

SACATON HOSPITAL RESIDENCE  
(Indian Health Service Building No. 206)  
315 West Casa Blanca Road  
Sacaton  
Pinal County  
Arizona

HABS AZ-222  
AZ-222

HABS  
AZ-222

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY  
INTERMOUNTAIN REGIONAL OFFICE  
National Park Service  
U.S. Department of the Interior  
12795 West Alameda Parkway  
Denver, CO 80228

HISTORIC AMERICAN BUILDINGS SURVEY  
SACATON HOSPITAL RESIDENCE HABS No. AZ-222  
(INDIAN HEALTH SERVICE BUILDING No. 206)

Location: Adjacent on the east to the Gila River Indian Community's Tribal Headquarters, 315 West Casa Blanca Road, Sacaton, Pinal County, Arizona, 85247  
USGS Sacaton, Pinal County, AZ, 7.5 minute quadrangle  
UTM Coordinates: 12.429893.36660660

Owner: Indian Health Service, Phoenix Area Office, U.S. Public Health Service, U.S. Department of Health and Human Services

Significance: The Sacaton Hospital Residence (Indian Health Service Building No. 206) is associated with the U.S. Army's administration of health-related services for Indians in the area from 1875-1935.<sup>1</sup> It was built ca. 1919 as physician's quarters for Sacaton's first health care facility. The latter was demolished in the early 1940s by the Bureau of Indian Affairs (BIA) and replaced by a new hospital in 1942. This building is now used by the Gila River Indian Community as its tribal headquarters. According to the U.S. Army's federal preservation officer, the physician's quarters may be a significant architectural example of an Army standardized plan for officer's quarters used in the early 20<sup>th</sup> century.<sup>2</sup>

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<sup>1</sup> Van Citters: Historic Preservation, LLC, "Historic Preservation Plan: Phoenix Area Indian Health Service," 2006, section GRHCC, p.2.

<sup>2</sup> See discussion in Archer, Inc. "Area-Wide Survey of IHS Properties Determination of Eligibility Report," submitted to Phoenix Area Indian Health Service, 2003, pp.43-44.

## I. Historical Information

The U.S. Government's involvement in Indian health care dates back to 1824, when the Indian Office – forerunner of today's Bureau of Indian Affairs (BIA) – was organized under the War Department.<sup>3</sup> The Indian Office sent Army doctors to communities in Indian Country to provide health care service to indigenous populations. The Indian Office was transferred to the Department of the Interior in 1849, where it continued the policy of providing health care, although it was often substandard, since health care for Indians was not a high federal priority. The Medical and Education Division was created within the Indian Office in 1873.

Despite instituting Western medical practices on the reservation, the percentage of Indian children and adults receiving the benefits of this health care was still very small, and Indian people continued to be ravaged by diseases of European origin, to which Indians had little or no natural resistance. In response to this problem the 1928 Meriam Report severely criticized existing federal Indian policies for fostering poverty and unhealthy living conditions among Indians, and subsequently the Division of Health was created within the Indian Office.<sup>4</sup> The 1933 appointment of well-known Indian reformer John Collier as Commissioner of Indian Affairs signaled the beginning of a new era in federal Indian policy, and by 1942, there were 78 general hospitals and 12 sanatoriums built exclusively to serve Indian people.<sup>5</sup>

After the Second World War, Congress instituted a policy of termination signaling another change in Indian policy direction. Under this policy, the federal government hoped to assimilate Indian people once and for all into mainstream American culture, and attempted to have Indian and non-Indian populations share facilities, including health care facilities. In 1954, Public Law 83-568 transferred health services from the Bureau of Indian Affairs to the Public Health Service (PHS); within the PHS, the Indian Health Service (IHS) was then created. The PHS and IHS are within the Department of Health and Human Services.<sup>6</sup> Since then, all health care facilities have been under the umbrella of the IHS.

Despite hopes to the contrary, the transfer of health services out of the BIA did not significantly improve the quality of Indian health care. The policy of termination was abandoned in the early 1960s, signaling yet another shift in the direction of federal Indian policy, during which additional funding was once more put into Indian-specific health care programs and facilities,

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<sup>3</sup> J. G. Townsend, "Indian Health – Past, Present, Future," in *The Changing Indian*, edited by Oliver LaFarge, Norman: University of Oklahoma Press, 1942, p. 31.

<sup>4</sup> Lewis Meriam, *The Problem of Indian Administration*, Baltimore: Johns Hopkins Press, 1928. Reprinted: Johnson Reprint, N.Y., 1971.

<sup>5</sup> Townsend, "Indian Health," p. 32.

<sup>6</sup> Donald L. Fixico, *Termination and Relocation. Federal Indian Policy, 1945 – 1960*, Albuquerque: University of New Mexico Press, 1986. Wilcomb Washburn, "The Native American Renaissance, 1960 – 1995," in *The Cambridge History of the Native Peoples of the Americas: Vol. 1, North America, Part 2*, edited by Bruce G. Trigger and Wilcomb E. Washburn, New York: Cambridge University Press, 1996; p. 408.

and in particular into sanitation facilities construction, in hopes of improving environmental living conditions for Indians on reservations. Two acts passed in the 1970s re-emphasized health care under the new federal policy of Indian self-determination: the 1975 Indian Self-Determination Act (Public Law 93-638) which offered Indians the option of managing their own health care, and the Indian Health Care Improvement Act (P.L. 94-437), amended in 1980, which had a stated goal of elevating the health status of American Indians to that of the general population.<sup>7</sup> The role of the IHS, and of the federal government, continues to evolve as many tribes begin to assume more and more responsibility for meeting their own health care needs. Within this larger historic context, the Phoenix Area Indian Health Service (PAIHS) has evolved over the last century into the current configuration of nine IHS service units in four states. In addition, three tribal health care programs are operated under P.L. 93-638 (the Self-Determination Act), including the Gila River Health Care Corporation in Sacaton, Arizona.

The town of Sacaton is located at the confluence of two branches of the Gila River and was established in 1857 as the last stop on a stage line running to Fort Yuma.<sup>8</sup> A Spanish community, founded some time before 1697, had stood on the site before the Anglo settlement, and that community in turn was predated by Pima and Hohokam occupation of the area. Sometime after 1875, the property now occupied by Building No. 206 and the adjacent tribal headquarters was developed by Army medical personnel to serve as a rudimentary hospital for the Pima Indian Agency. This first hospital included Building No. 206, which was constructed in 1919 as physician's quarters. The date of Building No. 206 was derived partly from IHS records and partly from comments by the Army preservation office that the layout is similar to standard military floor plans for such structures dating to the early 20<sup>th</sup> century.<sup>9</sup> According to previous historic architecture surveys and IHS real property inventory records, Building No. 206 is the only structure still extant from that first complex of hospital buildings operated by the U.S. Army.<sup>10</sup>

The BIA constructed a new hospital and employee's quarters (Building Nos. 201 and 202) on the site of the old Army facilities in 1942. At that time, they incorporated Building No. 206 (and perhaps Building No. 208 as well) as a storage building (built in 1931) into the complex.<sup>11</sup> This facility was in use until 1988 when a new hospital was built on a different site less than a mile

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<sup>7</sup> Washburn, "Native American Renaissance," p. 408.

<sup>8</sup> Van Citters, "Historic Preservation Plan," section GRHCC, pp.1-2.

<sup>9</sup> Archer, "Area Wide Survey," pp. 43-44.

<sup>10</sup> Archer, "Area Wide Survey," pp. 43-44. NOTE: The architectural form, size, and construction style of Building No. 208 (located immediately south of Building No. 206) suggests that it was also constructed in that Army era despite the fact that IHS real property inventory records its construction date at 1942. It should be pointed out that IHS and BIA real property records are not always accurate and often reflect the date that the property was transferred to that particular agency.

<sup>11</sup> Archer, "Area Wide Survey," p. 36.

away. The 1942 hospital building and its associated structures (including Building No. 206) were subsequently renovated by the Gila River Tribe for various tribal programs.

In 2003, the IHS Phoenix Area Office contracted for an architectural survey to evaluate their properties for National Register eligibility.<sup>12</sup> Based on the results of this survey, it was recommended that Building 206 be determined eligible for the National Register of Historic Places, but found the other buildings in the 1942 hospital complex ineligible because of a loss of architectural integrity. The Arizona State Historic Preservation Officer concurred with this determination in a letter dated 23 March 2003.

## II. Architectural Information

The Sacaton Hospital Residence - Indian Health Service Building No. 206 - is a 1,410 square-foot single-family residence on West Casa Blanca Road approximately 30 yards east of the old hospital building (now the Gila River Indian Community Tribal Headquarters Building), in Sacaton, Arizona.<sup>13</sup> It was constructed on top of a large pre-Columbian occupation site associated with southern Arizona's Hohokam culture.<sup>14</sup> Ceramics dating to this occupation period are visible on the grounds around the building.

Building No. 206 was originally constructed in 1919 as a physician's quarters and was later used for storage. In 1988 it was remodeled by the Indian Health Service, and has been used as a residence since then. The three-bedroom floor-plan is U-shaped, with a screened porch at the north end and a winged projection at the southeast corner. The property is bounded on all four sides by a chain-link fence. The original entrance to the house was from Casa Blanca Road on the building's north elevation. This approach has, however, been cutoff by the chain-link fence and the construction of an outdoor BBQ structure in the middle of the sidewalk. The building's main entry is now located on the building's south elevation, which faces onto a driveway and modern carport structure. The building is constructed of concrete masonry unit (CMU) with an intersecting gable roof with gable ends at each wing. The roof is covered with asphalt shingles installed in the late 1980s. There are two brick chimneys. The fireplace chimney is centered at the north end of the east wing, and the second chimney extends up through the kitchen from the basement. The masonry chimney extending from the basement is covered with the same painted rough textured stucco used on the exterior walls.

A basement below the kitchen and dining room accommodates plumbing lines that extend through a crawl space below the rest of the building. The foundation and basement walls are constructed of concrete poured in lifts, which can be seen in the formwork lines. Floor joists were reinforced with 2x wooden joists when the house was renovated in the late 1980s.

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<sup>12</sup> Archer, "Area Wide Survey," 2003.

<sup>13</sup> This description is based in part on Van Citters, "Historic Preservation Plan," section GRHCC, pp. 1-9.

<sup>14</sup> Arizona State Museum site number: AZ:U:13:27.

The exterior walls are constructed of CMU finished with rough textured painted stucco. The porch at the north elevation has been infilled with screen and wood panel; the original columns flanking each side of the concrete stair remain. The current concrete stairs, handrails, and guardrails are not original to the building, although the exact time of these additions is not known.

Building No. 206's concrete sills are covered with the same rough textured stucco used on adjacent walls. Its exterior windows are original, painted steel casement type with single or paired operable sashes, although not all hardware is original. The building's various casement window types include paired 4-lite casement windows on the front porch on the north side of the building and another of the same type located off-center in the western north-facing gable end adjacent to the screened porch. The east elevation features four more paired 4-lite casement windows plus a paired 2-lite casement window; on the west elevation are two paired 4-lite casement windows; and at the south elevation are a paired 4-lite casement, a 3-lite fixed, and a paired 8-lite casement window. In the west-facing wall of the eastern gable-end is a 4-lite fixed window.

The historic interior and exterior doors were replaced during renovations throughout the 1980s. Interior replacement doors are painted wood flush panel-type doors, and exterior replacement doors are painted flush panel doors with a glazed 9-divided lite insert. Some historic wood door elements have been painted many times resulting in a loss of detail. In addition, much of the original hardware has been painted.

Original hardwood floors have been covered with 12 x 12" vinyl tile throughout the building. Many original historic interior features remain, including built-in bookcases on either side of a painted brick fireplace in the living room, a built-in china cabinet with drawers in the dining area, wood wall bases and door casing, the floor plan layout, and the original ceiling height. The interior floor plan includes three bedrooms, two hall closets, a full bath, living room, dining room with pantry, and a kitchen. Each bedroom has a closet, and a hallway connects the bedrooms to the living room and to the front door, which offers egress onto the front, north-facing porch. Another door leaves through the south-facing gable end from the kitchen.

Bibliography

Aarcher, Inc., "Area-Wide Survey of IHS Properties Determination of Eligibility Report," submitted to Phoenix Area Indian Health Service, 2003.

Fixico, Donald L., *Termination and Relocation. Federal Indian Policy, 1945 – 1960*, Albuquerque: University of New Mexico Press, 1986.

Meriam, Lewis, *The Problem of Indian Administration*, Baltimore, MD: Johns Hopkins Press, 1928, (reprinted: Johnson Reprint, New York, 1971).

J. G. Townsend, "Indian Health – Past, Present, Future," in *The Changing Indian*, edited by Oliver LaFarge, Norman: University of Oklahoma Press, 1942, p. 31.

Van Citters: Historic Preservation, LLC, "Historic Preservation Plan: Phoenix Area Indian Health Service," 2006.

Washburn, Wilcomb, "The Native American Renaissance, 1960 – 1995," in *The Cambridge History of the Native Peoples of the Americas: Vol. 1, North America, Part 2*, edited by Bruce G. Trigger and Wilcomb E. Washburn, New York: Cambridge University Press, 1996, p. 408.

Additional Sources Consulted:

Pima Agency Records, Record Group 75, Bureau of Indian Affairs, National Archives and Records Administration, Pacific Region, Laguna Niguel, CA.

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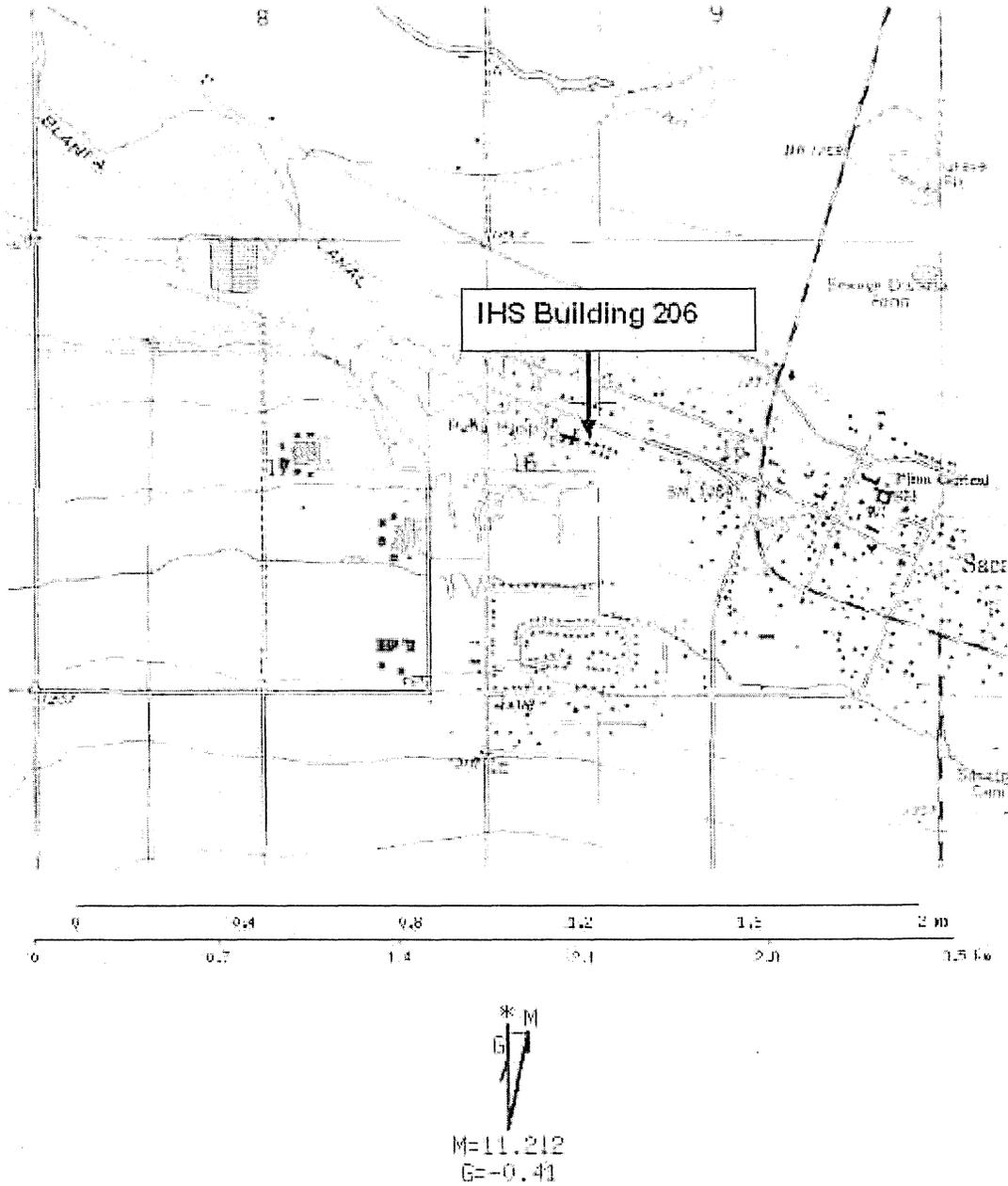
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Supplemental Materials:

(1) Location Map



Pima Hospital, USGS Gila Butte SE (AZ) Topo Map

(2) Site Plan of 1942 Pima Indian Hospital, Sacaton, Arizona. Source: Archer, 2003, p.7.

