charity, various groups of Catholic nuns began establishing hospitals in New York in the 1850s.²⁶ A statement written about St. Vincent's Hospital located in Manhattan makes the purpose of these hospitals clear: "Although a Catholic institution, its doors are ever opened to the afflicted of all denominations who seek admission, and who may be attended during their illness by their own ministers, if desirable."²⁷ These Catholic hospitals were different because they were motivated not just by a sense of kinship toward immigrants of the same ethnic background, but by a sense of Christ-like charity. The sisters who ran the hospitals practiced the highest levels of devotion and spirituality, creating an environment not only of physical healing, but of spiritual healing as well.²⁸

23. Edward Stibili, "The Italian St. Raphael Society," *U.S. Catholic Historian* 6, no. 4 (1987): 308.

24. Stibili, "The Italian St. Raphael Society," 309

25. Kraut, *Silent Travelers*, 199.

26. Bernadette McCauley, "'Sublime Anomalies': Women Religious and Roman Catholic Hospitals in New York City, 1850–1920," *Journal of the History of Medicine and Allied Sciences* 52, no. 3 (January 1997): 289.

27. Kraut, *Silent Travelers*, 45.

28. McCauley, "Sublime Anomalies", 290–291.

Jewish hospitals were similarly motivated. In fact, the creation of Jewish hospitals was closely tied to the concept of *tzedakah*—a Hebrew word that translates to “charity”, but also has a more literal meaning of “justice.”²⁹ In providing care to Jewish immigrants, they were not only providing compassionate service to the poor and needy, but also making the hospital “an engine of social change”—a place where justice was given to those who had rarely received justice in their life.³⁰ The Beth Israel Hospital opened in 1902 had a similar vision to that of the Sisters of Charity: “No patient would be turned away because of religion, ethnicity, or race.”³¹ The establishment of these immigration hospitals, while run by certain immigrant groups, were meant to benefit all, and by providing the necessary medical care, they accomplished the goal of helping immigrants assimilate to their new environment.

Dispelling Prejudice and Stereotypes

The influence of immigrant hospitals is perhaps best seen in the role it played in dispelling the prejudice and fears marking immigrants as a public health threat. This change in public perception of immigrants occurred slowly, and perhaps had more to do with the changing role of hospitals themselves than from a general acceptance of immigrants; for it is clear that nativism and prejudice towards immigrants did not suddenly disappear in the twentieth century (as seen with the passage of numerous policies such as the 1907 Gentleman’s Agreement that limited Japanese emigration, the Immigration Act of 1917 that established a literacy test for incoming immigrants, and the 1924 National Origins Act that established a national quota favoring immigrants from Northern and Western European countries). Rather, the development of twentieth-century hospitals gradually severed the link between immigrants and disease as medical advances progressed and scientific facts could replace bias and stigma.

Historian Guenter B. Risse analyzes the changing role of hospitals in his book *Mending Bodies, Saving Souls: A History of Hospitals*. In it he highlights the fact that the twentieth century marked a key turning point in the role of hospitals. It was then that hospitals became not just places where people went

29. Kraut, *Covenant of Care*, 1.

30. Kraut, *Covenant of Care*, 1.

31. Kraut, *Covenant of Care*, 21.

to die, but “indispensable instruments in the modern practice of medicine.”³² Risse analyzes this transformation, also touching on the concept of immigrant-run hospitals. He states that as hospitals became more medicalized and less linked to charity, immigrant hospitals also became centers of medical research and innovation, as other public state hospitals were. Of these immigrant hospitals, he says,

Religious rivalries and charitable goals remained but were deemphasized in favor of medical ones. To be sure, private religious institutions retained the notion that the hospital symbolized hope and pious benevolence based on the Scriptures. However, the welfare role narrowed at the expense of physical rehabilitation in a cultural atmosphere that sought to foster personal responsibility and economic self-reliance. Most new voluntary hospital foundations in America came to be components of local networks of prominent and influential citizens. Faced with waves of new and recently arrived immigrants, many religious, ethnic, and national communities sought to provide welcome settings to protect the newcomers’ cultural identity. Among these facilities were churches, schools, service clubs, mutual aid societies, and hospitals. Much more than temporary shelters, American voluntary hospitals became sources of civic pride, embodiments of local philanthropy, and displays of economic power. Sponsors were determined to assist members in need and then encourage them to realize their individual potential.

While immigrant hospitals were becoming less focused on just taking care of their own, they were at the same time seeking to expand their role in society as institutions that could provide not just care but cures. As Risse notes, these nurses and doctors understood that hospitals “needed to be transformed into appealing home substitutes where routine medical and surgical care could be delivered with efficiency and success.”³³ This transformation could only take place as hospitals became not just centers of care but also centers of research.

Nowhere can this transformation be seen more clearly than in the Beth Israel Hospital. Dr. Lee K. Frankel was a physician at the Beth Israel Hospital in the 1930s and was widely influential because of his commitment to medical research. He believed that a hospital should have “trained staff and adequate

32. Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 472.

33. Risse, *Mending Bodies*, 468.

facilities not only to cure, but to prevent disease” and many hospitals met that goal.³⁴ Many significant medical advances occurred as a result of Dr. Frankel’s leadership. One such example of a disease-preventing breakthrough can be seen in the work of Dr. Philip Levine. Levine helped establish a blood bank in Beth Israel Hospital, and studied blood types in order to understand how to help mothers who experienced hemorrhages soon after giving birth to anemic babies. His discovery of the blood transfer necessary to prevent such occurrences saved many lives.³⁵ Another notable contribution was Dr. Paul Keller’s work in helping create several outpatient clinics that would allow patients to be treated early before they became bedridden.³⁶ Beth Israel gradually grew in prestige as it became known for its commitment to research. In 1930, the American Hospital Association, or AHA, made a report that listed Beth Israel as “one of only thirteen hospitals in the United States and Canada not connected to a university that offered the proper opportunities for the study of post-mortem pathology.”³⁷ Beth Israel soon became a place where medical students and interns attended in order to receive the best hands-on medical training.

Although Beth Israel Hospital’s beginnings were humble, it grew in influence and importance due to many key medical advances and innovations, and its impact can still be seen today. In fact, “of the thirty-six accredited Jewish hospitals . . . almost all are still components of the U.S. health-care system.”³⁸ The success and durability of these immigrant hospitals can be attributed to their flexibility and ability to adapt to changing times, as well as their valuable contributions to modern medicine.

Conclusion

There is no doubt that negative prejudices and stigmas existed in the early 1900s that linked immigrants with disease and illness. In response to these prejudices and the widespread fear that arose because of the influx of immigrants and the outbreaks of certain diseases, a need for immigrant hospitals emerged. The Ellis Island Hospital and various other Jewish, Catholic, and Italian hospitals

34. Kraut, *Covenant of Care*, 110.

35. Kraut, *Covenant of Care*, 116.

36. Kraut, *Covenant of Care*, 110.

37. Kraut, *Covenant of Care*, 111.

38. Kraut, *Covenant of Care*, 224.

developed to meet those needs. In a country built by immigrants, they provided the backbone of health care and support that these immigrants needed to become valuable, contributing members of society. These hospitals served valuable functions in American societies: helping immigrants receive care from their own, helping them assimilate to American culture and customs, and providing charitable relief to all who were in need of it. They also developed as centers of innovation, medical research, and experimentation. Although they were formed in response to prejudices and nativism, their role in the discovery of medical knowledge and advances helped diminish those prejudices. Not only were these immigrant hospitals successful in meeting the medical needs of immigrants, they also were successful in bringing about social change, and the legacy of these immigrant hospitals can still be felt today.

Elyse Slabaugh is a Junior at Brigham Young University, majoring in history with a minor in Spanish. She is from a military family and has lived all over, including an overseas assignment in Aviano Italy. Elyse served in the Chile Osorno mission, and enjoys traveling, running, and spending time with her family. She is interested in immigration law and has plans to go to law school after she graduates from BYU.

