

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.

1. Name of Property

Historic name: Walter Reed Army Medical Center (WRAMC) Historic District

Other names/site number: Walter Reed U.S. Army General Hospital

Name of related multiple property listing:

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

2. Location

Street & number: 6900 Georgia Avenue, NW

City or town: Washington State: D.C. County: Washington

Not For Publication: ☐ Vicinity: ☐

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X 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:

X national statewide local

Applicable National Register Criteria:

XA XB XC XD

Signature of certifying official/Title:

Date

He Wolfe - Headquarters, Dept. of the Army 20150115

State or Federal agency/bureau or Tribal Government

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

x

DAVID WALONEY

25 AUGUST 2014

Signature of commenting official:

Date

District of Columbia State Historic Preservation Officer

Title :

State or Federal agency/bureau
or Tribal Government

Walter Reed Army Medical Center (WRAMC)
Historic District
Name of Property

Washington, D.C.
County and State

4. National Park Service Certification

I hereby certify that this property is:

- ☐ 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:) _____

Signature of the Keeper

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private: ☐
Public – Local ☐
Public – State ☐
Public – Federal ☒

Category of Property

(Check only **one** box.)

- Building(s) ☐
District ☒
Site ☐
Structure ☐
Object ☐

Walter Reed Army Medical Center (WRAMC)

Washington, D.C.

Historic District

Name of Property

County and State

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing

Noncontributing

41

32

buildings

sites

8

17

structures

objects

49

49

Total

Number of contributing resources previously listed in the National Register _____

6. Function or Use

Historic Functions

(Enter categories from instructions.)

Health Care/Hospital

Education/Research Facility

Defense/Military Facility

Defense/ Battle Site

Current Functions

(Enter categories from instructions.)

Vacant

Walter Reed Army Medical Center (WRAMC)
Historic District
Name of Property

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7. Description

Architectural Classification

(Enter categories from instructions.)

Late 19th and 20th Century Revivals

Colonial Revival

Georgian Revival

Gothic Revival

Craftsman

American Foursquare

Late Victorian

Modern Movement (Brutalism)

Materials: (enter categories from instructions.)

Principal exterior materials of the property: Foundation: Brick/concrete

Walls: Brick/concrete

Roof: Slate

Other: Asphalt, limestone copper, stone, wood

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

(See continuation sheets, Section 7)

Walter Reed Army Medical Center (WRAMC)
Historic District
Name of Property

Washington, D.C.

County and State

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.)

- ☐ 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

Walter Reed Army Medical Center (WRAMC)
Historic District
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Areas of Significance

(Enter categories from instructions.)

Health /Medicine

Architecture

Military

Period of Significance

July 11-12, 1864

1905-1956

Significant Dates

July 11-12, 1864, Civil War Battle of Fort Stevens

1905 – US Government acquisition of property for the Army General Hospital

1909- Opening of General Hospital

1923- Transfer of Army Medical School

1955- Opening of Armed Forces Institute of Pathology Building

1956 –WRAIR was no longer accredited to grant preventive medicine degrees and Army preventive medicine training was dispersed to other civilian and military installations across the country, effectively ending Borden's dream of a single Army medical campus consolidating all three functions of medical treatment, education/training, and research.

Significant Person

(Complete only if Criterion B is marked above.)

Major William Cline Borden

Cultural Affiliation

N/A

Architect/Builder

Marsh and Peter, Architects

U.S. Army

Faulkner, Kingsbury, and Stenhouse, Architects

Walter Reed Army Medical Center (WRAMC)
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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

(See continuation sheets, Section 8)

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

(See continuation sheets, Section 8)

Walter Reed Army Medical Center (WRAMC)
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9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

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Walter Reed Army Medical Center (WRAMC)

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Walter Reed Army Medical Center (WRAMC)

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Walter Reed Army Institute of Research website, <http://wrair-www.army.mil>

U.S. Army Medical Department, Office of Medical History, website,
<http://history.amedd.army.mil/>

Previous documentation on file (NPS):

- ☐ preliminary determination of individual listing (36 CFR 67) has been requested
- ☐ previously listed in the National Register
- ☐ previously determined eligible by the National Register
- ☐ designated a National Historic Landmark
- ☐ recorded by Historic American Buildings Survey # _____
- ☐ recorded by Historic American Engineering Record # _____
- ☐ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- ☒ State Historic Preservation Office
- ☐ Other State agency
- ☐ Federal agency
- ☐ Local government
- ☐ University
- ☐ Other
- Name of repository: _____

Historic Resources Survey Number (if assigned): _____

Walter Reed Army Medical Center (WRAMC)
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Name of Property

Washington, D.C.
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10. Geographical Data

Acreage of Property 110

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____
(enter coordinates to 6 decimal places)

- | | |
|--------------|------------|
| 1. Latitude: | Longitude: |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

Or

UTM References

Datum (indicated on USGS map):

☐ NAD 1927 or ☒ NAD 1983

- | | | |
|------------------|-------------------------|-------------------------|
| 1. Zone: 18 (SW) | Easting: 323596.556787 | Northing: 4315670.10674 |
| 2. Zone: 18 (W) | Easting: 323606.382007 | Northing: 4315958.59825 |
| 3. Zone: 18 (NW) | Easting: 323894.927339 | Northing: 4316301.63169 |
| 4. Zone: 18 (NE) | Easting : 324458.471424 | Northing: 4316288.90301 |
| 5. Zone: 18 (SE) | Easting : 324392.891759 | Northing: 4315652.61583 |

Verbal Boundary Description (Describe the boundaries of the property.)

Walter Reed Army Medical Center (WRAMC)

Washington, D.C.

Historic District

Name of Property

County and State

The boundary of the proposed Walter Reed Army Medical Center (WRAMC) Historic District, located in northwest, Washington, DC, follows Georgia Avenue on the east, Aspen Street on the south, 16th Street and Alaska Avenue on the west, and Fern Street on the north. The boundary is shown as a dashed red line on the WRAMC Historic District, 1909-1956 map (See continuation sheets, Section 7, Figure 1).

Boundary Justification (Explain why the boundaries were selected.)

The nomination boundaries conform to the original platting for Walter Reed Army General Hospital, and include all parcels obtained in subsequent years (through 1922) for the expansion of the campus. The hospital complex is tightly bounded by the adjacent residential streets and arteries noted above. The proposed district expands the boundaries beyond the Walter Reed General Hospital Historic District that was previously determined eligible for NRHP listing (DC Inventory of Historic Sites, 2009 edition). The boundary expansion encompasses two buildings that were not yet 50 years old when the earlier boundaries were delineated but were constructed within the currently defined period of significance and are now considered contributing elements to the district: the Post Theatre (Building 53) built in 1950 and the Armed Forces Institute of Pathology (Building 54) built in 1955.

11. Form Prepared By

name/title: Seth Wilcher, Architectural Historian, Rachael Mangum, Cultural Resources Specialist, and Susan Bupp, Senior Cultural Resources Specialist, with additional text provided by Dr. John R. Pierce (Colonel (Retired)), Historian updated from previous forms prepared by Jim Steen, Landmarks Committee, and Lauren McCroskey, Architectural Historian

organization: Parsons; Walter Reed Society; DC Preservation League (DCPL); U. S. Army Corps of Engineers (USACE), Seattle District, Center for Preservation Expertise

street & number: 100 M Street, SE

city or town: Washington state: DC zip code: 20003

e-mail: susan.bupp@parsons.com

telephone: 202-775-3480

date: September 2014 (updated from drafts prepared in April 2009 and April 2001)

Additional Documentation

Submit the following items with the completed form:

Walter Reed Army Medical Center (WRAMC)

Washington, D.C.

Historic District

Name of Property

County and State

- **Maps:** A USGS map or equivalent (7.5 or 15 minute series) indicating the property's location. (see continuation sheets, Section 7, Figure 1)
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map. (see continuation sheets, Section 7, Figure 1)
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Name of Property: Walter Reed Army Medical Center (WRAMC) Historic District

City or Vicinity: Washington

County: Washington

State: District of Columbia (D.C.)

Photographer: Joseph Scott Murphey, Historic Architect, US Army Corps of Engineers, Fort Worth District

Date Photographed: July 2013 to September 2013 (except as noted)

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Walter Reed Army Medical Center (WRAMC)

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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 100 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 Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

**United States Department of the Interior
National Park Service**

**National Register of Historic Places
Continuation Sheet**

WRAMC Historic District

Name of Property

Washington, D.C.

County and State

Name of multiple listing (if applicable)

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PROPERTY OVERVIEW

The Walter Reed Army Medical Center (WRAMC) Historic District is comprised of 110 acres and occupies a prominent hilltop 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. The historic district encompasses the entire Army medical campus, consisting of forty-nine (49) contributing elements, including historic buildings and structures, as well as landscape features such as original drives, walkways, gate posts, formal grounds and gardens, fountains, and a Civil War commemorative (Figure 1).

When first conceived, the Walter Reed General Hospital was to focus around a large hospital and administrative building, with separate and symmetrically arranged outbuildings, including wards, mess hall and dormitory, nurses quarters, and chapel. The area was considered an appropriate site to be dedicated exclusively as an Army medical facility because of its location within what had been a battleground during the Civil War Battle of Fort Stevens, where both Union and Confederate soldiers' lives were lost. The original design intention of the campus is evident today, principally around the original Main Hospital (Building 1), opened in 1909. Since the first property acquisition in 1905, the campus has evolved according to necessity, but not always with sympathy to original architectural and landscape values. As a result, some design qualities have been negatively impacted by adjacent non-compatible architecture, and some original circulation systems have either been eclipsed by new construction or rerouted. Just to the west of Building 1 is the Army Medical School, later known as the Walter Reed Army Institute of Research (WRAIR; Building 40); to the northwest is the Armed Forces Institute of Pathology (AFIP; Building 54), and to the south are the grounds and a variety of buildings that support the Main Hospital. Buildings, structures, and landscape features associated with strategic positioning during the Civil War battle have been lost as a result of changes in relief, obstructed views from building construction, stream channelization, and loss of vegetation; however, artifacts from the time period continue to be displayed in a monument commemorating the event. The major building on the Walter Reed campus that is not a contributing element in the district is the new Hospital (Building 2), known as the Heaton Pavilion, dedicated in 1977. Still, the campus as a whole retains essential integrity of design and construction, spatial relationships, and formal landscape elements that effectively convey the historic period of significance.

Other campuses or facilities were once part of the WRAMC system but occur outside the historic district boundaries and developed independently and under non-Army contexts, such as the Forest Glen Annex. The Forest Glen Historic District is currently listed separately on the National Register of Historic Places [NRHP]. The hospital will be referred to as WRAMC although it is understood that the hospital has been known by three names over the years, first Walter Reed General Hospital (1909-1923), then the Army Medical Center (1923-1951) and then Walter Reed Army Medical Center (1951-2011). In addition, the Walter Reed (WR) campus also includes the Walter Reed Army Institute of Research (WRAIR) and the Armed Forces Institute of Pathology (AFIP). The entire grounds of the facility will be referred to as the WR campus.

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, adhering to principles of Beaux Arts planning, and rendered for the most part in variegated, Flemish bond brick with white trim. Beginning in the early 1950s, there was a shift away from revival styles to the monolithic modern styles typical of the post-War period.

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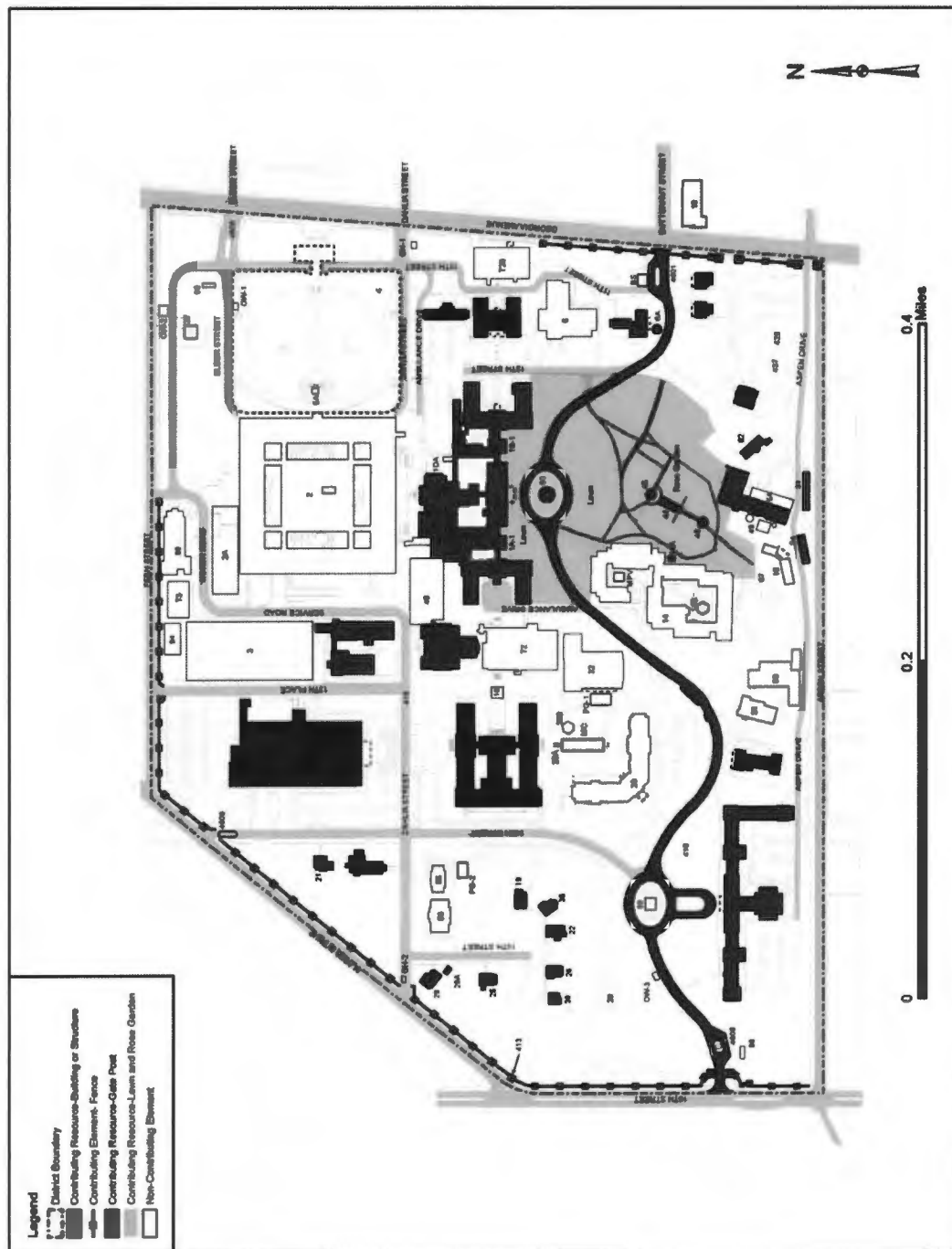


Figure 1. WRAMC Historic District, 1905 to 1956

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During the historic period, the WRAMC buildings were located within a park-like setting, with large trees, designed landscape features, formal gardens, winding roads and walkways, and open green lawns, providing a therapeutic environment for the hospital patients.

The following is a descriptive inventory of contributing buildings and structures within the historic district. Complete inventory forms for each building were produced in 1994. A threshold level of integrity for contributing properties is defined by retention of critical design values and historic fabric related to the two historic periods of significance, July 11-12, 1864 and the years 1905-1956 represented at WRAMC. Other integrity considerations include massing, size and impact of building additions, status of original door and window openings (window change-outs are typical and are not considered to compromise integrity), and setting and relationship to associated buildings and landscape elements.

Overall, the original medical or administrative functions and/or design values of contributing properties associated with the 20th century period of significance must be outwardly understandable and evocative of the historic period. Supporting infrastructure and ancillary buildings are included as contributing elements when they possess historic or design values and essential integrity to the historic period. While alterations are found throughout the complex, elements that have been altered to such a degree as to confuse the historic period of significance are classified as non-contributing. Plans and drawings were produced for the Army Surgeon General by the Quartermaster General or Corps of Engineers, except where noted otherwise. Important character-defining features and characteristics are discussed first, followed by mention of key alterations, where appropriate.

CONTRIBUTING ELEMENTS

This section describes the contributing elements to the WRAMC Historic District in chronological order from the two day Civil War era period of significance during the Battle of Fort Stevens (July 11-12, 1864) followed by the construction of the medical center during three stages in the 1905-1956 period of significance including 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 WRAMC Historic District are the Main Hospital (Building 1), the Army Medical School (Building 40), and the Armed Forces Institute of Pathology (AFIP) (Building 54). The architect for all the WRAMC buildings is the Army Surgeon General's Office unless otherwise noted.

Civil War (1861-1865) Battle of Fort Stevens July 11-12, 1864

The Battle of Fort Stevens occurred on July 11 and 12, 1864, when Confederate troops, led by General Jubal A. Early, attempted to capture the Union capital of Washington, DC. The Confederate Army approached from the north, entering the city's suburbs along the Seventh Street Turnpike, now Georgia Avenue.

The following summary of the Battle of Fort Stevens is derived from The Civil War Defenses of Washington: Historic Resource Study.¹ General McCausland's cavalymen led the way for General Jubal A. Early's army as they traveled the road toward Washington after the Battle of Monocacy on July 9, 1864. Union Major William H. Fry gathered approximately 500 cavalymen, from Giesboro Depot, and set out to discover Early's whereabouts.

¹ CEHP 2004a, *A Historic Resources Study: The Civil War Defenses of Washington, Part I*. Prepared for the National Park Service, National Capital Region, Washington, DC. Prepared by CEHP, Chevy Chase, Maryland, October 2004a (updated). Electronic document, http://www.cr.nps.gov/history/online_books/civilwar/, accessed December 3, 2013.

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He soon fell in with Captain A. Levi Well, with some companies of the Eighth Illinois Cavalry Regiment, and together they rode north from Rockville toward Gerrardsville; these troops engaged the enemy in what historian Benjamin Franklin Cooling referred to as "... the opening shots of the battle for Washington." Fry and Well dogged the Confederates for the rest of the day, all the way to Rockville. By evening, the Confederate troops were strung out from Gaithersburg to Rockville. The main Confederate bivouac was at Gaithersburg.

According to Early, his army moved out at daylight on July 11. McCausland with his cavalry traveled the Georgetown Pike. The infantry, with John Imboden's cavalry, under Colonel Smith, in the lead, "turned to the left at Rockville, so as to reach the 7th street pike which runs by Silver Springs into Washington." Jackson's cavalry covered the infantry's left flank. Like the day before, it was hot and dry, no rain for weeks, which, with all the men, horses, artillery and wagons moving at once, stirred up a lot of dust. The Confederates were moving as fast as they could in an effort to reach and capture the fortifications in the Defenses of Washington before reinforcements arrived to man them.

As the Confederates approached, the Union command structure was fragmented. Major General Christopher C. Augur commanded the Department of Washington, Twenty-second Army Corps, and should have had overall command. Colonel Moses N. Wisewell was Military Governor of Washington and, therefore, he had some command functions. Major General Alexander McDowell McCook reported that on July 11, at 12.30 a.m, a telegraphic order was received directing that: Major General Quincy A. Gillmore, with a portion of the Nineteenth Corps, would command the line from Fort Lincoln to Fort Totten; Brigadier General M. C. Meigs, Quartermaster-General, would command the line from Fort Totten to Fort De Russy; Brigadier General Martin D. Hardin, would command from Fort De Russy to Fort Sumner, inclusive; Major General Horatio G. Wright, commanding the Sixth Corps troops in the defenses would be held in reserve; and Major General Alexander McDowell McCook would command the entire line. Furthermore, the Chief of Engineers, Brigadier General Richard Delafield, reported that at the time of Early's raid, he had ordered all the Army Engineer officers constructing seacoast batteries, north and east of this city, to the defenses of Baltimore and Washington, including seven officers and General Barnard had also returned for the emergency.

The number of troops and their quality were major problems. In his post-war report on the Defenses of Washington, Barnard wrote that in July 1864, "... all the artillery regiments which had constituted the garrisons of the works and who were experienced in the use of the artillery, had been withdrawn and their places mainly filled by a few regiments of 'one hundred-days men, 'just mustered into service.'" Continuing, Barnard remarked that the fortifications were manned by: "Bodies of hastily-organized men, such as teamsters, quartermasters' men, citizen volunteers, &c., sent out to the lines..." Veteran Reserve Corpsmen, composed of partially disabled men who could perform some duties, were on alert and manned some of the fortifications. This allowed the fully-able to fight. Convalescents were also in the defenses.

As Early's men continued their advance, they ran into some Union troops. Colonel Charles R. Lowell with three squadrons of the Second Massachusetts Cavalry Regiment may have initiated the first fighting of the day when they skirmished with McCausland's force while also gathering intelligence. Major William H. Fry was also involved in skirmishing that morning. As McCausland continued his movement on the Georgetown Pike, headed for Fort Reno at Tennallytown, along with a battery of artillery, he drove back the Union picket-line guarding the fronts of Forts Bayard, Simmons, and Mansfield. At that time, the guns in those forts and Fort Reno opened on McCausland, his men and the accompanying artillery battery. McCausland, in response to the artillery fire moved left, giving his attention to Forts Kearny and De Russy and the intervening ground, between 9 and 11 a.m. By noon, General Hardin, commanding in the area, asked General Augur for more ammunition for Lowell and Fry and forage for their horses. Skirmishing continued on that front.

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The other Confederates marched from Rockville on Rockville Pike along the New Cut Road (now Viers Mill Road) to the crossroads in Leesborough (now Wheaton). Then, they turned right on to the Washington and Brookeville Turnpike that became the Seventh Street Road in the District. As they marched, they heard the heavy artillery firing from the forts and heard of the intelligence from McCausland about the well-built fortifications in the Defenses of Washington. As they approached the District, the Capitol dome came into view as well as the enemy fortifications. Colonel Smith drove a small body of cavalry back into the works, dismounted his men and deployed as skirmishers. Early rode ahead of the infantry and arrived in sight of Fort Stevens after noon, observing that the fortifications were not adequately manned. Attempting to act quickly, Early wrote that he deployed his infantry and started them towards Fort Stevens just as Union re-enforcements were arriving and being deployed within the fortifications. When skirmishers in front of the fort responded, and the heavy artillery from the fort began to fire, Early stopped his movements and reconnoitered.

Around noon, cheering began at the Sixth Street docks where Union reinforcements had finally arrived. Even the president came to the dock to greet them. Major General Horatio Wright led one of his divisions of the Sixth Corps off the transports onto the dock to rousing cheers. After a false start in the wrong direction, these troops headed up Seventh Street toward Fort Stevens. Soon afterwards, the Nineteenth Corps contingent arrived and headed up Seventh Street also. When General Wright and his men approached the defenses, he received an order from General Halleck to hold his men in reserve and the Nineteenth Corps contingent was to move to Fort Saratoga, not under enemy attack. Wright fumed and finally received permission to advance to Fort Stevens. When he arrived at the fort, the Confederates were pressing the skirmishers and approaching the fort. When the First Brigade, Second Division, Sixth Corps under Brigadier General Frank Wheaton moved out to reestablish the skirmish line, other Sixth Corps units ventured into the skirmishing. A variety of people such as Secretary of State, William H. Seward, and Secretary of the Navy, Gideon Welles, had come to Fort Stevens to observe the fighting, including the President, with Mrs. Lincoln, who peered over the parapet, putting himself in danger and earning a special honor as the only president to come under enemy fire while in office. Early's whole force never showed but skirmishing continued until the Confederates fell back after dark ending the fighting.

After dark, Early met with Generals Breckenridge, Rodes, Gordon and Ramseur and, according to the Confederate commander, he decided to attack the fortifications at daylight on the 12th. Later, though, he received intelligence from General Johnson that two corps from General Grant's army had arrived and more could be on the way. Thus, at daylight the next morning, Early reconnoitered again, "found the parapet lined with troops" and "decided to give up all hopes of capturing Washington." Thus, it remained relatively quiet in front of Fort Stevens throughout most of the day except for skirmishing and Union artillery fire upon any "collection of the enemy which could be seen within reach of their guns." Again, President Lincoln visited Fort Stevens and ascended the parapet to see what was happening. Under enemy fire, someone, there are various suggestions as to whom it was, entreated the president to get down before he was killed. At around 6:00 p.m., General Wright ordered General Wheaton to lead his division out and clear out the Confederate skirmishers, about twelve hundred yards in front of Fort Stevens to the right of the Seventh Street, who were systematically wounding or killing anyone who exposed themselves within the fort; the enemy strongly resisted the attack and heartily returned fire for sometime before retreating long after dark.

West of Fort Stevens, Colonel Lowell, commanding the cavalry in front of Fort Reno, concocted a bold move and received permission from General Hardin to carry it out. He moved up the River Road, in the morning, while it was still dark, reached the wooded country, and attacked McCausland's cavalry on its right. Then, Lieutenant Colonel Crowinshield, with two squadrons of the Second Massachusetts Cavalry Regiment, attacked the enemy's front, compelling them to drop back a mile in confusion. Other attacks on isolated Confederate units occurred

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elsewhere in front of the defenses.

During the night of July 12 to 13, Early's Army of the Valley withdrew, headed back to the Shenandoah Valley, crossing the Potomac at White's Ford, near Leesburg on July 14; some Union forces had pursued Early whose men fought a rearguard action at Poolesville, Maryland. After Early crossed the Potomac, General Wright advised his superiors against pursuit but President Lincoln did not agree. One source gives the total Union and Confederate casualties as 874; another source gives casualties as 573 Union and 500 Confederate. The only real threat of the Civil War to the Union capital was over.

The battle represents the only one of the Civil War that occurred within the boundaries of the national capital and the only time in which a sitting U.S. President came under enemy fire. Though named for Fort Stevens, where the engagement was concentrated, the battlefield covered a much broader area, spanning from Fort DeRussy in the west (now located in Rock Creek Park) east to Fort Totten and covering much of the neighborhood now known as Shepherd Park, including the WR campus, north of Fort Stevens. The sites of the forts themselves are listed in the NRHP as contributing elements of the Civil War Fort Sites (Defenses of Washington) Historic District among the remaining circle of forts constructed around the perimeter of Washington, DC during the Civil War that are now administered by the National Park Service as Fort Circle Park.

Activities associated with the Battle of Fort Stevens including Confederate bivouacking, staging, resource procurement, skirmishes and sharpshooting and Union signaling and ambushes are documented in several historic accounts and maps as having occurred on property that later became WRAMC.² Areas of the WR campus have been identified as being directly associated with the battle and include the Carberry/Lay estate (southeastern corner of WRAMC), the July 12, 1864 Battlefield (covering the entirety of WRAMC), and the Confederate Battle Line, Bivouac and Staging Areas (northern edge) from July 12, 1864. Specific features on the landscape, particularly on the Carberry/Lay property, played prominent roles in the battle. Artifacts including cannonballs and lead bullets from the Civil War period have also reportedly been found on the campus.³ Two of the artifacts (the cannonballs) have been incorporated into a memorial (Structure 6A) extant on the WR campus.

Carberry/Lay Estate

An estate pre-dating Civil War era activity in the area was located in the southeastern corner of what is now the WR campus. The property was attributed to T. Carberry (also seen as Carbery) on various Civil War-era maps.⁴ Thomas Carberry was Mayor of the District of Columbia from 1822 to 1823 and died in 1863. The property

² Sneden, Robert Knox, Plan of the Rebel attack on Washington, D.C., July 11th and 12th, 1864, c.a. 1864-1865. Electronic document, September 6, 2013; CEHP, 2004a; Cooling, B. F., *The Day Lincoln Was Almost Shot: The Fort Stevens Story*. The Scarecrow Press, Inc., an Imprint of the Rowman & Littlefield Publishing Group. 2013.

³ CEHP, 2004a; Cooling, B. F., Sacred Ground: Walter Reed Army Medical Center and Fort Stevens Battlefield. A Position Paper Prepared for the Alliance for the Preservation of the Defenses of Washington (April). On file at the DC SHPO. 2010; Cooling, 2013; Pierce, John R., MD, (Colonel, Retired), Historian at Walter Reed Society, personal communication via electronic mail and telephone interview with Rachael Mangum, Parsons on September 4, 2013.

⁴ Standlee, Mary W., *Borden's Dream*, The Walter Reed Army Medical Center in Washington, D.C. Published by the Office of The Surgeon General, US Army, Borden Institute, Walter Reed Army Medical Center, Washington, DC., 2009; Boschke, A., Topographic Map of the District of Columbia, surveyed in the years 1856 '57 '58 & '59. D. McClelland, Blanchard & Mohun, Washington, D.C., 1861. Map on file, Geography and Map Room, Library of Congress; Barnard, J.G., Map of the Environs of Washington compiled from Boschkes' Map of the District of Columbia and from Surveys of the U.S. Coast Survey showing the Line of the Defences (sic) of Washington, as constructed during the war from 1861-1865-Inclusive to accompany the Report on the Defences (sic) of Washington. 1865.

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passed to Richard Lay, son-in-law to Carberry's widowed sister Ann Mattingly.⁵ Carberry House, or the Lay Mansion, was destroyed during the Civil War but rebuilt afterward.⁶ Richard Lay and Catharine Carberry, another of Thomas Carberry's sisters, made claims to the Army for losses sustained to the property during the Battle of Fort Stevens.⁷ It was later sold to former senator J. Donald Cameron, for which the small stream running through the property, Cameron's Creek, was named.⁸ The property was attributed to J.D. Cameron through 1903 and sold by George Madert and Wife to the US government for the purposes of establishing the Army hospital in 1905.⁹

The estate played a role during the Civil War both prior to and during the Battle of Fort Stevens. Army engineer maps of the Civil War Defenses of Washington indicate that the area may have served as a camp site for Union regiments who assisted in the construction of the original portions of the fortification, originally called Fort Massachusetts.¹⁰ During the battle, the estate was also the likely location used by Rodes' Confederate division for camp sites, staging and positioning. At least two important events in the course of the battle occurred at once prominent features on the landscape of the property, the Sharpshooter's Tree and Cameron's Creek.

A 150-foot tall Tulip (poplar) tree located just north of the main house was used by Confederate sharpshooters and was also reportedly used as a signal station by Confederate forces during the war.¹¹ During the battle, the tree was reportedly struck by artillery fired from Fort Stevens but survived and healed from these scars.¹² The main residence and support buildings on the Carberry/Lay estate were eventually demolished after the Army's acquisition of the property but the tree was left standing. New buildings were constructed nearby including the nurses' residence (Building 12), to the north and the Commanding Officers' quarters (Buildings 8 and 9) to the south. An undated photo of the Signal Station/ Sharpshooter's tree in front of Building 12 shows a bronze plaque embedded in the trunk.¹³ The tree survived at on the WR campus until December 1920 when it was removed after being severely damaged during a winter storm.¹⁴ The memorial marking the location of the tree and its important role in the Battle of Fort Stevens was a bronze plaque embedded in a large boulder originally installed in the early 1920s. Though not legible, the plaque orientation and pattern of text differ from the existing plaque suggesting that the plaque embedded in stone in Structure 6A is at least the second memorial to the tree.

⁵ Clark, Allen C., "The Mayors of the Corporation of Washington: Thomas Carbery" in the *Records of the Columbia Historical Society*, Volume 19. Compiled by the Committee on Publication and the Recording Secretary. Published by the Columbia Historical Society, Washington, DC, 1916. Electronic document, http://books.google.com/books?id=8NswMUSlpRkC&printsec=frontcover&source=gbbs_ge_summary_r&cad=0#v=onepage&q&f=false, accessed September 9, 2013.

⁶ Standlee, 2009.

⁷ Cooling, 2013.

⁸ Standlee, 2009, p. 13; Proctor, John Claggett, *Washington Star*, April 21, 1929.

⁹ Baist, G.W., Baist's real estate atlas of surveys of Washington, District of Columbia: complete in four volumes / compiled and published from official records, private plans, and actual surveys by G. Wm. Baist, surveyor and map publisher ; Wm. E. & H.V. Baist, asst. surveyors. V. 3. [Suburbs, N.W.], 1909. Electronic document, <http://lccn.loc.gov/87675120>, accessed September 5, 2013.

¹⁰ Arnold, E.G., Topographical map of the original District of Columbia and environs showing the fortifications around the city of Washington, 1862. Electronic document, [http://memory.loc.gov/cgi-bin/query/h?ammem/gmd:@field\(NUMBER+@band\(g3851s+cw0674000\)\)](http://memory.loc.gov/cgi-bin/query/h?ammem/gmd:@field(NUMBER+@band(g3851s+cw0674000))), accessed July 15, 2013; Cooling, 2010

¹¹ Cooling, 2010; WRAMC, "Sharpshooter Tree" presentation. On file with Don Chory, Master Planner at Forest Glen Annex (formerly part of WRAMC). August 24, 2010.

¹² Standlee, 2009, p.168.

¹³ WRAMC, 2010.

¹⁴ Standlee, 2009, p.168.

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The stream on the low, southwest edge of the Carberry/Lay property likely provided a water source for Union troops, during the 1861 construction of Fort Stevens, and Confederate troops, during their occupation of the area during the battle. At least one battle account indicates that Rodes' division troops concealed themselves in a ravine to counterattack Wheaton's Union troops at close range on the second day of battle.¹⁵

Cameron's Creek has been subject to tremendous modification since the Civil War. By 1909, a sewer line had been constructed along the banks of the creek, extending to the northeast corner of what was by then the Army hospital.¹⁶ Excavations and blasting were conducted in 1920 to encase Cameron's Creek in a concrete storm drain and nearly 8,000 cubic yards of earth were used to bury the structure and create a garden atop.¹⁷ The blasting uncovered huge boulders, around which the natural landscaping for the formal Rose Garden was designed. All that remains visible of the stream is a small portion of the declivity and boulders at the bottom of the garden.

July 12, 1864 Battlefield (covering the entirety of the WR campus)

Civil War-era accounts of the battle and maps of the battlefield indicate that engagements occurred on land that is part of the WR campus between Edwards' brigade in Wheaton's division of the Union's VI Corps and retreating Confederate skirmishers. A counterattack was also launched by Winston's brigade (in Rodes' division, Early's expeditionary force).¹⁸ Excavations in 1937 for the stone Chapel in the west central area of the campus uncovered Civil War-era artifacts such as Minié balls and lead bullets.¹⁹ In addition, Civil War-era ammunition has since been collected at western edge of the WR campus, between the Chapel and Alaska Avenue.²⁰

Confederate Battle Line, Bivouac and Staging Areas (northern area)

Confederate camps are believed to have been located on the ridge along the north side of the WR campus, in an area once part of Shepherd's estate.²¹ From this position, Confederate forces would also have conducted counter-assaults on Union forces.

Contributing Elements

For the Civil War period of significance, the WR campus retains no known material culture. Cannonballs reportedly recovered from the property and donated to WRAMC in the mid-1960s are incorporated in the Tulip Tree Memorial, Plaque and Cannonballs (Structure 6A), which is a contributing element to the historic district but as a 20th century commemorative feature, not for its association with the Civil War battle.

¹⁵ Cooling, 2010.

¹⁶ Baist, G.W., Baist's real estate atlas of surveys of Washington, District of Columbia: complete in four volumes / compiled and published from official records, private plans, and actual surveys by G. Wm. Baist, surveyor and map publisher ; Wm. E. & H.V. Baist, asst. surveyors. V. 3. [Suburbs, N.W.], 1909. Electronic document, <http://lccn.loc.gov/87675120>, accessed September 5, 2013.

¹⁷ Standlee, 2009, p. 162, p. 199.

¹⁸ Civil War Trust, Battle of Fort Stevens, DC, July 11-12, 1864, 2013. Attributed to Stephen Stanley by B.F. Cooling. Electronic document, <http://www.civilwar.org/battlefields/fortstevens/fort-stevens-maps/the-battle-of-fort-stevens.html>, accessed July 13, 2013; Cooling, 2010; CEHP, 2004a.

¹⁹ Standlee, 2009, p.243.

²⁰ Pierce, 2013.

²¹ Cooling, 2010, 2013.

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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. The property for the WRAMC was acquired in three phases, beginning in April 1905 with the initial purchase of a 42.97-acre parcel (Parcel A) from George Madert (part of the J.D. Cameron Tract), comprising most of the southern half of the current property. In 1918, three additional parcels were purchased: in January-February 1918, two triangular parcels north of the original tract, part of the Alexander Robey "Boss" Shepherd (or 16th Street Heights) subdivision, were purchased from the Lynchburg Investment Corporation and William E. Kelly (3.95 acres [Parcel B] and 2.30 acres [Parcel C]). In March 1918, additional land (19.77 acres [Parcel D]) to the west of the original tract, from the western boundary west to 16th Street, was purchased from Myron M. Parker. This property had been part of the estate of Eliza C. Bradley et al. and formerly of the Cameron Tract.

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Buildings

Building 1 - Main Hospital (Walter Reed Army General Hospital), 1908; addition, 1928

The Main Hospital occurs roughly at the center of the WR campus and faces south toward an ellipse in the Main Drive and the Hoff Memorial Fountain (Structure 60). It has multiple rear and side additions, but the original core building has a rectangular shape and was constructed in 1908 and opened in 1909. The Georgian Revival Main Hospital building stands three-stories high and is punctuated with a four-columned portico at its entry and features a cupola above the hipped, standing seam metal roof that covers original slate (Figure 2).



Figure 2. Main Hospital, Building 1, Main Elevation

The hospital's full-height, central portico is framed by stone Ionic columns supporting a frieze emblazoned with "Walter Reed General Hospital," as well as a pediment accented with a raking cornice that includes dentils and egg and dart detailing (Figure 3). Underneath, the double-door entry, sitting below a decorative transom, is flanked by fluted Doric columns, and is topped by an entablature and rounded pediment with dentils. The roof is lined by a stone balustrade, and an octagonal cupola projects from its center. The cupola is composed of arched windows separated by Corinthian columns and is topped with copper roofing and a finial (Figure 4).

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Figure 3. Main Hospital, Building 1, Detail of Central Portico

The Main Hospital is clad in variegated Flemish bond brick and has four rows of varying fenestration. The first floor windows are most ornate, as they are arched, slightly recessed, and marked by keystones. Second floor windows are not arched, but also feature keystones, while the upper story and basement windows have no notable detail. The façade arrangement is indicative of Renaissance styling. Notable alterations include the replacement of multi-light, third-story attic windows with single pane glass. In addition, the original structure contained two brick chimneys along the roofline – one on each side of the portico. The chimney on the eastern side of the roof has been removed.

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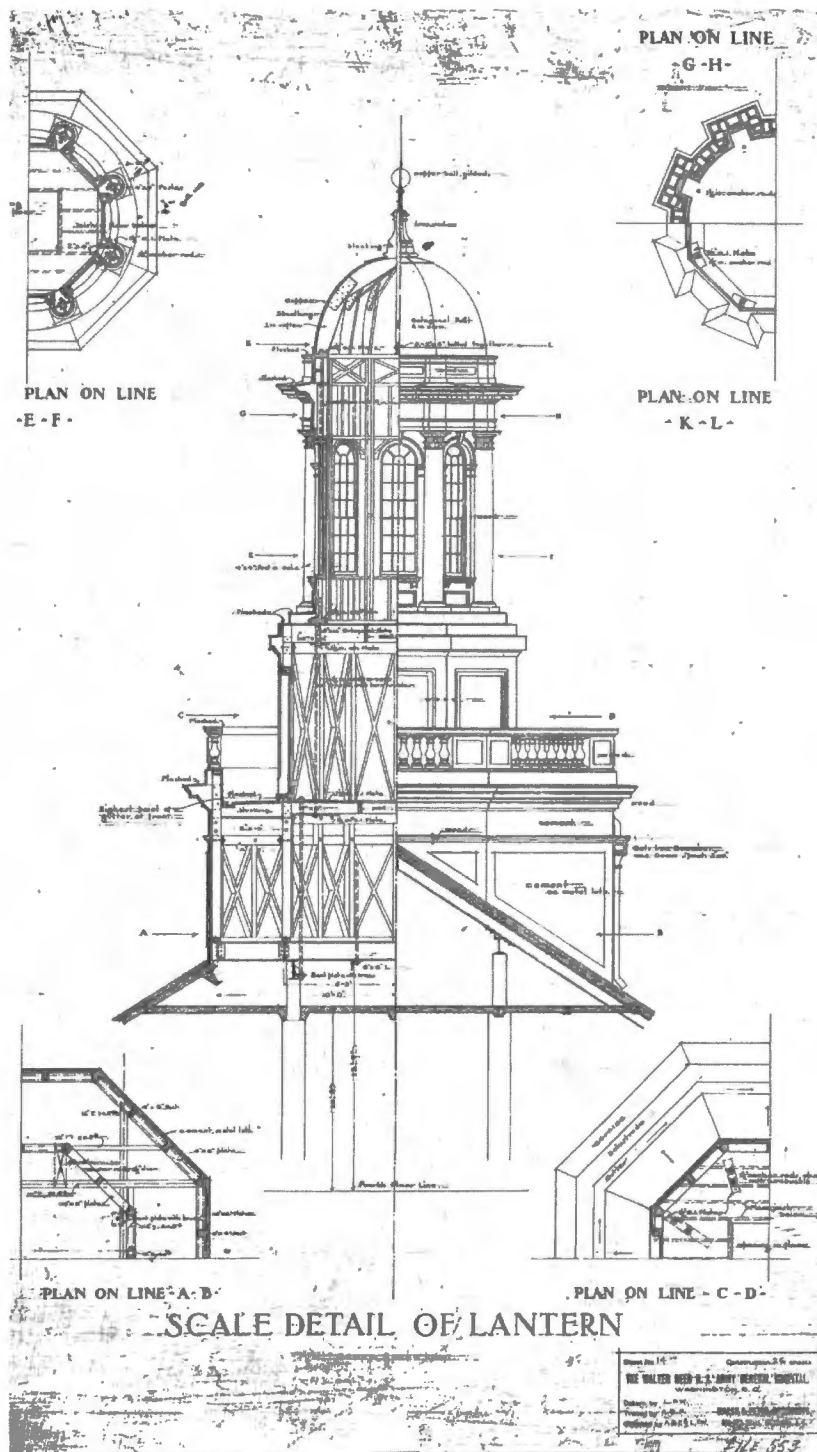
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Figure 4. Architectural Rendering of Cupola on Main Hospital, Building 1 (previously on file at WRAMC)

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Building 1A - West Pavilion Administration Building, 1914; additions, 1928, 1944, 1946 and 1A-1 - Radio Broadcasting Station

Two pavilions (Buildings 1A and 1B) served as connectors to the west and east wings of the Main Hospital, respectively. These were added in 1914 and consist of substantial three-story main blocks, with recessed hyphens on either end. The primary façades of the two buildings are very similar with the exception that the third floor windows of Building 1A have been replaced with fixed, single-pane windows while the third floor windows of Building 1B retain the multi-pane sash windows exhibited on the other stories. In addition, although the footprints of both buildings are irregular in shape, the two footprints are not the same. Originally a one-story construction, the former ward eventually grew to three stories and now appears as a hyphen that connects Building 1 to the west wing (Building 1E). These buildings feature a Flemish brick bond, raised basement with stringcourse, and brick quoins (Figure 5). Windows have arched heads and keystones at the first story, and vary from six fixed panes in the basement, to divided, eight-over-eight, six-over-six, and four-over four sashes at the first and second stories. The third story units on Building 1A have been replaced with fixed panes. The second story was added in 1928; the third story added in the 1940s. The flat roof features a plain limestone coping. An addition in April 1946 on the northeast corner of the building for a radio broadcasting station is identified as Building 1A-1.



Figure 5. Main Hospital, Building 1A, West Pavilion, south elevation, facing north

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Building 1B - East Pavilion, Administration Building, 1914; additions, 1928, 1944, 1946

Building 1B is one of two pavilions that served as connectors to the east wing of the Main Hospital. Along with Building 1A, it was added in 1914 and consists of a substantial three-story main block with recessed hyphens on either end (Figure 6). Although similar to Building 1A in most architectural details, - brick bond and quoins, raised basement with stringcourse, limestone coping, and window surrounds - Building 1B differs in the layout or form of the irregular footprint and retains the multi-pane, sash windows on the primary façade of the third floor which have been replaced in Building 1A. Building 1B contains the Pershing Suite in the third story. The unit, featuring a sitting room, office, bedroom, and bathroom, is richly paneled in wood. Like Building 1A, 1B was originally a one-story construction, which eventually grew to three stories and now appears as a hyphen that connects Building 1 to the east wing (Building 1F). The second story was added in 1928; the third story added in the 1940s. **Building 1B-1** occurs as a hyphen connecting 1B to 1F on the east end of the Main Hospital. Building 1B-1 was constructed as a one-story clinic in April 1946.



Figure 6. Main Hospital, Building 1B, East Pavilion, south elevation, facing north

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Building 1C - North Pavilion, Administration Building, 1914; additions 1930, 1942, 1945

Building 1C was constructed in 1914 and was the first addition to the Main Hospital building. It is attached by a hyphen to the north elevation and originally held expanded dining facilities and wards. Its footprint is somewhat T-shaped and its northern elevation intersects Building 1D. The structure is a three-story Georgian Revival building with Flemish bond brick and intersecting hipped roofs (Figure 7). It contains several limestone elements including the cornice, watertable, stringcourses, and sills. Brick quoining accents its corners. The building has four-over-four light windows with flat arch lintels and limestone keystones on each of its three stories, while its basement level windows are two-over-two, double-hung sash. A semi-circular bay with four-over-four, double-hung sash windows and a copper cornice with block modillions occurs on the first story.



Figure 7. Main Hospital, Building 1C, North Pavilion, at left of frame, facing northwest

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Building 1D - North Wing, Administration Building, 1928

Building 1D was part of a large building campaign at WRAMC in 1928 and anchors the northernmost portion of the main hospital complex. The structure's footprint is a broad asymmetrical cross. The three-story, Georgian Revival building is clad in Flemish bond brick and has a molded copper cornice with block modillions (Figure 8). The pediment is highlighted by an elliptical window. Its roof is hipped and ringed with a limestone balustrade. Other limestone details include a watertable, stringcourse, frontispiece, and doorway trim. Stone stairs between the ground and first story leads to original six-panel, double-leaf wood doors below a fanlight transom and framed by Doric columns supporting a limestone entablature. Iron railings are located above the entry. Building 1D's windows are eight-over-eight, double-hung sash at the first story, with six-over-six, and four-over-four, double hung sash in the remaining stories. Alterations to the building consist of an insignificant, one-story stuccoed addition on the south side of the roof, and a two-story stuccoed section on the south elevation.



Figure 8. Main Hospital, Building 1D, North Wing, north elevation, facing south

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Building 1E - West Wing, 1928; alteration 1935

Building 1E was also part of the building campaign of 1928. The U-shaped, three-story, Georgian Revival building is situated west of the Main Hospital building and faces west. It is clad in Flemish bond brick and has a hipped, slate roof. The building's primary entryway is centrally located and slightly projecting, is accented by brick quoins, and is marked by a porte cochere supported by paired Doric columns and topped with a balustrade (Figure 9). This central portion is also punctuated by a pediment trimmed in dentils with a wooden, elliptical attic vent in its center. Fenestration on the structure includes first story windows with arched heads and limestone keystones containing eight-over-eight, double-hung sash. There are six-over-six sashes at the second story, and small six-over-six sashes at the third story. A two-story loggia with multi-light tripartite windows and alternating brick piers with limestone capitals is found on the south elevation. Other limestone details include the stringcourses, watertable, keystones, and sills. Corners feature brick quoining. Cornices are molded copper with block modillions. The copper roofing has a blackened patina that contrasts with the white cornices of the Main Hospital building.

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Figure 9. Main Hospital, Building 1E, West Wing, main elevation, facing northeast

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Section number 7 Page 19**Building 1F - East Wing, 1928; addition 1946**

Building 1F was also constructed in 1928 (Figure 10). It faces east, but is otherwise very similar to building 1E (Figure 9). In 1946, a Presidential Suite was created in the East Wing for then President Harry Truman and was later named the Eisenhower Presidential Suite. The Suite has welcomed many distinguished patients including President Truman, Vice President Nixon, Secretary of State John Foster Dulles, and President Dwight Eisenhower, who died there in 1969. The Ward 8 VIP Suite, located on the Third Floor south, included an elevator and south wing north porch addition. The southeastern corner of Building 1F has relatively incompatible additions in the form of two shed dormers projecting from the roofline.



Figure 10. Main Hospital, Building 1F, East Wing, southwest corner, facing northeast

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Building 1G - Central Supply, Orthopedic Shop, Central Sterilizing, 1944

Built in 1944, this two-story building is Georgian Revival in style. The building features limestone stringcourses and sills (Figure 11). The roof is flat and has a wood cornice. Windows are metal multi-light with movable sections and exhibit some infill with white metal or wood panels. Original windows and interior spaces have been replaced and altered. While the building lacks the architectural detail and ornamentation exhibited in other wings and additions to Building 1, it has a compatibility with the rest of the main building complex, and is linked inextricably with other buildings by a series of corridors.



Figure 11. Main Hospital, Building 1G, Central Supply, Orthopedic Shop, Central Sterilizing, lower center of frame

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Building 1J - Admissions Office, 1946

Building 1J is a small structure is clad in Flemish bond brick and comprised of one story and a basement separated by a beltcourse (Figure 12). It was constructed in 1946 and serves as a connector between Buildings 1A and 1G. The windows have a four wide center panes flanked by smaller panes on each side.



Figure 12. Main Hospital, Buildings 1J and 1K, Admissions Office, lower left of frame

Building 1K - Admissions Office, 1953

Building 1K is a 1953 brick building located at the northwestern interior corner of the main hospital complex. The two story building has a flat roof that includes a small square brick mechanical room (Figure 12). Fenestration consists of a mixture of horizontal three and four paned windows.

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Building 1L - Cardio-Vascular and Physical Medicine Clinics, 1953

Building 1L was constructed in 1953. The two story brick structure is located at the northeastern interior corner of the main hospital complex. It is devoid of architectural details typical of other buildings in the Main Hospital complex. First floor windows have sets of three horizontal panes, while the second floor has horizontally-oriented four-paned windows. The otherwise flat roof includes two large brick mechanical rooms (Figure 13).



Figure 13. Main Hospital, Building 1L, Cardio-Vascular and Physical Medicine Clinics, center of frame

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Building 92 - Isotope Laboratory, 1954; addition, 1971

The Isotope Laboratory was constructed in 1954 and is the last addition to the Main Hospital complex constructed within the period of significance and considered a contributing element of the WRAMC Historic District. The one-story rectangular brick structure has a flat roof and irregular fenestration (Figure 14). The building contains an addition from 1971 that is larger in size than the original structure. It is located in the northeastern corner of the Main Hospital complex, between Buildings 1F and 1L.



Figure 14. Main Hospital, Building 92, Isotope Laboratory, north elevation, facing southeast (extracted from the Programmatic Agreement for the closure and transfer of WRAMC)

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Building 7 - Barracks, 1910; alterations 1927, 1950, 1952, 1960

Building 7, just east of the Main Hospital, was built in 1910 as part of the initial construction. The building served 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 two-and-a-half story building resting on a high raised basement, H-shaped in plan (Figure 15). It shares the Colonial/Georgian Revival architectural vocabulary established with Building 1 with some variations. The barracks is clad in Flemish bond brick, and brick quoins accent each corner. Limestone details are found throughout the building such as watertable, stringcourses, sills, keystones, modillion cornice, and entry frontispiece framed by engaged pilasters, entablature, and pediment. The building's fenestration varies from three-over-three, double-hung sash windows in the basement, to eight-over-eight, and six-over-six at the first and second stories respectively. The hipped roof attic contains dormers, some with six paned windows and some with wooden louvers. An addition in 1992 of a brick handicapped access enclosure was made to the center of the west elevation. The feature exhibits incompatible matte brick (contrasting with the high polish firing of the original), as well as mortar joints that are struck differently and thicker than the original. In addition, the mortar appears to have a different compressive strength than the original mortar, as it is failing in several locations.



Figure 15. Barracks, Building 7, north and west elevations, facing southeast

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Building 8 - Officer Quarters 1, 1910; additions 1934, 1939, 1940; alteration, 1989

Built as part of the initial development of the Hospital in 1910 to accommodate officers and their families, Building 8 is nearly identical to and located beside Building 9, to the southeast of the Main Hospital. The main façade of the building faces north. The style reflects the Colonial Revival theme of the early campus. Building 8 is a two-and-a-half story building with generally rectangular footprint and veneer of Flemish bond brick (Figure 16). It features a slate, gambrel roof along with three dormer windows in the attic. The center dormer features a segmental dormer, and it is flanked by pedimented triangular dormers on each side. Interior chimneys pierce the roofline at each end. Six Doric columns support the full-height portico, giving the front porch a formal appearance. The columns, originally wooden, were replaced around 1989 with fiberglass replicas. The building's sills are limestone, while the portico, balustrade, and cornice returns are constructed from wood.



Figure 16. Building 8, Officer Quarters 1, main (north) and west elevation, facing southeast

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Windows throughout are original six-over-six, double-hung sashes, mostly headed by brick, jack arches. The entry doors consist of six-panel wood leaf units with three-light transoms, and are flanked by single sidelights. A two-story porch enclosure with eight light casements and four light transoms above each pair of windows occurs on the south elevation. The porch was enclosed in 1940. A 1939 one-story sun parlor addition is attached to the west side of the enclosed porch. The addition features one-over-one, double-hung windows with snap in muntins. The first story contains a two-car garage, added in 1934.

Building 9 - Officer Quarters 2, 1910; additions, 1934, 1939, 1940; alteration, 1989

A companion to Building 8, this former officer's (Captain) quarters is nearly identical; however, it lacks the west side addition on the porch (Figure 17). The building features all other additions and alterations exhibited in Building 8 including a two car garage (added in 1934) and a one-story addition (added in 1938) on the west façade with a two-story sleeping porch (enclosed in 1940). The original wooden columns were also replaced with fiberglass replicas around 1989.



Figure 17. Building 9, Officer Quarters 2, north (main) and east elevation, facing southwest

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Building 12 - Army Nurse Corps Home, 1911 (A. W. Hodgkins); additions, 1915, 1934

The Army Nurse Corps Home was built in 1911 to the southeast of the Main Hospital and is adjacent to Buildings 8 and 9. It housed nurses until the early 1930s when Delano Hall (Building 11) was erected. At that time, the Nurses' Quarters were converted into apartments. The Georgian Revival style envisioned for the WR campus is reflected here in the use of the quoining, jack-arch lintels, double end chimneys, and alternating pediment and segmental arch dormers. The three-story building features brick laid in Flemish bond; corner quoins; a side-gabled, asphalt-shingled roof accented by decorative wood cornice work; and double-end chimneys (Figure 18). The roofline contains dormers that alternate with triangular and segmented pediments. A porch projects from the primary façade and is supported by four, paired square columns. These elements, as well as cornice returns, modillions, and double-leaf door, are wood; jack arched lintels are brick while keystones and sills are limestone. The second story porch is lined by a metal railing and each side elevation contains metal fire escapes. 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.



Figure 18. Building 12, south (main) and west elevation, facing northeast

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Building 15 - Central Heating Plant and Electric Switching Station, 1918; addition 1919

Found at the south side of the campus, the original heating plant, constructed in 1918, continues to supply heat to the WR campus. The design of the building, with its Palladian-style window arrangement, brickwork, and Georgian detailing, loosely reflects the intent of the original master plan to construct buildings on the Colonial Revival style (Figure 19). The building has an asphalt shingle (formerly metal clad), cross-gabled roof topped by an arched monitor containing metal vents. Other details include Flemish bond brickwork with brick lintels and limestone keystones and sills. Window openings, originally containing tripartite, four-over-four, wood hopper windows have been infilled with glass block. An inset wooden window found at the peak of the gable appears to be original. The building is dominated by two smokestacks, both of which were replaced in the 1990s. An addition, found on the north side, was constructed in 1974. An attached building, 15A, on the west side, is not a contributing element of the WRAMC Historic District.



Figure 19. Building 15, south elevation facing northeast

Buildings 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 were constructed independently from the planned development of WRAMC. These single-family houses, whose architects are largely unknown, may have been constructed by the Lynchburg Development Corporation and are of varying styles representing many of the common residential designs of period, including American Foursquare, Craftsman bungalow, and Colonial Revival styles. They were built in the mid to late 1910s as part of a subdivision, Sixteenth

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Street Heights (formerly part of A.R. Shepherd's subdivision), located on property originally outside the installation. When additional property to the north and west was acquired for the expansion of the WR campus in 1918 (Parcels B and C), and 1920 to 1922 (Parcel E), several lots with residences already constructed were purchased and used as officers' housing. Three of the dwellings (Buildings 21, 25, and 29) were constructed between 1915 and 1919 and occur in their original locations on property that was acquired from 1920 to 1922 (Parcel E).²² In the early 1950s, when the Armed Forces Institute for Pathology (Building 54) was built, five of the residences (Buildings 19, 22, 26, 30, and 35) were moved from their original locations to a campus cul-de-sac on 15th Street, forming a neighborhood with Buildings 25 and 29 referred to as the "Eagle's Nest."²³ Building 21, remaining in its original location, is separated from the other houses and occurs just north of the Chapel (Building 57).

Building 19 - Officers Quarters 5, 1915; acquired, 1918, altered, 1929; moved 1954

Constructed in 1915 and moved in 1954, this house is a one-and-a-half-story wood frame bungalow clad in lap siding and decorative shingles with six-over-six, double-hung sash windows (Figure 20). It has a full-length front porch supported by four Doric columns, front entry with sidelights and transom, and a pyramidal roof with intersecting gables that contains projecting hipped dormers and a central metal chimney. Though badly deteriorated, the property retains its character-defining features. Although moved from its original location, the house is part of a small, cohesive neighborhood of houses constructed in the same period and established more than 50 years ago, and contributes to an understanding of development of officer's housing at the installation.

²² Baist, G.W., Baist's real estate atlas of surveys of Washington, District of Columbia: complete in four volumes / compiled and published from official records, private plans, and actual surveys by G. Wm. Baist, surveyor & map publisher ; Wm. E. Baist & H.V. Baist, asst. surveyors. V. 3. [N.W. section, north of Florida Ave.] (1915). Electronic document, <http://lccn.loc.gov/map66000662>, accessed September 5, 2013; Baist, 1919, Baist's real estate atlas of surveys of Washington, District of Columbia: complete in four volumes / compiled from official records, private plans, [and] actual surveys by G. Wm. Baist, Wm. E., & H.V. Baist, surveyors. Philadelphia 1919-1921.

²³ Kise, Franks and Straw (KFS) Historic Preservation Group and Jay Custer, *Final Main Section Walter Reed Medical Center, Washington, DC, Section 106 Report*. Prepared for US Army Corps of Engineers, Baltimore District, May 1994.

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Figure 20. Building 19, west (main) and north elevation, facing southeast

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Building 21 - Officers Quarters 7, 1915

Building 21 was built in approximately 1915 and is original to this location. It is a Craftsman style home located just north of the Chapel and is also part of the officer's housing area. It is a one-and-a-half-story, side-gabled bungalow sheathed in wood shingles (Figure 21). The front elevation faces east and is covered with a full-width, screened porch supported by four large, unadorned columns. The asphalt-shingled roofline is pierced by a large shed dormer that contains eight windows and is highlighted by wooden brackets. A brick chimney is centered at the south end of the roofline. Fenestration throughout the house is six-over-six double-hung wood sash, and the entry is flanked by original twelve-light French doors. Later additions include a very large two-story frame structure at the rear of the house, in addition to a one-story side wing on the south that contains a garage on the lower level. The front door has been replaced.



Figure 21. Building 21, east (main) elevation, facing west

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Building 22 - Officers Quarters 8, 1915; moved 1954

Building 22 was built in approximately 1915 and was originally part of the Sixteenth Street Heights subdivision; it was moved to its present location in 1954. The Craftsman-style residential dwelling faces north and is a one-and-a-half-story, wood frame, clapboard-sided bungalow with a full-length open front porch supported by brick columns topped by battered wooden piers (Figure 22). The side-gabled, asphalt-shingled roof contains a large front-gabled dormer with wooden shingles, brackets, exposed rafters, and four six-over-one double-hung sash windows. The eastern edge of the roofline is pierced by a brick chimney. Although moved from its original location, the house is part of a small, cohesive neighborhood of houses constructed in the same period and established more than 50 years ago, and contributes to an understanding of development of officer's housing at the installation.



Figure 22. Building 22, north (main) elevation, facing south

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Building 25 - Officers Quarters 11, 1919 (Thomas F. Holder)

Building 25, constructed in 1919, is located on 15th Street and is a two-and-a-half-story Colonial Revival residential building of wood frame construction and clapboard siding. This home is original to this location and the architect was Thomas F. Holder.²⁴ The main façade faces east and the front entry has a small porch topped by a one-story, rounded portico supported by four Doric columns – one pair free-standing and one engaged (Figure 23). Entrance doors are single leafs and are flanked by six-light sidelights, and fenestration is primarily characterized by nine-over-one double hung sash windows. The asphalt clad hipped roof contains a central shed dormer with louvered attic vents and a chimney on the southern end. A two-story annex on the south end of the home is a later addition, and a large picture window on the primary façade is a replacement. The structure has undergone substantial deterioration. It is situated on a large lot with many mature trees and its exterior is currently covered with extensive vegetation.



Figure 23. Building 25, east (main) elevation, facing west

²⁴ City Building Permit, #4537, 19 April 1917. This is the last building Mr. Holder designed in DC.

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Building 26 - Officers Quarters 12, 1919; alteration 1933; moved 1954

Building 26 was built in 1918 and also originally part of the Sixteenth Street Heights subdivision; it was moved to the present location in 1954. The home faces north and is a two-and-one-half-story American Foursquare wood frame dwelling that features a wrap-around front porch supported by brick piers topped by wooden Doric columns (Figure 24). The front entry is accented by sidelights and a transom, and fenestration primarily consists of six-over-one double hung sash windows. A large hipped dormer with wooden brackets extends from the primary façade's roofline and contains three paired six-light windows. A brick chimney extends from the western edge of the roof. Although moved from its original location, the house is part of a small, cohesive neighborhood of houses constructed in the same period and established more than 50 years ago, and contributes to an understanding of development of officer's housing at the installation.



Figure 24. Building 26, north (main) elevation, facing south

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Building 29 - Officers Quarters 16, 1915 (William C. Nichols of Nichols and Wildman)

Building 29 is located on 15th Street at Dahlia Street, across from the Alaska Avenue entrance and was built in approximately 1915. Originally part of the Sixteenth Street Heights subdivision, the property was acquired in 1920 to 1922 and this house is original to this location. The architect was William C. Nichols of Nichols and Wildman.²⁵ It is a two-and-one-half-story, stuccoed wood frame American Foursquare. Notable features include the roof dormers, wide eaves, and pyramidal roof with asphalt shingles. Windows include six-over-one, double-hung sash and ten-light fixed windows; the doors have been replaced.

Building 29A - Garage, 1919

A companion to Building 29, this two-story, stucco over wood garage was built in approximately 1919 (Figure 25). It has a gabled roof clad with asphalt shingles and features four-over-four, double-hung sash, four-light fixed windows and six-over-six, double-hung sash. The doors have been replaced.



Figure 25. Building 29, right of frame and Building 29A, left of frame, facing northwest

²⁵ City Building Permit, #3355, 16 February 1914. Permit shows building constructed of hollowtile.

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Building 30 - Officers Quarters 17, 1915; moved 1954

Building 30, built in approximately 1915, was originally part of the Sixteenth Street Heights subdivision and was moved in 1954 to its present location. It is a two-and-one half-story wood frame American Foursquare with clapboard siding that faces north (Figure 26). The house has a full-length front porch with hipped roof supported by three Doric columns. Its entryway is oriented to the right side of the primary façade and appears to have been highlighted by sidelights and a transom; however, these elements are now covered with wood. Windows that remain visible on the structure are six-over-one double hung sash; however, most of the structure's window openings are boarded shut. A hipped dormer extends from the roofline and has one of its windows covered. The other two consist of a single pane. The dwelling has a tarp covering a portion of its roof, and generally is in a state of disrepair. Although moved from its original location, the house is part of a small, cohesive neighborhood of houses constructed in the same period and established more than 50 years ago, and contributes to an understanding of development of officer's housing at the installation.



Figure 26. Building 30, north (main) and east elevation, facing southwest

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Building 35 - Officer Quarters 19, 1915; moved 1954

Building 35 was originally part of the Sixteenth Street Heights subdivision. It was built in approximately 1915 and then moved to the present location in 1954. It is a two-and-one-half-story wood frame American Foursquare home that faces north (Figure 27). It features a wrap-around front porch supported by wooden Doric columns which has been partially screened. The second floor has wood shingle siding and two one-over-one double hung sash windows. The western elevation includes a brick chimney. The asphalt-shingled, hipped roof contains a hipped dormer with one louvered bay and one bay with a broken window. The roofline has a pronounced overhang with exposed rafters. First floor windows and doors have been boarded shut. The building is in poor condition. Although moved from its original location, the house is part of a small, cohesive neighborhood of houses constructed in the same period and established more than 50 years ago, and contributes to an understanding of development of officer's housing at the installation.



Figure 27. Building 35, northwest (main) elevation, facing southeast

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Between World Wars I and II (1919-1941)

In response to Post-World War I (WWI) pressures to expand the Hospital, the Army purchased additional adjacent land between 1920 and 1922. Parcel E, bought from the Lynchburg Investment Corporation and private homeowners, consisted of 43.95 acres. This parcel, containing both improved and unimproved lots in the former Sixteenth Street Heights subdivision north and west of the original WR campus, expanded the hospital installation to its current size.²⁶

In the face of the haphazard growth of the WWI 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.²⁷ 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 Main Hospital. The new construction of this period was rational, symmetrical, and essentially focused on the axes that emanated from the Main Hospital.²⁸ 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 Main Hospital was complete and the areas surrounding Main Drive were relatively open-spaced and bucolic.

The largest percentage of buildings within the WRAMC Historic District dates from the 1920s and early 1930s. Overall, construction 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.²⁹

The most prominent buildings from the 1920s and 1930s include the Army Medical School (Building 40), the Red Cross Building (Building 41), and the three large wings of the original Hospital (covered above), Delano Hall (Building 11), and the Post Chapel (Building 57).

²⁶ KFS, 1994.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

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Building 17 - Service Club and Hostess House, 1920 (F. B. and A. Ware, New York); addition, 1944

Building 17, southwest of the Main Hospital, was built in 1920, a component of the peacetime expansion that occurred at the Walter Reed 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 to the west where Delano Hall (Building 11) now stands. The building is one of the few at WRAMC 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.³⁰ The use of Flemish bond brick veneer, quoins, full-length columned porch, jack arch windows, and limestone keystones and stringcourse reflect the Colonial/Georgian Revival style planned for the campus. The primary façade of the two-story building faces north and features a full length, one-story porch supported by wood Doric columns and six square brick columns, with an second story porch lined by an iron railing (Figure 28). The hipped roof is clad with asphalt shingles and the wood cornice is accented by brackets and dentils. Entrance and other doors are original wood leaf types with multi-lights and transoms. First and second story windows have been replaced with aluminum, one-over-one units featuring snap in muntins.



Figure 28. Building 17, south and east elevations, facing northwest

³⁰ Phillips, David, *Walter Reed Army Medical Center* (manuscript), prepared for Goucher College, perhaps available at WRAMC where Mr. Phillips was Cultural Resource Manager, c.1996.

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Building 31 - Oil Storage House, 1921; addition 1941

This one story brick building located along the southern boundary of the WR campus and near the Central Heating Plant (Building 15) is a utilitarian facility built in 1921. It served as a storehouse for oil – including “Quartermaster oils” as well as oils for medical purposes - before becoming a general warehouse in the mid-20th century. It is a single-story, rectangular brick building with an asphalt shingled, side-gabled roof with a wooden boxed cornice that contains three metal exhaust vents (Figure 29). Its brick veneer is laid in a common bond. Fenestration along the primary façade consists of irregularly spaced, single, fixed-pane windows with replacement aluminum trim. Its doors have also been replaced. Though architecturally non-styled, this building is part of the essential infrastructure of the WR campus and exhibits materials and features that are compatible with the Georgian Revival campus.



Figure 29. Building 31, north elevation, facing southeast

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Building 38 - Guard House, 1922; addition 1942

Building 38 was constructed in 1922 as a Guard House and is located along the central axis of the campus, toward the east edge with the main façade facing east toward Georgia Avenue. The two-story, side-gabled, brick building with metal roof consists of a main long, narrow rectangular block with two small wings at either end and two central projections at the entryway (Figure 30). These wings are an alteration. 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. The two-panel wood door has a four-light transom. Although altered throughout the years, the building is a relatively compatible element in the WR campus styling, as it includes characteristics such as Flemish bond brickwork, a pedimented entryway with Doric columns, jack arch lintels, and cast stone sills.



Figure 30. Building 38, west (rear) elevation, facing east

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Building 40 - Army Medical School (AMS) and Walter Reed Army Institute of Research (WRAIR), the Craig Wing 1923-1924; 40A - Sternberg Wing, 1932; 40B - Vedder Wing, 1932; 40C - Siler Wing, 1962 (not a contributing element)

Building 40 is a complex brick and limestone structure located west of the Main Hospital (Building 1). It consists of an H-shaped building complex and a wing added in 1962 on the west. The original H-shape (oriented east-west) appears to have been designed as a unit although it was constructed in stages. The original, southernmost block, the Craig Wing, was completed by 1924, but work on the parallel north (Vedder, 40B) wing and the Sternberg crossbar (40A) apparently continued until 1932.³¹ In 1962, a final addition at the west end (Siler, 40C) resulted in a rectangular complex of WRAIR buildings. Each wing of the building has its name emblazoned across the respective entablature.

The original block is designed in a more elaborate version of the Colonial/Georgian-Revival style established in the Main Hospital utilizing Flemish bond brick, rusticated raised basement, limestone and wood trim, limestone modillion cornice, and two-over-two, double-hung sash (Figure 31). The large, brick, three-and-one-half-story building features arched heads over doors and is embellished with elaborate classical limestone trim at its entrances and three pairs of double-leaf doors. 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 the wings 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 engaged columns ornament the monumental pedimented pavilion housing 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 (Figure 32). 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 east-west alignment of the original building, along with the original landscaped courtyard to the east, created a strong axis between the Army Medical School and the Main Hospital (Building 1).

The 1962 Siler Wing addition covers the entire west elevation of the original H building. 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 building. The limestone water table, belt course, and projecting cornice are simplified versions of the ones on the original wings. 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.³² The 1962 Siler Wing (40C) is not considered a character-defining feature of the building.

³¹ 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.

³² Phillips, c.1996.

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Figure 31. Buildings 40, 40A, and 40B, east and north elevations, facing southwest

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Figure 32. Detail of stone cartouche at front entrance of Building 40A (Sternberg Crossbar Wing)

Air conditioners and pipes, probably used for ventilation, protrude from all major elevations. The entire building is in poor condition, with many broken windows and evidence of water damage on the interior.

Building 40A - Sternberg Crossbar Wing, 1932

Similar in architectural detail to the original Craig Wing, the Sternberg building is T-shaped in plan and forms the crossbar between Buildings 40 and 40B (Figure 31). Again using Flemish bond brick, the building rises three stories on a rusticated raised basement to a flat roof with limestone modillion cornice. Other details are limestone and wood; windows are replacement two-over-two, double-hung sash throughout. Doors have arched heads, limestone trim, and three pairs of double-leaf doors. First-story interiors are entirely original; upper floors retain the most historic fabric.

Building 40B - Vedder Wing, 1932

Like the Craig Wing, this wing rises three-and-a-half stories and is roughly the mirror of the original building in design and materials. The Vedder Wing incorporates Flemish bond brick, rusticated raised basement in limestone, limestone modillion cornice, two-over-two, double-hung sash, and segmental doors heads of limestone (Figure 31). Three pairs of double-leaf doors occur throughout. As with the rest of WRAIR, the first story is the most intact, while upper stories retain much of the historic fabric.

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Building 41 - Red Cross Building, 1927; addition 1944

The American Red Cross Building was built just northwest of the Main Hospital (Building 1) in 1927 and was donated to the hospital. The Red Cross' previous home had been in a WWI temporary building. The new building was the location for many social and recreational functions for patients being rehabilitated at WRAMC. The complex plan of this substantial many-gabled three-and-one-half-story building is roughly square, with a long extension to the south, probably original. A composite of colonial elements, including Georgian, Federal and neoclassical are reflected in the building's Flemish-bond brick walls, balustrades, white painted classically inspired wood trim, symmetrical fenestration, ornamented cornices, ornate pedimented gable ends, and lantern or cupola (Figure 33). The building also features a wood and limestone watertable, modillion cornice, jack arch brick lintels and limestone keystones, and replacement doors.



Figure 33. Building 41, north (rear) and east elevations, facing southwest in foreground of frame

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 with three bays, each with doors flanked by eight-light sidelights and four-light transom. 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 cross-gabled, slate clad roof above the chimney. The wood octagonal cupola has four arched windows alternating with four panels and is capped by a peaked dome. The heavy modillioned cornice on this elevation extends

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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. Fenestration on the east and west elevations is identical with four broad bays separated by pilasters and protected by wrought iron balconies.³³ The rounded south elevation of the addition features an open colonnade of freestanding columns in antis. Protective white-painted wooden balustrades connect the columns.

Building 11 - Delano Hall, 1929; additions, 1931, 1933

Delano Hall consists of three major sections built between 1929 and 1933 in the southwestern section of the WR campus. Originally, the building was occupied by the Army 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. Overall, 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. The central three-story, fifteen-bay building is clad in Flemish bond brick and has a slate hipped roof. Its Renaissance façade arrangement includes a full-height portico with Doric columns and two pilasters that support a pediment embellished with dentils and a central fanlight (Figure 34). The words 'Delano Hall' are emblazoned in the portico's entablature. The roofline is punctuated with an octagonal cupola surrounded by a balustrade and topped with a finial. The primary façade's fenestration is characterized by six-over-six, double-hung sash windows, jack arched brick lintels, and limestone keystones.

³³ 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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Figure 34. Building 11A, Center Wing, north (main) elevation, facing south

The central door has been replaced, although the original surround of engaged pilasters and dentilled pediment remain. Like Building 1, Delano Hall received several additions, all of which harmonize with the original Georgian theme. A three-story east wing (11), constructed first, and two-story west wing (11B) are connected to the central building (11A) by recessed two-story loggias composed of brick piers with limestone bases and capitals. The loggia elements serve as hyphens, a treatment also found on Building 1. The rear of the building repeats the formula found on the front, except for the loggias. A rear wing extends from the east wing to form an "L." This wing has a gabled roof with cornice returns and dentilled cornice. Towards the rear of the east and west façades are a series of three-bay open loggias with brick arches capped with a dentilled pediment of brick infill and a central fanlight.

Building 52 - Hospital Ward, 1930; addition 1952

Building 52 is a rectangular structure located northwest of the Main Hospital (Building 1) and connected via a hyphen to Building 53, the Post Theater. It was constructed in 1930 as a hospital ward. The three-story brick structure has a hipped, asphalt-shingled roof and cornice adorned with modillions (Figure 35).

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Figure 35. Building 52, east (main) elevation displaying infill of porch openings and fenestration, facing west

The dominating characteristic of the eastern elevation is a series of nine, square, engaged, Doric columns that span the majority of the building's second and third floors. Within these columns, the third floor contains six-over-six double-hung sash windows in triplicate. However, significant infill along the second floor makes it difficult to determine previous fenestration. The first floor features arched openings that match the upper floors in width and these openings are also now infilled as well. It has been indicated that porches were enclosed in 1952, which partially explains the infill.

The northern third of the eastern elevation contains a mix of eight-over-eight and four-over-four double-hung sash windows with transoms. Many of these windows have also been infilled. A rectangular appendage to the building is found at the northeastern corner and is also three stories in height. It has only one upper window and is otherwise nondescript.

Building 57 - Memorial Chapel, 1931 (George D. Wills)

Construction was completed on the Memorial Chapel in 1931 after the "Gray Ladies," American Red Cross

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volunteers, raised the necessary funds. The chapel is a memorial to the "men who gave their lives to service." It represents Neo-Gothic Revival and Country English design and is built on a complex modified cruciform (cross-gabled) 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 chapel is constructed of random, coarse ashlar granite and features complex, intersecting steeply-pitched gable slate roofs, smooth stone door and window surrounds, minimal brick buttresses, Gothic leaded glass windows with stone traceries, and a projecting three-story tower (Figure 36). 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.



Figure 36. Building 57, south (main) elevation and tower, facing north

The main entrance is under a projecting stone porch on the south elevation through a double-leaf, three-paneled door fortified by iron strap hinges. The projecting three-story tower attached to the east façade is a memorial to Brigadier General James D. Glennan, commanding officer of the Walter Reed General Hospital/Army Medical Center from 1919 to 1926 (he was promoted from Colonel to Brigadier General in 1925). It contains a double entrance door on its south elevation and a limestone stringcourse on the upper level. The stringcourse is

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decorated with male figures holding open scrolls on each corner, separated by a quatrefoil pattern from busts of Gray Ladies centered above each window (Figure 37). The roofline is crenellated, with stone pinnacles at each of the four corners. Trim and surrounds are limestone; copper is used along the parapet.



Figure 37. Bust of one of the “Gray Ladies” adorning the stringcourse of Building 57

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 Main Hospital (Building 1). A large majority of these buildings were demolished to accommodate the Armed Force Institute of Pathology built in 1955 and the new Main Hospital (Building 2) 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 WR campus, date from the 1940s through the end of the period of significance. The most important of the post-war buildings is the Armed Forces Institute of Pathology, built in 1955 and expanded in 1972.

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Building 82 - PX Gas Station, 1940; alterations 1958

The PX Gas Station was built in 1940 in the southeastern portion of the WR campus near the Central Heating Plant. It is a one-and-a-half story utilitarian building with elements of Colonial styling found in older buildings on the WR campus (Figure 38). This is seen in the use of Flemish bond brick, gabled roof with segmental fanlight in the gabled end, cornice returns, and plain frieze. Windows and doors have been replaced and the interior is altered. Roofing is asphalt.



Figure 38. Building 82, northeast (main) and southeast elevations, facing southwest

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Building 84 - Wagon Shed, 1942

This one story utilitarian building, with brick and wood cladding and a long side gable roof, was constructed in 1942 and originally used as a wagon shed (Figure 39). It reflects a simplified, vernacular interpretation of the Colonial Revival style. The building's design values are the concrete trim, cornice returns, cross-braced double doors, and two-over-two, double-hung sash with flat heads. Buildings in this section of the WR campus form the utilitarian, but essential infrastructure of the hospital.



Figure 39. Building 84, north (main) and west elevations, facing east

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Building 90 - Fire Station, 1946

The fire station is a two-story, hipped roof building with basement located in the southeastern portion of the WR campus (Figure 40). Built in 1946, the fire station is a simplified version of the Colonial Revival theme that influenced most construction on the grounds but it is Modern in its massing and fenestration. The primary block of the structure has three automotive bays – with roll-down garage doors on the first floor and six-over-six double-hung sash windows on the second floor with flat heads, and brick sills. The fire station repeats Flemish bond used throughout the campus and has corbelled brick cornices and copper gutters. A glass entry door with metal surrounds and flanked by sidelights is located to the left of the main block, while a three-story square tower is on the right side. The tower has a six-over-six double-hung sash window on the first floor and is topped by brick corbelling and three louvered vents. A rear wing of the building contains a circular window but is otherwise void of detail. The basement contains six-light fixed windows with flat heads and brick sills.



Figure 40. Building 90, south (main) and west elevations, facing northeast

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Building 53 - Post Theatre, 1950

The Post Theater is located northwest of the Main Hospital (Building 1) and was built in 1950; it connected to Building 52, a Hospital Ward via a hyphen. It is a flat-roofed building that is windowless, except for two flat-roofed spaces on the north (Figure 41). The brick is set in the Flemish bond pattern established by the original block of the Main 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 section is a smaller flat-roofed structure.



Figure 41. Building 53, north (main) and west elevations, facing east

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Building 54 - Armed Forces Institute of Pathology (formerly housing the National Museum of Health and Medicine), 1955 (Faulkner, Kingsbury and Stenhouse)

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 from 1951 to 1954 on the WR campus to house the new Institute. President Eisenhower dedicated the original building, which is located northwest of the Main Hospital (Building 1), on May 26, 1955. It represents the greatest influence of Modernism on the campus. Often described as Brutalist in style, Building 54 was designed by the local architectural firm of Faulkner, Kingsbury and Stenhouse. Its design was a sensitive response to a difficult and very restrictive program, as the structure was the first and only in the United States designed to survive a hydrogen bomb.

The original building stands on what appears to be the highest point on the entire WR campus and the lot slopes away on all sides, particularly to the east and south. The original section of Building 54 consists of a massive, eight-story main block with distinctive textured concrete walls absent fenestration and 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 (Figures 42 and 43). Laboratories and other critical areas within the building could be closed off and



Figure 42. Building 54, west (main) elevation of the original block, facing north

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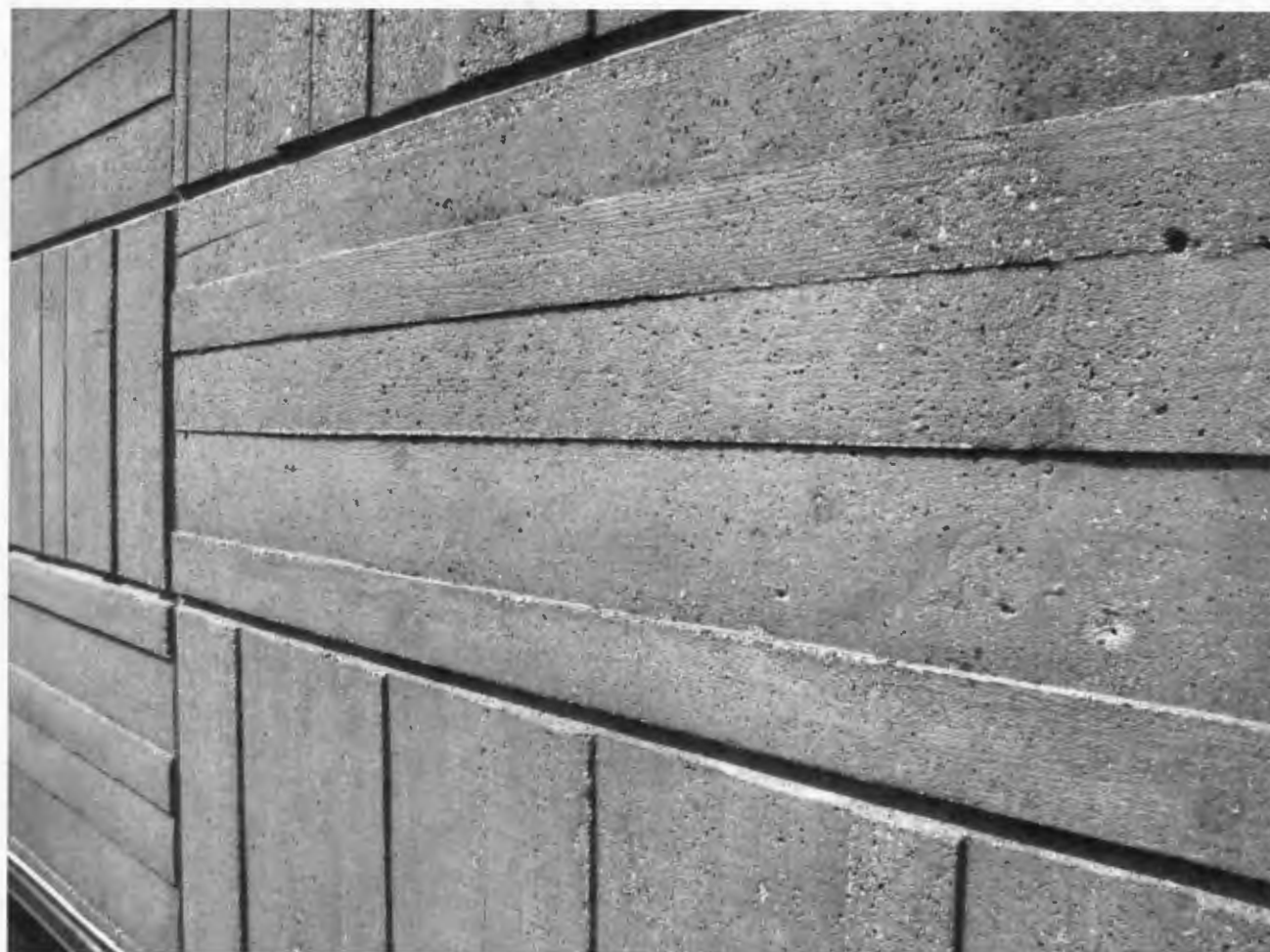
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Figure 43. Distinctive texturing of concrete walls in the original block of Building 54

sealed by four-inch thick steel “blast” doors. Measuring up to two feet in thickness, the reinforced concrete walls were designed to withstand an atomic blast of 14,520 tons. The massive walls of the main block are carefully detailed to provide subtle variations in the windowless 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.

An addition to Building 54 was built in 1972 and contained the collection of the Army Medical Museum and Library. The collection, begun in 1862, was made part of the Institute in 1949 and designated a National Historic Landmark in 1965. It was moved to the WR campus in 1971 and was called the National Museum of Health and Medicine.

The west elevation of the main block is windowless. A large, flat-roofed, canopy centered on a broad concrete terrace shelters the main entrance (Figure 42). 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. The east elevation is divided into a central projecting pavilion

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flanked by two symmetrical receding bays. On the lower three floors, flat-roofed projecting wings appear to contain utilities. The south side of the main block is covered by the 1972 addition (Figure 44). Historic photographs show that this addition replaced an original administration wing that balanced the existing wing on the north.



Figure 44. 1972 Addition to Building 54, south and west elevations, facing northeast

The addition is constructed of smooth-faced reinforced concrete, scored to mimic the rectangular roughcast blocks of the main block (Figure 44). 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. The west elevation of the lower two floors appears as a high retaining wall for the terrace above. The main entrance to 1972 addition, which formerly housed the Army Medical Museum, is on the south elevation, sheltered by a deep, full-width projecting flat-roofed canopy.

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Objects and Structures (Cultural Landscape)

Designed landscape values on the WR campus have evolved and changed according to the personal interest and priorities of installation commanders, many of which are attributed to the tenure of Brigadier General James D. Glennan in the 1920s.

Building 1 Lawn and Rose Gardens, 1920s (U. S. Department of Agriculture, Brigadier General James D. Glennan)

The Lawn and Rose Garden are located south of the Main Hospital (Building 1). Post Commanding Officer James D. Glennan, horticulturist Dr. David Lumsden, and gardener James Holland designed the lawns and gardens in a valley created by major landscape modifications that occurred in the 1920s. The sunken garden, known originally as The Formal Gardens and later simply as The Rose Garden, overlays a large concrete storm water tunnel and utilities (sanitary sewer line) which run beneath it (Figure 45). The storm water tunnel channelized what was once Cameron Creek, a tributary of Rock Creek that crossed the lower portion of the original WR campus. The Rose Garden consists of rose bushes planted in several areas. Located immediately behind the Bandstand (Structure 45), the Rose Garden is framed by hedges converging around a central wooden Pergola (Structure 44). Over time, rare trees, shrubs, and flowers - including displaced evergreen trees from Rock Creek Park, surplus Tidal Basin Japanese cherry trees, Martha Washington ivy from Mount Vernon, roses from France, and mint from growths brought from England in the 1600s - gifted to the hospital have been incorporated in the design. Features of the Rose Garden include the Bandstand, Pergola, Fountain (Structure 46), sundial, memorial rock, rock-lined nature path, stone and natural rock benches, east and west concrete staircases, and a memorial table contributed by the Nursing School in 1921. The sundial is a circular concrete fountain trimmed in brick with four 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. Extending the axis to the south is a nature path with large rock and natural rock benches.

The sunken garden, which is a natural amphitheater, has supported many special events and served as a garden oasis for the post. Special events held there have included annual Easter sunrise services, school graduations, change of command ceremonies, reception of dignitaries, performances by prominent entertainers, and recreational activities. It functioned daily as a park and therapeutic garden.



Figure 45. Lawn and Rose Gardens facing west, with Bandstand (Structure 45) in view to the right of frame

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Section number 7 Page 59**Structure 413 - Perimeter Fencing and Gateposts, 1924-1956**

Portions of the installation perimeter fence considered a contributing element to the WRAMC Historic District were constructed c. 1940-1942; this iron fencing is located along 16th Street, Alaska Avenue, Fern Street, and Georgia Avenue. The fence is about six feet high with one inch by one inch squared spiked pickets and rails near the bottom and the top (Figure 46). Larger posts are also iron and spaced about six feet apart between sections of pickets. They are square and topped with spheres to mimic the brick gateposts also along the perimeter. The fence includes several movable gates at street entrances to the facility. The fence has been reinforced with two cables stretching laterally near the base of the fence, likely installed to meet the Anti-Terrorism Force Protection (ATFP) standards to stop a vehicle from penetrating the perimeter. The metal fence is painted black. Several gateposts occur within the fence line and consist of brick piers laid in a Flemish bond, with limestone entrance caps and spherical finials (Figure 47). The particular gateposts that are contributing to the historic district are the c. 1924 gateposts at the 16th Street entry; the c. 1935 plaques at the modern 16th Street gatepost; the c. 1942 gateposts at the Aspen Street and Georgia Avenue entry.



Figure 46. Structure 413, Iron Perimeter Fencing at 16th Street Entrance

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Figure 47. Structure 413, Brick gatepost with spherical finial

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Structure 416 - Main Drive, 1908-1933

The S-curve drive begins at the southeast side of the campus, along Georgia Avenue at the Butternut Street (original hospital) entrance, and extends west of Delano Hall to the former 16th Street entry. The circulation system is original to the 1908 plan but segments were constructed or modified in phases as follows: Butternut Street entry to Building 1 (1909); Building 1 to Building 17 (1908-1921); and Building 17 to 16th Street entry (1920-1933).

Based on the 1918 General Layout Map on file at WRAMC, the circuitous alignment for Main Drive was established along similar topographic elevations and curved around the edges of existing drainages that flowed into Cameron's Creek or west to Rock Creek. Elevations on the WR campus were generally higher on the north and west sections of the parcel and descend southeast around the streams. The road was planned and at least partially constructed when the WR campus consisted of only the southernmost parcels. Although the road matches the original alignment, the elliptical circle in front of Building 1 was originally the only one; the western oval does not appear on maps until after the construction of Delano Hall, completed by 1933. Building 1 and the eastern elliptical circle in Main Drive were constructed on high ground on the north side of a fork in Cameron's Creek. Main Drive curves around the deeper drainage channel of Cameron's Creek and then crosses the drainage east of Building 1. West of Building 1, Main Drive curves southward along the lower elevation of the hillside, then curves to the northwest and skirts the eastern edge of another drainage that empties into Cameron's Creek south of the WR campus. The curve in the western portion of Main Drive appears to follow lower elevations between two hilltops and mirrors the road curve near Building 1. Main Drive is not located on the hilltops but rather along lower elevations on the southern edge of the hillsides. Although subsequent development has leveled out many of high and low points on the WR campus, the vantage point from the eastern ellipse provides a view of the gently rolling lawn and Rose Garden where the creek once ran and southward toward where the elevation rises again on the southeast side of the drainage (the location of the former Carberry/Lay estate). Confederate soldiers planning an attack on Washington, DC may have selected the site for establishment of a temporary encampment for strategic views southward to the stream, the Carberry/Lay estate, and Fort Stevens in the distance beyond. Although dense tree cover in residential neighborhoods and parks south of the WR campus now blocks views to Fort Stevens, most of the trees had been felled when the fort was constructed and unobstructed views from this vantage point may have been possible.

While paving and adjacent curbing and sidewalk materials are not likely original, the Main Drive alignment, featuring elliptical circles in front of the Main Hospital (Building 1) and Delano Hall (Building 11) is a contributing element to the WRAMC Historic District (Figure 48).

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Figure 48. Structure 416, Main Drive showing elliptical in front of Building 1, facing south

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Structure 44 - Pergola (Building 1 Lawn and Rose Garden), 1921, replica 1928

The extant Pergola, erected in 1928, is a contributing feature to Building 1 Lawn and Rose Gardens. The Pergola is located to the south of Bandstand and connects it with the sundial. It consists of two rows of eight fluted Doric wood columns supporting an entablature (Figure 49). A wooden lattice frame covers the top and side of the Pergola. The entire structure is painted white.



Figure 49. Structure 44, Pergola and Sundial in the Rose Garden

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Structure 45 - Bandstand (Building 1 Lawn and Rose Garden), 1941

The existing Bandstand was built in the Rose Garden in 1941 to replace an earlier one constructed around 1920. The Bandstand is aligned north of the Pergola within the Rose Garden. The wood-frame structure has an asphalt-shingled, pyramidal roof that is supported by eight concrete Doric columns clad in metal (Figure 50); the structure is painted white. The bandstand's nod to Colonial Revival styling harmonizes with the architectural theme of the overall campus.



Figure 50. Structure 45, Bandstand in the Rose Garden, facing south

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Structure 46 - Fountain (Building 1 Lawn and Rose Garden), 1920

The Rose Garden fountain was built in approximately 1920 and is located at the southern end of an axis that includes the Bandstand at the opposite end and the Pergola as a linear connector. It is a relatively simple fountain, circular in shape and lined with two courses of bricks laid with headers facing out (Figure 51). Multiple small streams of water originally spouted from the outer rim of the fountain and cascade into the center. The fountain is set within a circular concrete pad and adjacent concrete benches offer visitors the opportunity to sit. The fountain is no longer functioning and now contains refuse and broken lights. The fountain is a contributing feature to the overall Lawn and Rose Garden landscape element within the historic district.



Figure 51. Structure 46, Fountain in the Rose Garden (extracted from the Programmatic Agreement for the closure and transfer of WRAMC)

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Section number 7 Page 66**Structure 60 - Hoff Memorial Fountain and Landscape, 1935**

The Hoff Memorial Fountain, dedicated in 1935, is located directly in front of the entrance to the Main Hospital (Building 1), centered in the ellipse along Main Drive (Figure 2; Figure 52). It is one of the most prominent features of the campus. The fountain was a gift of the widow of John Van Rensselaer Hoff who was an instructor in the Army Medical School, a member of the board that selected the eventual site of the hospital, and a proponent of an Army nurses' school.

The fountain consists of a circular limestone pool with a limestone lip with a commemorative inscription (Figure 52). The central fountain on a circular base features four equidistant stylized bird figures (penguins) mounted on pedestals sculpted with cobras in an Art Deco mode that overlook the pond (Figure 53). The penguins spout water. In the center of the circular base is a large urn with a smaller urn emerging from within that also spouts water. Limestone steps framed by a low wall, and capped by another urn, complete the classical centerpiece. The penguins possibly are symbolic of Colonel Hoff's service in the Arctic, while the cobras may be indicative his duty in the tropics.³⁴ The penguin fountains were replaced sometime in the early 1990s.



Figure 52. Structure 60, Hoff Memorial Fountain, facing south from portico of Building 1

³⁴ Goode, James M., *Outdoor Sculpture of Washington, DC*, Smithsonian, 1974.

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Figure 53. Structure 60, Hoff Memorial Fountain, detail of penguin spouts

Structure 6A - Tulip Tree Memorial, Plaque and Cannonballs, 1920, 1960s

The Tulip Tree Memorial is located in the front lawn south of Building 12. The memorial consists of a bronze plaque embedded in a rock and an additional bronze plaque mounted in cement and flanked by two cannonballs (Figure 54). The memorial originally consisted of the large rock containing the single plaque and was erected in the 1920s. The boulder may have been recovered from the area near Cameron's Creek. Blasting and excavation to channelize the creek, which also occurred around the same time "had uncovered great stones that lay as they fell".³⁵ At least one other stone earlier recovered from Cameron's Creek was used in a Civil War memorial at Fort Stevens. It now marks the location on the parapet of Fort Stevens where President Lincoln had been standing when fired upon during the battle.³⁶ The cannonballs, additional plaque, and concrete base were added in the mid-1960s (Figure 55).³⁷

The first plaque recognizes the location of a "Sharpshooter's Tree" associated with the Civil War Battle of Fort Stevens that was damaged in a storm in December 1920 and subsequently removed. The plaque reads "Site of a

³⁵ Standlee, 2009, p.199.

³⁶ Cox, W. V., Aurestus B. Perham, and Lewis Cass White, Letter from Officers of the Fort Stevens Lincoln Memorial Association to the Commandant at Walter Reed Hospital requesting permission to move a boulder from Walter Reed and place it at Fort Stevens, May 10, 1911. As recorded by B.F. Cooling.

³⁷ WRAMC, 2010.

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Tulip Tree used as a signal station by Confederate Soldiers under Gen. Jubal A. Early during the attack on Washington July 11 and 12 1864, Also used by Confederate Sharpshooters.” The second plaque indicates that “Two cannon balls relics of Civil War days found on the dairy farm of Thomas Lay which is now a part of Walter Reed Army Medical Center donated by Mr. William R. Burdett.” The cannonballs have been identified as 100-pounder spherical shots fired from Fort Totten or Fort De Russy.³⁸ The cannonballs were incorporated into the existing memorial commemorating the location of the Sharpshooter’s tree around 1964 (Figure 55).³⁹

Confederate sharpshooters and signal men occupied numerous vantage points during the Battle of Fort Stevens including the upper floor and cupola of the Carberry House/Lay Mansion (on the WR campus), upper floors of the Rives and Seldon Houses (on neighboring properties), and adjacent orchard and shade trees such as the 150-foot tall Tulip (poplar) tree located just north of the Carberry House/Lay Mansion.⁴⁰ Historical accounts indicate that a Confederate sharpshooter almost shot President Lincoln on July 12, 1864, when he visited Fort Stevens during the battle.⁴¹ Based on the firsthand account of Surgeon Cornelius V. Crawford,⁴² who was wounded by the sharpshooter’s bullet that day, the line of fire was from the northeast located near the Rives house on the east side of Seventh Street Turnpike. Based on this account, the path of the bullet was to the left of Major General Horatio Wright who was standing left of President Lincoln on the parapet. Surgeon Crawford was standing to the left behind Major General Wright.⁴³

Of the other memorials on the WR campus (such as the Walter Reed Memorial and the Glennan Memorial), this one in particular is considered a contributing element to the historic district because it commemorates WRAMC’s promotion of the Civil War history of the site. As the memorial was installed in the early 20th century and augmented in the mid-20th century, it is contributing to the historic district as a 20th century commemorative feature, not for its association with the Civil War battle.

³⁸ CEHP, 2004a.

³⁹ WRAMC, 2010.

⁴⁰ Cooling, 2013, p. 181.

⁴¹ Cooling, 2013; CEHP 2004a.

⁴² Cooling, 2013, pp.173-176.

⁴³ Cooling, 2013, p.174.

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Figure 54. Structure 6A, Tulip Tree Memorial

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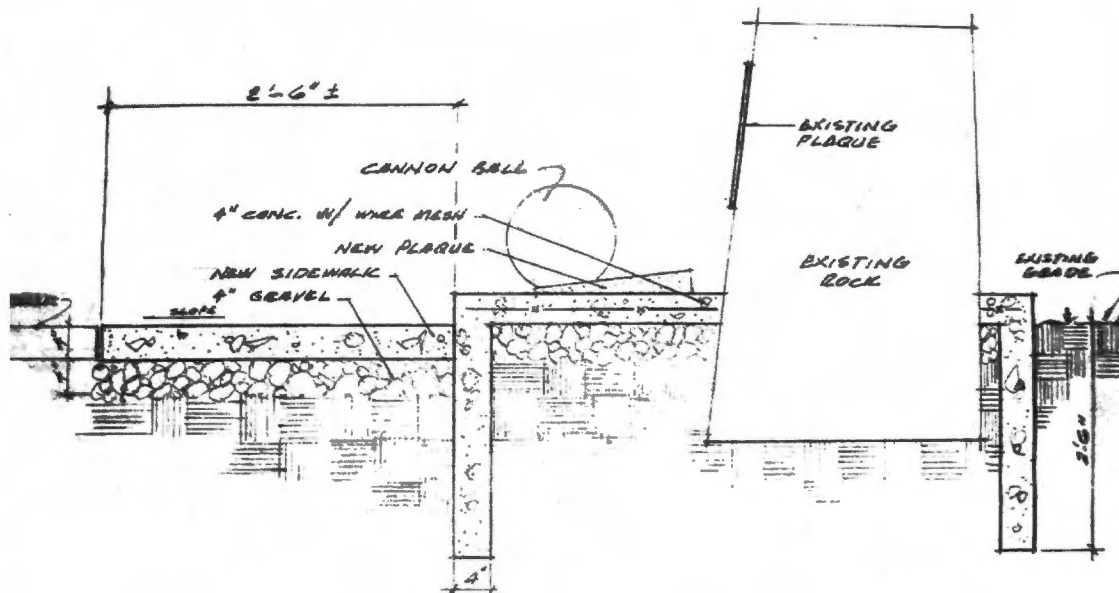
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Figure 55. Structure 6A, Modifications to the Original Tulip Tree Memorial showing existing plaque and rock, with proposed additions, ca. 1964 (WRAMC 2010)

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Summary List of Contributing Buildings and Structures, List of Non-Contributing Buildings and Structures⁴⁴

Period of Significance: July 11-12, 1864

Contributing Buildings and Structures (by WRAMC number):

None

Period of Significance: 1905-1956

Contributing Buildings and Structures (by WRAMC number):

1	Main Hospital	1908, 1928
	1A West Pavilion	1914, 1928, 1944, 1946
	1A-1 Radio Broadcasting Station	1946
	1B East Pavilion	1915, 1928, 1944, 1946
	1B-1 Clinic	1946
	1C North Pavilion	1914, 1930, 1942, 1945
	1D North Wing	1928
	1E West Wing	1928, 1935
	1F East Wing	1928, 1946
	1G Central Supply, Orthopedic Shop	1944
	1J Admissions Office	1946
	1K Admissions Office	1953
	1L Cardio-Vascular & Physical Medicine Clinics	1953
	92 Isotope Laboratory	1954
7	Barracks	1910, 1927, 1950, 1952, 1960
8	Officers Quarters 1	1910, 1939, 1940
9	Officers Quarters 2	1910, 1939, 1940
11	Nurses Quarters (Delano Hall)	1929, 1931, 1933
12	Army Nurse Corps Home	1911, 1915, 1934
15	Central Heating Plant	1918, 1919
17	Service Club (Guest House)	1920, 1944
19	Officers Quarters 5	c.1915, 1929, moved 1954
21	Officers Quarters 7	c.1915
22	Officers Quarters 8	c.1915, moved 1954
25	Officers Quarters 11	c.1919

⁴⁴ This inventory is based on the final assessment of contributing and non-contributing elements defined in the Programmatic Agreement 2013. The inventory, building descriptions, and history were developed from two prior draft NRHP Nomination forms. One was prepared by the DC Preservation League (DCPL) based on a 2008 site visit to WRAMC Main Campus by five members of the DCPL's Landmarks Committee. An earlier form was prepared in 2001 by Lauren McCroskey, Architectural Historian with the U. S. Army Corps of Engineers, Seattle District, Center for Preservation and Expertise. Inventory data in the DCPL form was derived from information taken from the Walter Reed Army Medical Center Integrated Cultural Resources Management Plan, Goodwin and Associates, September, 1998. The inventory was modified and updated by information provided by Walter Reed Army Medical Center, a circa 1996 manuscript by David Phillips.

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26	Officers Quarters 12	c.1918, 1933, moved 1954
29	Officers Quarters 16	c.1915
29A	Garage	c.1919
30	Officers Quarters 17	c.1915, moved 1954
31	Oil Storage	1921, 1941
35	Officers Quarters 19	c.1915, moved 1954
38	Guardhouse	1922, 1942
40	Army Medical School (AMS); Walter Reed Army Institute of Research (WRAIR)	1923
	40A Sternberg Wing	1932
	40B Vedder Wing	1932
41	Red Cross Building	1927, 1944
52	Hospital Ward	1930, 1952
53	Post Theater	1950
54	Armed Forces Institute of Pathology	1955
57	Memorial Chapel	1931
82	PX Gas Station	1940, 1958
84	Wagon Shed	1942
90	Fire Station	1946

Building 1	Lawn and Rose Gardens	1920s
Structure 6A	Tulip Tree Memorial, Plaque and Cannonballs	1920, 1960s
Structure 44	Pergola (Building 1 Lawn and Rose Garden feature)	1921, replica 1928
Structure 45	Bandstand (Building 1 Lawn and Rose Garden feature)	1941
Structure 46	Fountain (Building 1 Lawn and Rose Garden feature)	1920
Structure 60	Hoff Memorial Fountain and Landscape	1935
Structure 413	Perimeter Fencing and Gateposts	1924-1956
Structure 416	Main Drive	1908-1933

Non-Contributing Buildings and Structures

The following properties do not contribute to the historic district because they lack architectural or historic significance related to the period of significance. More specially, non-contributing properties are so classified because they are modern intrusions, lack sufficient age and exceptional significance for nomination, or have been seriously compromised by alteration:

1D-A	Compactor Shelter	1995
2	Hospital (Heaton Pavilion)	1977
2A	Military Advanced Training Center	2007
3	Rumbaugh Garage	1993
4	Hospital Garage	1977
5	MRI Facility	1992

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Structure 5A	Flagpole	1977
6	Laboratory (Borden Pavilion)	1997
10	WRAIR Time Capsule	1930s
14	Enlisted Barracks (Abrams Hall)	1976
Structure 14A	Garden Shelter	2009
Structure 14B	Gazebo	2009
Structure 15A	Electric Switch Station	2008
16	Incinerator	1920, 1944
18	Walter Reed Inn	1967
20	Mologne Guest House	1997
Structure 20A	Healing Fountain	1998
Structure 20B	Mologne Gazebo	2008
Structure 27	Helicopter Pad	1978
Structure 28	Physical Fitness Track	2002
32	Wagner Sport Center	2003
Structure	Walter Reed Reactor, Building 40C	1962
48	Air Conditioning Plant	1961
49	Transformer Building	1976
55	Fisher Hall 2	1996
56	Fisher House 3	2004
83	Animal House	1942
Structure 87	Multi-purpose courts	1997
88	Therapeutic Swimming Pool	1944
91	Central Dental Laboratory	1956
Structure 94	Basketball Courts	1976
Structure 98	Electronic Sign at 16th Street and Elder Street Entry	
Structure 99	Walter Reed Memorial	1966
Structure 426	Underground Storage Tank	1980
Structure 437	Underground Storage Tank	1980
4600	Guard House (Elder Street)	1995
4601	Guard House (Butternut Street)	1995
4608	Guard House (16th Street and Main Drive)	2008
4609	Guard House (Alaska Avenue)	2004
Structure BS	Bus Stop (Butternut Street/ Georgia Avenue)	1995
GH-1	Temporary Guard House (Alaska Avenue/Dahlia Street), 1970-1990s	
GH-2	Temporary Guard House (Dahlia Street/Georgia Avenue), 1970-1990s	
MPV	Mail Pavilion	2005
OW-1	Overwatch Booth (Elder Street)	2008
OW-2	Overwatch Booth (Helipad)	2008
OW-3	Overwatch Booth (16th Street)	2008
Structure PG-1	Mologne Courtyard Playground	2008
Structure PG-2	Fisher House 2 Playground	1999
T-2	Temporary Medical Facility	1972
T-3	Physical Therapy Annex	2004
T-20	Temporary Administrative Facility	1972

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ELIGIBILITY SUMMARY

Located on 110 acres in northwest Washington, DC, Walter Reed Army Medical Center (WRAMC) was the flagship of Army medicine and emblematic of armed forces personnel who made significant contributions in the area of military medicine for over a century. More commonly known as Walter Reed (WR), it was home to three renowned medical institutions-- all different in their medical missions-- but all tied to the name, Walter Reed, a name that became synonymous with excellence in military medical care and research.

The site was originally the home of Walter Reed General Hospital (1909-1923), then the Army Medical Center (1923-1951) and ultimately Walter Reed Army Medical Center (1951-2011). These three names represent a single hospital institution that is referred to as WRAMC throughout this summary. Two other notable institutions, separate from the hospital, were also located on the grounds: the Walter Reed Army Institute of Research (WRAIR) and the Armed Forces Institute of Pathology (AFIP). Operations at WRAMC ceased in 2011 as a result of the 2005 Base Realignment and Closure (BRAC) recommendation to create a national joint forces medical center. WRAMC was combined with the National Naval Medical Center on the existing campus in Bethesda, Maryland to create the joint forces Walter Reed National Military Medical Center (WRNMMC).

From the beginning, the heart of the WR campus was Building 1 which served the medical needs of enlisted men and women, officers, generals, presidents, and select international dignitaries. Building 40, adjacent to Building 1, housed the WRAIR, successor to the Army Medical School. The school was founded in 1893 when Major Walter Reed served as one of its first faculty members and from whence he was sent to Cuba and earned his medical reputation as head of the U.S. Army Yellow Fever Board. Also adjacent to Building 1 is the world renowned AFIP built in 1955. The AFIP was heir of the Army Medical Museum established during the American Civil War as a repository for specimens from the battlefield; an institution that counted Major Walter Reed as one of its curators. AFIP was widely known to physicians educated in the U.S. from 1955-2011 as the authority in pathologic diagnosis.

The WRAMC historic district encompasses buildings, structures, objects, a formal site plan, and formal gardens. The WR campus evokes design values and physical attributes that correlate with key periods in the development of Army medicine. Under criterion A, the district is significant for associations with Medicine, specifically as related to the treatment of unusual conditions, the spread and containment of disease, diagnostic pathology, research, medical education and nurses training, volunteerism in the care of patients, and the Cold War through association in the areas of development of nuclear medicine and architectural design for nuclear survivability.

Also under criterion A, the site is significant as the location of a Civil War battle although the only tangible evidence of this association are cannonballs incorporated in one memorial located in front of Building 12, (Structure 6A), considered a contributing element to the historic district. The memorial is significant not because of its direct association with the battle (for which particular details can not be confirmed) but because of its association with how the battle was commemorated by WRAMC.

The most prominent features of the landscape known (or believed) to have been associated with the battle, including the Carberry House/ Lay Mansion, the Tulip tree north of (behind) the house, and the stream to the south, were maintained and utilized as part of the hospital for about the first 10 years of its existence.

Whether through campus planning or unforeseen natural events, each vestige of the battlefield was eventually lost. Although the Carberry house was reconstructed after the war, it was at least 55 years old and showed signs of disrepair by the time it was demolished. Site plans and historic maps of the WR campus show that all of the

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Carberry house outbuildings appear to have been demolished first, followed by the house itself to make way for other needed hospital amenities or facilities. The creek was channelized underground and the entire area regraded to add therapeutic gardens to the WR campus. The Tulip poplar, used as a Confederate signal station and sharpshooter's tree, survived only into the first 10 years of the hospital's existence before being lost to a winter storm. Historic photos show that it was severely pruned (or possibly already dead) by the time the storm hit. It is said that Brigadier General James Glennan grieved for the loss of the tree as if it were an old friend.⁴⁵ However, it was also Glennan who was largely responsible for the major modifications to the rest of the Civil War era landscape features in the late 1910s to early 1920s.

As a result of the extensive development of the WR campus and alterations to the landscape since the battle, the setting reflects nothing of the scene that unfolded in July of 1864. The apparent open green space on the campus, largely concentrated around the Rose Garden is not a remnant of the battlefield but an engineered transformation of a small stream into a concrete drainage channel covered by manicured gardens. The site of the Tulip tree is now marked by a memorial and nothing of the rest of the Carberry estate remains.

Under criterion B, the field of Medicine is also represented in the work of Walter Reed's champion, Army surgeon, Major William Cline Borden, and his unparalleled efforts to found the institution. The facility's namesake, Major Walter Reed, while associated with the predecessors of three great institutions represented on the WR campus: the U. S. Army General Hospital at Washington Barracks, and the former Army Medical School and Army Medical Museum both located in downtown Washington, DC, is not associated with the significance of WRAMC under criterion B. Reed's only material association with the historic district was with the National Historic Landmark (NHL)-listed collections previously held in Building 54, then the AFIP and but since housed at the new facility for the National Museum of Health and Medicine.

Under criterion C, architectural merit is attributed to the WR campus's buildings and structures, including colonial, Georgian Revival, neoclassical, and Gothic Revival styling, as well as residential settlement (American Foursquare, Craftsman bungalow, and Colonial Revival) in this part of Washington, DC. Formal landscape values are also recognized.

Many of the significant medical and design values that are associated with the WR campus evolved out of the old hospital site, formerly known as Washington Barracks. The period of significance embraces the acquisition of property by the U.S. government for an Army General Hospital beginning in 1905, and extends through 1956 when WRAIR was no longer accredited to grant preventive medicine degrees and Army preventive medicine training was dispersed to other civilian and military installations across the country⁴⁶, effectively ending Borden's dream of a single Army medical campus consolidating all three functions of medical treatment, education/training, and research. The historic district includes colonial style buildings compatible with design values of the original hospital that have achieved fifty-year status. While the World War II era is not particularly distinguished at WRAMC, a few buildings from that period have architectural merit for their continuation of the colonial theme established in previous decades. In addition to the colonial style buildings, buildings of other architectural styles are included as contributing elements within the historic district. One property within the district, the AFIP (Building 54), dates to 1955 and serves as a Cold War symbol. Its structural properties, designed to withstand a nuclear explosion, were the first of the kind in the nation and reflect the pinnacle of nuclear anxiety and preparedness that characterized that era. The political significance of this striking building

⁴⁵ Standlee, 2009:168.

⁴⁶ Craig, Stephen C., The Evolution of Public Health Education in the US Army, 1893-1966. 2006. Electronic document, <http://cdm15290.contentdm.oclc.org/cdm/ref/collection/p15290coll3/id/329>, accessed May 15, 2014.

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was underscored by the presence of the President of the United States, Dwight D. Eisenhower, at its opening ceremony on May 26, 1955.

Finally, a group of residential properties, some of which were moved to the western side of the district in the early 1950s, is an important remnant of the residential subdivision that was emerging in this then suburban area, just as the hospital was developing. The vernacular styles of these houses constructed in the mid to late 1910s preceded many of the present-day homes that are found in surrounding neighborhoods.

Army Medical Care, 1700-1900

The medical history of the United States Army has inevitable links to America's wars, for it is during war with its resultant casualties that many medical advances and discoveries are made by necessity. The resulting chronicle of medical discoveries, disease prevention, and disaster preparedness underscores both the folly and brilliance of those attending to the physical health of a national militia and the service men and women it enrolls. Important discoveries and treatments have had important benefits for peacetime and civilian healthcare as well, a pattern that continues to the present-day in the arenas of surgery, medicine, infectious disease, mental health, pediatrics, pathology, and rehabilitation medicine. Many of these watershed events converged in the nation's capitol, culminating in 1905 at a facility that is now synonymous with military medical care, WRAMC.

The genesis of this medical campus began in 1909 with the completion of Walter Reed General Hospital as medicine was adjusting to scientific movements of the previous century, principally in the diagnosis of disease. Before this shift, theories about contamination and hygiene were often rejected, illness often being attributed to bad weather, climatic conditions, toxic fumes, "vapors," or the overall poor health of the individual.⁴⁷ Gradually, scientific principles and controlled experiments replaced such assumptions.

New thinking surrounded controversial germ theories of the mid-19th century, which challenged physicians in Europe and in the United States to re-examine the origins of illness and infection. Between 1870 and 1890, medicine seized upon Louis Pasteur's work in the discovery of microbes as the major carriers of disease, as well as Sir Joseph Lister's use of antiseptics to prevent infection after surgery. At the same time, important advancements had occurred at the front line of battle, where the immediacy of sickness and death compelled sometimes daring experimentation and risk. In later years, the events of the Spanish-American War (1898) and the dreaded disease, yellow fever, prompted doctors and personnel to become willingly infected as test cases to study the transmission of the disease.

In a critical period, between the Civil War and the Spanish-American War, the study of bacteriology gained momentum as the chief interest of army medical research. No longer a field of "trial and error" or arbitrary precaution, treatment relied more and more upon scientific method to ensure proper care and to identify the best means for containing infection. Boards and commissions, as well as medical experts, employing control groups and documented experiments were assigned to study individual diseases such as typhoid fever. At the end of the 19th century, landmark discoveries about the spread of disease forever changed the way both civilian and military patients received care, and research conducted in conjunction with the Washington Barracks hospital exemplified this progress.

Even before progressive ideas about disease and its causes were adopted, steps were taken to improve the army's

⁴⁷ Gillet, Mary C., *The Army Medical Department, 1818-1865*, Washington, D.C.: Center of Military History, United States Army, 1987, p. 1.

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medical organization. An army Medical Department was formally established in 1818 and included the appointment of the first true Surgeon General of the Army, a post first held by Joseph Lovell. Lovell's pioneering role reformed the medical service established in 1775 by the Continental Congress that sporadically gathered makeshift medical teams only for wartime need. The Medical Department became a permanent branch of the Army, both in peacetime and during war, thereby ensuring a permanent and better-trained medical force.⁴⁸

Much medical progress also happened during the Civil War, where constant innovation was needed to face the crushing numbers of wounded. An Ambulance Corps was developed to aid in-field treatment and route soldiers to more efficient medical treatment, and a general hospital system was established, making long-term recovery from war injuries a reality for the first time. By 1865, the Army counted two hundred and four general hospitals, many designed in the newer pavilion format, where separate, open-air wings with connecting corridors contained the spread of disease.⁴⁹

Morale among Army medical personnel was another critical factor in the advancement of Army medical care. In the early years, Army doctors struggled with a lower prestige than that of other officers, due in part to the subordination of army hospitals to a post commander. Medical service gained a higher stature in 1862, when Surgeon General Hammond called for the construction of an Army Medical School, a goal not realized until 1893. The mission of the Medical School was to train graduate doctors for service as Army medical professionals and officers. Under then-Surgeon General Sternberg's leadership, the school's study of bacteriology emphasized cleanliness and sanitation, cause of disease, and antiseptic surgery. When the school opened it had four instructors, one of whom was Captain Walter Reed, a promising bacteriologist. Reed's penchant for bacterial research and experimentation fit nicely with the school's focus, and allowed him to further his study in practical applications at U.S. Army encampments in Cuba during the Spanish-American War.

Development of Army Hospitals

As medicine emerged from its mid-19th century shadow to greater legitimacy, new challenges in the expanding fields of diagnosis, treatment and research compelled the Army to reevaluate its facilities. Where earlier hospital care was given in either revamped civilian buildings or field tents, a new demand for regional general hospitals emerged. The need was first felt during the Civil and Spanish-American wars, as numbers of wounded required attention close to the southern border of the United States. Large hospitals that served soldiers of these wars included Fort Bliss and Fort Sam Houston in Texas, and Fort Huachuca in Arizona. Eventually, the military found it no longer needed many of the huge general hospitals created during the Civil War.

Toward the end of the 19th century, a different kind of facility was envisioned. In 1887, the first of these was built in Arkansas. The Army-Navy General Hospital at Hot Springs broke the mold of previous facilities, providing care to both active duty and retired personnel, and enlisted as well as officers, and all were served regardless of their place of duty or residence.⁵⁰ This model has characterized most military hospital construction since. Six general hospitals, including a large general hospital for each coast were projected in the closing years of the conflicts with Spain. In the West, the Army General Hospital (later named Letterman) located on the Presidio of San Francisco served not only the western states, but Hawaii and the Philippines as well. No longer needed for the general care of the war injured, other large hospitals were converted to specialized care facilities. For

⁴⁸ Ibid. *The Army Medical Department, 1865-1917*, Washington, D.C.: Center of Military History, United States Army, 1995, p. 298.

⁴⁹ Gillet, 1995, p. 52.

⁵⁰ Gillet, 1995, p. 52.

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example, Fort Bayard in New Mexico was restricted to the treatment of tuberculosis patients.

The need to bolster Army medical care throughout the country continued to grow. By 1900, almost every post had a hospital facility housed in a substantial building, but the Army was without a true center of medical care, research and training, and treatment had little standardization or oversight at the national level and no symbolic center.

Walter Reed General Hospital – Origins and Development

Rolling hills, deciduous forests, weathered bedrock, and minor streams of the Upland Piedmont region characterized the land now occupied by the WR campus. Although Native American peoples occupied this land for around 12,000 years, as evidenced by archaeological sites identified in neighboring Rock Creek Park, extensive construction obliterated much of their archaeological record on the WR campus. The area was incorporated into the District of Columbia in 1790 but generally remained sparsely settled until the late-18th to early-19th centuries. Completion of the Seventh Street Turnpike in 1822, connecting Washington, DC with Rockville, Maryland opened the region to increased settlement. During the 19th century, woodlands and large acre farm tracts comprised this section of Washington County. Brightwood, a neighborhood now called Shepherd Park, developed as a rural crossroads community along the turnpike.⁵¹ Two estates, the Carberry (later Lay) Estate, and a portion of the Shepherd Estate were located in the southeast and northern sections, respectively, of the area that would become the WR campus and were accessed from roads off of the turnpike.

Brightwood in general, and the WR campus in particular, were the scene of a Confederate attack on Washington, DC, on July 11-12, 1864, known as the Battle of Fort Stevens; historical accounts document part of the Confederate battle line, bivouac and staging areas, and other activities associated with prominent landscape features within the boundaries of the WR campus. During the late-19th and early-20th centuries, the area gradually was transformed from an agricultural region into residential suburbs that served the City of Washington. The former Shepherd Estate was subdivided into a neighborhood known as Sixteenth Street Heights, a portion of which, including lots with 15 detached single-family dwellings, was later acquired to expand the WR campus. The introduction of the railroad and streetcar further spurred suburban development during the late-19th century.

The facility that evolved into the WRAMC had its genesis in what began as an Army fort located on a forty-four acre site at the confluence of the Potomac and Anacostia rivers. Established in 1791 under the Columbia Department, the post became the Washington Arsenal, and was later renamed, "Washington Barracks."⁵² The facility served variously as powder storage, a penitentiary, and ordnance and supply depot during the Civil War. Four Lincoln conspirators, including Mary Suratt, the only woman ever hanged by the U.S. government, were executed at Washington Barracks. The Barracks was considered an unhealthy location due to extreme humidity, high rates of rheumatic fever and malaria, and its proximity to social vices in Washington City.

Provisions for a post hospital were made at Washington Barracks, as they were at most all Army forts. The hospital quarters were adapted from existing structures, and in spite of remodeling, proved to be inadequate for the evolving medical needs of the post. Established in 1862 for the curation of medical collections and for teaching purposes, the Army Medical Museum (which, with several name changes and a century of growth, became the AFIP and then the National Museum of Health and Medicine [NMHM]) was housed downtown in the

⁵¹ Grandine, Katherine, W. Patrick Giglio and Brooke Best, *Walter Reed Army Medical Center Integrated Cultural Resources Management Plan*, Baltimore, MD: R. Christopher Goodwin & Associates, Inc., 1999.

⁵² Standlee, 2009, p. 21.

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Ford Theater, and later in its own building along present-day Independence Avenue.⁵³ [The museum collections were moved to Building 54 at WRAMC where they remained until they were transferred in 2011 to the new NMHM building at the Forest Glen Annex in Silver Spring, Maryland, now a subordinate of Fort Detrick.]

At the urging of Surgeon General George Sternberg, the Army Medical School was opened in 1893, thereby realizing the vision of Surgeon General Hammond three decades earlier. Further progress elevated the status of Washington Barracks in 1898, when it added the Army War College and the post hospital was made a special surgical hospital by the Surgeon General.⁵⁴ Still, the Army's medical role in Washington, DC remained an arm of the military post and subordinate to the post's commander. Finally in 1900, growing recognition for greater surgical and administrative training garnered a separate status for the fledgling hospital, and the Washington Barracks facility was placed under the charge of a commanding officer. In the eyes of the community from that moment forward, the Army's medical role in then-rural Washington, DC slowly eclipsed the role of the military post. In the first years of the 20th century, advocates for a new hospital repeated their case until funding was secured. In 1909, Walter Reed General Hospital opened on a new piece of ground, eight miles northwest of the old hospital at Washington Barracks (present-day Fort McNair) in southwest Washington, DC.

Walter Reed General Hospital – A Reputation of “Firsts”

The drive to excel in medicine and hospital administration at Walter Reed General Hospital began early. A comprehensive inventory of the numerous discoveries and achievements that have taken place in the hospital presently does not exist, making a full accounting of all departments impossible. As a result, any attempt to portray the success of one program or another would likely be inaccurate and unfair. It is possible, however, to mention of a few legendary discoveries and associated individuals to underscore the high caliber of work for which the hospital has become known.

More than any other military hospital, WRAMC has captured the esteem of world leaders for decades. WRAMC remains an international icon of military medicine, even though its stature in this country is perhaps less known than Johns Hopkins or the Mayo Clinic. Figures such as Pershing, MacArthur, Marshall, and Eisenhower have sought convalescence or medical treatment at WRAMC, and many in ailing health ended their days there in privacy, under the finest medical care. One of the best known residents was General John J. Pershing, Commanding General of the American Expeditionary Forces during World War I. Attracted by the hospital's unequalled medical care, Pershing took up residence on the third floor of the corridor that links the Main Building with the East Wing (Building 1B). Built expressly for his tenancy, the Pershing Suite is a relatively small quarters with a sitting room, office, bedroom, and bath, all generously paneled in rich woods. Pershing received visits from numerous dignitaries before his health declined. He died eight years later in 1948. The suite remains today a poignant symbol of the high regard the General held for WRAMC and its services.

The third floor of the East Wing houses another famous suite, first built for Harry Truman during his presidency. For several weeks in 1956, President Eisenhower occupied the Presidential Suite while he recovered from surgery. He stayed several times in later years and spent his final eleven months here before his death in 1969. Numerous heads of state and military leaders have stayed in the Presidential Suite during hospital stays. This famous residence, which once featured a special balcony for President Eisenhower to wave to school children and

⁵³ Gillet, 1987, p. 108.

⁵⁴ Bayne-Jones, Stanhope, *The Evolution of Preventive Medicine in the United States Army, 1607-1939*, Washington, D. C.: Office of the Surgeon General, Department of the Army, 1968, p. 121.

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passersby, is now officially known as the Eisenhower Conference Suite.⁵⁵ Although WRAMC is no longer the exclusive hospital for American presidents, several rooms attest to the hospital's rich legacy as a convalescent, social, and political center for major world leaders.

When Walter Reed General Hospital opened in 1909, administrative and organizational tasks were the first concern. Once operations were running smoothly and efficiently, medical innovation saw no bounds. Walter Reed General Hospital's proximity to incoming wounded from the two world wars, its dual role as both a treatment and education center, and its growing reputation in research gave the facility countless opportunities to tackle medical issues with bold innovation.

From the beginning, the hospital's academic emphasis was outwardly evident in the campus-like organization of buildings and grounds. Medical training and administrative education through the Army Medical School always competed with the main hospital care facility, and results were plentiful. A number of significant milestones in medical treatment and publication happened at Walter Reed General Hospital during the first decade of operation.

While the facility continued to emphasize clinical microscopy and bacteriology, achievements in other fields set the standards for military and civilian care. For example, the Dental Corps was formally established for the first time at Walter Reed General Hospital in 1911, and Dental Surgeon E. P. R. Ryan published a first-ever, dental manual, "First Aid Dentistry" in 1914. That same year, Captain Arthur C. Christie published the first "Manual of X-ray Technique." The hospital was also instrumental in reversing negative images of the mentally ill, and for the first time changed the derogatory nomenclature from "lunacy" and "insanity," to "mental alienation."⁵⁶

The circumstances of World War I and the high number of orthopedic injuries treated at Walter Reed General Hospital made the hospital a standout in this field. Orthopedic surgery became its specialty, and ensuing developments in prosthetic care gave the hospital further distinction as the national center for prosthetic fittings.

In 1923, the WR campus became the home of the Army Medical School that had been established in 1893, and was previously located on the mall in downtown Washington, DC. From the beginning, the Army Medical School's charge was to provide education, to conduct routine laboratory work, to produce biological products, and to conduct research. Construction of the new building on the grounds enabled the Army to consolidate its medical training and hospital mission for the first time. This progress was accompanied by a formal change in the campus's name to the Army Medical Center in 1923.

When the President declared a state of national emergency on May 27, 1941, Army commanders knew a Second World War was inevitable. While the most immediate demand was for trained field troops, medical facilities such as the Army Medical Center were poised to train the best providers of medical care, administration, and general service for both field and hospital assignments. The hospital played a key role in this mobilization effort, surpassing its original role of supplying medical technicians for other post and field assignments. Incoming recruits received four weeks of basic training, and successful candidates formed a pool of technicians, and assistants to surgeons, dieticians, and physical therapists.⁵⁷

Housing and services were stressed beyond capability during this time, and the post began searching for

⁵⁵ Pierce, John R., M.D., Director of Medical Education, Walter Reed Army Medical Center, Personal communication, March 14, 2001.

⁵⁶ Ibid

⁵⁷ Standlee, 2009, p. 414.

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additional quarters. There was neither adequate funding nor time for new construction. In 1942, the Surgeon General was directed to use existing buildings and facilities that might serve as hospitals in the event of a major enemy action. Administrators began surveying the surrounding area for prospects, identifying a suitable collection of buildings a short distance away at Forest Glen, Maryland. The Army's purchase of the former resort and later girls' seminary, National Park Seminary, presented a number of conversion problems, mostly due to the poor conditions of buildings and deferred maintenance. Once renovations were complete, 1,500 convalescent patients were admitted in what became known as the "Forest Glen Section."⁵⁸

The events of World War II left little unique architectural imprint on the Army Medical Center, aside from the continuation of building projects compatible with the existing design and function of the campus. Contributing elements built during this period are therefore significant for architectural values alone. Mostly utilitarian and part of the general campus infrastructure, these buildings include the PX gas station (82), wagon shed (84), and firehouse (90). While most construction in the years following World War II lack both architectural and historic distinction, the prospects of buildings with Cold War associations warrant consideration.

After the Japanese bombing of Pearl Harbor, the race to produce an atom bomb ushered in an era of nuclear experimentation and preparedness, and by July 16, 1945, the Manhattan project had produced the Trinity Bomb. In the following years, by-products of the nuclear age included emergency warning systems, bomb shelters, and numerous civilian and military defense efforts. The name of the entire post was changed to WRAMC in 1951, to mark the 100th anniversary of Dr. Walter Reed's birth. Medical discoveries were not unusual at WRAMC. In 1952, Ogden Bruton, Chief of Pediatrics at WRAMC, reported the first case of an immune deficiency disorder, soon known as Bruton's disease. His discovery opened the door to the new field of immunology⁵⁹. While no significant Cold War activities meeting NRHP terms of eligibility occurred at WRAMC, a tangible and definitive symbol of the Cold War survives as a monumental presence on the campus, the AFIP, considered in its own context as it evolved separately from the hospital itself.

Also contributing to the historic district is the group of officer's housing located at the west side of the campus. Situated on an elevated site, the houses are arranged in mostly linear fashion, with generous yards, and an open and wooded area to the east. The officer's neighborhood is composed of early 20th century residences, from the portion of the Sixteenth Street Heights subdivision acquired to expand the WR campus in the late 1910s and early 1920s. Some of these houses were moved in 1954 for construction of Building 54 to their present location, forming a neighborhood of officer's housing. Stylistically the homes are not distinguished; however, they represent an important residential pattern that existed prior to the hospital's establishment. They are also an integral part of the Army's ongoing efforts to establish pleasant and picturesque officer's housing in a segregated atmosphere, apart from the institutional life of the hospital proper.

Walter Reed Army Institute of Research (WRAIR)

WRAIR traces its institutional heritage back to the Army Medical School, founded by U.S. Army Surgeon General George Sternberg in 1893, and considered the first school of public health and preventive medicine in the world. The Army Medical School moved into Building 40 on the WR campus in 1923. In 1936, the Army Medical School was renamed the Medical Department Professional Service School⁶⁰. The organization name was

⁵⁸ This property comprises a historic district that is listed in the National Register of Historic Places.

⁵⁹ Ibid.

⁶⁰ Craig, 2006, p.12.

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officially changed to the Walter Reed Army Institute of Research (WRAIR) in 1953. During the 19th and 20th centuries, important medical discoveries were made by Army researchers as U.S. military presence grew across the globe. Major Walter Reed was sent from his faculty position at the Army Medical School to Cuba to investigate infectious diseases to include yellow fever. In the early 1900s, investigations showed that the cause of dengue fever was a filterable virus. Army Medical School researchers demonstrated that parasites cause amebic dysentery and discovered a treatment for it. Others developed a vaccine against typhoid and a simple test for syphilis. In 1911, Captain Carl R. Darnell published a treatise on water purification using anhydrous chlorine, a water process used for military and civilian populations to this day. These and other advances in medicine, sanitation, and hygiene were used by American soldiers during World War I by which time Army researchers from the Army Medical School were working in Asia and the Americas.

Into World War II, investigations into dengue fever, malaria, combat stress, wound treatment, chemical weapons, and military dentistry continued in preparation for the U.S. military to meet new challenges and threats. One such threat was Japanese encephalitis and Army researchers were responsible for developing the first vaccine to combat it. Since the end of World War II, the risks of nuclear weapons and chemical or biological warfare were added as new military health threats in the post-World War II era. In the arena of global medicine, WRAIR was responsible for the development of vaccines to prevent hepatitis A, meningococcal meningitis, and adenovirus that caused respiratory disease. In addition, Army researchers have produced two highly effective antimalarial drugs and are currently working on an effective malaria vaccine.

The Army medical establishment pursued efforts to obtain degree granting authority for preventive medicine training at WRAIR. Although the American Board of Preventive Medicine declared the Military Preventive Medicine Course at WRAIR equivalent to a civilian Masters of Public Health (MPH) program, 1955 was the last year for which MPH degrees were approved to be granted to graduates of the training program. The 11-month Military Preventive Medicine Course was discontinued after the 1957-58 session after which preventive medicine residents received their MPH training at civilian institutions followed by a one year course at designated Army medical facilities. Beginning in 1958, the military preventive medicine residency consisted of a three-month course in advanced military preventive medicine at WRAIR and one year at residency programs established at the Fort Dix Health Center and First US Army Preventive Medicine Division in New Jersey and at the hospital at Fort Ord and the Presidio in California. Plans were also developed for an Army Occupational Medicine Residency Program at the Army Environmental Health Laboratory, Edgewood, Maryland.⁶¹ Although an accredited preventive medicine residency program was eventually approved by the American Medical Association (AMA) at WRAIR in 1964, the dispersal of the military preventive medicine training to other civilian and Army facilities represented the end of the era in which Borden's dream was realized on the WR campus. In 2001, WRAIR (located in Building 40) was moved from the WR campus to a new building on the Forest Glen Annex in Silver Spring, Maryland.

Armed Forces Institute of Pathology (AFIP)

The unique construction of Building 54, the Armed Forces Institute of Pathology (AFIP), defines the height of Cold War preparedness and the extreme paranoia of the era. Funded during a short lived presidential order that required certain Federal buildings be blast-resistant, and built between 1951 and 1955, the building's textured megalithic concrete walls lack windows and measure two feet in thickness, a design to withstand an atomic blast of 14,520 tons. Laboratories and other critical areas could be closed off and sealed by four-inch thick steel "blast"

⁶¹ Craig, 2006, p.14.

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doors. The AFIP was no doubt constructed in this way because it housed irreplaceable pathological artifacts and milestones of medical research. The building remains the only one of its kind ever built in the United States, and stands as testament to the attitudes, precautions, and engineering feats that characterized the Cold War. Its striking and ominous presence at the northwest corner of the campus make the AFIP a strong counterpoint to the gentility of the Georgian Revival theme, as well as a potent reminder of a very different era.

The Army Medical Museum was founded on May 21, 1862, to collect pathological specimens along with their case histories. The information from the case files of the pathological specimens from the Civil War was compared with Army pension records and compiled into the six-volume *Medical and Surgical History of the War of the Rebellion*, an early study of wartime medicine. For several decades in the late 1800s, the museum was housed on the mall in Washington, DC. In 1900, museum curator Major Walter Reed led the US Army Yellow Fever Board to Cuba to study that serious disease. Another museum curator, Frederick Russell, conducted clinical trials on the typhoid vaccine in 1907, resulting in the U.S. Army to be the first Army vaccinated against typhoid. Increased emphasis on pathology during the 20th century turned the museum, renamed the Armed Forces Institute of Pathology in 1949, into an international resource for pathology and the study of disease. AFIP's pathological collections were used in 1997 in the characterization of the 1918-influenza virus. On May 14, 1998, the Tomb of the Unknowns in Arlington National Cemetery was opened, and after a solemn ceremony, the remains of the Vietnam War unknown, consisting of six bones, were removed for DNA sampling. Forensic scientists at the AFIP studied the remains and took samples for DNA testing. Further study at the AFIP's Armed Forces DNA Identification Laboratory established that the remains were those of Air Force 1st LT Michael J. Blassie. His remains were returned to his family.

The AFIP closed on September 15, 2011; the collections were transferred to the new National Museum of Health and Medicine (NMHM) building at the Forest Glen Annex in Silver Spring, Maryland, now a subordinate of Fort Detrick. Many of the functions of the AFIP are now handled by the Joint Pathology Center (JPC), the federal government's pathology reference center supporting the Military Health System (MHS), Department of Defense, and other federal agencies.

The Role of Women – Army Nurse Corps; Gray Ladies Service

During the Civil War, care for the sick and wounded was provided by large numbers of civilian women, mostly untrained. Later, the American Red Cross Society provided trained nurses. The army had for years in fact, relied upon temporary medical help supplied on short notice, but unusually high casualty levels and a rampant spread of disease that typically killed more soldiers off the field than on aggravated the limited staffing situation. The Spanish American War (1898) again underscored the staffing inadequacies at the Washington Barracks hospital. Though centrally organized, the hospital's lack of supplies and many unprepared civilian doctors made mobilization for the brief conflict, chaotic. This context set the stage for greater involvement of women in Army medical care and made a compelling case for a permanent nurse' training program, a goal not realized until the early 20th century.

The creation of a nurses training program coincided with the national suffragette movement, as women were gaining more freedom in both their professional and personal lives. Women had always voiced their willingness to serve near the front lines of battle in Army field hospitals, in spite of the rough, dirty conditions of the camps. Appalled by the unsanitary conditions found there, women made the issues of cleanliness and management their chief causes for reform. Their criticisms in the field were not always well received however, mainly because doctors did not consider them colleagues and professionals. Chagrined at the nurses' criticisms, some post surgeons complained vigorously about the presence of women. But most doctors praised their work, making their

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role in the Army all the more legitimate and laying the foundation for a permanent nurse corps.

A bill enacted in 1901 formally established the Army Nurse Corps, and on June 21, 1911, the first nurses were permanently assigned to Walter Reed General Hospital, and a nurses' quarters was constructed that year.⁶² While the permanent assignment of nurses at Walter Reed General Hospital happened ten years after the Nurse Corps was formed, the institution was to play a central role in the establishment of formal nurses' training. For years, administrators had insisted on a training course for nurses headed for field hospitals and camps; however, it was not until 1918 that part of Walter Reed General Hospital was allocated for the Army School of Nursing. A great success, the entire school was eventually housed there, and continued until its closure in 1931. The construction in 1929 of a second nurses' quarters, Delano Hall (Building 11), signified the primary role of nursing education at the hospital.⁶³ The school constituted the first federally subsidized undergraduate medical education in the country and set the standard for future medical training at WRAMC. The Army School of Nursing at the Walter Reed General Hospital graduated what is thought to be the largest single class of nurses in the history of the United States when, in 1921, over 400 nurses were graduated on June 16 in a ceremony in the Rose Garden. More than three decades after the closure of the Army School of Nursing, Delano Hall again welcomed student nurses with the opening of the Walter Reed Army Institute of Nursing (WRAIN) in 1964. With the end of the Vietnam War in the early 1970s, there was no longer such a critical need for nurses and the WRAIN was closed in 1978.

The American Red Cross convalescent house was among the second wave of buildings constructed on the hospital grounds. Built in 1918, the building was the second such facility in the United States and signaled a firm commitment to Red Cross Services at the site. Its importance was reinforced by architectural refinement in the Georgian Revival style, with a south elevation fronting a formal square.

The Red Cross was organized in 1881 by former schoolteacher Clara Barton and received its first federal charter in 1900. In 1905, it was brought into closer relationship with the government when a new congressional charter was granted. Headquartered in Washington, DC, the voluntary organization was based on the Swiss model and the Geneva Convention of 1864, a program for assisting military and civilians affected by war, social conflicts, and natural disasters. Today, the American Red Cross puts special emphasis on disaster relief, services to the armed forces and veterans, and public health and safety programs. The nationwide Red Cross blood program is a comprehensive system designed to collect, store, treat, and distribute blood and blood products to the ill and injured throughout the United States.

The Red Cross presence on military reservations was often in the form of a convalescent house or "hostess house" for relatives visiting sick family members, and included other amenities such as an auditorium, library, poolroom, and music room. Many built during the first part of the 20th century exhibit one of the period's most common styles, the Colonial Revival or Neoclassical. The Red Cross House at WRAMC followed the colonial format established during the center's first construction period, and was only the second facility of the kind built at military reservations, following the organization's first project in Dansville, New York.

⁶² Notes on file at WRAMC.

⁶³ The new building was named for an esteemed figure in Army nursing history, Jane Delano. Delano, who served as chair of the Red Cross national committee on nursing service and as superintendent of the Army Nurse Corps (1909-1912), first used mosquito netting to prevent the spread of yellow fever at a time when mosquitoes were not known to be the carrier of the disease.

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Red Cross funds were authorized for the convalescent house at Walter Reed General Hospital in 1917, and a completed building for convalescent and recreational use opened on May 11, 1918. While the importance of a "hostess house" on military bases was acknowledged, Red Cross services until this time had been mostly confined to nursing and medical assistance. The recreational and social needs of returning soldiers were morale issues that had not been addressed. In 1918, this void was filled for the first time by a group of volunteer women who organized themselves as the "Gray Ladies" Service, named for their gray aprons worn over white dresses. Mrs. Henry R. Rea and Margaret Hayt Lower co-founded the Gray Ladies after recruiting seventy-five volunteers to serve the large numbers of convalescent patients visiting the house. Prospective Gray Lady candidates received formal training and lectures, as well as a mentor period with a "Big Sister" to give them practical instruction. Graduates were given a formal ceremony with an attending dignitary from the Red Cross present for each class.⁶⁴

Once internal organization was established, attentions were turned to recreational needs. Among the services provided was the staffing of the gatehouse, where visitors arrived, the information desk, the recreation desk, and shopping desk and supply room. The Gray Ladies were popular sights on the wards since most everything they offered was therapeutic and morale boosting. Gray Ladies dispensed ice cream, helped patients cultivate small gardens, and even hosted lavish ward dinners during Thanksgiving and Christmas.

The success of the Gray Ladies and their convalescent house was convincing enough to allocate Red Cross "brick and mortar" funds for the construction of a new building in 1927 (Building 41). Another legacy of the Gray Ladies is Memorial Chapel (Building 57), at the northwest corner of the historic district. For years, Walter Reed General Hospital had struggled without a mortuary chapel, a void felt poignantly during the influenza epidemic of 1918 when wooden caskets filled a makeshift tent structure. Although the Red Cross house was adaptable for movie showings, graduation, and Sunday school, as well as funeral services, the Gray Ladies were compelled to build a separate chapel.⁶⁵ Embarking on a building campaign in 1922, the ladies raised funds through donations, style shows, and garden parties. In 1929, the groundbreaking was attended by Mrs. Walter Reed and, to honor the end of the war, took place on the eleventh hour, of the eleventh day, of the eleventh month. Completed in 1931, the non-denominational building of rock-faced stone is the only Gothic Revival element on the Georgian Revival WR campus.

The Gray Ladies became a proven and invaluable staffing source with ever-increasing levels of responsibility. During World War II, Gray Ladies were assigned as chaperons for female patients in the radiology section, thereby freeing up nurses for the burgeoning caseload of x-ray examinations.⁶⁶ The attentive nature of the Gray Ladies service was key to attracting U.S. presidents to Walter Reed, many of whom visited the sick and wounded and others who also used the hospital as their primary care facility. Warren G. Harding was the first President to visit Walter Reed; his first Sunday afternoon visit was arranged by Mrs. Rea and Miss Lower.

Calvin Coolidge became the 30th President of the United States upon the death of President Warren G. Harding in 1923. Calvin Coolidge, Jr., 15 years old when his father became President, was the younger of Calvin and Grace Coolidge's two sons. On the afternoon on June 30, 1924, he played tennis with his brother John on the White House tennis court. Because he wore tennis shoes without socks, Calvin Jr. developed a blister on his right foot, which became infected and progressed to cellulitis and then sepsis. He was admitted to Walter Reed but without antibiotics which were unknown at the time, he died on July 7, 1924, less than 3 months after his 16th birthday.

⁶⁴ Lower, Margaret Hayt, *letter reprinted in Intercom*, January, 1956 (on file at WRAMC).

⁶⁵ Standlee, 2009, p. 254.

⁶⁶ Standlee, 2009, p. 322.

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His brother John described the loss of his brother as the cause of a depression in President Coolidge that lasted the rest of his life. Some say the depression was the etiology of this nickname "Silent Cal."

Harry S. Truman attended his first church service after becoming President in the Memorial Chapel at the WR campus, built by the Gray Ladies. Truman, sworn in as President just days before following the death of Franklin Roosevelt, had come to WRAMC to visit his World War I commander, General John J. Pershing, who was living in his special suite.

The Gray Ladies set a standard for medical, social and recreational service that formally secured their role as an arm of the Red Cross. Their work at WRAMC enabled the establishment of similar facilities and services around the country, and provided what the Surgeon General called, "the connecting link between the patient and the outside world."

Major William Cline Borden

While the Army General Hospital at Washington Barracks climbed in status as the region's preeminent medical facility toward the end of the 19th century, physical stature in the form of buildings and structures did not come as quickly or as easily. The persistence and vision of Major William Cline Borden, gave rise to the first permanent structures that form the historic core of the WRAMC today. Although Walter Reed became the hospital's namesake, the center has always been referred to in sentimental terms as, "Borden's Dream."

Like Reed, Major Borden was interested in the fields of microbiology and bacteriology early in his career but ultimately gravitated to surgery. During the Spanish American War, Borden served with the third Infantry in Tampa and Key West, Florida; after the war he was in charge of the steamship "Shennock" transporting sick and wounded soldiers from Montauk Point on Long Island to New York City. After this duty he was assigned to the Army General Hospital (Washington Barracks), ushering in the hospital's new era of independence from the military post commander. When the Army Medical School in downtown Washington re-opened in 1901, it had Borden as its Professor of Military Surgery. Borden favored an improved status for army medical professionals as medical officers, instead of the lesser category of "army doctor," and approached his teaching and administration toward that end. He also viewed a highly trained nursing corps as essential to good medical care and to the overall success of a hospital.

Borden considered the prospects of a grand medical center befitting the nation's capital. In order to understand Major Borden's spirited moves to establish a new hospital complex, it is important to view the conditions, attitudes, and impediments that characterized the Army hospital at Washington Barracks at the end of the 19th century.

The Hospital Corps was typically overshadowed by combat troops whenever budgetary requests were made. Understaffing was a constant problem, and adding to the hospital's woes, much of the nursing corps had been assigned overseas after the war with Spain. Borden and his colleagues still occupied the humid low-lying site at the remodeled Washington Barracks hospital, and occasionally shared the basement space for Corps drilling exercises. In 1902, the majority of the five hundred patients admitted to the hospital were surgical cases, but the climatic conditions, crowded wards, and frail wooden buildings made antiseptic conditions for operation almost impossible.

In November 1902, Walter Reed discussed his chronic abdominal pain with Major Borden, a friend and colleague from the Army Medical School. They agreed that he had appendicitis. Over the course of several days his

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symptoms did not improve and Borden operated on November 17th. The findings at surgery were much worse than Borden had expected. Complications ensued, peritonitis developed and without antibiotics, Reed was doomed. Walter Reed died, at age 51, on November 23, 1902. He was buried in Arlington National Cemetery. His wife, Emily, survived him by 48 years and was laid to rest beside him when she died in 1950.

Major Borden, deeply affected by the death of Reed, dedicated himself to honoring his friend. It had become clear that the Washington Barrack's hospital with makeshift quarters, limited staffing, and an unhealthful setting could no longer meet his standards and he was determined to build his "dream," a new "medical center" that would be home to a new hospital, the Army Medical Museum, and the Army Medical School.⁶⁷

Walter Reed had suggested before his death that Borden look at a site in northeast Washington. In spite of strident pleas and convincing pitches to Congress, Borden gained little attention in his first attempts at funding his visionary complex that was to include a larger hospital, Army Medical School and Library, and Museum of the Surgeon General's Office.⁶⁸

Borden began urging the Surgeon General to adopt his plan for a large medical complex, even sketching out fairly elaborate plans with a colonial theme. Between 1902 and 1905, Borden made vigorous lobbying efforts to secure a site and funds, but was often rebuffed by various Army and federal officials. His efforts paid off in 1905 when Congress finally passed a bill to authorize the Medical Department to purchase land and build the great hospital of the future.

Plans and construction progressed, and with them Major Borden's anticipation to serve as the new hospital's first commander.⁶⁹ But in 1906, Borden was released from duties at the Army General Hospital, Washington Barracks, with an expedited transfer to the Philippines. Borden had lingered in Washington long enough to draw the scrutiny of colleagues envious of his influence with Congress. This and his long overdue reassignment spelled an end to his Washington, DC tenure. The visionary had paid a price for his success, but his departure did not sever his identity with the legendary hospital and all he contributed toward its establishment.

In 1908, Borden returned to Washington, DC from the Philippines to be examined for promotion to Lieutenant Colonel. He was found medically unfit and retired at that higher rank. Dr. Borden would later become Professor of Surgery and Dean of the George Washington Medical School. During World War I, he returned to the Walter Reed General Hospital briefly, as an active duty Lieutenant Colonel and Chief of Surgery. In 1919, he retired a second time and returned to George Washington, where he was fittingly honored as Dean Emeritus, before his death in 1934.⁷⁰

Major Walter Reed

Although Walter Reed's significant medical accomplishments pre-date all of the extant buildings and structures in the historic district, his life and career are relevant, especially in view of his association with the predecessors of the two of the three institutions housed on the WR campus: the Walter Reed Army Institute of Research (WRAIR) and the Armed Forces Institute of Pathology (AFIP). Major Walter Reed was one of the first faculty

⁶⁷ Standlee, 2009, pp. 65-67.

⁶⁸ Ibid.

⁶⁹ Technically, Borden served as the hospital's first commanding officer, while stationed at the old Washington Barracks hospital during construction of the new facility.

⁷⁰ Biographical information held at WRAMC.

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members at the Army Medical School established in 1893, and a curator at the Army Medical Museum that was located at various locations in downtown Washington, DC. The only remaining physical elements with connections to Reed's life are the artifacts of the Armed Forces Institute of Pathology/National Museum of Health and Medicine (formerly, Army Medical Museum) that were housed in the south portion of Building 54.

An impressive career and admirable character made Walter Reed an easy choice as namesake of the esteemed Army hospital when it opened in 1909. However, controversy, professional jealousy, favoritism, and misattribution of achievement made it far more difficult to credit him for the landmark yellow fever research for which he has become known. A modest individual who never proclaimed his work, Major Walter Reed was eventually honored, not only for his synthesis of disease research but for long and distinguished service in the field of Army medicine.

Born in 1851 in Gloucester County, Virginia, Walter Reed began an Army medical career in 1875, after graduating from both the University of Virginia and New York University medical schools and internships in New York City. Reed began with a rank of first lieutenant and the title of Assistant Surgeon, serving first in rugged field assignments in Arizona. He and his wife Emily lived a typically transient lifestyle at various posts in Baltimore, Omaha, and Alabama. By the time Reed was promoted to the rank of Captain on June 26, 1880, the medical world was being introduced to the theories of germ transmission and infection.

Reed's interest in research and pathology was first piqued during his tenure at Fort Henry, where he took coursework at nearby Johns Hopkins. Returning to Baltimore in 1890, he was given a position as Attending Surgeon and examiner of recruits. Here, professional relationships gave him access to Surgeon General George Miller Sternberg, a leading practitioner in the field of bacteriology. It was within this context that a study of typhoid fever was launched. Reed was tasked with this research project, and most importantly, led the later work of the Yellow Fever Board.

Reed's last tour of duty began in 1893 and lasted until his death in 1902. Upon returning from the assignment in Minnesota, he was promoted to Major and appointed curator of the Army Medical Museum replacing the renowned John Shaw Billings. He was also appointed professor of clinical and sanitary microscopy at Surgeon General Sternberg's new Army Medical School, and also chaired the bacteriology program at Columbian (later The George Washington) University.⁷¹ His practical field experiences and laboratory background were to prove invaluable toward the end of the Spanish American War of 1898 when he led separate boards investigating typhoid fever and yellow fever.

While there were relatively few battle casualties during the Spanish American War, the toll from disease and infection off the field was daunting. Within Army encampments mostly located in the southern United States, thousands of young volunteer soldiers contracted typhoid fever and over 2,000 died. Before the war was formally declared over, Surgeon General Sternberg appointed Walter Reed to head a board to investigate the tragedy. Reed, Major Victor Vaughn, and Major Edward O. Shakespeare toured the many encampments and meticulously recorded thousands of details about the epidemics. Their formal reports would not be published until 1904 after both Shakespeare and Reed were dead but their findings were monumental. Reed's Typhoid Board established the importance of human contact and flies in the epidemiology of typhoid fever, developed the concept of the typhoid carrier state in healthy people, and eliminated the diagnosis of typho-malaria as a clinical entity.

⁷¹ Walter Reed Army Medical Center, *General Information on Walter Reed, WRAMC Home Page*, p.2.

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Yellow fever had for years been a bane of tropical areas and its eradication was of worldwide interest. Two years after the Spanish American War was over and two years into the four year U.S. occupation of Cuba, U.S. soldiers were still dying of this serious disease. Early in his career, Surgeon General Sternberg had tried many times to find the "germ" that caused it. He was determined to continue that search in Cuba and unable to go himself, he sent his most trusted troubleshooter, Walter Reed. Building upon prior research and theories about insect transmission of the disease, Reed and colleagues, James Carroll, Jesse Lazear, and Aristedes Agramonte of Havana formed the Yellow Fever Board. They convened at Columbia Barracks, Cuba in late June 1900; the locals predicted it was going to be a "yellow fever year."

At the Surgeon General's direction, the initial work of the Board was to try to isolate an etiologic agent for yellow fever. Sternberg was sure that a recently touted bacterium was not the cause and Reed's group quickly proved that to be the case. Earlier work by Ronald Ross of the British Army had already established the mosquito as the carrier of malaria; however, the exact circumstances of transmission were still in question. Intrigued with Dr. Lazear's and others earlier research with mosquitoes, Reed and the Board planned human experiments with mosquitoes, as there were no known animals susceptible to the disease. Reed returned to the United States to finish the typhoid report and left Carroll in charge of what he thought would be a slow moving process. Prior to his departure, the Board visited Dr. Carlos Finlay, a Cuban physician, who 20 years before had first theorized that mosquitoes transmitted yellow fever but had been unable to prove it. Finlay gave them eggs of the mosquito species that he thought carried yellow fever. The eggs were carefully hatched by Lazear and, while Reed was away, he began human experiments. Initially unsuccessful, enthusiasm for the theory was waning when Carroll volunteered to be bitten. A few days later he had unmistakable yellow fever; despite a severe case he survived. Lazear's excitement most certainly led him to experiment on himself and he too came down with the disease but was not as fortunate as Carroll; he died about a week later.

Shocked by Lazear's death, Reed hurried back as soon as he could to take control of the events. Volunteers, including officers and civilians, were deliberately infected. By comparing notes and data about the timeliness of infection, Reed began to believe that the mosquito served as intermediary host and that the timing of infection was especially critical. In order for potential victims to fall ill, they had to be bitten twelve days after the mosquito had bitten a yellow fever victim, a period of external incubation. This explained earlier and puzzling results wherein some test cases did not become ill, in spite of their exposure to infected insects. The studies also determined that a fever patient could only infect a mosquito if bitten within three days of becoming sick. Reed returned to the United States to present their findings at the meeting of the American Public Health Association.

On his return to Cuba, Reed launched a series of carefully controlled experiments at Camp Lazear, a new experimental station he had built outside Havana. The key to Reed's approach was the use of control groups that verified negative results, and in particular, one group that did not contract the fever, in spite of being placed in a contaminated setting. The latter test firmly disproved past notions that yellow fever was spread through direct contact with soiled bedding, human fluids, and dirty clothing.⁷² The theory of the mosquito as host held true, and Reed was able to formally announce the Board's findings. A veritable end to the scourge of yellow fever was in sight.

Because several individuals played important roles in locating the origin and transmission of yellow fever, the project is viewed as one of truly collaborative proportions. However, it was the culmination and synthesis of the disease research by Major Reed that led to the eradication of the disease from modern society. After Reed's early

⁷² University of Virginia Health System, *Yellow Fever and the Reed Commission, 1898-1901, an exhibit*, Charlottesville, VA: Claude Moore Health Sciences Library, 2000, Section 9, p. 2.

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death at the age of 51 in 1902, debate swelled over scientific credit for the yellow fever discoveries, and many of Reed's contemporaries briefly gained the spotlight. It was Reed's early mentor, Dr. William H. Welch, head of pathology at Johns Hopkins, who insisted that the core research concerning mosquito transmission was Reed's idea, and that this could be verified in Reed's writings.⁷³ Credit was finally assigned and Reed's name has ever since been tied to the yellow fever research.

Although much of Walter Reed's work on yellow fever occurred in Cuba, travel between the Army Medical School in Washington and Havana and his concurrent research at the Washington Barracks post hospital firmly link his accomplishments to Washington, DC. All of his work, including the finding of the Typhoid Fever Board, occurred during his tenure at the Army Medical School between 1893 and 1902. Other notable elements of the Board's yellow fever work was the first-ever use of informed consent as a fair and responsible way of achieving scientific results with volunteers, a model that has continued to the present day in medical research involving human subjects⁷⁴ and the identification of a filterable virus as the cause of yellow fever, the first identification of any viral disease in humans.

Historic Landscape Development

Today, the WR campus's outward appearance is that of a stately institutional complex, underscored by classical values and organizational formality. Symmetry of designed landscape, ellipses, walkways, and plantings further define the central place of this hospital, not only within the Army's inventory of medical facilities, but also within the context of Washington, DC. The historic district comprises the majority of the original buildings, structures and features of the Walter Reed General Hospital (1909-1923) and continued construction of the Army Medical Center (1923-1951), with few intrusions occurring over the years. The modern, mammoth scale hospital building and associated facilities that have succeeded it, located north, across Dogwood Street, contrast sharply with the historic themes established to the south. Though some of the original hospital campus was replaced by construction in the 1970s, the principal buildings of the original hospital retain a cohesiveness and design unity that portray the period of significance, 1905-1956.

Original site plans for the WR campus, attributed primarily to the firm, Marsh and Peter, reveal a simple, but formally controlled landscape based upon classical principles of symmetry and spatial hierarchies. Curvilinear drives, elliptical entries, courtyards, hedges, and flowering gardens were designed to impress visitors, a standard that has been largely maintained. Historically, WRAMC buildings were arranged according to function. For example, the original hospital, wings, nurse's quarters, and wards were centrally located. Two single family officer's quarters remain near the original east gate to the southeast and for decades were home to the WRAMC commanding general and to the U.S. Army Surgeon General, while utilitarian and service buildings related to the hospital infrastructure were clustered at the southeast corner.

There has been little departure from this land use organization over the years; however, demolition, new construction, and the addition of entrances at the northeast and north sides have redirected circulation and functional patterns, somewhat. The original entrance to the WR campus from Georgia Avenue onto Main Drive was ceremonious and built greater expectation with passage from one road system to another. While some of the grounds have been altered, and original buildings have been replaced, the original core buildings at Main Section and associated landscape remain.

⁷³ Standlee, 2009, pp. 47-48.

⁷⁴ University of Virginia Health System, Section 10, p. 1.

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Though plantings were simple in 1908, they were pervasive. Initially, one hundred thirty-five Norway maples were planted, and hedges were placed along the entire length of Georgia Avenue and around the officers' and non-commissioned officers' quarters. Yards were graded and drained, so that lawns, ornamental shrubs could be planted. Five oil-burning streetlights were given incandescent lamps to replace the originals.

Though major plants and gardens were not introduced until 1919, the layout of the hospital complex in 1908 suggests the influence of the City Beautiful Movement that emerged from the 1893 Chicago World's Fair and its Beaux Arts motif. Champions of the City Beautiful Movement prescribed beautification of urban spaces as a means of social reform, and urged the use of European models of formal architecture and landscaping. The architectural drama and ornamental nature of the Beaux Arts School were well suited to reformers wishing to dignify America's decaying inner cities. In Washington, DC, the movement's grand classical spaces in the Beaux Arts tradition had already been adapted in the 1902 update of L'Enfant's original plan for the nation's capitol.

The City Beautiful influence is not surprising on the campus, due to in part to the related time period and proximity to the re-design work at the national mall. On the hospital grounds, buildings and associated landscape features were treated in a similar fashion. Primary axes connected clusters of buildings, and formal walkways and curvilinear drives terminated, often spectacularly, in ellipses or squares. This approach was continued into the 1920s, as later buildings were accompanied by similar landscape elements. Specific characteristics that recall the City Beautiful approach are, the circulation system, walkways, ellipses, clusters of buildings related by courtyards, and nodes and spokes that define and connect building spaces. Although present sidewalks and drives of concrete, curbing, and asphalt may have replaced earlier materials, adherence to the original circulation plan has been maintained, principally around the original hospital and Delano Hall. The landscape harmonizes without overwhelming the colonial revival buildings, and provides visual importance and ceremony to the famed institution.

The most important era of landscape planting happened with the arrival of Brigadier General James D. Glennan, who became commander of Walter Reed General Hospital in 1919. Glennan's zeal for nature found companionship with Dr. David Lumsden, a horticulturist with the Department of Plant Immunization for the U. S. Department of Agriculture, and with the former head gardener at Soldier's Home, James Holland. Their combined enthusiasm for landscaping made a lasting mark on the aesthetics of the hospital grounds. As Brigadier General Glennan's landscaping program became known, gifts of trees, flowers, and shrubs began pouring in. The use of existing plantings was also encouraged for landscaping around new buildings. For example, the English ivy found on the stone gatehouse provided picturesque growth on new chimneys. Original mint, transplanted from England to Orange County, Virginia in 1600, was first used around the fountain in the sunken garden, and is now found throughout the hospital grounds. At the time, the then-rare weeping cherry trees were transplanted from the Freeman Nursery to the sunken garden. All plants were carefully recorded on index cards kept in the Adjutant's office.⁷⁵

The original entrance and formal approaches to the main buildings constructed between 1908 and 1950 are well preserved, although primary access (via the modern hospital) is now separate. Passing through the original entrance gates off of Georgia Avenue, Main Drive angles in meandering fashion to the main building ellipse, and continues southeastward toward Delano Hall (Building 11). Until the construction of Delano Hall in 1929, Main Drive terminated at the hospital (Building 1). Delano Hall was also given a similar treatment using a formal elliptical drive centered on the north side of the building.

⁷⁵ Standlee, 2009, p. 173.

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Another major landscape feature that appeared around 1918 is the formal square or courtyard that connected the Army Medical School, Red Cross building and west wing. It had as its focus a large cross-like path system, with a circular node at the center. To the south, a half circle of paths contained four spokes that radiated from another node. This feature was completely destroyed with the construction of temporary Building T-2 in 1972.

Immediately in front of the Main Building is an ellipse containing the Hoff Fountain, a memorial to the esteemed surgeon and instructor, Colonel John Van Rensselear Hoff. Installed in 1935, the fountain is located at the original site of the post's now-modern flagpole. The fountain has a large central urn, and is anchored at the corners by four large urns. Four stylized birds (penguins) stand guard over the fountain, lending an Art Deco reference to the otherwise classical fountain. The first tulips that bloomed around the fountain were a gift from Holland. Limestone steps framed in a low wall and capped with a decorative urn accent the classical design.

Another product of Glennan's tenure is the Rose Garden. Located south of the Main building in a low-lying bowl, the garden served as the Center's chief gathering place, and an Easter sunrise service was conducted there each year. First begun in the 1910s, and later embellished by Glennan, the bowl featured two concrete, baroque style staircases that descend to the gardens, where intersecting pathways converge. In the center is an octagonal bandstand supported by Doric columns. Rose gardens framed by hedges surround a central walkway that passes through a Doric style pergola. Other elements include a sundial, stone benches, memorial rock, and rock-lined path. Altogether, the bowl is an eclectic mixture of colonial, Craftsman, baroque, and picturesque elements that have emerged from various administrations.

The grounds of WRAMC are replete with commemorative plaques and memorials such the Hoff Memorial Fountain, the Walter Reed Memorial, and the Glennan Memorial. This commemorative tradition is revealed in monuments that are at times curious and sentimental. For example, the Tulip Tree Monument (Structure 6A) consists of a large rock embedded with a bronze plaque, flanked by two cannonballs. The site recognizes the location of a Signal Station/ "Sharpshooter's" tree used during the Civil War Battle of Fort Stevens and that was blown down in a storm in December 1920. Confederate General Jubal Early's troops reportedly used the tree to fire on Fort Stevens during a battle in July 1864. This structure illustrates WRAMC's promotion of the association of the campus as the setting of the Civil War battle. The memorial has a strong commemorative value and incorporates material culture objects (cannonballs) that have a traditional association with events that would have occurred on the site.

Architectural Significance

The architectural signature of the Washington Barracks and its first hospital had been a transitory one of wood construction and cladding, with simple mansard roofs, dormer windows and veranda porches. The new hospital that replaced the old in 1909 created a very different architectural statement that recalled the colonial origins of its parent city.

The medical complex as imagined by Major Borden had from the beginning a decidedly campus-like arrangement, including a central "green" framed by symmetrically placed buildings and united by a colonial revival motif. This plan was revealed in the first sketches he offered to the Surgeon General in 1906.⁷⁶ Prepared by the firm, Marsh and Peter, the original drawings show a linear hierarchy of buildings arranged around a central administrative building (the original rendering previously was located in Borden Pavilion, Building 6). The final

⁷⁶ Standlee, 2009, p.78.

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plans bore a resemblance to this design, and made provisions for formal entrance drives and distinctive landscaping, with the main administration as the focus. All buildings were given Georgian Colonial Revival and neoclassical styling rendered in red brick and white details. Most campus buildings are the product of various architects of the Quartermaster General produced for the Army Surgeon General. In these designs, and in the occasional work of private regional firms, the underlying theme drawn by Marsh and Peter has emerged over and over.

As one of the prevailing revival trends around the turn of the 19th century, the Colonial [Georgian] Revival was an obvious choice for institutional architecture. Its classical principles and formality suggested permanence, elegance, and stability. For Major Borden and others, these values were an effective means of reversing the Hospital Corps' earlier image among the fighting forces of the Washington Barracks as an under-funded, second-priority stepchild. The Georgian Revival/colonial theme for permanent buildings was adopted from the beginning, but was not given approval by the Fine Arts Commission until 1920. Brigadier General Glennan had taken a keen interest in landscaping, but was also committed to the colonial theme, to the extent that he tried to have new buildings erected in line with the Washington Monument.

Apart from stylistic program, the general plan for Walter Reed General Hospital was an outgrowth of the European hospital reform movement that began in the mid-1800s. Where previous hospitals had intermingled patients and treatment with unhealthful results, 19th-century designs in Paris called for a separation of patients into narrow wards that maximized natural light, with separate quarters for operation, laundry, and convalescence. The wards or pavilions were originally connected by one-story corridors, but have since been built to four stories. The first application of this format in the United States was to the original Johns Hopkins hospital (1876). The institution served as a model of the reform hospital in the United States, principles that were also applied at WRAMC, and are most evident in the series of corridors that connect wards to the main building.

By 1910, reform was also on the minds of medical educators such as Abraham Flexner, a doctor affiliated with Johns Hopkins. Appalled at the poor state of medical education nationwide, he issued a report that called for uniformity and standardization for medical schools.⁷⁷ By the time the Army Medical School in Washington, DC was permanently reassigned to the WR campus in 1923, the most modern standards for medical education were fully realized. The more academic styling of the new building was an outward expression of this reform.

The first period of construction of for the Walter Reed General Hospital (1909-1923) included the centerpiece Main Building (1), and its adjoining wings and pavilions; as well as the barracks (Building 7, Officer housing [Buildings 8, 9]), and nurses quarters (Building 12). Building 1 is three stories, with a rectangular hipped-roof and a dramatic, full-height portico supported by Ionic columns. The renaissance arrangement of the façade, roofline balustrade, lantern, and portico underscore the building's importance. The barracks, officers quarters, and nurses quarters followed this design program. In the later 1910s, much of the supporting infrastructure – including the central heating plant, service station, fire station, animal house, equipment shed – were built in pared-down Colonial Revival designs. The use of red brick walls, gabled roofs, cornice returns, and strong moldings related these buildings stylistically to the hospital core. The spirit of the Georgian Revival theme was repeated again in the major constructions of the 1920s. These included the hospital annex that housed a general mess, library, and other wards; the Red Cross Building; nurses' quarters; and the Army Medical School.

Some interiors of buildings dating from the period 1909-1920s exhibit impressive lobby spaces with classical details and moldings, auditoriums, and dramatic light fixtures and wood paneling. Corridors are typically less

⁷⁷ Pierce, 2001.

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ornamental. The Main Building (1) has integrity of primary interior corridors, while the primary spaces of Delano Hall (Building 11) have received major modifications. The latter is to such an extent that historic character is almost completely absent upon entry into the building.

There are only three departures from the colonial format of the hospital proper. These are the granite walled Gothic Revival style chapel (Building 57) located at the northwest corner of the district, the group of officer's houses found adjacent to the chapel, and the Modernist Building 54 reflecting Cold War development of the campus, located northeast of the chapel. The officer's neighborhood represents residential development from the 1910s and features typical American Foursquare, Craftsman bungalow, and Colonial Revival housing styles. Several of these were moved to create a cul-de-sac of officer's quarters.

The architectural character of the original hospital grounds is mostly intact, with a couple of exceptions. Modern construction has eclipsed the original pathways and vistas in front of the Red Cross building, the Medical School and west wing of the main building. The other major intrusion to the historic campus is the enlisted barracks (Building 14), an irregular mass that consumes a large space west of the Rose Garden.

Conclusion

The WRAMC Historic District is eligible for listing in the National Register of Historic Places under criteria A, B, and C. Under criterion A, the district is associated with United States Army medical history, specifically as related to the spread and containment of disease, medical education and nurses training, and volunteerism in the care of patients, as well as Cold War experimentation and precautions. Under criterion B, the district is associated with bacteriologist, Major W. C. Borden, and his unparalleled efforts to found the institution by consolidating all three functions of Army medical treatment, education/training, and research. Under criterion C, architectural merit is attributed to the WRAMC's buildings and structures, including colonial, Georgian Revival, neoclassical, and Gothic Revival styles. In addition, the formal landscaping represents the tradition of Beaux Arts design and City Beautiful planning. Residential buildings constructed on the west side of campus include American Foursquare, Craftsman bungalow, and Colonial Revival styles.

The WRAMC Historic District retains integrity of location, design, setting, materials, workmanship, feeling, and association although integrity of design has been compromised. The location of WRAMC is intact, situated in northwest Washington, DC on a prominent hilltop between Georgia Avenue, Aspen Street, 16th Street and Alaska Avenue, and Fern Street. The location includes the original parcel purchased for Walter Reed General Hospital in 1905 and additional parcels obtained through 1922 to expand the WR campus.

The design of buildings, structures, and landscape at WRAMC include a variety of styles (Colonial Revival, specifically Georgian Revival, Neoclassical, Gothic Revival, and Craftsman) which are consistent through the period of significance. Some post-1956 design (e.g., Mologne House and Borden Pavilion) represent compatible design values including brick construction, and classical references in rooflines, façade arrangements, window framing, and decorative motifs. Successful traits in these buildings also include a harmonious alignment of floors, stories, sills, raised basements, mortar joints, and moldings and trim, with neighboring historic buildings. Other post-1956 designs have created harsh and incompatible buildings disrupting the historic character of the district through inappropriate scale, materials, design, and massing and include the modern hospital (Heaton Pavilion, Building 2), Abrams Hall (Building 14), and Rumbaugh Garage (Building 3). The formal landscaping with curvilinear drives, elliptical entries, courtyards, hedges, and flowering gardens have been modified through demolition and new construction of buildings and the addition of entrances which redirected circulation and

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functional patterns. Even though some original buildings have been replaced and some of the grounds altered, the original design around the Main Building (Building 1) and its associated landscape are extant.

The setting of WRAMC was originally isolated in northern Washington, DC, accessible only by railroad and streetcar; through the period of significance, the setting has changed from a relatively undeveloped area to residential encroachment and urbanization. The Civil War- era setting has been destroyed through extensive development of the campus and alterations to the landscape since the battle with no features associated with Carberry/Lay Estate (sharpshooter trees, Cameron's Creek) or with the original battlefield intact.

Materials have been consistently used throughout WRAMC with minimal replacement or rehabilitation and include red brick, slate roof tiles, copper sheathing (e.g. Building 1 cupola and Building 1D cornice), and limestone cornices, watertables, string courses, keystones, and sills. Some materials have been replaced such as the four stylized birds (penguins) associated with the Hoff Memorial Fountain (Structure 60). The integrity of workmanship is evident in the leaded glass windows, and the Gray Lady and male busts on the exterior of the Gothic style Memorial Chapel (Building 57).

WRAMC retains integrity of both feeling and association; the extensive network of buildings, particularly the Main Building (Building 1) and its many additions, illustrate the evolving nature of Army medical knowledge and application through increased building construction and varying functional needs. The overall organization and development of the WR campus pays homage to the realization of Major Borden's efforts to establish a premiere nationwide Army medical facility and the evolution of that goal into a large medical complex represented by changing medical practices and continual advancements in Army medicine in the 20th century. WRAMC is directly associated with the development and growth of the United States Army medical research and practical application.