

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets (NPS Form 10-900a).**

1. Name of Property

Historic name Walter Reed Army Medical Center Historic District

Other names/site number N/A

2. Location

street & number 6900 Georgia Ave., NW not for publication

city of town Washington vicinity

State DC code DC county DC code 001 zip code 20012

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,
I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.
In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:
___ national ___ statewide ___ local

Signature of certifying official Date

Title State or Federal agency and bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency and bureau

4. National Park Service Certification

I, hereby, certify that this property is:	Signature of the Keeper	Date of Action
___ entered in the National Register	_____	_____
___ determined eligible for the National Register	_____	_____
___ determined not eligible for the National Register	_____	_____
___ removed from the National Register	_____	_____
___ other (explain:)	_____	_____

5. Classification

Ownership of Property
(Check as many boxes as apply)

Category of Property
(Check only **one** box)

Number of Resources within Property
(Do not include previously listed resources in the count.)

<input type="checkbox"/>	private
<input type="checkbox"/>	public - Local
<input type="checkbox"/>	public - State
<input checked="" type="checkbox"/>	public - Federal
<input type="checkbox"/>	private

<input type="checkbox"/>	Building(s)
<input checked="" type="checkbox"/>	district
<input type="checkbox"/>	site
<input type="checkbox"/>	structure
<input type="checkbox"/>	building(s)
<input type="checkbox"/>	object

Contributing	Noncontributing	
28	15	buildings
2		sites
5	1	structures
		Objects
		buildings
35	16	Total

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing)

Number of contributing resources previously listed in the National Register

N/A

1

6. Function or Use

Historic Functions
(Enter categories from instructions)

HEALTH CARE/Hospital

EDUCATION/Research facility

DEFENSE/Military facility

Current Functions
(Enter categories from instructions)

HEALTH CARE/Hospital

EDUCATION/Research facility

DEFENSE/Military facility

7. Description

Architectural Classification
(Enter categories from instructions)

Late 19th and 20th Century Revivals:

Colonial/Georgian Revival

Modern Movement (Brutalism)

Materials
(Enter categories from instructions)

foundation: Brick/concrete

walls: Brick/concrete

roof: Slate

other: Limestone and cast iron trim

Wood sash

Walter Reed Army Medical Center Historic

District

Name of Property

District of Columbia

County and State

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

(See continuation sheets, Section 7)

Narrative Description

(See continuation sheets, Section 7)

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply)

Property is:

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G Less than 50 years old or achieving significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

- Health/Medicine
- Architecture
- Military

Period of Significance

1905-1955

Significant Dates

- 1909 – Opening of General Hospital
- 1923 – Transfer of Army Medical School
- 1955 – Opening of Institute of Pathology Building

Significant Person

(Complete only if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

- Marsh and Peter, Architects
- US Army
- Faulkner, Kingsbury, and Stenhouse, Architects

Period of Significance (justification)

The period of significance commences in 1905, when the first parcel of land for Walter Reed General Hospital was purchased and extends until 1955 when the Armed Forces Institute of Pathology Building was opened and the Walter Reed Army Institute of Research (WRAIR) was established.

Criteria Consideratons (explanation, if necessary)

N/A

Walter Reed Army Medical Center Historic
District
Name of Property

District of Columbia
County and State

Statement of Significance Summary Paragraph (provide a summary paragraph that includes level of significance and applicable criteria)

(See continuation sheets, Section 8)

Narrative Statement of Significance (provide at least **one** paragraph for each area of significance)

(See continuation sheets, Section 8)

Developmental history/additional historic context information (if appropriate)

(See continuation sheets, Section 8)

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets)

Previous documentation on file (NPS):

preliminary determination of individual listing (36 CFR 67 has been requested)
 previously listed in the National Register (Army Med. Museum Collection) previously determined eligible by the National Register
 designated a National Historic Landmark (Army Medical Museum Collection)
 recorded by Historic American Buildings Survey # _____
 recorded by Historic American Engineering Record # _____

Primary location of additional data:

State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: **Walter Reed Army Medical Center**

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property 113
(Do not include previously listed resource acreage)

UTM References

(Place additional UTM references on a continuation sheet)

1	_____	_____	_____	3	_____	_____	_____
	Zone	Easting	Northing		Zone	Easting	Northing
2	_____	_____	_____	4	_____	_____	_____
	Zone	Easting	Northing		Zone	Easting	Northing

Verbal Boundary Description (describe the boundaries of the property)

The boundary of the proposed Walter Reed Army Medical Center (WRAMC) Historic District follows Aspen Street on the south, 16th Street on the west, Alaska Avenue on the northwest, Fern Street and Ambulance Drive on the north, and 13th Place, a service road on the east of the Post Theater (Building 53), and Georgia Avenue on the east. The boundary is shown as a heavy red line on the attached Walter Reed Army Medical Center Historic District map.

Boundary Justification (explain why the boundaries were selected)

The proposed boundary generally follows the boundaries of a Walter Reed General Hospital Historic District that was determined eligible for National Register listing (DC Inventory of Historic Sites, 2004 edition). The proposed district extends these boundaries to include two historically significant buildings that were not yet 50 years old when the earlier boundaries were drawn up: the Armed Forces Institute of Pathology (Building 54) built in 1955, and the Post Theatre (Building 53) built in 1954.

The boundary of the proposed district is drawn to exclude the new Hospital (Heaton Pavilion), the underground and above ground hospital parking, the fitness and physical therapy facilities, and other resources constructed after the end of the period of significance. It also excludes historic buildings, such as the Old Ward (Building 52), that have lost their integrity due to alterations.

11. Form Prepared By

Name/title Jim Steen, Landmarks Committee

organization DC Preservation League date April 2009

Street & number 4740 Connecticut Ave, NW – Apt 807 Telephone 202-244-2195

City or town Washington state DC zip code 20008

e-mail jimsteen@starpower.net

Additional Documentation

Submit the following items with the completed form:

- **Maps:**
 - Sketch map of Historic District (Matthew Gilmore, 2009)
 - Map of Hospital Parcel Acquisitions (KFS Historic Preservation Group, 1994)
 - Map of General Hospital floor plan (Goodwin Associates, 1998)
 - Washington West USGA quad map

Photographs:

Submit clear and descriptive black and white photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Walter Reed Army Medical Center Historic District

City or Vicinity: Washington

County: Washington **State:** District of Columbia

Photographer: Peter Sefton and Jim Steen

Date Photographed: October, 2008 to March, 2009

List of Photos:

- Photo 1 General Hospital, Main Entrance (Bldg 1)
- Photo 2 General Hospital, North Entrance (Bldg 1D)
- Photo 3 General Hospital, West Wing (Bldg 1E)
- Photo 4 General Hospital, East Wing (Bldg 1F)
- Photo 5 Officer Housing (Bldgs 8 and 9)
- Photo 6 Nurses Quarters, Delano Hall (Bldg 11)
- Photo 7 Nurses Quarters (Bldg 12)
- Photo 8 Central Heating Plant (Bldg 15)
- Photo 9 Dwelling, Bungalow example, (Bldg 21)
- Photo 10 Dwelling, Four Square example (Bldg 26)
- Photo 11 Army Medical School, East elevation (Bldg 40 WRAIR)
- Photo 12 Army Medical School, South elevation (Bldg 40 WRAIR)
- Photo 13 Army Medical School, West elevation (Bldg 40 WRAIR)
- Photo 14 Red Cross Building (Bldg 41)
- Photo 15 Bandstand and landscape (Bldg 45)
- Photo 16 Armed Forces Institute of Pathology, West elevation/Front entrance (Bldg 54)
- Photo 17 Armed Forces Institute of Pathology, East elevation/Back (Bldg 54)
- Photo 18 Armed Forces Institute of Pathology, South elevation/Museum entrance (Bldg 54)
- Photo 19 Memorial Chapel (Bldg 57)
- Photo 20 Memorial Fountain (Bldg 60)
- Photo 21 Walter Reed Statue and Circle, Non-contributing example (Bldg 99)
- Photo 22 Borden Pavilion, Non-contributing example (BP)

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, PO Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

**National Register of Historic Places
Continuation Sheet**

**Walter Reed Army Medical Center Historic District
District of Columbia**

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Description

Summary

The main section of the Walter Reed Army Medical Center (WRAMC) is comprised of 113 acres and occupies a prominent plateau in the upper northwest portion of Washington, DC. It is bounded by Georgia Avenue on the east, Aspen Street on the south, 16th Street and Alaska Avenue on the west, and Fern Street on the north (see WRAMC Historic District map in Additional Documentation). The Historic District includes over 30 contributing resources. The major building on the WRAMC campus that is not included in the District is the new Hospital, known as the Heaton Pavilion, dedicated in 1977.

The historic General Hospital¹, opened in 1909, is the center of the Historic District. Just to the west is the Army Medical School, now known as the Walter Reed Army Institute of Research (WRAIR), to the northwest is the Armed Forces Institute of Pathology, and to the south are the grounds and a variety of buildings that support the Hospital.

The collection of the Army Medical Museum and Library, now housed in the Armed Forces Institute of Pathology, was designated a National Historic Landmark in 1965.² The Armed Forces Institute of Pathology and a proposed Walter Reed General Hospital Historic District have been determined eligible for listing in the National Register of Historic Places.³

Prior to World War I through World War II the WRAMC Historic District was characterized by a uniformity of design and materials in the Neo-Colonial and Georgian Revival styles and adherence to principles of Beaux Arts planning. Beginning in the early Fifties, there was a shift away from revival styles to the monolithic modern styles typical of the post-War period. During the historic period the WRAMC's buildings are placed within a park-like setting, with large trees, designed landscape features, winding roads and walkways, and open green lawns, providing a therapeutic environment for the Hospital patients.

Property Descriptions⁴

This section describes the contributing buildings to the Historic District in chronological order of construction during three stages of the 1905-1955 period of significance and is followed by a description of the grounds and landscape features. Each property is preceded by the WRAMC property number when it is known. Probably the most important buildings in the Historic District are the General Hospital (Building 1), the Army Medical School (Building 40), and the Armed Services Institute of Pathology (Building 54). The architect for all the WRAMC buildings is the Army Surgeon General's Office unless otherwise noted.

Before and During World War I (1905-1918)

At the time of the establishment of the Walter Reed General Hospital, northern Washington was accessible by railroad and streetcar and was quickly being settled and developed. In April 1905, the initial 42.97 acres for the Hospital, Parcel A, was purchased by the Government from George W. Madert. In 1918, three additional parcels were purchased: Parcel

¹ In this nomination, the term General Hospital will generally be used to refer to the hospital complex that opened in 1909, not the new hospital that replaced it in 1977.

² National Historic Landmark database <http://tps.cr.nps.gov/nhl/detail.cfm?ResourceId=650&ResourceType=Building> (accessed 12/31/2008).

³ DC Inventory of Historic Sites, 2004 edition updated to 2007, p. 103 and p. 161

⁴ This section relies heavily on the 1994 WRAMC Section 106 Report prepared by KFS, c.1996 Walter Reed Army Medical Center "manuscript" prepared by David Phillips, and 1998 WRAMC Integrated Cultural Resources Management Plan prepared by Goodwin and Associates. This information has been augmented and updated by an on-site inventory conducted in October 2008 by Peter Sefton, Marilyn Harper, Hayden Wetzal, Stefanie Hetzke, and Jim Steen of the DC Preservation League.

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B of 3.95 acres, Parcel C of 2.3 acres, and Parcel D of 19.77 acres (see map of Parcel Acquisitions in Additional Documentation). At this point, the Hospital land was roughly bordered by Rock Creek Park to the west, the Brightwood neighborhood to the south, Takoma Park to the east and Shepherd Park to the north.

The Walter Reed General Hospital, opened in 1909, is the focal point of the Historic District. Its "pavilion plan" reflected hospital reform trends that gained popularity during the 19th century, reforms that also recommended open space and gardens. In addition to the Hospital, the Barracks, Officers' Housing, Nurses' Quarters, and Heating Plant were constructed as part of the initial hospital installation.

1 Original General Hospital & Auxiliary Wings (Buildings 1, 1A, 1B, & 1C – 1909-1914; Buildings 1D, 1E, & 1F – 1928; 1G -1944, 1J, 1K, 1L – 1953; 44 – c. 1930, 92 – 1954, and 5 – 1992)

The existing complex consists of the original general hospital, completed in 1909, and many additions constructed between 1914 and 1992. The most important additions date from a major building campaign in 1928.⁵ They consist of three large wings that look very much like separate buildings: the General Mess-Library-Wards wing (Buildings 1D) on the north, the West Wing (Building 1E), and the East Wing (Building 1F). Other historic and non-historic additions connect and fill in the space between these principal elements (see map of Hospital Floor Plan in Additional Documentation).

The important local architectural firm of Marsh and Peter designed the original building in what historical accounts describe as the "stately Colonial style".⁶ All of the major additions to the General Hospital replicate the Colonial/Georgian Revival design elements established in the original block and many of them appear on other buildings constructed on the Walter Reed campus through the mid-20th century.

The original hospital is a symmetrical, three-story brick building with limestone trim resting on a raised basement. The brick is set in Flemish bond, reflecting its Colonial Revival style. There are brick quoins at the corners and the basement level is rusticated. A projecting limestone water table separates the basement from the three principal floors and there are projecting limestone belt courses at the first and third floor levels. A heavy modillioned cornice supports a limestone balustrade surrounding a low-pitched hipped roof.⁷

Fenestration consists of small three-over-three double-hung wood frame windows at the basement level; large eight-over-eight double-hung wood sash windows under semi-circular fanlights, set within arched recessed panels accented with limestone keystones and impost blocks, at the first floor level; six-over-six double-hung windows with jack arches and stone keystones at the second floor level; and smaller windows with jack arches and limestone keystones on the third floor. Historic photos indicate that the original third floor windows had divided sash, but at some point, this was replaced with the present single fixed panes.

A two-story temple-front limestone portico dominates the long, 15-bay south (front) elevation of the original hospital. Four giant order Ionic columns support a full entablature and pediment. The frieze bears the incised inscription "Walter Reed General Hospital." The double entrance doors under the portico are set within an elaborate classical limestone frontispiece. An octagonal wood cupola stands in the center of the roof. A narrow circular driveway originally provided ambulance access to an entrance beneath the portico; this driveway is now blocked.

The other three elevations are largely covered by later additions, but a large arched space is still visible high on the north (rear) elevation. This space was originally the upper level of the sky lighted 19 foot-high operating room located on the third floor.⁸

⁵ The Army issues individual numbers to the additions, but they are all interconnected and for purposes of this nomination are treated as a single building.

⁶ "Hospital Up To Date," *The Washington Post* (October 18, 1908), ProQuest Historical Newspapers Archive.

⁷ The original roof was slate; by the late 1940s, the slate had been replaced with the present standing seam metal.

⁸ "Hospital Up To Date." The current status of this space is unknown.

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**Walter Reed Army Medical Center Historic District
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The first addition (Building 1C) was attached to the north elevation of the main block in 1914 to hold expanded dining facilities and wards. Its footprint is highly irregular and its north elevation is completely covered by the north wing (Building 1D).

The two pavilions (Buildings 1A and 1B), which now serve as connectors to the west and east wings, respectively, were added in 1915. Both pavilions consist of substantial three-story main blocks, with recessed hyphens on either end. Although they appear almost identical, their irregular plans differ.

The massive building campaign of 1928 resulted in the construction of the three large wings: Building 1D on the north, Building 1E on the west, and Building 1F on the east. The east and west wings are both large three-story U-shaped structures with elaborate stone columned porte-cocheres centered on the crossbars of the U. The plan of the north wing (Building 1D) is a broad asymmetrical cross. The main entrance is on the north elevation, framed by a classical frontispiece. These wings provided new kitchen, and hospital ward spaces.

Shortly after the 1928 building campaign, a long series of two-story gable roofed covered walkways or corridors (Building 44 – c. 1930) was built connecting the wings of the General Hospital and creating two enclosed courtyards on the north.

In 1948, a Presidential Suite was created in the East Wing (Building 1F) for then President Harry Truman and was later named the Eisenhower Presidential Suite. The Suite has welcomed many distinguished patients and visitors, including President Truman, Vice President Nixon, Secretary of State John Foster Dulles, Prime Minister Winston Churchill, and President Dwight Eisenhower, who died there in 1969.⁹

Five utilitarian buildings, constructed between 1944 and 1953, fill in the courtyards to the north of the original block. Building 5, the MRI Lab, was added in 1992, abutting the north wing.

7 Barracks (1910)

Building 7, just east of the Hospital, was built in 1910 as the main barracks of the Hospital Corps, the Field Hospital Company assigned to the hospital. It had a 200-soldier capacity, but eventually proved inadequate due to overcrowding. It is a substantial three-story H-shaped structure resting on a high raised basement. It shares the Colonial/Georgian Revival architectural vocabulary established with the General Hospital, including red brick laid in Flemish bond, limestone trim, white-painted divided-light double-hung windows, and a complex hipped roof, but differs in some details. Medical research is conducted in the facility today.

8 & 9 Officer Housing (1910)

Built originally as part of the initial development of the Hospital to accommodate officers and their families, Buildings 8 and 9 have since been assigned to Walter Reed's Commanding General and the Department of the Army's Deputy Surgeon General. The nearly identical buildings, located to the southeast of the Hospital, reflect the Colonial Revival theme of the early campus with their brick façades, prominent porticos, double end chimneys, and pedimented and segmented arched dormers.

The south façade of Building 8 contains a two-story enclosed porch, with a two car garage. The porch contains eight light casements, with four light transom above each pair of windows. A one-story addition is located on the west façade of the enclosed porch. It contains eight light casements with an eight light transom above and two panels below each pair of windows.

The south of Building 9 also contains a two-story enclosed porch with a two car garage and a one-story addition on the west façade. Window openings are paired, one-over-one, double hung, with snap in mutins throughout the addition.

⁹ "A Hospital's Storied Halls", *Washington Post*, January 15, 2006

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12 Nurses' Quarters (1911, 1915)

The Army Nurse Corps Home, built in 1911 to the south east of the Hospital, housed nurses until the early 1930s when Delano Hall (Building 11) was erected. At that time, the Nurses' Quarters were converted into apartments. It currently is used as a Military Police Station and VIP suites.

The Georgian Revival style envisioned for the campus is seen here in the use of the quoining, jack-arch lintels, double end chimneys, and alternating pediment and segmental arch dormers. The north façade contains a three-story, four bay brick rear wing (built in 1915), connected by a three bay brick hyphen. The addition has a gable roof with eight pedimented and segmental dormers and a brick parapet. Window sash and details are similar to the main block. A two-story, three bay brick section is attached to the north façade of the rear wing.

15 Central Heating Plant (1918, 1974)

The Heating Plant was constructed in 1918 to the south of the Hospital to serve as the central heating plant. The design of the building, with its Palladian-inspired windows, brickwork, and Georgian detailing, reflects the intent of the original master plan to construct buildings on the Colonial Revival style.¹⁰ One smoke stack was replaced in the 1940s and both were repaired in the early 1990s. An addition to the north side was constructed in 1974. The building continues its original use to the present day.

19, 21, 22, 25, 26, 29, 30, and 35 Dwellings (c. 1915 – 1919)

The residential buildings clustered together near Alaska Avenue on the west side of the campus are anomalies. These buildings, whose architects are largely unknown and styles vary, were built in the 1910s as part of a subdivision, Sixteenth Street Heights, located at the time on property originally outside the installation to the north. When Walter Reed expanded in 1918, the residences were purchased as officers' housing.

In the early 1950s, when the Armed Forces Institute for Pathology was built, five of the residences (Buildings 19, 22, 26, 30, and 35) were moved to form a campus cul-de-sac on 15th Street.¹¹

- **Building 19** is a two-story, wood frame bungalow with siding. The architect is unknown. The building appears to be unoccupied.
- **Building 22** is a two-story, wood frame bungalow with an open front porch and screen side porch. The architect is unknown. The building appears to be occupied.
- **Building 26** is a two and one half-story American four square wood frame with front porch and shingles on the second floor. The architect is unknown. The building appears to be unoccupied.
- **Building 30** is a two and one half-story wood frame American four square with wood siding. The architect is unknown. The building is in poor repair and appears to be condemned.
- **Building 35** is a two and one half-story wood frame four square with front porch and shingle siding on the 2nd floor. The architect is unknown. The building is in poor repair and appears to be condemned.

The other dwellings remained on their original sites which became part of WRAMC when their land was purchased in early 1920s.

¹⁰ Phillips, c.1996

¹¹ KFS, 1994

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- **Building 21**, located just north of the Chapel, is a one and one half-story frame bungalow sheathed in shingles. The front elevation is covered with a full-width one-story porch, currently screened. Fenestration throughout the house is six-over-six double-hung wood sash. The architect is unknown. There is a very large two-story frame addition on the back of the house. A one-story frame wing on the south, with a garage on the lower level, may be an addition. The house appears to be unoccupied.
- **Building 25**, located on 15th Street above the cul-de-sac, is a two and one half-story Colonial Revival with wood frame construction and clapboard siding. The architect is Thomas F. Holder.¹² The building appears to be unoccupied.
- **Building 29**, located on 15th Street at Dahlia Street (across from the Alaska Avenue entrance), is a two and one half-story, wood frame construction with stucco, American four square. Notable features include the roof dormers, wide eaves, and pyramidal roof. The architect is William C. Nichols of Nichols and Wildman.¹³ The building appears to be occupied.
- **Building 29A** is the garage attached to Building 29.

Between World Wars I and II (1919-1941)

In response to Post-WWI pressures to expand the Hospital, the Army purchased additional adjacent land between 1920 and 1922. Parcel E, bought from the Lynchburg Investment Corporations and private homeowners, consisted of 43.95 acres. This parcel, containing both improved and unimproved lots, brought the hospital installation to its current size.¹⁴

In the face of the haphazard growth of the World War I period, a master plan study was conducted by the Surgeon General's office in 1919. The plan proposed a campus of symmetrical axes and Colonial Revival buildings. The full scope of the plan was never fully realized, but new construction of the 1920s and 1930s generally followed the plan's recommendations.¹⁵ During this era, there was a conscious attempt to remake the installation in an orderly fashion. For example, the temporary WWI wards were gradually moved and replaced with permanent wards located north of the Hospital. The new construction of this period was rational, symmetrical, and essentially focused on the axes that emanated from the Hospital.¹⁶ These axes incorporated both buildings and formal landscape features. By the end of the 1930s, the gradual clearing of the campus ground south of the Hospital was complete and the areas surrounding Main Drive were relatively open-spaced and bucolic.

The largest percentage of buildings within the Historic District date from the 1920s and early 1930s. Overall, building during this period epitomized the preference for the Colonial/Georgian Revival style of the previous era. However, the construction is characterized by a more academic and correctly proportioned interpretation of these historical revival styles.¹⁷

The most prominent buildings from the 1920s and 1930s include the Army Medical School, the Red Cross Building, and the three large wings of the original Hospital (covered above), Delano Hall, and the Post Chapel.

16 Incinerator (1920)

While a utilitarian structure, this building located south of the Hospital and near the Power Plant, demonstrates the Army's conscious effort to design a Colonial/Georgian Revival-style campus in accordance with the 1919 master plan prepared

¹² City Building Permit, #4537, 19 April 1917. This is the last building Mr. Holder did in DC.

¹³ City Building Permit, #3355, 16 February 1914. Permit shows building constructed of hollowtile.

¹⁴ KFS, 1994

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

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by the Surgeon General's Office.¹⁸ It is a one-story brick building, four bays wide and two bays deep. A brick smokestack was removed in 1951. The building is intact with the exception of an addition built on to the southern end.¹⁹ It is now used for grounds maintenance.

17 Service Club (1920)

Building 17, southwest of the Hospital, was a component of the peacetime expansion that occurred at the General Hospital following WWI. The Service Club, which provided recreation to patients on the campus, was easily accessible to the numerous temporary wards that once existed where Delano Hall (Building 11) now stands. The building is one of the few at Walter Reed that was designed by a non-Army organization, F.B.A. Ware of New York, perhaps because it was funded by the National Catholic War Council.²⁰ The brick façade, quoins, and full-length columned porch reflect the Colonial/Georgian Revival style planned for the campus. The building currently is used as a guesthouse.

31 Warehouse (1921)

This one story brick building near the Central Heating Plant is a utilitarian facility with a gabled roof. It served as a storehouse for oil before becoming a general warehouse in the mid-20th century. It is in use and in good condition.²¹

38 Guardhouse (1922, 1942, 1992)

This long, two-story, gable-roofed brick building was constructed in 1922 and has been altered a number of times. Its main entrance is on the east, facing Georgia Avenue. The building consists of a long, narrow severely plain main block with two small wings at either end. Fenestration consists of irregularly spaced six-over-six double-hung wood sash windows, flat-headed on the first floor and segmental-arched on the second. The original main entrance appears to have been in a two-story pedimented porch with an open arcade on the first floor. The arcade has since been filled in and two additional small porches have been built on the east.

40 Army Medical School (Walter Reed Army Institute of Research), including Craig (1924), Sternberg and Vedder (1932), and Siler Wings (1962)

Building 40 is a complex brick and limestone structure, consisting of an original H-shaped block and an addition on the west. The original block appears to have been designed as a unit. The south (Craig) wing was completed in 1924, but work on the parallel north (Vedder) wing and the Sternberg crossbar apparently continued until 1932.²² The addition, the Siler Wing, was reportedly built in 1962, but looks much earlier. Air conditioners and pipes, probably used for ventilation, protrude from all major elevations. The entire building is now vacant and in bad condition, with many broken windows and evidence of water damage on the interior.

The original block is designed in a more elaborate version of the Colonial/Georgian-Revival style established in the General Hospital. The large, brick, three-story building is embellished with elaborate classical limestone trim at its entrances. The raised basement is stone. The three main floors are brick; rusticated on the first floor and smooth on the second and third, with stone belt courses and a deep projecting dentilled stone cornice. A high parapet surrounds the flat roof.

The long north and south wings of the original building are virtually identical. The outward-facing front elevation of each

¹⁸ Phillips, c.1996

¹⁹ DCPL site visit team, 2008

²⁰ Phillips, c.1996

²¹ DCPL site visit team, 2008

²² A photograph published in *The Washington Post*, May 28, 1922, 20 shows the Sternberg crossbar; a second photo, appearing in *The Washington Post*, June 28, 1923, 22 appears to show the nearly completed south (Craig) wing, ProQuest Historical Newspapers database.

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wing consists of four bays, each containing groupings of three windows, on either side of a projecting five-bay central pavilion that contains the main entrance. Within each side bay, rectangular stone panels combine the windows on the second and third floor into vertical groupings.

The east elevation was clearly intended to be the principal façade of the original building. The main entrance is located in the center of the crossbar of the H and the end elevations of both projecting wings are elaborately finished. Pairs of giant order Tuscan engaged columns ornament the monumental pedimented pavilion that houses the main entrance and a large stone cartouche, bearing the caduceus symbol of the Army Medical Corps, is mounted in the center of the parapet. On the east ends of the wings, double entrance doors are set within molded stone surrounds and brick pilasters with stone pedestals and caps frame the windows on the second and third floors.

The addition covers the entire west elevation of the original block. Because the lot slopes slightly from east to west, this elevation is a full four stories high. The stripped Classical style of the addition was designed to harmonize with the original block. The limestone water table, belt course, and projecting cornice are simplified versions of the ones on the original block. Recessed metal panels tie the eight-pane metal-framed casement windows on the first, second, and third levels into the same kind of vertical grouping found on the original building. There are two simple double entrance doors at the basement level on the west elevation. There is a loading dock in the full-height basement level at the south end of the addition.

One of the earliest nuclear reactors in the United States was installed in the basement of this addition. The reactor was decommissioned in the late 1970s.²³

41 Red Cross Building (1927)

The American Red Cross Building was built in 1927 and donated to the hospital. Its previous home had been in a temporary World War I building. The new building was the location for many social and recreational functions for patients being rehabilitated at Walter Reed. The building now houses the Chaplain School and a variety of health and social support functions.

The complex plan of this substantial many-gabled three-story building is roughly square, with a long extension to the south, probably original. Elements of the Colonial/Georgian Revival style are reflected in the building's Flemish-bond brick walls, white painted classically inspired wood trim, symmetrical fenestration, and ornate pedimented gable ends.

The front elevation consists of two projecting pedimented pavilions on either side of an elaborately detailed central section. The entrance is centered in a balustraded one-story porch. A tall exterior chimneystack rises above the entrance against the north wall of the main block; a large three-stage wooden cupola with a tall flagpole is centered on the roof above the chimney. The heavy modillioned cornice on this elevation extends around the whole building, as does the stone stringcourse that separates the first floor from the floors above. The windows are all six-over-six or nine-over-nine double-hung wood sash.

The side elevations reverse the pattern of the front, featuring central projecting pedimented pavilions. The south elevation resembles the main façade in its general massing, with two projecting gable end pavilions flanking a flat-roofed central section. The lower two floors of the central section are covered by the south wing.

The south wing consists of a high principal story under a flat balustraded roof, resting on a full height raised basement. The fenestration on the east and west elevations is identical: four broad glazed bays separated by Tuscan pilasters and protected by wrought iron balconies.²⁴ The curving south elevation of the addition features an open colonnade of freestanding Tuscan columns in antis. Protective white-painted wooden balustrades connect the columns.

²³ Phillips, c.1996

²⁴ It is possible that these bays were originally open, but a 1949 photograph appears to show the present glazing in place.

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11 Nurses Quarters (Delano Hall - 1929, 1933)

Delano Hall consists of three major sections built between 1929 and 1933 in the southwestern section of the campus. The west wing appears to be incomplete.²⁵ Originally, the building was occupied by the nursing corps. In 1964, the Walter Reed Army Institute of Nursing was established and remained in the building until they commissioned their last officer in 1978.

The Georgian Revival style of the building is exhibited through the use of Flemish bond brick, limestone porticos and trim, six over six windows and a roof lantern. Delano Hall reflects the shift in the second decade of the 20th century towards a more academically correct interpretation of the Colonial and Georgian Revival styles.²⁶ Today it provides administrative and housing space.

57 Memorial Chapel (1931)

Construction was completed on the Memorial Chapel in 1931 after the Gray Ladies, the American Red Cross volunteers, raised the funds. It is a memorial to the "men who gave their lives to service." The chapel is built on a complex modified cruciform plan. There is the usual nave, chancel, and transept, but the transept is a complex, asymmetrical space. The west transept is very short. The longer east transept includes a wing extending to the north, probably reflecting the location of a small chapel, and a three-story tower on the south.

The building, which reflects Neo-Gothic Revival and Country English design, is constructed of coarse ashlar granite and features complex, intersecting steeply-pitched gable roofs, smooth stone door and window surrounds, brick buttresses, Gothic leaded glass windows with stone traceries, and a projecting three-story tower. Most fenestration consists of groupings of three narrow windows set within rectangular surrounds. The parapeted north gable end of the chancel contains a large Gothic window. There is a similar, slightly smaller window next to it in the end wall of the east transept.

The main entrance is under a projecting stone porch on the south elevation. The projecting three-story tower is a memorial to Brigadier General James D. Glennan, the first commanding officer of the Walter Reed Army Medical Center. It contains a double entrance door on its south elevation and a limestone stringcourse on the upper level. The stringcourse is decorated with busts of Gray Ladies alternating with trefoil patterns. The roofline is crenellated, with stone pinnacles at each of the four corners

World War II and the Early Cold War (1942-1955)

Most of the construction of the 1940s involved building permanent wards to the north of the Hospital. A large majority of these building were demolished to accommodate the Armed Force Institute of Pathology built in 1955 and the new Main Hospital begun in 1972. The buildings from this period demonstrate a shift during World War II and afterwards towards the Modern and postwar Colonial Revival styles. A series of minor utilitarian buildings, mainly located in the southern section of the campus, date from the 1940s and run through the end of the historic period. The most important of the post-war buildings is the Armed Forces Institute of Pathology, built in 1955 and expanded in 1972.

82 PX Gas Station (1942)

This gas station has all the characteristic details of the late Colonial Revival style. It now serves as an auto craft shop.

84 Equipment Shed (1942)

This one story utilitarian building with brick and wood cladding and a long side gable roof was originally used as a wagon

²⁵ DCPL site visit team, 2008

²⁶ KFS, 1994

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shed. It reflects a vernacular interpretation of the Colonial Revival style, much like the above PX Gas Station.²⁷ It currently is used for storage.

90 Fire Station (1946)

This two-story building with basement is Modern in its massing and fenestration. It conforms to its surroundings through the use of brick masonry and Colonial Revival six over six windows and sash. There are three automotive bays. It still is used as a fire station.

53 Post Theater (1954)

This large flat-roofed building is windowless, except for two flat-roofed spaces on the north. The brick is set in the Flemish bond pattern established by the original block of the General Hospital; the rest of the building is Modern. The lower part of the north elevation is a projecting one-story space that contains the entrance under a flat projecting curved Modern roof. The upper part is a smaller flat-roofed structure. Built as a movie theater, the building is now part of the Institute of Pathology.

54 Armed Forces Institute of Pathology (1955 and 1972)

The Armed Forces Institute of Pathology was created in 1949 as an international resource for the study of the causes, processes, and effects of disease. Building 54, the first permanent structure built by the recently unified armed services, was constructed to house the new Institute. President Eisenhower dedicated the original building on May 26, 1955.²⁸ It represents the greatest influence of Modernism in the proposed historic district. Often described as Brutalist in style, its design by the local architectural firm of Faulkner, Kingsbury and Stenhouse was a sensitive response to a difficult and very restrictive program. This was the first and only building in the United States designed to survive a hydrogen bomb.²⁹ The massive, 18-24-inch thick walls of the main block are carefully detailed to provide subtle variations in the unfenestrated wall planes. The many projecting and receding planes on the east elevation effectively break up the full eight-story mass exposed on the back of the building.

The present large and complex structure includes the original 1955 building and an addition dating from 1972. Both sections are constructed of steel-reinforced concrete, including the foundations and the flat roofs. The original building stands on what appears to be the highest point on the entire WRAMC campus and the lot slopes away on all sides, particularly to the east and south.

The original section of the building consists of a massive, eight-story main block with a four story office wing to the north; because of the sloping lot, only five stories of the main block are exposed on the main (west) elevation. The entire original section is constructed of cast-in-place concrete. The formwork consisted of panels of rough unfinished boards set at right angles to each other. This creates an irregular pattern of alternating vertical and horizontal rectangles that still shows the grain of the wood.

The west elevation of the main block is windowless. A large flat-roofed one-story marquise centered on a broad concrete terrace shelters the main entrance. Four pilotis support the marquise, which is open in the center to provide light to a small, colorful garden. The wall of the main block under the marquise is currently painted red, a bright accent on the natural concrete mass of the main block.

The three-story office wing covers most of the north side of the main block. Each bay of the three elevations of the wing contains paired three-light windows, divided horizontally, set within square projecting frames. On the interior, the office

²⁷ Ibid.

²⁸ To clear the site for the Institute, five officer's houses that were originally part of the 16th Street Heights subdivision were relocated to 15th Street to form the present residential cluster.

²⁹ DC Inventory of Historic Sites, 2004 Edition with 2007 updates

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wings can be closed off from the laboratories and other facilities with ponderous metal doors so heavy that they roll on tracks.

The east elevation is divided into a central projecting pavilion flanked by two symmetrical receding bays. On the lower three floors, flat-roofed projecting wings apparently contain utilities. The portion of the main block between the wings projects in two stages. An open walkway is located on top of the first stage, sheltered by a flat cantilevered canopy. A long band of floor to ceiling windows fills most of the space under the canopy and flower boxes are located on top of the parapet that protects the edge of the walkway. There is a large loading dock on the ground floor.

The south side of the main block is covered by the 1972 addition. Historic photographs show that this addition replaced an original administration wing that balanced the existing wing on the north. The addition now houses the collection of the Army Medical Museum and Library. The collection, begun in 1869, was made part of the Institute in 1949 and designated a National Historic Landmark in 1965. It was moved to the Walter Reed campus in 1971 and is now called the National Museum of Health and Medicine.

The addition is constructed of smooth-faced reinforced concrete, scored to mimic the rectangular roughcast blocks of the main block. The plan of the six-story building is complex. The lower two floors, exposed on the south and east, are substantially larger than the four upper floors. The flat roof of the lower section projects well beyond the upper floors on the west, south, and east and is covered with broad landscaped terraces.

Each elevation of the upper four floors is divided into a series of slightly projecting square panels. A single square, fixed-pane window is centered in each panel on the east and west elevations; the panels on the south are blind. There are two modest fire doors on the south elevation, providing access to the landscaped terrace.

The west elevation of the lower two floors appears as a high retaining wall for the terrace above. The main entrance to the Army Medical Museum, housed in this portion of the building, is on the south elevation, sheltered by a deep, full-width projecting flat-roofed canopy. A projecting one-story flat roofed utility wing and loading dock are located on east elevation.

The Grounds

Particular emphasis was placed on the landscaping and planning of the hospital grounds, particularly during the 1920s and 1930s. This was largely due to the arrival in 1919 of a new commandant, Colonel James Glennan, who took an active interest in the landscape, design, and overall appearance of the post.³⁰ Early in Glennan's tenure, Cameron Creek – a creek running in the southeastern part of the campus - was culverted. In the small valley formed by the creek, a bandstand, formal garden, and greenhouses were created. The Main Drive, running immediately in front of the Hospital and connecting it to the eastern and western sections of the campus, was built. Ancillary support roads followed. In spite of subsequent construction, the Historic District still preserves these features largely intact.

The following features are particularly noteworthy.

Rose Gardens (1910, 1920)

The Gardens are located south of the Hospital in the valley created by Colonel Glennan. They are gorgeous in cherry blossom time and charming at all other times of floral display contributing greatly to the therapeutic impact of the grounds. Patients and hospital staff regularly gather in the Gardens, including on Easter morning for sunrise services.

Additional contributing resources in the Gardens include a bandstand (see below), pergola, sundial, fountain, memorial rock, and rock lined nature path. The pergola is located to the south of bandstand and consists of two rows of eight Doric wood columns supporting an entablature. A wooden lattice frame covers the top and side of the pergola. The entire structure is painted white as is the bandstand. The sundial is a circular concrete fountain trimmed in brick with four

³⁰ KFS, 1994

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surrounding stone benches.

To the east of the fountain is a large rock with a plaque dedicating the garden to Brigadier General James Denver Glennan, Commandant of WRAMC from 1919-1925. He took a personal interest in designing the gardens, procuring displaced evergreen trees from Rock Creek Park as well as surplus Japanese cherry trees from the Tidal Basin.

Extending the axis to the south is a nature path with large rock and natural rock benches. West of the bandstand is a memorial table contributed by the Nursing School in 1921.

45 Bandstand (circa 1920, 1941)

The existing bandstand, built in the Rose Garden in 1941, replaced an earlier one constructed circa 1920. It is of wood frame construction with a pyramidal roof of asphalt shingles and metal columns. The style is Colonial Revival.

Tulip Tree Memorial (c. 1920)

This monument is located in front of the Hospital. There is no record available documenting the year of construction, but stylistically it appears to be over fifty years old and probably was built around the time of the Rose Garden³¹. A large landscape rock, with a bronze plaque attached to it and two cannon balls adjoining it, marks the site of the historic "tulip tree" or "sharpshooter's tree" which was blown down in 1919. Some stories say that it is from this location that a sharpshooter almost caught President Lincoln when he visited nearby Fort Stevens in 1863. In any case, the tall tulip tree was used as a signal station and apparently offered Confederate sharpshooters the opportunity to pick off soldiers defending Fort Stevens.³²

60 Memorial Fountain (1935)

The Hoff Memorial Fountain, dedicated in 1935, is directly in front of the entrance to the Hospital and remains one of the most prominent features of the campus. It was a gift of the widow of John Van Rensselaer Hoff. He was an instructor in the Army Medical School and a member of the board that selected the eventual site of the hospital. The fountain consists of a circular limestone pool with a central fountain and a circular base containing four equidistant penguins mounted on pedestals sculpted with cobras. The penguins are spouting water. In the center of the circular base is a large urn with a smaller urn emerging from within that also spouts water. The penguins possibly are symbolic of General Hoff's service in the Arctic, while the cobras may be indicative his duty in the tropics.³³ The penguin fountains were replaced in 1992

99 The Walter Reed Memorial (1966)

The Walter Reed Memorial, a bronze bust of Walter Reed, is located at a central intersection on the western part of the campus at Main and 15th Streets. The memorial is classified as a non-contributing resource because it was completed after the period of significance. Nevertheless, a description is included here because of its importance to the layout and meaning of the historic area. The Memorial consists of a marble base and steps with a 25-foot high marble shaft containing a bronze bust of Major Walter Reed. The inscription on the east façade of the marble base reads, "In recognition of the high public service of Major Walter Reed, USA." The inscription on the west façade of the base reads, "Walter Reed, 1851-1902, Bacteriologist Research Scientist, in honor of his great work in the fight for the eradication of yellow fever." The dedication ceremony was attended by former President and Mrs. Dwight D. Eisenhower in November 1966.

³¹ KFS, 1994

³² Bentley, Elizabeth, "Takoma Archives: Civil War History in Takoma Park", *Takoma-Silver Spring Voice*, July 1998

³³ Goode, James M., Outdoor Sculpture of Washington, DC, Smithsonian, 1974

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Summary List of Contributing Buildings and Structures, List of Non-Contributing Buildings and Structures³⁴

Period of Significance: 1905-1955

Contributing Buildings, Structures, and Features (by WRAMC number):

1	General Hospital	1908, 1928	Major
	1A West Pavilion	1915, 1928	Major
	1B East Pavilion	1915, 1928	Major
	1C Mess-Kitchen Wards	1914, 1928	Major
	1D General Mess-Lib.-Wards	1928	Major
	1E West Wing	1928	Major
	1F East Wing	1928	Major
	1G Orthopedic Brace Shop	1944	Minor
	1J Orthopedic Brace Shop	1953	Minor
	1K Admiss. & Disp. Office	1953	Minor
	1L Cardio-Vascular Section	1953	Minor
	44 Corridors	c.1930	
	5 MRI Facility	1992	
	92 Isotope Laboratory	1953	
7	Barracks (Physical Eval. Bd.)	1910	Major
8	Officer Housing	1910, 1939	Major
9	Officer Housing	1910, 1939	Major
11	Nurses Quarters (Delano Hall)	1929, 1931, 1933	Major
12	Nurses Quarters	1911, 1934	Major
15	Central Heating Plant	1918	Major
16	Incinerator	1920	Minor
17	Service Club (Guest House)	1920, 1924	Major
19	Dwelling	c.1915,moved 1954	Major
21	Dwelling	c.1915	Major
22	Dwelling	c.1915,moved 1954	Major
25	Dwelling	c.1919	Major
26	Dwelling	c.1918	Major
29	Dwelling	c.1915	Major
29A	Garage	c.1919	Minor
30	Dwelling	c.1915,moved 1954	Major
31	Warehouse	1921	Minor
35	Dwelling	c.1915,moved 1954	Major
38	Guardhouse	1922, 1942	Minor
40	Army Medical School (WRAIR)	1924, 1932	Major
41	Red Cross Building	1927, 1944	Major
45	Bandstand	1941	
53	Post Theater	1954	Minor
54	Institute of Pathology	1955	NR Elig.

³⁴ This inventory is largely taken from the Walter Reed Army Medical Center Integrated Cultural Resources Management Plan, Goodwin and Associates, September, 1998. The distinction between major and minor contributing is from Goodwin. The inventory was modified and updated by information provided by Walter Reed Army Medical Center, a circa 1996 manuscript by David Phillips, and 2008 assessment visit to WRAMC Main Campus by five members of the DC Preservation League's Landmarks Committee.

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57	Memorial Chapel	1931	Major
60	Memorial Fountain	1935, repl. 1992	
82	PX Gas Station	1942, 1958	Minor
84	Equipment Shed	1942	Minor
90	Fire Station	1946	Minor
413	Fencing	c.1940	
	Army Medical Museum Collect.	1869-2008	NHL (1965)
	Landscape between Buildings	c. 1920	
	Roadways-Main Drive	c.1920	
	Tulip Tree Memorial	c.1920	
	Rose Gardens	1910, 1920	

Non-Contributing Buildings and Structures:

14	Enlisted Barracks (Abrams)	1976	
20	Guest House (Mologne House)	1997	
48	Air Conditioning Plant Bldg.	1961	
49	Transformer Bldg.	1976	
55	Fisher House II	c.1995	
83	Animal House	1942 ³⁵	
91	Central Dental Laboratory	1956	
95	Switching Station	1962	
99	Walter Reed Memorial	1966	
T-02	ADP Building (Wounded Warrior)	1972	
T-20	Administration (Contracting)	1972	
T-32	Vehicle Storage	1968	
4603	Sentry House	c.1960	
	Wagner Sports Center	2003	
	Fisher House III	2004	
	Borden Pavilion	1995	

Archaeological Resources

Two archeological investigations done by Meyer and KFS³⁶ in the 1990s revealed that the WRAMC landscape has been heavily disturbed as a result of construction activities that have occurred since the installation's establishment. Further, these studies concluded that no archeological resources were preserved within the installation boundaries. The staff archeologist at the D.C. Office of Historic Preservation concurred with this conclusion in 1990.³⁷

However, these studies have some methodological limitations. For example, the Cheek study looked for historic sites on maps dating to 1861, 1862, 1884, 1887, 1898, and 1917, particularly for sites such as farms, rural residences, and other buildings. Significantly, these studies omit any mention of the 1863 Battle of Fort Stevens, which was a critically important event in the history of the Civil War, e.g. the only time that a sitting U.S. President came under enemy fire during wartime.

Recent archeological work in Rock Creek Park has shown that remnants of the battle are still preserved.³⁸ A historic

³⁵ DCPL judged this building to be non-contributing because it had been altered too many times to retain its historic fabric.

³⁶ Meyer and Cheek. *Main Section, Walter Reed Medical Center*, 1990 and KFS, *Walter Reed Medical Center Section 106 Report*, 1993

³⁷ Goodwin Associates, 1998

³⁸ Fiedel et al., *Bold, Rocky, and Picturesque: Archeological Overview and Assessment and Archeological Identification*

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resource study of the Civil War Defenses of Washington lists the Walter Reed property as related to this battle and lists several sites that may be present within the property.³⁹ Discovery of these sites would require highly specialized survey techniques, including systematic metal detector survey and documentary research.⁴⁰ Since there has been no surveying of the property targeting the remains of the Battle of Fort Stevens, the archeological potential of the property cannot be dismissed.

and Evaluation Study of Rock Creek Park, District of Columbia. 2008

³⁹ CEHP Inc, *A Historic Resource Study: The Civil War Defenses of Washington*, nd

⁴⁰ Andrus, *Guidelines for Identifying, Evaluating, and Registering America's Historic Battlefields*. National Register Bulletin 40 1999; Slaughter and Sterling, "Surveying the Civil War: Methodological Approaches at Antietam Battlefield", from *Archaeological Perspectives on the American Civil War*, 2000

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Statement of Significance

Summary

The Walter Reed Army Medical Center (WRAMC) Historic District is eligible for the National Register as a result of its historical significance in the field of military medicine (Criteria A) and its architecture and design (Criteria C). The period of significance commences in 1905, when the first parcel of land was authorized for Walter Reed General Hospital and extends to 1955 when the Armed Forces Institute of Pathology Building was opened and the Walter Reed Army Institute of Research (WRAIR) was established from the Army Medical School. This date also roughly coincides with end of the Korean War, the first Cold War conflict that resulted in US soldiers being sent to the General Hospital for treatment.

The WRAMC Historic District is comprised of three core institutions: 1) the General Hospital; 2) the Army Medical School (now WRAIR); and 3) the Armed Forces Institute of Pathology (initially the Army Medical Museum).

The Walter Reed General Hospital, one of the oldest general military hospitals in this country, has played a key role in the treatment and rehabilitation of America's soldiers in all our major international conflicts since World War 1. The Army Medical School (WRAIR) has been responsible for training Army physicians in military medicine and public health and advancing military medical care through research. The Armed Forces Institute of Pathology is internationally renowned for its research on pathology and the study of disease.

The WRAMC Historic District, with its collection of Colonial and Georgian Revival-style buildings, is a good example of Beaux Arts architecture and design. The General Hospital is the focal point of a formal axial plan that includes a series of dispersed ward and support facilities arranged in a large and pleasing landscape setting. The design of the Hospital and its accompanying buildings also were heavily influenced by 19th century civilian and military hospital reforms.

Medical Significance

Historic Context⁴¹

The first institution to settle in the current northwest Washington location of the Walter Reed Army Medical Center was the General Hospital in 1905, but the origins of WRAMC date back to the Civil War years. In 1862, Surgeon General William A. Hammond first conceived of the need for a military medical reservation in Washington, DC, including a permanent hospital, a medical school to train the Army's surgeons, and a medical museum. His concerns were fueled by the unprecedented medical needs posed by the Civil War. Hammond's overall plan was not approved by the Secretary of War, but the Army Medical Museum and Library was established in 1862.

The Museum was the first component of what was to become WRAMC. It was established to reduce the loss of life in warfare through the scientific study of medical specimens. Walter Reed was one of the early curators of the Museum which was mainly housed in a building at Seventh and Independence Avenue SW, Washington, DC and eventually transferred to the WRAMC in Northwest Washington.

The second component to be established was the Army Medical School. In 1893 the War Department issued an order calling for the establishment of an Army Medical School in Washington. For many years it was located in the same building that housed the Army Medical Museum. The mission of the school was to provide specialized training for newly commissioned doctors prior to their entrance into the medical corps.

The Army Medical School has been cited by many as America's first school of public health and preventive medicine.⁴²

⁴¹ Most of this section is a summary of information contained in Main Section Walter Reed Army Medical Center Section 106 Report (Final), "Historical Overview", KFS Historic Preservation Group, May 1994

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Among the original faculty of the School was Major Walter Reed, who was appointed a Professor of Clinical and Sanitary Microscopy and Director of the Pathological Laboratory. Reed's name would become world famous there in 1900 for his work on the prevention of yellow fever and diphtheria.

The last WRAMC component to be established was the General Hospital. Although the need for a permanent Army Hospital in the District was first identified by Surgeon General Hammond in 1862, it was not until 1898 that the post hospital at the Washington Barracks (present-day Fort McNair in southwest Washington, DC) was designated as the Army General Hospital. However, this facility proved too small and was not sufficiently equipped.

The strongest proponent for a new Army hospital was Colonel William C. Borden, a surgeon at the Washington Barracks who knew first hand the inadequacy of the Barracks hospital. He later served as the commander of that hospital from 1898 to 1907. He found the conditions substandard and dreamed of better facilities for patient care, teaching and research. His goal was further fueled by the death of his close friend, Walter Reed, who died following an emergency appendectomy at the Barracks hospital in 1902.

Colonel Borden is known as "initiator, planner, and effective mover" for the medical center that was to become WRAMC⁴³. He advocated for a well equipped professional facility, as opposed to a traditional post hospital, with professionally trained staff. Borden even went so far as to have a Washington architectural firm develop watercolor and sketch plans which closely resembled the Georgian Revival design of the Washington Barracks. His plan became known as "Borden's Dream", and similar to Hammond's plan, called for an Army medical center with a hospital, medical school, library, and museum within a single complex.

Borden lobbied for his "Dream" in both the upper echelons of the Army Medical Department and the Congress. As a result of these efforts, Surgeon General Forwood, in his 1902 annual report, strongly recommended the construction of a medical center in DC to meet the Army's needs. A similar recommendation was made by Surgeon General O'Reilly in the following year.

Period of Significance⁴⁴

In 1905, Congress appropriated \$100,000 to fund a new hospital and purchase of 42.97 acres of land near the northwestern border of the District. In the same year the War Department named the hospital in honor of the recently deceased Major Walter Reed.

The General Hospital opened in May 1909 with a bed capacity of 65. By April 1917, when the US entered World War I, the Hospital contained 125 beds in one building, with bacteriological laboratories and a dental department. By the end of World War I, the hospital had grown to a bed capacity of 1,500 with an emergency capacity of 2,000⁴⁵.

To handle the increasing number of wounded soldiers, temporary wards were built on the installation. In 1918, in response to the need for more room, 26 additional acres were added to the campus through appropriation of funds under the WWI National Defense Fund.

Following World War I, Congress further demonstrated its commitment to the Walter Reed General Hospital by

⁴² KFS, 1994 and the Walter Reed Army Institute of Research Website. The other institution vying for this distinction is the Johns Hopkins School of Public Health, Baltimore, MD.

⁴³ Walter Reed Army Medical Center Website, <http://www.wramc.amedd.army.mil>

⁴⁴ Ibid.

⁴⁵ Woolpert LLP, *WRAMC Urban Design Framework Study Revision*, 2002. While Woolpert describes bed capacity other sources describe the number of patients served. For example, Ramsey, Herbert P., Medical Annuals of the District of Columbia, "Walter Reed Army Medical Center", c.1959, indicates that 13,752 patients were served in 1918, the largest number per year in WWI.

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appropriating additional funds. These funds were earmarked for the purchase of additional land for the construction of the Army Medical Museum, the Surgeon General's Library and the Army Medical School. The funds also were specified for general improvements including the replacement of temporary war-time wards with permanent buildings. Justification for the expansion was based on the continued care that the war's sick and wounded would require after the nation's temporary hospitals were closed down.

The responsibilities of the Army Medical School, located downtown with the Army Medical Museum, were expanded during World War 1 when its role became more focused on combating diseases contracted by the troops during wartime. Of particular emphasis during the War was research aimed at the prevention and control of influenza. During this time it became clear to the Army that it would be advantageous for the School to be located near a major hospital. The obvious choice was the recently established Walter Reed General Hospital.

As envisioned by Hammond in the 1860's and Borden in the 1900's, the main components of the Army's primary medical facilities were finally consolidated on the campus in the 1920's, except for the Army Medical Museum.⁴⁶ The Army Medical School relocated to the hospital grounds and as a result the installation's name was changed to the Army Medical Center in 1923. The Army Dental School was moved to the grounds in 1923 as well, and the following year the Army Veterinary School was transferred from Chicago.

In World War II the Hospital was called on to handle a daily roster of more than 3,000 patients.⁴⁷ It also was designated as a specialized treatment center for cases involving tumors, fractures, loss of hearing, and for neurological and thoracic surgery. Temporary wards were again constructed to handle war casualties and the National Park Seminary at Forest Glen, Maryland was acquired to provide additional convalescent facilities.

As with World War I, WRAMC's research and education activities expanded. For example, the Pacific theater required a renewed emphasis on tropical disease prevention. During this period, the Medical School initiated early studies in the use of plasma, as well as the collection and preservation of whole blood.

The Army Medical Center, re-designated as the Walter Reed Army Medical Center (WRAMC) in 1951, continued its special mission as a hospital and research center into the Cold War era. The first wounded evacuees of the Korean War were admitted to the Hospital in 1950, just 16 days after becoming battlefield casualties. During the remainder of the War more than 3000 soldiers injured by enemy action were admitted to the hospital.⁴⁸

The General Hospital became the major Army hospital in operation east of the Mississippi River. Many of the wounded were transferred by air transport directly to the Hospital from the battlefield. Thus, with improved medical techniques in the field and rapid air evacuation, every field station on the firing line became a potential entrance to WRAMC.⁴⁹ This access continues to this day.

In 1955 the Army Medical School became the Walter Reed Institute of Research (WRAIR). This change reflected the increasing need to not only train medical staff and do research in preventive health, but increase knowledge on such post-World War II threats as the medical implications of the development of nuclear weapons and the increased risk of chemical and biological warfare.⁵⁰ WRAIR was to soon to become the largest medical research laboratory in the Army with the most diversified program.⁵¹

Also in 1955, a separate building was constructed to house the Armed Forces Institute of Pathology. The Institute,

⁴⁶ The Army Medical Museum collection was not physically transferred until 1971.

⁴⁷ Woolpert LLP, 2002. Ramsey, c.1959, reported that 18,046 patients were served in 1943, the largest number in WWII.

⁴⁸ Woolpert LLP, 2002

⁴⁹ Ibid

⁵⁰ Walter Reed Army Institute of Research Website

⁵¹ Milburn, Conn L., "Walter Reed Army Institute of Research", Medical Annals of the District of Columbia, November 1961. This distinction may later have been appropriately applied to the Armed Forces Institute of Pathology.

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expanding on the work of the Army Medical Museum, became one of the largest and most diverse bio-medical research laboratories in the Department of Defense and an international resource for study of pathology and disease. For example, the Institute's pathological collection has been used in developing the definitive characteristics of the influenza virus, starting with the pathogens of the 1918 pandemic, which causes illness around the world.

By 1955 the Walter Reed General Hospital, now one of the oldest military general hospitals in the country, had treated and rehabilitated tens of thousands of soldiers injured in war. They also had cared for their dependents, retired military personnel and their dependents. Since the 1940's treatment also has been provided to the Presidents of the United States, the First Family, Members of Congress, other high government officials, heads of state, and high government officials of other countries⁵².

For example, in May 1941, John J. Pershing, leader of the US Army in Europe during World War I, moved from Washington's Carlton Hotel to the Hospital building and stayed there seven years until his death in 1948. The suite where Pershing resided, now known as the Pershing Suite, has been preserved largely as he left it.

Additionally, in 1946 the Hospital established what was called Ward 8, a special facility down a corridor from the Pershing Suite. This was designed as place where then President Truman could receive medical care. The Ward became the official VIP area and was later named the Eisenhower Presidential Suite. Former President Eisenhower spent the last 11 months of his life there, enduring a series of heart attacks before dying. It was on this floor of the Hospital that former British Prime Minister Winston Churchill came to visit the dying former head of the US Army and secretary of state and defense, George C. Marshall. Former secretary of state John Foster Dulles also died in the Suite in 1959 and retired World War II General Douglas MacArthur was treated there in 1964.⁵³

Architectural and Design Significance

Historic Context⁵⁴

Beaux Arts architecture and design was characteristic for public buildings in the late 19th and early 20th century. It is not surprising that the WRAMC was developed in the Colonial and Georgian Revival styles of this period starting with the General Hospital.

Another significant influence on the General Hospital and the associated buildings can be found in the tradition of 19th century hospital reform. Up to the mid-19th century, hospitals remained little more than squalid depositories for the treatment of the ill and infirm. Then in 1846 the Lariboisiere Hospital in Paris, France was constructed according to the principals of the sanitary code, a systematic approach to disease prevention in the pre-antiseptic era. The sanitary code called for hospitals to be built, when possible, outside of congested urban areas on high ground in a healthy environment that would allow for adequate drainage. It was also important that buildings be open to volumes of natural light and air and be easily ventilated. To accomplish this, hospitals were divided into a series of distinct pavilions or wards separated by function, i.e. maternity wards, operating theater, laundries, etc. The wards were sufficiently distant to avoid excessive shadows which were considered harmful because it fostered a damp environment. As part of this design wards were connected by one-story corridors, limited in height to prevent shadows.

The Paris model was soon followed by other major hospitals, including those in England and Germany. In the

⁵² Woolpert LLP, 2002

⁵³ Michael Ruane, "A Hospital's Storied Halls", Washington Post, January 15, 2006. Also John Pierce, MD, Historian, Walter Reed Society.

⁵⁴ This section summarizes the statements included in the Walter Reed Army Medical Center Integrated Plan, "Historic Context for WRAMC", Goodwin Associates, September 1998

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United States the seminal example of reformed hospital design was Johns Hopkins University Hospital in Baltimore, built circa 1876. Johns Hopkins was designed by John Shaw Billings, an Army physician and prominent late 19th century authority on public medicine and hospital design. Billings, among only a handful of American physicians familiar with the new ideas coming from Europe, compiled important Army circulars on Army's barracks and hospitals and hygiene in the 1870s.

Dr. Billings' work and influence within the Army and his design of Johns Hopkins Hospital played a large role in the early design of the Walter Reed General Hospital. For example, both hospitals were located in relatively isolated areas, utilized pavilion design, and had similar central administration buildings with a series of separate wards, operating buildings, classrooms, nurse's residences, laboratories, laundries, recreational facilities, and chapel.

WRAMC also must be seen in the context of the development of general and post hospitals in the Army. General hospitals were established to treat general and specialized medical problems and all injuries. Post hospitals, serving personnel on individual installations, sent their personnel suffering from obscure or serious illnesses to general hospitals which served a larger population of troops, regardless of unit.

The overwhelming medical needs of the Civil War resulted in the construction of buildings that were designed specifically as Army general hospitals to care for all soldiers regardless of unit. The Army began to utilize a "pavilion" type of general hospital consisting of wards that were physically separated from one another and connected by corridors or covered walkways.

In the late 1880s, the military created the first peacetime general hospital at Hot Springs, Arkansas. However, most soldiers were treated at post hospitals until the Spanish-American War and Philippines insurrection when the Army began treating the troops returning from these conflicts. During the Spanish-American War, the Army built a temporary general hospital at the Washington Barracks. In 1909, the Army relocated the temporary facility to the northern part of the District of Columbia to form a permanent peacetime general hospital in pavilion style, which was named Walter Reed Army Medical Center.

Period of Significance

In 1903 Colonel Borden commissioned the well known Washington architects William Marsh and Walter Price to demonstrate what a medical campus might look like when laid out on the rolling farmland in the city's northwest. They responded with a rendering of red brick buildings assembled in proper military manner. Benjamin Forgery, former architecture critic of the Washington Post, had the following to say about this design:

"The drawing of Marsh and Peter was a more fetching illustration than practical guide for development. Nonetheless, it set the tone for half a century on the Walter Reed site. In particular, it pointed to Georgian Revival as the sedate official style and established the pattern of arranging buildings around a central greensward. . . The main focus of the campus to this day remains the much expanded 1908 hospital building, whose textbook portico confronts a plunging swath of grass."⁵⁵

Stylistically, the predominant architecture during the historic period is Neo-Colonial and Georgian Revival. This style is characterized by brick masonry, slate roofs, limestone or cast stone trim, classic columns, and the use of Georgian Revival sash. The General Hospital, the focal point of the installation, also was heavily influenced by John Shaw Billings' revolutionary design for Johns Hopkins Hospital in Baltimore.

All the major additions to the General Hospital replicate the Colonial/Georgian Revival design elements established in the original hospital block. These elements also appear on other major buildings constructed on the campus through the mid-20th century, including the Officer Housing, Nurses Quarters (Delano Hall and

⁵⁵ Forgey, Benjamin, "Just What the Doctor Ordered", *Washington Post*, December 9, 1995

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Provost Marshall Building), Army Medical School (WRAIR), Barracks and Red Cross Building.

The only significant exception to the Colonial and Georgian Revival architecture in the Historic District is the Armed Forces Institute of Pathology opened in 1955. This was built in modern, Brutalist style with steel reinforced, rough finished, concrete walls. The building has been identified as possessing those qualities of exceptional significance to be eligible for inclusion in the National Register.⁵⁶

The design of the campus focused on the axes that emanated from the Hospital. These axes incorporated both buildings and formal landscape features. By the end of the 1930s, the gradual clearing of the campus ground south of the Hospital was complete and the areas surrounding the Main Drive were relatively open-spaced and bucolic. The Main Drive, running immediately in front of the Hospital, connects the eastern and western sections of the campus. The green area immediately south of the Hospital includes a small valley formed by a creek, bandstand, and formal garden. This is the broad greensward envisioned in the Marsh and Peter drawing.

⁵⁶ DC Inventory of Historic Sites, 2004 edition with updates to 2007

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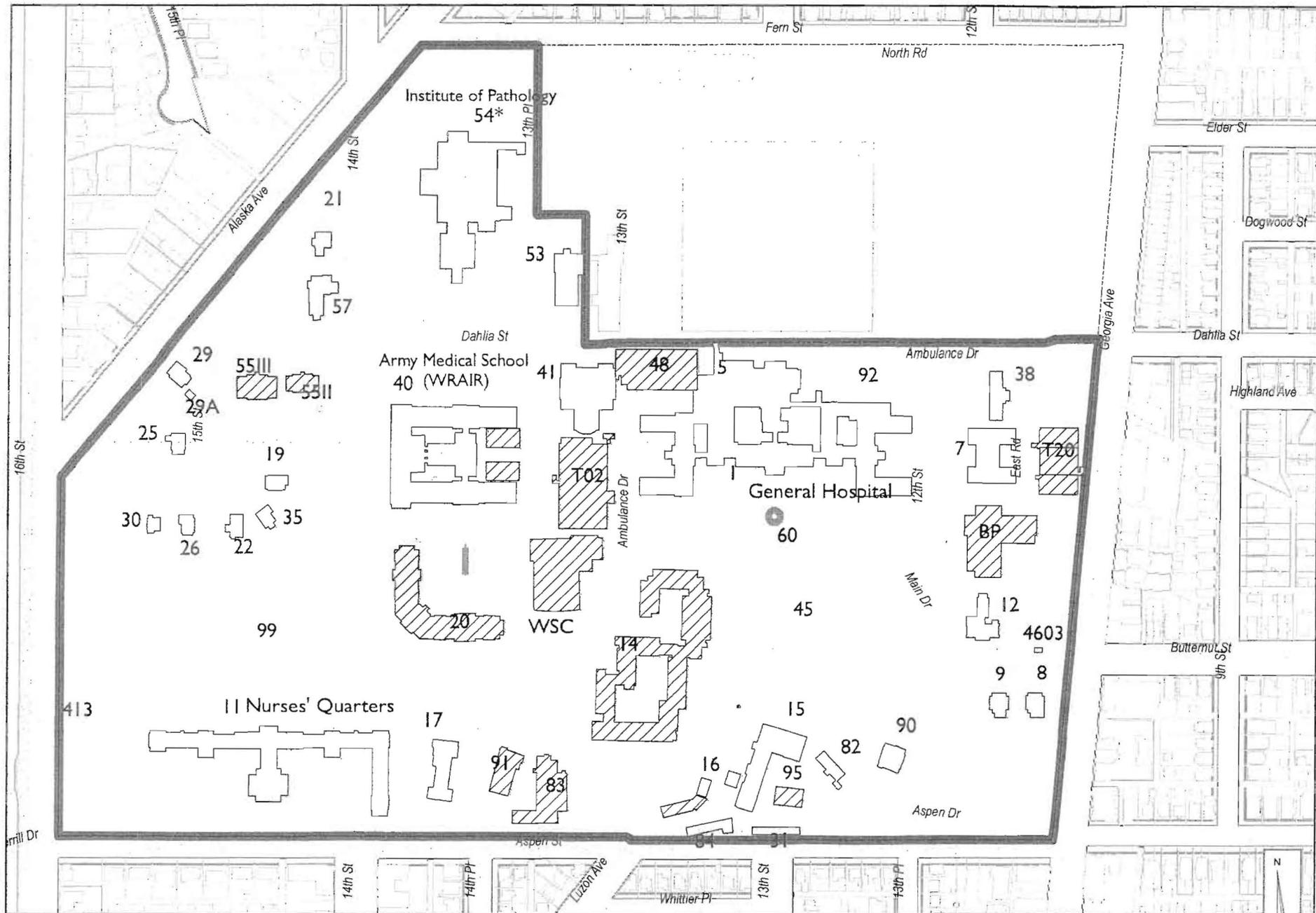
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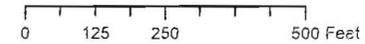
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 Proposed

 Non-contributing  Contributing Resource

*Potentially Eligible NR Resource



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