**Quarantined**

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WHEN I WAS JUST 3 YEARS OLD, I ASKED MY MOTHER WHY SHE DIDN'T LOVE ME. The question came on an ordinary day, and my young mother nearly collapsed when she heard it. But she wasn't surprised. Though she loved me dearly, she knew that she had not expressed physical affection in the ways that bond mother and child. She made sure I was clean and comfortable and well-fed -- she took pride in the care she gave -- but she was distant: When I was a baby, she did not hold or cuddle me much. As I grew, she did not want me to lay my head on her shoulder or lie next to her in bed or take a sip from her cup. She avoided hugging and kissing me.

My mother told me about this recently -- I have no memory of it -- explaining my pitiful query with, "You must have . . . felt something." But on that day nearly 50 years ago, when she realized the damage that had been done, my mother grabbed a kitchen chair to steady herself, sat down and, after a few moments, pulled me close. But she did not try to explain. How do you explain fear of affection to a preschooler? It's only recently that she tried to, in words that are hurtfully simple: "Look like I just didn't want to do a lot with you."

In the past year, I have come to understand the series of events that made this so. It begins around the time of my birth, when my mother, by order of the D.C. Health Department, began to gather her affections and hide them behind her heart. At the time, she was being held at a tuberculosis sanatorium, and facing an uncertain future in an institution set apart for those unfortunates infected with what newspapers still called "the white plague."

The sanatorium, Glenn Dale Hospital, still stands today, a 200-plus-acre sprawl of meadows, grassy knolls, rolling hills and buildings rotting on the inside. It was never an insane asylum, as urban explorers and paranormal researchers suggest on Internet sites where trespassers post photos of the abandoned campus and details of their adventures there. From 1934 to 1960, Glenn Dale was Washington's institution for tuberculosis's sick and dying, a self-contained community of contagion in the Prince George's County countryside. When Glenn Dale was built, spitting in public was prohibited, and the city led the nation in deaths from a centuries-old epidemic.

Despair or hysteria was the typical reaction when a loved one, co-worker or the family cook was diagnosed with TB. Stigma and shame often followed fear. When I told one of my brothers-in-law about this article, he confided that when his father went to Glenn Dale in the 1950s, the family told neighbors he was dead. "You didn't tell nobody that one of your family members had tuberculosis," according to my Aunt Doll, my mother's youngest sister. "You just didn't do that."

Over the years, my mother's stay at Glenn Dale was not a family secret, but she held on to the details. As she tells the story now, at age 79, the deeply personal moments and insights loom larger for her than seemingly more significant details. She can't remember the names of her doctors, for example, or the reasons for the unnecessary medical procedures performed on her. She can't recall which of my father's eight sisters she handed over her three little girls to when she was ordered to report immediately to the sanatorium. But she vividly remembers a story about a woman who lost her mind at Glenn Dale, and moments, both quiet and furtive, when my father visited. Life in "the san" was regimented and emotionally cold, and Mama recalls numbing isolation among strangers in various stages of disease, and death. Mostly, she remembers the desperation -- you can feel it now, as her voice lowers and breaks -- when she did not know if she would ever return to her husband, her three little girls, or me, the baby whisked away at birth.

AS MAMA RECALLS, IT WAS LATE JUNE OF 1954 when she took the stairs of the little duplex on Knox Street in Southeast Washington and struggled to catch her breath as she reached the top. At 27, Etta Frances Young was nine months pregnant with me. She mentioned the shortness of breath during her routine obstetrician's appointment at the Upshur Street Clinic in Northwest. A nurse said it was pressure from the baby, but the doctor sent Mama for a chest X-ray. The next day or so, Mama was back in the office to hear the news: Mrs. Young, you have a shadow on your left lung. Then the medical interrogation began: Do you have night sweats? Fevers? Weight loss? Fatigue? Do you cough up blood? Have you lost your appetite? She answered no to all of it, but the doctor said he was sorry: It looks like tuberculosis.

Mama sobbed in her hands and wailed about her three little girls. Just the letters "TB" stunned her. Not long before, an uncle with TB had been sent to a sanatorium. Two childhood classmates, brothers, got sick with TB after they moved to the city, and died at Glenn Dale. A half brother "broke down" with TB in childhood. A generation before, her father's first wife and his youngest sister had died of TB.

Mama waited at the clinic a few hours while the nurse and doctor made phone calls and filled out papers. The city facilities that accepted TB patients -- Glenn Dale and the TB wards at D.C. General and Freedmen's Hospital -- were filled to capacity, with 245 people on waiting lists. The nurse told Mama she needed to go to a sanatorium but, for now, to return home and wait for a call from the health department. In the meantime, the nurse said, wash your dishes and utensils separate from the rest of the family's, in hot, soapy water and bleach.

When my father came home that afternoon, Mama met him at the door with tear-swollen eyes, and it wasn't long before his eyes were swollen, too. "I can't believe it," Daddy said over and over. Mama hid her devastation from her three little girls: Diane, 4; Janet, almost 3; Tanya, 23 months. She retreated to her bedroom or the bathroom, emerging with dabbed eyes when she heard them fuss or whine. Later that evening, Mama's sister Vi came over, and the two of them sat alone out back in the summer air. Aunt Vi knew that a sanatorium stay was a long-term proposition. She feared a splintered family, children raised without their mother, and prolonged sickness for the little sister who had moved North right after high school to live with her. As they sat, Mama kept spinning the same question in the air: What's gonna happen to my children?

The next day, my three sisters were tested at the clinic. All of their tests, and Daddy's, eventually would be negative. Later that day or the next, a public health nurse called the house on Knox Street with instructions: Report to Glenn Dale in 24 hours.

UNTREATED, ACTIVE TUBERCULOSIS CAN CONSUME ITS HOST FROM THE INSIDE. *Mycobacterium tuberculosis* spreads through the air in close quarters when a person with active TB of the lungs or throat coughs or sneezes, talks or spits. Inhaled, the bacteria lodge in major organs, including the brain but typically the lungs, and bore holes that turn them into bloody pulps. A slowly developing chronic infection, tuberculosis can cause incessant bloody coughing, painful breathing, relentless fever and fatigue, debilitating joint pain, emaciation and pallor, which earned it the name "white plague." An estimated 2 million people die from TB each year, mostly in developing countries, while 2 billion -- one-third of the world's population -- carry the infection, the World Health Organization says. TB carriers have been exposed to the bacteria but may not even get ill or be infectious. The Centers for Disease Control and Prevention report that 1 billion people worldwide died from TB, which was known as "consumption," when it ran rampant through the 19th and early 20th centuries

Before the development of effective TB drugs, public health officials tried to control the disease's spread by assuming far-reaching powers regarding the reporting and quarantine of tuberculars. By the 1930s, public, private and charitable groups in the United States had built as many as 700 sanatoriums to isolate the infected and provide them with the absolute rest, fresh air and wholesome food that was believed to form the cure.

Private and public institutional care initially were available only to white patients, and life in the early municipal sanatoriums was "cruel and dismal," Sheila M. Rothman says in her book *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*. Rothman describes them as places of last resort that took in new immigrants and indigents, along with prisoners and mental patients sick with TB. The culture demanded passive patients. Rothman says staff made all of the decisions in places that were "more like prisons than hospitals, in which the prescience of death, not the promise of cure, was pervasive."

Tuberculosis infection slowed among the white population but began spreading among black Americans in the early 20th century, after many had moved from the rural South into crowded, segregated urban quarters. The disease became "racialized," according to Samuel K. Roberts, assistant professor of history and sociomedical science at Columbia University's School of Public Health. Black women were a special concern, he says, because of the fear that they would bring infection into the homes where they cooked, cleaned and cared for white families. Roberts, who is working on a book about African Americans and tuberculosis, says, "If you were a poor or working-class black woman in [a] city, you were really vulnerable to coercion and stigma."

To what degree race, class, sex and even geography factored into the tuberculosis-control efforts of Washington is not clear. When Glenn Dale's first building opened in 1934 -- a children's hospital -- community leaders cited the need for a facility for colored residents with TB, whose death rate was six times higher than that of white residents with the disease. Glenn Dale's adult hospital, which opened three years later, took in people of all races but apportioned more beds for the white wards than for the Negro wards. By early 1954, six months before Mama got her orders to go to Glenn Dale, the sanatorium reportedly began assigning beds as they became available, without regard to race. Patients were required to pay for all or part of hospital costs if they were able. Mama did not pay.

Depending on how advanced the disease was at diagnosis, TB patients could languish for years, even decades, enduring cycles in which they passed in and out of the infectious stage. Half of those who got sick from TB died from it.

MAMA NEVER CONSIDERED WHETHER SHE HAD OTHER OPTIONS. She knew nothing of due process, and it is unclear whether she had the right to refuse to go. Local laws allowed compulsory isolation of certain infectious people, and few protested sacrificing the rights of individuals to protect the public good. And so, on July 2, 1954, three or four days after Mama mentioned her shortness of breath at the clinic, Daddy bought veal cutlets, and Mama prepared and plated them so that they could share a meal before she left. Two of Daddy's sisters had already picked up the girls to take them to my paternal grandparents' farm in Virginia. Mama doesn't remember an anguished goodbye, only that the girls would have been excited to go for a ride. As Mama and Daddy sat down to their lunch, a call came from Glenn Dale telling Mama she was supposed to be there in an hour. They got up from the table, and Daddy put Mama's suitcase in the DeSoto. Mama didn't understand the health department's agitated demands -- she thought they should at least let her spend the Fourth of July holiday at home. She imagined the rush must be about me, the child she was carrying. After the baby is born, I'll be back, she thought. Maybe two weeks. She didn't know that the average stay at Glenn Dale was 482 days.

GLENN DALE HOSPITAL WAS A PUBLIC WORKS ADMINISTRATION PROJECT, its design reviewed by the Commission of Fine Arts. It was set 15 miles across the Washington line in rural Prince George's so that the sick from the nation's capital could escape the swampy city and inhale fresh country air. There were other sanatoriums for Maryland and Virginia patients. Many of Glenn Dale's Georgian and Colonial Revival-style buildings, with stone cornices and columns, were built under the supervision of architect Nathan C. Wyeth, who worked on other imposing, authoritative structures, such as the first Oval Office, the Russell Senate and Longworth House office buildings, the city's municipal libraries, courts and schools -- Coolidge and Wilson High, among them -- and elegant residences along Embassy Row.

By all accounts, the sanatorium was a lush, manicured landscape, leading some to dub it "Glenn Dale Golf Club." Today, the campus languishes on Glenn Dale Road at Route 450. Pass a short band of woods and an enclave of $500,000 homes on Legend Manor Lane, and, like a light fog, a hush settles. A small "No Trespassing" sign is hardly noticeable. Beyond it, atop the campus's highest point, stands a red brick building. Vines thick as a garden hose curl around its facade, and in and out of open breezeways running the length of either side of what was once the children's hospital. The sleeping porches -- key to exposing patients to the fresh air that was part of the treatment -- were here. The screens are gone, but shreds dangle, and shards of glass poke out of the corners, leaving rows of empty black holes.

Over time, the campus expanded to include 23 buildings, was home to more than 600 patients and employed almost 500 physicians, nurses, assistants, technicians, office, grounds and maintenance workers, administrators, cooks and housekeepers. The most prominent structure spreads out on one side of the road. The five-story, H-shaped Adult Building is where Mama would learn to play the invalid. When the sanatorium opened, it was hailed as state of the art, but on that day in 1954 when Mama and Daddy passed the high stone cornices and walked through the narrow front door, Mama thought the place looked dingy and bleak. Dark woodwork framed bare, gray walls and dull metal furnishings. High ceilings and dim lights bounced shadows down the halls.

A woman with a wheelchair greeted Mama and snickered about the pregnant woman who had come to the wrong hospital. Upstairs, on the second-floor women's ward, a nurse in starched white cap and dress showed Mama to a single room across from the nurses' station. Told not to stray from it -- her treatment would wait until after the baby was born -- Mama spent about a week in the room, without visitors or access to a phone. All she could do was fret and sob and pray into her pillow: *Lord, let me live so I can raise my children.*

ON THE MORNING OF JULY 12, Daddy got a phone call saying that his mother, Leah, had died after an illness. The girls were still at her house in Virginia, about four hours away, cared for by aunts as the rest of the family gathered. Daddy got another call that morning: His wife was in labor.

Although they grew up in neighboring rural areas in Virginia, my parents met at a diner on New York Avenue. Mama, with a caramel glow, high cheekbones that rounded her face and shoulder-length curls that softened it, found work there serving eggs and bacon after graduating from the Southampton County Training School. With her diploma, she had more education than her husband, but Daddy was a decade older and worked hard. The gregarious son, he out-talked an older brother who met Mama first. Of medium height and build, John R. Young had strong hands that he used to split wood on his family's farm, play the piano by ear and box as an amateur welterweight. People did a double take when they saw him: Depending on the light, his eyes flashed blue or gray against his deep-mocha skin. Mama called him "Johnny," and he poured and finished cement for a living. Daddy called her "Frank," and she took care of the children. Ten years later, when they were raising their family in Northeast Washington, they would still leave the car parked with windows rolled down and go to bed in the summer with the front door open.

Mama had planned to deliver me at Columbia Hospital for Women, but when she went into labor, the ambulance took her from Glenn Dale to D.C. General Hospital. I was born around 11 a.m., quickly and without medication. Mama did not get to see or touch her newborn before they took me away. For one thing, there were complications. When Daddy found her that evening in an isolation room, Mama could see only shadows because of a loss of blood that soaked her gown and bed. Most of that time at D.C. General is a blur to her, but after a week or so, Mama learned she was scheduled to return to Glenn Dale. When the time came, the orderly rolled Mama past the nursery, and she looked through the glass at her new baby for the first time.

Daddy had 13 siblings, Mama had seven, and most of my aunts and uncles were married by then, but no one in the family could take the baby right away. Back at Glenn Dale, Mama struggled down the hallway to the one public phone on the women's ward and called her oldest sister, asking her to please get the baby. Aunt Shirley picked me up the next day. When Mama felt strong enough, she washed the dried blood out of her hair.

BY THE MID-1950S, THE FIRST EFFECTIVE TB-CONTROL DRUGS -- streptomycin, para-amino-salicylic acid (PAS) and isoniazid -- had begun to reduce the national death rate from tuberculosis and helped many regain their health. Those drugs were highly effective when taken in combinations, but the regimen took about two years to control the disease, said Lee B. Reichman, executive director of the New Jersey Medical School's Global Tuberculosis Institute. It is unclear whether all or only some of those drugs were prescribed at Glenn Dale.

Still, 11,000 residents of the city and its close-in suburbs were known to be infected then, a disproportionately high number of them black residents of Washington's crowded downtown quadrant. Patients arrived at Glenn Dale in various stages of the disease. The most able participated in the limited offerings of sanatorium life. Bingo once a month, movies on Wednesdays, card games, typing classes, part-time jobs in the hospital canteen. Radio privileges were extended for broadcasts of championship fights and the World Series. At home, most days Mama had cooked and baked from scratch, mopped the linoleum floors, hung the laundry on a line to dry, plaited three heads of hair, mended clothes and loaded coal into the furnace. But now, except for chapel on Sundays and an occasional movie, she spent her days and evenings leaning back in a chair on a porch of strangers. After a while, a visitor to the porch, a therapist maybe, taught Mama to crochet and embroider. She made baby clothes, doilies and children's caps.

Each patient room on Mama's ward had a back door leading to the porch. The women came out every day. Mama dressed and stepped onto the porch after the morning ritual: collecting used tissues and tying them up in a trash bag. Setting out her personal cup and pitcher to be sterilized. And taking the brackish, nausea-inducing medicine Mama knew only as "PAS." She drank a small cupful every morning. She doesn't remember taking any other medication.

Desperate for news about the girls, Mama received a few letters. Early on, she made her way again to the public phone and called Aunt Shirley. The baby was sleeping a lot, Aunt Shirley said. "It's a cute little thing, but kinda dark." Not long after that, Aunt Lillie, one of my father's sisters, took me to live with her in Baltimore.

Besides Daddy, Mama had only two other visitors. Aunt Vi and Aunt Doll came at least once a week, telling few people where they were going. Mama begged them for news of the children, and my aunts reported that Janet was crying a lot for no apparent reason and that Tanya had regressed in her potty training. Diane was very much the big sister, they said, comforting the younger girls when they cried. To shield their parents from too heavy a burden of worry and fear, they did not tell them Mama had tuberculosis. Instead, Aunt Vi wrote letters home saying Mama was still in the hospital because of a nervous breakdown.

Daddy stomped the dust off of his work boots and visited Mama the few times a week that visitors were allowed. Sometimes he brought the girls and left them under the tree to the right of the building, below the porch. Mama would look down at them and wave.

Daddy gave Mama updates on the arrangements for the girls: After two weeks at Daddy's parents' farm, they spent another two weeks with Mama's parents. An aunt and her new husband moved into the house on Knox Street and cared for the girls for another three weeks. After that, Daddy dropped off the children during the day with various aunts -- whoever was available -- and picked them up after work. The baby was still in Baltimore. When Daddy brought Mama a photo of the girls and affixed it to a wall where Mama could see it while she was in bed, the first nurse who noticed it cited a hospital rule against hanging things on walls. She made Daddy take it down.

Once, he got permission to bring my three sisters for a visit. Before Mama went to the private visitors' room, a nurse gave her instructions: Do not kiss the children. Do not hug them. Don't let them sit on your lap. Mama put a lock on her affection and went downstairs. She spent most of the visit pulling her clingy middle child's arms from around her neck. Janet, now 3, continued to try to crawl onto Mama's lap as Daddy pulled her back. Diane and Tanya stared at their mother.

After the visit, Mama worried more than ever. Are the children getting enough to eat? Are they clean? Who's taking care of them next week? Is the baby taking her formula? Is she warm and dry? How much does she weigh now? Mama knew something about motherless children. Her own mother was raised by relatives and told tales of a harsh childhood.

ONCE CONSIDERED THE MALAISE OF THE PRIVILEGED CLASS, tuberculosis sickened a Who's Who from ancient and modern history. King Tut, Moliere, Voltaire, Keats, Emerson and Poe, Chopin, Gauguin, Chekhov, Kafka, the Bronte sisters. And later, Doc Holliday, W.C. Fields, Paul Laurence Dunbar, Simon Bolivar, Ernie Kovacs, Eleanor Roosevelt and Vivien Leigh. The disease became part of the cultural landscape, romanticized in opera ("La Boheme") and literature (Camille), but there was nothing romantic about the thin, sickly-looking women on the porch with Mama. Rest and quiet ruled there. Staff at some sanatoriums were known to chastise those who laughed too loud, cried too much or spread pessimism. Even so, the women on the porch regularly interrupted the calm with quiet chatter and hollow coughing and choking and spitting into tissues that turned pink or red. The women maintained a delicate death watch, with couched updates about who "didn't make it."

All of the women on the porch were black, but Mama's first roommate was an older white woman who cursed and moaned from what Mama believed was alcohol withdrawal. Daddy saw the woman have an angry outburst during one of his visits, and the next day Mama moved to another room. Her new roommate was a frail black woman named Mary, who looked 40, but maybe she was 30 and robbed of her looks by the disease. Mary told Mama about her "street life" and said that her only family was a brother who had not visited in Mary's four years at Glenn Dale.

Mary became Mama's guide to Glenn Dale's subculture, pointing out a woman who swore she loved her husband but now had a boyfriend in the men's ward. She told Mama about "wild things" that have been confirmed by other sources. For example, staff members confiscated so much smuggled "whiskey" from patients that the stockpile made the newspapers. William Rigoli, now 83, worked at Glenn Dale briefly as a teenager. He says most of the staff knew about sexual liaisons among patients, and often stumbled upon couples outside at night.

Mama never set her feet on the campus's winding walkways and paths -- she was not allowed on the grounds. Patients required absolute rest. But she delighted in the part of the treatment that was served on steam tables rolled down the hall: chicken and gravy, smoked ham, fresh cabbage or greens, hot rolls -- as much as Mama wanted. (A decade before, when Congress held hearings on conditions at Glenn Dale, the meals had been so bad that patients reported finding fingernails in food that was also poorly cooked or spoiled. Congress ordered improvements.) Mama's days on the porch were interrupted by more chest X-rays, skin and sputum tests, and a changing cast of doctors. If they explained what was going on, Mama doesn't remember. Unlike the other women on the porch, she did not have a regular "rehab" meeting with a medical team to go over her progress, test results and prospects for discharge. A nurse with a wheelchair arrived at her room somewhat regularly, though, to take her to the surgical unit. Once, a doctor forced a cold metal pipe down her throat. Another time, a doctor punctured the base of her neck and inserted a needle, on the right side, leaving a scar. Another day, a tube was inserted in her left side, and something was withdrawn.

Mary, because of the connections she had developed in her years at the sanatorium, proved a source of important information for Mama. A woman who worked in one of the offices and who had befriended Mary told her that Mama's tests all were coming back negative. I don't know why they're keeping your roommate, the woman said. Mary told Mama this, and something else: It doesn't matter what your tests say -- the stay at Glenn Dale is at least six months.

DADDY FUMED WHEN MAMA TOLD HIM ABOUT THE NEGATIVE TEST RESULTS. The news, though hardly official, fueled his suspicions. He had told his family that his wife didn't look sick. Mama began to keep more to herself and felt a new uneasiness around the women on the porch. She disliked the way some of them pierced the calm with cussing. And she tired of the coughs that ended in the sound of strangling and choking. In the ward's communal bathroom, Mama noticed how the women washed and brushed their teeth in the sinks, spitting with each rinse, and coughing. Mindful of Mary's news, Mama avoided the sinks altogether. She brushed her teeth in the shower after she saw a housekeeper clean and disinfect it. Mama asked Aunt Vi, who brought her a home-cooked meal every Sunday, to bring silverware she could keep so that she wouldn't have to eat with utensils the other patients used.

One night toward the end of summer, Daddy dialed the patient phone on Mama's ward and said he'd be by that evening. When he didn't arrive by the end of visiting hours, the familiar worries crashed around in Mama's mind. Something's wrong with the children. When he finally walked into the hospital that night, Daddy had the girls with him. Mama got word that her family was downstairs but that now it was too late for a visit. She thought she heard the muffled cries of children. She grabbed her shoes and sweater, and announced that she was getting her stuff and going home.

By then, Daddy was upstairs -- he had left the girls with a nurse on the first floor. When he saw Mama crying, he started to lead her away. The staff gathered, and various voices threatened and warned.

You can't take her out of here.

The police will get you and bring you back.

Without knowing what they would face if they left, and with no plan to take care of Mama if she got sick at home, Daddy must have thought better of what they were doing. He turned and led Mama back to her room. A nurse coaxed Mama into taking something to calm her, and she slept deeply through the night and most of the next day.

By mid-September, 10 weeks or so after her admission, the separation from home and family was nearly unbearable for Mama, the confinement numbing. She was weak, but she wasn't wasting away as the others were. One day, a woman on the porch mentioned a former patient who, like Mama, had grown up on a farm. She told Mama that the young woman sat on the porch and ticked off, hour by hour, all day long, every day, what her family back home was doing at that very moment. Don't you know that girl lost her mind? the woman said. Mama thought about the story for a long while. She made a promise to herself: I'm not gonna lose my mind.

**Quarantined**

Daddy, increasingly frustrated, commiserated with family and friends about Mama's situation. His construction crew boss had heard that a dry climate was good for tuberculosis and told Daddy: Take your wife out of that place, and move to Arizona. Neither of my parents knew much about the country beyond Virginia, Maryland and Washington, but it was a plan they discussed during quiet visits, when Daddy brought candy, which Mama shared with Mary, or money for the lady on the porch, a patient who charged $2 for a press 'n' curl.

Daddy talked often about Mama's situation with his oldest sister, one of a relatively few black registered nurses of that era. Perhaps Aunt Flo already knew what a report published two years later would declare: The city did not have the resources to enforce every TB isolation order or to track down the patients who walked out of Glenn Dale. It wouldn't be until 1958 that Glenn Dale would get a locked detention ward for "uncooperative" patients and runaways. I don't know everything Aunt Flo told Daddy, but another of my aunts confirms that she did say this: She's your wife. You have a right to take her out of that place if you want to.

ON OCTOBER 15, HURRICANE HAZEL ROSE UP FROM THE CAROLINAS and slashed through the Washington area. In her room, Mama listened to radio reports about a man found dead in a tree with a small child still alive in his arms. Is it Johnny? With one of the girls?

About a week later, Daddy called the public phone on Mama's ward before he left for work. Mama walked down the hallway and took the call. Over the phone, Daddy said he was coming that night to take her out of Glenn Dale for good. Then he called the nurses' station. He told the charge nurse the same thing, that he was going to take his wife home that evening. The nurse warned him not to come, that it would mean trouble for him and that the police would just go to the house and bring Mama back to Glenn Dale. Mama fretted all day. What's gonna happen if we go?

When Daddy arrived on the ward that evening, he went straight to Mama's room. He told her to pack her things, but Mama resisted. I can't go, Johnny, she said. Once again, nurses and doctors and others dressed in white gathered around Mama's room. If you leave, the police will be at your house tomorrow morning, they warned. Mama tried to reason with Daddy, and when she saw that he was unmoved, she asked, But where are we gonna go?

Daddy was a bold extrovert who could be fiercely determined despite being called "boy" into his 40s; despite the French women who, when he was stationed overseas as a medic, asked to see the black soldier's tail; and despite having to go to the back door of a restaurant as his wife and children watched from the car. Daddy died in a car accident 14 years later, but Mama is clear about what happened next. "Just pack your things, Frank," he said. "I'll worry about the police."

The nurses, doctors and others stepped back and began to move away. One nurse helped Mama put the last of her belongings in her suitcase -- loafers and socks, a Bible, the shirtdresses she wore on the porch, a radio, pictures of the girls. Mary and Mama said goodbye, and Mama signed papers acknowledging that she was leaving against medical advice. A nurse gave Mama home hygiene instructions: Wash your utensils, plate, cups, laundry in hot, soapy water and bleach, and separate from the rest of the family's. Don't hug or kiss the children. Don't let them eat out of your plate or drink from your cup. Don't let them sleep in your bed.

Mama and Daddy walked toward the DeSoto in the small visitors' parking lot. The girls slept in the back seat. Mama didn't try to touch or wake them. Daddy put them to bed when they got home.

The next day, back at the little house on Knox Street, Mama looked the girls over -- Are they clean? Did they lose weight? -- but she didn't play or cuddle with them. Daddy stayed home from work, and he and Mama took turns peering out of the front window. That month's Time magazine reported that a woman named Alvina Page was fined $500 and sentenced to six months in jail for walking away from the Julius Marks Sanatorium in Lexington, Ky. My parents didn't know this or what they would do if the police came -- they had no real plans to go to Arizona. In the afternoon, a public health nurse called and told Mama to report to the Upshur Street clinic the following day. Daddy stayed with the girls and Mama went alone. She did not know what to expect, and she did not know what to think when the nurse delivered more news.

Mrs. Young, the nurse said, you do not have tuberculosis.

Much of my reporting for this article has involved trying to discover not just what happened to my mother during the time of my birth, but also, as the story grew more complicated, to understand how it happened. Beyond considerations of race and class, many public health departments pushed young mothers to the top of their sanatoriums' waiting lists, I've learned, so great was the threat they posed to children in the home. Today, the CDC recommends initiating drug treatment for pregnant women whenever the probability of TB is moderate to high, although the infection is rarely passed on to the fetus.

But that does not explain why Mama's doctors at the clinic, according to her recollection, did not do a more thorough diagnostic work-up -- skin test and sputum culture, plus X-ray -- before sending her to the sanatorium. Or, if they did, why they rushed her to the sanatorium before knowing all of the results. If her tests at Glenn Dale were all negative for TB, why didn't the sanatorium release her weeks or months earlier, or order outpatient testing?

Mama's new diagnosis, she learned that day, was sarcoidosis, an inflammatory disease that may be an immune system disorder. It is not contagious. The disease causes tiny lumps that cast a shadow on X-rays similar to those of advanced tuberculosis, and it can be debilitating. Mama's case, however, was benign. To this day, she says, she has never had any symptoms or problems related to the shadow on her lung that still shows up on X-rays.

The nurse had no answers for Mama that day, no explanation for why she had been left to languish on the porch for 114 days. Taken together with my mother's pregnancy, the young children at home, conflicting tests results, public worries and, perhaps, her race and social standing, the health department apparently adopted an act-first-and-ask-questions-later policy toward my mother. That is the only answer I've been able to give her. Reichman explains the procedures Mama remembers undergoing at Glenn Dale: The cold, metal tube forced down her throat no doubt was a 1950s bronchoscopy, used to inspect the airways and retrieve tissue samples from the lungs. The scar at the base of her neck, still visible, is probably from a lymph node biopsy. The puncture in Mama's left side was probably an attempt to aspirate fluid from her pleural cavity.

Reichman notes that for patients who were not seriously ill, sanatorium admission criteria often were vague. "A guy would go with a cough to his doctor, and they'd send him," he says. In my mother's case, he says, "if all the tests were negative [for TB], the X-rays not getting worse, they should've been able to let her go."

After September 11, 2001, most states dealt with the threat of possible bioterrorism by enacting stronger quarantine and isolation laws for people with infectious diseases. Before and since, the laws have been used infrequently, said Darryl Hardge, a CDC official assigned to Washington's Bureau of Tuberculosis Control. Newly reported TB patients -- about 55 in Washington last year -- are hospitalized for about two weeks and released when they are no longer infectious. After that, they take a six-to-nine-month course of drugs. Most important, a health-care worker must observe the patient taking the medication. Household members and other close, personal contacts are tested for TB, as well. Such control efforts have proved effective enough that "there's no strong need for isolation," Hardge says. In the 1990s, however, as the nation faced an outbreak of a multi-drug-resistant strain of TB, New York City quarantined patients in a once-abandoned sanatorium on Roosevelt Island. Mostly homeless people, drug users and new immigrants, they did not take their medications and continued to expose others to infection, the city charged in court. Most were held for two years.

Before Mama left the clinic that day in 1954, the nurse who had told her she did not have TB offered no explanations and, nonetheless, repeated the home hygiene instructions Mama had been given at the sanatorium. I found these in an old Glenn Dale Patient Handbook: Stay indoors on damp, rainy days. Discard your used tissues in a paper bag to be burned. Do not kiss anyone. Stay away from children.

By 1960, six years after Mama left Glenn Dale, tuberculosis-control drugs proved so effective that many sanatoriums closed or converted to other uses. Today, the TB sanatorium is considered an important part of the history of public health. The sanatoriums performed a service by separating people, sending them out to the country for fresh air and rest, and breaking the chain of infection, Reichman says. As for the therapeutic benefits of a sanatorium, the TB survival rate of 50 percent, he says, was the same for patients inside and outside.

Glenn Dale became a nursing home for Washington's indigent patients in the 1960s, before it closed for good around 1982. The campus has been used for police training. The city sold it in 1995 to the Maryland-National Capital Park and Planning Commission. Chuck Montrie, who supervises the site for M-NCPPC, says the county has set aside 150 acres of the campus for parkland and requires the buildings to be converted into a continuing-care retirement community. There have been no acceptable proposals for such development.

For now, Glenn Dale is a local legend with a young following, listed by a group called the Maryland Ghost and Spirit Association as an "official" haunted site, and included in the book Weird Maryland. Graffiti mar the still-smooth stone columns and cornices. According to Montrie, signs of satanic rituals and other nefarious activities have been found inside the buildings, where overturned furniture, water-damaged papers and vintage medical equipment continue to rust and rot. A county law enforcement officer lives in a trailer on the property and issues criminal trespass citations to those caught roaming, the most daring through underground tunnels connecting the buildings. "We're very, very lucky we haven't had something very, very bad out there," Montrie says.

Mama and I returned to Glenn Dale last summer. On a sunny day, we stood in front of the Adult Building, in front of the empty black holes lining the east wing. Mama paced back and forth, looking up and around. She pointed to the second floor. "That's the porch. That's where I was," she said. She nodded in agreement with herself, said little else and showed no emotion as Montrie drove us around the building, pointing out the morgue, then across the road by the cottages, around a slope and past a newly scorched patch of grass. That night alone, Mama says, she thought about the time that she had lost with her family. For the first time in decades, she says, she cried about what had happened there so long ago. This time, the tears were angry.

AFTER MAMA GOT THE NEWS OF HER MISDIAGNOSIS, she left the clinic and took the streetcar back to the little house on Knox Street. The reunion that should have been joyful, however, was sedate. Now, the fear that she had been infected at Glenn Dale tortured her, and she felt the first of many stings when, a week or so after her homecoming, she opened the door for trick-or-treaters, and someone yelled, "Y'all don't want none of that lady's candy!"

Still weak from months of confinement on the porch and what she believed were the lingering effects of a difficult birth, Mama felt especially uncomfortable around me, nearly five months old when Aunt Lillie brought me home. Mama kept me nourished and comfortable in my crib, but she didn't bring her face close to mine for peek-a-boo or lean in to hear her baby coo. "You were a new baby," she says, explaining her fear that TB would just announce itself one day with a cough. She would not risk passing on the deadly infection. For the same reason, she kept my three older sisters at a distance, as well. "When I [returned] home, I just didn't want them in my face."

My mother's instinct to protect her children proved stronger than her desire to nurture us. She steeled herself, a stance that must have taken tremendous resolve and a personal toll. This steeliness was the something I must have felt that day as a 3-year-old, when I formed the words, "Mama, why don't you love me?"

I have a younger brother and sister, born five and 11 years after me, respectively, and all but one of my siblings say they felt something, too. "I never remember sitting on [Mama's] lap, and I always thought I didn't sit on her lap because she didn't have time," my oldest sister, Diane Merchant, says. Of the months Mama was away at Glenn Dale, Janet Taylor, the one who cried all the time, tells me, "All I remember is they took our Mommy away, and I didn't belong to anyone. I remember being very, very little and being very, very sad."

Emotional ache at such an early age left a mark on me, I'm sure. It was not life-condemning, thankfully, but it may explain why I am a loner. Or why I have to work hard to remember to hug and kiss my own children. Or why I sucked my thumb until I was 12 years old.

A generation before society and parents doted on and adored kids, our childhood, for the most part, was colorful, with encouraging parents and a close, extended family of Bible believers that grew to 37 aunts and uncles and 69 first cousins. After my father's death in 1969, my mother gave up full-time homemaking and went to school to become a nurse's assistant. She worked and sent all of her six children to college, and the Glenn Dale story has shed a new light on her fortitude and emotional courage. As adults, we have evolved into a warm and welcoming clan. My mother hugs and kisses each one of her children and 15 grandchildren in all of our comings and goings. We can even laugh now when she inevitably reminds us at a family gathering, "I don't drink out of nobody's cup, and I don't let nobody drink out of mine."

AFTER MAMA WALKED OUT OF GLENN DALE, it took almost a year for life to return to normal. Few family members, besides Aunt Vi, Aunt Doll and Aunt Shirley, visited. Neighbors kept their distance. Mama remembers that she struggled for a long time to regain her strength and peace of mind, even though a letter she sent to evangelist Oral Roberts was answered with a note saying, "You're already healed."

When I was still in diapers, Daddy would come home from work and ask, "Where's the baby?" When Mama pointed upstairs, he pressed her, "Why don't you ever bring her down?" Mama said she was still too weak. But after that, she says, things began to change. In the mornings to come, after she dressed the girls and changed my clothes, Mama began to carry me downstairs for the day, my sisters bouncing ahead of us.

During my adulthood, my relationship with my mother has deepened. Except while at college, I've never lived more than 30 minutes away from her. We talk on the phone regularly about everyday things, see each other a few times a week and spend all of the holidays together. Over tea on a rainy night last month, Mama said she finally told her story about Glenn Dale for her children's sake. With hands clasped, she bowed her head, then looked up. "I'm glad for you," she said. "You needed to understand."