

The Lower East Side Tenement Museum
Written for Community Health Clinical – Summer 2005
James Angehr

When visiting the Lower East Side Tenement museum on July 11, 2005 I tried to relate the experiences of those who lived in these tenement apartments to those of my own ancestors.

The 1870's apartment of the Gumpertz family made the strongest impression. Nathalie and Julius Grumpertz, along with their son and three daughters lived in the cramped, almost strangulantly claustrophobic 325 square foot apartment. My great-grandparents, Owen and Margaret O'Rourke, moved to the U.S. (separately) from Ireland around 1870. They married in 1875 and had five children - a son and four daughters - and lived in the Hunt's Point section of the Bronx. They lived with Margaret's sister Catherine, her husband Michael and their daughter Cecelia.

As we entered the building, I was struck by how cramped and dark the hallway was. Burlap wallpaper plastered the walls and the ceiling was covered in embossed tin. Our tour guide, Pedro Garcia, turned off the lights temporarily to demonstrate how dark it might have been back then during the day with the building not having any electricity. It was almost pitch-black, with the only light coming from the front and back doors. These doors would have been solid wood back then and would have engulfed the hallway in complete darkness. A visiting nurse would have had to light a match just to find her way up the stairs (on a bright summer's day!). The air in the apartment was almost stifling. The tiny back room might serve as a bedroom. It had no windows and might have been similar to a room described by Howells: "a black hole in the rear, where the whole family lay on the heap of rags that passed for a bed" (Howells, 1896). I couldn't see how two or three people could sleep together here, much less six. The kitchen was in the next room, and here, there was barely room for a chair. The coal-burning stove took up a big corner of the room and would have been used for cooking, boiling water, and heating irons and heating the apartment. When this stove was on, the combined coal-fumes and almost unbearable lack of circulation would have been extremely oppressive and unhealthy. I imagined Owen and Margaret here, along with their kids, and fully understood what would later happen to them.

The largest room was the only bearable room in the apartment, as it had a window. The Grumpertz family used this room for business, so it's room would have been limited for family use. There was no indoor plumbing in this apartment, so one would have to go downstairs and out to the backyard to both get water and go the bathroom in an outhouse. The water supply was thus located right next to the bathroom - a clearly dangerously unhealthy condition. These were the conditions that my ancestors would have faced in their own home, so it's no surprise to me the tragedies that occurred to them.

In 1884 Margaret's sister Catherine's husband Michael died of pneumonia at age 40. Catherine's daughter Cecelia also died in 1884 at 10 months of age. In 1886 both Catherine, 36 years old and Margaret's husband Owen O'Rourke, aged 33, died on the same day of pneumonia. My great-grandmother would have then been the only adult left in that cramped, tiny apartment, and at the time was almost at full term pregnancy. Her daughter Catherine Caroline was born a few weeks later but died in 1887, 9 months later. In 1888, another daughter, Margaret died at aged 4. In 1890, Margaret O'Rourke herself died of pulmonary tuberculosis at aged 30. In the span of six years, seven people from the same immediate family, ranging in the ages from 9 months to 40 years, died early deaths.

Tuberculosis and pneumonia, both highly infectious diseases, devastated this family, probably because of poor ventilation and impossibly cramped living conditions, similar to the conditions found in this apartment. My grandfather, Richard O'Rourke, thankfully survived these tragedies and lived to be 80 years old. I felt a strong connection to the Grumperz family and almost felt a piece of me living in that apartment. I realize that I wouldn't be here today, were it not for the struggles and tragedies faced by my own family and families like the Grumperz's in their efforts to establish themselves and earn a piece of the American dream. A visiting nurse back then would have faced tremendous obstacles trying to help a family such as this. She would have to be very creative. How could she help improve the ventilation? Perhaps she could help to at least get the children out of the apartment once in a while. Perhaps she could educate them on how airborne diseases are transmitted and that education might have helped them to help themselves. This was a very enlightening experience that perhaps I can use to appreciate those who struggle today and help wherever I can as a nurse.

At the time of the late nineteenth and early twentieth centuries, the leading causes of death were influenza, pneumonia, tuberculosis, diphtheria, and typhoid. It is clear that infectious diseases were of daily concern. The cramped living quarters and lack of ventilation of the crowded apartments of the tenements increased the likelihood of spreading these diseases. Although the pioneering microbiology work of Pasteur, Lister and Koch was being performed in the latter half of the nineteenth century, The Germ Theory of Disease, which held that microbes were responsible for these illnesses, had not yet been completely understood by the mainstream culture. People did not understand completely how these diseases were transmitted so they could not adequately protect themselves from them. Other unsanitary practices and conditions were also prevalent. The use of chamber pots and outhouses near water supplies could easily spread enteric diseases. Animals are also prime breeders of disease. Before the advent of the automobile, horses were used for transportation and to deliver goods. Pigs and chickens could even be found in the streets of New York. The wastes of these animals in the street could easily spread disease. There were no "pooper-scooper" laws. The streets of the Lower East Side were very over-crowded and were very often filthy. Rats and roaches could easily spread disease as well.

The Lower East side of these times might be documented as a "sick" neighborhood. "With the connivance of crooked officials and politicians, contractors had hurriedly flung together cheap and flimsy tenements in the congested districts to house the hordes of immigrants, and these structures degenerated into the slums of the utmost depravity. Conditions in this district were especially bad in Hester Street and in the block bounded by Pitt, Stanton, Willett, and Houston streets". This passage, from *The Gangs of New York*, (Asbury, 1927, p. 224), describes an area only blocks from the Tenement Museum. The adverse environmental conditions prevalent at the time in this area included overcrowding, poverty, crime, prostitution, gambling and pollution and were highly concentrated in this area. At a certain point, the prevalence of these disease factors will ultimately bear down heavily on the health of the community. Today, the health among blacks in poor urban neighborhoods is among the worst of any ethnic group in America. Many in these neighborhoods are coming down with illnesses such as asthma, diabetes, hypertension, rheumatoid arthritis, gout, heart disease, obesity, kidney failure, arthritis and certain cancers. The highest mortality rates and infant death rates can be found in some of the urban neighborhoods that many poor blacks live in (Epstein, 2003). These neighborhoods may also be classified as "sick" as well.

Lillian Wald taught health and hygiene to the immigrant women in the neighborhoods of the Lower East Side, such as that where the Tenement Museum is located. She was a tireless community presence in this area and by the time she founded the Henry Street Settlement, located not far from the Gumpertz family apartment, her and her team of nurses offered "an astonishing array of innovative and effective social, recreational and educational services" (Henry Street Settlement, 2004). She was a leading pioneer in public health nursing and was instrumental in moving nursing into public schools and corporations. She was a very prominent advocate for children and women's rights and for labor rights as well. She fought to build playgrounds in poor neighborhoods. I see in Lillian Wald a fighting spirit. She saw the despair and depravity faced by the tenement dwellers and was deeply compelled to do something about it. She felt that she not only had to help these people in a hands-on way but also had to speak for, that is, to *advocate* for them. She saw that these people did not have a voice and therefore sought to provide that voice to them. I believe that her spirit is evident every day on the floors of the nursing homes, hospitals and community centers of today. Hopefully most nurses feel compelled to speak for those whose voices may not be heard amongst the noises and commotions of a hospital floor. I know that advocacy is in the job description of practicing nurses of today. I'm not sure if it exists as part of the job descriptions of other health care professionals, such as doctors or anesthesiologists, but I feel it is one of the things that make nurses stand out in their profession.

Asbury, Herbert, (1927), *The Gangs of New York*, New York: Thunder's Mouth Press

Epstein, Helen, (2003), Enough To Make You Sick, New York Times

Henry Street Settlement, (2004), *Henry Street Settlement*, Retrieved July 13, 2005 from http://www.henrystreet.org/site/PageServer?pagename=abt_lwald

Howells, William Dean, (1896), *Impressions and Experiences - An East Side Ramble*, New York: Harpers & Brothers, : 127-149.