

ForumJournal

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Broadening Perspectives

Current Issues
in Preservation



Forum
NATIONAL TRUST FOR
HISTORIC PRESERVATION

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ForumJournal

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It's challenging for a small museum to add collections conservation to its other pressing responsibilities, but the Indian Pueblo Conservation Center in Albuquerque, N.Mex., is now taking some critical steps to protect its artwork and artifacts.

PHOTO COURTESY INDIAN PUEBLO CULTURAL CENTER, © 2006

Adaptive Use of 19th-Century State Hospitals for the Insane

THOMAS J. BALDUF

The monumentally impressive 19th-century state hospitals for the insane continue to project a powerful influence on the imagination. They were masterpieces of architecture, landscape design, and advanced technology, all intended to provide a healing milieu. Most featured a dramatic central administration building, ward wings, and landscaped grounds and were intended to be the authoritative embodiment of the treatment of mental illness. Other features, such as steam heating systems, proper ventilation, fire safety improvements, and the availability of clean water, were advanced for the age. While mental health professionals of that period may have overstated the healing function of these buildings and the surrounding environment, nonetheless these hospitals did provide a retreat or asylum from the conditions believed to cause or exacerbate mental illnesses, and represented a vast improvement over earlier accommodations for mentally ill patients.

Those that survive today continue to provide a legacy of significant architectural and landscape value, with great potential for adaptive use.

KIRKBRIDE HOSPITAL PLANS

In past centuries, the mentally ill were often confined in almshouses, jails, attics, cellars,

and airless outbuildings. By the the early part of the 19th century, however, trust in science and its ability to cure insanity, and an intense interest in moral reform led to increased concern over the plight of the insane. This concern coincided with the application of “moral treatment,”¹ a more humane treatment for insanity, based on European models, that minimized use of restraints, was more psychological in nature, and was physician-supervised. Treatment also included recreation, religious activities, and farm work, all thought to help stabilize the patient’s condition, leading

THEY WERE MASTERPIECES of architecture, landscape design, and advanced technology, all intended to provide a healing milieu.

to increased behavioral responsibility.

Central to these reforms was the development of a unique architectural form specifically designed for treating mentally ill patients. These hospitals are often referred to as linear plan hospitals, due to the monumental central administration building with patient wards in lateral wings, laid out in a line formation (much like a flock of migrating waterfowl) with a series of stepped-back pavilions connected by hallways. The linear plan hospitals are commonly called “Kirkbrides” after Thomas Story Kirkbride (1809–1883), their best-known advocate. A Quaker medical doctor, he was instrumental in



The stepped-back arrangement of the hospital wings allowed rooms to have natural light and ventilation and provided views of the hospital grounds. Pictured here is Traverse City Hospital in Michigan.

PHOTO BY THOMAS BALDUF

the 1844 founding of the Association of Medical Superintendents of American Institutions for the Insane, or the AMSAII.

Beginning in Trenton, N.J., in 1848 and ending in Brattleford, Sask., Canada, in 1911, these hospitals came into widespread use across North America. They were found in all regions of the United States, but tended to be concentrated in the Northeast. Approximately 100 hospitals of the type were built.

The linear plan hospital was designed to be “a therapeutic instrument that would assist in healing” and would “represent moral treatment in a built form.”² The hospitals also had extensive agricultural acreage and park-like grounds dotted with subsidiary structures, including power plants and farm buildings. The buildings and grounds formed a contextual whole directly affecting patients, staff, families, and communities. They were intended to be nearly self-sufficient communities, providing for many of the needs of their inhabitants, physically separate from the surrounding society but still interacting with it. Such institutions constituted an “architectural representation” of sanity and became literally a “moral architecture”³ actively involved in the process of healing.

DECLINE OF STATE HOSPITALS

The treatment offered by such hospitals probably had some salutary effects on certain conditions when the hospitals had a low patient/staff ratio. But as the patient population expanded beyond anticipated capacity, and the moral treatment approach was found to be inadequate as a sole means of treatment, the fall of the asylum system was inevitable.

In the early part of the 20th century, treatments for the mentally ill continued to advance and soon the Kirkbride hospitals fell out of favor. Eventually they became associated with crowding, ill treatment, and merely custodial care.

With advances in drug treatments, there was less need for long-term confinement, as long as patients’ drug treatments could be sustained. Increasing concern about patient rights and an emphasis on care in the community made the institutional approach much less tenable. (This is not to say, however, that the need for chronic care of the mentally ill disappeared with the closing of the asylums; under the present system, the chronically ill population is less visible, but still extant.)

THE 21ST CENTURY AND ADAPTIVE USE

While many state hospitals have been demolished or sit vacant, the survivors still present a powerful image on the national landscape. Given their historic nature, and architecturally impressive structures and landscapes, the question of protection and use becomes significant. These hospitals

and their extensive grounds provide opportunities for adaptive uses never envisioned by their designers. Today some of these buildings still remain in operation, providing mental health and social services; others have been rehabilitated for housing and other uses.

Developing a reuse plan for these hospitals can be complex, depending, in part, on the perception by the community, including the public, political entities, developers, media, and preservation interests. Although the main buildings were constructed to be durable and enduring, deterioration and vandalism has taken a toll on many of the sites—leading to a negative image in the community and increased project costs.

Challenges to adaptive use may include an overabundance of space that may exceed local needs, size and complexity that may be intimidating to planned devel-

opment, physical deterioration, the perception that alternative uses are limited due to the buildings' solid construction and single-use design, and bias associated with mental illness and the asylum system. However, careful planning, local support, and visionary development can lead to alternative uses that can contribute to the social, economic, and cultural needs of the community and serve as a reminder of the history associated with these unique buildings and landscapes.

WARREN STATE HOSPITAL, Warren, Pa. (1873-1880)

Warren State is an excellent example of a facility that is still in use for healthcare, possessing many representative characteristics of a typical Kirkbride hospital. Warren State maintains a towered central building, stepped-back patient wings, an elevated rural setting, ancillary struc-

The Importance of Remembering

Recognition of the historic role of the state hospital and the lives of patients and staff should be part of any adaptive use plan. Saving the hospital may be the most obvious form of recognition, but ideally the project should include reference to the historic “why” of the place. Information about the historic significance of the hospital to the community should be included in signage, on-site handouts, and promotional materials. Many facilities included cemeteries, holding the often anonymous remains of patients who died while hospitalized. These cemeteries should be identified and cared for as memorials.

In 2000, following the demolition of the Northhampton State Hospital in Massachusetts, artist Anna Schuleit planned a special ceremony to commemorate the site's history. The hospital had been closed for several years and, following a futile adaptive use effort, was taken down. The event, which included speakers, panelists, an open forum for former patients to tell their stories, and a dramatic musical tribute, brought the community to the hospital site, and paid homage to the positive intent of the 1856 founding and the plight of patients in the later years of operation, who were essentially warehoused in over-crowded conditions.

SOURCE: *The State Hospital: In Memoriam, A Remembrance of the People and the History of the Former Northampton State Hospital, at Northampton, Massachusetts*, 2000. This information can be found at the Anna Schuleit website on asylums: www.1856.org/main.html.



Warren State Hospital (Pa.) has retained its original use, including continuing to provide inpatient health care, but the campus now also houses other health and social services.

PHOTO BY THOMAS BALDUFF

tures, landscaped grounds, contemporary technological systems, and main entry gate and drive.

Warren State retains connections and interactions with the City of Warren. It still provides inpatient care for those requiring longer-term care. There is also a forensic center located on the campus, as well as a geriatric hospital. Other services on the campus include the office of the State Health Department and a county agency dealing with mental health, mental retardation, and drug and alcohol issues. One of the original houses on the site is still in use as overnight accommodation for families visiting patients.

Warren State has adapted to changes in mental health programs and uses for buildings and grounds. Social service functions have required updating the main buildings, as well as additional structures. Use of outbuildings and code-driven interior updating of the main building allow continuing service, in both familiar and innovative ways.

The hospital restored the patient cemetery, providing a positive connection to the community and strengthening the memory of the hospital's role in the

history of medicine. The Warren State staff has been attentive to the hospital's history, architectural significance, and contributions to the community, and to the archiving of historical materials.

TRAVERSE CITY STATE HOSPITAL, Traverse City, Mich. (1881-1885)

The rehabilitation of the Traverse City State Hospital as a mixed-use urban village began in 2003, while retaining the historic architectural features of the main building and other structures. The Village includes a range of units for living, from studio apartments to live-work units and condominiums. The development also includes retail shops, restaurants, wineries, a bakery, coffee shops, and a variety of offices offering professional services. Now known as The Village at Grand Traverse Commons, it was listed in the National Register of Historic Places in 1978. The planning process for adaptive use at Traverse City has been long and complex, but has provided time for the community to invest the facility with positive cultural importance, as well as for the hospital to become recognized as a source of economic and cultural value to the community.

The City of Traverse City, the township, and the State of Michigan invested significant time, planning, and funding to support the preservation of the hospital and grounds to benefit community cultural and economic interests. A state conservation easement has been instrumental in maintaining the pastoral landscape and historic arboretum. The Traverse City Commons Redevelopment Corporation led the long-term effort to find alternative uses, maintaining positive attention to the facility until an appropriate developer could take on the project.

The Traverse City State Hospital project made wise use of planning by means of phased development, through stabilization and redevelopment of successive sections of the main building. The reuse of many of the ancillary buildings—particularly the free-standing cottage-type patient wards as commercial space, residential suites, and retail spaces—has contributed to the success of the development and helped to maintain the historic context. Other former hospital buildings have been adapted separately as a hospitality house for the nearby medical hospital, and as assisted living centers. No infill construction has been planned, probably due to the availability of considerable square footage in



Internet Resources

www.rootsweb.ancestry.com/-asylums/index.html#in
www.kirkbridebuildings.com/index.html
www.abandonedasylum.com/
www.asylumprojects.org/tiki-index.php?PHPSESSID=52e83925a40f28d7a473ce1084c5005d
www.1856.org/main.html
www.ohio.edu/athens/greens/theridges.html
www.thevillagetc.com/
www.dpw.state.pa.us/partnersproviders/mental-healthsubstanceabuse/statehospitals/003670893.htm
www.mantenostatehospital.com/theproject.html

the existing main building, which should serve the future needs of the community.

DAYTON STATE HOSPITAL, Dayton, Ohio (1855-1868)

The Dayton State Hospital was completely rehabilitated in the mid-1980s as a senior community. The Ohio Department of Mental Health abandoned the hospital in 1978 and planned complete demolition. But there was strong local support for preservation and restoration, and in 1979 the hospital was listed in the National Register of Historic Places. The property was eventually rehabilitated for senior housing by a developer with strong support from the City of Dayton and local business interests. The project also received certification for federal historic rehabilitation tax credits.

The central building now includes the entrance lobby, library/sitting rooms, offices, service functions, and double-loaded corridors (i.e., units on both sides)

The campus of the Traverse City State Hospital has been redeveloped as a mixed-use urban village, with a range of residential options, retail shops, eateries, and office space in both the main building and ancillary buildings such as this “rehab cottage.”

PHOTO BY THOMAS J. BALDUF



Dayton State Hospital (Ohio) now serves as a senior community. The main building holds common rooms, offices, and service functions in the center and residential units in the wings—similar to the building's original use.

PHOTO BY THOMAS J. BALDUF

for assisted living. The three floors of the patient wings were converted into independent living apartments, requiring considerable demolition of non-load supporting interior walls in a switch from double- to single-loaded corridors. The entrance portico was restored to its 1906 appearance and windows were rehabbed according to the Secretary of the Interior's Standards. The extensive, wooded grounds in the front of the hospital were retained, along with the historic entry gate, including two pergolas with concrete columns and tile-roofed gatehouses.

Project marketing made positive use of the historic context of the facility and the monumental attractiveness of the architecture. Adapting the hospital as congregate housing serves a quite different clientele, but the residential units in the wings with administrative and service functions in the center have a strong conceptual similarity to the original design.

ATHENS STATE HOSPITAL, Athens, Ohio (1867-1873)

The Athens State Hospital, now the property of Ohio University and renamed The Ridges, is a classic Kirkbride design, with a monumental central administration building, power plant and service buildings to the rear, and stepped-back patient wings. Many of the outbuildings associated with the growth of the hospital remain, preserving the historic context. The hospital, set

on an elevated site overlooking the Village of Athens, is surrounded by park-like wooded grounds.

The facility now has multiple uses, primarily the Kennedy Museum of American Art in the towered central building. Several early 20th-century cottage structures and other outbuildings now house the University Facilities Planning offices, the Ridges auditorium, the Child Development Center, and the Voinovich Center for Leadership and Public Affairs. The ward wings remain empty, and there is a need for a comprehensive redevelopment plan for those important elements. Well-maintained lawns and many large trees preserve a quiet, shady, pastoral appearance, even with a reduction in total acreage. Driveways, built of locally produced brick, have been retained, most prominently in the front of the main building. The hospital was listed in the National Register of Historic Places in 1980.

The future of the complex is still uncertain. A 1989 comprehensive land-use study came up with a list of possible uses, including school services, condominiums, conference center, drama festival center, park, recreational trails, historical museum, and recreation center. Additional studies in 2001 emphasized the importance of the various contextual features of the hospital and grounds and noted office space or student dormitories as possible uses for the wings. Ohio University has not ruled out a mixed-use development, which could conceivably follow the pattern of Traverse City State Hospital.

OTHERS AT RISK

There is no complete list of Kirkbride hospitals. Several websites attempt to list the hospitals still in existence (see box on page 35). Some hospitals still in use include Cherokee State Hospital, Clarinda State Hospital, and Independence State Hospital in Iowa and the Danville State Hospital in Pennsylvania. Many others are endangered. Fergus Falls State Hospital in Minnesota is a wonderful facility in need of development. Another in need of reuse is Graystone Park State Hospital in New Jersey. Weston State Hospital in West Virginia has been purchased and development appears to be planned.

To find out more about specific hospitals and efforts to save them, the best

initial contact should be with the state historic preservation office to obtain information about the status of the hospital, any ongoing work, possible planning grants, etc. The websites mentioned earlier often support online communication groups that may be of assistance including providing success stories, recommendations, and other guidance. **FJ**

THOMAS J. BALDUF is community preservation specialist for the Western Regional Office of Historic Landmarks Foundation of Indiana. This article has been adapted from the author's 2007 thesis for the master of arts in historic preservation program at Goucher College.

1. Barry Edington, "The Design of Moral Architecture at the York Retreat," *Journal of Design History* 16, no. 2 (2003): 1103-1117.
2. Edington.
3. Edington.

State Hospitals on the National Trust's "11 Most Endangered" List

When New York State put its four vacant 19th-century psychiatric hospitals on the market with no reference to the sites' National Historic Landmark status, the National Trust for Historic Preservation sounded an alarm by including "Four National Historic Landmark Hospitals" on its 1999 list of America's Most Endangered Historic Places.

There have been some positive developments since then:

In September 2002, the **Utica State Hospital** (1843) received a \$200,000 Save America's Treasures grant for restoration. More recently, the New York State Office of Mental Health rehabilitated the first floor of the main building for use as a Records Archive and Repository.

In Poughkeepsie, a comprehensive mixed-use redevelopment project is underway for the **Hudson River Hospital**, and work to stabilize and restore the Main Building began in 2006. At the end of May 2007, a large

fire severely damaged the south wing of the Main Building, the centerpiece of the complex. The future of the site is now uncertain.

Several years ago, a state court ordered New York to repair and preserve the H.H. Richardson-designed **Buffalo Psychiatric Center** in Buffalo. The state has allocated \$76.5 million for restoration of the complex, and in 2006 Governor Pataki assembled panels of experts and advisors who studied the site and developed a master plan for the reuse and restoration of the complex and its Olmsted landscape.

Advocates are feeling positive in Binghamton, where a medical college has recently expressed serious interest in reusing the historic hospital, built in 1858 as the **New York State Inebriate Asylum**. The state set aside funds and work is moving forward to rehabilitate the building, called the "Castle," for use as a clinical campus of the SUNY Upstate Medical University.

To check the status of these sites, visit www.PreservationNation.org/travel-and-sites/sites/northeast-region/four-national-historic-landmark-hospitals.html.