



**SUMMARY REPORT
Historic Structures Reports
and Building Preservation Plans
St. Elizabeths West Campus**

Washington, D.C.



Final Report

April 12, 2010

WJE No. 2008.4286

Prepared for:

U.S. General Services Administration

Washington, D.C.

Prepared by:

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TABLE OF CONTENTS

Executive Summary	1
Introduction.....	2
Administrative Data	6
Project Scope and Methodology.....	6
Future Research.....	8
Context History	10
Founding and Establishment of the Government Hospital for the Insane.....	10
Nichols Era, 1852–1877	12
Initial Construction of the Center Building Group, 1853–1874	13
Other Buildings of the Nichols Era.....	19
Goddling Era, 1877–1899	21
Detached Building Group	22
Center Building Addition.....	26
The Rest/Circulating Library	26
Dix Group and Burroughs Cottage	29
Allison Group	31
Goddling-Era Support Buildings	33
Richardson Era, 1899–1903	40
Lettered Group	40
Richardson-Era Support Buildings	45
White Era, 1903–1937.....	48
White-Era Support Buildings.....	50
Staff Residences.....	51
Dayroom Additions, 1925 and 1936.....	52
Overholser Era, 1937–1962.....	53
Overholser-Era Buildings	53
Later Developments, 1960s–Present	55
Systems Improvements, 1960s.....	55
Administrative Changes, 1970s	56
Immigration and Naturalization Service	56
Last Additions and Mothballing	57
Evaluation of Significance.....	58
Significance Criteria.....	58
Significance of the West Campus.....	59
Assessments of Individual Building Significance	59
Character-Defining Features	64
Assessment of Integrity	64
Physical Description and Condition Assessment.....	67
Recommendations for Treatment.....	68
Historic Preservation Objectives	68
Requirements for Work.....	69
Guidelines and Standards for Treatment.....	69
Preservation Zoning.....	72
Recommendations	74
Closing	75
Bibliography	76

Sources	84
Appendices.....	87
Appendix A – Period Plans	87
Appendix B – Zoning Diagrams.....	87

SUMMARY REPORT Historic Structures Reports and Building Preservation Plans St. Elizabeths West Campus

Washington, D.C.

EXECUTIVE SUMMARY

At the request of the U.S. General Services Administration (GSA) and in cooperation with Perkins + Will (P+W), Wiss, Janney, Elstner Associates, Inc. (WJE) has prepared Historic Structure Reports and Building Preservation Plans for the buildings of the St. Elizabeths west campus in Washington, D.C. The structures of this study included seventy buildings constructed between 1853 and 1982. These buildings represent the evolution of the primary built features of the site from the founding of the hospital through the efforts of Dorothea Dix, through its development under its primary superintendents: Charles Nichols, William Godding, Alonzo Richardson, William White, and Winfred Overholser.

The buildings included in this study vary in size, complexity, and historic significance. Among the primary building groups are the Center Group (consisting of the Center Building, West Wing, East Wing, Garfield, and Pine), which comprised the original Government Hospital for the Insane, and ward buildings and cottages including the Dix buildings (Willow, Linden, and Holly), the Allison cottages, and the Detached buildings (Atkins Hall, Relief, and Home). Later additions to the campus include the Administration Building and associated patient care buildings of the lettered group, which form a distinct complex within the west campus, as well as the five Staff Residences.

Other individual buildings of note include the East Lodge/Detached Nurses Home, constructed for the care of African-American patients; Burroughs Cottage, constructed as a private residence for the care of a wealthy patient; the

Gatehouses at the primary entrances to the site; the Rest/Circulating Library, originally used as the morgue and pathology laboratory; and Hitchcock Hall, with its auditorium to support treatment through recreation. Also included in this study are various support buildings essential to the functioning of the campus, including the General Kitchen, Detached Dining Hall, Detached Kitchen, Bakery, Warehouse/Laundry, Engine House/Fire House, Boiler House/Ice Plant, Power House, Mechanical and Electrical Shops, Construction Shops, and Greenhouses, among others.

The proposed development of the site under the guidance of the GSA to provide office facilities for the Consolidated Headquarters of the Department of Homeland Security will involve rehabilitation of the majority of the historic buildings for new offices and shared uses, as well as historically compatible new construction and renewal of the significant historic landscape. The Historic Structure Reports and Building Preservation Plans provide philosophical consistency and promote responsible preservation practices to protect this unique cultural resource, with the Secretary of the Interior's Standards as the basis for all recommended project work. These reports will provide guidance and serve as a reference for the GSA, user agencies, and design teams as they move forward with the rehabilitation for reuse of this remarkable historic property.

This Summary Report includes an overall history of the development and evolution of the built environment of the west campus; an overview of the evaluation of significance, identification of character-defining features, and assessment of integrity performed for the buildings included in this study; an overview zoning principles and preservation guidelines; and a review of the approaches followed in developing treatment recommendations for the buildings included in this study.

The reader is referred to the individual Historic Structure Reports and Building Preservation

Plans for specific historical information, condition assessment, significance evaluation, character-defining features and integrity, zoning, and recommendations for treatment for the subject buildings.

INTRODUCTION

At the request of the GSA and in cooperation with P + W, WJE has prepared Historic Structure Reports and Building Preservation Plans for the buildings of the St. Elizabeths west campus in Washington, D.C.¹ The Historic Structure Reports and Building Preservation Plans have been developed in accordance with the Secretary of the Interior's Standards for the Treatment of Historic Properties, and have also been guided and informed by the *Preservation, Design, & Development Guidelines, Master Plan, and Cultural Landscape Report* for St. Elizabeths.² The individual building Historic Structure Reports and Building Preservation Plans provide a framework for the future rehabilitation of the existing historic buildings as part of the overall planning and design effort for the campus, and provide critical planning and design documents preparatory to the ultimate treatment of the

¹ Although the hospital has historically been referred to as St. Elizabeths the name was not officially given to the property until a 1916 appropriations bill designated the hospital as such. The origin of the name St. Elizabeths dates to colonial times, as the piece of land on which the hospital sits was called the St. Elizabeth tract when Maryland was first settled. An 1839 Tract Plan labels the property St. Elizabeth. It should be noted that St. Elizabeth of Hungary (1207–1231) is the patron saint of the poor and outcast. The 1868 Annual Report states that the army hospital housed on the grounds during the Civil War was named for St. Elizabeth. As a result, several patients of the Government Hospital for the Insane began using this name in order to avoid using the word “insane” when describing where they were being treated. Note that the name historically has been written without an apostrophe. It is believed this is due to an inadvertent omission made while drafting the appropriations bill.

² Jones Lang LaSalle et al., *The DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan* prepared for the GSA, Washington, D.C., November 10, 2008; Jones Lang LaSalle et al., *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines*, prepared for the GSA, Washington, D.C., November 10, 2008; *St. Elizabeths West Campus: Cultural Landscape Report*, Heritage Landscapes and Robinson & Associates, Inc., April 2009.

buildings. The proposed development of the site under the guidance of the GSA to provide office facilities for the Department of Homeland Security and the Coast Guard will involve rehabilitation of the majority of the historic buildings for new offices and shared uses, as well as historically compatible new construction and renewal of the significant historic landscape. The Historic Structure Reports and Building Preservation Plans are intended to provide guidance to property owners, managers and tenants, preservation consultants, all design professionals, contractors, and project reviewers prior to treatment. Like the Cultural Landscape Report, the individual building reports provide philosophical consistency and promote responsible preservation practices to protect this unique cultural resource, with the Secretary of the Interior's Standards as the basis for all recommended project work.

Each of the seventy buildings on the west campus was designated to be the subject of either a Historic Structure Report or a Building Preservation Plan, depending primarily on its level of historical significance to the St. Elizabeths west campus. Buildings of primary or secondary significance received Historic Structure Reports, while buildings of lesser significance received Building Preservation Plans; the outlines followed for both types of report are similar although the level of detail varies. The scope of each report was also in part determined by the complexity of the subject building and the extent of available documentation for the subject building.

Historic Structure Reports (HSRs), first developed by the National Park Service in the 1930s, are documents prepared for a building, structure, or group of buildings and structures of recognized significance to record and analyze the property's initial construction and subsequent alterations through historical, physical, and pictorial evidence; document the performance and condition of the structure's materials and overall physical stability; identify an appropriate

course of treatment; and document alterations made through that treatment.

Building Preservation Plans (BPPs) were developed by the GSA to provide building-specific documentation and guidance for planning projects of all scales, to assist in responding to tenant alteration requests, complying with changing codes and requirements, and maintaining historic materials. Information gathered for BPPs is entered into a historic building inventory database maintained by the GSA. For purposes of this project, each HSR as well as each BPP contains key information for input into the GSA database.

The following table lists the buildings included in the HSR/BPP study, organized by building number and with dates of construction provided. The context history (below) provides further information on the evolution and development of the individual buildings as part of architectural and functional groups within the St. Elizabeths west campus. Figure 1 provides a site plan showing the buildings included in this study.

Table 1 – Buildings Included in HSR/BPP Study

Number	Name	Construction Dates
1 and 2	Center Building	1859–1874
3	West Wing	1853
4	East Wing	1858
5	Garfield	1872
6	Pine	1884
8	Willow (Dix No. 3)	1895
11 *	Storage Shed	1925
12 *	Mechanical and Electrical Shops	1920–1953
15	Staff Residence No. 1	1924
16 *	Pumping Station	1965
17	Staff Residence No. 2	1924
18	Burroughs Cottage	1891
20A–H *	Greenhouses	1882–1959
21	Gatehouse No. 1	1874
23	Allison D	1899
24	Allison C	1899
25	Allison A	1899
26	Allison B	1899
27	Staff Residence No. 3	1924
28	Linden (Dix No. 1)	1893
29	Holly (Dix No. 2)	1893
30	East Lodge/Detached Nurses Home	1861/1887
31	Atkins Hall	1878/1899
32	Relief	1879/1895
33	Detached Dining Hall	1885
34	Detached Kitchen	1900
36	Home	1883
37	Hitchcock Hall	1910
38	Hagan Hall	1942
39	General Store/Canteen	1916
40	The Rest/Circulating Library	1882,1904,1929
41	Engine House/Fire House	1891,1905
44	Old Storeroom	1900
45	General Kitchen	1883,1890

* Scheduled for demolition in accordance with the *DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan*.

Number	Name	Construction Dates
46	Bakery	1878,1910
49	Construction Shops	1899,1905,1929
52	Boiler House/Ice Plant	1892
53 *	Tool House	1895
55 *	Locomotive House	1947
56&57	Power House	1904,1910,1915
60	J Building	1902
62	Transformer Room No. 62	1957
63 *	Transformer Room No. 63	1957
64	L Building	1902
66	K Building	1902
67	Staff Residence No. 5	1924
68	Q Building	1902,1935
69	E Building	1902
70	Employee Cafeteria	1924
71	Fan House	1902–1906
72	M Building	1902
73	C Building	1902
74	A (Administration) Building	1904
75	B Building	1902
76	Staff Residence No. 4	1924
77	Comfort Station	1922
78	Gatehouse No. 2	1926
118&118A *	Warehouse/Laundry (and Annex)	1952
123 *	Incinerator	1958
130 *	Storage Building	1982

* Scheduled for demolition in accordance with *the DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan*.

ADMINISTRATIVE DATA

Project Scope and Methodology

The purpose of the Historic Structure Reports and Building Preservation Plans is to provide a compilation of the findings of research, investigation, analysis, and evaluation of the historic structures. For the subject buildings, key issues specific to the structures of the St. Elizabeths west campus are addressed including the construction chronology of the buildings; the existing physical condition of the exterior envelope, interior spaces and features, structure, and mechanical, electrical, and plumbing systems; and the historic significance, character-defining features, and integrity of each building. (Assessment of hazardous materials is outside the scope of this study.)

The preservation objectives for the historic property are identified and treatment measures recommended for implementing and accomplishing these objectives. The reports serve as a basis for decision-making and direction for preservation of the building. The reports also serve as a record document of existing conditions and as a basis for planning future preservation and maintenance.

The project methodology was as follows:

Research and Document Review. Archival research was performed to gather information about the original construction and past modifications and repairs to the buildings for use in assessing existing conditions and developing treatment recommendations. Documents reviewed included drawings, specifications, historic photographs, and other written and illustrative documentation about history, construction, evolution, and repairs to the subject buildings. The research for this study built upon the extensive historical and archival research performed by others. Primary reference documents reviewed for this study included the following:

- *The DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan*, Jones Lang LaSalle; SmithGroup, Inc.; Greenhorne & O'Mara; Oehrlein & Associates Architects; Robinson & Associates; Symmetra Design, LLC; DP Consultants, and Straughan Environmental Services, November 10, 2008.
- *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines*, Jones Lang LaSalle; SmithGroup, Inc.; Greenhorne & O'Mara; Oehrlein & Associates Architects; Robinson & Associates; Symmetra Design, LLC; DP Consultants, and Straughan Environmental Services, November 10, 2008.
- *St. Elizabeths West Campus: Cultural Landscape Report*, Heritage Landscapes and Robinson & Associates, Inc., April 2009.
- *Historic Preservation Report: St. Elizabeths West Campus*, John Milner Architects, December 7, 2005.
- *St. Elizabeths Hospital: Historic Resources Management Plan*. Devroux and Purnell Architects-Planners, PC, with Betty Bird, Historian, and Rhodeside & Harwell, Inc., Landscape, September 1993.
- *Historic Preservation Review Board Application for Historic Landmark or Historic District Designation: Government Hospital for the Insane (St. Elizabeths)*, Frank Millikan, Ann Sellin, Carolyn Pitts, Marilyn Harper, 1990.
- *Wards of the Nation: The Making of St. Elizabeths Hospital, 1852–1920*. Frank Rives Millikan, Ph.D., 1990.
- *National Register of Historic Places Registration Form (National Historic Landmark): Saint Elizabeths Hospital*, Frank Millikan, Ann Sellin, and National

Register staff, edited by Carolyn Pitts, July 3, 1990.

- *National Register of Historic Places Registration Form: Saint Elizabeths Hospital*, entered into the National Register April 26, 1979.

The following archival repositories were visited in researching this study:

- National Archives Building, Washington, D.C., and National Archives at College Park, Maryland
- Library of Congress, Washington, D.C.
- U.S. General Services Administration archives, Washington, D.C.
- St. Elizabeths Hospital Health Sciences Library, Washington, D.C.
- Collections at the American Architectural Foundation, Washington, D.C.

Copies of selected archival documentation are provided in Appendix A. A description of research materials and sources reviewed and discovered is provided in the annotated bibliography within this report.

Condition Assessment and Documentation. Concurrent with historical research, a condition survey of the building was performed and observations documented with digital photographs, field notes, and annotation on baseline drawings. For purposes of the field survey, drawings were provided by GSA for our use developed from building scans prepared by Optira, Inc., a sub-consultant to Farewell Mills Gatsch Architects. The condition assessment addressed the exterior walls, roof, windows, and interior surfaces as well as primary interior spaces and features of significance. In addition, the assessment addressed the structural systems, which were examined from the exterior and accessible locations of the building interior. The assessment also addressed primary features of mechanical and electrical systems (particularly features of historical interest). The survey of mechanical and electrical systems was general in

nature, as we understand that all mechanical, electrical and plumbing systems are scheduled for replacement as part of the anticipated building adaptive reuse; for this reason, functionality and needed repairs for the mechanical and electrical systems were not assessed. Landscape and site features were not surveyed as part of this study, as the existing *Cultural Landscape Report* provides a primary reference.

Materials Studies. In addition to the visual condition assessment, WJE performed field and laboratory materials studies of brick, stone, mortar, and exterior parge coats. The results of the materials studies are included in an appendix to each of the individual building reports for which materials studies were performed. Results of these studies are also reflected in the recommendations provided for individual buildings, as appropriate.

Development of Chronology of Construction, Evaluation of Significance, and Preservation Zoning. Based on historical documentation and physical evidence gathered during the study, a chronology of construction was developed. An evaluation of the significance was also prepared, taking into consideration previous historical assessments including the National Historic Landmark documentation and other reference documents, as well as guidelines provided by *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation*.³ In addition, preservation zoning of each building was evaluated (restoration, rehabilitation, or renovation) and zoning diagrams were developed based on guidance provided by the

³ *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation* (Washington, D.C.: National Park Service, National Register of Historic Places, 1990, revised 1995).

GSA.⁴ This evaluation of history, significance, and zoning provided the basis for the development of recommended treatment alternatives.

Guidelines for Preservation. Based on the evaluation of historical and architectural significance of the structure, guidelines were prepared to assist in the selection of preservation treatments. These guidelines were coordinated with recommendations provided in the *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines* (2008).

Treatment Recommendations. Following the overall treatment recommendation of Rehabilitation, specific recommendations were prepared for significant exterior, interior, and site features. These recommendations addressed observed distress conditions as well as preservation zoning guidelines and objectives. All recommendations were developed following the Secretary of the Interior's Standards for the Treatment of Historic Properties.⁵ As part of the *Master Plan*, certain buildings were designated for demolition prior to the Historic Structure Report/Building Preservation Plan study; treatment recommendations (other than record documentation) were not developed for those buildings.

Preparation of Historic Structure Reports and Building Preservation Plans. Following completion of research, site work, and analysis,

a narrative report was prepared for each building summarizing the results of the research and inspection and presenting recommendations for treatment. The Historic Structure Report was compiled following the organizational guidelines of the National Park Service in *Preservation Brief 43: The Preparation and Use of Historic Structure Reports*, with modifications to organizational structure as required by the GSA for purposes of this project.⁶ In addition, the reports incorporated guidance provided by the GSA for Building Preservation Plans, including documentation components necessary for future entry in the GSA historic buildings database.

Future Research

As part of the work performed in developing the Historic Structure Report or Building Preservation Plan for each building, areas of study were recommended for further research or investigation. Extensive documentation exists for many of the primary buildings on the west campus, including archival drawings and photographs ranging from original construction to recent modifications; for some of the minor buildings less information is available. However, even for the primary buildings, available documentation does not always clearly identify construction details and materials at the period of significance. It is anticipated that many of the questions that cannot be answered through review of documentation and visual survey of existing construction will likely be addressed by further physical investigation performed as rehabilitation work proceeds and concealed conditions are uncovered. However, to assist in guiding further physical investigation as well as to indicate areas for further archival research in the future, specific areas of research are recommended in the individual building reports.

⁴ Caroline Alderson and George Siekkinen, General Services Administration *Draft Guidelines for Preservation Zoning*, in progress (2009). Note that the term and technique of "preservation zoning" as developed and used for some time by the GSA is not related to the term "zoning" as used in reference to municipal land use and building regulations.

⁵ Kay D. Weeks and Anne E. Grimmer, *The Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring & Reconstructing Historic Buildings* (Washington, D.C.: U.S. Department of the Interior, National Park Service, 1995).

⁶ Deborah Slaton, *Preservation Brief 43: The Preparation and Use of Historic Structure Reports* (Washington, D.C.: National Park Service, Technical Preservation Services, 2005).

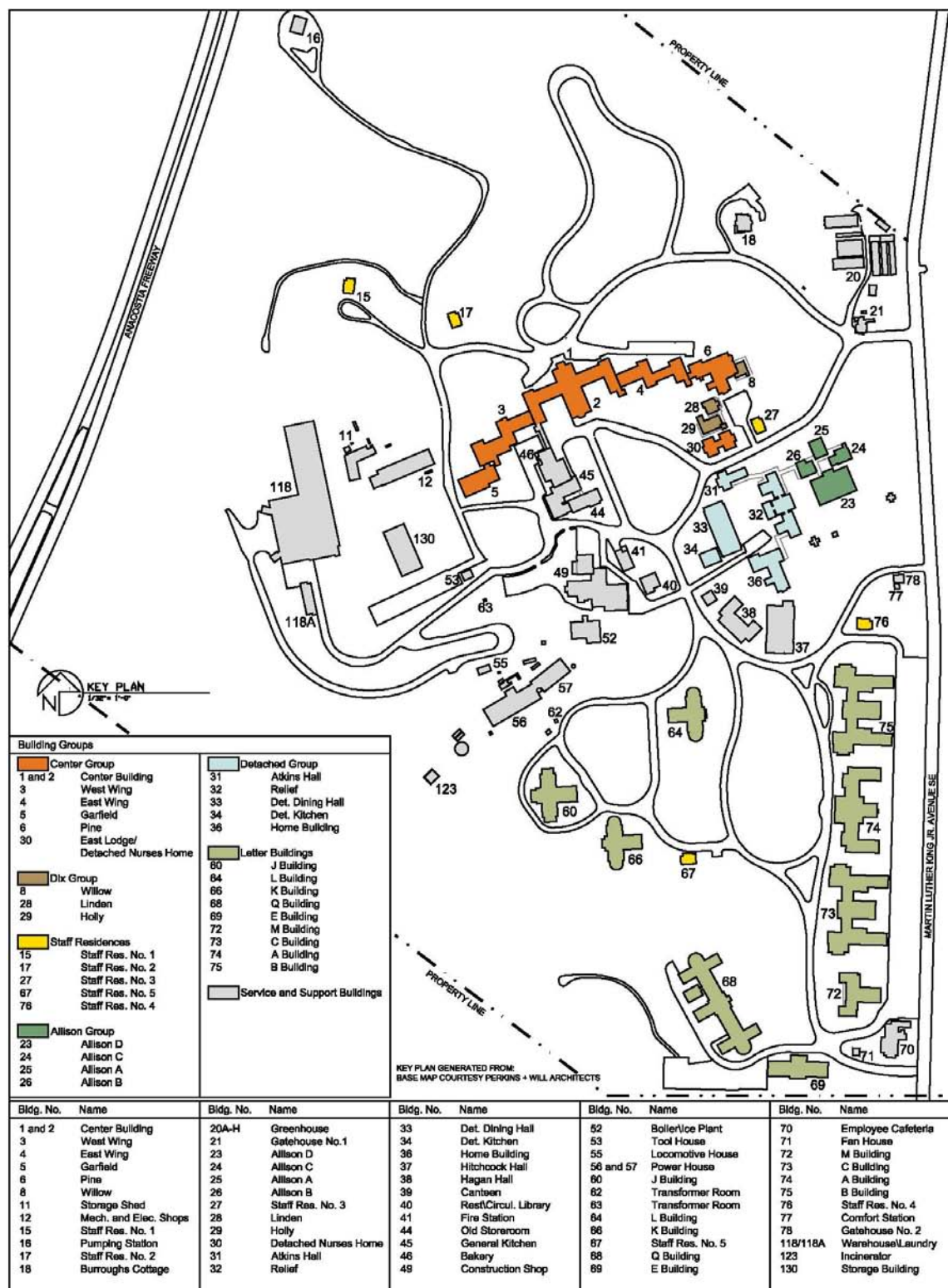


Figure 1. Site plan, 2009, showing buildings included in the Historic Structure Report and Building Preservation Plan study. Color coding indicates building groups created as part of the evolution of the west campus.

CONTEXT HISTORY

The following historical narrative provides an overview of the evolution and physical development of St. Elizabeths as an institution, and its place in the history of the treatment of mental illness in the United States. Several primary sources can be accessed that provide historical context information in detail—perhaps most notably *Wards of the Nation: The Making of St. Elizabeths Hospital, 1852–1920*, the Ph.D. dissertation by Frank S. Millikan. Other primary sources provide a detailed context history of the evolution of St. Elizabeths west campus as a physical and cultural landscape—in particular the *Cultural Landscape Report* by Heritage Landscapes. Thus, the intent of the following narrative is to provide a historical context specific to the buildings of the west campus that are the subject of this study. The period plans provided in Appendix A illustrate the evolution of the west campus in terms of the construction of its buildings. Refer also to Figure 1.

The reader is referred to the Historic Structure Reports and Building Preservation Plans for a detailed history and construction chronology for each of the subject buildings.

Founding and Establishment of the Government Hospital for the Insane

In December 1852, the United States Congress appropriated \$100,000 with President Millard Fillmore’s approval for the establishment of a curative treatment center for the insane of the United States Army and Navy and the District of Columbia. The institution was first developed as the Government Hospital for the Insane although colloquially referred to as St. Elizabeths. As the nation’s first and only federal mental institution, it was the responsibility of St. Elizabeths to serve as a national role model and provide the best care, conditions, and treatment for its patients.

The efforts of Dorothea Lynde Dix and other activists for the mentally ill were successful in promoting moral treatment methods as the

preferred medical practice. Dix was a New England educator who had traveled abroad and been influenced by British social reforms and the writings of Samuel Tuke, who strived to improve the physical conditions for mental health patients in England in the 1830s. Upon returning to the United States, Dix witnessed the cruel treatment received by the mentally ill who were often incarcerated, beaten, and punished in an effort to shape their behavior. It was believed that by providing a healthy and serene environment, mentally ill patients could be cured. Dix championed the cause of the mentally ill in the United States, advocating the creation of state hospitals and facilities specific to the mentally ill. Over thirteen years, she was successful in initiating legislation for the formation of thirty-two state mental hospitals, fifteen schools for the feeble-minded, a school for the blind, and numerous training centers for nurses.

In 1851, the Association of Medical Superintendents of American Institutions (AMSAIL), under the leadership of Thomas Kirkbride, generated site principles and design guidelines to better define the essentials of an ideal moral treatment program. Kirkbride was the medical superintendent at the Pennsylvania Hospital for the Insane and secretary of the AMSAIL. He advocated a unique building plan which provided ample natural light and air and maximized views of the surrounding landscape. The AMSAIL stressed the importance of the hospital superintendent as an administrative and medical leader; responsible for the planning of hospital development, overseeing construction, and monitoring the successful treatment of patients. The report was recognized as identifying the ideal standards for a model asylum and provided the basis from which St. Elizabeths Hospital was initially developed.

In the AMSAIL guidelines, emphasis was placed on establishing a peaceful natural setting that was removed from the complexities and unsanitary conditions of urban life and had the resource potential to be self-sustaining. The

landscape was to be a retreat to help patients rehabilitate.

- 1st. That every hospital for the insane should be in the country, not within two miles of a large town, and accessible at all seasons.
- 2d. That no public institution should possess less than one hundred acres of land.
- 3d. That there should be an abundant supply of water convenient to the asylum.
- 4th. That a location should be selected which would admit of underground drainage, convenient pleasure-grounds, and an agreeable prospect.⁷

Design guidelines focused on the creation of a safe and healthy atmosphere. The AMSAII outlined a general floor plan based on the principles of the moral treatment program. The building was to be subdivided into small family units with patients and their attendants residing in the same ward. The intent was to recreate the security and tranquility associated with domestic life. Additionally, space requirements were given to ensure that hospitals were not overcrowded and patients were given sufficient room. Specifications were made regarding the proximity of windows, building materials, and interior conditions.

- Every hospital, having provision for two hundred or more patients, should have at least eight distinct wards for each sex, making sixteen classes in the entire establishment.
- Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory communication with a chamber for two attendants, a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to

the kitchen, or other central part of the building.

- No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.
- No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.
- The floors of patients' apartments should always be of wood.⁸



Figure 2. Rendering of the St. Elizabeths Hospital, 1860. Source: National Archives, Record Group 418.

⁷ *Report of the Secretary of the Interior, communicating, in compliance with a resolution of the Senate, information as to the steps taken to establish a Lunatic Asylum in the District of Columbia, thirty-second Congress, second sess., S. doc. 11, December 30, 1852, 2.*

⁸ *Ibid*, 15. The site parameters and design guidelines are a representative group of the twenty-six rules outlined by the AMSAII during the May 1851 conference.

Nichols Era, 1852–1877

Following the recommendations of Dorothea Dix, President Fillmore appointed Dr. Charles H. Nichols as superintendent in the fall of 1852. Nichols was an ambitious young doctor who had obtained a reputation as a moral and faithful physician during his years of experience. Like Thomas Kirkbride, Pliny Earle, and numerous other medical superintendents who believed in the moral treatment philosophy, Nichols was a member of the Religious Society of Friends (Quakers). Born in Maine in 1820, Nichols graduated from medical programs in New York and Pennsylvania by the age of twenty-three. Under the tutelage of Dr. Amariah Brigham at the New York State Lunatic Asylum at Utica, New York, Nichols learned about the issues in dealing with the mentally ill. By 1849, Nichols accepted a promotion as a physician at the New York State Asylum in Bloomington. In 1852, he was appointed superintendent at St. Elizabeths Hospital where he resided until 1877. Nichols returned to the Bloomington State Asylum in 1877 and presided as superintendent until his death in 1889.⁹

Nichols' first responsibility was to identify an ideal location for the federal hospital. Working with Dorothea Dix, a suitable site was found. The 185-acre farm, owned by the Blagden family, possessed many of the attributes deemed necessary by the AMSAII for a hospital site and was purchased for a reasonable price of \$25,000. The property was situated on a bluff overlooking Washington, D.C., Alexandria, and Georgetown. As a former farmstead, the site consisted primarily of cultivated land with the remaining landscape being timber. Two springs were located on the grounds that supplied fresh water and provided drainage. An additional 8-acre tract with an existing wood-framed structure was obtained in December 1852 at a cost of \$2,000. The structure was located on the Anacostia

River and was to function as a wharf, allowing direct access of goods and materials to the site.¹⁰

Nichols undertook the design of the first hospital buildings using principles outlined by Thomas Kirkbride for the ideal arrangement of hospital buildings treating the mentally ill. The symmetrical plan consisted of a central administrative building with a linear organization of wings. Using this arrangement, patients could be separated by male (west wing) and female (east wing), as well as by severity of their illness, the most "violent" or "excited" patients to be committed to the outer wings. Kirkbride's philosophy was eventually published, as *On the Construction and General Arrangement of Hospitals for the Insane*, in 1854.

Nichols made modifications to the Kirkbride plan by setting the wings in echelon, thus improving circulation through the building and enhancing the benefits of natural light and ventilation. Kirkbride's more linear plan called for building wings to be oriented in the same direction, with a slight offset. Nichols advocated the development of cross-wings that were situated perpendicular and linked the wings together. The stair-stepped plan provided more interior space, allowed for the wings to be connected through a series of corridors. Nichols modification to the plan was accepted by the AMSAII as well as Thomas Kirkbride and became a standard element in subsequent iterations of the Kirkbride/echelon plan.

Nichols enlisted Thomas Ustick Walter, a Philadelphia architect, to assist in finalizing the design of the Center Building complex. Walter had been summoned to Washington, D.C., after being named the fourth architect of the United States Capitol building, to work on the addition to the senate and house wings and rebuild the central dome. Having studied architecture under William Strickland, a popular architect of the

⁹ Devroux and Purnell Architects and Planners, *Historic Resources Management Plan* (Washington, D.C.: Government of the District of Columbia, September 1993), 17.

¹⁰ *Report of the Secretary of the Interior*, thirty-third Congress, first sess., S. doc. 35, February 21, 1854, 6.

Greek Revival style, Walter gained prominence for his design of Girard College for Orphans. A community of architects working in the Revival styles developed in Philadelphia that was influential in altering the organization, discipline methods, and architectural design of prisons. John Haviland's design of the Pennsylvania Eastern State Penitentiary in 1822 was an imposing Gothic-inspired structure with individual prison cells for inmates to reflect on their behavior. The solitary confinement prison design relied on the concept that criminals could be rehabilitated and made to see the error of their ways. Walter showed support for this reform idea in his 1835 design of the Moyamensing Prison in Philadelphia. The crenellated parapet design was derived from the English Gothic and consisted of a central administrative building affronting the street with three-story cell wings extending perpendicular. Walter's experience with the Moyamensing Prison coupled with his relocation to Washington, D.C. to supervise the United States Capitol project made him an ideal choice as the architect of the Center Building. The result of Nichols' and Walter's collaboration was a handsome Gothic Revival building complex that served as the center of hospital administration and patient treatment throughout Nichols' tenure as superintendent.

Initial Construction of the Center Building Group, 1853–1874

The initial construction of the Center Building group has been well documented through plans and perspective elevations generated by Charles Nichols and Thomas Walter, annual reports, plat maps, and existing physical evidence.

As outlined by the Kirkbride plan, the original design for the Center Building was composed of a four-story Center Building (Building 1), housing administrative facilities, with attached wings stepping down to three and two-story buildings (Figure 2). Male patients resided on the West Wing (Building 3), while female patients occupied the East Wing (Building 4).

Nichols opted to complete the project through a series of orchestrated phases of construction. In 1853, construction was started on the West Wing with the idea that, upon substantial completion, unmanageable patients would be the first admitted. The rest of the hospital could then be constructed with minimal disruption or relocation of patients. Furthermore, by completing the side wings, Nichols could ensure that additional funding would be provided by Congress until construction of the entire Center Building group was completed. In 1856, construction on the north end of the Center Building was started, followed by the East Wing in 1859.

The Center Building group was situated at the top of the bluff overlooking the United States Capitol building and positioned to take advantage of the view of Washington, D.C. The wings were orientated east-west with cross-wings and the Center Building following a north-south axis. The structure was constructed of red brick with a crenellated parapet and low-slope metal hip roof and wood coping. The building had a brick and field stone foundation brown sandstone sills, gothic inspired drip molding, string course, and water table, and iron-framed double-hung windows.

Plaster walls and ceiling with baseboard, chair rail, and picture rail were typical interior finishes. Low-hanging pendent light fixtures were mounted to plaster ceiling modillions. Wood flooring and trim were standard throughout the building; however, the species differed on each floor and within each wing. Thus, patient ward units were identified by the species of wood (i.e., ash, sycamore, beech, oak, poplar, maple, walnut, cedar, chestnut, cherry, spruce, locust, birch, cypress, elm). Interior door openings were detailed with wood panel stops and four-panel wood doors with divided-light transom. Sitting alcoves, framed by a plaster

arched opening, flanked the center of the main corridors.¹¹

The West Wing, Center Building, and East Wing were unique in their heating and ventilation system. Heating was provided by the construction of a network of pipes circulating hot water throughout the building. Two boilers were placed in the basements of the East and West Wing. This installation was believed to be the first instance of the hot water heating system applied to a building of this size in the country and was described as “exceedingly simple and once put in successful operation can be conducted by any faithful laborer who understands the figures upon a thermometer scale.”¹² A twelve foot diameter fan propelled by a twenty-four-horse power engine supplied year-round fresh air to the entire building.¹³ The forced-air was pumped into rooms through wall mounted vents. As a result of the heating system, interior hallway walls were unusually thick.

West Wing (Building 3), 1853–1856

In 1853, construction of the West Wing began as the first component of the Government Hospital for the Insane. Designed to be the outer wing of the initial Center Building complex, the structure housed white male patients considered “violent” or “excited.”

For construction purposes, the West Wing was divided into five sections correlating with the differentiation of wings and cross-wings. Section A was a four-story building, sections B and C were designed as three-story wings, while sections D and E stepped down to two stories. Construction was started at section E, the western-most section, and continued east. By February 1854, the initial \$100,000

appropriation had been designated for the acquisition of land and construction of the first three sections (E, D, and C) of the West Wing building. An additional \$22,512 was provided for the completion of the last two sections of the West Wing (sections A and B).¹⁴

That portion of the hospital now completed constitutes not far from one-third of the entire design, and contains 829,390 cubic feet. . . . The work already done has been well done, but plainly and with the strictest economy, and an estimate of the cost of continuing the work, based on the cost of what has been completed, will probably be more just and reliable than on made up of an aggregation of details.¹⁵

On January 15, 1855, the westernmost sections of the West Wing (sections C, D, and E) had been enclosed and completely furnished. The first patient, Thomas Sessford, a District of Columbia resident, was admitted into the hospital. By June 30 of that year, the patient population was 63, most of whom were District of Columbia residents transferred from one of two state facilities in Baltimore. Nearly all of the patients had chronic cases of mental illness, having been diagnosed more than a year prior to admission into St. Elizabeths. One serviceman had been admitted, a soldier of the United States Army.¹⁶ By 1856, all five sections of the West Wing building were complete and ready for occupancy of ninety patients.

It gives me great unfeigned satisfaction to be able to report that the present wing of the main hospital, a portion of which has now been finished and occupied nearly two years, has proved to be, in all essential particulars, an architecturally and mechanically sound structure, while experience in the use of this part of it has

¹¹ Interior description is based on extensive 1905 archival photo documentation (DC0070SE-P003 to DC0070SE-P018), with comparison to documented changes in the Annual Reports.

¹² 1859 *Annual Report* . 13.

¹³ Ibid.

¹⁴ Although constructed with funds appropriated for the erection of the West Wing building, Section A has historically been associated with the Center Building (Building 1).

¹⁵ 1855 *Annual Report*, 635.

¹⁶ Ibid, 629.

abundantly testified to the eminent fitness of the entire design for the convenient management of all classes of the insane.¹⁷

The West Wing was originally constructed as two wings, oriented east-west, and separated by three cross-wings, situated north-south, creating the echelon plan. The wings consisted of a central corridor that provided access to single patient rooms, attendants' quarters, dining rooms, and common areas. Stair halls were located at the north end of the cross-wings. Each floor of each wing of the building housed a different patient ward. The Gray and White Ash wards occupied the westernmost section of the West Wing while the Oak, Beech, and Sycamore wards comprised the easternmost wing.¹⁸



Figure 3. The Center Building under construction, circa 1857–1858. Source: GSA archives, image DC0066SE0P036.

Center Building (Building 1), 1856–1859

In the fall of 1856, work began on the second phase of construction on the Center Building group (Figure 3). The scope of the planned project consisted of four interconnected parts; the three-story west wing, oriented east-west, which linked to the previously completed West Wing; the north half of the four-story center

building, on a north-south axis; the adjacent three-story east wing, situated on an east-west corridor; and an eastern four-story cross-wing, running north-south. The structure was to serve as patient wards and as an administrative center for the hospital upon its completion. \$138,673 was appropriated for the construction phase.¹⁹

From the commencement of the centre and three sections of the wings now in progress the constant effort has been made to secure the most perfect mechanical execution of the work, and thereby its greater durability and beauty. Endeavoring to profit by the experience gained in the erection of the finished and occupied portions of the west wing, and by further study and observation touching the whole subject of the architecture of hospitals for the insane, I think I have been able to introduce some real improvements, both in the selection or manufacture and in the preparation and use of materials....²⁰

The Center Building phase of construction was completed in 1859. The additional space allowed for the further classification of patients by illness and separation by sex. The west wing of the newly constructed phase was a three-story structure that housed the Walnut, Maple, and Poplar wards for male patients who were of a quiet class and required less medical attention. The visitor reception area, administrative offices, and housing for the superintendent, matron, and medical staff were located in the center building. Upon completion of the Center Building, male and female patients could be further segregated. Female patients, temporarily housed in the West Wing building, were moved to the Cherry, Chestnut, and Cedar wards, located in the three-story east wing.²¹

¹⁹ 1858 *Annual Report*, 734.

²⁰ 1858 *Annual Report*, 735. Quote of Charles Nichols speaking as architectural superintendent in his annual report to Secretary of the Interior Jacob Thompson.

²¹ 1859 *Annual Report*, 889–890.

¹⁷ 1856 *Annual Report*, 1881.

¹⁸ 1860 Ground Plan.

The four-story administration building was the focal point of the Center Building complex. The main entrance was located on the north facade and marked by a five-story tower, framed by a pair of buttressed piers. A two-story octagonal oriel window with multi-light double-hung windows was centered on the facade at the third and fourth stories of the structure.²² The main entrance was centered on the first floor below the oriel bay and provided access to a vestibule and stair. The interior of the administration building consisted of a central hall with reception rooms and administrative offices on the first floor, including the matron's and superintendent's offices. Stairs in the center of the hall provided access to the second floor, which served as the library, conference room for the Board of Visitor's, and residence for the superintendent. Finally, the third and fourth floors consisted of the two-story chapel/assembly hall occupying the southern portion, as well as apartments for medical officers.

East Wing (Building 4), 1859–1860

In 1858, \$40,000 was appropriated for the construction of the East Wing of the hospital, a portion of the nearly \$80,000 estimated for its completion. In the spring of 1859, the third phase of construction commenced and included the erection of two ward wings, oriented east-west, and two cross-wings, on a north-south axis, that were connected to the east end of the Center Building phase of construction. The westernmost ward wing and cross-wing were three-story structures that stepped down to a two-story ward wing and cross-wing on the east end of the building.²³ The third phase of construction concluded the symmetrical plan of the Center Building complex as originally designed by Charles Nichols and Thomas Walter.²⁴

Upon substantial completion in 1860, the structure housed female patients. Although mechanical systems and furnishings were not complete, the plan was a mirror image of the West Wing building with patient rooms, attendants' dorms, dining rooms, and common areas accessed by a central corridor and stair halls located at the north end of the cross-wings. Although the exterior was completed, the interior remained unfinished. Heating, lighting, and furnishings were required throughout the westernmost wards of the structures.

Construction at St. Elizabeths was halted during the Civil War as the hospital tended to Union soldiers housed in tents on the property grounds (Figure 4). Mentally ill patients at St. Elizabeths were consolidated to the West Wing, Center Building, and the furnished areas of the East Wing and the Army and Navy used the remaining buildings of the west campus as hospitals until the end of the war.²⁵ President Lincoln often came to the hospital to visit sick and wounded soldiers. He stayed in a guest room on the second floor of the Center Building, on the east side of the central corridor. This was same room that was occupied at other times by Dorothea Dix.

In 1863, a structure was built to support the manufacturing of artificial limbs. Soldiers were transferred from nearby hospitals and fitted for prosthetics. They remained at the hospital until they were healed and able to use the new appendage. In 1864, the Army General Hospital ceased use of the East Wing building and the artificial limb shop was dismantled. However, it was not until October 1866, when the United States Navy Hospital in Washington, D.C. was completed, that the Navy General Hospital was

²² 1852 Lithograph of the Center Building by Thomas U. Walter.

²³ 1859 *Annual Report*, 889–890.

²⁴ 1860 *Annual Report*, 542.

²⁵ *Cultural Landscape Report*, II.9.

moved from the West Lodge (no longer extant).²⁶

Small appropriations continued to be made to extend the supply of heating, lighting, and furnishings in the East Wing and to accommodate the population of female and military patients. In 1866, the Locust ward was completed, followed by the Birch ward in 1868 and the Spruce ward in 1869.²⁷



Figure 4. Archival photograph from the southeast of the Center Building group, East Lodge, and West Lodge (no longer extant), circa 1861. Source: GSA archives, image DC0066SE0P035.

Dawes (Building 7), 1869–1871

Following the Civil War, Congressional legislation on July 13, 1866 extended medical services at St. Elizabeths to include military veterans seeking medical attention for issues of mental illness.²⁸ The change in admission policy altered the demographics of the institution. The population of St. Elizabeths increased over 10 percent per year during the early 1870s, the

majority of whom were Civil War veterans.²⁹ New patient facilities were required to keep up with the increased population and change in treatment needs.³⁰

In 1869, an appropriation of \$59,483 was made for the first addition to the Center Building complex. The Dawes building was completed in 1871 as a three-story brick building that extended from the south end of the West Wing but did not follow the initial plan for building expansion inherent in the Kirkbride plan. The exterior used a similar vocabulary of materials and details to the existing Center Building with a crenellated parapet roof, string course, and gothic inspired drip molds. However, the interior and exterior were described as “plainer” in appearance than the existing standard established by the Center Building group.³¹

The interior of the building consisted of a double-loaded corridor flanked by patient rooms, attendants’ quarters, a patient dormitory, and a central stair and sitting room. Dawes was connected to the West Wing building through a narrow enclosed corridor. The building was designed to economically provide ward facilities nearly 100 patients of the quiet and chronic class.³² At the time of the construction of Dawes,

²⁶ 1865 *Annual Report*, 828–830, and Suryabala Kanhouwa and Jorge R. Prandoni, “The Civil War and St. Elizabeths Hospital: An Untold Story of Services from the First Federal Mental Institution in the United States,” *Journal of Civil War Medicine* 9, no.1. 2005, 1–15.

²⁷ 1867, 1868, and 1869 *Annual Reports*

²⁸ *An act to extend to certain persons the privilege of admission, in certain cases, to United States Government Asylum for the Insane*, thirty-ninth Congress, first sess., July 13, 1866, 89–94.

²⁹ As a Federal mental institution, admission to the hospital following the Civil War was open to all veterans. Marked gravestones in the St. Elizabeths cemetery affirm that both Union and Confederate veterans resided in the hospital. There is no reference made in the Annual Reports indicating the separation or discourse between Union and Confederate veterans. State mental institutions, that may be more sympathetic to either the Union or Confederate cause, were another option available to military veterans. *The Army Register of Sick and Wounded at St. Elizabeths Hospital*, *Navy Register of Sick and Wounded at St. Elizabeths Hospital*, and the *St. Elizabeths Military Admission Records* provide more insight and a detailed record of patients admitted to the hospital. These can be viewed at the National Archives.

³⁰ *Cultural Landscape Report*, II.14.

³¹ 1870 *Annual Report*.

³² *Ibid*.

upper window openings along the south facade of the West Wing were infilled with brick and nearby patient dormitories were converted into dining rooms for use by the Dawes residents.

Garfield (Building 5), 1871–1872

With the rapid growth of the patient population, St. Elizabeths was confronted with issues of hospital overcrowding. Nichols continued the building campaign by requesting funds for the construction of additional structures. The Garfield building was funded in 1871 at a cost of \$37,800 (Figure 5). The three-story brick building extended from the south end of the westernmost section of the West Wing, following Kirkbride's proposed method of expansion, and housed the more violent and noisy male patients of the chronic class. Completed in 1872, the building accommodated 54 patients and was linked to the Center Building group by an enclosed narrow corridor connection with the West Wing.³³ Due to the slope of the site, the first floor of Dawes was aligned to the basement level of the West Wing.

The exterior of the structure harmonized with the existing Center Building group and had a crenellated parapet roof, corbelled cornice, rusticated water table, multi-light double-hung windows, and drip molds over second and third floor window openings. The interior of the building resembled the plan of the patient wings in the East and West Wings. Patient room, attendants' quarters, and a dining room were situated along a double-loaded corridor. Plastered archways flanked the center of the hallway and provided access to a sitting alcove.³⁴



Figure 5. View from the southwest of Garfield, showing lavatory addition, 1898. Source: GSA archives, image DC1441SE0P003.

Center Building Addition (Building 2), 1874

By 1873, appropriations were requested for an addition of the Center Building. The existing chapel/assembly hall, located on the third floor, was sized to meet the capacity of the original Center Building complex. With the construction of two additions and accommodation of African-American patients in free-standing ward buildings, the existing assembly hall was unable to contain the hospital's patient population of 600.³⁵ In 1874, additional funds were allocated for the erection of a three tiered front entry porch surrounding the projecting octagonal bay on the north facade and the expansion of the oriel window to the building's first and second floors.³⁶

The existing south wall of the Center Building was removed and a four-story brick extension was constructed. The addition extended the chapel of the Center Building by forty-five feet, nearly doubling its size. At the same time, alterations were made to extend the assembly hall stage. Administrative offices and officers' quarters were added on the floors below.³⁷ Furthermore, a fourth floor was added to the

³³ 1871 and 1872 *Annual Reports*.

³⁴ Existing physical evidence and an 1883 ground plan.

³⁵ 1873 *Annual Report*, 810.

³⁶ 1874 *Annual Report*, 775.

³⁷ 1875 *Annual Report*, 940.

west and east wings of the Center Building, providing additional space for the infirmary.³⁸

An elaborate tiered porte cochère and balconies were created on the north facade to protect the main entryway from harsh climate (Figure 6). The porte cochère extended over the first floor entrance and had a flat roof with cornice and brackets under the eave. An ornate cast iron rail was mounted onto the perimeter of the porte cochère roof. Light posts were installed at the corners of the roof on turned metal bases. Metal-framed wrap-around balconies were installed at the third and fourth floor level of the octagonal oriel bay and supported by decorative brackets. Cast-iron rails with Victorian-era fretwork were installed on the balconies. Double-hung windows in the oriel window on the third and fourth floors were removed and replaced with multi-light doors which provided access to the ornamental balconies. The same treatments were used on the newly added portions of the oriel on the building's second floor.³⁹



Figure 6. View from the north of the Center Building with porte cochère, balconies, and fourth floor additions to side wings, circa 1889. Source: GSA archives, image DC0066SE0P003.

A later addition to the Center Building, Pine (Building 6), was constructed in 1882–1884 under the superintendence of William Godding. Pine is similar to and was constructed in conjunction with the ward buildings of the Detached building group, and is discussed below together with those buildings.

Other Buildings of the Nichols Era

East Lodge/Detached Nurses Home (Building 30), 1861

The East Lodge was constructed in 1861, as a companion building to the West Lodge (1856). The two lodge structures were located south of the Center Building complex on axis with the outer corridors of the East Wing and West Wing and in symmetry with each other. The buildings were specifically designated as detached patient wards for African-American residents; males occupied the West Lodge while females resided in the East Lodge. However, during the Civil War, male patients were moved to the East Lodge while the West Lodge was used as a temporary hospital for the Navy.

Preceding the Civil War, the Eastern State Hospital in Williamsburg, Virginia, was the only state mental institution to accept African-American patients. Beginning with its establishment in 1773, the hospital had a surprisingly high admittance of both freed and slave African Americans.⁴⁰ African-American patients were integrated with white patients into the existing hospital establishment.

Despite the apparent demand for African-American mental health facilities, it was not until St. Elizabeths Hospital was opened that another public institution admitted African-American patients. Nichols original campus plan

³⁸ Existing physical evidence, 1873 and 1875 *Annual Reports*, and archival photographs from 1897.

³⁹ Archival photographs from 1897 and 1905.

⁴⁰ Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, Illinois, and Chicago: University of Illinois Press, 2002), 258–259. An accompanying graph shows that African-American patients constituted up to 15 percent of the annual admission rate with rates peaking in the 1850s.

consisted of the Central Building complex and two detached patient ward buildings for African Americans. St. Elizabeths was unique in that it provided separate facilities for African-American patients. These facilities “possessed most of the provisions of an independent hospital, inaugurates, we believe, the first and only special provisions for the suitable care of the African, when inflicted with insanity, which has yet been made in any part of the world. . . .”⁴¹ St. Elizabeths was a national example in the treatment of mentally ill African Americans following the Civil War.

The East Lodge/Detached Nurses Home was originally built as a two-story brick structure. The cross-shaped plan consisted of a double-loaded corridor with individual patient dormitory rooms, attendants’ quarters, and a dining hall. Each floor functioned as an independent ward. The design of the East Lodge/Detached Nurses Home was consistent with Superintendent Nichols’ moral treatment philosophy. Emphasis was placed on creating family units where patients and attendants lived together in a peaceful and secure environment. The concept was to reinforce the moral treatment associated with the home atmosphere, which would allow patient to focus on rehabilitation.

In 1887, as need arose to expand African-American patient services, plans were outlined for the construction of a new wing to the East Lodge/Detached Nurses Home. A new two-story brick structure was constructed to the east of the original building and linked through a two-story breezeway (Figure 7).



Figure 7. View from the west of the west structure of the East Lodge/Detached Nurses Home. The 1888 addition is in the background on the left side of the image, and Holly is on the right, 1905. This is a mirrored image. Source: GSA archives, image DC1338SE0P002.



Figure 8. View from southeast of east facade of Gatehouse No. 1, 1897. Source: GSA archive, image DC0167SEP003.

Gatehouse No. 1 (Building 21), 1874

The gatehouse was constructed in 1874 at the northwest corner of the intersection of Nichols Avenue (now Martin Luther King, Jr., Avenue) and Cedar Drive in the north half of the St. Elizabeths west campus. The gatehouse was constructed as a two-story brick structure with Eastlake motifs (Figure 8). Extending perpendicular to the south elevation of the gatehouse were two affronting brick piers, capped by a light fixture, which framed the main entry road and supported a decorative wrought iron gate. The gatehouse was constructed to monitor the flow of all pedestrian and vehicular

⁴¹ *Historic Resources Management Plan*, 54, citing the 1856 *Annual Report*.

traffic affecting the St. Elizabeths campus and served as an iconic building at the main entrance of the property.

By 1897, a small rectangular brick building with wood-framed hip roof was located to the north of the gatehouse. This building functioned as a restroom facility or comfort station.

Godding Era, 1877–1899

In 1877, William Godding assumed control of St. Elizabeths Hospital and adopted the principles of his predecessor. Through the moral treatment of patients, it was believed that mental illness could be cured. Godding encouraged the construction of small free-standing cottage buildings to promote a healthy environment and facilitate the orderly separation of growing patient groups. The change in architecture was a shift from institutional to domestic imagery in caring for the chronically ill.

During Godding's tenure, seventeen free-standing ward buildings had been constructed on the St. Elizabeths campus in five separate cottage clusters. Atkins Hall, Relief, and Home, constructed in 1878–1883, housed mild-mannered white male patients of the chronic class. The adjacent Detached Dining Hall was constructed to serve the patients housed in these three buildings. Howard Hall (1887–1892), demolished in 1960, was a walled and secured complex that contained the criminally ill. The Toner and Oakes buildings, completed between 1891 and 1895 and no longer extant, housed male epileptic patients. The Dix structures—Willow, Linden and Holly—were occupied in 1898 by female epileptic patients. The Allison Group—the last cottage complex constructed under Godding—was completed in 1899 to house aging veterans.

As development on the west campus began to expand beyond the Center Building complex, new support facilities were required to meet the growing needs. Throughout the Godding era, free-standing support buildings were constructed at the west end of the campus and clustered around the existing stables (no longer extant). Initially, a new Boiler (later Bakery, Building 46), and Bakery (later General Kitchen, Building 45) were constructed on the grounds between the Center Building group and stables. The development was soon followed by the Morgue (The Rest/Circulating Library, Building 40) and Gas House (no longer extant)

which were located directly east of the stable. The Greenhouse complex (Building 20A–H) was also begun at this time.

In the 1890s, an Engine House/Fire House (Building 41), a Tool House (Building 53), and an addition to the Laundry and Machine Shop (now known as the Construction Shops, Building 49) were built on the ravine adjacent to the stables. The Boiler House/Ice Plant (Building 52) was completed in 1892 and provided steam power for the St. Elizabeths campus. These infrastructure projects aimed at developing St. Elizabeths Hospital as a self-sufficient campus.

Detached Building Group

During the 1870s, new developments in other state and city mental institutions had successfully experimented with creating free-standing buildings to effectively separate male and female patients and provide each group with its own distinct exercise grounds.

Provisions for the treatment of the insane of each sex, in buildings and grounds entirely separate from those occupied by the other sex, have been made in the cities of Philadelphia and New York, and in the State of Michigan, and the conductors of those institutions bear the strongest testimony to the unqualified advantages of such separation.⁴²

The detached structures were clustered into small groups with each building group designed and designated for a specialized patient type.⁴³ The architecture allowed for the orderly separation of patients and maintained the peaceful family atmosphere of the ward units but without the constraints or limitations of a single large building.

Not to go farther into detail from what has been merely outlined, it will be seen how easy it is to extend this plan of detached

buildings to the decided advantage of certain classes of the insane. While the main building will remain the hospital proper, . . . the detached buildings can be better adapted in their architectural arrangements to the wants of special classes than the uniform wards of a hospital can be; as, for example, a detached building for our future erection will be a small structure built like a private house with nothing of the air or furnishings of a hospital about it, where a few convalescents waiting till their health is fully established can step out of the hospital while still under its supervision.⁴⁴



Figure 9. View of Atkins Hall (right), Relief (left), and Detached Dining Hall (background) shortly after their construction, circa 1895. Source: Image 418-H-31; Records of St. Elizabeths Hospital, Record Group 418; National Archives at College Park, College Park, Maryland.

Atkins Hall, St. Elizabeths' new patient facility, embodied the new free-standing cottage-style trend of mental institution development. In 1877, an appropriation was made for \$5,000 for construction. In 1878, additional funding of \$2,500 was provided to construct a "plain but substantial brick building."⁴⁵ Starting with Atkins Hall, new patient ward buildings were constructed as detached cottages, clustered in small groups. Each building group was designed and designated for a specialized patient type.⁴⁶ The architecture of the cottages allowed for the

⁴² 1877 *Annual Report*.

⁴³ 1938 Key Plan of Buildings.

⁴⁴ 1880 *Annual Report*.

⁴⁵ 1879 *Annual Report*.

⁴⁶ 1938 Key Plan of Buildings.

orderly separation of patients and maintained the peaceful family atmosphere of the ward units but without the constraints or limitations of a single large building (Figure 9).

The completion of Atkins Hall was soon followed by an appropriation for \$30,000 for construction of Relief (Building 32). Home (Building 36) was erected in 1884. Collectively, the three buildings formed a center courtyard, linked by exterior porches, and served white male patients. The three structures housed 500 patients and upon completion nearly tripled the capacity of the hospital.⁴⁷

Atkins Hall (Building 31), 1878

Completed in 1878, this building was the first white patient ward constructed separately from the Center Building group. The building was initially conceived as a temporary barracks; once a more suitable structure could be built, the temporary building was to be converted into workshops for patient occupational therapy.⁴⁸

Atkins Hall was constructed as a two-and-a-half-story brick structure (Figure 10). The first floor consisted of a large patient sitting room with a reception room and staff offices. The second floor consisted of the patient dormitory. Because of limited funds, window guards and other security devices were omitted from the plan. Fifty male patients, all of whom were mild mannered men employed through the hospital's occupational therapy program, were carefully selected based on their behavior and medical needs to occupy the minimum security structure in January 1879. The low security ward was considered a reward for patients as they were allowed greater personal freedoms in their daily

schedule and recreational activities. The “open-ward” experiment proved to be a success, as no patients attempted to escape and patient pride and the family atmosphere, central to the moral treatment philosophy, were enhanced.⁴⁹

In the late 1890s, it was decided to keep Atkins Hall as a patient ward facility rather than convert it into a patient therapy building as originally planned. Plans were generated for the addition of a third floor to provide a second dormitory ward, thus doubling the building's patient occupancy.⁵⁰



Figure 10. View of Atkins Hall from the west, with Relief beyond at right, circa 1896. Source: 1896 Annual Report and GSA archive, image DC1343SE0P009.

Relief (Building 32), 1879

An appropriation of \$30,000 was made in 1878 for the construction of the Relief. As its name implies, this structure was a new patient ward building commissioned to relieve the hospital of overcrowding.⁵¹ The building was situated perpendicular and in close proximity to Atkins Hall. The large new structure was to house 250

⁴⁷ *Historic Resources Management Plan*, 65–66.

⁴⁸ 1878 *Annual Report* and supported by 1880 *Annual Report*, which states that “Atkins Hall provides on the barrack plan for 65 laborers, has a liberal diet adapted to their requirements, and is as open and free as any private house. . .” In the 1898 *Annual Report*, reference is made to the structure's early existence as a temporary building.

⁴⁹ 1879 *Annual Report*.

⁵⁰ The drawing also shows a two-story piazza along the south facade of the building and wrapping around the west facade; however, this piazza was not constructed in its entirety. The drawing also does not depict the shed dormers that archival photographs indicate were a part of the original construction.

⁵¹ 1878 *Annual Report*.

patients. Most of the residents were not able to do extensive physical labor but were quiet and required minimal supervision or medical attention. Like Atkins Hall, the building was constructed without first floor window guards and was run as an “open ward,” allowing the patients liberty to enter and leave the building as needed.

Relief was constructed as a four-and-a-half-story brick center building flanked by three-and-a-half-story T-shaped wings (Figure 11). The center building provided the communal spaces, such as the sitting, dining, work, and recreation rooms for the patients, while the side wings contained patient and staff quarters. Relief was unique in that it incorporated the single-patient rooms, typical of the Center Building group, as well as large dormitory spaces, introduced by Atkins Hall.⁵² A large workroom was established on the third floor which provided opportunities for occupational therapy and employment in the industrial arts.⁵³



Figure 11. West facade of Relief prior to center wing addition, circa 1880s. Source: GSA archives, image DC1345SE0P013.

In 1894, a \$6,000 appropriation was made for the construction of an addition to the west facade of the center building of Relief. The four-story brick structure was to provide a fireproof housing for a central iron staircase as well as a sanitary tower for restroom facilities.⁵⁴

Home (Building 36), 1884

The completion of Relief was followed by the construction of Home. In the early 1880s, legislation was passed that called for the transfer of mentally ill patients from the Home for Disabled Volunteer Soldiers to St. Elizabeths. Approximately 350 war veterans were to be admitted by 1884, most of who were of the chronic class and thought to be incurable. In preparation for the new legislation, an appropriation was made in 1882 for the construction of Home to provide long-term care for 150 of the patients transferred from the National Home for Disabled Volunteer Soldiers.⁵⁵

Home was oriented on a north-south axis in close proximity to Relief, directly south of Atkins Hall. The three buildings defined a center courtyard, linked by exterior porches, and served white male patients.

Home was designed in the Italianate style as a four-story brick detached patient ward by Edward Clark, resident architect of the United States Capitol building (Figure 12). The building had a T-shaped plan with intersecting double-loaded corridors on each floor. The corridors provided access to patient rooms, dormitories, and patient support spaces and terminated into large dayrooms which provided ample natural light to the interior. Nearly one-third of the patients had single patient rooms, while the rest were housed in small dormitory rooms. Dining rooms, offices, and nurses' facilities were also located along the main corridors. Restrooms were located in an attached sanitary tower wing extending perpendicular from the west facade.

⁵² 1881 *Annual Report* and archival photographs.

⁵³ 1880 and 1881 *Annual Reports* and archival photographs. The 1881 *Annual Report* contains a plan of the building.

⁵⁴ 1894 *Annual Report*.

⁵⁵ 1883 and 1887 *Annual Reports*.

The lower floor was designated for elderly, vision-impaired, and special care patients while the second floor was designed to accommodate epileptic patients. Additional dining rooms were located on these floors to address specific needs of this patient class. Typical interior finishes consisted of plaster walls, plane wood trim around window and door openings, and Georgia pine flooring.⁵⁶

Home was constructed of unusually thick exterior walls built of two wythes of brick separated by an air space. A similar construction was also used on the interior corridor walls. The large air cavity allowed for the installation of heating and ventilation flues which facilitated the circulation and conditioning of the interior air.⁵⁷



Figure 12. View of Home and Relief buildings from the southeast, April 1897. This photograph predates the construction of wood porches linking these two buildings and the Detached Dining Hall beyond. Source: GSA archive, image DC1347SE0P015.

Detached Dining Hall (Building 33), 1885

A new dining hall was constructed in 1885 as a rectangular basilica type structure with clerestory (Figure 13). The building was situated southeast of the Center Building complex on a north-south axis and enclosed the courtyard created by the Home, Atkins, and Relief buildings. The Dining Hall was designed as the kitchen and cafeteria for the surrounding

detached ward buildings but also functioned as a campus assembly hall because it was larger than the chapel and other Center Building spaces. The two-story brick structure had two-level wood-framed porches on the north and south gable ends of the building, and contained a ground floor connection to the campus-wide service tunnel system. The open plan of the second floor dining area was a defining feature of the building. The space consisted of a central two-story hall and flanking side aisles with a proscenium arch and elevated stage on the north end. Exposed wood-trusses provided the structure for the central hall and associated clerestory. The kitchen occupied the first floor.⁵⁸



Figure 13. View from south of south elevation of Detached Dining Hall, before 1900.

In 1900, when the Detached Kitchen (Building 34) was constructed off the south end of the west elevation of the dining hall, the first floor of the Detached Dining Hall was converted into a storage space.⁵⁹

⁵⁶ 1884 *Annual Report* and archival photographs from 1905.

⁵⁷ 1884 *Annual Report*, 439 and existing physical evidence.

⁵⁸ *Historic Resources Management Plan*; 1915 *Annual Report*.

⁵⁹ *Historic Resources Management Plan*, 76.

Between 1900 and 1902, a new two-level porch addition was made to the south porch of the Dining Hall and connected it to the Home building via a covered access way.⁶⁰

Center Building Addition

Pine (Building 6), 1882–1884

Using an adapted floor plan similar to the Home building, the Pine building was constructed as an eastward addition to the Center Building group. Pine was initially identified as the Retreat in an 1884 Annual Report.⁶¹ In 1882, an appropriation was approved for construction of the two-story ward building designated to house female patients of the most disruptive and unruly class.⁶² The structure was connected through an enclosed narrow corridor to the east facade of the East Wing.

The exterior of the two-story brick structure maintained the crenellated parapet roof and Gothic Revival style characteristic of the Center Building group (Figure 14). The south and east facade featured projecting two-story octagonal bays. A fire stair was constructed on the south end of the east octagonal bay of Pine.⁶³ The building, containing the Pine and Larch wards, was oriented on a north-south axis and had a T-shaped plan identical to Home. Despite their differences in elevation, Home and Pine had similar interior finishes.

The wood finish of the halls is in ash, of the rooms in Georgia pine. The floors of the corridors are laid on fire-proof arches; the corridors themselves are subdivided into three compartments by partitions and doors of hammered glass, and at the ends they

expand into pleasant bays. Nowhere is there a dark place, and the interior light, even on a cloudy day, is almost synonymous with sunshine.⁶⁴

An original therapy room, located on the third floor of Pine, was converted into a gymnasium in 1955.⁶⁵



Figure 14. View from the north of Pine, 1899.
Source: National Archives, Record Group 418.

The Rest/Circulating Library

In 1882, construction was completed on the Rest/Circulating Library (Building 40), the first building at St. Elizabeths devoted to the scientific study of mental illness.⁶⁶ The building was situated south of the east wing of the Center Building and east of the Relief on an axis slightly askew from the rest of the campus buildings.⁶⁷

The Rest/Circulating Library was constructed as a one room deep, two-story brick structure, built

⁶⁰ Comparison of a 1900 archival photograph and a circa 1902 aerial photograph. The existence of the porch and removal of the wood brackets on both porches was verified through comparison with 1904 archival photographs.

⁶¹ Historically, the building is referred to as the Retreat or East Wing Extension although GSA has identified it as Pine.

⁶² 1882 and 1884 *Annual Reports*.

⁶³ 1898 archival photograph.

⁶⁴ 1884 *Annual Report*, 440. Existing physical evidence suggests that the fire-proof arch flooring was replaced at a later date.

⁶⁵ 1955 *Annual Report*.

⁶⁶ *Historic Resources Management Plan*, 64–65. The GSA identifies Building 40 as the Rest/Circulating Library. Archival documentation historically refers to the building as the Rest, morgue, or Pathological Laboratory.

⁶⁷ 1882 Ground Plan.

to function as the morgue, photography studio, and pathology laboratory. The morgue was located on the first floor along with a reception and funeral parlor for friends and family. The second floor consisted of the photography studio and microscopic and pathological research laboratory.

In 1881, Charles J. Guiteau shot and killed President James Garfield. Guiteau claimed he was acting under orders of a deity who had instructed him to assassinate the President for the good of the nation. The subsequent highly publicized trial proved to be a definitive moment in acceptance of the scientific study of mental illness. Leading psychiatrists, who advocated behavioral study and treatment, and neurologists, who supported the scientific study of the neurological system, disagreed over Guiteau's sanity and its possible contribution to Garfield's assassination. Dr. Godding claimed Guiteau's actions were a result of his mental illness; however, Guiteau was sentenced to death by hanging.⁶⁸

Following Guiteau's death, the autopsy was performed by Dr. D.S. Lamb and witnessed by a group of physicians, including Dr. Godding. Deviations from the normal brain structure were discovered and it was conclusively determined that Guiteau suffered from dementia paralytica, probably caused by neurological damage to the brain resulting from untreated neurosyphilis.⁶⁹

The findings of the autopsy solidified Godding's standing in the medical community but more importantly introduced a correlation between neuropathological science and clinical behavior which influenced and encouraged the

pathological study of mental illness. In 1884, Dr. I.W. Blackburn was appointed special pathologist of St. Elizabeths. Dr. Blackburn was a trained portrait artist who pursued his interest in morbid anatomy. His research consisted of the study of the human brain and body through post-mortem examination in an effort to determine the cause of mental illness.⁷⁰ While on staff at St. Elizabeths, Blackburn was a professor of morbid anatomy at Georgetown Medical School. Blackburn's study and documentation of the brain made him a pioneer in pathological science and helped establish St. Elizabeths' reputation as a leading mental health institution.⁷¹

Under Superintendent Godding, the scientific study of mental illness was initiated. Dr. Blackburn's research had placed the hospital at the forefront of pathological study in the United States. His research and documentation of the body led to a better understanding of the causes and effects of acute and chronic mental illness, malaria, epilepsy, and tuberculosis on the brain and vital organs.

The Pathological Department, headquartered in The Rest/Circulating Library, continued to grow as more pathologists came to St. Elizabeths to perform post-mortem evaluations and research. Approximately 150 autopsies were conducted at the morgue every year. The conditions of the brain and bodily organs were documented through extensive notes and photography. As a result, the photography studio, also located in The Rest/ Circulating Library, continued to expand. Large bromide photographic prints were used to study, compare, and investigate the condition of vital organs. Pathological science led to the study of other branches of biology and microbiology including histological, bacteriological, and clinical pathology. As the Pathological Department and scientific study at St. Elizabeths continued to flourish, The Rest/Circulating Library was unable to provide adequate space.

⁶⁸ Surya Kanhouwa, MD, and Kenneth Gorelick, MD, "A Century of Pathology at St. Elizabeths Hospital, Washington, D.C.," *Archives of Pathology & Laboratory Medicine*, 121, no. 1, January 1997, 84.

⁶⁹ Ibid. Citing the official report of the Guiteau autopsy from *The Medical News*. Philadelphia, Pennsylvania., July 8, 1882.

⁷⁰ Ibid.

⁷¹ 1884, 1898, 1909, and 1913 Annual Reports.

In 1898, an addition was constructed on the east side of the building to match the exterior appearance of the existing structure. This addition nearly doubled the size of the structure (Figure 15).⁷² The first floor plan of the addition consisted of a photograph gallery and one-story room with skylight. The pathologist's room comprised the second floor of the addition.⁷³



Figure 15. Photograph of The Rest/Circulating Library in 1900, after construction of the 1898 addition. The Detached Kitchen is visible at right. Source: GSA archives, image DC1456SE0P002.

In the early 1900s, plans were made to move The Rest/Circulation Library and Engine House/Fire House. Their new locations would open up the “cluttered” campus plan. In 1904, The Rest/Circulating Library was elevated onto wood railroad ties and rolled to its new location, 500 feet southwest, rotated 180 degrees, and placed on a new brick foundation. The building was oriented on axis with the Center Building.⁷⁴ Thus, the original south elevation faces north and the main entrance elevation faces east.⁷⁵

In conjunction with the moving of the structure, the interior plan of the building was altered. The first floor was designated as laboratory space and consisted of a reception room, Pathological Room, and Bacterial Room. The one-story vaulted room with skylight was converted into an operating room with a one-story brick addition that provided amphitheater seating for forty people and overlooked the operating room. The second floor housed photographic services and a small museum.

Under the leadership of Superintendent White, experimental psychologist Shepherd Ivory Franz was brought to St. Elizabeths to develop a research psychology department. Furthermore, Superintendent White was responsible for introducing psychotherapy, based on Carl Jung's theory of psychoanalysis, to the United States. The success of psychotherapy led to the appointment of Edward Kempf as the hospital's first clinical psychiatrist in 1908. Kempf went on to publish the results of his pioneering psychoanalytic study of schizophrenia in *Psychopathology* in 1920. George Foster introduced hydrotherapy techniques in the treatment and study of mental illness in 1909. His work was found to reduce the need for mechanical restraints on patients. During the first half of the twentieth century, St. Elizabeths Hospital became a leading research and clinical application institution in the United States. As a result of the exponential growth of the medical science department, the Pathological Department soon outgrew The Rest/Circulating Library building. Plans were made for the construction of a new Pathological Laboratory. In 1920, an appropriation of \$100,000 was made for the construction of the Blackburn Laboratories, named in honor of Dr. Blackburn, who had retired in 1911, on the east campus. The new building would house the autopsy room, morgue, pathological, histological, bacteriological, and photography laboratories, which had gradually spread to other buildings throughout the west campus.⁷⁶ The new

⁷² 1898 *Annual Report*.

⁷³ 1898 Construction documents.

⁷⁴ 1905 archival photograph of the event. The *Historic Resources Management Plan* gives a 1902 date for relocation of the building.

⁷⁵ The south elevation refers to the labeling of elevations on the 1898 construction documents.

⁷⁶ 1920 *Annual Report*.

laboratory was completed in 1923, at which time it was decided that The Rest/Circulating Library would be converted into a hospital museum.⁷⁷

By 1928, the first floor of the Rest was designated as a circulating library for patient recreational use. The upper floor contained a museum with exhibits pertaining to the hospital and its history and scientific achievements.⁷⁸

Dix Group and Burroughs Cottage

In 1892, a \$75,000 appropriation was requested for the development of accommodations specific to the needs of epileptic patients. A year later construction began on Linden and Holly, the first of the epileptic pavilions and designed to house white female patients. Following their completion and occupancy in 1895 construction was begun on Willow. Collectively, the cottages for epileptic patients were referred to as the Dix buildings in honor of influential mental health activist Dorothea Lynde Dix.⁷⁹ The structures were located near the east end of the Center Building group and associated by period of construction, architectural style, and wide wrap-around porches. The buildings were designed to house female epileptic patients and incorporated rounded interior walls and slatted doors to protect and monitor patients. The ward staff provided continuous care for high-needs patients.

Linden (Building 28) and Holly (Building 29), 1893

Linden and Holly, both constructed in 1893, were directly linked through their porches and complementary plans (Figure 16). Using the cottage plan, epileptic patients, who required

additional nursing care and whose illness was considered disruptive to the peace and recovery of the other patients, could be given the seclusion and care they needed. As free-standing, residential-scale structures, the cottage buildings provided a domestic setting for patients. The interior space provided a communal sitting area as well as individual dormitory rooms for patients and resident staff. The scale of the buildings also allowed patient groups to be divided into small wards based on their mental condition. Furthermore, the design provided deep sun porches that extended the ward space while providing a healthy and controlled environment.⁸⁰

Linden was situated north of Holly and south of the east wing of the Center Building complex. The two-story brick building was designed in the Italian Renaissance Revival style. A one-story wood-framed porch wrapped around the east, south, and west facades and connected with a porch from the neighboring Holly building.

The first floor plan consisted of the dining room, sitting, room, and bath room, while the second floor housed individual patient rooms. Efforts were made to protect and monitor the patient population by rounding the interior plaster corners and furnishing slatted wood interior doors.⁸¹

Holly was situated north of the East Lodge/Detached Nurses Home (Building 30) and south of Linden. The two-story brick building was designed in the Italian Renaissance Revival style and features a three-story pyramidal-roofed brick tower and wood-framed porches. The east porch connects to the Linden building. The first floor plan consisted of public spaces, including a sitting room and dining

⁷⁷ 1923 *Annual Report: Subdivision of the Laboratories*.

⁷⁸ 1928 and 1929 *Annual Reports*.

⁷⁹ In historical resources, Willow was also referred to as Dix No. 3 or the Retreat Annex. Holly and Linden were also known as Dix No. 1 and Dix. No. 2, respectively. While appropriations were being sought, the new patient facilities were referred to as the epileptic pavilions.

⁸⁰ *Historic Resources Management Plan*, 61-62; 1893 *Annual Report*, 18.

⁸¹ 1893 *Annual Report*; 1993 *Historic Resources Management Plan*, 61-62. Existing physical evidence suggests the building was constructed according to 1893 plans.

room, while the second floor contained patient and resident staff rooms along the south wall and an arcaded patient dormitory to the north. The north wing of the building housed the lavatories.⁸² Efforts were made to protect and monitor the patient population by rounding the interior plaster corners and furnishing slatted wood interior doors.⁸³



Figure 16. View from the northwest of Linden (left) and Holly (right), circa 1900. The East Lodge /Detached Nurses Home is visible in the background. Source: GSA archives, image DC0148SE0P003.



Figure 17. View of Willow shortly after its construction, circa 1900. Source: GSA archive, image DC0148SE0P002.

⁸² 1893 *Annual Report, Historic Resources Management Plan*, 1993, 61–62; 1945 Public Building Administration survey.

⁸³ 1893 *Annual Report, 1993 Historic Resources Management Plan*, 61–62. Existing physical evidence suggests the building was constructed according to 1893 plans.

Willow (Building 8), 1895

Following completion of Linden and Holly construction was begun on Willow, designated as a pavilion for African-American female patients.⁸⁴ Willow was situated east of Pine (Building 6), a part of the Center Building complex. The three-story brick building was designed in the Italian Renaissance Revival with wood-framed porches (Figure 17). A tunnel was constructed perpendicular from the south end of the west facade and linked the basement of Willow to the basement of Pine.⁸⁵

Burroughs Cottage (Building 18), 1891

Although privately financed and separated from the detached building structures, Burroughs Cottage was a part of Superintendent Godding's cottage philosophy of development. The building followed the same design principles as the detached buildings and focused on creating a curative environment for patients.

In 1886, Sarah C. Burrows was admitted into St. Elizabeths.⁸⁶ Miss Burrows came from an affluent Washington, D.C., family.⁸⁷ Concerned for her daughter's future care and security, Mrs. C. Z. Burrows financed the construction of a cottage on the St. Elizabeths west campus to house Miss Burrows and other female patients from affluent families. The structure, later referred to as Burroughs Cottage, was situated northeast of the Center Building group—the only patient ward building located north of the Center Building—on the bluff overlooking

⁸⁴ 1892, 1893, 1895, and 1898 *Annual Reports*.

⁸⁵ 1895 and 1899 Ground plans obtained from *Annual Reports* indicates the existence of an above ground link between Pine and Willow. An archival photograph, circa 1909–1924, taken by the National Photo Company and existing physical evidence support the inclusion of the enclosed tunnel as part of the initial construction.

⁸⁶ 1886 *Annual Report*.

⁸⁷ It was customary for more affluent families to contribute financially to medical care for their relatives. The \$130 funding for Miss Burrows was on the higher end of contributions made to the hospital.

Washington, D.C.⁸⁸ It was the only privately-funded building on the St. Elizabeths campus.

Burroughs Cottage was constructed as a two-story brick structure with a two-story wood-framed porch on the north and west facades and a one-story porch along the south facade (Figure 18).⁸⁹ The plan of the building included a main hall with an enclosed central stair.⁹⁰



Figure 18. View from southwest of Burroughs Cottage, circa 1897. Source: GSA archive, image DC1447SE0P004.

Upon Sarah C. Burrows' death, in 1917, ownership of the cottage was transferred to the United States Government. An extensive renovation was made to Burroughs Cottage to convert it to a staff residence for married couples who worked at the hospital. Many of the men were enlisted in the military and had been

detailed to hospital security while their wives were employed by the institution.⁹¹ By 1926, Arthur P. Noyes, the First Assistant Physician, and his family occupied the building. It remained a physician's residence throughout the superintendency of William White.

Allison Group

The Allison Group is a group of four pavilions constructed around a small courtyard and connected by their deep piazzas (Figure 19). The buildings housed the aging population of white male Civil War veterans. Because of the restricted mobility and chronic health problems of the patients assigned to the Allison buildings, the piazzas were designed to provide a suitable outdoor environment. There was an equal amount of porch space as interior dormitory space and beds could be rolled onto the piazzas through the wide doorways. The Allison building complex was located near the perimeter of the St. Elizabeths west campus grounds and was connected to the Relief and Home buildings. The four pavilions were built without provisions for security, as this was deemed unnecessary. Construction was completed in 1899 at a cost of \$82,144.⁹² A wood fence was constructed around the Allison group and its surrounding landscaped grounds. Allison A was the entrance building for the complex, thus the building affronted the street and housed office and reception rooms for visitors and staff.

⁸⁸ GSA and St. Elizabeths Hospital currently refer to Building 18 as Burroughs Cottage, however; the Burrows family financed the construction and initially resided in structure. Early archival information (1884-1899) lists the family name as Burrows but reference is also made to Barrows and Borrows. In post-1910s archival information, the structure is referred to as the Burrows, Burrow's, Burrough's, and Burroughs Cottage.

⁸⁹ The appearance of the south porch is undocumented; however, a 1923 drawing of the south elevation indicates that it was a wood-framed structure with balustrade.

⁹⁰ 1923 plans of the building drawn by a patient.

⁹¹ 1918 *Annual Report*.

⁹² *Historic Resources Management Plan*, 63-64; 1898 *Annual Report*, 18; *Investigation of St. Elizabeths Hospital*. The Sixty-ninth Congress, second edition. House of Representatives. Letter from the Comptroller General of the United States, July 1, 1926, 62-64.



Figure 19. View of the Allison group from the north, nearing completion, September 20, 1898. Source: GSA archive, image DC1450SE0P002.

Allison A (Building 25), 1899

Allison A was constructed as a three-story, brick structure designed in the Italianate Revival style, with three-story wood-framed porches along the north and south facades.⁹³ The first floor was comprised of offices, while the upper floors were reserved for physician apartments.⁹⁴

Allison B (Building 26), 1899

Allison B was constructed as a two-story, brick structure, designed in the Italianate Revival style. A two-story, wood-framed, wrap-around sun porch enveloped the structure. The brick building and wood-framed porch were unified under a single slate hip roof.⁹⁵

The east wing consisted of an open dormitory space while the west wing housed the lavatory facilities, a storage area, and a cast iron staircase. The basement floor was used as dry storage for patient baggage and provided access to food and steam pipe tunnels.⁹⁶

Allison C (Building 24), 1899

Allison C was constructed as a two-story, brick structure, designed in the Italianate Revival style with flanking towers on the northeast and southwest corners linked by a two-story, wood-

framed, wrap-around sun porch. The brick building and wood-framed porches were unified under a single slate hip roof.⁹⁷

The central core contained open dormitory space. The southwest tower housed the main cast iron staircase while the lavatory and plumbing facilities were located in the northeast tower.⁹⁸

Allison D (Building 23), 1899

Allison D was constructed as a three-story, brick structure, designed in the Italianate Revival style (Figure 20). A two-story, wood-framed, wrap-around sun porch enveloped the entire structure. The brick building and wood-framed piazzas were unified under a single slate hip..⁹⁹

The plan was composed of a central core consisting of the main entrance and stair, office space, and lavatory with an open dormitory space beyond. The first floor interior had an open plan for use as a patient dormitory.¹⁰⁰

As part of the original construction of the Allison Group, an L-shaped wood-framed porch supported on brick piers was constructed along the west elevation of Allison B and extended perpendicular towards the Relief. The covered porch connected the Allison group to the remaining buildings of the Detached department including Atkins Hall. Covered access extended to the Detached Dining Hall (Building 33) where patient meals were served.

⁹³ Archival photographs from 1898.

⁹⁴ 1895 Annual Report.

⁹⁵ Public Building Administration, *Report by the Public Building Administration* (Washington, D.C.: GPO, 1945), Allison B survey sheet.

⁹⁶ 1895 Annual Report.

⁹⁷ Archival photographs from 1905.

⁹⁸ Ibid.

⁹⁹ 1905 Archival photographs.

¹⁰⁰ Ibid.



Figure 20. View from the southeast of Allison D with Allison C in the background, 1900. Source: GSA archives, image DC0074SE0P003.

Goddling-Era Support Buildings

Construction Shops (Building 49), 1899

Although typically given a date of 1899, when major additions were made to the Construction Shops, the building actually developed over several decades. A support building, a portion of which remains as part of the Construction Shops structure, was constructed in 1856 as a detached structure that served the Center Building complex. This brick building was constructed south of the Center Building complex to house the laundry, fuel, and mechanical facilities. Initially known as the Machinery building, this structure housed laundry facilities on its second floor and was also known as the Laundry Exchange.¹⁰¹

In 1878 major additions were made to the Laundry Exchange complex. A second floor with finished attic and gable roof was added to portions of the Laundry Exchange. Furthermore, two wings were constructed perpendicular from the west facade of the Laundry Exchange. A

two-and-a-half-story brick structure with gable roof, used as a Sewing Room, was constructed along the north end of the Laundry Exchange.¹⁰² A one-story brick Carpenter Shop extended from the center of the west facade and was connected to a one-story shed roof structure, which wrapped around the southwest corner of the building.¹⁰³ The new construction doubled the existing laundry facility and also provided housing for female employees.¹⁰⁴

In 1899, two connected brick structures were constructed to function as the general laundry facility (General Laundry): a two-story flat-roofed structure, referred to as the North General Laundry, and a three-and-one-half-story gable-roofed structure referred to as East General Laundry (Figure 21).¹⁰⁵

In 1902, the employee housing area in the Laundry Exchange was converted into a ward for forty female African-American patients. The patients worked in the laundry facility as part of their occupational therapy.¹⁰⁶ In 1905, one-story, flat-roofed brick structures were added, referred to as the South Addition and the East

¹⁰¹ A circa 1860 drawing identifies the building as the “Wash, Gas, and Engine House.” An 1860 Ground Plan designed by C.H. Nichols and signed by Thomas U. Walter and President James Buchanan delineates the plan of the structure and refers to it as the “Machinery” building. Throughout its history, the structure has had many different functions and is referred to by various names such as the Center Lodge, Laundry Exchange, and Upholstery Shop.

¹⁰² The “Sewing Room” is the name given to the north wing of the building by the 1938 plat map.

¹⁰³ Comparison of 1873 and 1883 Ground Plan and corroborated by archival photographs from 1928.

¹⁰⁴ The 1879 *Annual Report*, 12. Report notes that “.... the old laundry has been greatly enlarged and almost wholly remodeled By the addition of a second story good accommodations have been provided for the women employed in this work. . . .” The structure was converted into a Carpenter Shop at a later date. And the *Cultural Landscape Report*.

¹⁰⁵ Date of construction derived from 1900 archival photograph and 1899 Ground Plan. Appearance of building derived from 1900 archival photograph, 1922 archival aerial photograph, and existing physical evidence.

¹⁰⁶ 1902 *Annual Report*, 12.

Addition.¹⁰⁷ A brick structure with a wood-framed roof, the Shed Addition, was constructed in 1913.¹⁰⁸ In 1929, a one-story brick addition, the Wash Room Annex, was constructed.¹⁰⁹

Upon completion of the Warehouse/Laundry/Annex (Building 118/118A) in 1952, laundry operations at the Construction Shops ceased and the building was converted into carpenter, cabinet, mattress, and various construction shops. The sewing room, the two north units of the Laundry Exchange, and large portions of the Carpenter Shop were demolished by 1956.



Figure 21. View from the southeast of the General Laundry addition as it appeared shortly after completion in 1899. Source: GSA archive, image DC1472SE0P205.

¹⁰⁷ 1905 *Annual Report*, , 8; the 1993 Historic Resources Management Plan, building inventory also indicates that an addition was made to the Laundry building. Both portions of the structure are similar in design making it likely they were built at the same time.

¹⁰⁸ Based on the date “10/25/1913” inscribed in the concrete floor just inside the door.

¹⁰⁹ 1929 *Annual Report*.

Bakery (Building 46), 1878

In 1878, construction was completed on the Bakery south of the west wing of the Center Building (Figure 22). The Bakery, like the laundry facility (currently known as the Construction Shops), was a detached building that served the Center Building complex and encompassed many of the design principles outlined by Kirkbride in his publication *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*.

As a general rule, all these operations [washing, drying, ironing, and baking] should be conducted in a building entirely detached from the main structure, and at least one hundred feet from it. Under some peculiar circumstances, the baking and ironing may be carried on in the hospital building, but ordinarily it will be desirable that they should be provided for in the position first suggested. The washing and drying of clothes should never be done in the hospital.

The detached building should be not less than forty feet by fifty feet, and two stories high. . . .

On the first floor of this building in front, may be placed the bake-house, baker’s store-room, and a stairway leading to the chambers of the baker, engineer, and firemen in the second story. . . .¹¹⁰

The brick Bakery incorporated a fire-proof basement area that provided a smoking room for preserving food and a storage facility for paints and oils. The first floor was the bakery area. It offered space for storage of flour and other baking materials and a Vale’s octagonal rotary oven clad in porcelain tiles. The second floor of the building provided housing for employees of the bakery as well as laborers of the hospital

¹¹⁰ Thomas S. Kirkbride, *On the Construction, Organization, and General Arrangement of Hospitals for the Insane* (Philadelphia: J.B. Lippencott & Co., 1880).

farm.¹¹¹ Upon completion of the detached bakery building, bakery facilities were relocated from the basement of the east wing of the Center Building.¹¹²



Figure 22. View of the original Bakery building (right side of image) with covered breezeway connecting to the West Wing (Building 3), 1898. Note ventilation stack on roof of 1878 portion of the Bakery. Source: GSA archives, image DC1458SE0P004.

General Kitchen (Building 45), 1883

In 1882, an \$8,500 appropriation was requested for construction of a detached kitchen to support equipment for roasting, steaming, and general food preparation. The existing kitchen, located in the basement of the Center Building, was to be relocated. As described in the 1882 *Annual Report*:

The increased number of inmates renders the erection of detached buildings for the culinary department an absolute necessity. The freedom from the odors of cooking throughout the building, and the absence of the tropic heat hitherto generated in the offices situated directly over the present kitchen, will be felt as a relief.¹¹³

When construction was completed on the General Kitchen in 1883, it consisted of two

two-story brick buildings, a north and west wing, situated perpendicular to each other and connected through a corridor (Figure 23). The interiors of the buildings had exposed truss ceilings. The north wing of the new structure was directly connected to the south side of the Bakery and housed the kitchen facilities. The west wing housed kitchen support and storage facilities on the first floor. An employee dining hall and residence for the culinary department were located on the second floor.¹¹⁴

At the first floor level, the north and west wings were connected by a one-story brick building located at the juncture of the two buildings.¹¹⁵ As described in the 1884 *Annual Report*:

The new kitchen, in a building that adjoins the bakery, is a large room 65 by 45 feet, and furnished with the latest appliances and lit by skylights, it affords a pleasant contrast to the one left behind in the basement, and relieves the center building of much of the heat and odor of the cooking. In an adjoining portion of the building are large dining halls for the outside help, with convenient lodging rooms for those employed in the culinary department, while below are storerooms, milk room, meat room, and scullery. A covered way affords a passage, with track for the food car, to the main building, while a longer brick arch becomes the subterranean avenue to the dining hall of the detached buildings.¹¹⁶

A network of metal rail ties led through all floors of the building to provide access for food carts.¹¹⁷ The food carts allowed for efficient transport of the meals to the surrounding west campus buildings. Upon completion of the General Kitchen, facilities were relocated from the basement of the Center Building.¹¹⁸

¹¹⁴ 1898 archival photograph.

¹¹⁵ This rectangular volume also appears in the 1899 site plan as part of the footprint of the building. It is assumed it was part of the original construction.

¹¹⁶ 1884 *Annual Report*.

¹¹⁷ 1896 archival photograph.

¹¹⁸ 1884 *Annual Report*.

¹¹¹ 1878 *Annual Report*.

¹¹² 1879 *Annual Report*.

¹¹³ 1882 *Annual Report*.

When originally constructed, the General Kitchen was considered exceedingly large to support the 942 patients housed on campus. However, by 1889, the population of the hospital had reached 1,400 persons and it was necessary to expand the kitchen to meet the growing demand. A \$5,000 appropriation was granted for an addition to the General Kitchen to service the patient population adequately.¹¹⁹ In 1892, the two-story with basement brick addition with slate tile hip roof was completed.



Figure 23. The west elevation of the General Kitchen, 1898. Source: GSA archives, image DC1336SE0P002.

Old Storeroom (Building 44), 1900

As a part of the campus improvement and expansion in the years around 1900, the Boiler House, constructed in 1878 as a one-story stucco building with hip roof and central vent hood, was razed. In its place, the Old Storeroom (Building 44) was constructed as a detached building immediately south of the General Kitchen (Figure 24). The storage facility augmented storage needs in the General Kitchen and Bakery.

As part of the construction of the three-story brick storeroom, connecting links were built between the Storeroom and the General Kitchen at the second floor level.¹²⁰

¹¹⁹ 1889 *Annual Report*.

¹²⁰ 1905 archival photograph.

The top floor was used as a male workroom for tailoring at the east end, a dry goods and clothing storage area in the center, and a female workroom for sewing at the west end.¹²¹ The second floor was used for pasteurization of dairy and storage of meat products, as well as storage for light groceries. The first floor contained electrical equipment, an ice room, and salt storage, as well as storage for heavy groceries and paints.¹²²



Figure 24. View across the circular reservoir of the east elevation of the Old Storeroom (on the left) and General Kitchen (on the right), 1905. Source: GSA archives, image DC1458SE0P002.

Greenhouses (Buildings 20A–H), 1892–1891

Between 1892 and 1961, a series of greenhouses were constructed at the northeast corner of the St. Elizabeths west campus, just north of Gatehouse No. 1 (Figure 25). Gardening was considered a relaxing type of work therapy that would provide a source of activity and responsibility for patients, thus facilitating rehabilitation. Furthermore, the fruits of their labor provided much of the hospital's food

¹²¹ 1901 *Annual Report*, 9–10.

¹²² Plans included in the 1899 *Annual Report*. The original plans indicated that the north and south elevations were to contain eight windows at each floor level. Archival photographs and existing physical evidence suggests that the building was constructed with nine windows per floor. Furthermore, the original documents indicate that the building was to have a hip roof but archival photographs suggest that a parapet roof was constructed.

supply. Every year, large quantities of produce were harvested from the greenhouses, orchards, and surrounding farmlands maintained by the patients and staff of St. Elizabeths.

The Lower Carnation House (Building 20G) was the first existing documented greenhouse built on the site. The structure had a U-shaped plan consisting of two parallel greenhouses linked by a wood-framed tool house. Construction of the east wing of the Lower Carnation House started between 1892 and 1897. By 1903, the rest of the Lower Carnation House was constructed. Between 1898 and 1903, the Rose House (Building 20C) was constructed. The metal-framed structure with brick foundation was positioned to the west and perpendicular to the Lower Carnation House.



Figure 25. View from the south of the Greenhouses as seen in 1903. The Lower Carnation House and Head House are on the right, while the Rose House is on the far left. A greenhouse that is no longer present can be seen in the middle of the photograph. Source: GSA archives, image DC1449SE0P004.

In 1914, the Palm House (Building 20H) was built as a metal-framed structure with concrete foundation on the site of a previously constructed greenhouse. The stone foundation of the previous greenhouse remained and served as a half wall that surrounded the new structure.

By 1925, the concrete Propagation House (Building 20D) was constructed north of the Rose House. Greenhouse 20E (Building 20E) was erected north of the Propagation House between the years 1945 and 1955, while the

Greenhouse Office (Building 20F) was built along the north wall of the property between the years of 1955 and 1964.

The last greenhouses— Greenhouse 20A and Greenhouse 20B (Buildings 20A and 20B) – were constructed at the south end of the Greenhouse cluster and were built between 1968 and 1985.

Engine House/Fire House (Building 41), 1891

During the nineteenth century, St. Elizabeths was plagued by a series of major fires that resulted in loss of life. Original fire fighting systems located in the Center Building group were inadequate for the needs of the expanding campus of detached buildings. Furthermore, because of the remote location of St. Elizabeths, the nearest Washington, D.C., Fire Department facility was more than two miles away. In 1888, Superintendent Godding requested appropriations for a fire engine and engine house that would be staffed by hospital workers.¹²³ Construction of the Engine House was completed in 1893. The two-story load-bearing brick structure was situated on axis with the Center Building and Atkins Hall.¹²⁴ The Italianate style structure featured a five-story brick tower at the northeast corner of the building, with clocks mounted on each facade (Figure 26).¹²⁵

The first floor of the structure consisted primarily of an open plan with a large vehicle storage area. The second floor housed living quarters for the chief engineer and a reading room for hospital employees.¹²⁶

In 1904, the Engine House/Fire House was elevated onto wood supports and rolled to a new location, 200 feet southwest, and placed on a new concrete slab foundation. The building was

¹²³ *Historic Resources Management Plan*, 66–67.

¹²⁴ *Ibid.*

¹²⁵ *Historic Resources Management Plan*, 66–67 and archival photographs from 1900 and 1905.

¹²⁶ *1890 Annual Report*, 279–280.

still oriented on the same axis as the Center Building; however, was situated in close proximity to the Laundry Exchange (a part of Construction Shops) and the newly relocated Rest/Circulating Library.¹²⁷ The south vehicle entrance was no longer used as a means of access, suggesting that horse-drawn equipment was no longer extensively used at this time.



Figure 26. A view from the northwest of the Engine House/Fire House in 1899. Source: GSA archives, image DC1457SE0P005.

Boiler House/Ice Plant (Building 52), 1892

A new Boiler House was constructed in 1892 within the ravine south of the Center Building at the eastern edge of Ash Street (Figure 27). The building initially functioned as the boiler plant, providing steam for heat and cooking to the campus buildings. At the time of its construction, electricity for incandescent lighting was being installed at the campus.¹²⁸

The building was constructed in as a one-story random ashlar stone building with wood framed

slate tile dormered gable roof.¹²⁹ A 152-foot-tall brick chimney was constructed on a stone foundation north of the main boiler house structure.¹³⁰ The northern half of the building contained the boilers.¹³¹

In 1904, construction started on a new Power House (Building 56). When the Power House was expanded by the addition of a new boiler house (Building 57) in 1910, all heating and electrical operations were centralized. As a result, the Boiler House/Ice Plant ceased functioning as a boiler house in the 1910s.¹³² The building was expanded in 1917 to be used as an icehouse.¹³³ During the conversion of the building the masonry chimney was significantly shortened.¹³⁴

¹²⁹ Assumptions regarding the building materials were drawn from 1890 construction documents, the 1945 Building Survey, and existing physical conditions.

¹³⁰ The 1890 construction documents and an 1897 archival photograph show the masonry chimney. Later photographs and drawings show a much shorter masonry tower.

¹³¹ Observations made based on 1897 archival photograph of the building interior.

¹³² 1938 *Plan of Buildings and Historic Resources Management Plan*, 67, citing the *Annual Report of 1910* and the *Cultural Landscape Report*, IV.12. The exact date at which boiler operations were halted is unknown.

¹³³ 1916–1917 *Annual Report*, 15.

¹³⁴ Observations made based on 1935 archival photograph.

¹²⁷ 1905 *Annual Report* and archival photographs documenting the move.

¹²⁸ 1938 *Plan of Buildings and Historic Resources Management Plan*, 67.



Figure 27. Interior view of the Boiler House/Ice Plant, 1897. Source: GSA archives, image DC0100SE0P002.

Tool House (Building 53), 1895

The Tool House was constructed between 1895 and 1897 on the west side of the campus near Howard Hall (no longer extant). The building was a one-and-a-half story utilitarian wood-framed structure (Figure 28).¹³⁵



Figure 28. View from the northeast of the Tool House as seen in 1897. Source: GSA archives, image DC1462SE0P002.

Other Buildings

In 1895, a Pumping Station (no longer extant) was constructed at the far northwest corner of the west campus. The station was strategically placed on the low-lying land close to the wharf and along the railroad. The Pumping Station assisted in the removal of sewage from the hospital and was produced hydroelectric power to the campus to augment the steam energy provided by the Boiler Plant (no longer extant) and Boiler House/Ice Plant. Even after completion of the Power House in 1904, the Pumping Station remained a source of energy for the campus for many years.

¹³⁵ *Historic Resources Management Plan*, 72; 1897 Historic Photograph.

Richardson Era, 1899–1903

When Alonzo Richardson became superintendent in 1899, St. Elizabeths Hospital was expanding rapidly. The population of Civil War veterans was aging and requiring the services of the federal government hospital.

The lack of adequate infrastructure was directly affecting the health of patients and staff. The tunnel and sewer systems were deteriorating and inadequate to meet the needs of the growing campus. In 1900, a 50 foot portion of the tunnel system, extending from the Boiler House/Ice Plant under the laundry (now the Construction Shops), caved in and compromised the structural integrity of the laundry building. Considerable work was required to prevent the building's collapse.¹³⁶ By October 1900, a new sewer line was completed that improved discharge of waste to the Anacostia River.¹³⁷

In 1899, Superintendent Richardson addressed Congress regarding his concerns about conditions at St. Elizabeths Hospital and outlined a plan for an extensive and important building campaign that would provide adequate space for patients and staff and improve the hospital's infrastructure. Congress responded by approving the Sundry Civils appropriations acts, which allocated \$1,500,000 for the expansion of the Government Hospital for the Insane to house 1,000 patients and 200 employees through the construction of fifteen new buildings.¹³⁸ Funds were provided for eleven patient ward pavilions, a new administration building; and a nurses' home—this group of buildings is collectively referred to as the “lettered” buildings due to their alphabetical monograms. In addition, a power house and kitchen building were included in the

initial appropriations for the Richardson-era expansion.¹³⁹

Superintendent Richardson invited landscape architect Frederick Law Olmsted, Jr., to visit the site. Olmsted provided written recommendations and a conceptual site plan to help guide the planning of the campus expansion. The existing site plan was generally organized on an axis/cross-axis in relation to the Center Building. This spatial layout minimized the required infrastructure and maximized the surrounding usable farmland. Olmsted felt the site was cluttered and favored a more picturesque landscape in which the buildings were organized by function, took advantage of their natural setting, and were connected by meandering roads and paths.¹⁴⁰ As designed by Shepley, Rutan and Coolidge Architects, the site plan for the expansion included a formal arrangement of buildings, each placed in a campus-like setting around a central green space. The open spaces included Olmsted-inspired curvilinear roadways and walking paths. Most of the buildings were aligned on a north-south axis, although the Q Building (Building 68) and Power House followed a linear axis that responded to the topography of the site.

Lettered Group

The services of Boston-based firm Shepley, Rutan and Coolidge Architects were retained on February 5, 1901, for the design of the fifteen buildings for which appropriations had been made. The eleven patient pavilions were the first to be designed and constructed. Progress soon followed on the A Building, built to replace the aging and inadequate facilities of the Center Building.

¹³⁶ Ibid.. IV.2

¹³⁷ Ibid.. IV.3

¹³⁸ Sixty-ninth Congress, 2nd Session, House of Representatives, *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, (Washington, D.C.: GPO, July 1, 1926), 68.

¹³⁹ *Hearings before the Committee on Rules of the House of Representatives on House Resolution 12 to Investigate the Government Hospital for the Insane in the District of Columbia* (Washington, D.C.: Government Printing Office, 1911), 7.

¹⁴⁰ *Cultural Landscape Report*. IV. 3– IV.4

Shepley, Rutan, and Coolidge was the successor firm organized by the partners of Henry Hobson Richardson after his death in 1886. By the early 1900s, the firm had begun designing buildings in a more eclectic mix of historic styles. The most prominent style used by the firm at this time was the Renaissance Revival. The Renaissance Revival was typified by characteristics of the Renaissance style such as symmetrical facades, the use of the classical orders, and low-pitched or flat roofs with large overhanging eaves, often with bracketed cornices.

The Shepley, Rutan and Coolidge design for St. Elizabeths was unique in that it incorporated piazzas into the structure rather than constructing attached wood-framed porches. The expansive piazzas were partially enclosed, and the area of the piazzas exceeded that of the large interior sitting rooms to which they were attached. The piazzas, porticos, and terraces were used to help identify interior functions and to distinguish hierarchy among the lettered buildings.

The E Building (Building 69), which was designed as a residence for staff nurses, featured a small one-story main entrance portico. Buildings that functioned as patient ward facilities—the J (Building 60), L (Building 64), K (Building 66), M (Building 72), I (Building 95, east campus), N (Building 94, east campus), P (Building 100, east campus), and R (Building 89, east campus) buildings—had one-story piazzas that flanked the building and a small entrance portico. The Q Building also served as a patient pavilion; however, it catered to patients who required extensive medical attention. This unique patient pavilion had two-story piazzas and a small portico. The B (Building 75) and C (Building 73) buildings received new patients and contained medical support facilities. These more prominent structures had two-story piazzas at either end of the building as well as a main entrance terrace. The A Building housed administrative and medical offices including the superintendent's office. It was considered the most important of the lettered building group

and was denoted by a three-story colonnaded front entrance portico.

Seven of the eleven patient pavilions (Buildings J, L, K, E, M, B, and C), the A Building, and the Q Building (which functioned as a residence for nurses) were situated on the south end of the west campus along a paved, looped road that encompassed a broad manicured lawn. The remaining four lettered buildings were located on the St. Elizabeths east campus. All of the lettered buildings were constructed simultaneously and featured exterior detailing of corbelled brick and buff Ohio sandstone, and a Conosera clay tile roof manufactured by the Celadon Terra Cotta Company. The interior space was finished with yellow pine flooring, portland cement, and lime plaster walls with white lead linseed oil paint, cast iron staircases, wrought iron balconies, and 4 inch terra cotta tile partition walls.¹⁴¹

A (Administration) Building (Building 74), 1904

The A Building was designed as a multi-story brick cottage structure in the Italian Renaissance Revival style (Figure 29). The cottage plan had been used at St. Elizabeths Hospital since 1878, with the construction of the Atkins Hall. The plan was developed to promote a home-like atmosphere and provide a supportive and nurturing environment. The cottage form was adapted for use as an administrative building. Although the building did not have the characteristic patient dormitories and wide piazzas of the ward buildings, it did contain large communal spaces. Its close proximity to patient ward buildings and direct connection, through a colonnaded breezeway, created a sense of community with the surrounding structures.

¹⁴¹ 1901 Specifications for the eleven patient pavilions.

As the new administrative center, the building incorporated office space for the superintendent and medical staff, a reference library, a central lobby, medical staff bedrooms, and a large communal dining area.



Figure 29. View from the northwest of the west facade of the A (Administration) Building, 1908. Source: GSA archives, image DC0137SE0P010.

B Building (Building 75), 1902

The B Building had a modified E-shaped plan and was situated on the north end of the south lawn (Figure 30). Constructed as the receiving hospital for male patients, the building was sited north of the main A Building and was a mirror image of the C Building, the receiving hospital for female patients. The two-story brick structure was designed in the Renaissance Revival style, with a large entrance terrace was flanked by two-story partially enclosed piazzas. A one-story portico extended from the south facade of the building and linked the B Building to the A Building.

The center portion of the building housed the office of the Supervisor of the Receiving Department, dispensary, and communal dining room on the first floor, and classrooms and a surgical amphitheater for the instruction of medical staff on the second floor. The basement contained the hydrotherapy room, a small exercise room, access to the underground tunnel system, and mechanical equipment and ductwork associated with the indirect radiant

heating system.¹⁴² Patient wards including single patient bedrooms, dormitories, and sitting rooms were located in the north and south wings.

Upon completion the building functioned as the receiving hospital for male patients, and housed as many as 125 newly admitted patients.



Figure 30. View of the B Building at its completion, circa 1903. Source: GSA archives, image DC0133SE0P002.

C Building (Building 73), 1902

The C Building had a modified E-shaped plan and was situated along the south lawn (Figure 31). Constructed as the receiving hospital for female patients, the building was sited south of the main A Building and was a mirror image of the B Building, the receiving hospital for male patients. The two-story brick structure was similar in design and floor plan arrangements to the B Building. A one-story portico extended from the south facade of the building and linked the C Building to the A Building.

Upon completion the building functioned as the receiving hospital for female patients, and housed as many as 125 newly admitted female patients.

¹⁴² Original construction documents and the *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, 68.



Figure 31. View from the northwest of the C Building during construction, 1902. Source: Source: National Archives at College Park, College Park, Maryland. RG 418-P-38.

E Building (Building 69), 1902

The E Building had a linear plan and was situated on the south end of the south lawn, between the M Building and the Q Building (Figure 32). The multi-story brick structure was designed in the Renaissance Revival style and, upon completion, functioned as a residence for female nurses.

The structure consisted of a projecting four-story center building flanked by three-story wings. The first floor contained a large reception room with offices for the housekeeper and supervisor of the nursing staff, and a large sitting room. The second, third, and fourth floors contained patient bedrooms. The basement consisted of storage space and also housed mechanical equipment and ductwork associated with the indirect radiant heating system. Upon its completion, the building housed approximately 100 female nurses and attendants.¹⁴³



Figure 32. View from the northwest of the E Building, 1905. Source: GSA archive, image DC1465SE0P002.



Figure 33. View from the northeast of the J Building as it appeared in 1905. The north piazza is located at the right side of the image. Source: GSA archives, image DC0101SE0P002.

J Building (Building 60), 1902

The J Building was constructed as a T-shaped structure situated on the west side of the campus, overlooking a wooded ravine and the Anacostia River (Figure 33). The structure was designed in the Renaissance Revival style with a wide overhanging clay tile hip roof with bracketed cornice. The building had brick porticos extending from the north, south, and west facades.

The interior was divided into activity and rest spaces, with living spaces on the first floor and dormitory and bedroom spaces on the second floor. The basement consisted of mechanical equipment and ductwork associated with the indirect radiant heating system. Upon its

¹⁴³ 1901 construction documents.

completion, the building housed sixty chronically-ill white female patients who required frequent medical care. The cost of construction was \$60,356.¹⁴⁴

K Building (Building 66), 1902

The K Building was constructed as a T-shaped structure situated on the west side of the campus, southeast of J Building. The structure was designed in the Renaissance Revival style with a wide overhanging clay tile hip roof with bracketed cornice. The building had brick piazzas that extended from the north and south facades, attached to open patios that extended along the west facade of the building.

The interior space was divided into activity and rest spaces, with the living spaces on the first floor and dormitory and bedroom spaces on the second floor (Figure 34). The basement consisted of mechanical equipment and ductwork associated with the indirect radiant heating system. Like Building J., upon its completion, Building K housed sixty chronically-ill white female patients. It was constructed at a cost of \$59,085.¹⁴⁵

L Building (Building 64), 1902

The L Building was constructed as a T-shaped structure situated on the west side of the campus to the north of the Toner Building (no longer extant). The structure was designed in the Renaissance Revival style with a wide overhanging clay tile hip roof with bracketed cornice (Figure 35).¹⁴⁶ The building had brick piazzas that extended from the north and south

elevations, attached to open patios that extended along the west elevation of the building.

The interior space was divided into activity and rest spaces, with the living spaces on the first floor and dormitory and bedroom spaces on the second floor. The basement contained mechanical equipment and ductwork associated with the indirect radiant heating system. Upon its completion, the building housed sixty white female patients of the “better class.” The building was constructed at a cost of \$58,241.¹⁴⁷



Figure 34. View of the communal dining hall of the K Building, 1905. Source: GSA archives, DC0110SE0P002.



Figure 35. View of the L Building from the southeast, circa 1905. Source: GSA archives, image DC0107SE0P020.

¹⁴⁴ *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, 68.

¹⁴⁵ *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, 68.

¹⁴⁶ Exterior description generated from 1901 construction documents prepared by Shepley, Rutan and Coolidge Architects (DC0107SE-120 to DC0129SE-130), 1901 specifications for the lettered building group, and 1905 archival photographs.

¹⁴⁷ *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, 68

M Building (Building 72), 1902

The M Building was constructed as a T-shaped structure situated on the southeast corner of the campus, overlooking the south lawn. Located south of the C Building, the receiving hospital for female patients, and adjacent to the E Building, the residence for female nurses, the building was used as a ward for white female epileptic patients who required extensive medical attention. The structure was designed in the Renaissance Revival style with wide overhanging clay tile hip roof with bracketed cornice. One-story brick piazzas that extended from the north and south facades were attached to an open patio that extended along the west facade of the building.¹⁴⁸

The interior space was divided into activity and rest spaces, with the living spaces on the first floor and dormitory and bedroom spaces on the second floor. Upon its completion, the building contained one ward unit and was designed to house forty-five to sixty white female epileptic patients. The cost of construction of this building was \$48,879.¹⁴⁹

Q Building (Building 68), 1902

The Q Building was situated on the south end of the south lawn, east of the E Building. The two-story brick structure was designed in the Beaux Arts style. Upon completion, it functioned as a patient pavilion for white and African-American females in need of extensive medical attention. Because of the unique needs of the patients, the Q Building was located in close proximity to the E Building (the nurses' home).

¹⁴⁸ The ornamental balustrade and decorative wood rail are only indicated on construction drawing. Reference is made in the *1940 Annual Report* to the removal of a railing and its subsequent replacement with brick. Based on these accounts, it is assumed that the rail and balustrade were constructed according to the 1901 construction documents.

¹⁴⁹ *The Sixty-ninth Congress, second edition. House of Representatives, Investigation of St. Elizabeths Hospital. Letter from the Comptroller General of the United States, July 1, 1926, 68.*

The brick structure had a modified H-shaped plan, which consisted of a main two-story building with two-story semi-circular piazzas. At the center of the main building was a projecting two-and-one-half-story structure. A two-story center wing extended to the west of the entry structure. The entire structure was surmounted by a wood-framed compound hip roof.

The structure contained single patient and dormitory ward facilities, dining rooms, and sitting rooms. The basement contained the kitchen facility as well as mechanical equipment and ductwork associated with the indirect radiant heating system.

In 1934, plans were made to construct a therapy room as a separate wing attached to the north end of the west facade. The first floor contained the continuous baths, steam cabinets, pack tables, and showers associated with the practice of hydrotherapy.¹⁵⁰ The upper floor was identified as a heliotherapy room. The addition was completed in 1935.¹⁵¹

Richardson-Era Support Buildings

Detached Kitchen (Building 34), 1900

The Detached Kitchen, part of the building campaign initiated by Richardson, was a square building constructed on the south end of the west facade of the Detached Dining Hall and designed to supplement kitchen services for the dining facility. The two-story brick structure included an upper level brick and wood-framed breezeway that created an enclosed passageway between the Detached Kitchen and the Dining Hall building.

¹⁵⁰ 1934 construction documents.

¹⁵¹ *1935 Annual Report.*

The interior of the Detached Kitchen structure had an open second floor plan with exposed metal-truss roof supports, concrete floors, and exposed brick exterior walls (Figure 36). The upper floor kitchen space was linked directly to the dining hall by the breezeway.¹⁵²



Figure 36. View of the interior of the kitchen with staff, 1916. Source: GSA archive, image DC1453SE0P001.



Figure 37. View of north facade of Power House, 1920. Source: GSA Archive, image DC0100SE0P004.

Power House (Building 56/57), 1902

Due to the expansion of the campus, the 1892 Boiler House was considered undersized and inadequate by 1899. The location and growth potential of the 1892 structure was considered inefficient and insufficient to meet the needs of the expansive building campaign outlined by Superintendent Richardson.

The new Power House was situated in the ravine on the west side of the St. Elizabeths west campus (Figure 37). The structure was positioned near the campus to allow for the direct and efficient transmission of steam and electrical energy, yet in close proximity to the river and railroad lines, with a spur rail line leading directly to the Power House to allow for the easy transport of coal to the building. The Power House was designed with the thought of future expansion in mind. As the hospital continued to grow, the Power House could be expanded to meet the heating and energy needs of the campus. It was predicted that operation of the existing Boiler House/Ice Plant would eventually be phased out and the Power House would be expanded to centralize the energy needs of the hospital.¹⁵³

The first phase of the Power House (Building 56) was completed in July 1904 as a one-story brick industrial structure.¹⁵⁴ The structure was oriented on an east-west axis and terminated with a 225 foot brick smokestack attached to the east facade. By 1906, a railroad trestle was constructed at the east end of the north facade of the Power House over a series of coal storage bins.¹⁵⁵

The Power House had an open plan consisting of three rooms with 30 foot ceiling heights to accommodate the large engines, generator, and boilers required to sustain the energy needs of the campus. The west wing of the 1904 Power

¹⁵² 1958 construction documents.

¹⁵³ 1905 *Annual Report*.

¹⁵⁴ The Power House was historically referred to as the Power, Heating, and Lighting Plant.

¹⁵⁵ 1906 construction documents.

House contained a 330-kilowatt Westinghouse generator and 500 horsepower McIntosh, Seymour & Company compound engine. Electricity generated from these machines was used to provide lighting for the entire west campus. The east wing of the building was divided into two sections. The west portion contained the pump house and relied on water from the Anacostia River to help chill mechanical equipment. A boiler room was located on the east end of the building, adjacent to the railroad trestle and coal storage bins. Coal was shoveled into the large boiler units to produce steam energy which was responsible for building heating.

By 1905, discussion began on expanding the Power House through the construction of an addition to the northeast. The new structure would allow for the centralization of boiler and steam heating apparatus for the entire campus.¹⁵⁶ It was not until 1908 that an appropriation for \$100,000 was made for the Power House expansion. The project included the centralization of the heating system, as well as the conversion of electrical systems from direct current to the more efficient alternating current.¹⁵⁷

In 1910, the Power House addition (Building 57) was completed. The one-story brick structure shared the east facade and smokestack of the 1904 Power House building but differed in that it was oriented on a northeast-southwest axis. The Power House addition had an open plan with a 30 foot ceiling height and functioned as a boiler room, providing steam heat to campus structures completed before 1900.

In 1914, St. Elizabeths accepted bids for the remodeling of the Power House.¹⁵⁸ In the following year, the E. Keeler Company was contracted for the installation of new boilers.

¹⁵⁶ 1905 *Annual Report*.

¹⁵⁷ 1908 *Annual Report*.

¹⁵⁸ Letter to Prof. Dexter Kimball, Cornell University from William White, January 10, 1914.

Upon completion of the contract, eleven boilers were in use at the Power House.¹⁵⁹ Formerly, it was necessary to maintain power plants in the pumping station (no longer extant), Boiler House/Ice plant, and Power House. Now all the energy needs were concentrated in one centralized location. Thus, when the Power House addition was opened, the Boiler House/Ice Plant was abandoned.¹⁶⁰

The transition from direct current to alternating current was an infrastructure improvement that took over five years to complete. New machinery and equipment was purchased for the Power House, upgrades were made throughout the campus to electrical conduit, and new wiring was installed.¹⁶¹ In 1914, the transition was complete and the hospital was reliant on alternating current.

As the sole source of heat and energy for the hospital, the Power House required a proactive plan of maintenance and repair. Annual reports frequently mention large appropriations made for improvements to the Power House. For example, appropriations made in 1924 for remodeling the Power House provided for the purchase of a new generator and subsequent reinforcement of the concrete floor.¹⁶² The new generator was installed and in use by 1928.¹⁶³

A similar series of appropriations and events were documented in the 1930s. In 1930, Congress authorized \$115,000 for the remodeling of the Power House through the addition of a new boiler and turbine generator.¹⁶⁴ As a result, additional concrete foundations were constructed and the floor was reinforced to support the new machinery.¹⁶⁵ By 1933, new quarry tile floors had been laid and white tile

¹⁵⁹ 1915 *Annual Report*.

¹⁶⁰ 1909 *Annual Report*.

¹⁶¹ 1910–1914 *Annual Reports*.

¹⁶² 1924 *Annual Report*.

¹⁶³ 1928 *Annual Report*.

¹⁶⁴ *The Sun Dial*, November 1930. *The Sun Dial* was the campus newspaper during the early twentieth-century.

¹⁶⁵ 1931 *Annual Report*.

wainscot was installed in the generator room of the Power House.¹⁶⁶

Alterations and additions continued to be made to the Power House as the west campus continued to expand, energy needs increased, and new machinery was installed. Between 1928 and 1937, a second smokestack was constructed to the east of the 1910 Power House. The free-standing structure had a circular plan and stood 100 feet tall above its base.¹⁶⁷

Between 1924 and 1938, a one-story brick addition was constructed at the center of the south facade of the 1904 Power House structure.

Fan House (Building 71), 1902–1906

The proposed expansion of the St. Elizabeths campus included the extension of the underground tunnel system, which would provide physical and mechanical access between buildings. The network of tunnels linked the new buildings to each other, the necessary support facilities, and the rest of the west campus. The Fan House, a one-story brick utilitarian structure, served as a ventilation building, with an opening on the east facade providing exhaust and supply of air for the tunnels.

White Era, 1903–1937

William White was appointed superintendent upon the sudden death of Richardson in 1903. It was under White's direction that the preferred method of treatment shifted from the humane environment to a more scientific approach. Since the 1850s, emphasis had been placed on creating a healthy and peaceful setting in which a patient could rehabilitate. The architecture focused on providing ventilated and well-lit spaces in which patients were categorized by illness and grouped into small family units. Under Superintendent White, the hospital assumed a clinical perspective on mental illness. Research, experimental therapies, and medical prescriptions became the rule for treating patients. The shift in fundamental theory required new laboratory and patient service facilities. White continued the construction plan of the west campus outlined by Richardson but extended it to include the development of the new research and patient facilities on the east and west campuses. St. Elizabeths became the foremost clinical institution in the United States for the scientific study of psychology and psychoanalysis.¹⁶⁸

White was a psychiatrist influenced by the psychoanalytic concepts of Sigmund Freud and Carl Jung. He was a prolific writer who believed in determining and addressing the root causes of mental illness. Clinical research and patient consultations were used to uncover the societal conditions that brought on mental illness, and physical therapies and medical treatments were means to a cure. Thus, White encouraged the academic pursuit of psychiatry and the scientific study of patients. The hospital became a leading psychiatric institution, its reputation enhanced by the development of a clinical psychology department and its accreditation as a medical teaching school.¹⁶⁹

¹⁶⁶ 1933 *Annual Report*.

¹⁶⁷ Observation based on archival photographs.

¹⁶⁸ *Ibid.*, IV, 7–8.

¹⁶⁹ *Ibid.*

Despite major construction efforts initiated by Superintendent Richardson, overcrowding continued to be a concern in the development of the hospital. St. Elizabeths received patients from the United States Army and Navy in increasing numbers until after World War I. Throughout White's tenure, St. Elizabeths Hospital continued to grow as a clinical institution, patient hospital, and research facility. New construction was focused on maintaining the west campus and developing the east campus, except for the construction of new buildings that contributed to the self-sufficiency of the campus or addressed the needs of the increasing hospital staff.

In order to maintain management efficiency, the hospital was divided into subunits. The patient population was reorganized and the administrative structure decentralized to create departments that specialized in a particular patient group or function. In the 1920s, seven residential bungalows were constructed throughout the campus to house the senior medical officers. Five of the cottages were located on the west campus and were associated by proximity to one of the five patient hospital departments: the Female Service, Receiving, West Side, the Detached departments, and Howard Hall.

The last building campaign on the west campus spanned from the 1910s through the 1920s and included the development of a series of staff facilities, campus improvements, and support buildings to the west campus. New single family staff residences and the Employee Cafeteria were constructed to address the success of the hospital as a clinical institution. Gatehouse No. 2, the Red Cross Building (no longer extant), the General Store/ Canteen, and a collection of small comfort stations were constructed throughout the campus to improve security and patient conditions. Support buildings, such as the Storage Shed and Mechanical and Electrical Shop, were constructed along the perimeter of west campus development.

Hitchcock Hall (Building 37), 1910

Under Superintendent White's direction, St. Elizabeths became instrumental in the development of therapeutic methods that allowed patients to express themselves without judgment or constraints of societal norms. Hydro, dance, malarial, pastoral, and psychodrama patient therapy programs were among the unconventional treatment techniques developed at the hospital to provide activities and outlets for patients to express and entertain themselves.¹⁷⁰ In 1907, White obtained funding from Congress for construction of an amusement hall to augment the newly constructed lettered buildings.

Hitchcock Hall was constructed as a rectilinear structure situated near the center of the west campus (Figure 38). Although completed eight years after the lettered buildings, Hitchcock Hall is associated with the group through similar materials, design aesthetic, and orthogonal positioning fronting the south lawn. The hall defines the north edge of the Richardson west campus expansion.



Figure 38. Hitchcock Hall, shortly after its completion in 1910. Source: GSA archives, image DC1344SE0P003.

¹⁷⁰ Ibid.

Hitchcock Hall was constructed of red brick with terra cotta ornament. The interior of the building consisted of a first and second floor lobby, central auditorium, stage area with fly gallery, and functional basement, with the main lobby and auditorium highly impressive spaces. The building opened in 1910 and functioned as the auditorium for the St. Elizabeths west campus. It housed religious services, entertainment events, medical student graduations, and general assemblies for the hospital.¹⁷¹

The Red Cross building, a patient recreational hall constructed in 1917 and located northwest of Hitchcock Hall, burned in 1941.¹⁷² The structural integrity of Hitchcock Hall was compromised during the fire and extensive repairs were required to the structure. During the same period, a stage was built at the north end of the basement. The basement theater space was retrofit with theatrical lighting and was referred to as the psychodrama.¹⁷³

White-Era Support Buildings

General Store/Canteen (Building 39), 1916

The new General Store/Canteen was situated near the geographical center of the campus to better serve the patient population and to replace its functional predecessor, an existing general store structure located next to the Rest/Circulating Library. To provide a building for this function, in 1916 the Barrett House, a residence occupied by a former herdsman, was relocated west across Nichols Avenue (Martin Luther King, Jr., Avenue) and repositioned near the Detached Kitchen. The small wood-framed Eastlake style structure, constructed in the 1893,

was renovated for use as a general store.¹⁷⁴ The store, which served patients, employees, and visitors, was initially run by a patient and later by the gatekeeper. The hospital provided heat and maintenance but did not charge the canteen rent.¹⁷⁵

Mechanical and Electrical Shops (Building 12), 1920, and Storage Shed (Building 11), 1925

The Mechanical and Electrical Shops building was constructed in 1920 as a two-story, rectangular, steel-framed concrete structure (Figure 39). The building was sited just north of the wall surrounding Howard Hall (now demolished). The building was constructed using patient labor.¹⁷⁶ The adjacent Storage Shed was constructed in 1925 as a one-story structure with concrete foundation and interior floor, hewn wood-framing, and wood-framed shed roof.¹⁷⁷



Figure 39. View from the north of the Mechanical and Electrical Shops, circa 1930s. The southwest addition is visible at the right edge of the photograph. Source: GSA archives, image DC0158SE0P002.

¹⁷⁴ 1897 archival photograph.

¹⁷⁵ Sixty-ninth Congress, 2nd Session, House of Representatives, *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, (Washington, D.C.: GPO, July 1, 1926).

¹⁷⁶ 1918 *Annual Report*; 1917 Construction Documents; undated archival photograph (DC0158SE0P002).

¹⁷⁷ *Historic Resources Management Plan*, 80; 1945 Public Building Administration survey.

¹⁷¹ Public Building Administration survey.

¹⁷² *Historic Resources Management Plan*, Chapter 5, 81 and the 1938 Key Plan of Buildings. A specific date for construction was obtained from the 1938 Plan.

¹⁷³ 1941 *Annual Report* and the 1945 Public Building Administration survey. Discussion of Psychodrama Therapy, *Washington Daily News*, July 7, 1941.

Employee Cafeteria (Building 70), 1924

In 1924 the Employee Cafeteria was constructed of two portable surplus buildings obtained from the Veterans' Bureau and altered to serve as one cafeteria building used year-round.¹⁷⁸ The building was located at the southeast corner of the campus, adjacent to the hospital's stone perimeter wall and in close proximity to the M Building and Fan House. The structure appeared as two, one-story parallel gable front buildings combined to create a rectangular plan, with - framed stucco walls.¹⁷⁹ Additions were built to expand the structure in 1933 and 1934.

Gatehouse No. 2 (Building 78), 1926, and Comfort Station (Building 77), 1922

Because of the extensive campus expansion of the early twentieth-century, the focus of activity on the west campus had shifted south. As a result, construction of a new access gate situated closer to the Richardson era buildings was required.¹⁸⁰ Between 1914 and 1926, wrought iron entry gates and decorative stone or concrete entry piers capped by iron light posts with globed light shades were constructed. To the south of the entry gates was a pedimented entry arch in the Italian Renaissance Revival style.

In 1922, a brick Comfort Station was constructed adjacent to this entrance gate. Two other comfort stations of similar construction were built on the campus at this time.

In 1924 the south entrance constructed in 1900 was permanently closed with the extension of the stone perimeter wall.¹⁸¹ Two years later, in 1926, Gatehouse No. 2 was constructed of textured brick with a French-shingled, wood-

framed hip roof supported on bracketed eaves.¹⁸² The pediment arch pedestrian entry was removed and the construction of the gatehouse was integrated into perimeter brick wall.¹⁸³

Staff Residences

Five staff residences were constructed in 1924. A total of seven similar cottage structures, two of which were on the east campus, were constructed throughout the St. Elizabeths Hospital property for a total cost of \$46,417.69.¹⁸⁴ As noted in the 1923–1924 *Annual Report*:

Plans and specifications were prepared for seven brick bungalows for physicians and their families. A contract was made for the erection of these buildings, to be completed approximately July 1. On account of conditions that could not be foreseen, this contract has been extended to the middle of August. The buildings are now sufficiently complete to demonstrate that they will make a good appearance and furnish comfortable quarters.¹⁸⁵

The five staff residences on the west campus were constructed in the American Foursquare building style, which was introduced in the United States around 1900 and continued to be popular until the 1920s. Construction documents from 1923 depict each staff residence as a two-story masonry building with wood-framed asbestos shingle pyramidal roof and a one-story wood-framed front porch.

Staff Residence No. 1 (Building 15), 1924, was constructed at a remote location in the woods

¹⁷⁸ *Historic Resources Management Plan*, 80.

¹⁷⁹ 1945 Public Building Administration survey (DC1466SE0-P005).

¹⁸⁰ Gatehouse No. 2 was constructed in its current form in 1926. References made in annual reports and archival photographs indicate a watch guard station as early as 1900.

¹⁸¹ *Cultural Landscape Report*, IV.10.

¹⁸² Oehrlein & Associates Architects and Robinson & Associates, Inc., *Condition and Reuse Assessment* (Washington, D.C.: GOP, January, 2006), 29.

¹⁸³ Observation made from 1945 Public Building Administration survey photograph.

¹⁸⁴ *Investigation of St. Elizabeths Hospital*. The Sixty-ninth Congress, second edition. House of Representatives. Letter from the Comptroller General of the United States, July 1, 1926. 91, 128.

¹⁸⁵ 1923–1924 *Annual Report*.

north of the Center Group and was accessed by a service road with cul-de-sac. The structure was associated with the Howard Hall Department of the hospital, which catered to criminally insane patients.

Staff Residence No. 2 (Building 17), 1924, was constructed on the north side of Cedar Drive, to the north of the Center Group and adjacent to Staff Residence No. 1. The structure was associated with the West Side Department of the hospital.

Staff Residence No. 3 (Building 27), 1924, was located along Redwood Drive and was associated with the Detached Department of the hospital that catered to chronically ill male patients. The bungalow was situated north of the Relief, in close proximity to the Detached department structures: Atkins Hall, Home, and the Allison Group (Figure 40).¹⁸⁶

Staff Residence No. 4 (Building 76), 1924, was located on the east end of the west campus between Gatehouse No. 2 (Building 78) and B Building.¹⁸⁷ The structure was associated with the Receiving Department.

Staff Residence No. 5 (Building 67), 1924, was constructed at a remote location in the woods on the south end of the west campus, directly east of the K Building.¹⁸⁸ The structure was associated with the Female Department of the hospital and, upon its completion, housed Senior Medical Officer Mary O'Malley.¹⁸⁹

¹⁸⁶ Staff Residence No. 3 is sometimes referred to as Cottage No. 3 or Staff Cottage No. 3 in historical documents.

¹⁸⁷ Staff Residence No. 4 is sometimes referred to a Cottage No. 4 or Staff Cottage No. 4 in historical documents.

¹⁸⁸ Staff Residence No. 5 is sometimes referred to a Cottage No. 5 or Staff Cottage No. 5 in historical documents.

¹⁸⁹ *Investigation of St. Elizabeths Hospital*. The Sixty-ninth Congress, second edition. House of Representatives. Letter from the Comptroller General of the United States, July 1, 1926. 91, 128.



Figure 40. Archival photograph of Staff Residence No. 3 as it appeared in 1954. Source: GSA archives, image DC1444SE0P002.

Dayroom Additions, 1925 and 1936

In 1925, a dayroom connected to Pine was completed. The two-story brick structure had a flat roof and large metal-framed windows and was situated on a concrete foundation. Glass block was embedded in the concrete floor slab between the first and second floors and in the concrete roof.

The porch adjacent to retreat ward, an appropriation for which was made under the hand of "Sun parlor" is now under construction, the side walls being about ready to receive the roof. The metal window guards on the first floor have been replaced, the floor lights have been delivered, and this porch should be completed at an early date.¹⁹⁰

Through a 1936 Public Works Administration project, a dayroom porch structure was constructed to the West Wing and Garfield south facades. The two-story additions were designed in a utilitarian style and intended to provide a suitable extension to the open dormitory

¹⁹⁰ 1925 *Annual Report*. The retreat building was the historic name for Pine. The floor lights refer to the glass block inset in the concrete.

space.¹⁹¹ Similar porch enclosure projects were being completed on Allison D (Building 23) and Allison C (Building 24) buildings during the same time period (Figure 41).¹⁹²



Figure 41. View of Allison D following renovation of the wrap-around porch, 1936. Source: GSA archives, image DC0074SE0P002.

Overholser Era, 1937–1962

When Winfred Overholser took over as superintendent in 1937, the philosophy of treatment and plan of development did not change.

In 1946, when the supervising Board of Visitors was officially disbanded, major administrative changes were made to St. Elizabeths Hospital that affected the potential use and maintenance plan for the west campus. The organization had consisted of a group of private citizens who had been responsible for the surveying and monitoring of conditions and treatment methods at St. Elizabeths since the hospital's inception in 1855. At the same time, it was determined that patients from the United States Army and Navy would no longer be admitted to the hospital. St. Elizabeths was relieved of the governing civilian body as well as the issue of overcrowding that had overwhelmed the institution since the end of the Civil War.

The dramatic administrative changes continued when the federal government shifted control to the newly created Department of Health, Education, and Welfare in 1953. Development at St. Elizabeths Hospital responded through the gradual relocation and consolidation of patient services from the older facilities of the west campus to the newly constructed east campus. With few exceptions, new construction was limited to the east campus while the existing structures of the west campus were renovated, maintained, or demolished, depending on their physical condition.

Overholser-Era Buildings

Hagan Hall (Building 38), 1942

Prior to 1920, the American Red Cross had constructed a building adjacent to Hitchcock Hall to serve the recreational needs of the patients at St. Elizabeths. The building gave patients a place to exercise and play games and sports. The space also was used for receptions and socials for both employees and patients. In 1941, the Red Cross recreational building was

¹⁹¹ 1937 Annual Report, Historic Resources Management Plan, Report by the Public Building Administration, comparison of historic photographs from 1935 and 1968.

¹⁹² St. Elizabeths Historic Resources Management Plan, 64.

destroyed by fire. To replace this building, Hagan Hall was constructed on the same site in 1942. Hagan Hall was constructed as a two-story brick structure with concrete foundations and a slate hip roof, in the Colonial Revival style (Figure 42). The structure was designed by the architectural firm Trowbridge and Livingston.¹⁹³

The new building was named for Margaret Wood Hagan (1896–1966), a field director for the American Red Cross who had been assigned to St. Elizabeths from 1926 to 1943 and had trained other social work and psychiatric staff in the social aspects of mental illness. Hagan had also pioneered the use of psychodrama as a training and treatment technique.¹⁹⁴



Figure 42. View of Hagan Hall shortly after its construction, circa 1940s. Source: GSA archive, image DC1454SE0P003.

Locomotive House (Building 55), 1947

The Locomotive House was constructed north of the Power House in 1947 to replace an earlier train shed built in 1912, which featured wood siding and a metal-clad gable roof.¹⁹⁵ The new building was constructed as a one-story brick

and concrete masonry unit structure with concrete slab flat roof and brick parapet.

Warehouse/Laundry/Annex (Building 118/118A), 1952

By the 1940s, numerous alterations had been made to the old laundry building (now the Construction Shops), and the condition of the structure and plan of the building were inadequate and inefficient in meeting the demands of the changing hospital campus. In 1947–1950, the Warehouse/Laundry/Annex was constructed as a five-story concrete structure to the west of the Mechanical and Electrical Shops (Figure 43). The structure, which was set into the west campus plateau, had an overhanging steel and concrete flat roof with sawtooth skylights supported on concrete buttressing piers.¹⁹⁶



Figure 43. View of erosion at the west side of the Warehouse/Laundry/Annex building prior to construction of the retaining wall, December 6, 1977. Source: GSA Archive, image DC1470SE0P020.

Transformer Rooms (Buildings 62 and 62), 1957

Transformer Room No. 62 (Building 62) and Transformer Room No. 63 (Building 63) were constructed in 1957. Each was a one-story brick structure with concrete foundation, flat roof, and louvered metal door, and served as an electrical

¹⁹³ 1941 Construction Documents.

¹⁹⁴ National Association of Social Workers, <www.naswfoundation.org/pioneers/h/hagan.htm>, accessed October 2009.

¹⁹⁵ *Historic Resources Management Plan*, 81; 1945 Public Building Administration survey.

¹⁹⁶ 1950 *Annual Report*, 1951 *Annual Report*, and 1946 construction documents.

closet.¹⁹⁷ (Approximately 100 feet to the west of Transformer Room No. 62 is a small, older, brick masonry structure that contains a metal blower and related equipment, and apparently served as a Fan House.)

Incinerator (Building 123), 1958

The Incinerator was constructed in 1958 as a one-story concrete block structure with basement. The flat-roofed building was set into the hillside and appeared as a one-story structure from the east and as a two-story structure from the west. Located in front of the west facade was a free-standing, buff-colored brick smokestack on a concrete foundation.¹⁹⁸

Later Developments, 1960s–Present

Systems Improvements, 1960s

In the 1960s, an extensive effort was made at St. Elizabeths Hospital to modernize mechanical, plumbing, and electrical systems in the aging west campus buildings. The effort was initiated in response to the series of conflagrations that had plagued the campus for two decades. On April 20, 1961, a fire in the Larch ward of Pine resulted in a patient fatality. The following day, a fire erupted in the K Building, which caused extensive damage to the structure and surrounding buildings.¹⁹⁹ Funds were quickly directed by the Department of Health, Education, and Welfare toward creating a campus wide plan to improve fire suppression plans, plumbing facilities, heating units, and electrical systems.

In 1963, an \$865,000 appropriation was made for the installation of sprinkler systems in non-fire-resistant buildings. The suppression system consisted of surface-mounted sprinklers, installed in every room. That same year, a study of the existing plumbing and electrical systems was initiated. The study led to the appropriation of funds for a multi-million dollar facilities modernization project. Plans for building alterations were generated between 1963 and 1965 and included the replacement of electrical wiring and outlets, upgrades to lavatory and plumbing systems, and the installation of fluorescent light fixtures. The new piping and conduit were installed over finish materials and exposed to view. Construction began in 1966 and continued through 1970.²⁰⁰ As early as 1950, electrical, plumbing, and telecommunication improvements were outlined for the A Building. It was the first building on the west campus to undergo an extensive postwar era renovation of plumbing, electrical, and mechanical systems and was a precursor to the campus-wide upgrades of the 1960s, helping to define the scope of alterations.

¹⁹⁷ *Historic Resources Management Plan*, 82.

¹⁹⁸ *Ibid.*

¹⁹⁹ *Ibid.*

²⁰⁰ 1961–1968, and 1970 *Annual Reports*.

Pump House (Building 16), 1964

As part of the extensive effort made in the 1960s to modernize mechanical, plumbing, and electrical systems in the aging west campus buildings, a new Pump House was constructed in 1964. The new building was a flat-roofed one-story brick structure with basement, located across the new Anacostia Freeway from the existing pumping station, which had been constructed in 1895.²⁰¹ The original pumping station was eventually demolished. Construction of the Anacostia Freeway, also known as Interstate 295, began in 1962 and resulted in fifteen acres being taken from the hospital grounds.²⁰²

Administrative Changes, 1970s

In 1968, the Department of Health, Education, and Welfare reorganized its management structure and placed St. Elizabeths under the control of the National Institute of Mental Health. The Institute wanted to demonstrate how a large mental hospital could be converted into a smaller, more modern facility for training, service, and research.²⁰³ The change in administrative direction resulted in dramatic alterations to the planning and function of the west campus.

In 1970, patients were moved from all pre-1900 buildings. Dormitories constructed during the Nichols and Godding era, which constituted half of the west campus buildings, were cleared of patients who were relocated to the east campus or lettered buildings.²⁰⁴

By 1977, the National Institute of Mental Health commissioned a master plan for the hospital to outline future growth and determine the fate of the aging west campus structures. The plan called for the minimal renovation of the lettered

buildings, the last of the patient dormitories on the west campus, and the temporary reuse of remaining west campus structures as patient support facilities until they could be phased out. In that same year, controversy arose when St. Elizabeths Hospital was denied its long-standing accreditation as a teaching and training school because the condition of campus buildings did not meet safety and structural requirements as outlined by the Life Safety Code.²⁰⁵

In 1978, a supplemental appropriation of \$52.2 million was approved for the renovation and modification of the hospital. Improvements and upgrades were made to address fire and safety deficiencies, electrical systems, infrastructure improvements, and issues of accessibility. On the west campus, renovations were focused on compliance with accessibility laws and fire code.

Immigration and Naturalization Service

In the late 1970s, The Department of Health, Education, and Welfare established a permanent Immigration and Naturalization Service (INS) detention center on the St. Elizabeths west campus. The Home building was renovated to house the detention center.²⁰⁶ In the summer of 1980, the facility was used as the evaluation and special detention center for Cuban refugees associated with the Mariel boatlift who showed signs of mental or criminal illness and required mental health care.

The Mariel boatlift was a Cuban immigration policy developed in response to the Cuban economic crisis, any Cuban citizen who could obtain transport could leave Cuba from the port of Mariel. The United States, being the closest foreign port, was the destination for many immigrants. Approximately 10 percent of the refugees were mentally and criminally ill inmates released by the Cuban government from

²⁰¹ Archival photograph and 1962–1963 construction documents. The *Historic Resources Management Plan* indicates a 1965 construction date.

²⁰² 1962 *Annual Report*, 10.

²⁰³ 1970 *Annual Report*.

²⁰⁴ Ibid.

²⁰⁵ 1977 *Annual Report*.

²⁰⁶ 1978 construction documents.

their prison system.²⁰⁷ In the United States, the refugees were confined, monitored, and evaluated before being granted asylum.

On October 19, 1980, the Home building was seized by the approximately ninety-two patients who resided in the structure.²⁰⁸ Armed forces were called to reclaim the building and restore order at the hospital. The stand-off lasted only six hours and resulted in a fire and minor damage to property. However, the incident caused strain on United States-Cuban relations and immigration law. While repairs were made to the building, patients were temporarily relocated to the John Howard Pavilion on the St. Elizabeths east campus.

By 1985, it was determined that 2,746 refugees, some of whom resided at St. Elizabeths, would not be granted asylum based on their mental condition and criminal history. Despite considerable legal and political disputes that delayed the process, the refugees were returned to their Cuban homeland in the late 1980s.

In October 1982, work was completed on the renovation of the Relief building to serve as the INS and Public Health Service offices and evaluation center. The renovated building replaced the use of the B Building as a Service Processing Center since October 1980.²⁰⁹ In the Relief building, patients were evaluated, treated, and reassessed for special needs or potential placement. Refugees were provided with vocational training and courses in English as a

second language.²¹⁰ A fence was erected to secure the perimeter of the Home and Relief detention center complex.

Last Additions and Mothballing

Storage Building (Building 130), 1982

The last addition to the west campus, the Storage Building, was constructed in 1982 as a one-story, steel-framed gable roof building on a reinforced concrete slab foundation with corrugated metal siding and roofing.²¹¹

Stabilization and Mothballing

The Department of Health and Human Services retained control of the St. Elizabeths Hospital west campus until 2004, when the property was transferred to the GSA.²¹² The campus facilities were stabilized and the buildings were mothballed by 2005.²¹³ Window and door openings were covered and protected with plywood, with ventilation provided, and access to the campus was secured.

²⁰⁷ Mario A. Rivera, *Decision and Structure: United States Refugee Policy in the Mariel Crisis*, preface.

²⁰⁸ "Police Halt Cubans' Takeover of Building," *New York Times*, October 21, 1980.

²⁰⁹ *Appellants v. Doris Meissner*, Acting Commissioner, United States Department of Justice, Immigration and Naturalization Services, 697 F.2d 1160 (DC Cir. 1982).

²¹⁰ Luisa del Pollard, William Prescott, Barbara Silver, Larry Silver, and Morton Silverman, "The Cuban Immigration of 1980: a Special Mental Health Challenge," *Public Health Report* 100, no.1 (1985): 40-48.

²¹¹ *Historic Resources Management Plan*, 82.

²¹² *Cultural Landscape Report*. V.2.

²¹³ *St. Elizabeths West Campus Preservation, Design, & Development Guidelines*. 18. A photograph of the building taken in 2005 by FMG Architects shows the building in a stabilized and protected state.

EVALUATION OF SIGNIFICANCE

Significance Criteria

The Criteria for Evaluation for listing in the National Register of Historic Places state:

The quality of significance in American history, architecture, archeology, engineering, and culture is present in districts, sites, buildings, structures, and objects that possess integrity of location, design, setting, materials, workmanship, feeling, and association, and:

- A. That are associated with events that have made a significant contribution to the broad patterns of our history; or
- B. That are associated with the lives of persons significant in our past; or
- C. That embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
- D. That have yielded, or may be likely to yield, information important in prehistory or history.²¹⁴

The Criteria for Evaluation for the designation of a National Historic Landmark state:

The quality of national significance is ascribed to districts, sites, buildings, structures, and objects that possess exceptional value or quality in illustrating or interpreting the heritage of the United States in history, architecture, archeology, engineering, and culture and that possess a high degree of integrity of location, design, setting, materials, workmanship, feeling, and association, and:

- (1) That are associated with events that have made a significant contribution to, and are identified with, or that outstandingly represent, the broad national patterns of United States history and from which an understanding and appreciation of those patterns may be gained; or
- (2) That are associated importantly with the lives of persons nationally significant in the history of the United States; or
- (3) That represent some great idea or ideal of the American people; or
- (4) That embody the distinguishing characteristics of an architectural type specimen exceptionally valuable for a study of a period, style or method of construction, or that represent a significant, distinctive and exceptional entity whose components may lack individual distinction; or
- (5) That are composed of integral parts of the environment not sufficiently significant by reason of historical association or artistic merit to warrant individual recognition but collectively compose an entity of exceptional historical or artistic significance, or outstandingly commemorate or illustrate a way of life or culture; or
- (6) That have yielded or may be likely to yield information of major scientific importance by revealing new cultures, or by shedding light upon periods of occupation over large areas of the United States. Such sites are those which have yielded, or which may reasonably be expected to yield, data affecting theories, concepts and ideas to a major degree.²¹⁵

²¹⁴ Code of Federal Regulations, Title 36, Part 60. "The National Register Criteria for Evaluation."

²¹⁵ National Register Bulletin 16a: How to Complete the National Register Registration Form (Washington, D.C.: National Park Service, National Register of Historic Places, 1977, revised 1997).

Significance of the West Campus

The National Historic Landmark nomination cites St. Elizabeths Hospital as significant under National Register Criteria A, B, and C, and National Historic Landmark Criteria 1, 2, and 4. In addition, the nomination cites areas of significance of architecture and health/medicine, and National Historic Landmark themes of Architecture (Gothic Revival–High Victorian Gothic, and Period Revivals), as well as Social and Humanitarian Movements (Aiding the Handicapped and Mental Health Care). The nomination cites a period of significance of 1852–1940, and identifies Dr. Charles H. Nichols and Dorothea Dix as significant persons; and Thomas U. Walter and Shepley, Rutan, and Coolidge as architects associated with St. Elizabeths.²¹⁶

The District of Columbia Landmark nomination includes the following statement of significance, which synthesizes the importance of St. Elizabeths:

The government Hospital for the Insane, established in 1852 and officially renamed St. Elizabeths Hospital in 1916, embodies the evolution of hospitals for the care of the mentally ill during the course of almost a century. It was the first federal hospital for the insane. Dorothea Dix was directly involved in establishing the hospital and in selecting both its first superintendent and its site. Each of its first four superintendents, Charles Nichols, William Godding, Alonzo Richardson, and William Alanson White, served as president of the influential Association of Medical superintendents for American Institutions for the Insane (AMSAIL) and its successor organizations, the American-Medico-Psychological Association and the American Psychiatric Association.

The Government Hospital was the first to implement the 1852 propositions developed by AMSAIL to guide the construction and

administration of asylums. It was intended to be and was a model for state hospitals built on the Kirkbride, or congregate care model in the 19th century and continued to be in the forefront of treatment of the mentally ill into the mid-20th Century. It was the first American hospital to make specific provision for treating mentally ill African Americans. It was among the first to employ a pathologist. It pioneered the use of hydro- and malarial therapy. Superintendent White played an early and critical role in the introduction of Freudian psychotherapy to the United States.

All of these significant associations are reflected in the amazingly intact physical fabric of the hospital complex. Although some buildings have been demolished; the campus as a whole survives to testify to the national importance of one of Washington's most significant historic resources.²¹⁷

Assessments of Individual Building Significance

Several prior studies and landmark designation documents were reviewed as background to the evaluation of significance performed for each building as part of this study. These prior reports and nominations included the following:

- The National Register nomination (1979)
- National Historic Landmark nomination (1990)
- District of Columbia Landmark nomination (1990)
- Memorandum of Agreement between the District of Columbia and the Advisory Council on Historic Preservation (1989)
- *The DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan* (2008), with specific reference to Table 4.1
- *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines* (2008)

²¹⁶ National Historic Landmark nomination.

²¹⁷ District of Columbia Landmark nomination, 3.

The system used in designating significance by each of these assessments is as follows:

The National Historic Landmark nomination identified selected buildings as Contributing. There is no hierarchy or rating system on this form and the relative significance of individual buildings is not addressed in the text.

The District of Columbia Landmark nomination identified buildings as either Contributing or Non-contributing. The nomination defines several historic periods according to the primary superintendents and periods of development of the west campus. Within the Contributing category, the nomination selects individual buildings to illustrate each historic period. (In the individual building Historic Structure Reports and Building Preservation Plans, the terminology S1, S2, etc., was used to indicate the Contributing buildings that were selected as significant examples to illustrate each historic period in the narrative of the District of Columbia Landmark nomination.)

The National Register nomination identified selected buildings as contributing. However, this document was limited, somewhat ambiguous in terms of individual building significance, and did not comment on some of the buildings on the site.

The Memorandum of Agreement between the District of Columbia and the Advisory Council on Historic Preservation identified selected buildings as contributing to the National Register significance of St. Elizabeths. As part of the agreement, the District of Columbia agreed that the designated buildings were to be preserved and maintained, and in some cases rehabilitated, in accordance with the National Preservation Act.

The *Master Plan* provided a designation of Contributing with an additional specific designation of 1 through 6 for selected individual buildings to indicate the number of categories of significance that pertain to each

building. Examples of categories of significance include “Example of Architectural Style,” “Association with Civil War,” and “Rare Survivor in Washington, D.C.” Although these various associations of historical significance are intrinsically of differing importance, the *Master Plan* sums the relevant categories that apply to each building to derive a numerical total. As these numerical totals are not necessarily relevant to the historic significance of the individual buildings, they have not been included in the table that follows.

The *Preservation, Design, & Development Guidelines* address and tabulate Contributing buildings only. Those buildings not listed in the report are considered Non-contributing. The Preservation Guidelines follow the determination of significance in the *Master Plan*.

Other prior studies have included an assessment of significance of the buildings at the west campus. For example, the *St. Elizabeths Hospital Historic Resources Management Plan* (1993) included preservation recommendations based in part on (although not entirely in concurrence with) an assessment of significance provided in an inventory of buildings incorporated in Appendix 2 of that study. The *Historic Preservation Report: St. Elizabeths West Campus* (2005) identified selected buildings as contributing, based in part on the findings of the 1993 *Historic Resources Management Plan*.

A comparison of the results of these prior significance assessments is provided in Table 2.

Table 2 – Comparison of Prior Assessments of Significance

Building No.	Name	Date	National Register Nomination (1979)	National Historic Landmark Nomination (1990)	DC Landmark Nomination (1990)	Memorandum of Agreement (1989)	Master Plan (2008)	Preservation, Design, and Development Guidelines (2008)
1 and 2	Center Building	1859–1874	X	C	C	X	C	C
3	West Wing	1853	X	C	C	X	C	C
4	East Wing	1858	X	C	C	X	C	C
5	Garfield	1872	X	C	C	X	C	C
6	Pine	1884	X	C	C	X	C	C
8	Willow (Dix No. 3)	1895	X	C	C	X	C	C
11	Storage Shed	1925		NC	C		NC	NC
12	Mechanical and Electrical Shops	1920–1953		NC	C	X	NC	NC
15	Staff Residence No. 1	1924		C	C		C	C
16	Pumping Station	1965		NC	NC		NC	NC
17	Staff Residence No. 2	1924		C	C		C	C
18	Burroughs Cottage	1891	X	C	C	X	C	C
20A–H	Greenhouses	1882–1959		C	C	X	C	C
21	Gatehouse No. 1	1874	X	C	C	X	C	C
23	Allison D	1899		C	C	X	C	C
24	Allison C	1899		C	C	X	C	C
25	Allison A	1899		C	C	X	C	C
26	Allison B	1899		C	C	X	C	C
27	Staff Residence No. 3	1924		C	C		C	C
28	Linden (Dix No. 1)	1893	X	C	C	X	C	C
29	Holly (Dix No. 2)	1893	X	C	C	X	C	C
30	East Lodge/Detached Nurses Home	1861, 1887		C	C	X	C	C
31	Atkins Hall	1878, 1899		C	C	X	C	C
32	Relief	1879, 1895	X	C	C	X	C	C
33	Detached Dining Hall	1885	X	C	C	X	C	C
34	Detached Kitchen	1900		C	C	X	C	C
36	Home	1883		C	C	X	C	C

Building No.	Name	Date	National Register Nomination (1979)	National Historic Landmark Nomination (1990)	DC Landmark Nomination (1990)	Memorandum of Agreement (1989)	Master Plan (2008)	Preservation, Design, and Development Guidelines (2008)
37	Hitchcock Hall	1910		C	C	X	C	C
38	Hagan Hall	1942		C	NC	X	C	C
39	General Store/Canteen	1916		C	C	X	C	C
40	The Rest/Circulating Library	1882, 1904, 1929	X	C	C	X	C	C
41	Engine House/Fire House	1891, 1905	X	C	C	X	C	C
44	Old Storeroom	1900		C	C		C	C
45	General Kitchen	1883, 1890	X	C	C	X	C	C
46	Bakery	1878, 1910	X	C	C	X	C	C
49	Construction Shops	1899, 1905, 1929		C	C	X	C	C
52	Boiler House/Ice Plant	1892	X	C	C	X	C	C
53	Tool House	1895		C	C	X	C	C
55	Locomotive House	1947		C	NC		C	C
56/57	Power House	1902, 1910, 1915		C	C	X	C	C
60	J Building	1902		C	C	X	C	C
62	Transformer Room No. 62	1957		C	NC		C	C
63	Transformer Room No. 63	1957		C	NC		C	C
64	L Building	1902		C	C	X	C	C
66	K Building	1902		C	C	X	C	C
67	Staff Residence No. 5	1924		C	C		C	C
68	Q Building	1902, 1935		C	C	X	C	C
69	E Building	1902		C	C	X	C	C
70	Employee Cafeteria	1924		C	C	X	C	C
71	Fan House	1906		NC	NC		NC	NC
72	M Building	1902		C	C	X	C	C
73	C Building	1902		C	C	X	C	C
74	A (Administration) Building	1904	X	C	C	X	C	C



Building No.	Name	Date	National Register Nomination (1979)	National Historic Landmark Nomination (1990)	DC Landmark Nomination (1990)	Memorandum of Agreement (1989)	Master Plan (2008)	Preservation, Design, and Development Guidelines (2008)
75	B Building	1902	X	C	C	X	C	C
76	Staff Residence No. 4	1924		C	C		C	C
77	Comfort Station	1922		C	C		C	C
78	Gatehouse No. 2	1926	X	C	C	X	C	C
118 and 118A	Warehouse/Laundry/Annex	1952		NC	NC		NC	NC
123	Incinerator	1958		NC	NC		NC	NC
130	Storage Building	1982		NC	NC		NC	NC

Character-Defining Features

As part of each Historic Structure Report and Building Preservation Plan, character-defining features were identified. These features include existing exterior and interior elements and features that contribute to the historic character of the building, and are either original or are representative of design changes made within the period of significance that are in themselves historically significant. The purpose of identifying the character-defining features was to provide guidance for zoning of building features and spaces, as further discussed below, and to document these features for further consideration during development of the rehabilitation design for each building by the design teams.

Exterior features typically identified as character-defining in many of the buildings include exterior brick and stone masonry walls and detailing; masonry chimneys; wood-framed multi-light and single-light windows and wood exterior doors; slate roofing, sheet metal gutters and cornices, metal cresting, finials, and ventilators; standing seam metal roofing; wood porches including wood tongue-and-groove decking, railings, beadboard ceilings, and trim; iron stairways, balustrades, and railings; and other structural and decorative elements.

Interior features typically identified as character-defining in many of the buildings include iron stairways and balustrades, plaster wall and ceiling finishes, wood millwork (e.g., window and door surrounds, picture rail, chair rail, baseboard, trim, etc.), ventilation grilles, multi-panel interior wood doors and transoms, wood beadboard built-ins and closet enclosures, various types of tile, exposed brick arch floor structures, and connection to the campus-wide tunnel system.

In addition to exterior and interior elements common to many of the buildings, certain unique architectural or functional components of specific buildings or building groups are

considered character-defining. For example, unique character-defining features include the clock tower of the A (Administration) Building, the exterior cast iron trim on the buildings of the Center Group, the wood connecting porches of the Alison Group, and the fieldstone masonry of the Boiler House/Ice Plant.

The reader is referred to the individual Historic Structure Reports and Building Preservation Plans for specific information on character-defining features in each of the subject buildings.

Assessment of Integrity

Assessment of integrity is based on an evaluation of the existence and condition of the physical features which date to a property's period of significance, taking into consideration the degree to which the individual qualities of integrity are present. The seven aspects of integrity as defined in the National Register Criteria for Evaluation are location, design, setting, materials, workmanship, feeling, and association. As noted in *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation*:

Location is the place where the historic property was constructed or the place where the historic event occurred. . . . Design is the combination of elements that create the form, plan, space, structure, and style of a property. . . . Setting is the physical environment of a historic property. . . . Materials are the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration to form a historic property. . . . Workmanship is the physical evidence of the crafts of a particular culture or people during any given period in history or prehistory. . . . Feeling is a property's expression of the aesthetic or historic sense of a particular period of time. . . . Association is the direct link between an

important historic event or person and a historic property.²¹⁸

National Register Bulletin 15 defines integrity as “the ability of a property to convey its significance.”²¹⁹

As part of the Historic Structure Report or Building Preservation Plan for each building, an assessment of integrity was performed that identified the primary historical significance of the subject building. The place of each building in the founding, expansion, and development of the St. Elizabeths campus within its various periods of development was described. The integrity of the exterior facades, the interior layout of primary and secondary rooms, relationship of the subject building to other buildings of its group (where relevant), and its place within the overall west campus were evaluated as the physical aspects that convey its significance. In each individual building report, the seven aspects of integrity were then discussed as they relate to that building.

Integrity of Location. Most of the buildings retain a high degree of integrity of location in relationship to their site. The building location and the boundaries of the site are unchanged for many of the buildings since their completion. Two buildings—the Engine House/Fire House and the Rest/Circulating Library—were relocated. Both structures were moved to new locations on campus, within the period of significance; therefore, these moves are not considered to detract from their integrity of location.

Integrity of Design. The buildings vary in terms of integrity of design. Most retain the features of their original construction, while others have been significantly altered. In general, where changes have been made they may detract from the original design, but the essential features of

the original design may often still be perceived in spite of these alterations.

Integrity of Setting. Most of the buildings retain a high degree of integrity of setting. The area surrounding the campus of St. Elizabeths has developed from a rural to an urban location over time. The campus itself retains a fair amount of integrity due to the remaining large open spaces within the campus and the forested bluffs overlooking the river and District of Columbia. As the west campus has evolved, the immediate setting of many of the buildings has changed as other buildings and landscape features have been added and removed. However, most of the buildings retain their context to an extent that recalls their original setting.

Integrity of Materials and Workmanship. The buildings vary in terms of degree of integrity of materials and workmanship. Although many buildings retain intact original materials, others have experienced significant deterioration of interior finish materials and large portions of the interior building structure. In some buildings, interior original building fabric has been removed from certain areas as part of the abatement and temporary stabilization of the structure. However, representative original examples of all exterior features and most interior elements remain to serve as a basis to guide future rehabilitation work.

Integrity of Feeling. Most of the buildings retain a high degree of integrity of feeling. Despite changes to the buildings, and in some cases significant deterioration of the built fabric, the buildings still typically convey the historic and aesthetic feeling of the period of significance.

Integrity of Association. Most of the buildings are significant primarily for their association with the history and ongoing development and expansion of St. Elizabeths west campus in the nineteenth century. As contributing structures in the National Historic Landmark District, these

²¹⁸ *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation*, 44–45.

²¹⁹ *Ibid.*

buildings convey their role in the historic development of treatments for mental illness and therefore retain a high degree of integrity of association. Although all of the buildings are associated with the broad mission of the campus, particular buildings are uniquely significant for their direct relationship with historical developments in the care of the mentally ill. For example, the Center Group is especially important for its association with the founding of the campus and patient care in the nineteenth century; the East Lodge/Detached Nurses Residence is associated with the care of mentally ill African-American patients; Atkins Hall is important for its association with a significant era of the hospital's development and shift in treatment methods for the mentally ill; and the buildings of the lettered group are associated with the expansion of the campus and new approaches to the treatment of mental illness in the twentieth century.

The reader is referred to the individual Historic Structure Reports and Building Preservation Plans for an assessment of integrity for each of the subject buildings.

PHYSICAL DESCRIPTION AND CONDITION ASSESSMENT

An overall description of the building and a detailed description of architectural, structural, and mechanical, electrical, and plumbing features is provided for each building in the individual *Historic Structure Reports* and *Building Preservation Plans*.

The description is followed by a detailed condition assessment of the building exterior, interior, and structural systems. This assessment includes condition drawings for the building exterior and structural systems, which are provided in appendices to the individual building reports. A condition assessment of the mechanical, electrical, and plumbing systems is also provided in each report; this assessment is limited in detail based on the understanding that replacement of these systems will be necessary as part of the current rehabilitation program.

As the condition of the various materials and systems within the individual buildings varies widely among the various buildings, and in some cases within individual buildings, a synopsis is not provided in this Executive Summary.

The reader is referred to the individual Historic Structure Reports and Building Preservation Plans for description and condition information for each of the subject buildings.

RECOMMENDATIONS FOR TREATMENT

The following Historic Preservation Objectives provided the philosophical context for the development of treatment recommendations for the buildings of this study, as described in detail in the individual *Historic Structure Reports* and *Building Preservation Plans*.

Historic Preservation Objectives

The U.S. National Park Service has developed definitions for the four major treatments that may be applied to historic structures: preservation, rehabilitation, restoration, and reconstruction.

The four definitions are as follows:

Preservation is defined as the act or process of applying measures necessary to sustain the existing form, integrity, and materials of an historic property. Work, including preliminary measures to protect and stabilize the property, generally focuses upon the ongoing maintenance and repair of historic materials and features rather than extensive replacement and new construction. New exterior additions are not within the scope of this treatment; however, the limited and sensitive upgrading of mechanical, electrical, and plumbing systems and other code-required work to make properties functional is appropriate within a preservation project.

Rehabilitation is defined as the act or process of making possible a compatible use for a property through repair, alterations, and additions while preserving those portions or features which convey its historical, cultural, or architectural values.

Restoration is defined as the act or process of accurately depicting the form, features, and character of a property as it appeared at a particular period of time by means of the removal of features from other periods in its history and reconstruction of missing features from the restoration period. The limited and sensitive upgrading of

mechanical, electrical, and plumbing systems and other code-required work to make properties functional is appropriate within a restoration project.

Reconstruction is defined as the act or process of depicting, by means of new construction, the form, features, and detailing of a non-surviving site, landscape, building, structure, or object for the purpose of replicating its appearance at a specific period of time and in its historic location.²²⁰

In general, the treatment **rehabilitation** has been designated for the buildings at St. Elizabeths west campus, given their historical significance and planned repair and alteration for compatible reuse. Within the treatment rehabilitation, it is recommended that selected features and spaces be designated for preservation or restoration. The Secretary of the Interior's Standards for Rehabilitation are as follows:

1. A property shall be used for its historic purpose or be placed in a new use that requires minimal change to the defining characteristics of the building and its site and environment.
2. The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.
3. Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.
4. Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.

²²⁰ *The Secretary of the Interior's Standards for the Treatment of Historic Properties.*

5. Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a property shall be preserved.
6. Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities and, where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.
7. Chemical or physical treatments, such as sandblasting, that cause damage to historic materials shall not be used. The surface cleaning of structures, if appropriate, shall be undertaken using the gentlest means possible.
8. Significant archeological resources affected by a project shall be protected and preserved. If such resources must be disturbed, mitigation measures shall be undertaken.
9. New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.
10. New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.²²¹

Requirements for Work

The following guidelines and standards for treatment were referenced to guide the development of treatment recommendations for the subject buildings, as discussed in detail in the individual *Historic Structure Reports* and *Building Preservation Plans*.

Guidelines and Standards for Treatment

Guidelines and requirements for treatment have been defined based on the preservation objectives outlined above for St. Elizabeths west campus. All treatment guidelines and recommendations were developed in accordance with the Secretary of Interior's Standards for Rehabilitation. GSA has indicated that the buildings will be repaired and adapted for continued use as part of a comprehensive work effort for each building, therefore prioritization or phasing of specific repairs is not required for purposes of this study. However, should phasing of work be required, the basic requirements outlined below are presented in general order of descending importance.

Because the buildings are currently accessed by representatives of GSA and the user agencies, as well as consultants to the GSA and members of the design teams, it is important to note that potential safety hazards (such as deteriorated floor systems) do exist and that further structural stabilization may be required as work on the buildings proceeds.

Guidelines for Prioritization of Work

Based on the condition assessment performed as part of the Historic Structure Report/Building Preservation Plan study, the following general prioritization is indicated for anticipated work on the subject buildings. Depending on the sequence and phasing of work, several of these categories of work (e.g., exterior envelope weatherproofing and modifications for reuse) may be performed simultaneously.

1. Structural Stabilization. Implement structural stabilization repairs as needed to

²²¹ Ibid.

address structural deficiencies and unstable conditions, such as repairs to deteriorated floor systems.

2. **Exterior Envelope Weatherproofing.** Perform exterior repairs to prevent water infiltration and deterioration of building envelope materials, and to address conditions that may lead to continued deterioration and loss of historic fabric. These types of repairs include closure of openings in walls and roofs, repairs to roofing and flashings, masonry repairs, and window and door repairs.
3. **Modifications for Reuse.** Perform repairs and modifications to the building interior and systems to permit reuse as offices and for related support functions. These types of repairs and modifications include work required to meet code, for disabled access, for egress, for structural capacity upgrades, to rehabilitate interior finishes, and to provide new mechanical, electrical, and plumbing systems to permit building occupancy and reuse.
4. **Cyclical Inspection and Maintenance.** In addition to the specific repairs recommended, cyclical maintenance tasks such as inspection, painting of exterior wood and metal elements, pointing of mortar joints in brickwork (long-term), replacement of joints sealants, and other ongoing maintenance tasks must be continually implemented to avoid damage to the historic building fabric and to reduce the need for large-scale repair projects in future.

All work performed on the subject buildings should be documented through notes, photographs, and measured drawings and/or sketches, or with as-built annotations to construction documents at project completion. These records should be permanently archived as a record of the buildings prior to adaptive reuse, for future reference, and to provide information for future maintenance of the

buildings. In addition, these records will allow future observers to identify which materials are historic.

2008 Preservation Guidelines

The *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines* were developed to provide guidance for the present and future stewardship of the National Historic Landmark and to assist in the preservation of the historic resources and overall character of the historic site. The guidelines, using the Secretary of the Interior's Standards as a foundation, provide general guidance for anticipated modifications such as rehabilitation of the historic buildings and landscape, placement and design of new construction and landscape features, and proposed new access roadways.

The guidelines are intended to be neither technical nor prescriptive. Specifically, the *Preservation, Design, & Development Guidelines* note that the guidelines have been prepared to assist in applying the Secretary of the Interior's Standards to specific project work, are not intended to provide case-specific recommendations, and "cannot, in and of themselves, be used to make essential decisions about which features of the historic buildings and landscapes should be saved and which can be altered."²²² Instead, the guidelines are intended to provide philosophical consistency for the work as well as guidance during the design process, prior to treatment.

²²² Oehrlein & Associates Architects and Robinson & Associates, Inc., Architectural and Historical Research, *St. Elizabeths West Campus: Preservation, Design, & Development Guidelines*, November 10, 2008, I-4.

The *Preservation, Design, & Development Guidelines* provide the following general treatment standards for the buildings of the west campus:

Building Treatment Standards

The West Campus contains a variety of architectural styles ranging in age from the early 1850s to the 1940s. It is critical that rehabilitation retain the integrity and historic fabric of the buildings. The building treatment standards expand upon the Secretary of the Interior's Standards for Rehabilitation. Building specific preservation treatment zones and preservation priorities will be established by the Historic Structure Reports or Historic Building Preservation Plans which will be prepared for each building.

1. All work on historic buildings and structures will be undertaken in accordance with the Secretary of the Interior's Standards.
2. Minimum alteration will be made to the historic buildings, structures or site to meet current use and code requirements.
3. Deteriorated building fabric will be repaired rather than replaced. When material deterioration prohibits repair, replacement materials shall match the original in material, color, and texture.
4. Rehabilitation work will retain original windows, window openings, doors and door locations.
5. All work will be designed and executed in a manner that minimizes damage to or removal of character defining elements or significant fabric of the building, structure or setting.
6. All exterior work will be executed in a manner that minimizes damage to significant landscapes or site features adjacent to the building or structure.

Interior Treatment Standards

There are spaces, materials and details at the interior of the buildings that are significant and character defining. The character defining spaces, materials and details will be determined by the Historic Structure Report or Historic Building Preservation Plan prepared for each structure. Rehabilitation of the interiors of the historic buildings requires new uses that will be compatible with existing space configuration, that can utilize identified restoration zones of the building and that will limit the need to alter or remove the significant interior spaces or materials. The character defining spaces, materials and details and the sense of time and place associated with the interior must be preserved and respected.

1. Proposed design and new uses will integrate and preserve the original interior plan configuration, spaces, features, and finishes.
2. All work will be executed in a manner that retains and does not damage interior features, finishes and original room configuration.
3. Proposed design should include original stairs and their historic configuration, including decorative elements.
4. Proposed design will retain significant features of original mechanical systems.
5. Rehabilitation of the building interiors will avoid subdividing the interior rooms, removing original partitions or altering the floor to floor heights.
6. Design will avoid installation of dropped ceilings or mechanical equipment that will result in the damage or covering of original ornamental moldings and ceiling details or that will intrude on window heads.
7. New design will avoid the removal of original plaster and wood trim from traditionally finished surfaces.

8. Rehabilitation procedures will avoid using destructive methods to remove coatings from historic features.²²³

The guidelines listed above should be considered in light of the overarching guidance provided by the Secretary of the Interior's Standards; the stated intent of the *Preservation, Design, & Development Guidelines* as discussed above; and the specific recommendations generated in the Historic Structure Reports and Building Preservation Plans, which respond to the findings of a comprehensive building-specific significance and condition assessment study.

Preservation Zoning

The GSA uses Building Preservation Plans and Historic Structure Reports to provide guidance in accommodating new requirements and building user needs while preserving each building's unique historic character. The technique of "preservation zoning" is used by the GSA to establish a hierarchy of significance for categorizing exterior and interior areas of each building to guide the long-term preservation approach for individual spaces and for the building as a whole.

Preservation zoning is based upon archival research to understand the chronology of the development of the building, an evaluation of the significance of individual spaces, identification of original features that may be obscured by later alterations, and documentation of existing conditions. Zoning guides the development of specific recommendations for the short and long term care of the building. Of particular importance for historic public buildings is the sequence and character of public spaces such as entrances, lobbies, corridors, and stairways that lead from the exterior to more private interior spaces. (These characteristics are present in some of the St. Elizabeths west campus buildings, although other campus buildings are less hierarchical in organization.)

²²³ Ibid., I-7.

Adjoining interconnected spaces are typically assigned one zone to maintain their character as a continuous suite. Exterior zones include visible roofing as well as associated landscape and site features. Flat or very shallow pitched roof areas not visible from grade are considered separately.

The identification of significant features is an important component both in understanding the overall significance of the building and in defining preservation zoning. National Park Service *Preservation Brief 17: Architectural Character: Identifying the Visual Aspects of Historic Buildings as an Aid to Preserving Their Character* describes a process for identification of significant features of historic buildings to assist in understanding their character and recommending appropriate treatment approaches.²²⁴

Although evaluation of historic integrity is related to the determination of preservation zones, it is common for spaces in public buildings to have been altered to some extent. These alterations do not prevent a space from being designated as restoration or rehabilitation, as long as the essential form or character is sufficiently intact to make restoration or rehabilitation practical. Preservation zoning is primarily intended to define a future treatment approach. Common alterations to interior finishes, such as the introduction of carpet over original flooring or the addition of suspended ceilings below original plaster ceilings, do not prevent a space from being designated for restoration or rehabilitation.

The GSA has defined three categories of preservation treatment zones: restoration, rehabilitation, and renovation. This hierarchy reflects the relative architectural importance and public visibility of the building's exterior and

²²⁴ Lee H. Nelson, FAIA, *Preservation Brief 17: Architectural Character: Identifying the Visual Aspects of Historic Buildings as an Aid to Preserving Their Character* (Washington, D.C.: National Park Service, 1988).

interior spaces. The GSA has provided the following guidelines for designation of building elements, and spaces as restoration, rehabilitation, or renovation zones:

Restoration zones (Zone 1) typically include primary facades and their settings, landscaped courtyards, public lobbies, corridors, stairways, original elevators, courtrooms, hearing rooms, other ceremonial spaces, libraries, executive suites and restrooms retaining historic ornamental finishes such as marble partitions, structural glass and porcelain pedestal sinks. These spaces merit retention of their original materials and features and restoration to remove inappropriate alterations such as suspended ceilings and reinstall missing features such as period lighting that contribute significantly to the historic character of these spaces. . . .

Rehabilitation zones (Zone 2) generally include most of the tenant spaces where alterations have occurred but significant original materials remain (i.e. windows, trim, doors, plaster walls, etc.) even if some features, such as lighting, have been removed or ceiling volumes obscured by suspended ceiling. Spaces merit a rehabilitation zoning if their historic configuration remains essentially intact and they contain historic materials or architectural features worth preserving. To establish the goal of preserving original materials within these spaces in a major modernization or upgrade, these secondary spaces must be designated rehabilitation zones.

Renovation zones (Zone 3) are typically limited to attics, basements, utilitarian spaces, and areas which have been so altered that no original material remains. These non-significant spaces may be demolished in their entirety, as long as the alterations do not adversely affect adjoining rehabilitation or restoration zone spaces. Alterations to ceilings, walls, doors and other features adjoining rehabilitation or restoration zones, such as changes along a building perimeter, must be undertaken in a manner that

preserves the appearance and integrity of adjoining significant spaces. Examples of such approaches include configuring suspended ceilings to preserve the full height of the windows as seen from the outside of the building.²²⁵

Restoration zoning indicates that a space will be restored to its original materials and architectural character. Restoration may also imply that the original use of the space will be continued. Contemporary interventions are minimized.

Rehabilitation zoning allows greater flexibility to accommodate new uses while retaining character-defining features and materials. Some alterations and interventions are allowed.

Renovation zoning implies either that few if any original materials or features survive intact or that the particular space does not contain distinguishing materials or features. Spaces zoned as renovation can be freely altered to suit contemporary needs.

Diagrams illustrating the recommended zoning for each building (except for those scheduled for demolition in accordance with the Master Plan) are provided in the individual building reports. Discussion of zoning for the individual buildings is referenced to the list of character-defining features provided under Evaluation of Significance in each report.

In general, the exteriors of the contributing buildings, as well as the most significant interior spaces, such as the auditorium in Hitchcock Hall, are designated as Zone 1. Typical interior spaces of contributing buildings such as corridors, patient rooms, and common areas are designated as Zone 2. Interior support spaces of contributing buildings, non-contributing additions to contributing buildings, and non-contributing buildings are designated as Zone 3.

²²⁵ Preservation zoning guidelines, correspondence to the authors from Caroline Alderson and George Siekkinen, GSA, February and May 2009.

The zoning diagrams developed for the buildings in this study are provided in each individual building report, together with a narrative discussion of the reasons for the selected zoning and the key features associated with each zone within that building. For the readers' convenience, the zoning diagrams for all of the subject buildings are also included in Appendix B of this report.

The reader is referred to the individual Historic Structure Reports and Building Preservation Plans for the zoning narrative that accompanies the zoning diagrams for each of the subject buildings.

Recommendations

Recommendations have been developed as part of the Historic Structure Report/Building Preservation Plan study based on information gathered through the historical and architectural significance evaluation and existing conditions assessment. These recommendations address structural stabilization and safety, repair measures to address existing deterioration, and restoration of missing or deteriorated historic features as appropriate to the specific building under consideration. As noted above, the recommendations have been developed in accordance with the Secretary of the Interior's Standards for Rehabilitation, with consideration of the general guidance provided by the *Preservation, Design, & Development Guidelines*.

The recommendations provided in the Historic Structure Reports/Building Preservation Plans are provided for reference by the project team for developing the rehabilitation design for each building. As part of the rehabilitation design process, consideration should be given to code and life safety issues (e.g., accessibility, egress, etc.), security issues (e.g., ballistic window treatments), and energy performance issues (e.g., window performance), as well as other issues related to building performance and adaptive reuse. Selection, design, detailing of specific

modifications required to meet these issues as well as to address program requirements are part of the rehabilitation design scope of work.

Many of the specific recommendations provided in the individual reports have been developed to address existing deterioration of the subject buildings. In general, deterioration is primarily related to water infiltration through the exterior envelope. Sources of water infiltration include deficiencies in flashings at building interfaces, as well as leakage through deteriorated masonry and at window and door perimeters. In addition, interior materials including wall and ceiling plaster and finish flooring are deteriorating as a result of moisture from condensation. Although temporary louvers and electric solar powered fans are provided in the building, inadequate ventilation as a result of window closure (board-ups), together with lack of heat and air movement, is contributing to the pre-existing condensation problem.

To some extent, material deterioration and partial structural collapse has resulted in numerous safety hazards in the buildings. On building exteriors, loose or displaced masonry and roofing elements are a potential safety hazard. On the building interiors, the floors in numerous buildings are unsafe for access. Other safety hazards include the presence of broken glass in numerous windows, loose or detached light fixtures, piping and conduit, and other overhead and wall-mounted appurtenances.

In the individual report for each building, general guidance is provided relative to the architectural rehabilitation of the building exteriors. Character-defining that should be retained and rehabilitated are identified. In general, it is anticipated that alterations will be necessary to meet contemporary functional needs and code requirements. Where original features are severely deteriorated, the individual building reports recommend that these features be reconstructed to match the appearance of the original feature. For certain buildings, the individual reports recommend that consideration

be given to demolishing existing non-historic additions as part of the rehabilitation design.

The treatment approach for interior materials and finishes of each building will depend upon the program for reuse of each space, the final plan layout for the interior of the building, and the need to install new mechanical and electrical systems. The determination of specific treatments for each room or space will require consideration not only of existing conditions but also of programmatic and functional needs. Where existing interior finish materials and structural systems are generally intact, they should be retained and repaired. Where severe deterioration of interior finish materials and structural systems exist, retention and repair may be feasible only for localized portions of the interior. In this case, interior doors, wood trim, and other character-defining features should be carefully removed to allow for structural repair and salvaged for reuse. Also, original existing materials and elements should be documented to serve as templates for the design of new interior elements and finishes.

The scope of work for repair and reconstruction of the building structural systems is dependent on the specific uses of the interior spaces and the condition of the structural components. The individual reports provide detailed recommendations for short term measures needed to address issues related to safety and stability, and long term measures needed as part of overall building rehabilitation. The recommendations for long term repairs provide a basis for design of structural rehabilitation in coordination with the overall rehabilitation of each building. Where individual structural members are severely deteriorated or deficient, they should be repaired or replaced, while sound structural members should be retained. Complete replacement of concealed structural wall and floor systems may be required where severe structural deficiencies render the original structural systems inadequate for continued use.

In many of the buildings, mechanical, electrical, and plumbing systems, including fire alarm and protection systems where present, are either in poor condition or functionally unsuitable for reuse. It is understood that replacement of existing mechanical, electrical, and plumbing systems is anticipated as part of the building rehabilitation program currently in design. Mechanical, electrical, and plumbing features of historic significance or interest should be carefully documented prior to removal. Consideration should be given to retaining representative system components in place as physical documentation within the subject buildings.

The following synopsis of recommendations provides an overview of the guidance provided in the individual building reports for the components, materials, and systems of the various buildings on the west campus. Specific recommendations for the each building are provided in the individual building reports.

The reader is referred to the individual Historic Structure Reports and Building Preservation Plans for building-specific recommendations.

CLOSING

This Executive Summary has been prepared to assist the user in understanding the overall historical context, evolution, significance, zoning, and recommendations for treatment of the historic buildings of the St Elizabeths west campus.

A detailed history, assessment, and specific treatment recommendations for each of the buildings included in this study is provided in each of the individual building Historic Structure Reports and Building Preservation Plans.

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Library of Congress, Washington, D.C.: Geography & Maps Division

The collection contains various topographical maps and site plans for the District of Columbia and St. Elizabeths campus from 1855–1985. Some of the maps are accessible online at [http://memory.loc.gov/cgi-bin/map_item.pl?data=/home/www/data/gmd/gmd385/g3852/g3852s/ct002086.jp2&style=gmd&itemLink=r?ammem/gmd,klpmap,ww2map,:@field\(NUMBER+@band\(g3852s+ct002086\)\)&title=\[Maps%20of%20Saint%20Elizabeths%20Hospital,%20Washington%20D.C.\]%20%2f%20C.H.%20Nichols,%20sup't%20;%20surveyed%20by%20John%20M.%20Coyle%20;%20Thos.%20U.%20Walter,%20arch't%20;%20ground%20plan%20designed%20by%20C.H.%20Nichols,%20sup't](http://memory.loc.gov/cgi-bin/map_item.pl?data=/home/www/data/gmd/gmd385/g3852/g3852s/ct002086.jp2&style=gmd&itemLink=r?ammem/gmd,klpmap,ww2map,:@field(NUMBER+@band(g3852s+ct002086))&title=[Maps%20of%20Saint%20Elizabeths%20Hospital,%20Washington%20D.C.]%20%2f%20C.H.%20Nichols,%20sup't%20;%20surveyed%20by%20John%20M.%20Coyle%20;%20Thos.%20U.%20Walter,%20arch't%20;%20ground%20plan%20designed%20by%20C.H.%20Nichols,%20sup't) (accessed on February 16, 2010).

Library of Congress, Washington, D.C.: Manuscripts Division

The collection houses the records of the Olmsted Associates (Series B, Job Files) as well as the Charles H. Nichols Papers. For the purposes of this study, a cursory review of archival material in this collection was performed to identify relevant documents.

Library of Congress, Washington, D.C.: Adams Building Reading Room

The repository houses a large selection of annual reports from 1854–1866, 1871–1872, 1890–1903, 1915–1932, and 1946–1952. Additionally, the library has copies of the reports of the Special Committee on Investigation of the Government Hospital for the Insane from 1906 and 1926. Some of the resources have been digitized and are available for download. An extensive review of these materials was performed for this study.

National Archives Building, Washington, D.C.

Record Group 418: Records of St. Elizabeths Hospital. The repository provides a free publication entitled the *Preliminary Inventory of the Records of St. Elizabeths Hospital* which is a detailed inventory of documents contained within the National Archives of the United States as of August 21, 1978, Record Group 418: Records of St. Elizabeths Hospital. The National Archives Building in Washington, D.C. contains the Letters of Inspection from the Board of Visitors, historical data files relating to initial development of the campus, and detailed records from subordinate units relating to the preparation of the Superintendent's annual report. Much of the material is handwritten and provides extensive information regarding maintenance and repair on the west campus. Record Group 418 is a large collection of materials from which WJE was able to review all of the available photographic and cartographic documents as well as the textual files deemed most relevant to the scope of the project (approximately one-third of the narrative documents in the collection).

Record Group 42: Records of the Office of Public Buildings and Public Parks of the National Capital. For purposes of this study, WJE completed a cursory survey of relevant entries in this record group. Significant references to St. Elizabeths Hospital were not identified in the materials reviewed.

National Archives at College Park, College Park, Maryland

Record Group 418: Records of St. Elizabeths Hospital. The repository provides a free publication entitled the *Preliminary Inventory of the Records of St. Elizabeths Hospital*,

which is a detailed inventory of documents contained within the National Archives of the United States as of August 21, 1978, Record Group 418: Records of St. Elizabeths Hospital. The National Archives at College Park contains hundreds of archival photographs of the west campus dating from the 1890s through the 1960s. The photographs are divided into three collections: 418-G, 418-H, and 418-P, which contain images of the campus, building exteriors, building interiors, and campus life. Some of the archival photographs have been digitized and are available for download. Many of the images are duplicates of those available through the General Services Administration archive. In the Cartographic and Architectural Division of the library there is a collection of site plans and drawings of the hospital dating from 1856 through 1939. Record Group 418 is a large collection of materials from which WJE was able to review all of the photographic and cartographic documents as well as the textual files deemed most relevant to the scope of the project (approximately one-third of the narrative documents in the collection).

Record Group 48: Records of the Secretary of the Interior. Extensive information on St. Elizabeths Hospital is available through Record Group 48, Entry 300, Boxes 1 through 15. The resource can be viewed at the Textual Documents Division of the library and provides detailed information pertaining to early twentieth-century development on the campus. This collection includes unique archival photographs, extensive specifications, and detailed correspondence with contractors relating to the construction of the lettered buildings and Hitchcock Hall. An extensive review of the materials was completed by WJE for purposes of this study.

St. Elizabeths Hospital Database

Compiled under the direction of the General Services Administration, the digital database contains more than 1,300 archival photographs, construction documents, and sketches of St. Elizabeths west campus structures, features, and landscapes. The collection is organized by building and includes plans and elevations signed by Charles Nichols and Thomas U. Walter from 1860, Civil War era photography, an extensive array of photographs from 1890 to 1905, documentation from the 1945 Public Building Administration survey, campus improvement plans from the 1950s, archival photographs from the 1960s, and a photographic survey of buildings done by Dr. Jogues Prandoni in 2002. All images are saved as TIF files. An extensive review of the materials was completed by WJE for purposes of this study.

St. Elizabeths Hospital Health Sciences Library

The Health Sciences Library is located on the St. Elizabeths Hospital east campus and houses a large scale model of the St. Elizabeths campus as it appeared in 1976. The library collection also contains a bound copy of the 1945 Public Building Administration survey, an extensive collection of annual reports, a full archive of the *Sun Dial*, the *Elizabethan*, and the *St. Elizabeths Reporter*—the St. Elizabeths Hospital newsletter—and hospital management plans from the 1970s and 1980s. Available photographs are of a candid nature and document campus events and ceremonies. The collection contains extensive documentation of the people who resided and worked at the St. Elizabeths Hospital during the late twentieth century. WJE completed a cursory survey of the archive with extensive review given to archival photographs and master plan documents.

American Institute of Architects/American Architecture Foundation Archive

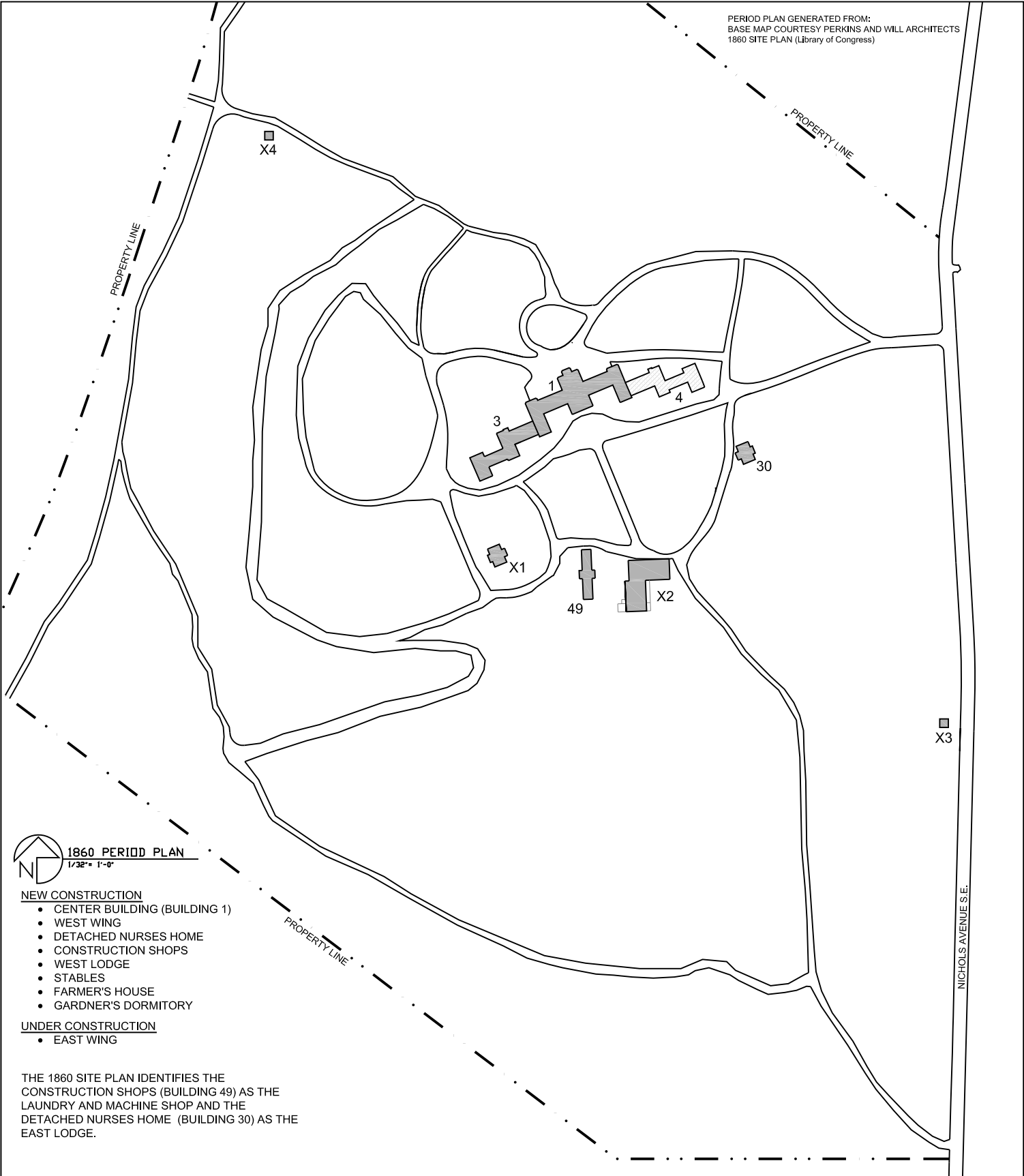
The collection is currently temporarily being held at the American Institute of Architects headquarters building in Washington, D.C. The materials were recently transferred to the stewardship of the General Services Administration and are being catalogued and conserved for inclusion in an exhibit at the National Building Museum. The collection consists of drawing files and textual documents. The drawings are organized by building and include an assortment of plans and elevations, including some plans of the Center Building by Thomas U. Walter and renderings of other west campus buildings and additions from the 1860s to the 1930s. There are seven boxes of textual records dating from 1900 to the 1970s. The collection includes correspondence, news articles, scrapbooks, annual reports, specification books, and a small assortment of government documents. For purposes of this study, WJE reviewed the entirety of the textual files and approximately half of the drawing collection.

APPENDICES

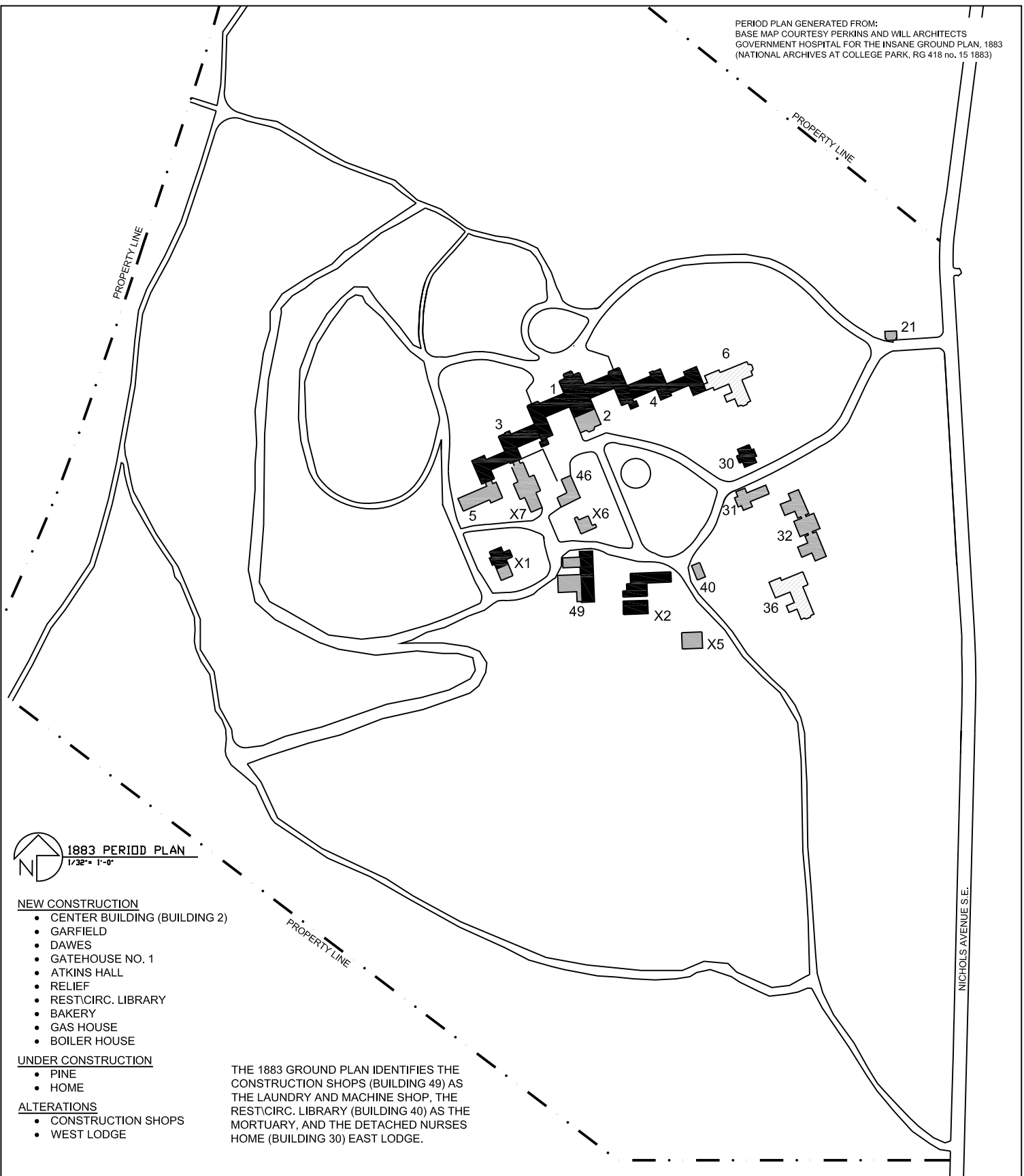
Appendix A – Period Plans

Appendix B – Zoning Diagrams

APPENDIX A – PERIOD PLANS

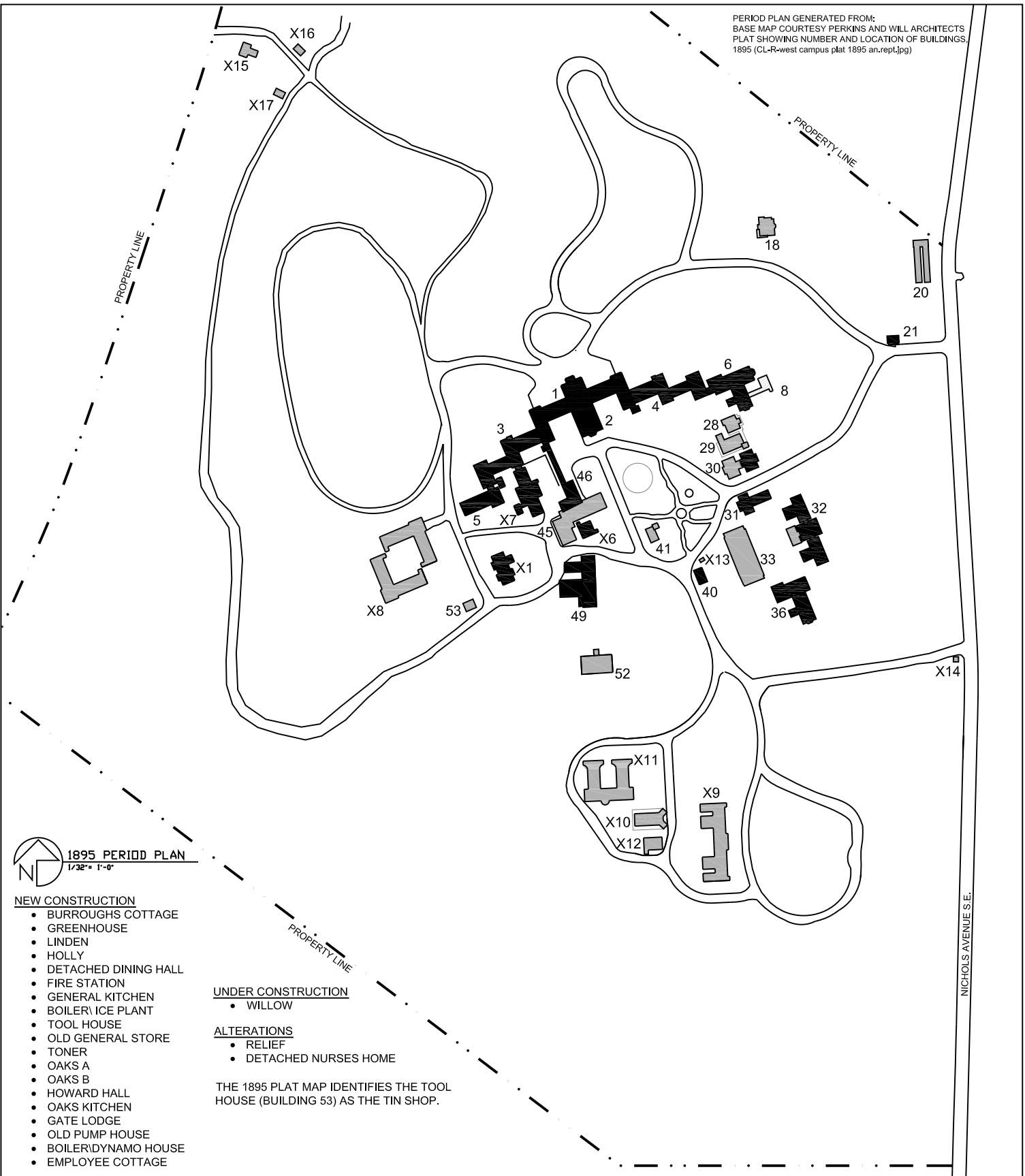


Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1	Center Building								
3	West Wing								
4	East Wing								
30	Detached Nurses Home								
49	Construction Shops								
X1	West Lodge								
X2	Stables								
X3	Farmer's House								
X4	Gardner's Dormitory								



Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	49	Construction Shops				
3	West Wing	X1	West Lodge				
4	East Wing	X2	Stables				
5	Garfield	X5	Gas House				
6	Pine	X6	Boiler House				
21	Gatehouse No.1	X7	Dawes Building				
30	Detached Nurses Home						
31	Atkins Hall						
32	Relief						
36	Home						
40	Rest/ Circ. Library						
46	Bakery						

PERIOD PLAN GENERATED FROM:
BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
PLAT SHOWING NUMBER AND LOCATION OF BUILDINGS,
1895 (CL-R-west campus plat 1895 an.rept.jpg)



1895 PERIOD PLAN
1/32" = 1'-0"

NEW CONSTRUCTION

- BURROUGHS COTTAGE
- GREENHOUSE
- LINDEN
- HOLLY
- DETACHED DINING HALL
- FIRE STATION
- GENERAL KITCHEN
- BOILER/ICE PLANT
- TOOL HOUSE
- OLD GENERAL STORE
- TONER
- OAKS A
- OAKS B
- HOWARD HALL
- OAKS KITCHEN
- GATE LODGE
- OLD PUMP HOUSE
- BOILER/DYNAMO HOUSE
- EMPLOYEE COTTAGE

UNDER CONSTRUCTION

- WILLOW

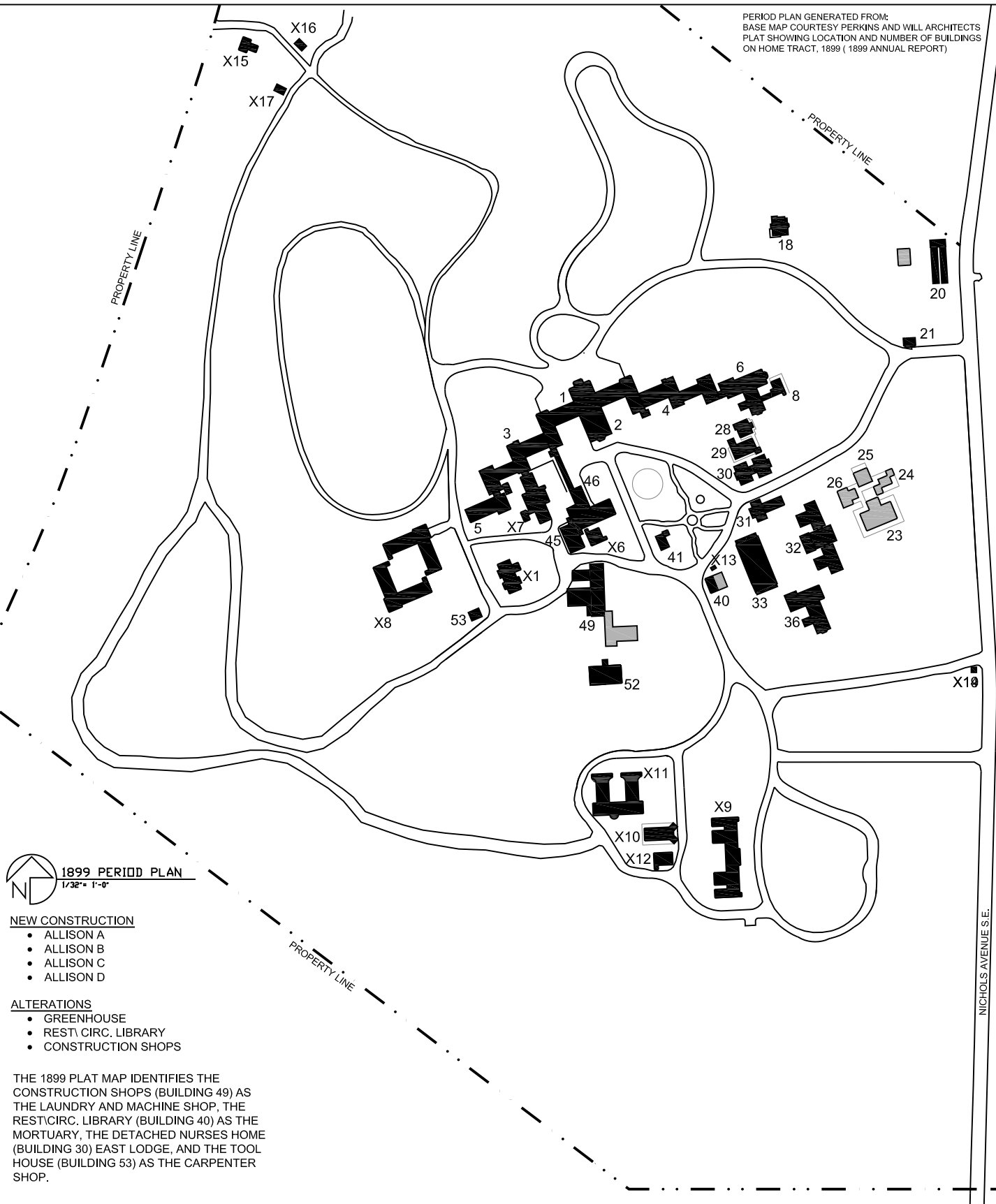
ALTERATIONS

- RELIEF
- DETACHED NURSES HOME

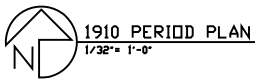
THE 1895 PLAT MAP IDENTIFIES THE TOOL HOUSE (BUILDING 53) AS THE TIN SHOP.

Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	31	Atkins Hall	X6	Boiler House		
3	West Wing	32	Relief	X7	Dawes Building		
4	East Wing	33	Det. Dining Hall	X8	Howard Hall		
5	Garfield	36	Home	X9	Toner Building		
6	Pine	40	Rest/Circ. Library	X10	Oaks A		
8	Willow	41	Fire Station	X11	Oaks B		
18	Burroughs Cottage	45	General Kitchen	X12	Kitchen and Coal Vault		
20	Greenhouse	46	Bakery	X13	Old General Store		
21	Gatehouse No.1	49	Construction Shop	X14	Gate Lodge		
28	Linden	52	Boiler/Ice Plant	X15	Boiler/Dynamo House		
29	Holly	53	Tool House	X16	Employee Cottage		
30	Detached Nurses Home	X1	West Lodge	X17	Garden House		

PERIOD PLAN GENERATED FROM:
BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
PLAT SHOWING LOCATION AND NUMBER OF BUILDINGS
ON HOME TRACT, 1899 (1899 ANNUAL REPORT)



Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	28	Linden	52	Boiler/Ice Plant	X15	Boiler/Dynamo House		
3	West Wing	29	Holly	53	Tool House	X16	Employee Cottage		
4	East Wing	30	Detached Nurses Home	X1	West Lodge	X17	Garden House		
5	Garfield	31	Atkins Hall	X6	Boiler House				
6	Pine	32	Relief	X7	Dawes Building				
8	Willow	33	Det. Dining Hall	X8	Howard Hall				
18	Burroughs Cottage	36	Home Building	X9	Toner Building				
21	Gatehouse No.1	40	Rest. Circ. Library	X10	Oaks A				
23	Allison D	41	Fire Station	X11	Oaks B				
24	Allison C	45	General Kitchen	X12	Kitchen and Coal Vault				
25	Allison A	46	Bakery	X13	Old General Store				
26	Allison B	49	Construction Shop	X14	Gate Lodge				



NEW CONSTRUCTION

- DETACHED KITCHEN
- OLD STOREROOM
- POWER HOUSE (BUILDING 56)
- J BUILDING
- L BUILDING
- K BUILDING
- Q BUILDING
- E BUILDING
- FAN HOUSE
- M BUILDING
- C BUILDING
- A BUILDING
- B BUILDING
- TONER KITCHEN

UNDER CONSTRUCTION

- HITCHCOCK HALL
- POWER HOUSE (BUILDING 57)

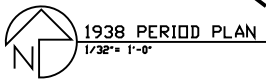
ALTERATIONS

- REST/CIRC. LIBRARY
- CONSTRUCTION SHOPS
- WEST LODGE

THE REST/CIRC. LIBRARY (BUILDING 40), FIRE STATION (BUILDING 41), AND OLD GENERAL STORE (BUILDING X13) WERE RELOCATED IN 1904-1905.

Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	28	Linden	45	General Kitchen	72	M Building
3	West Wing	29	Holly	46	Bakery	73	C Building
4	East Wing	30	Detached Nurses Home	49	Construction Shop	74	A Building
5	Garfield	31	Atkins Hall	52	Boiler/Ice Plant	75	B Building
6	Pine	32	Relief	53	Tool House	X1	West Lodge
8	Willow	33	Det. Dining Hall	56	Power House	X7	Dawes Building
18	Burroughs Cottage	34	Det. Kitchen	60	J Building	X8	Howard Hall
21	Gatehouse No.1	36	Home Building	64	L Building	X9	Toner Building
23	Allison D	37	Hitchcock Hall	66	K Building	X10	Oaks A
24	Allison C	40	Rest/Circ. Library	68	Q Building	X11	Oaks B
25	Allison A	41	Fire Station	69	E Building	X13	Old General Store
26	Allison B	44	Old Storeroom	71	Fan House	X18	Toner Kitchen

PERIOD PLAN GENERATED FROM:
BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
ST. ELIZABETHS HOSPITAL KEY PLAN OF BUILDINGS, 1938
(NATIONAL ARCHIVES AT COLLEGE PARK, RG 418 no. 22 1938)



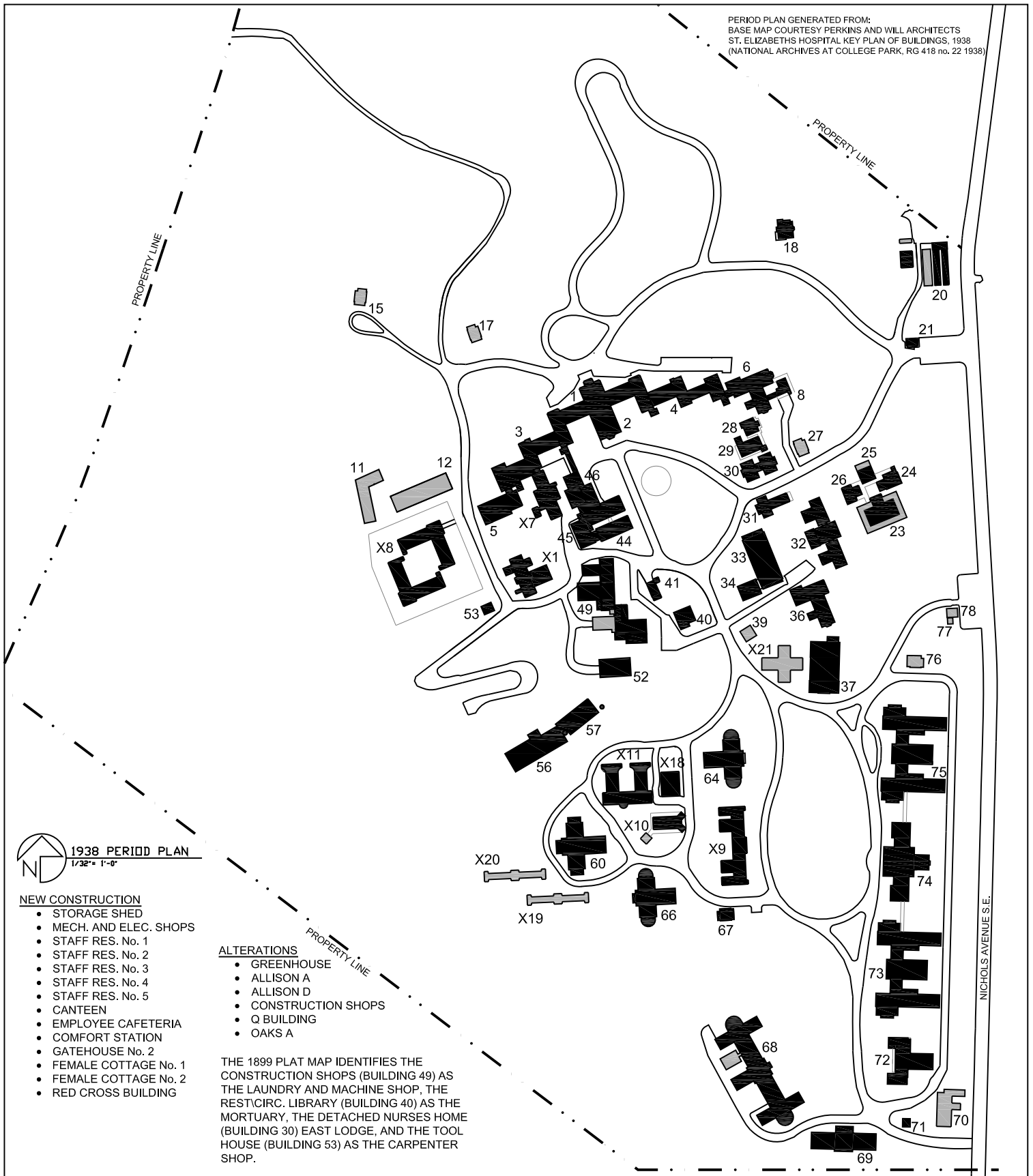
NEW CONSTRUCTION

- STORAGE SHED
- MECH. AND ELEC. SHOPS
- STAFF RES. No. 1
- STAFF RES. No. 2
- STAFF RES. No. 3
- STAFF RES. No. 4
- STAFF RES. No. 5
- CANTEEN
- EMPLOYEE CAFETERIA
- COMFORT STATION
- GATEHOUSE No. 2
- FEMALE COTTAGE No. 1
- FEMALE COTTAGE No. 2
- RED CROSS BUILDING

ALTERATIONS

- GREENHOUSE
- ALLISON A
- ALLISON D
- CONSTRUCTION SHOPS
- Q BUILDING
- OAKS A

THE 1899 PLAT MAP IDENTIFIES THE
CONSTRUCTION SHOPS (BUILDING 49) AS
THE LAUNDRY AND MACHINE SHOP, THE
REST/CIRC. LIBRARY (BUILDING 40) AS THE
MORTUARY, THE DETACHED NURSES HOME
(BUILDING 30) EAST LODGE, AND THE TOOL
HOUSE (BUILDING 53) AS THE CARPENTER
SHOP.

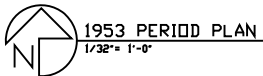


Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	21	Gatehouse No.1	34	Det. Kitchen	56 and 57	Power House	75	B Building
3	West Wing	23	Allison D	36	Home Building	60	J Building	76	Staff Res. No. 4
4	East Wing	24	Allison C	37	Hitchcock Hall	64	L Building	77	Comfort Station
5	Garfield	25	Allison A	39	Canteen	66	K Building	78	Gatehouse No. 2
6	Pine	26	Allison B	40	Rest/Circ. Library	67	Staff Res. No. 5	X1	West Lodge
8	Willow	27	Staff Res. No. 3	41	Fire Station	68	Q Building	X7	Dawes Building
11	Storage Shed	28	Linden	44	Old Storeroom	69	E Building	X8	Howard Hall
12	Mech. and Elec.	29	Holly	45	General Kitchen	70	Employee Cafe	X9	Toner Building
15	Staff Res. No.1	30	Det. Nurses Home	46	Bakery	71	Fan House	X10	Oaks A
17	Staff Res. No. 2	31	Atkins Hall	49	Construction Shop	72	M Building	X11	Oaks B
18	Burroughs Cottage	32	Relief	52	Boiler/Ice Plant	73	C Building	X18	Toner Kitchen
20A-H	Greenhouse	33	Det. Dining Hall	53	Tool House	74	A Building	X19	Female Cot. No. 1
								X20	Female Cot. No. 2
								X21	Red Cross Building

PERIOD PLAN GENERATED FROM:
BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
ST. ELIZABETHS CONSTRUCTION DRAWINGS , 1953
(GSA ARCHIVES, IMAGE DC1472SE0198)

ANACOSTIA FREEWAY

PROPERTY LINE



1953 PERIOD PLAN

1/32" = 1'-0"

NEW CONSTRUCTION

- HAGAN HALL
- LOCOMOTIVE HOUSE
- WAREHOUSE/LAUNDRY

ALTERATIONS

- GREEN HOUSE
- POWER HOUSE

PROPERTY LINE

MARTIN LUTHER KING JR. AVENUE SE

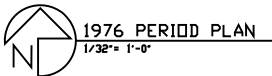
Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	24	Allison C	39	Canteen	67	Staff Res. No. 5	X7	Dawes Building
3	West Wing	25	Allison A	40	Rest/Circul. Library	68	Q Building	X8	Howard Hall
4	East Wing	26	Allison B	41	Fire Station	69	E Building	X9	Toner Building
5	Garfield	27	Staff Res. No. 3	44	Old Storeroom	70	Employee Cafeteria	X10	Oaks A
6	Pine	28	Linden	45	General Kitchen	71	Fan House	X11	Oaks B
8	Willow	29	Holly	46	Bakery	72	M Building	X18	Toner Kitchen
11	Storage Shed	30	Detached Nurses Home	49	Construction Shop	73	C Building	X19	Female Cot. No. 1
12	Mech. and Elec. Shops	31	Atkins Hall	52	Boiler/Ice Plant	74	A Building	X20	Female Cot. No. 2
15	Staff Res. No.1	32	Relief	53	Tool House	75	B Building		
17	Staff Res. No. 2	33	Det. Dining Hall	55	Locomotive House	76	Staff Res. No. 4		
18	Burroughs Cottage	34	Det. Kitchen	56 and 57	Power House	77	Comfort Station		
20A-H	Greenhouse	36	Home Building	60	J Building	78	Gatehouse No. 2		
21	Gatehouse No.1	37	Hitchcock Hall	64	L Building	118/118A	Warehouse/Laundry		
23	Allison D	38	Hagan Hall	66	K Building	X1	West Lodge		

PERIOD PLAN GENERATED FROM:
 BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
 ST. ELIZABETHS SITE MODEL, 1976
 ST. ELIZABETHS HOSPITAL HEALTH SCIENCES LIBRARY

AMCOSTIA FREEWAY

PROPERTY LINE

MARTIN LUTHER KING JR. AVENUE SE



1976 PERIOD PLAN
 1/32" = 1'-0"

NEW CONSTRUCTION

- PUMP HOUSE
- TRANSFORMER No. 62
- TRANSFORMER No. 63
- INCINERATOR

ALTERATIONS

- GREENHOUSE
- CONSTRUCTION SHOPS
- A BUILDING

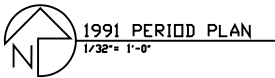
Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	24	Allison C	39	Canteen	67	Staff Res. No. 5	X7	Dawes Building
3	West Wing	25	Allison A	40	Rest/Circul. Library	68	Q Building	X8	Howard Hall
4	East Wing	26	Allison B	41	Fire Station	69	E Building	X9	Toner Building
5	Garfield	27	Staff Res. No. 3	44	Old Storeroom	70	Employee Cafeteria	X10	Oaks A
6	Pine	28	Linden	45	General Kitchen	71	Fan House	X11	Oaks B
8	Willow	29	Holly	46	Bakery	72	M Building	X18	Toner Kitchen
11	Storage Shed	30	Detached Nurses Home	49	Construction Shop	73	C Building	X19	Female Cot. No. 1
12	Mech. and Elec. Shops	31	Atkins Hall	52	Boiler/Ice Plant	74	A Building	X20	Female Cot. No. 2
15	Staff Res. No. 1	32	Relief	53	Tool House	75	B Building		
17	Staff Res. No. 2	33	Det. Dining Hall	55	Locomotive House	76	Staff Res. No. 4		
18	Burroughs Cottage	34	Det. Kitchen	56 and 57	Power House	77	Comfort Station		
20A-H	Greenhouse	36	Home Building	60	J Building	78	Gatehouse No. 2		
21	Gatehouse No. 1	37	Hitchcock Hall	64	L Building	118/118A	Warehouse/Laundry		
23	Allison D	38	Hagan Hall	66	K Building	X1	West Lodge		

PERIOD PLAN GENERATED FROM:
BASE MAP COURTESY PERKINS AND WILL ARCHITECTS
ST. ELIZABETHS INVENTORY , 1991

ANACOSTIA FREEWAY

PROPERTY LINE

MARTIN LUTHER KING JR. AVENUE SE



1991 PERIOD PLAN
1/32" = 1'-0"

NEW CONSTRUCTION
• STORAGE BUILDING

PROPERTY LINE

Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	20A-H	Greenhouse	33	Det. Dining Hall	52	Boiler/Ice Plant	70	Employee Cafeteria
3	West Wing	21	Gatehouse No.1	34	Det. Kitchen	53	Tool House	71	Fan House
4	East Wing	23	Allison D	36	Home Building	55	Locomotive House	72	M Building
5	Garfield	24	Allison C	37	Hitchcock Hall	56 and 57	Power House	73	C Building
6	Pine	25	Allison A	38	Hagan Hall	60	J Building	74	A Building
8	Willow	26	Allison B	39	Canteen	62	Transformer Room	75	B Building
11	Storage Shed	27	Staff Res. No. 3	40	Rest/Circul. Library	63	Transformer Room	76	Staff Res. No. 4
12	Mech. and Elec. Shops	28	Linden	41	Fire Station	64	L Building	77	Comfort Station
15	Staff Res. No.1	29	Holly	44	Old Storeroom	66	K Building	78	Gatehouse No. 2
16	Pumping Station	30	Detached Nurses Home	45	General Kitchen	67	Staff Res. No. 5	118/118A	Warehouse/Laundry
17	Staff Res. No. 2	31	Atkins Hall	46	Bakery	68	Q Building	123	Incinerator
18	Burroughs Cottage	32	Relief	49	Construction Shop	69	E Building	130	Storage Building

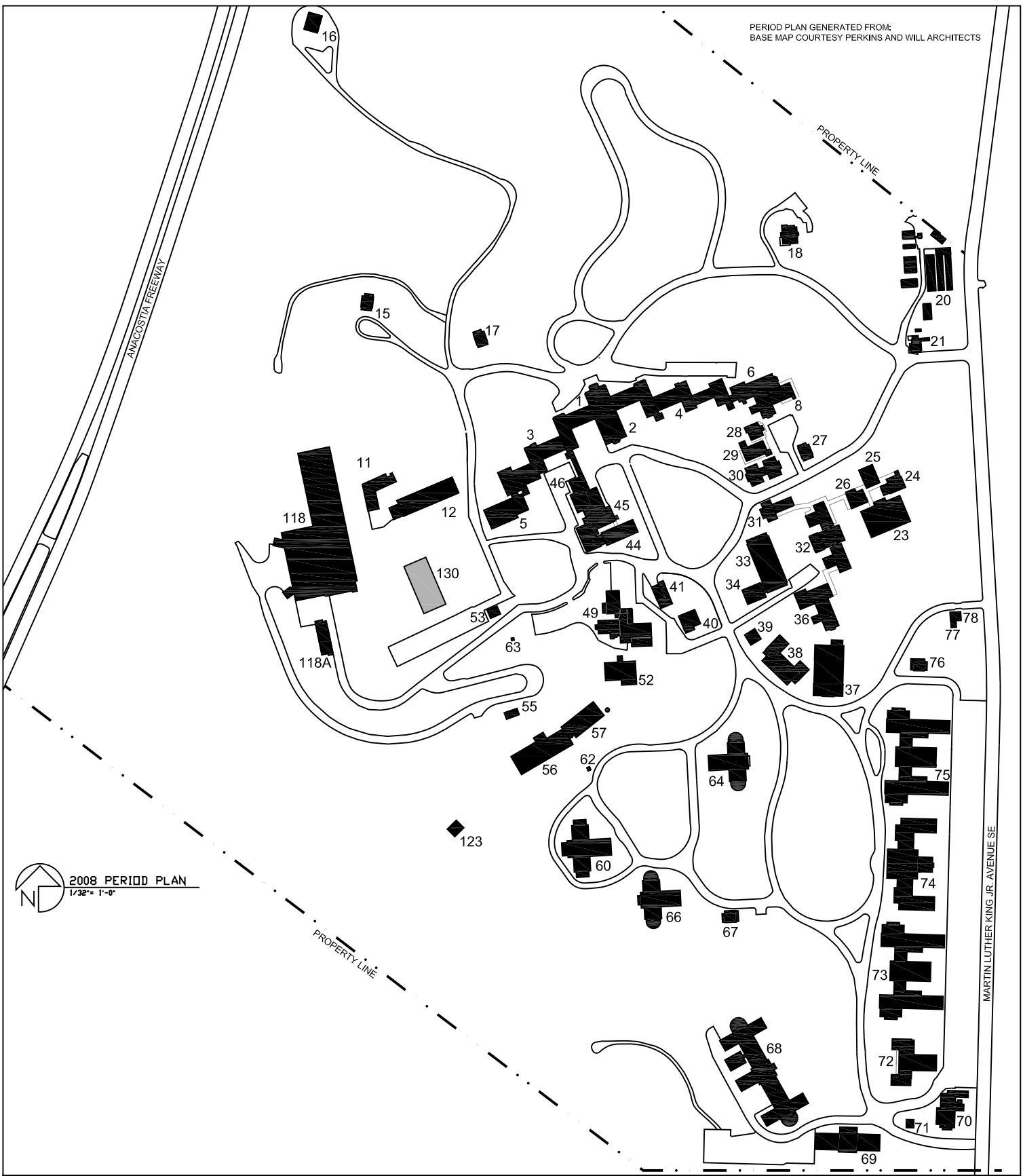
ANACOSTIA FREEWAY

PROPERTY LINE

MARTIN LUTHER KING JR. AVENUE SE

ND 2008 PERIOD PLAN
1/32" = 1'-0"

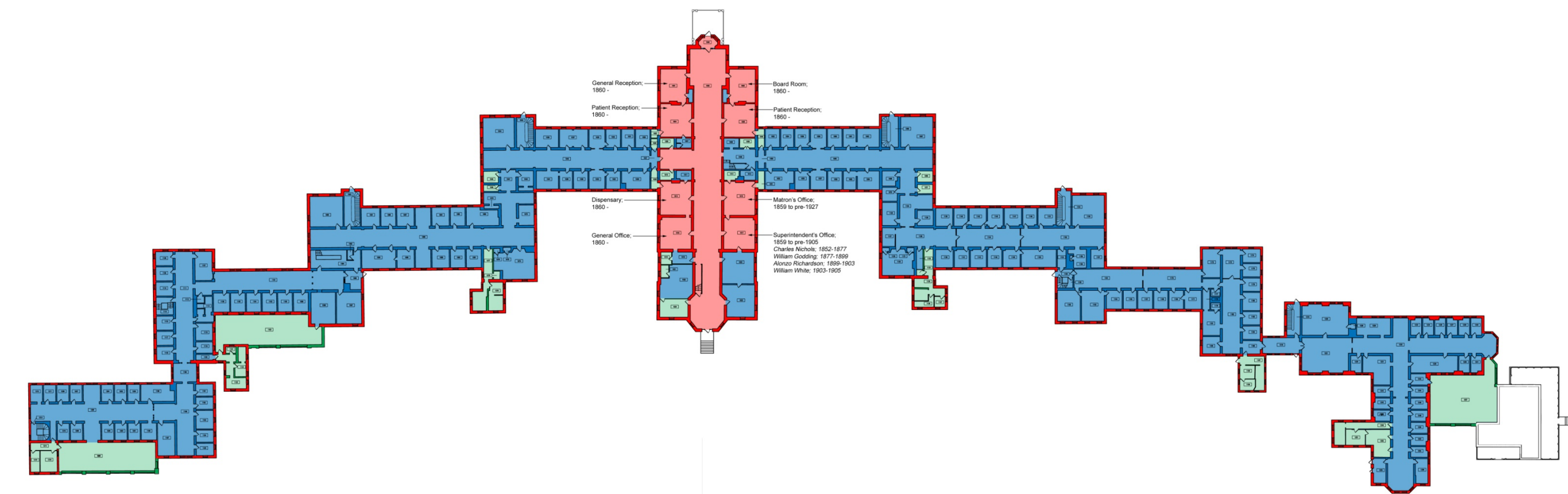
PROPERTY LINE



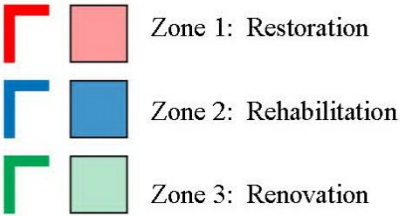
Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name	Bldg. No.	Name
1 and 2	Center Building	20A-H	Greenhouse	33	Det. Dining Hall	52	Boiler/Ice Plant	70	Employee Cafeteria
3	West Wing	21	Gatehouse No. 1	34	Det. Kitchen	53	Tool House	71	Fan House
4	East Wing	23	Allison D	36	Home Building	55	Locomotive House	72	M Building
5	Garfield	24	Allison C	37	Hitchcock Hall	56 and 57	Power House	73	C Building
6	Pine	25	Allison A	38	Hagan Hall	60	J Building	74	A Building
8	Willow	26	Allison B	39	Canteen	62	Transformer Room	75	B Building
11	Storage Shed	27	Staff Res. No. 3	40	Rest/Circul. Library	63	Transformer Room	76	Staff Res. No. 4
12	Mech. and Elec. Shops	28	Linden	41	Fire Station	64	L Building	77	Comfort Station
15	Staff Res. No. 1	29	Holly	44	Old Storeroom	66	K Building	78	Gatehouse No. 2
16	Pumping Station	30	Detached Nurses Home	45	General Kitchen	67	Staff Res. No. 5	118/118A	Warehouse/Laundry
17	Staff Res. No. 2	31	Atkins Hall	46	Bakery	68	Q Building	123	Incinerator
18	Burroughs Cottage	32	Relief	49	Construction Shop	69	E Building	130	Storage Building

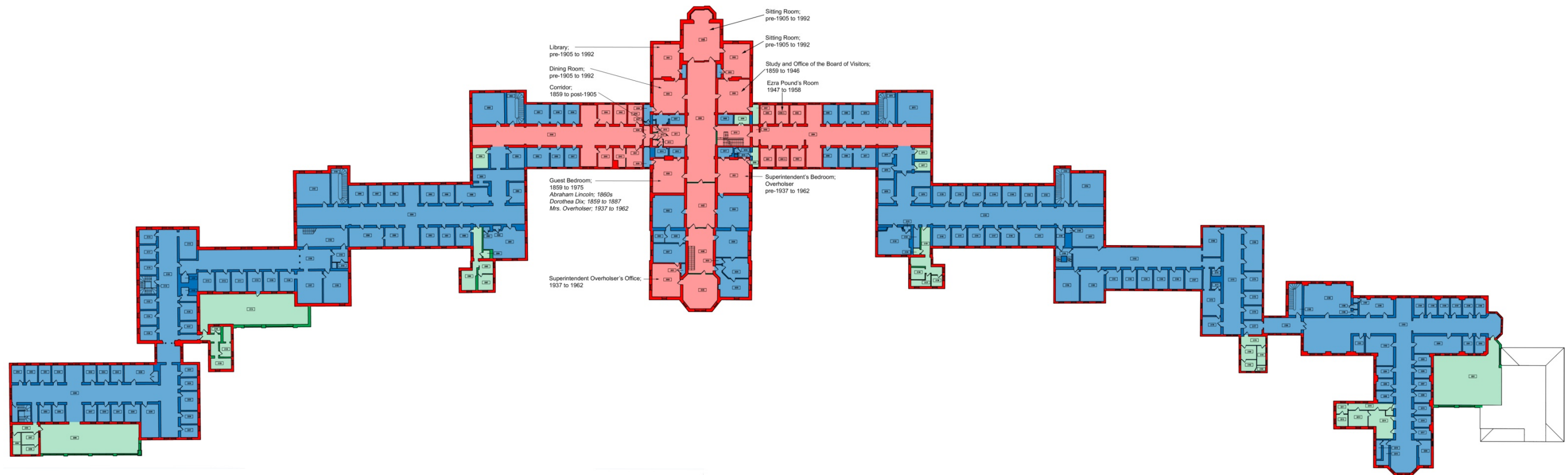
APPENDIX B – ZONING DIAGRAMS

Center Building Group (Buildings 1 through 6)



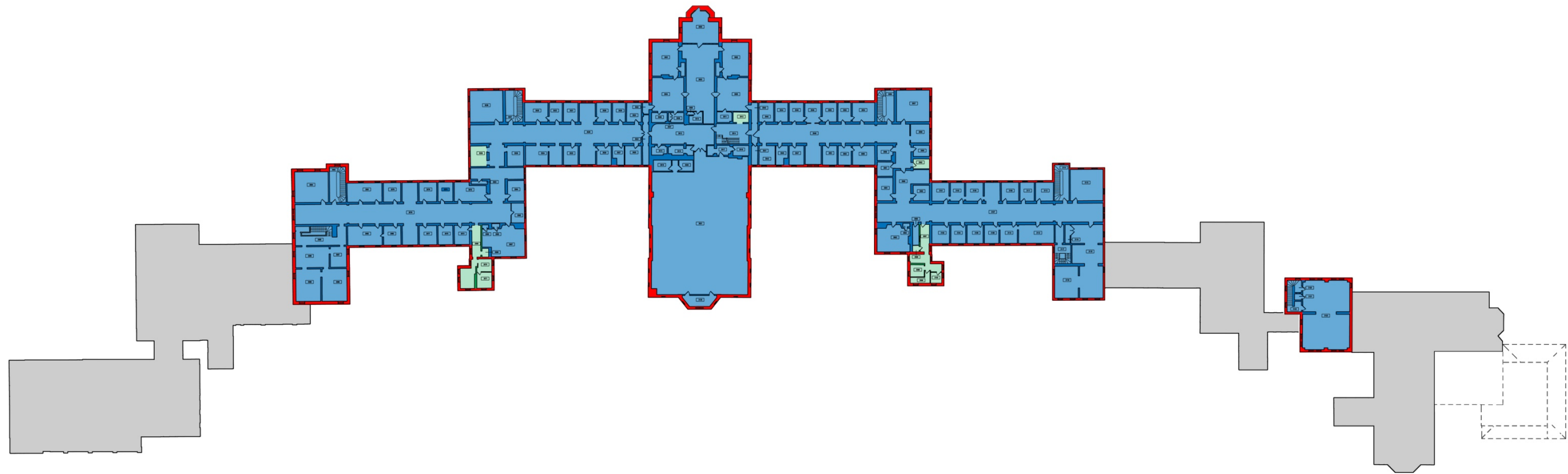
First Floor Zoning Diagram





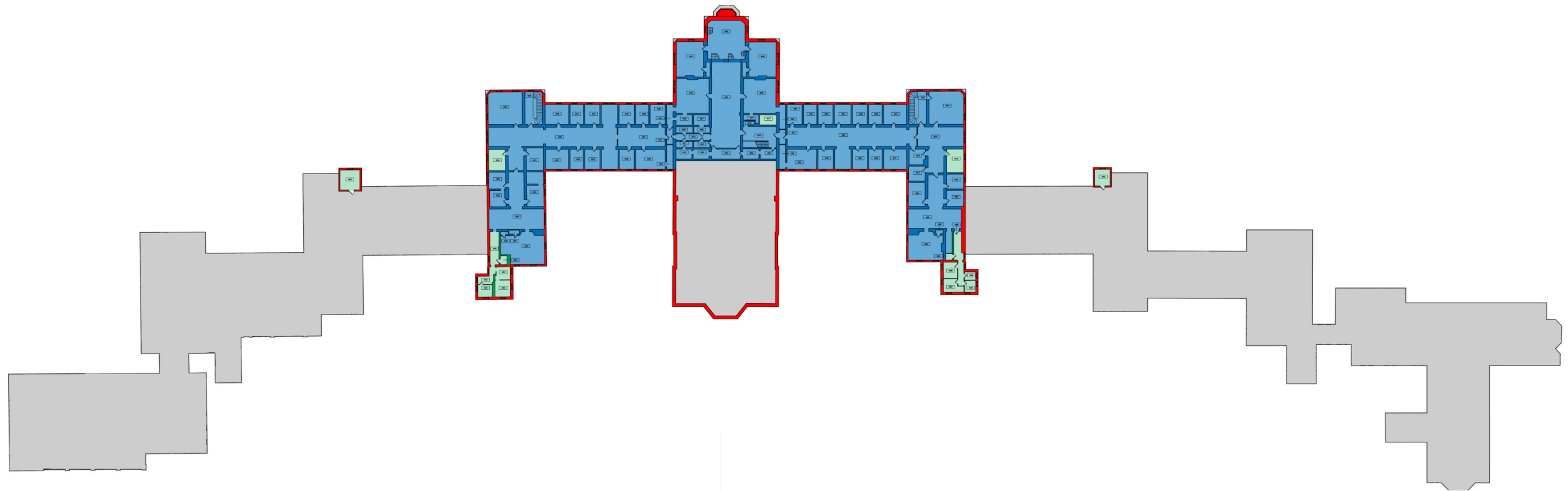
Second Floor Zoning Diagram



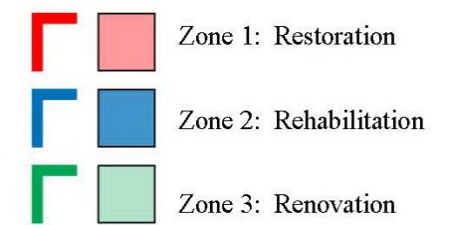


Third Floor Zoning Diagram

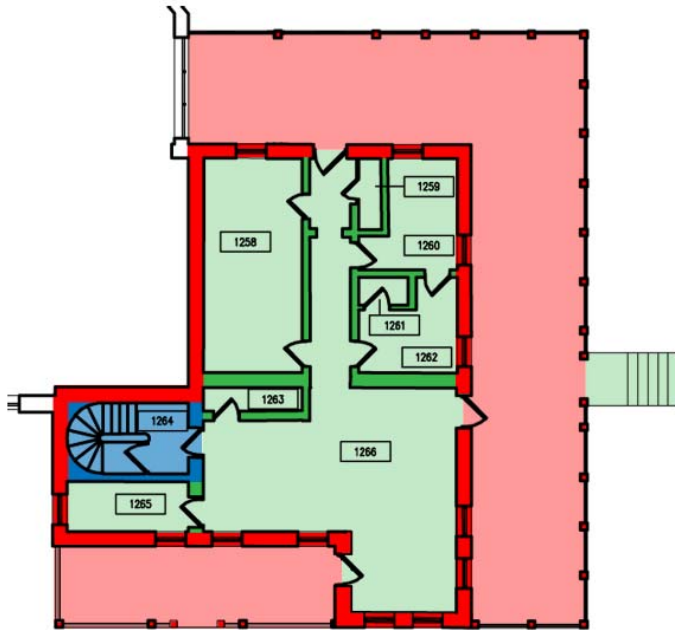




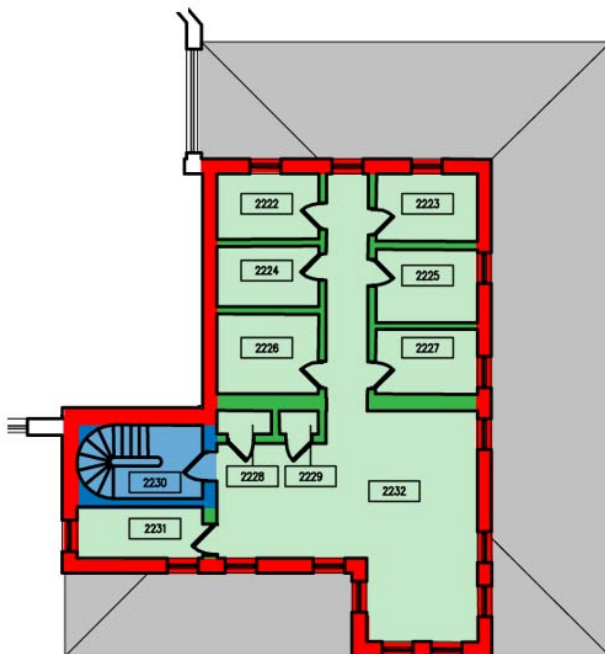
Fourth Floor Zoning Diagram



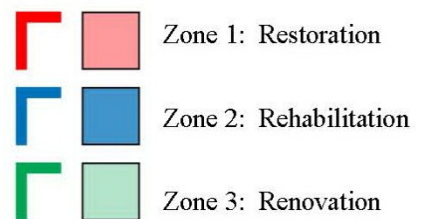
Willow (Building 8)

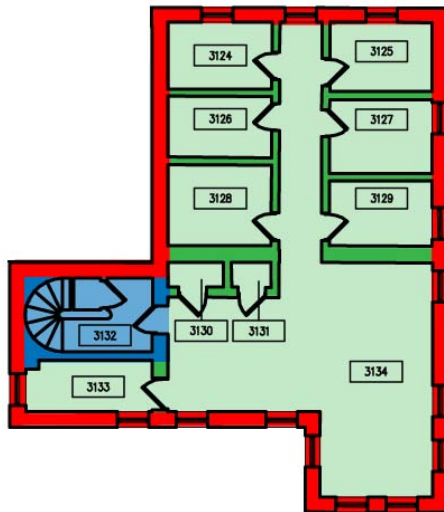


First Floor Zoning Diagram

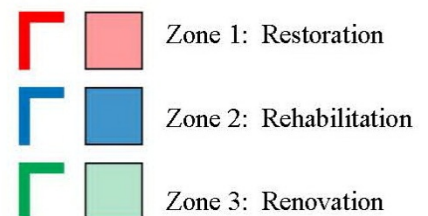


Second Floor Zoning Diagram

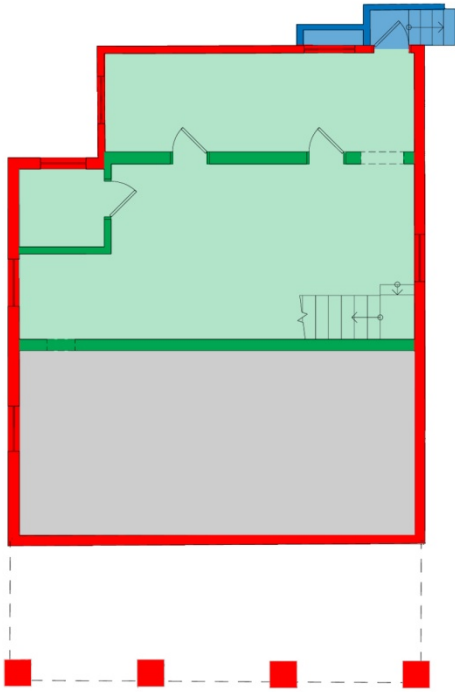




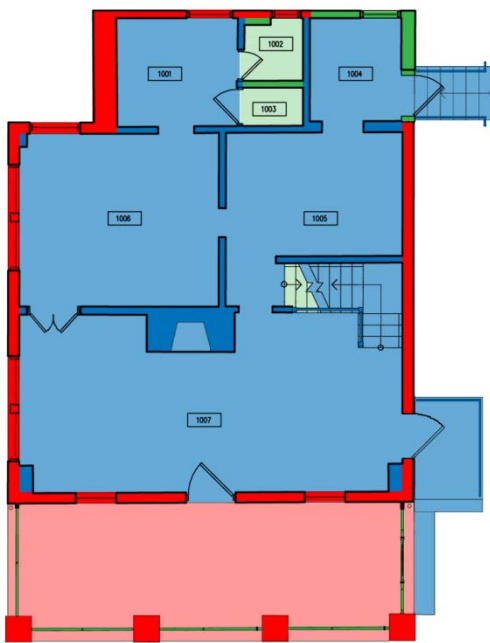
Third Floor Zoning Diagram



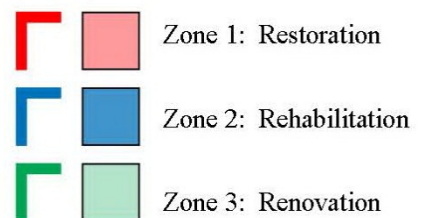
Staff Residence No. 1 (Building 15)

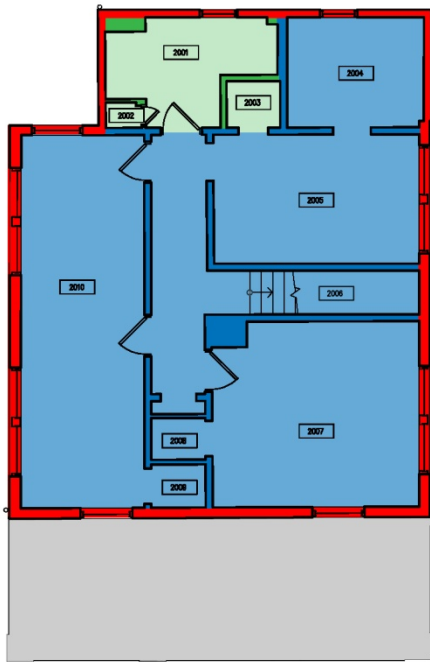


Basement Level Zoning Diagram

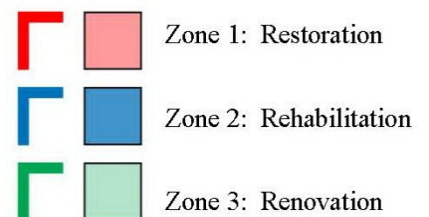


First Floor Zoning Diagram





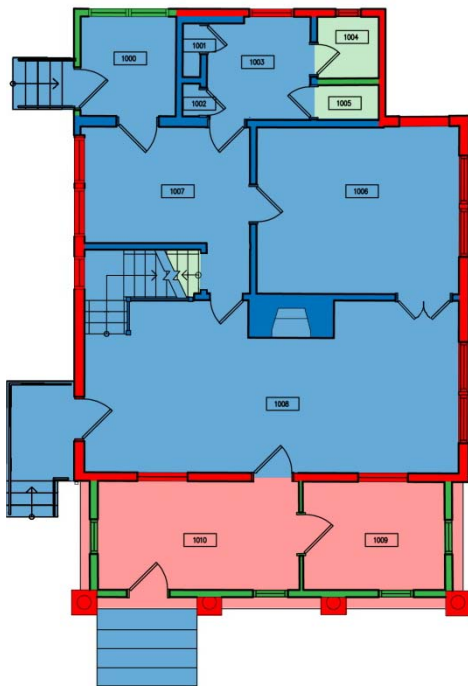
Second Floor Zoning Diagram



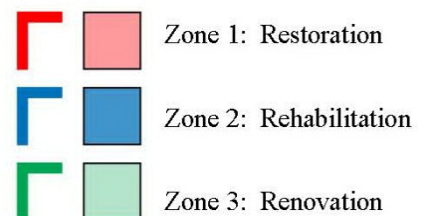
Staff Residence No. 2 (Building 17)

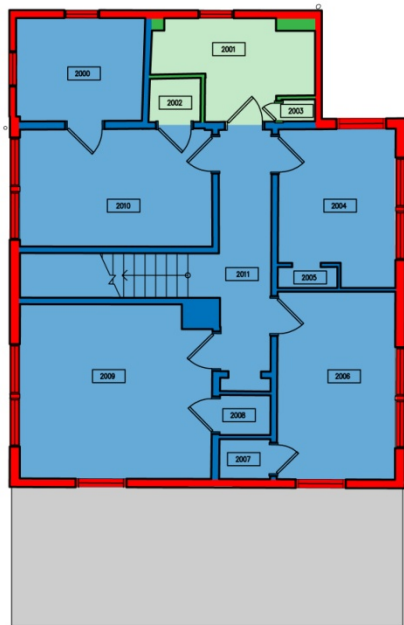


Basement Level Zoning Diagram

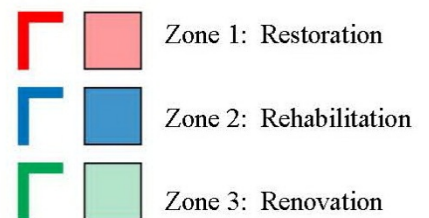


First Floor Zoning Diagram

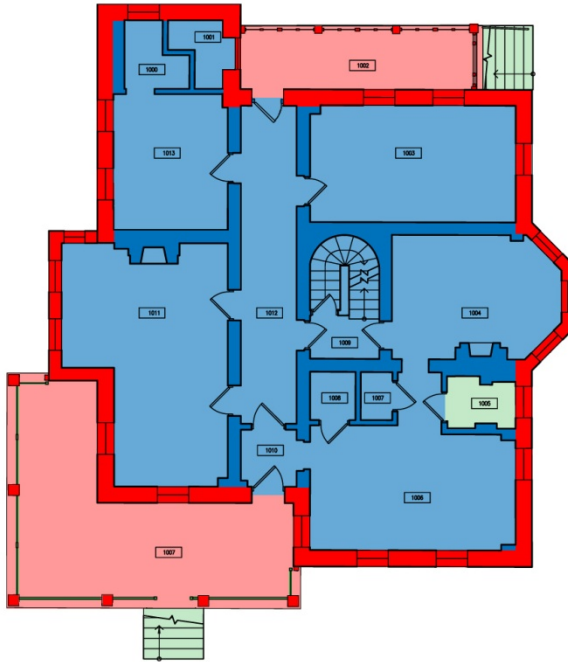




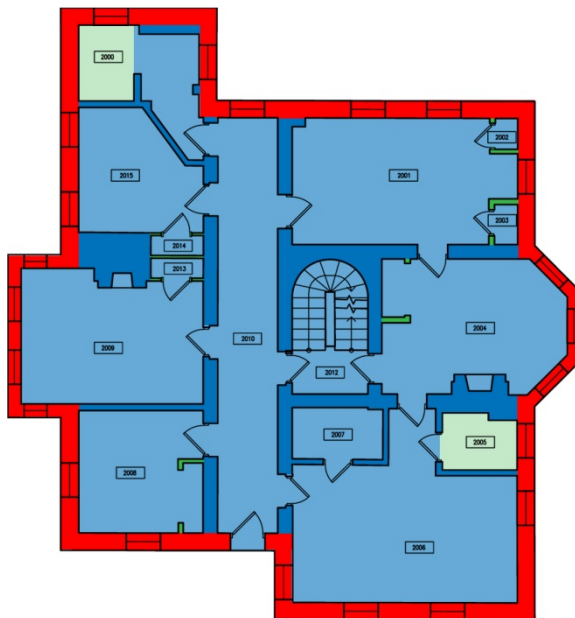
Second Floor Zoning Diagram



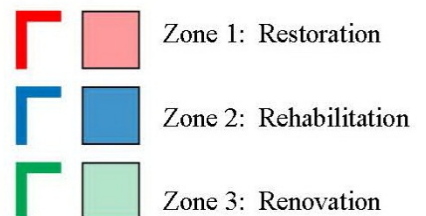
Burroughs Cottage (Building 18)

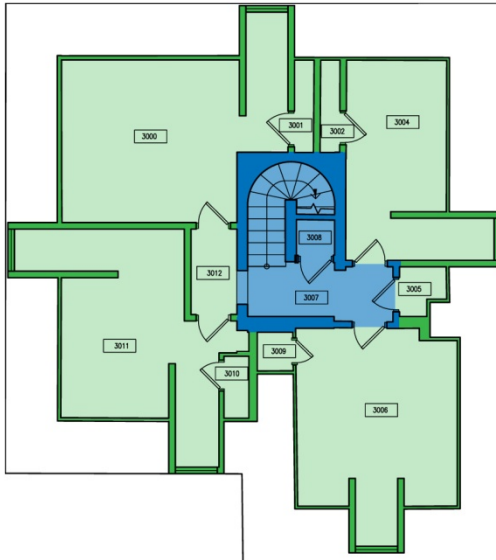


First Floor Zoning Diagram

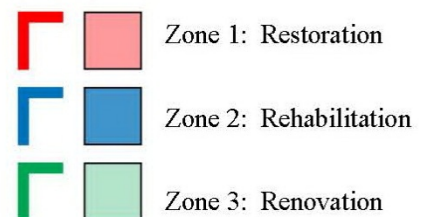


Second Floor Zoning Diagram

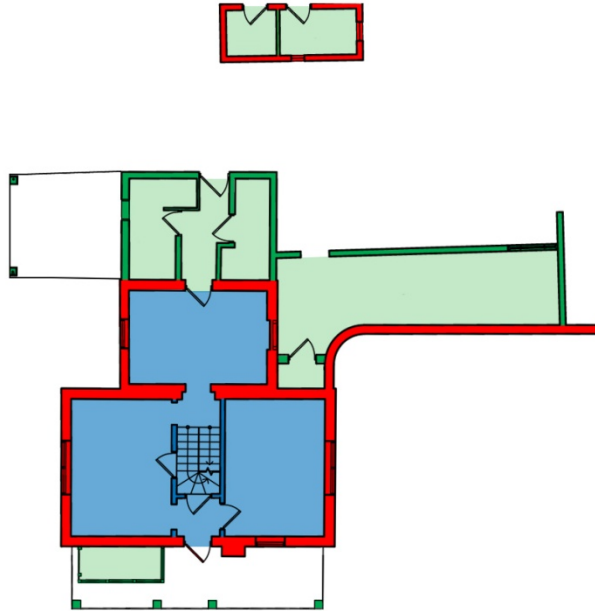




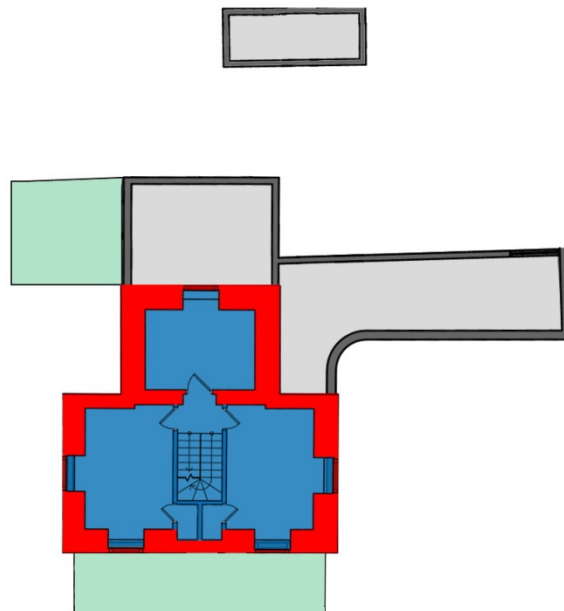
Third Floor Zoning Diagram



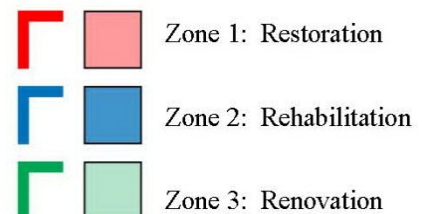
Gatehouse No. 1 (Building 21)



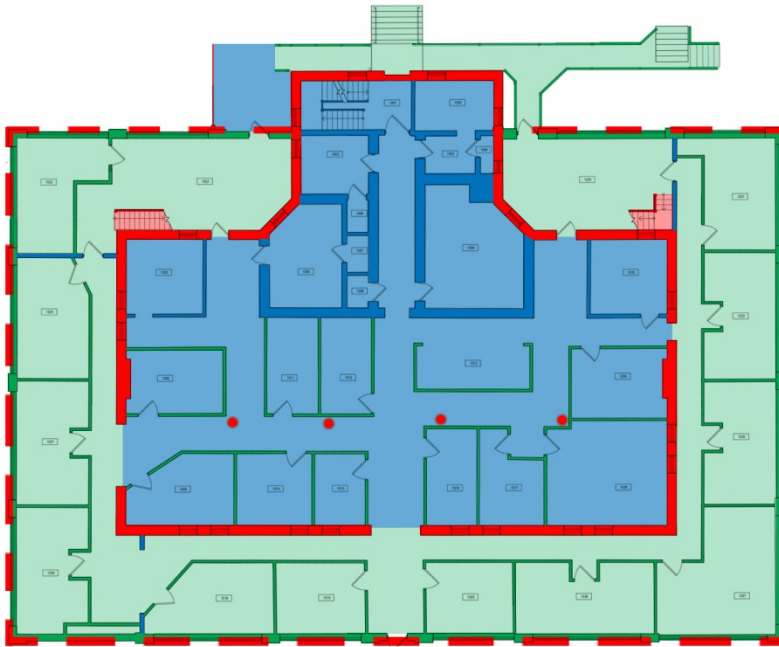
First Floor Zoning Diagram



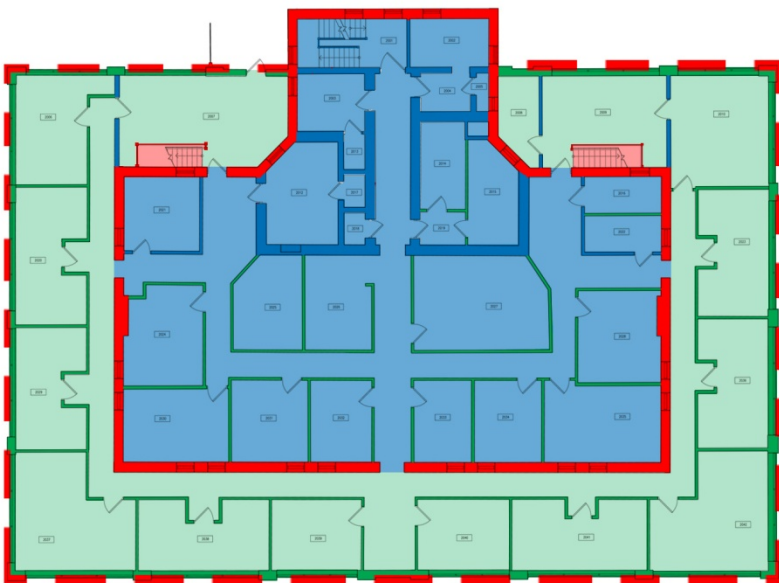
Second Floor Zoning Diagram



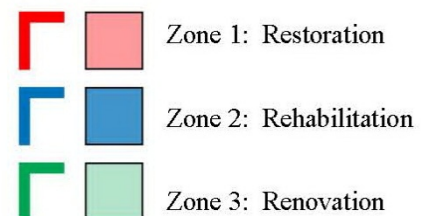
Allison D (Building 23)

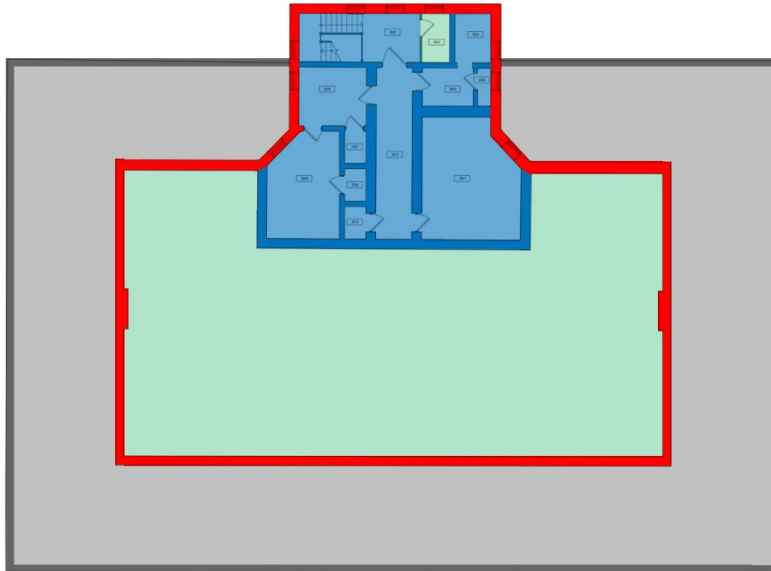


First Floor Zoning Diagram

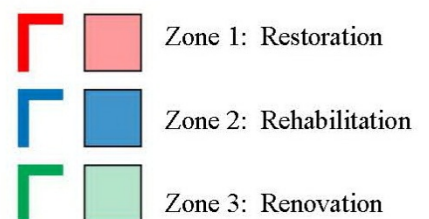


Second Floor Zoning Diagram

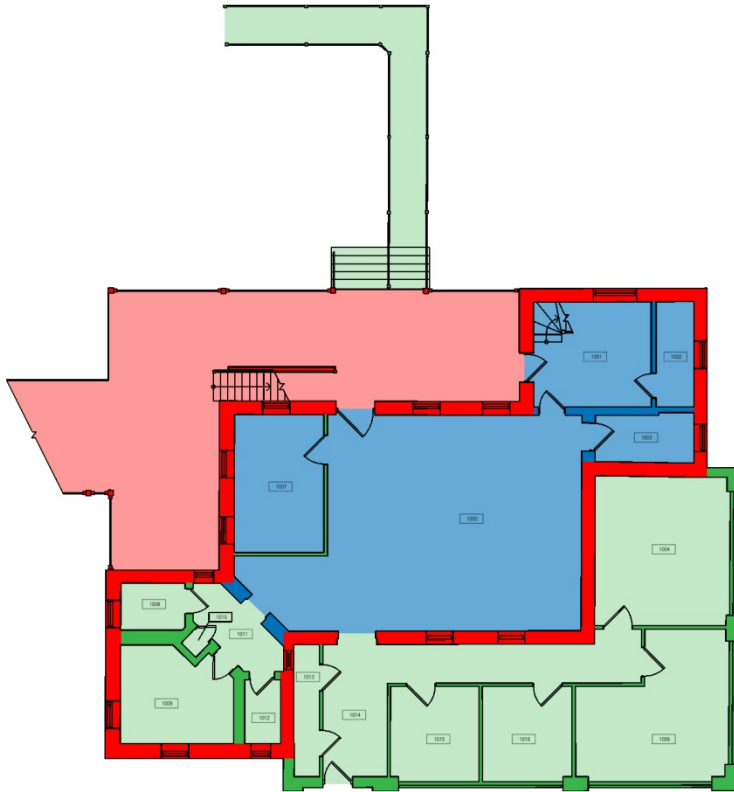




Third Floor Zoning Diagram



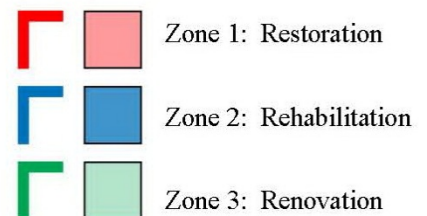
Allison C (Building 24)



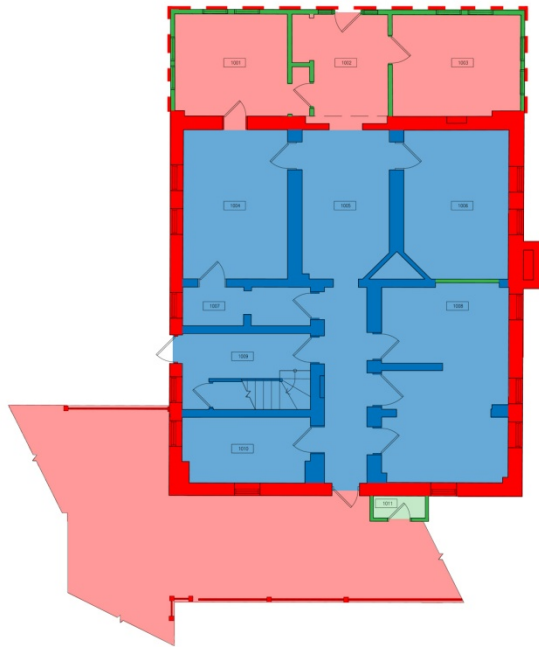
First Floor Zoning Diagram



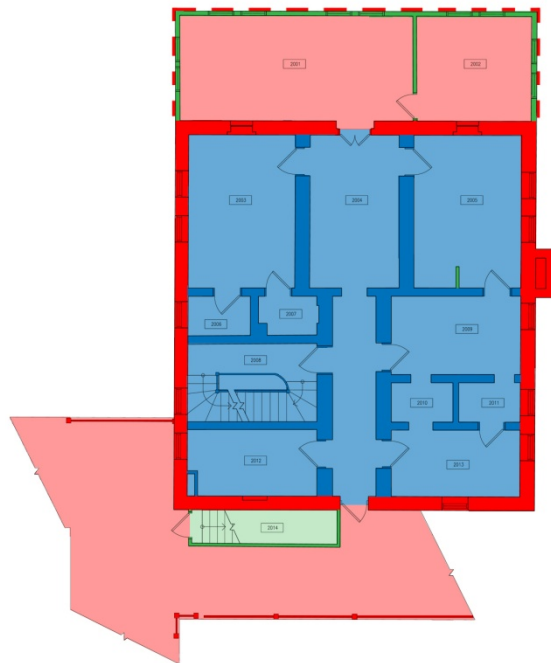
Second Floor Zoning Diagram



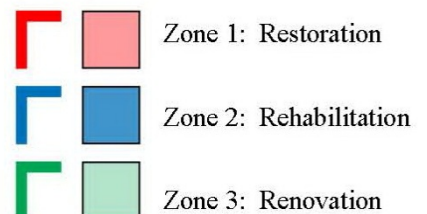
Allison A (Building 25)

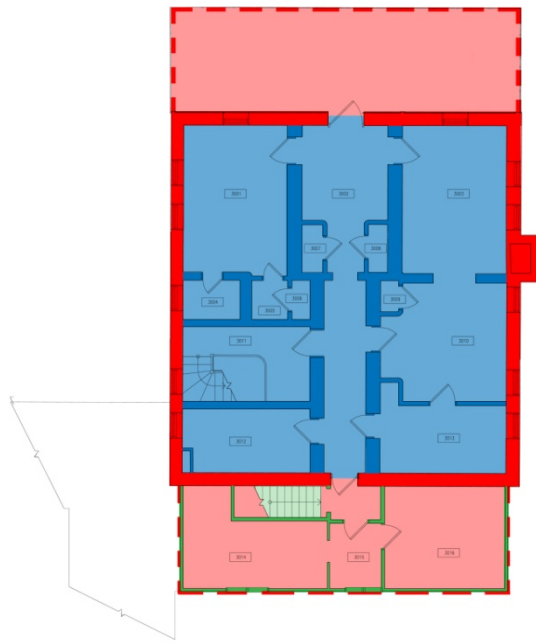


First Floor Zoning Diagram

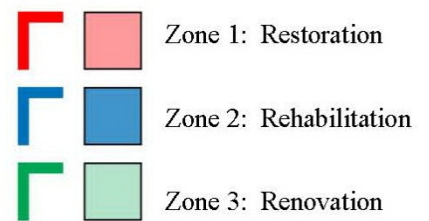


Second Floor Zoning Diagram

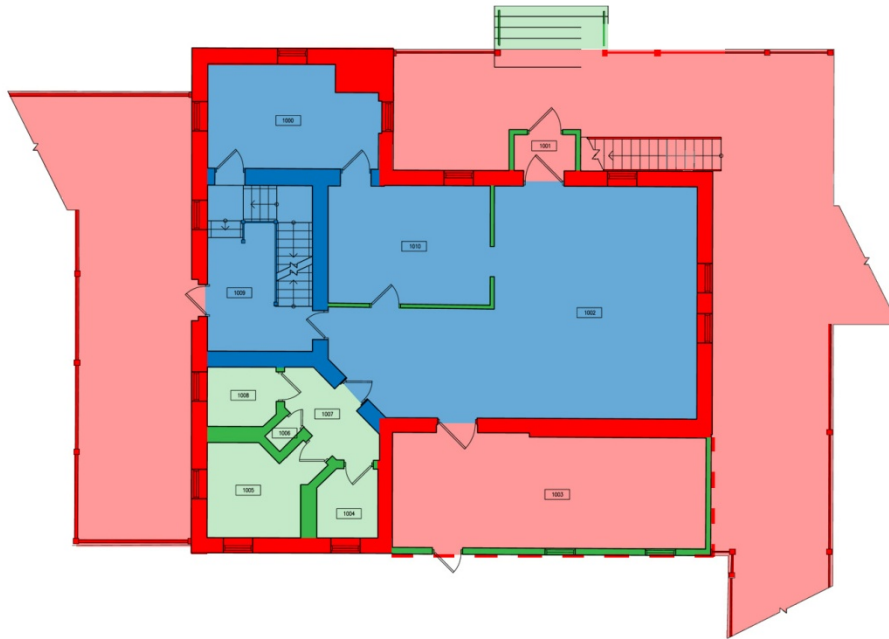




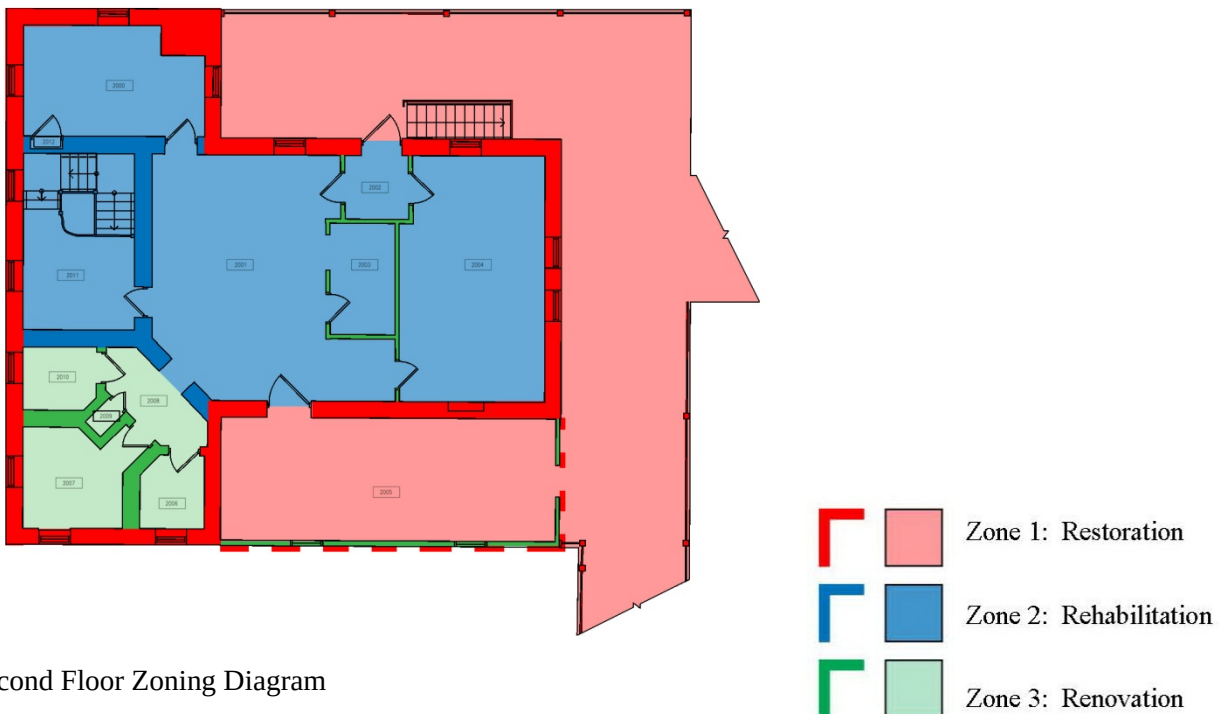
Third Floor Zoning Diagram



Allison B (Building 26)

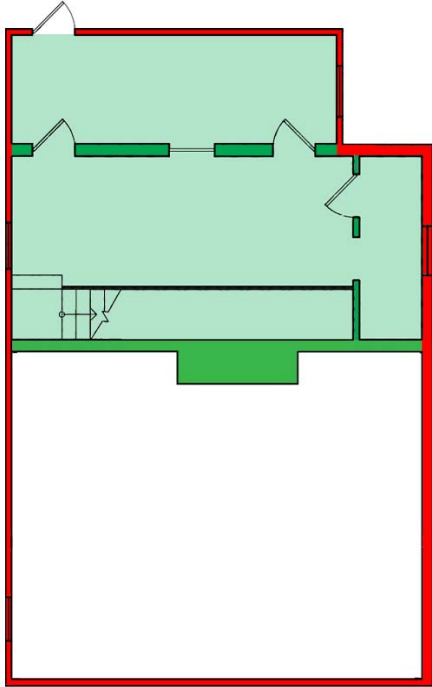


First Floor Zoning Diagram

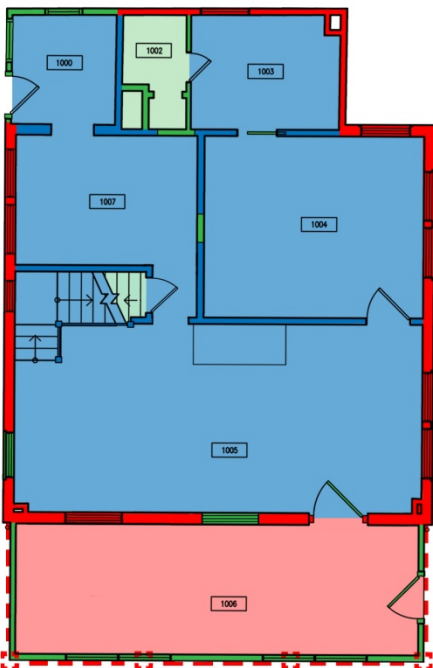


Second Floor Zoning Diagram

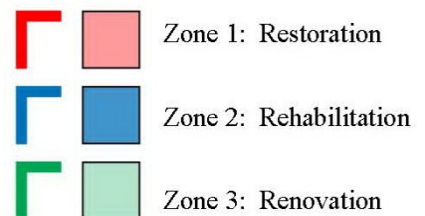
Staff Residence No. 3 (Building 27)

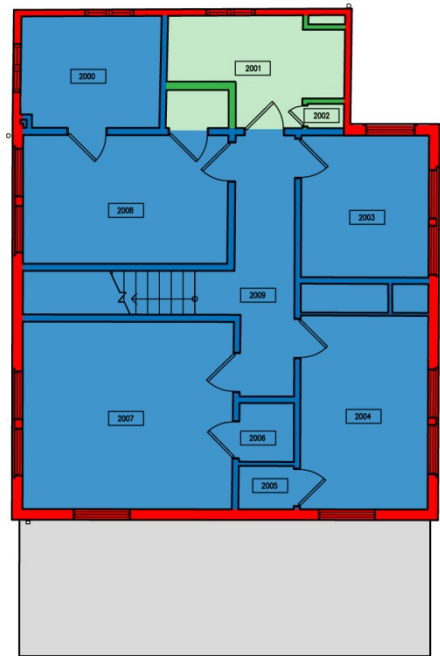


Basement Level Zoning Diagram

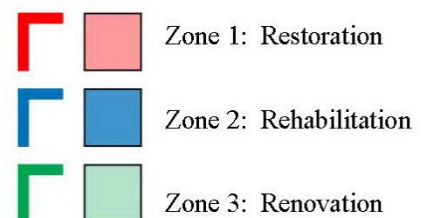


First Floor Zoning Diagram

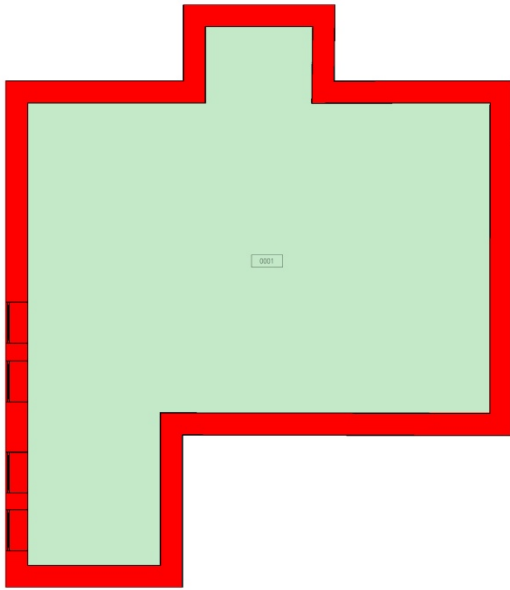




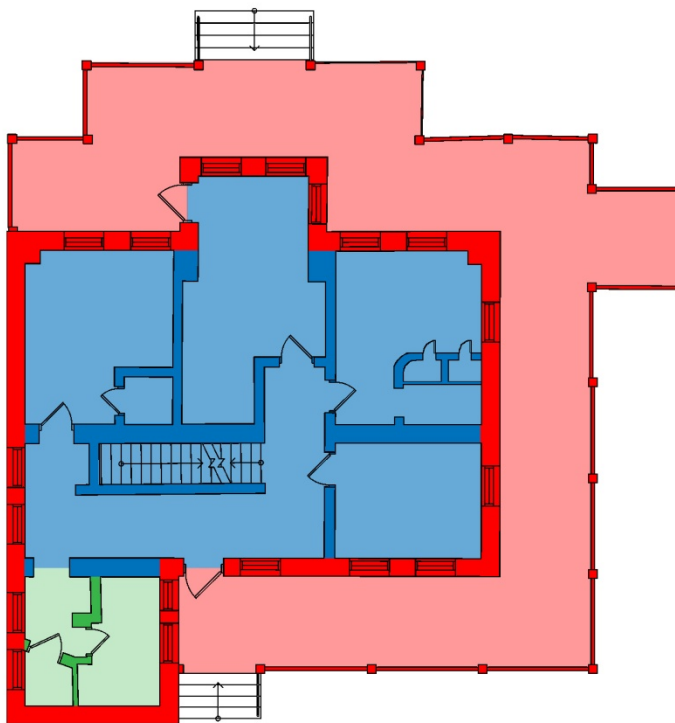
Second Floor Zoning Diagram



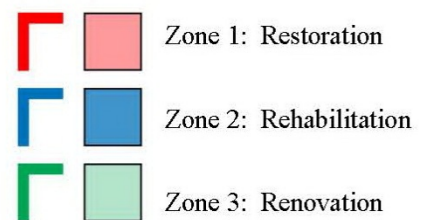
Linden (Building 28)

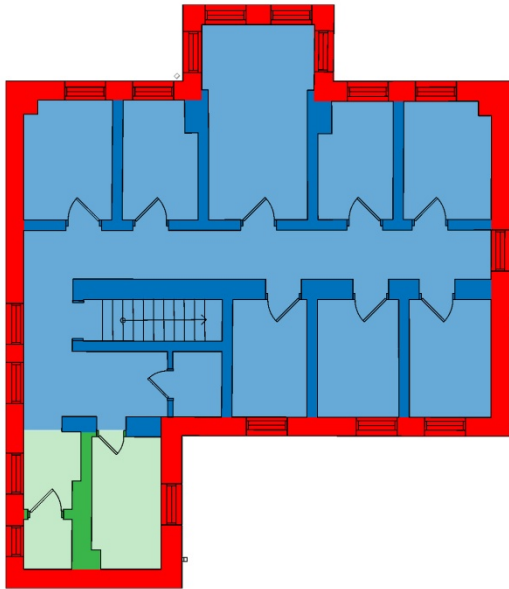


Basement Level Zoning Diagram

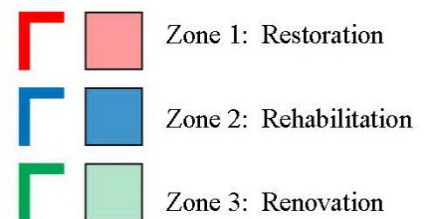


First Floor Zoning Diagram

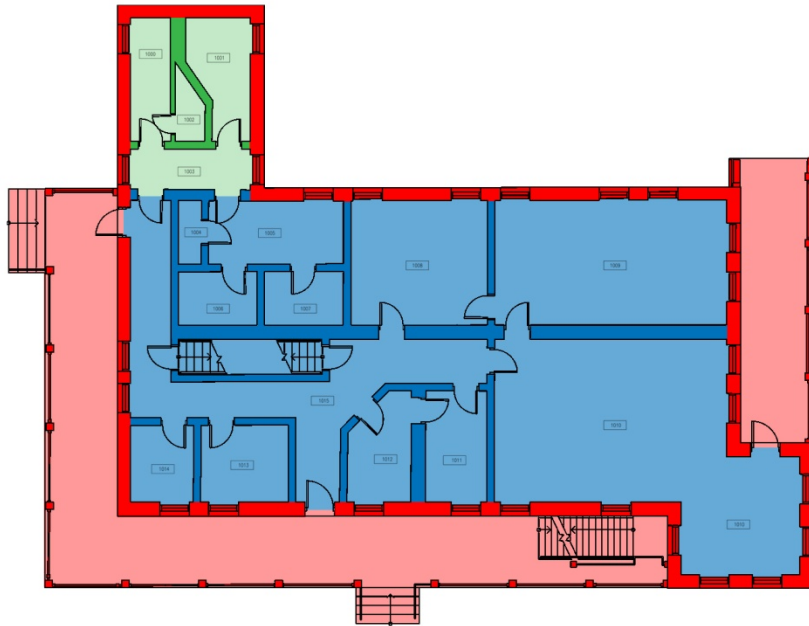




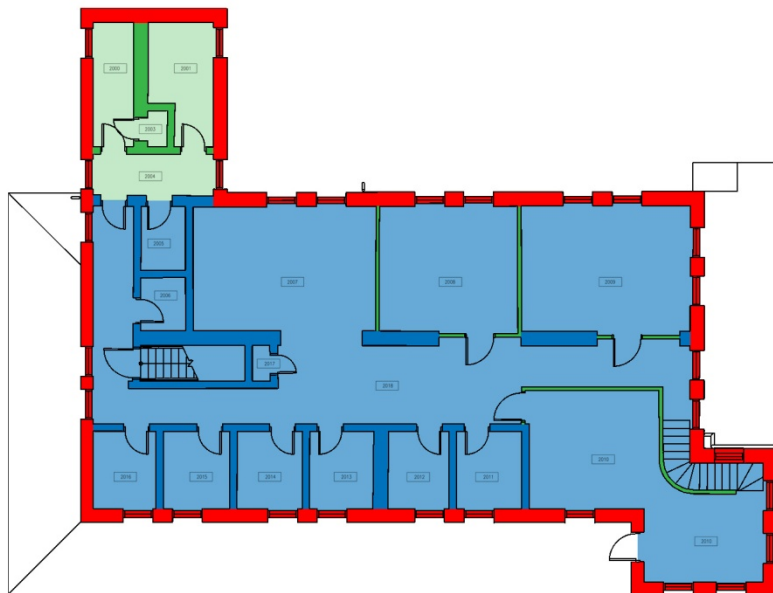
Second Floor Zoning Diagram



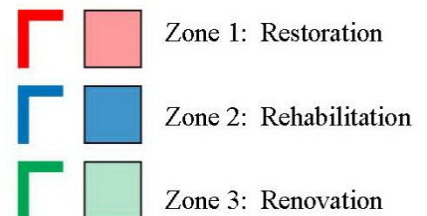
Holly (Building 29)

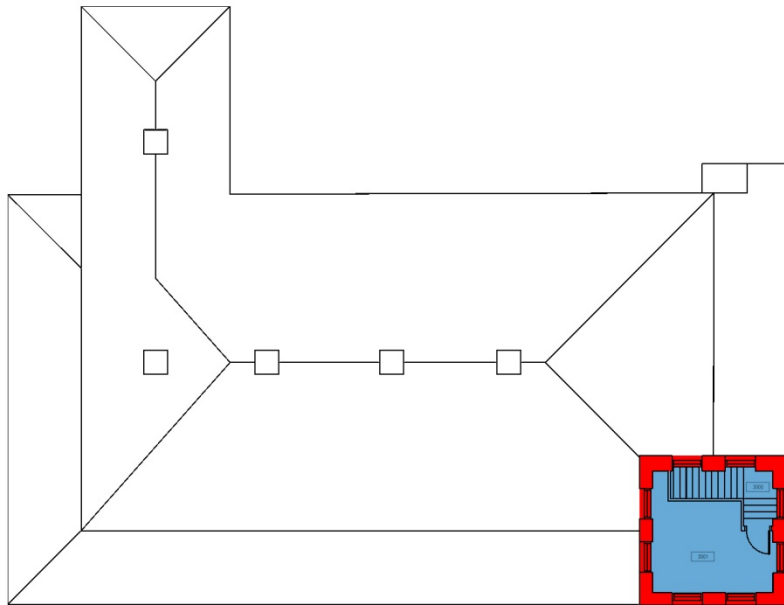


First Floor Zoning Diagram

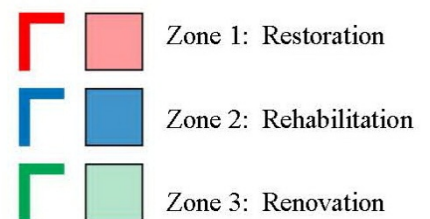


Second Floor Zoning Diagram

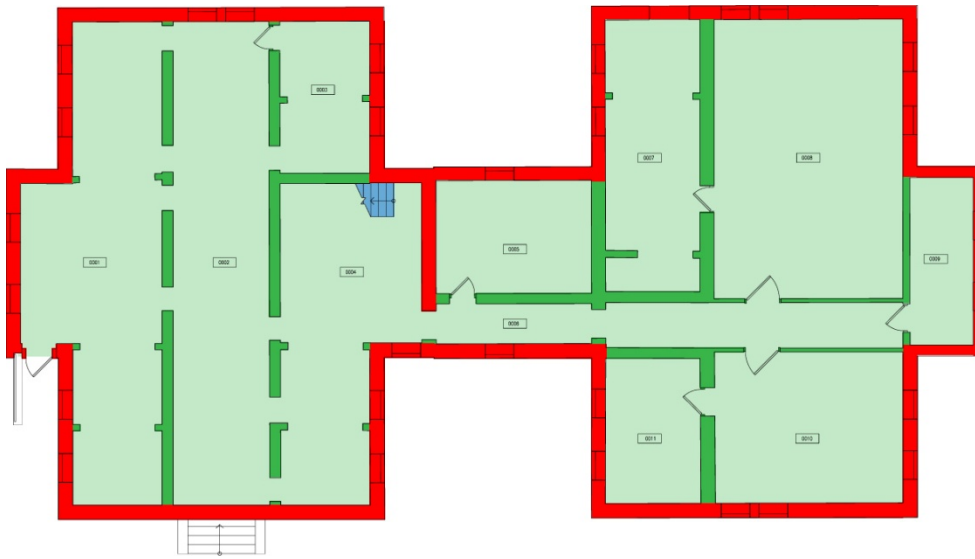




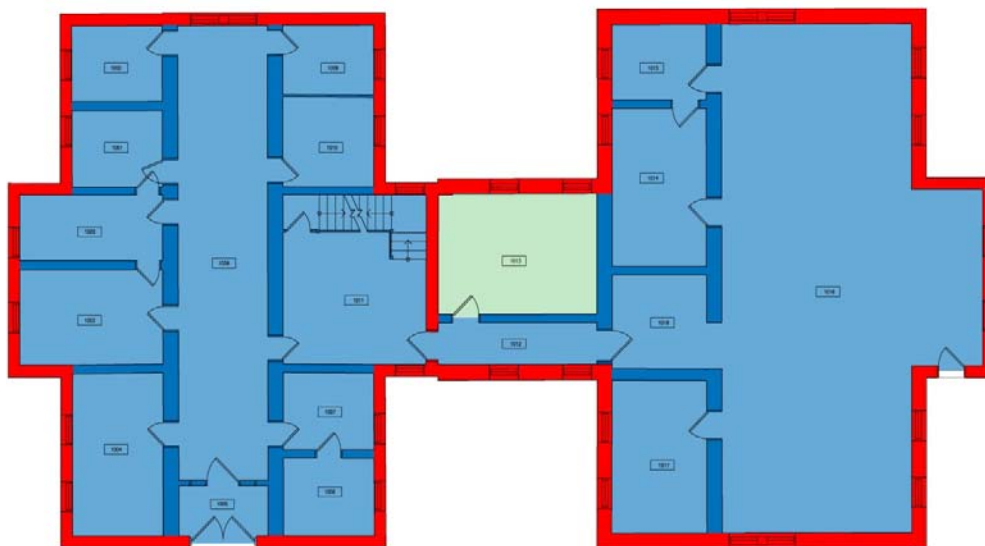
Third Floor Zoning Diagram



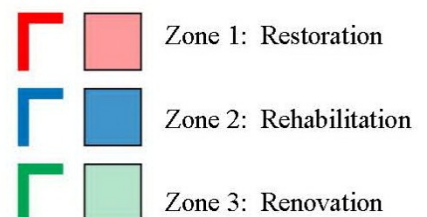
Detached Nurses Home (Building 30)

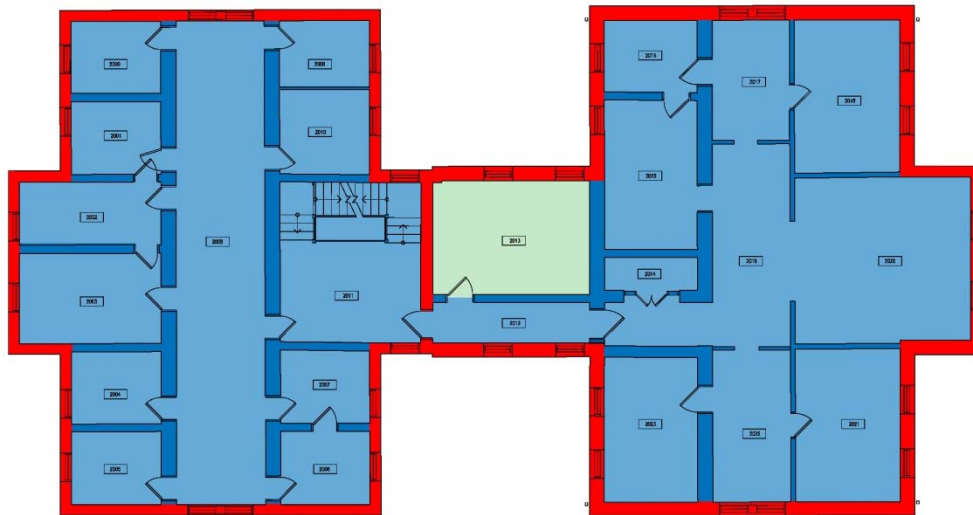


Basement Level Zoning Diagram

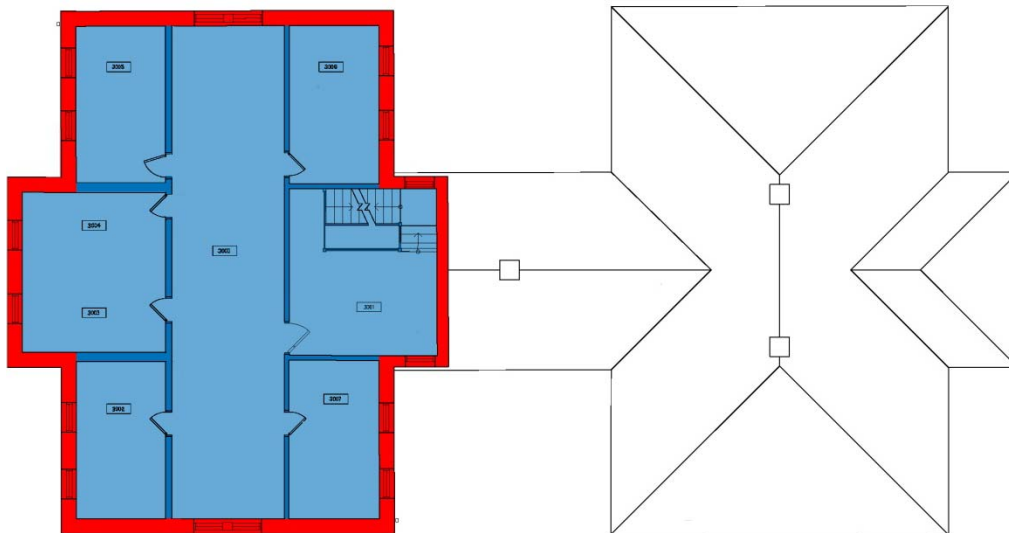


First Floor Zoning Diagram

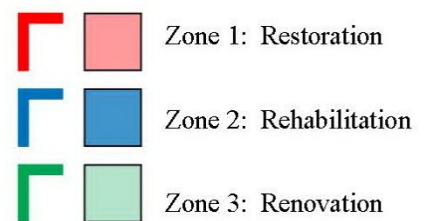


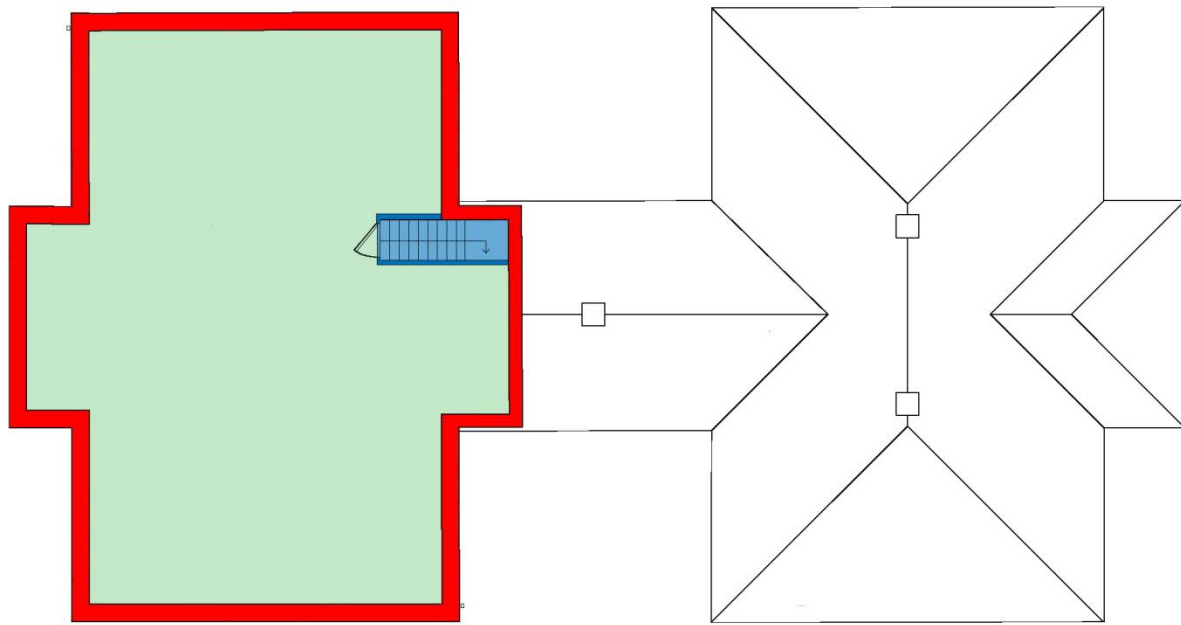


Second Floor Zoning Diagram

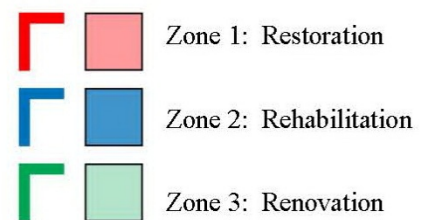


Third Floor Zoning Diagram

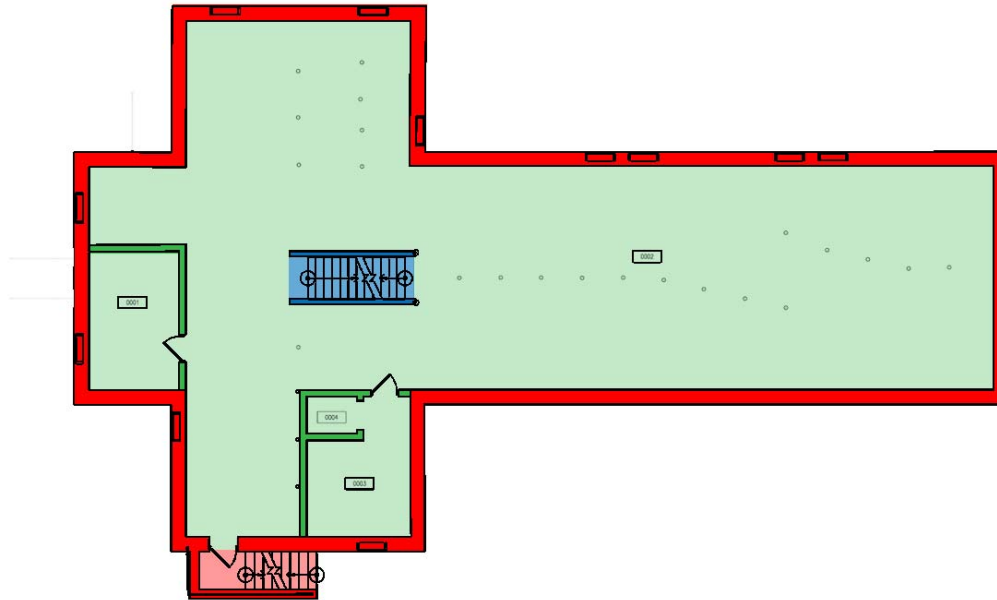




Attic Level Zoning Diagram



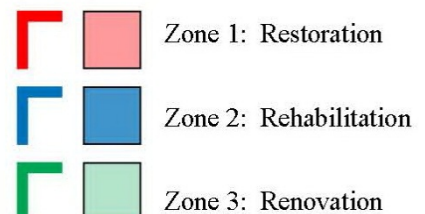
Atkins Hall (Building 31)

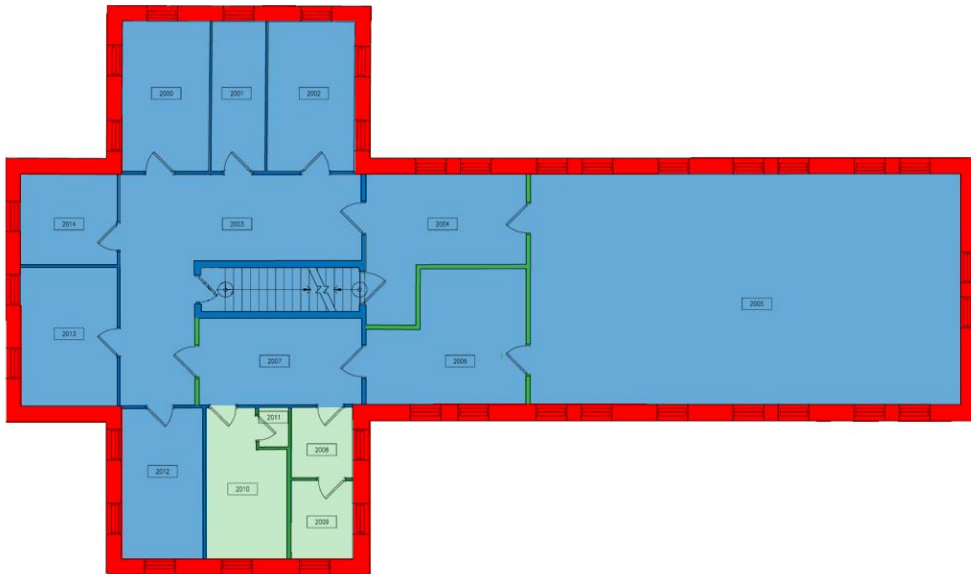


Basement Level Zoning Diagram



First Floor Zoning Diagram

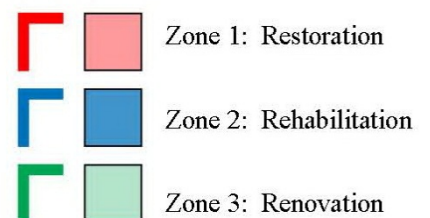




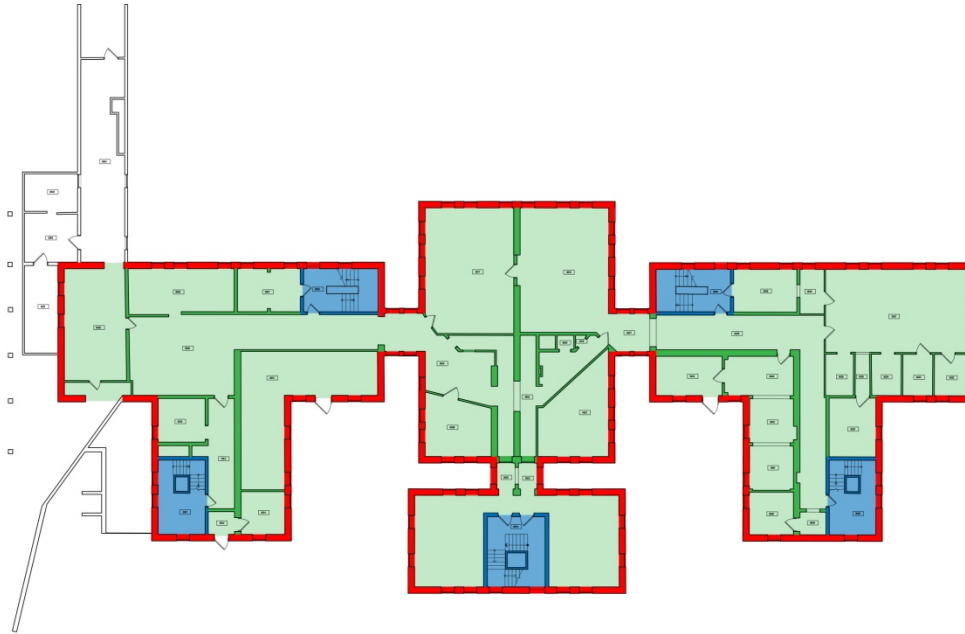
Second Floor Zoning Diagram



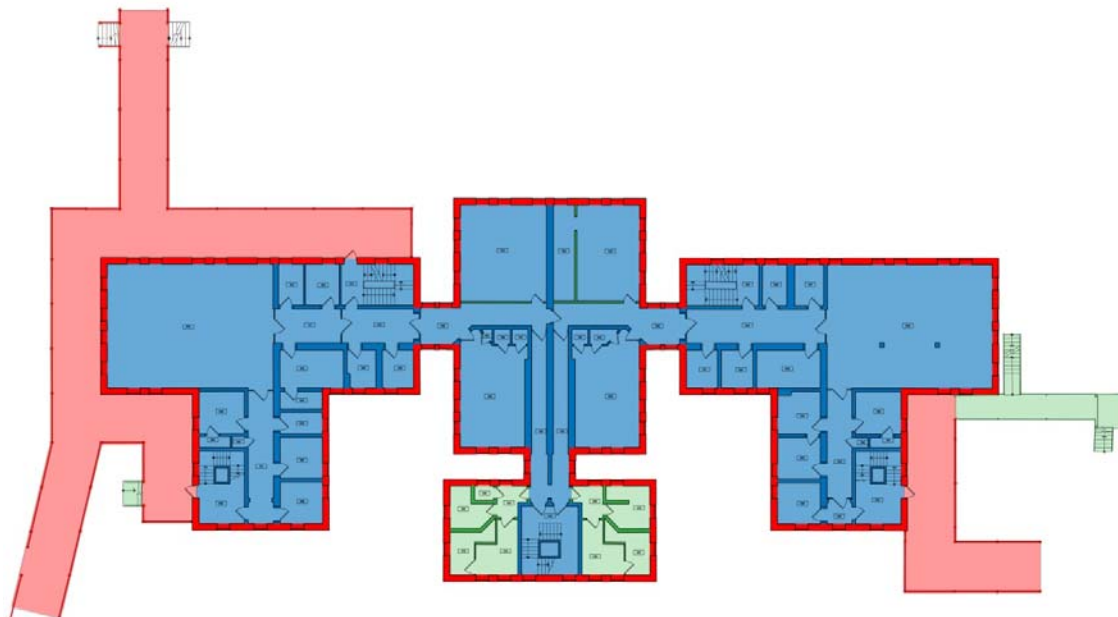
Third Floor Zoning Diagram



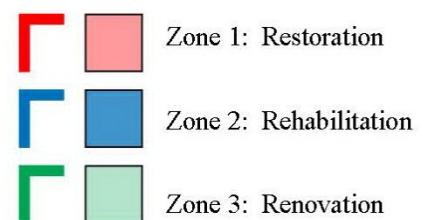
Relief (Building 32)

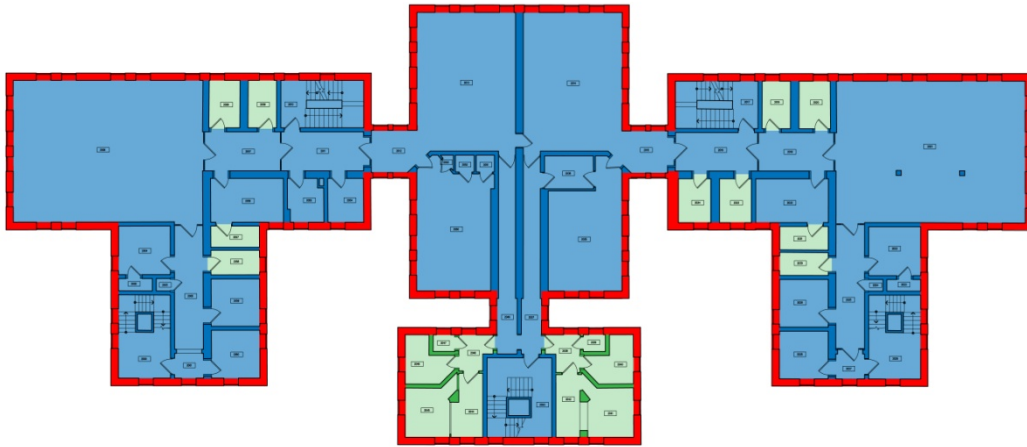


Basement Level Zoning Diagram

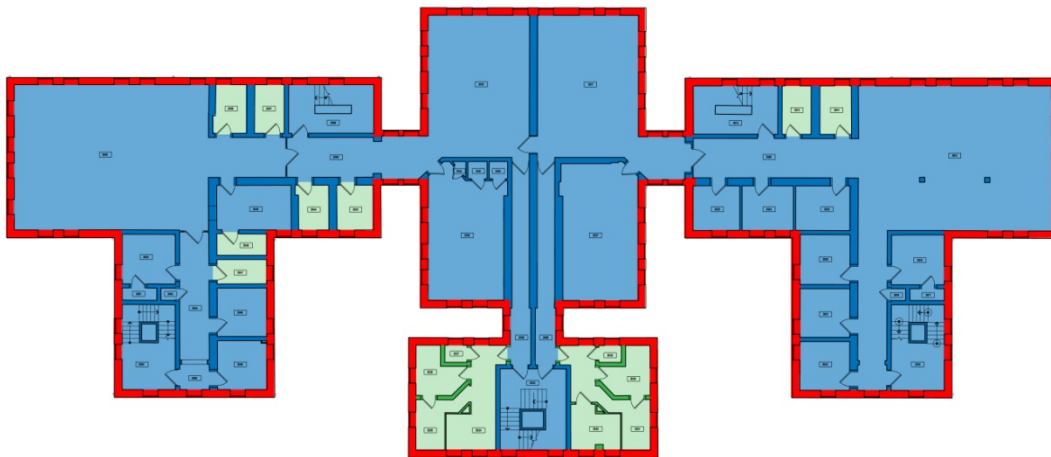


First Floor Zoning Diagram

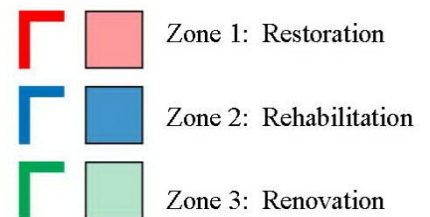


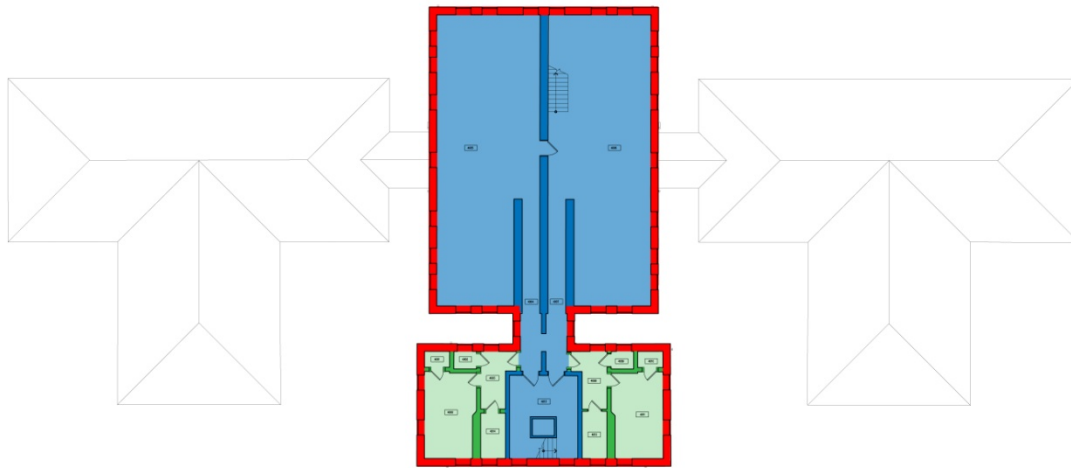


Second Floor Zoning Diagram

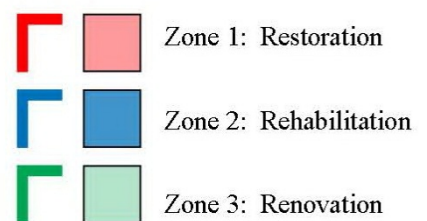


Third Floor Zoning Diagram

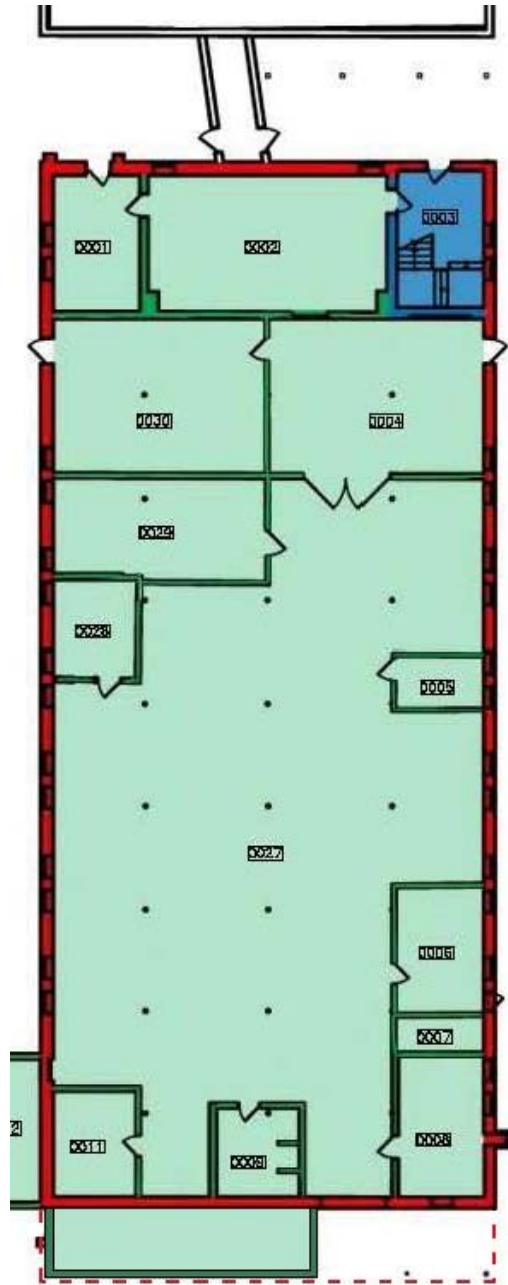




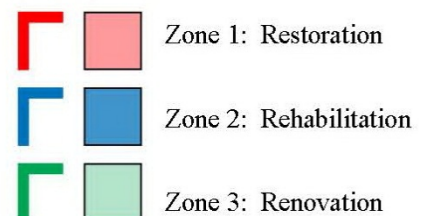
Fourth Floor Zoning Diagram

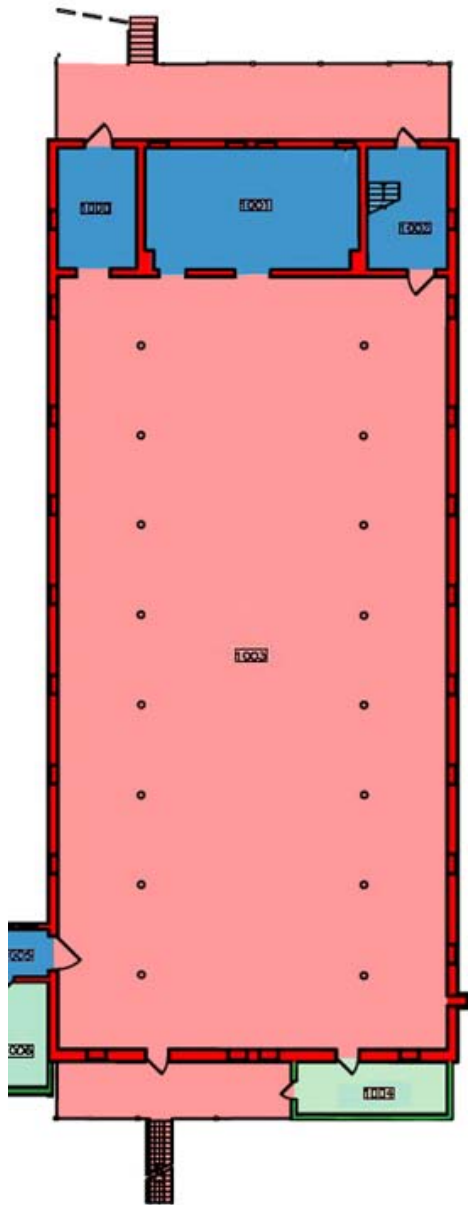


Dining Hall (Building 33)

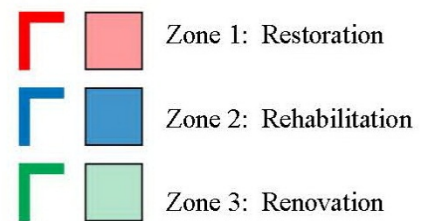


Basement Level Zoning Diagram

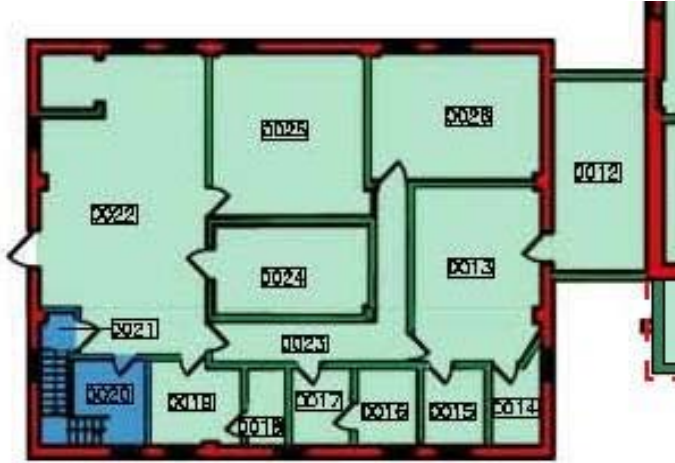




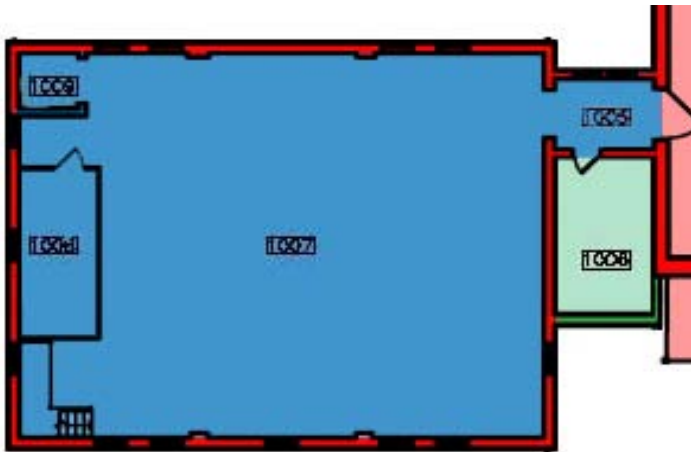
First Floor Zoning Diagram



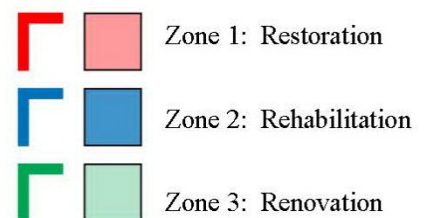
Detached Kitchen (Building 34)



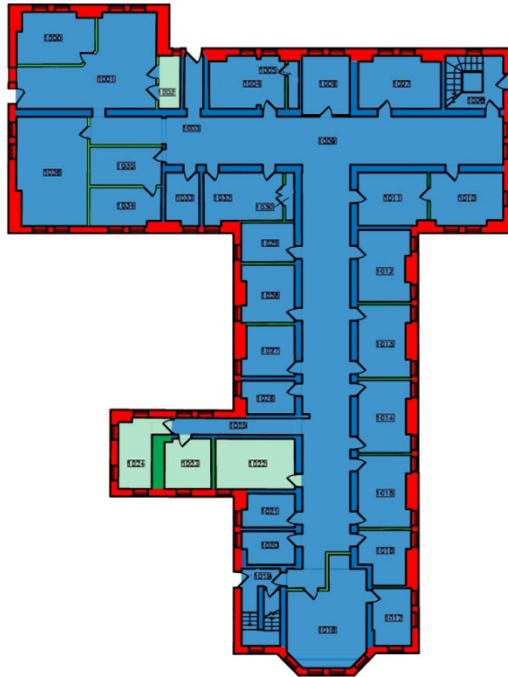
Basement Level Zoning Diagram



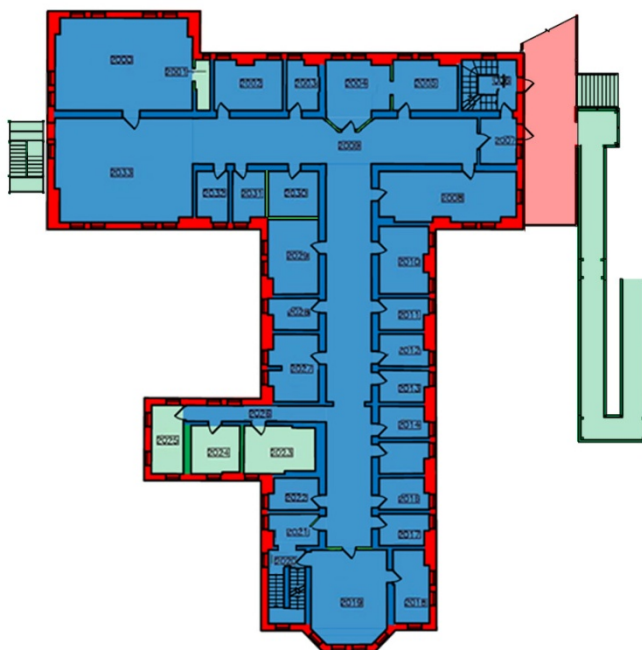
First Floor Zoning Diagram



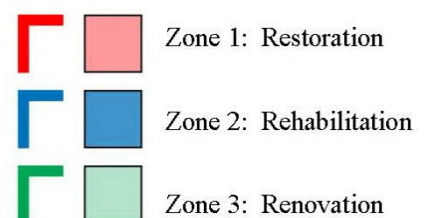
Home (Building 36)

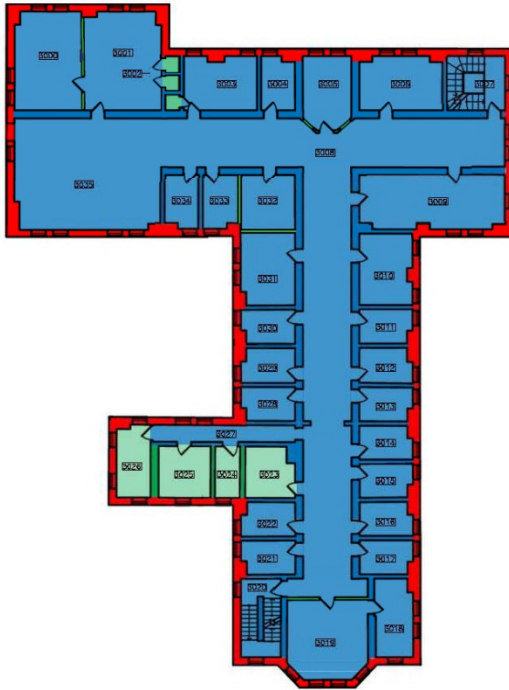


First Floor Zoning Diagram

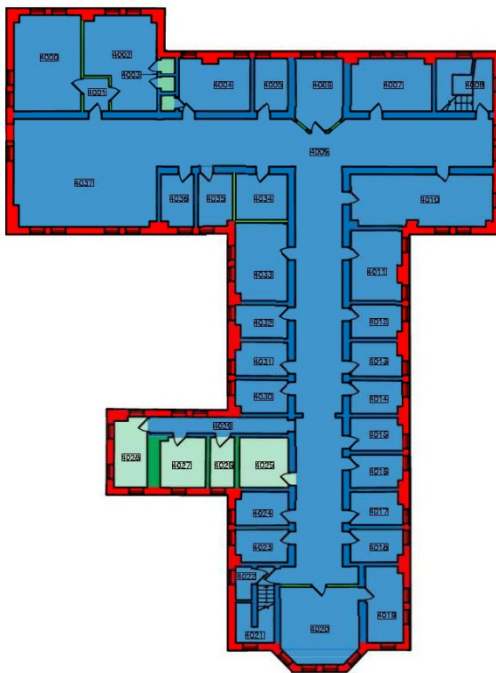


Second Floor Zoning Diagram

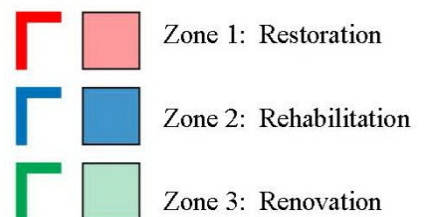




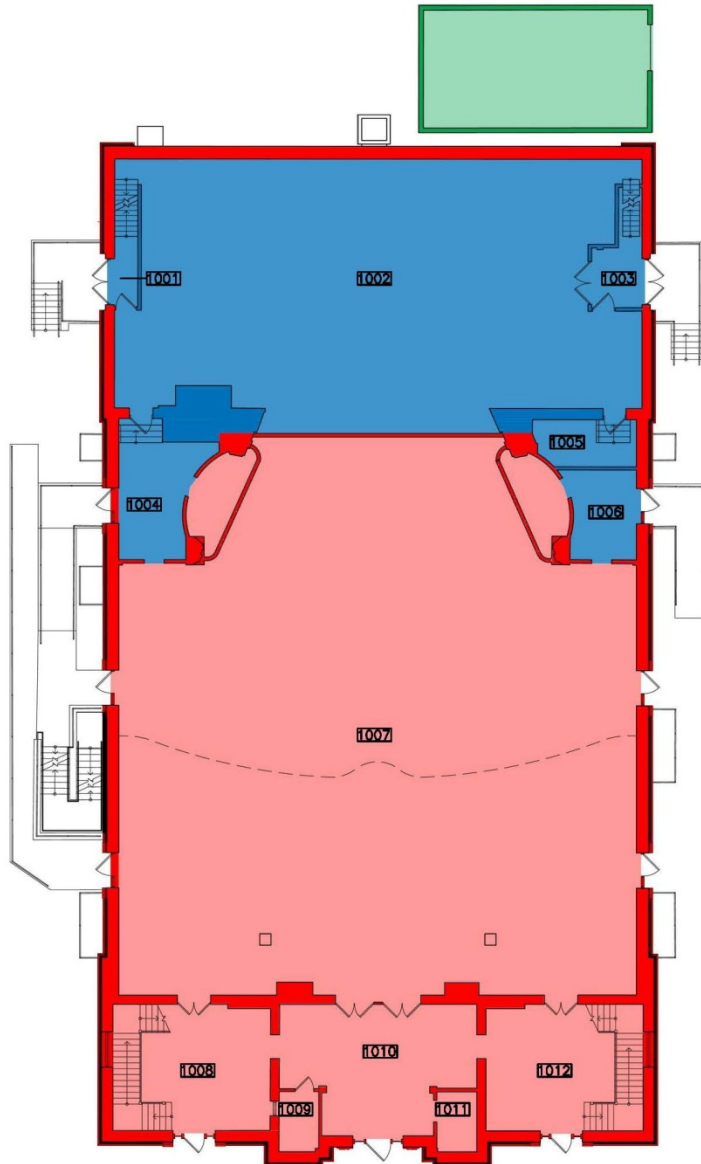
Third Floor Zoning Diagram



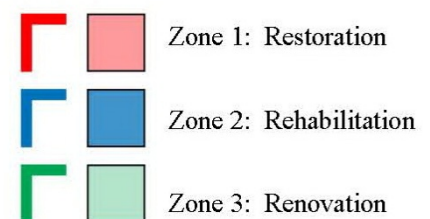
Fourth Floor Zoning Diagram

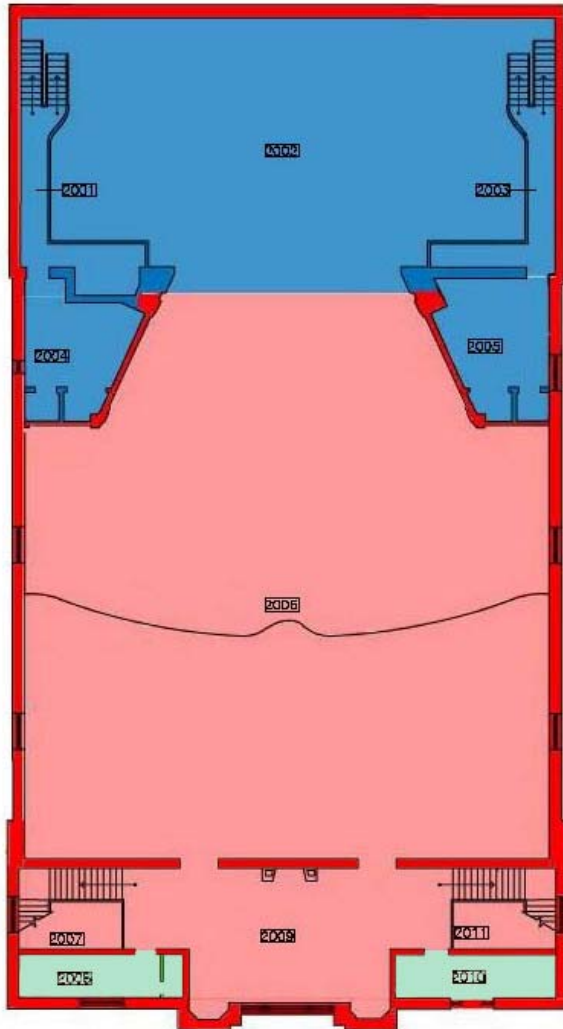


Hitchcock Hall (Building 37)

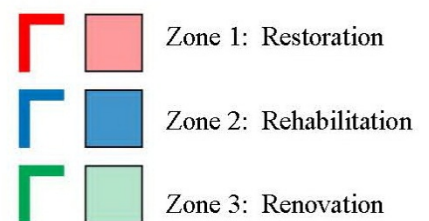


First Floor Zoning Diagram

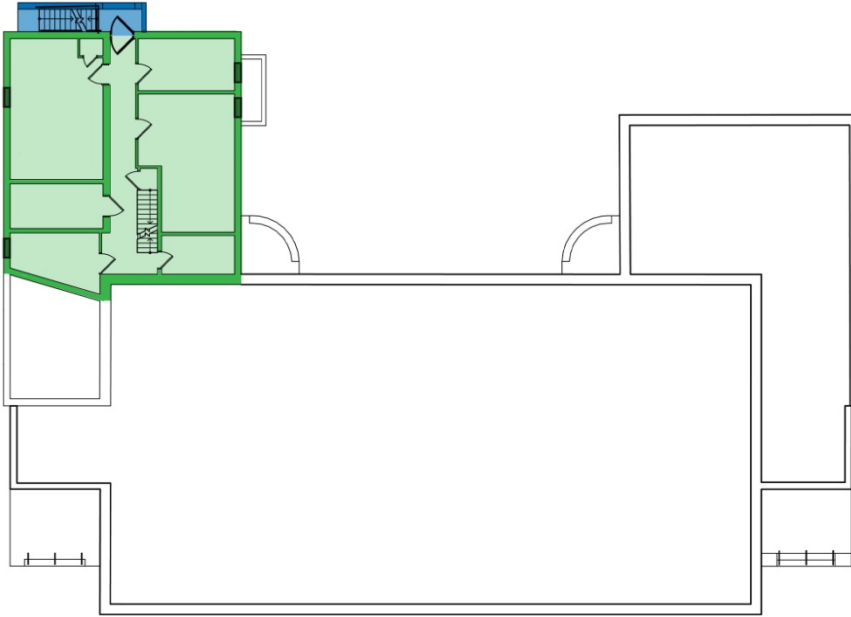




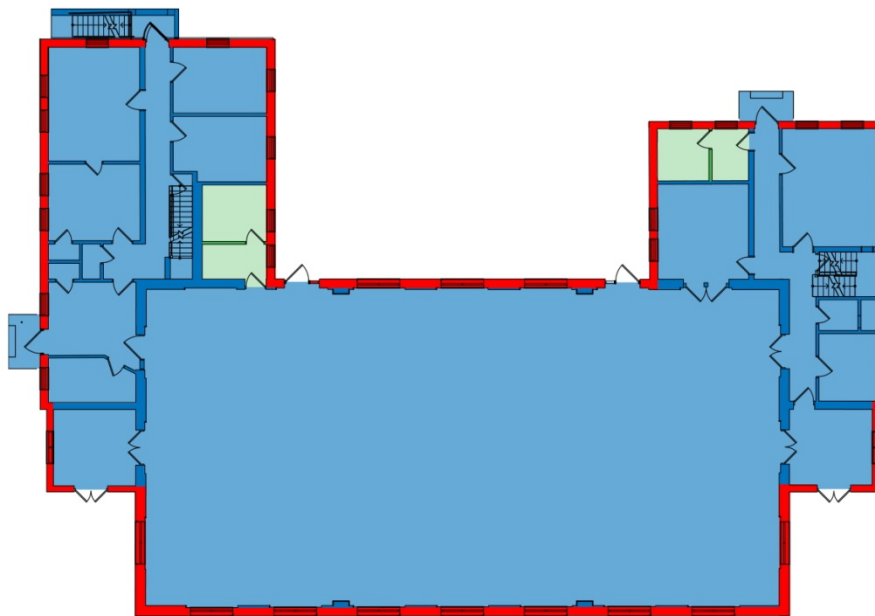
Balcony Level Zoning Diagram



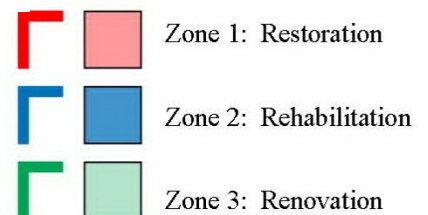
Hagan Hall (Building 38)

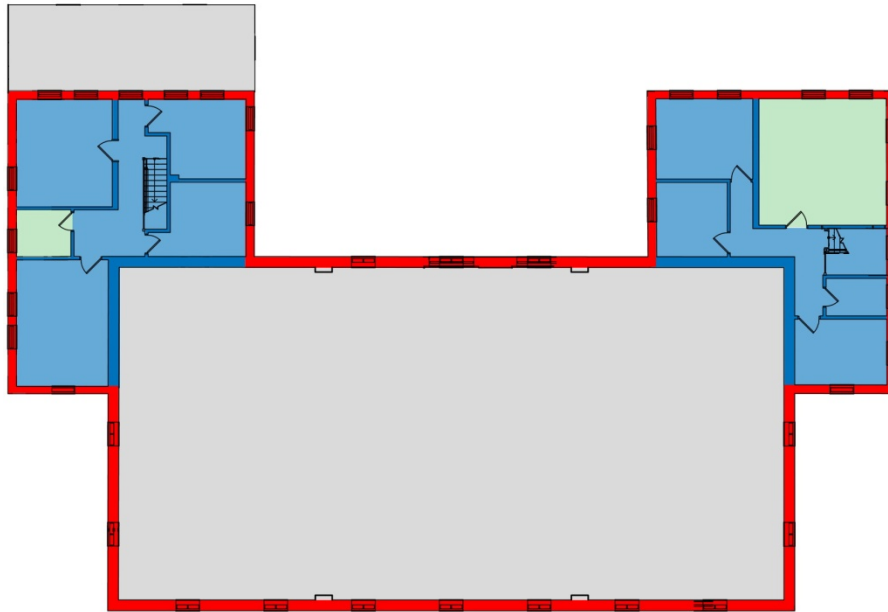


Basement Level Zoning Diagram

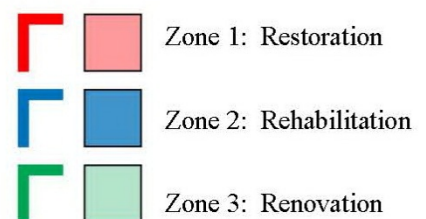


First Floor Zoning Diagram

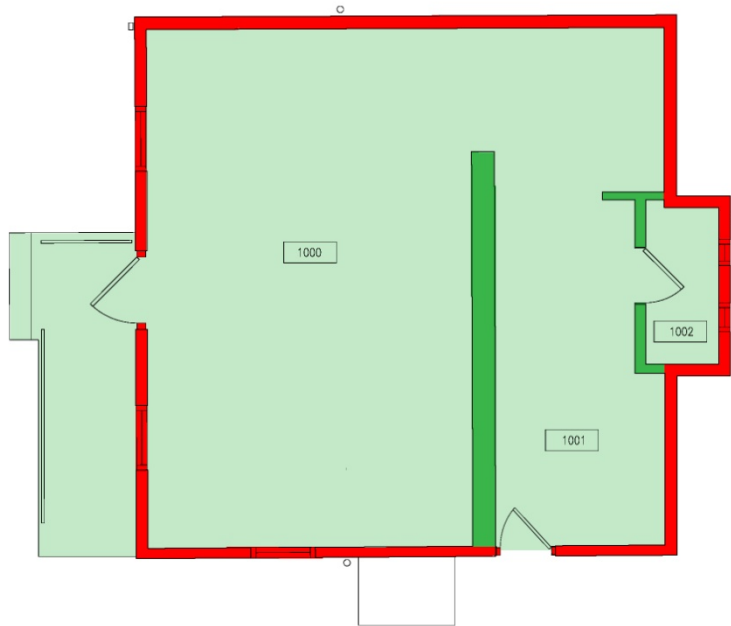




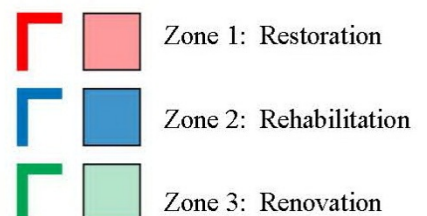
Second Floor Zoning Diagram



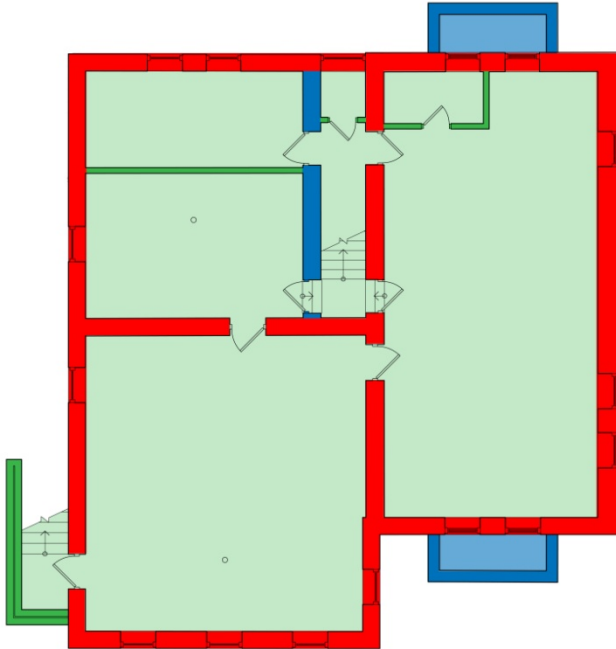
Canteen (Building 39)



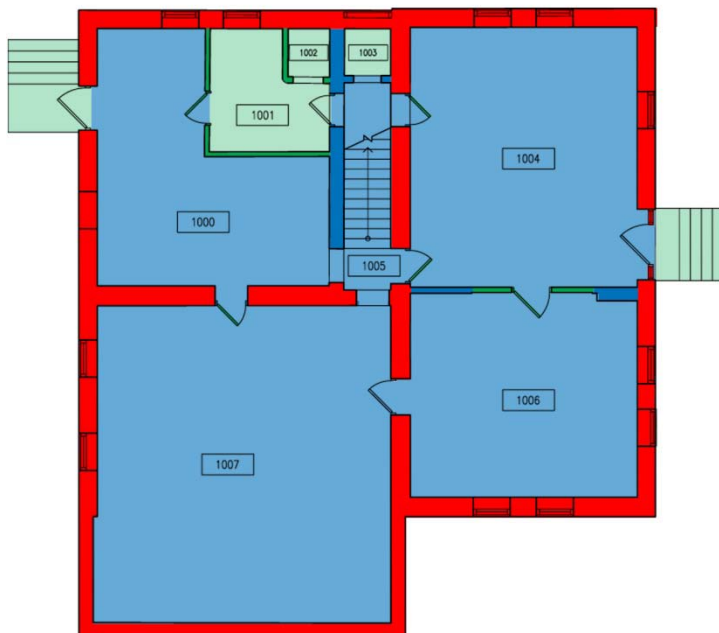
First Floor Zoning Diagram



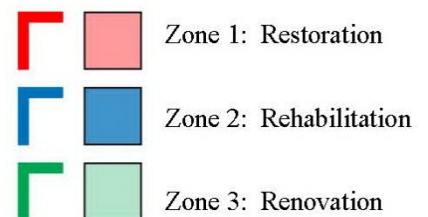
The Rest/Circulating Library (Building 40)



Basement Level Zoning Diagram



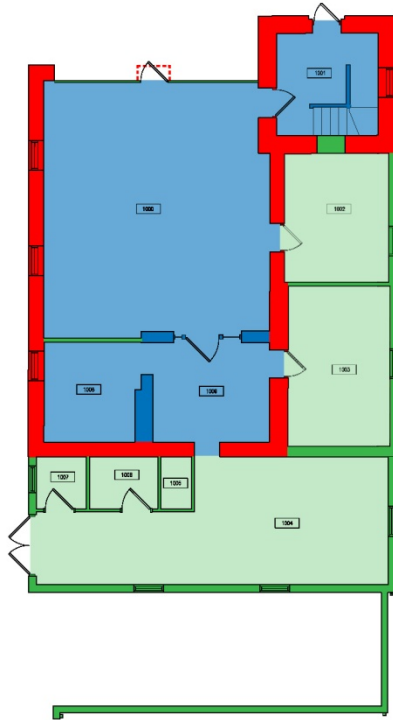
First Floor Zoning Diagram



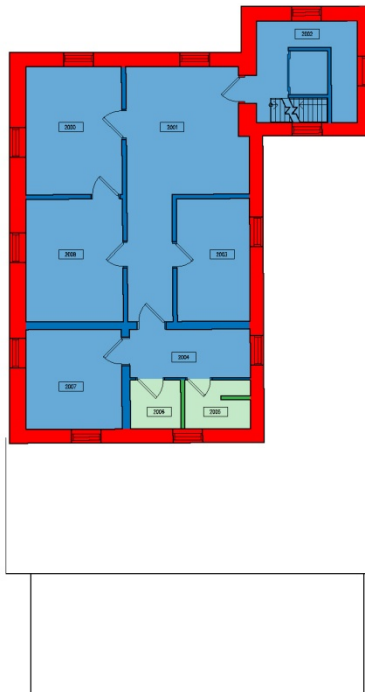


Second Floor Zoning Diagram

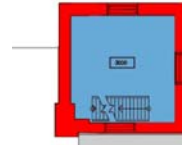
Engine House/Fire House (Building 41)



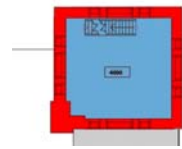
First Floor Zoning Diagram



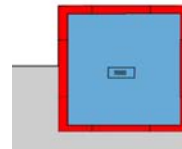
Second Floor Zoning Diagram



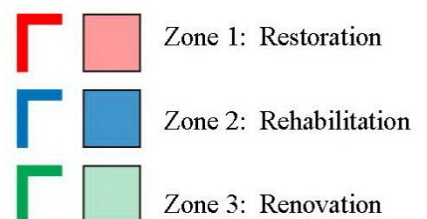
Third Floor Zoning Diagram



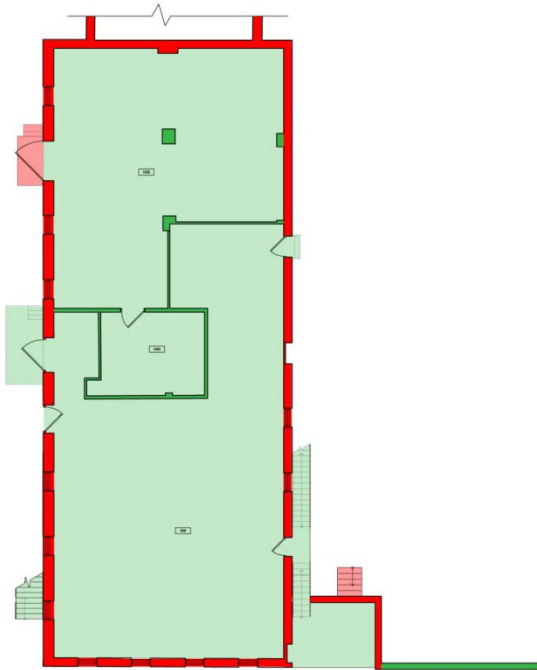
Fourth Floor Zoning Diagram



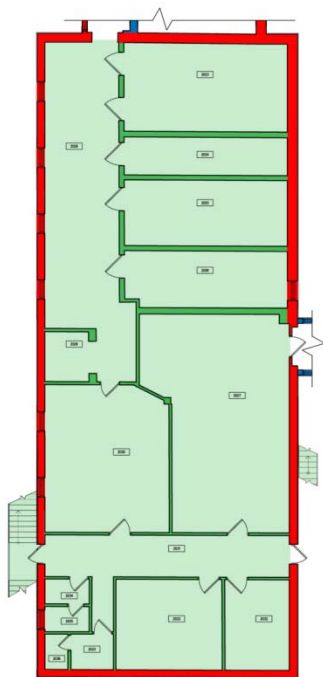
Fifth Floor Zoning Diagram



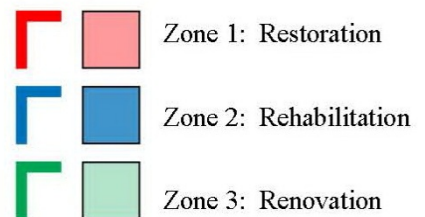
Old Storeroom (Building 44)

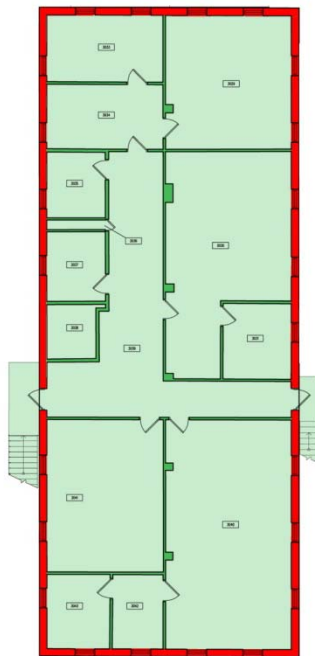


First Floor Zoning Diagram

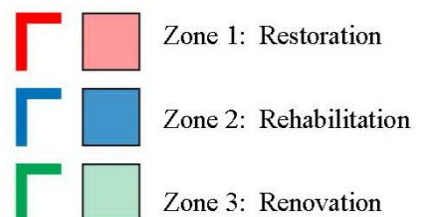


Second Floor Zoning Diagram

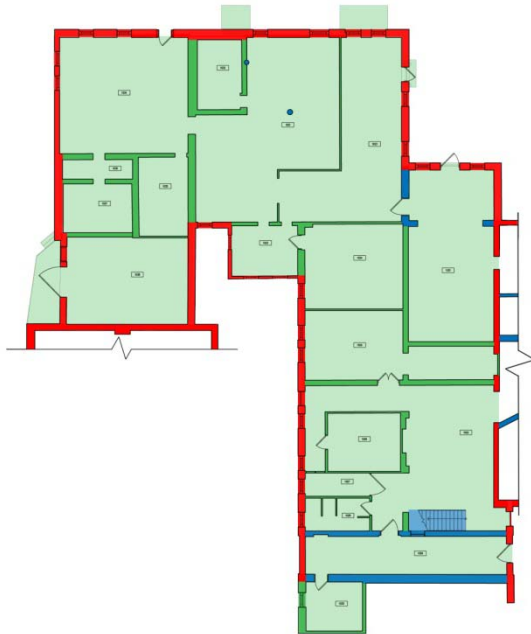




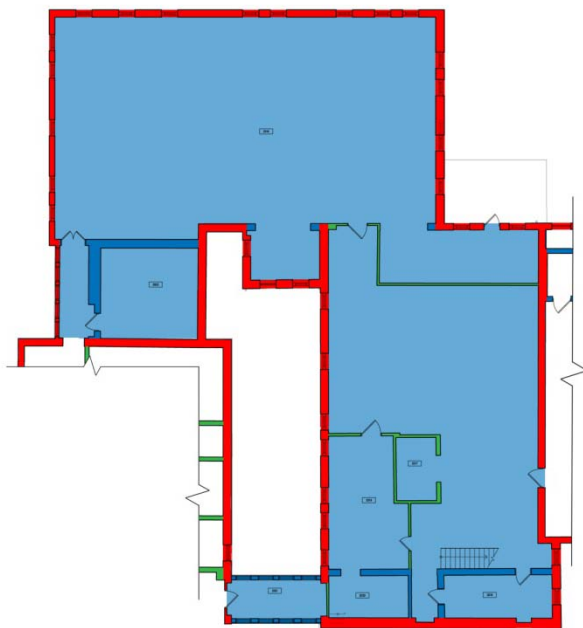
Third Floor Zoning Diagram



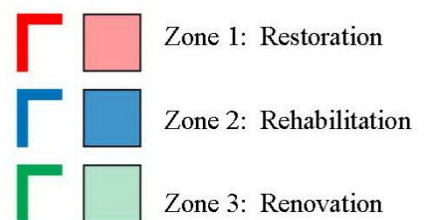
General Kitchen (Building 45)



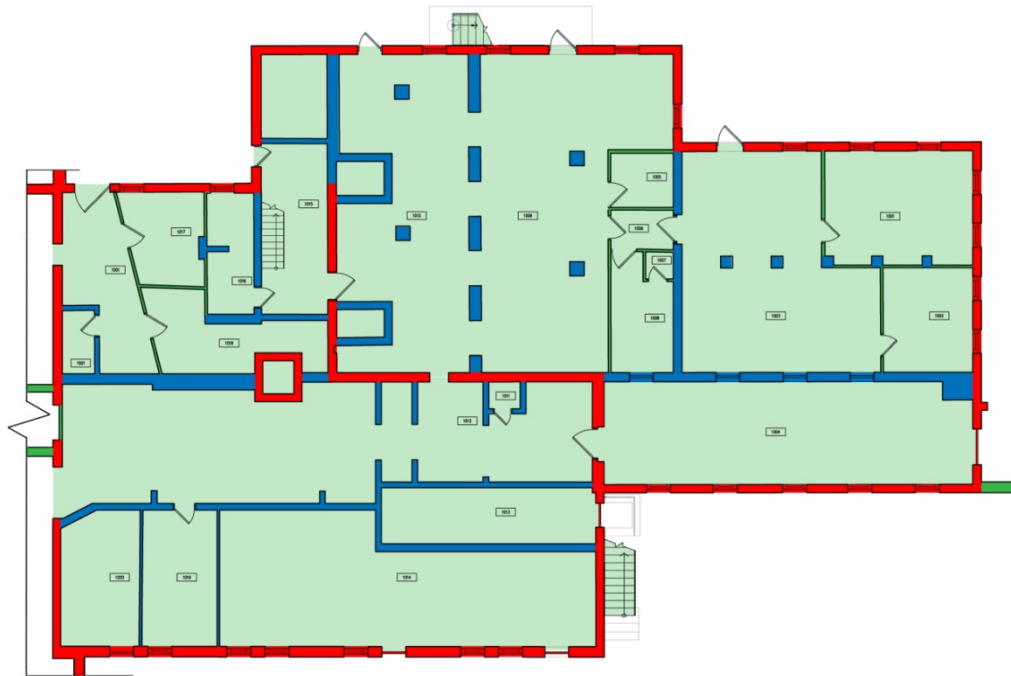
First Floor Zoning Diagram



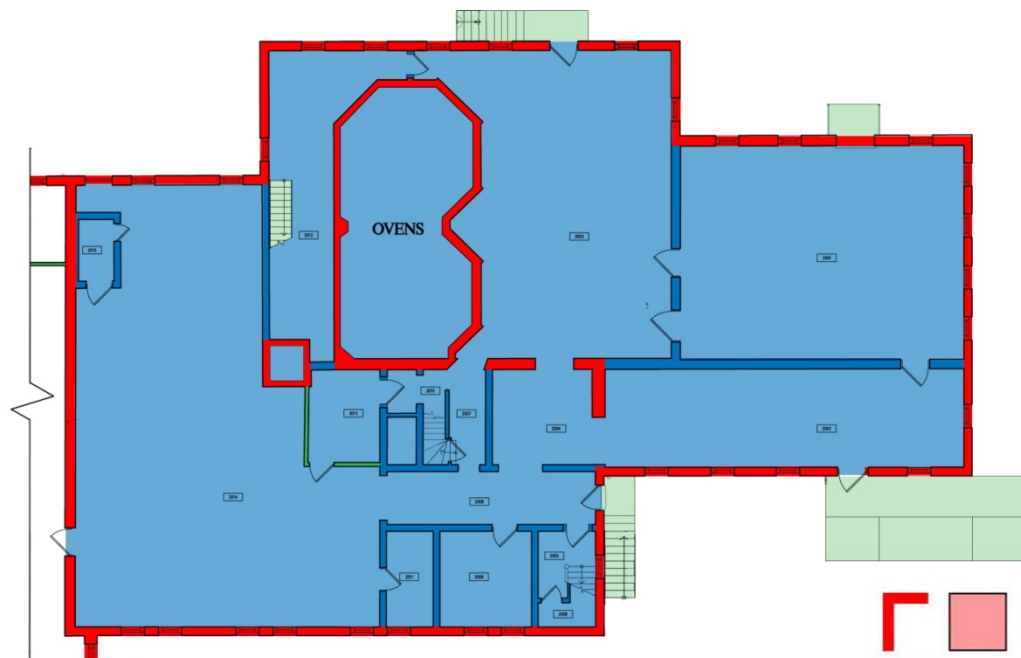
Second Floor Zoning Diagram



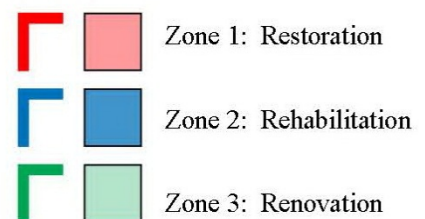
Bakery (Building 46)

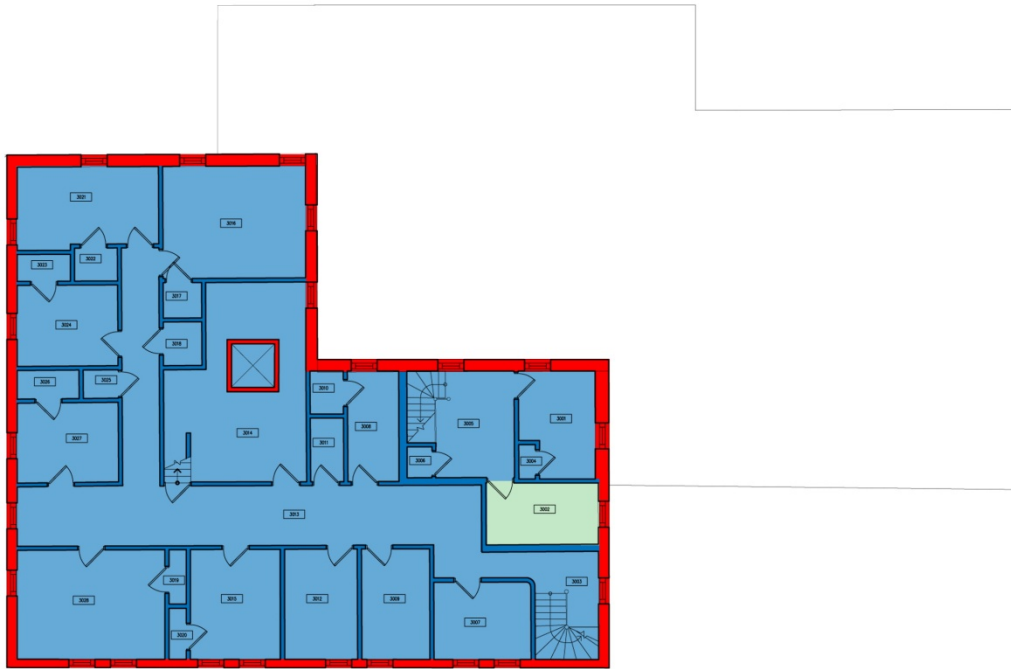


First Floor Zoning Diagram

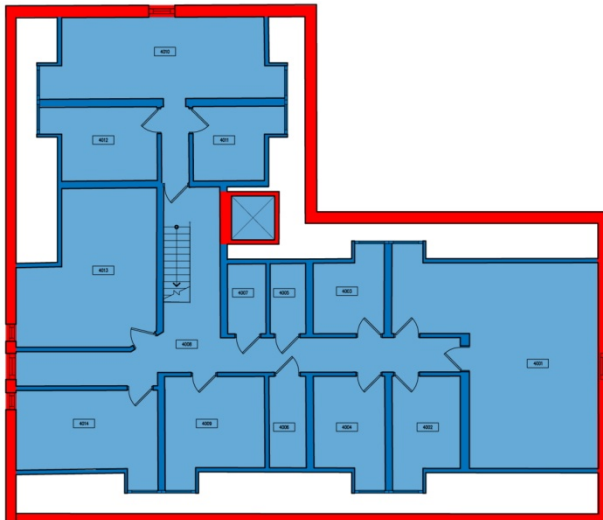


Second Floor Zoning Diagram

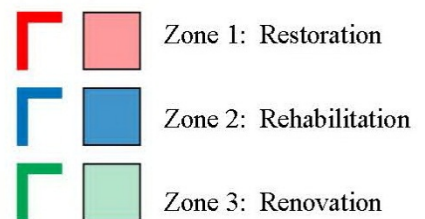


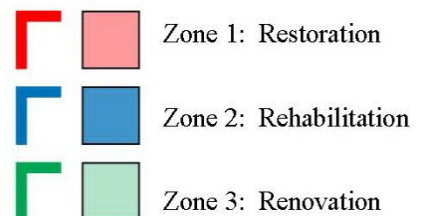
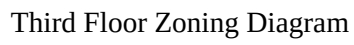


Third Floor Zoning Diagram

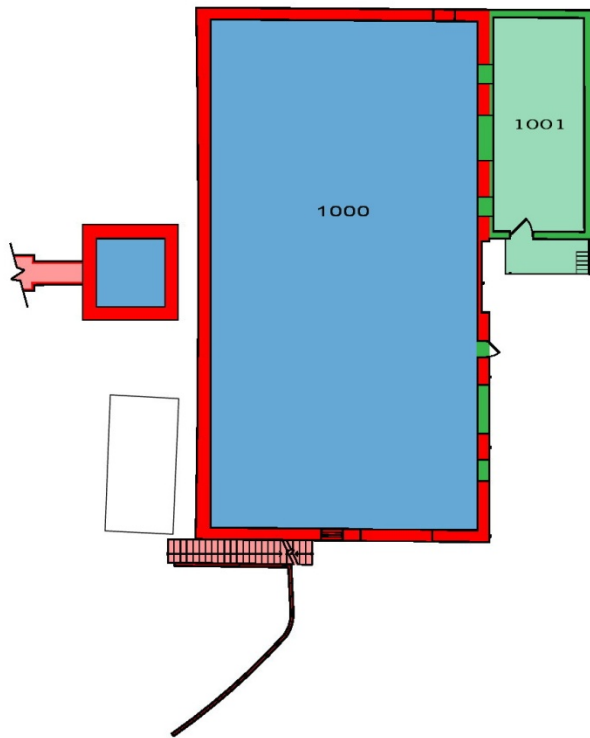


Fourth Floor Zoning Diagram

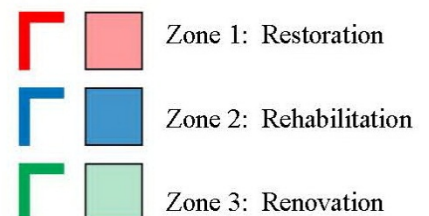




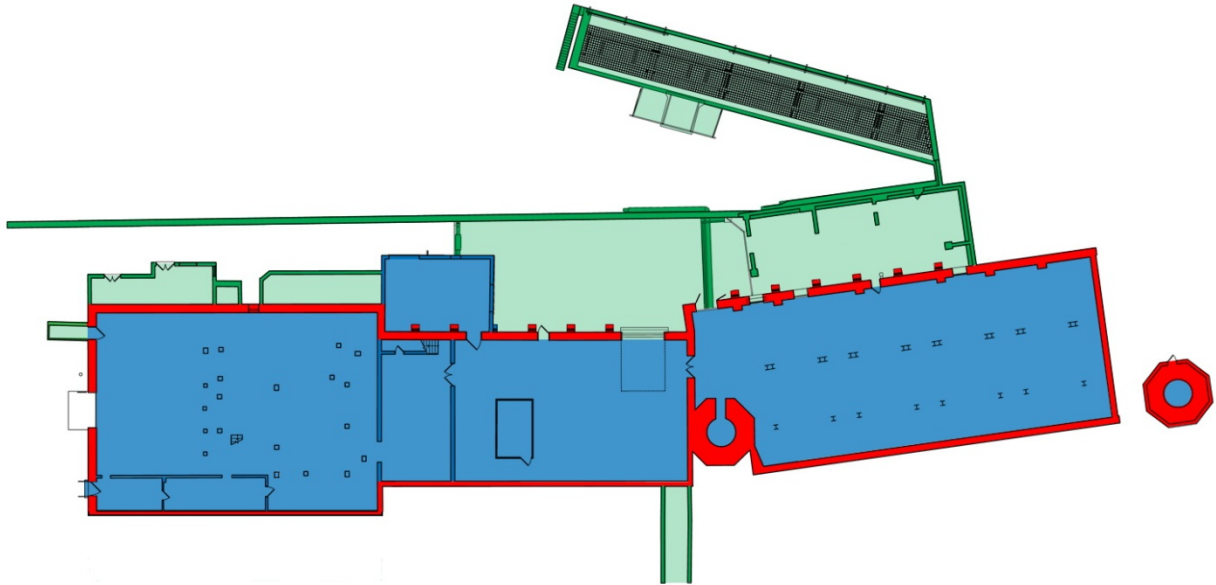
Boiler House/Ice Plant (Building 52)



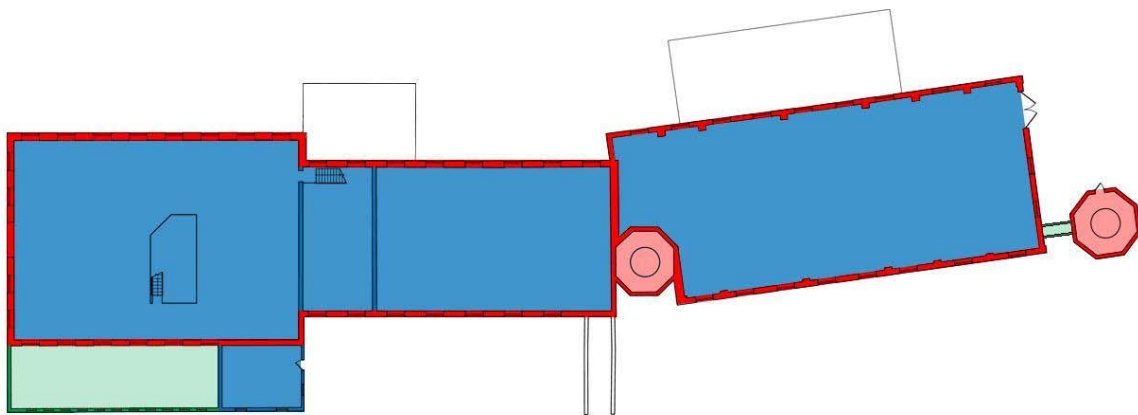
First Floor Zoning Diagram



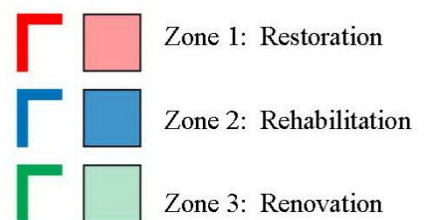
Power House (Buildings 56 and 57)



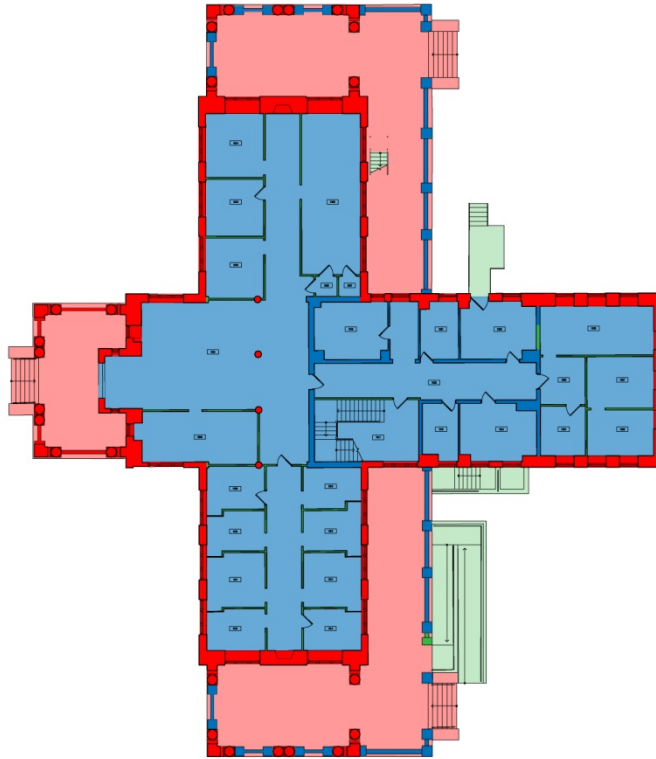
First Floor Zoning Diagram



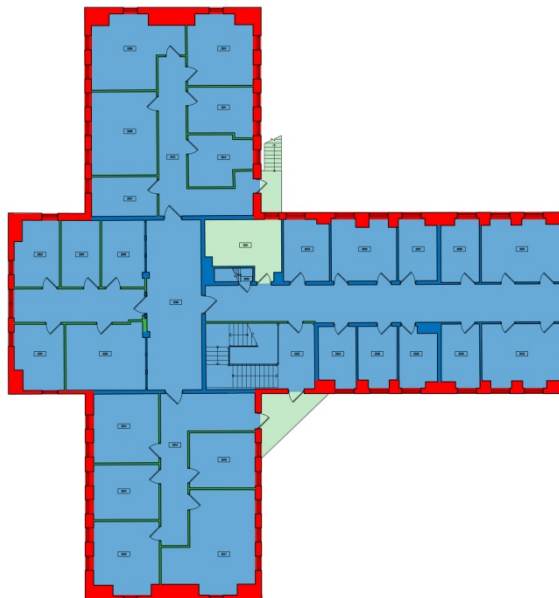
Second Floor Zoning Diagram



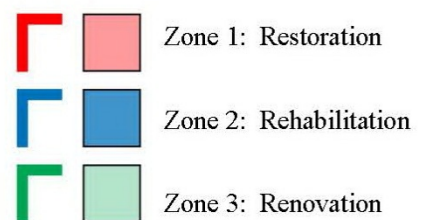
J Building (Building 60)



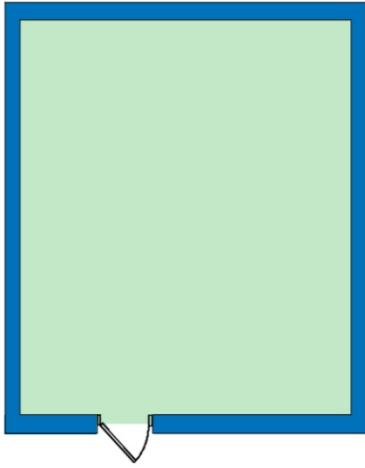
First Floor Zoning Diagram



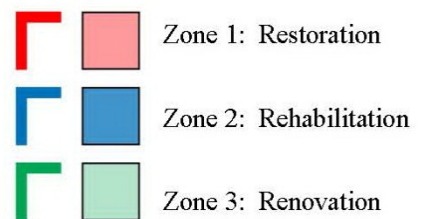
Second Floor Zoning Diagram



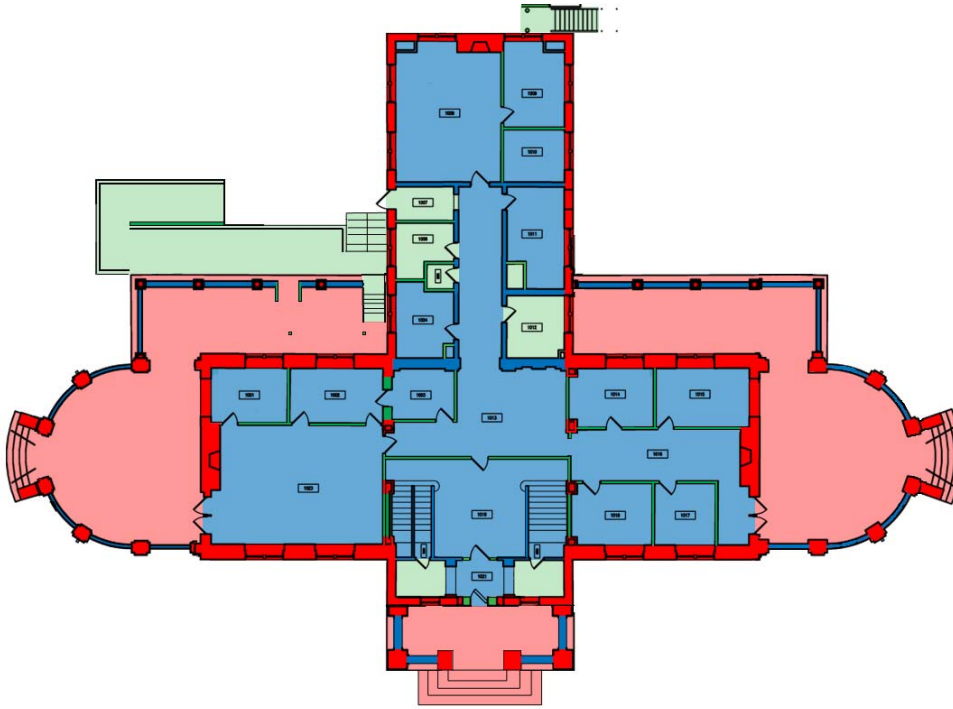
Transformer Room No. 62 (Building 62)



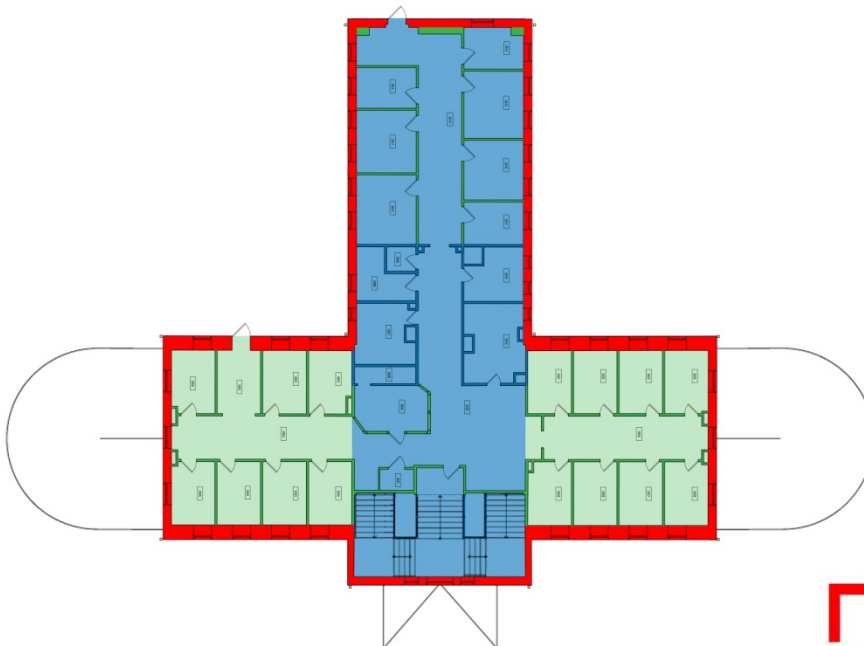
First Floor Zoning Diagram



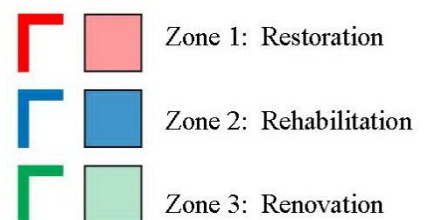
L Building (Building 64)



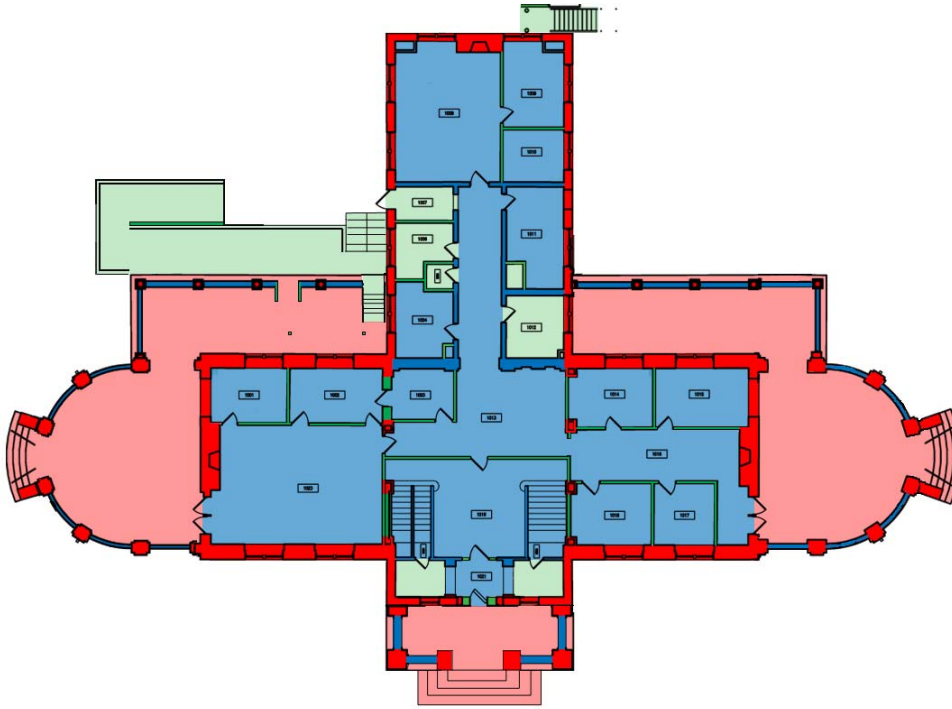
First Floor Zoning Diagram



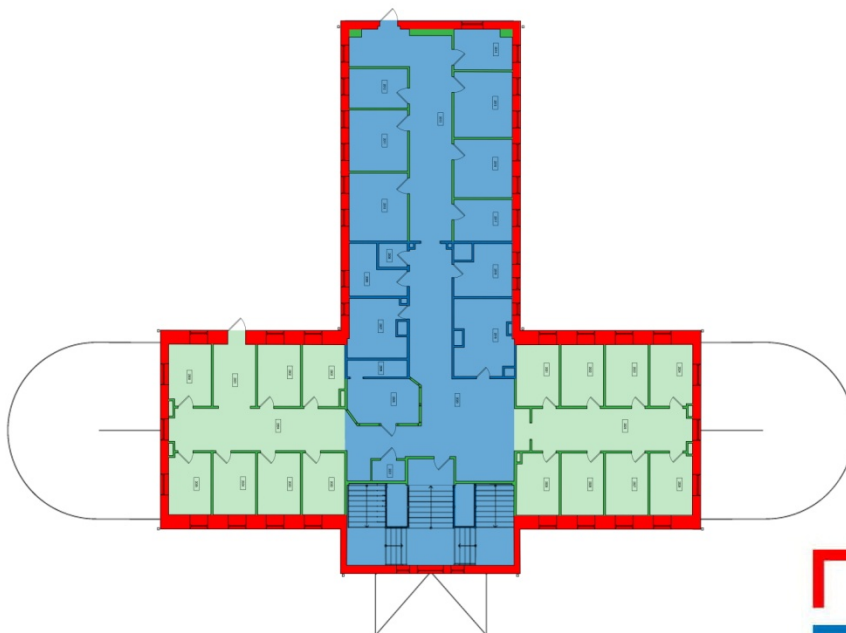
Second Floor Zoning Diagram



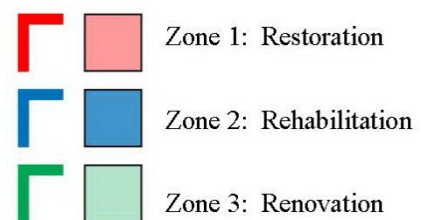
K Building (Building 66)



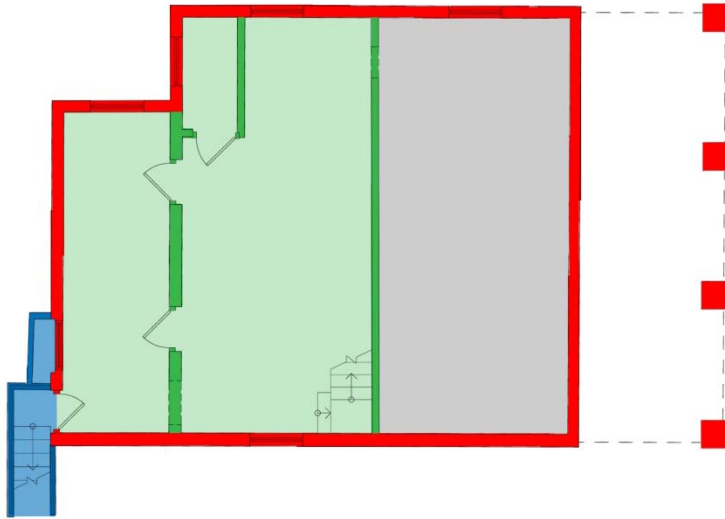
First Floor Zoning Diagram



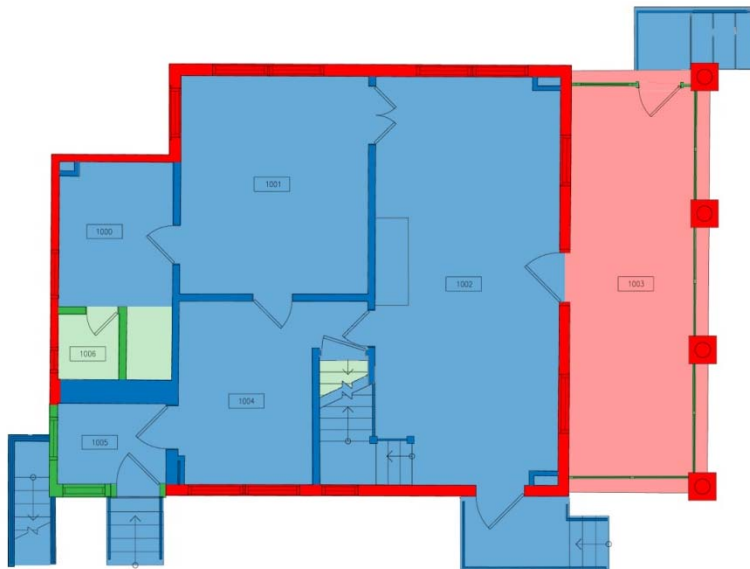
Second Floor Zoning Diagram



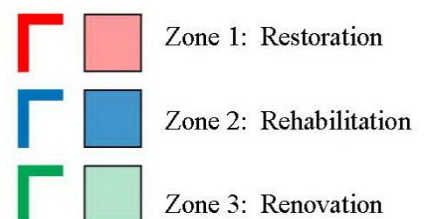
Staff Residence No. 5 (Building 67)

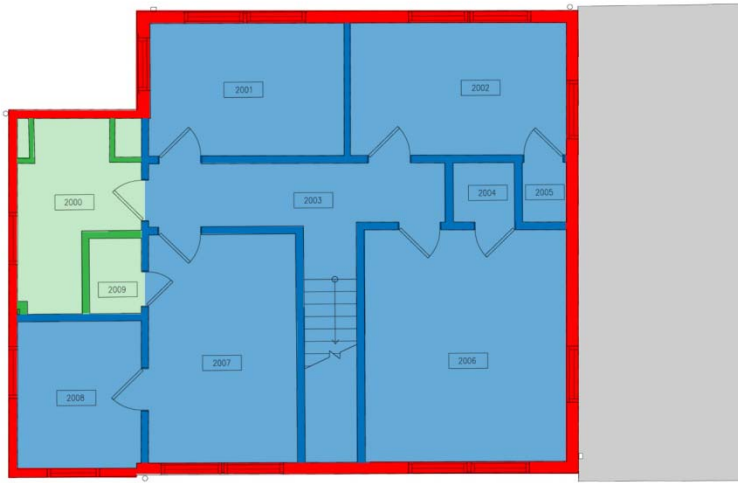


Basement Level Zoning Diagram

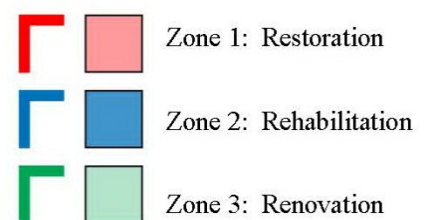


First Floor Zoning Diagram

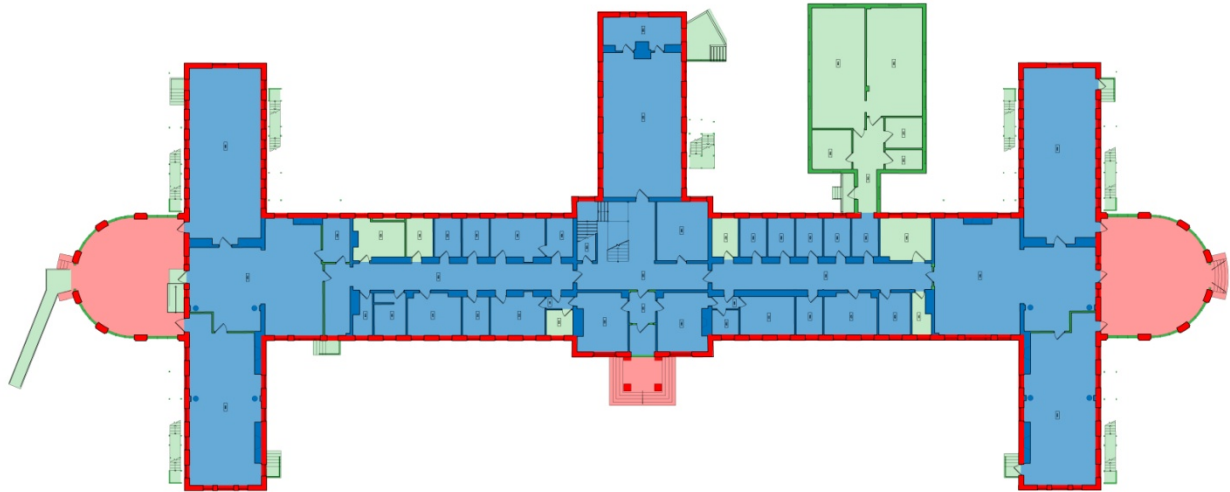




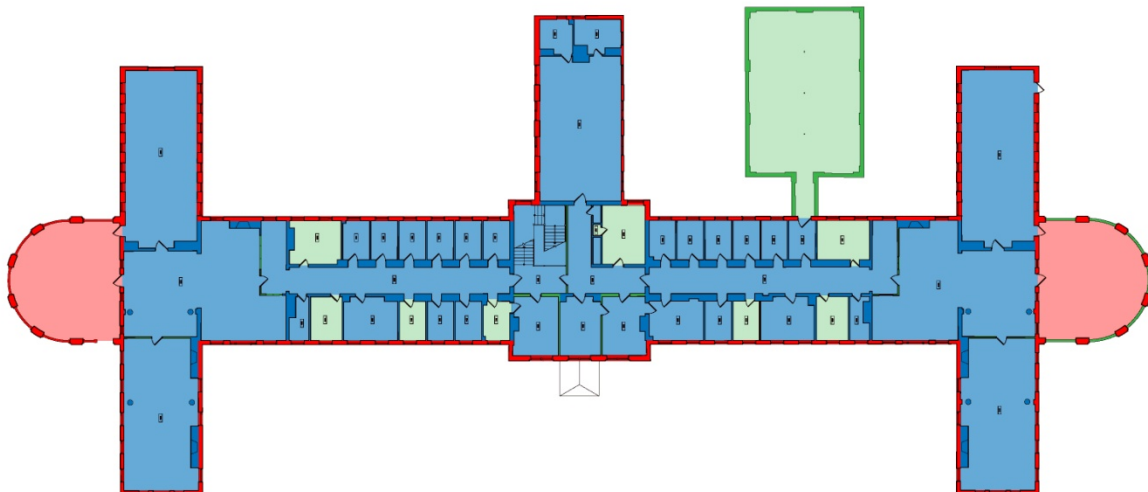
Second Floor Zoning Diagram



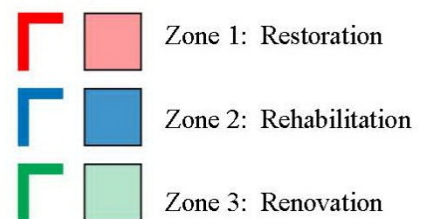
Q Building (Building 68)



First Floor Zoning Diagram



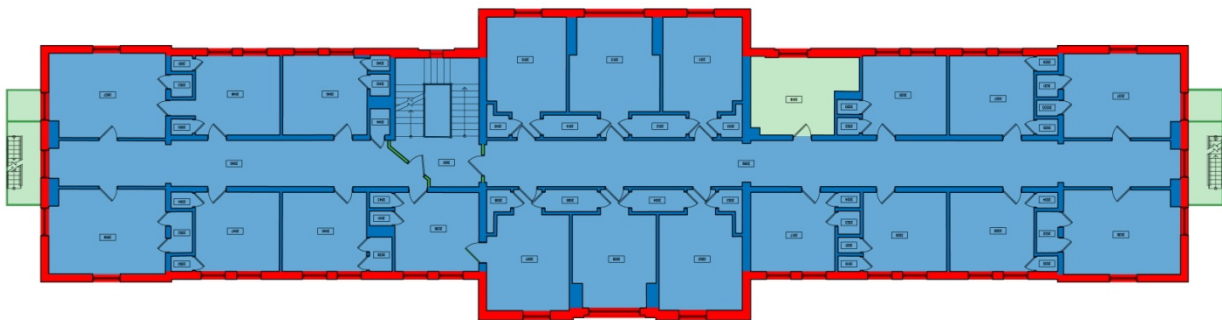
Second Floor Zoning Diagram



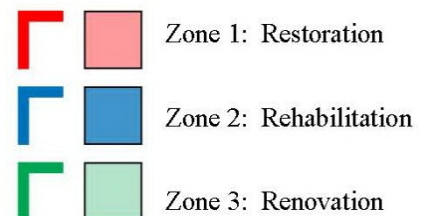
E Building (Building 69)

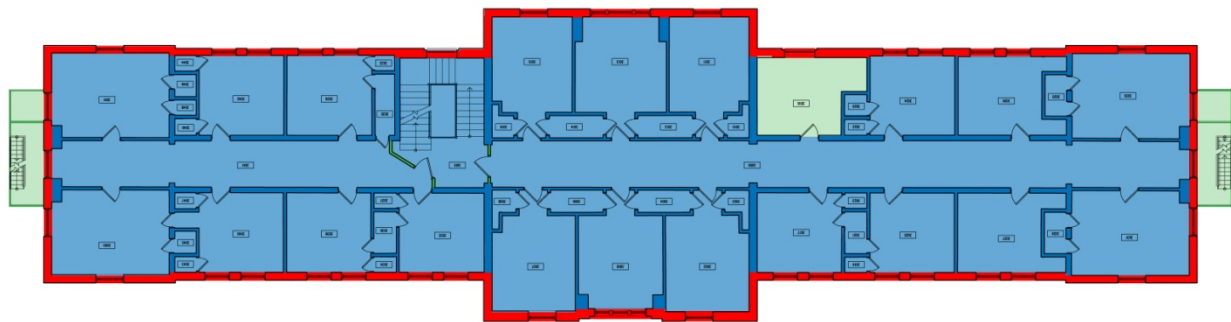


First Floor Zoning Diagram

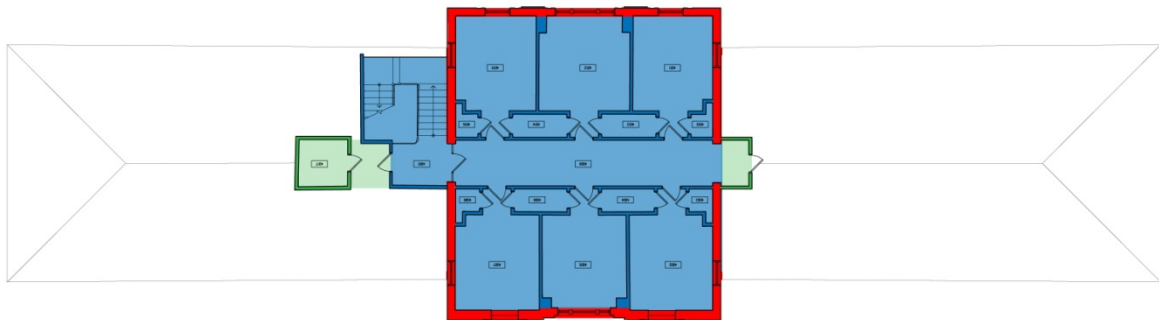


Second Floor Zoning Diagram

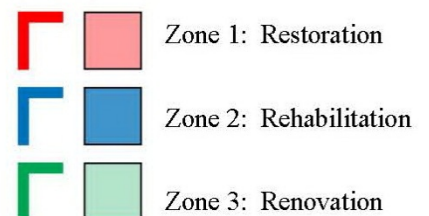




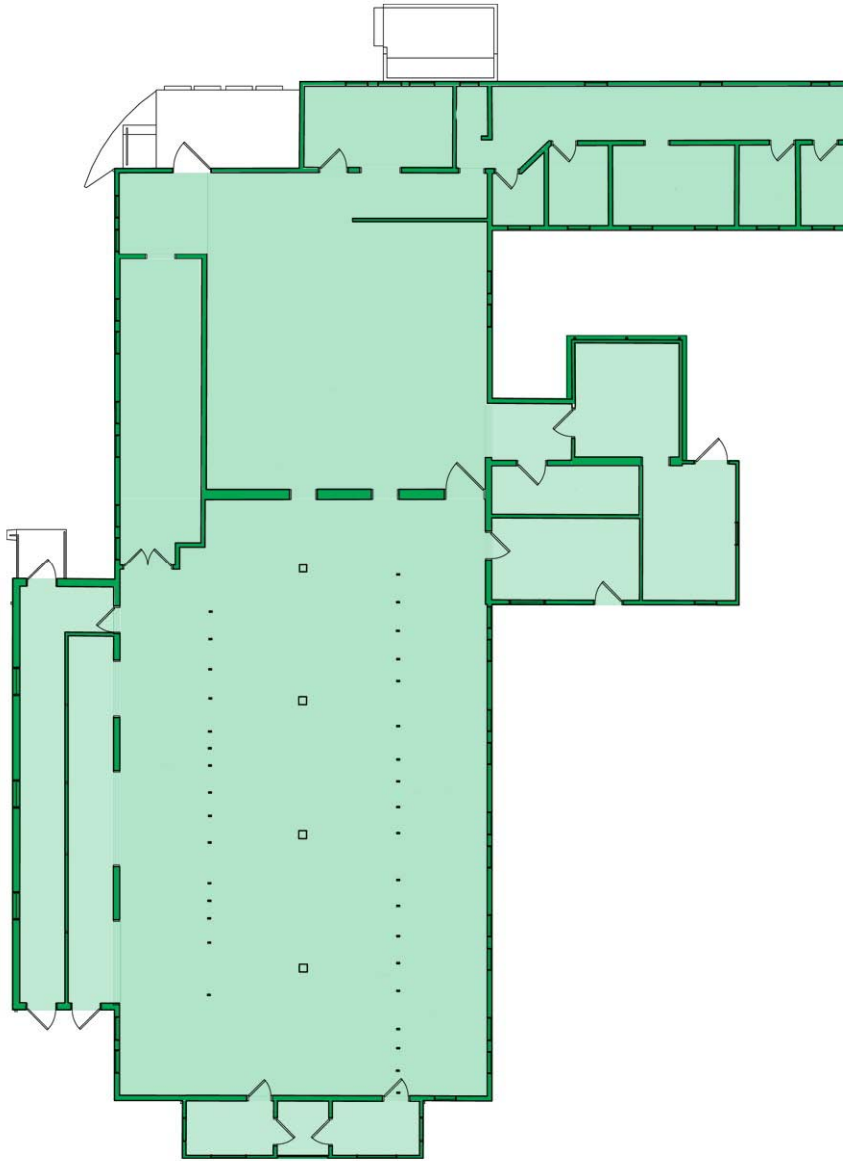
Third Floor Zoning Diagram



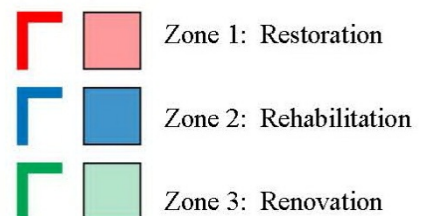
Fourth Floor Zoning Diagram



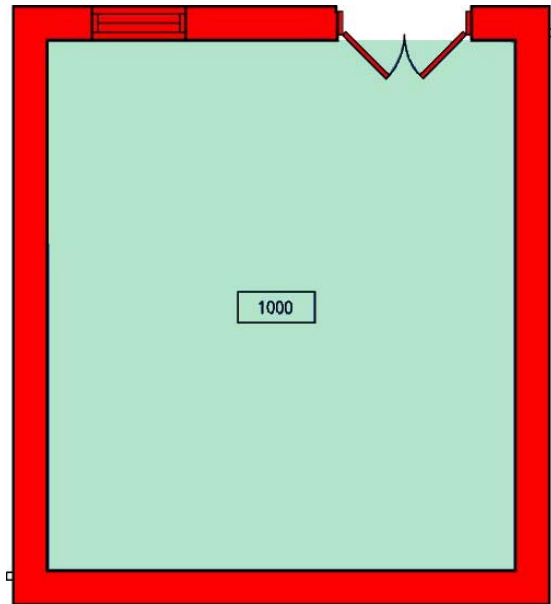
Employee Cafeteria (Building 70)



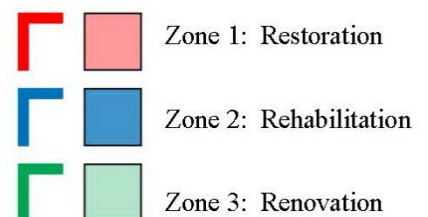
First Floor Zoning Diagram



Fan House (Building 71)



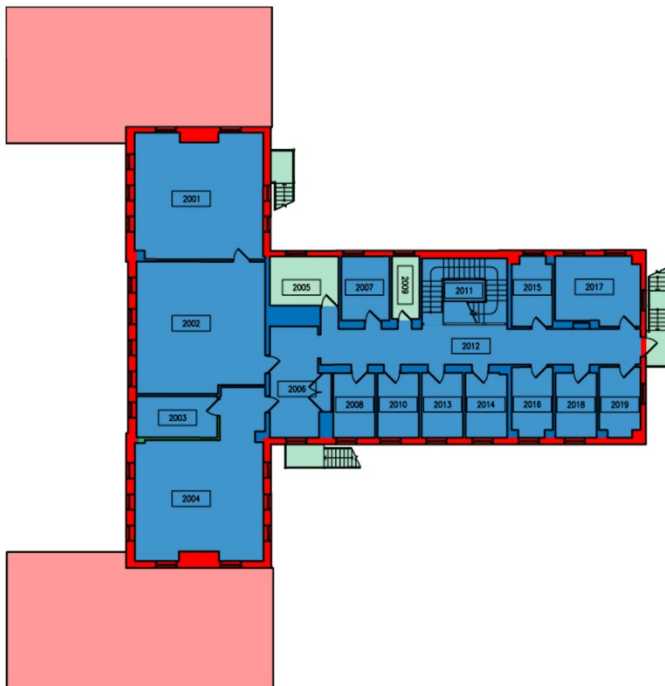
First Floor Zoning Diagram



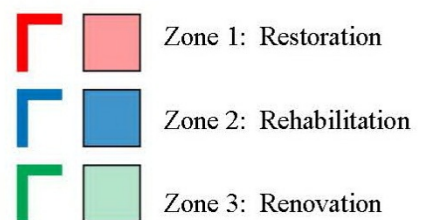
M Building (Building 72)



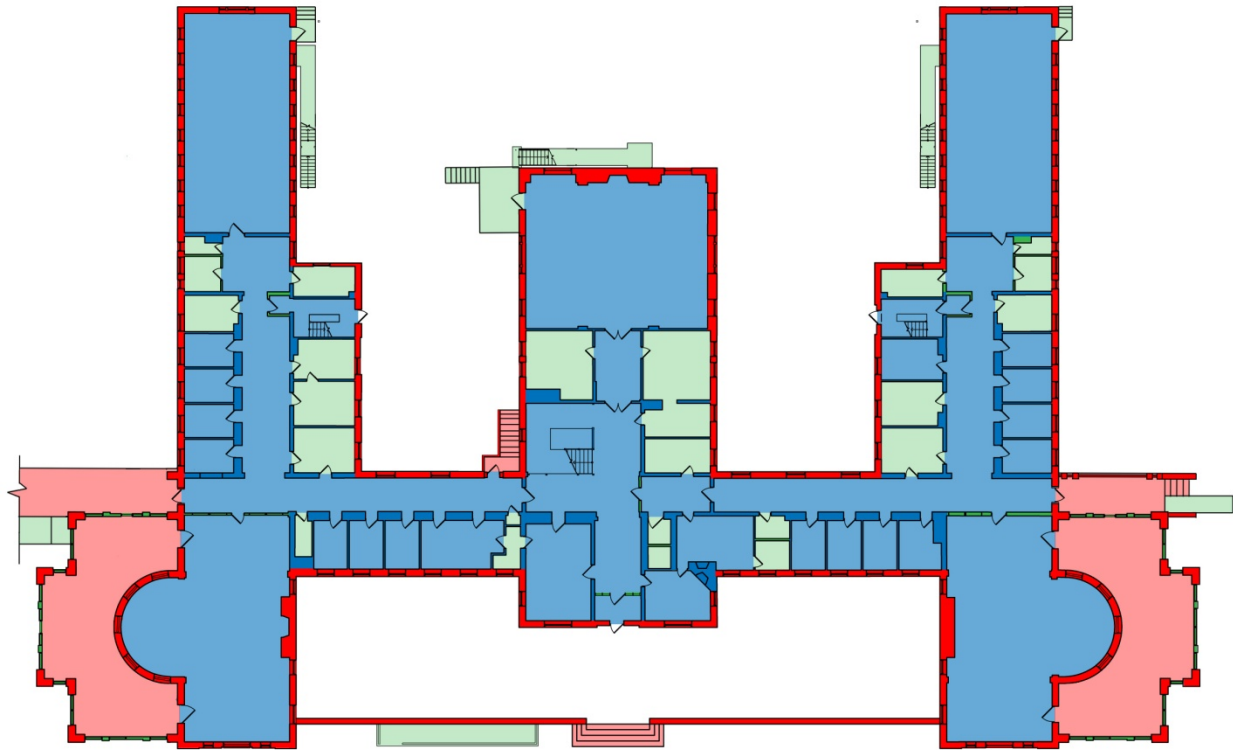
First Floor Zoning Diagram



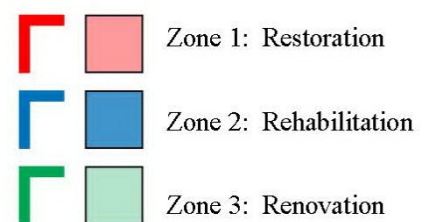
Second Floor Zoning Diagram

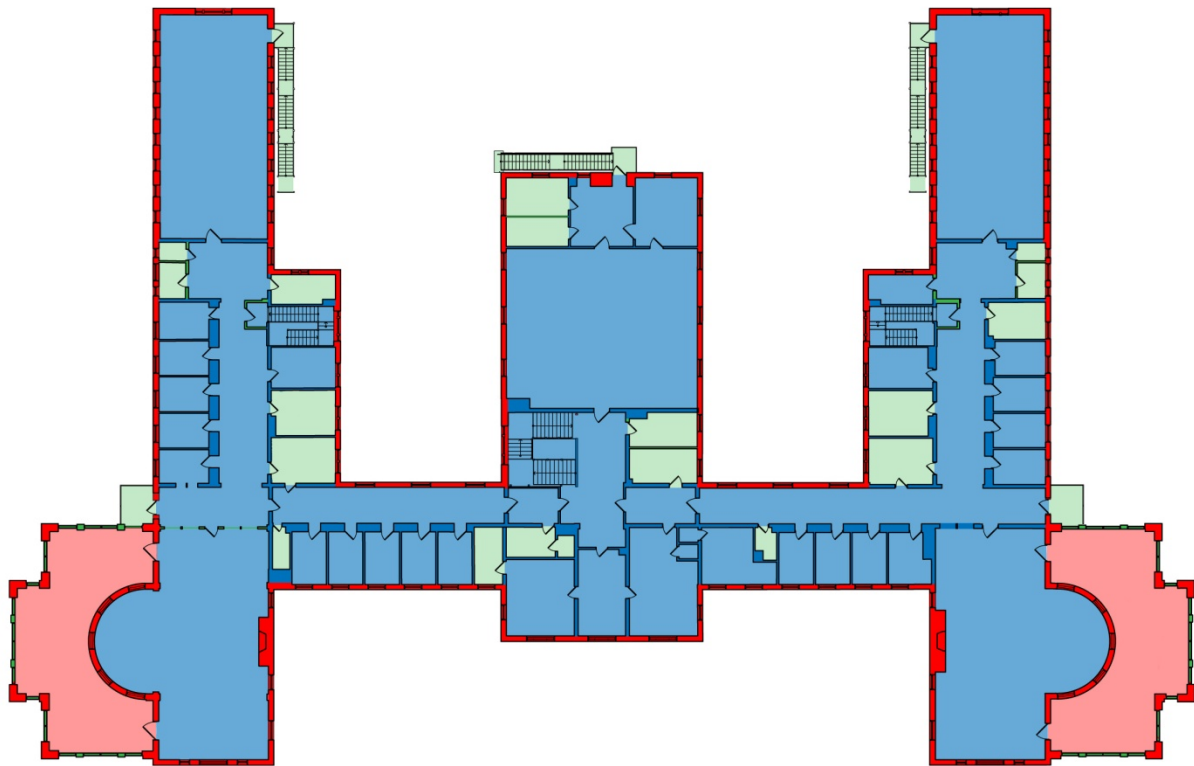


C Building (Building 73)

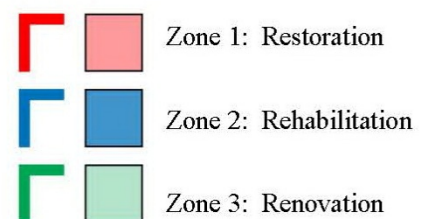


First Floor Zoning Diagram

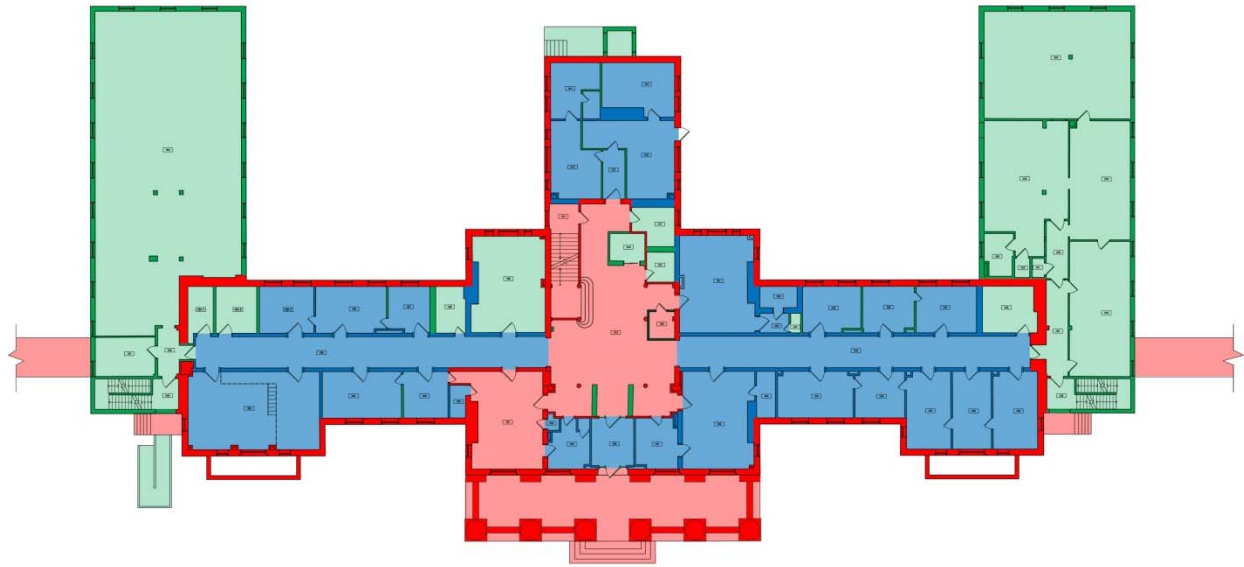




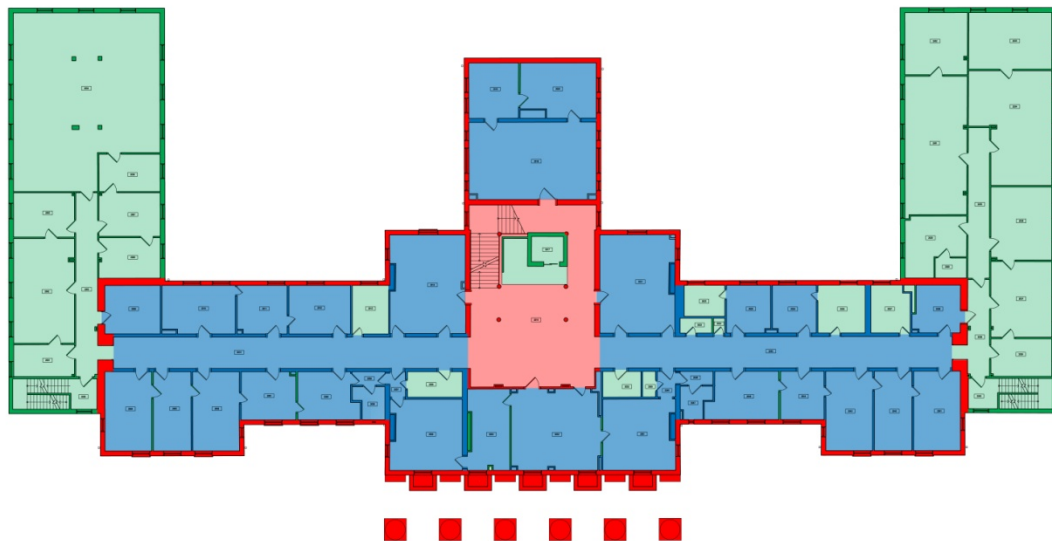
Second Floor Zoning Diagram



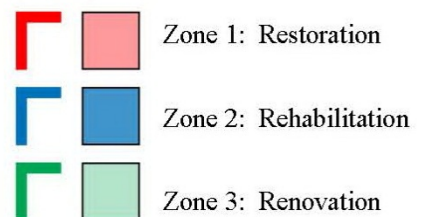
A Administration Building (Building 74)



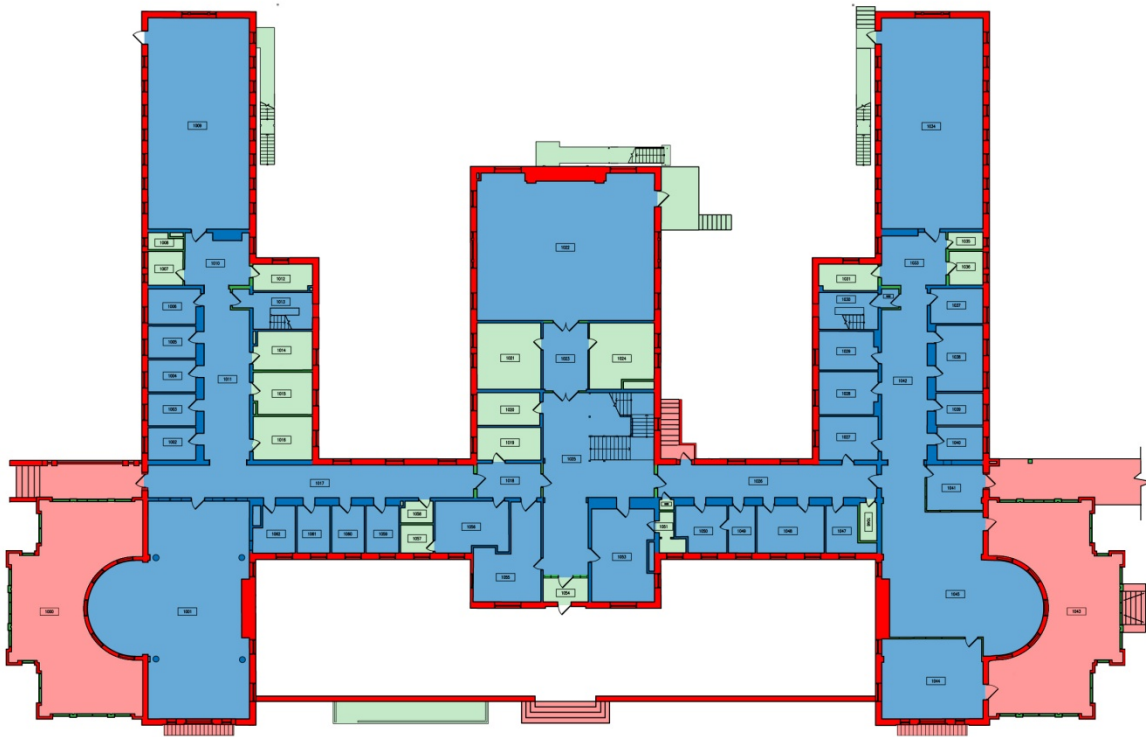
First Floor Zoning Diagram



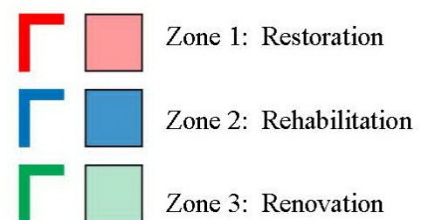
Second Floor Zoning Diagram

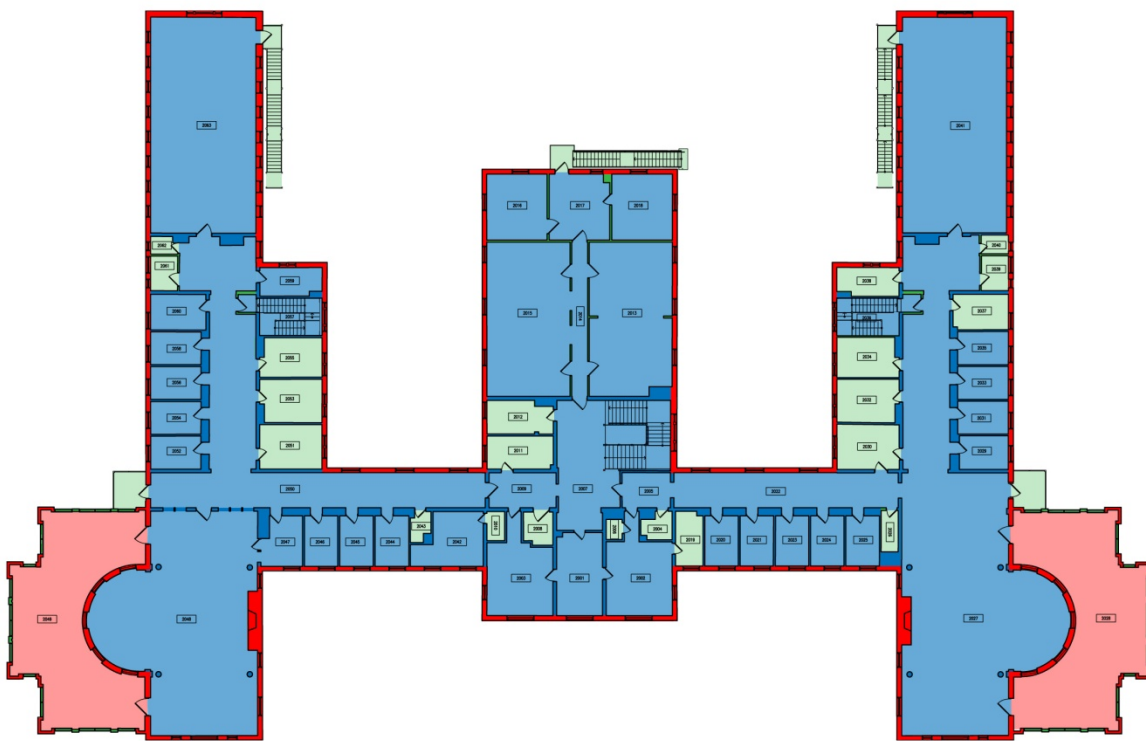


B Building (Building 75)

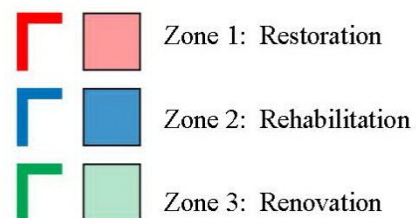


First Floor Zoning Diagram

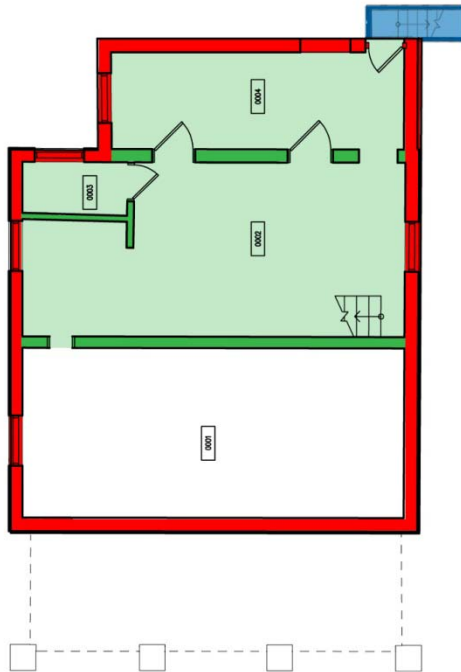




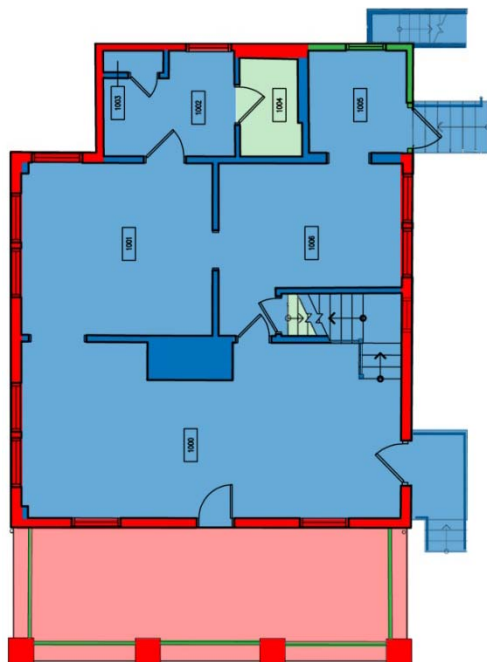
Second Floor Zoning Diagram



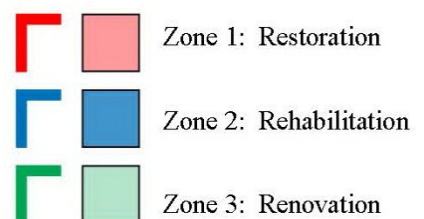
Staff Residence No. 5 (Building 76)

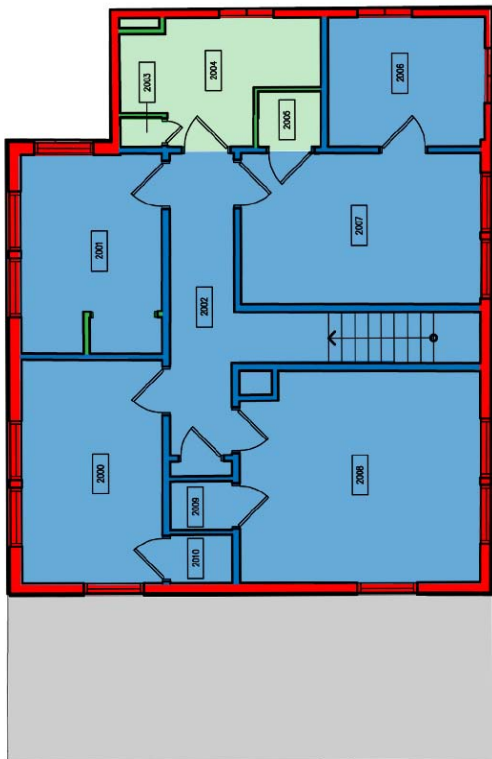


Basement Level Zoning Diagram

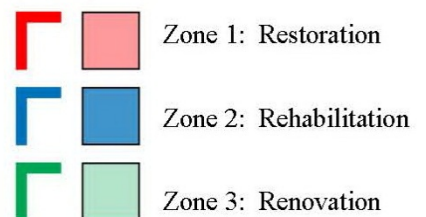


First Floor Zoning Diagram

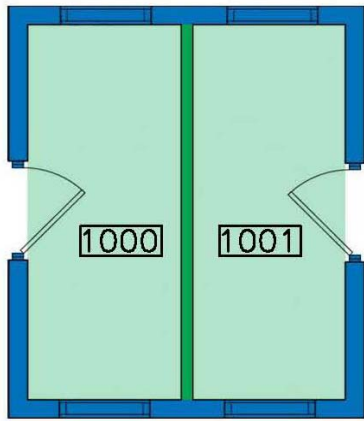




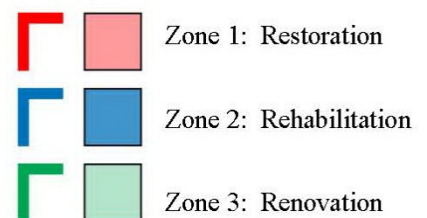
Second Floor Zoning Diagram



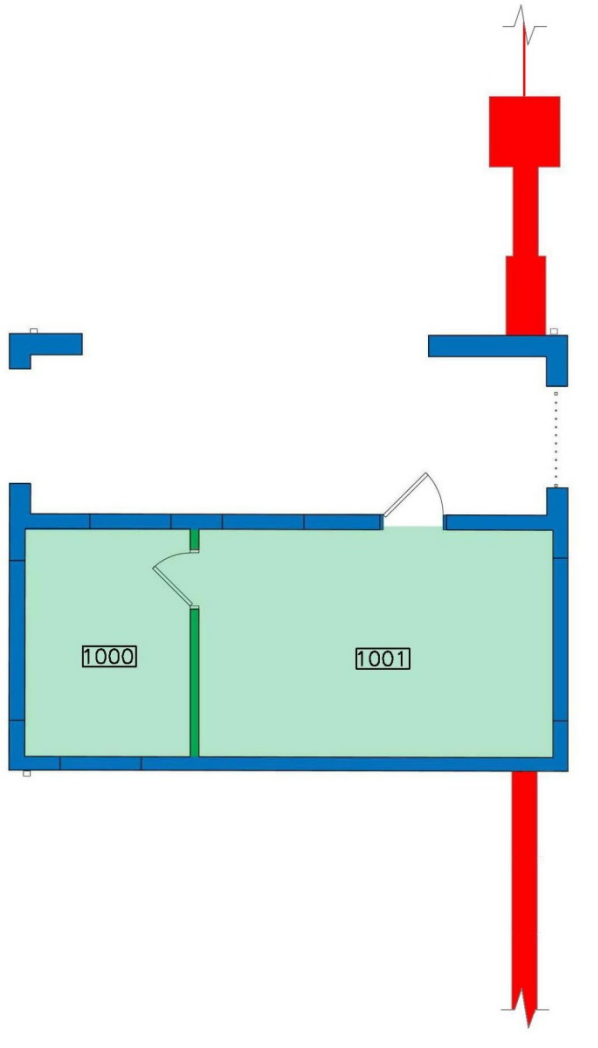
Comfort Station (Building 77)



First Floor Zoning Diagram



Gatehouse No. 2 (Building 78)



First Floor Zoning Diagram

