

ST. ELIZABETHS HOSPITAL, GARFIELD  
(Building No. 5)  
539-559 Cedar Drive, Southeast  
Washington  
District of Columbia

HABS DC-349-Z  
*HABS DC-349-Z*

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

## HISTORIC AMERICAN BUILDINGS SURVEY

### ST. ELIZABETHS HOSPITAL, GARFIELD (BUILDING 5)

HABS NO. DC-349-Z

**Location:** 539–559 Cedar Drive SE, Washington, D.C., on the West Campus of St. Elizabeths Hospital

**Present Owner:** General Services Administration, United States Government

**Present Use:** Vacant (rehabilitation of St. Elizabeths West Campus in progress)

**Significance:** Garfield (Building 5) is significant for its association with the treatment of mental illness at the St. Elizabeths campus. As part of the Center Building group (Buildings 1 through 6), Garfield formed an integral part of the function and use of the campus for the treatment of mental illness and related disabilities, and remained in use for patient treatment into the second half of the twentieth century. Its construction in the early 1870s was an early part of a building campaign that expanded the campus to accommodate a larger patient population in the decades following the Civil War. Upon its completion, Garfield housed fifty-four male patients of the more violent and noisy chronic class.

Garfield is also significant for its architectural design. Unlike Dawes (Building 7, no longer extant), designed and constructed a few years prior to this building, Garfield continued the Kirkbride plan of the Center Building group, with an interior layout and massing similar to the adjacent West Wing (Building 3). Garfield was designed in the same Gothic Revival-style as the older portions of the Center Building group, with cast iron window hoods, wood window sash with narrow divided lights, rusticated brick masonry bands at the ground floor, and a crenellated parapet wall. Garfield was connected to a railway system that ran through the basement of the Center Building group and adjacent free-standing buildings. Originally, the railway system allowed for the quick transport of food from the bakery and kitchen as well as supplies between buildings.

**Historians:** Mike Ford, Kenneth Itle, Tim Penich, and Deborah Slaton, Wiss, Janney, Elstner Associates, Inc.

## PART I: HISTORICAL INFORMATION

### A. Physical History

1. Date of erection: 1871–1872<sup>1</sup>
2. Architect: Not known
3. Original and subsequent owners, occupants, uses: St. Elizabeths Hospital (then the Government Hospital for the Insane) was placed under the control of the Department of the Interior by an act

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<sup>1</sup> 1871 and 1872 *Annual Reports*.

of Congress on March 3, 1855. The hospital remained under the control of the Department of the Interior until 1940, when St. Elizabeths was transferred to the Federal Security Agency. The Federal Security Agency was a new government agency that oversaw federal activities in the fields of health, education, and social insurance. In 1953, the Department of Health, Education and Welfare was created. At that time several of the functions of the Federal Security Agency, including control of St. Elizabeths Hospital, were transferred to the new department.<sup>2</sup> In 1968, St. Elizabeths was transferred to the National Institute of Mental Health, an agency within the Department of Health, Education and Welfare. The Institute sought to demonstrate how a large mental hospital could be converted into a smaller, more modern facility for training, service, and research.<sup>3</sup> In 1979, the Department of Health, Education and Welfare became the Department of Health and Human Services with the creation of the Department of Education. The Department of Health and Human Services retained control of the St. Elizabeths Hospital west campus until 2004, when the property was transferred to the GSA.<sup>4</sup> The campus facilities were stabilized and the buildings were mothballed by 2005.<sup>5</sup>

In the original use of the Center Building group, the central wing of the Center Building (Building 1) housed administrative facilities. Male patients occupied the western wing of the Center Building and the adjoining West Wing (Building 3), while female patients occupied the eastern wing of the Center Building and the adjoining East Wing (Building 4). Patients were segregated by ward so that the most severe or violent patients were located in more secure wards farthest from the central wing.

Following the Civil War, Congressional legislation on July 13, 1866, extended medical services at St. Elizabeths to include military veterans seeking medical attention for mental illness.<sup>6</sup> The change in admission policy altered the demographics of the institution. The population of St. Elizabeths increased more than 10 percent per year during the early 1870s, with the majority of the new patients being Civil War veterans.<sup>7</sup> This increase in population led to the construction of new patient wards such as Garfield in the 1870s. Upon its completion, Garfield housed fifty-four male patients of the more violent and noisy chronic class, in keeping with its position at the far end of the western wing of the Center Building group.

Because of overcrowding in the late nineteenth century, the orderly arrangement and segregation of patients by condition, diagnosis, and sex was gradually lost. As part of an administrative restructuring in the first decade of the twentieth century, patient ward facilities were reconfigured to accommodate as many patients as possible. A part of the campus redevelopment initiated by Superintendent Richardson in the early twentieth century included the reorganization of patient housing so that orderly classification could be restored. As a result, almost all of the Center

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<sup>2</sup> *Federal Register*, accessed at <http://www.federalregister.gov/agencies/saint-elizabeth-s-hospital>, January 5, 2012.

<sup>3</sup> 1970 *Annual Report*.

<sup>4</sup> *St. Elizabeths West Campus: Cultural Landscape Report*, Heritage Landscapes, Preservation Landscape Architects & Planners, and Robinson & Associates, Inc., prepared for the General Services Administration, April 2009, V.2.

<sup>5</sup> *St. Elizabeths West Campus Preservation, Design, & Development Guidelines*, Oehrlein & Associates Architects and Robinson & Associates, Inc., Architectural and Historical Research, prepared for the General Services Administration, November 10, 2008, 18. A photograph of the building taken in 2005 by FMG Architects shows the building in a stabilized and protected state.

<sup>6</sup> *An act to extend to certain persons the privilege of admission, in certain cases, to United States Government Asylum for the Insane*, 39th Congress, 1st sess., July 13, 1866, 89–94.

<sup>7</sup> As a federal mental institution, admission to the hospital following the Civil War was open to all veterans. Marked gravestones in the St. Elizabeths cemetery affirm that both Union and Confederate veterans resided in the hospital.

Building group was allocated to white male patients and, in conjunction with Willow, was referred to as the West Side Department after 1905.<sup>8</sup>

The building remained in use as a male ward until 1970 when patients were transferred from all pre-1900 buildings. Dormitories constructed during the Nichols and Godding eras, which constituted half of the west campus buildings and included the wards of the Center Building group, were cleared and patients were relocated to the lettered buildings of the west campus or to the east campus.<sup>9</sup> Based on available documentary sources and physical evidence, it appears that Garfield remained vacant from 1970 to the present day.

By 1980, the Center Building group housed administration offices for the Management Analysis, Engineering, Facilities Management, General Services, Nutrition Services, Internal Audit, Housekeeping, and Industrial and Environmental departments. The Dixon Plan Foster Care program was also headquartered in the building, as well as a staff lounge and gymnasium located on the second and third floor, respectively, of the Center Building.<sup>10</sup>

4. Builder, contractor, suppliers: Not known
5. Original plans and construction: As outlined by the Kirkbride plan, the original design for the Center Building was composed of a four-story Center Building, with attached wings stepping down to three- and two-story buildings. Superintendent Charles Nichols opted to complete the project through a series of orchestrated phases of construction. Construction started with the West Wing with the intent that, upon substantial completion of that portion of the building, patients most urgently in need of care would be the first admitted.

In 1853, construction of the West Wing began as the first component of the Government Hospital for the Insane. By January 15, 1855, the westernmost sections of the West Wing had been enclosed and completely furnished. By 1856, all five sections of the West Wing building were complete and ready for occupancy by ninety patients.

In the fall of 1856, work began on the second phase of construction, consisting of the Center Building (Building 1). The Center Building was completed in 1859; upon its completion, male and female patients could be further segregated. Female patients, temporarily housed in the West Wing building, were moved to the Cherry, Chestnut, and Cedar wards, located in the three-story eastern wing of the Center Building.

In 1859, the third phase proceeded with the construction of the East Wing, completing the symmetrical plan of the Center Building group as originally designed by Charles Nichols and Thomas Walter.<sup>11</sup> Although the exterior was completed in 1860, the interior remained mostly unfinished due to the Civil War. Finally, in 1866, the Locust Ward was completed, followed by the Birch Ward in 1868, and the Spruce Ward in 1869.<sup>12</sup>

In 1869, Dawes was added to the complex as a new ward to house male patients. Dawes was a three-story brick building extending from the south end of the West Wing.

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<sup>8</sup> 1905 *Annual Report*.

<sup>9</sup> 1970 *Annual Report*.

<sup>10</sup> Office of the Superintendent, *Master Facilities Use Plan* (Washington, D.C.: Government Printing Office, 1980).

<sup>11</sup> 1860 *Annual Report*, 542.

<sup>12</sup> 1867, 1868, and 1869 *Annual Reports*.

Garfield was funded in 1871 at a cost of \$37,800. The three-story brick building extended from the south end of the westernmost section of the West Wing, following Kirkbride's proposed method of expansion, and housed the more violent and noisy male patients of the chronic class. Completed in 1872, the building accommodated fifty-four patients and was linked to the West Wing by an enclosed narrow corridor.<sup>13</sup>

The exterior of the structure harmonized with the existing Center Building group and had a crenellated parapet roof, corbelled cornice, rusticated water table, multi-light double-hung windows, and drip molds over second and third floor window openings. The interior of the building resembled the plan of the patient wings in the East and West Wings. Patient rooms, attendants' quarters, and a dining room were situated along a double-loaded corridor. Plastered archways flanked the center of the hallway and provided access to sitting alcoves.<sup>14</sup>

6. Alterations and additions: In 1874, a front porch extension and south addition (Building 2) were completed at the Center Building. Throughout the 1870s, various alterations were made to the Center Building group to increase occupancy. Shortly after the building opened, the basement of Garfield was converted into a patient ward to accommodate thirty-five patients.<sup>15</sup>

In 1882, construction began on an expansion of the female wards of the Center Building group with the addition of Pine (Building 6), also known as Retreat.<sup>16</sup> The structure was connected by a narrow enclosed corridor to the east facade of the East Wing and was completed in 1884.

Throughout the remainder of Superintendent Godding's tenure, construction at the Center Building group focused on improving plumbing and fire safety conditions and upgrading interior spaces to accommodate the hospital's growing needs. Between 1882 and 1885, wood staircases in the Center Building group were replaced with iron to address issues of fire safety. Additional fire walls and doors had been installed throughout the complex to separate wards.<sup>17</sup> Throughout Godding's tenure, appropriations were made for the reconstruction of floors in the Center Building group. Appropriations were requested in small increments, one or two wards at a time, and were awarded in 1883, 1895, and 1901. As described in the *Annual Reports*, floors at selected locations were modified by the removal of wood framing or brick arches and subsequent replacement with steel beams. The new flooring material was laid over top. The change in structure was initiated over fire safety concerns as the steel-framed floors were more fire-resistant and would thus reduce the risk.<sup>18</sup> Based on existing physical evidence, it is not clear where this work was performed at the Center Building group.

A one-story brick structure was constructed along the north facade of Garfield between 1887 and 1895. The flat-roofed structure had a brick foundation and wood-framed multi-light windows. The structure provided covered access to the tunnel system. The tunnel was first constructed at Garfield with the completion of Howard Hall in 1887. Archival evidence is not available from which to determine a construction date for the enclosure. However, existing physical evidence

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<sup>13</sup> 1871 and 1872 *Annual Reports*.

<sup>14</sup> Existing physical evidence and an 1883 ground plan.

<sup>15</sup> 1872 *Annual Report*.

<sup>16</sup> Historically, this building is referred to as "Retreat" or "East Wing Extension," although currently it is identified as Pine. 1882 and 1884 *Annual Reports*.

<sup>17</sup> 1882 and 1885 *Annual Reports*.

<sup>18</sup> 1883, 1895, and 1901 *Annual Reports*.

suggests that it was constructed at the same time as the completion of the Garfield-Howard Hall tunnel, circa 1887.<sup>19</sup>

Between 1895 and 1898, a three-story brick lavatory addition was constructed at Garfield. The new structure extended perpendicular from the west end of the south facade and utilized similar rusticated brickwork, Gothic Revival-style drip molding, and cornice line as the existing structure. However, the addition did not incorporate the crenellated parapet.<sup>20</sup>

Minor alterations and various repairs were made to the Center Building group throughout the tenure of Superintendent White. In 1904, Alexandria Iron Works was commissioned at a cost of \$1,500 to install fireproof ironworks in the Center Building group.<sup>21</sup> The exact location where these ironworks were installed is unknown. In 1907, work was contracted for the replacement of deteriorating electrical and plumbing facilities throughout the Center Building group.<sup>22</sup> Toilet systems encased in wood were replaced, and tile flooring and marble partitions were installed within lavatory rooms.<sup>23</sup>

Throughout the early 1910s, the existing roofing of the Center Building group was removed and replaced with new tin. Reroofing of the entire Center Building was completed in 1916. As noted in the 1915 *Annual Report*:

We are continuing our practice of replacing old roofs by putting new roofs in various portions of the old Center Building. We have purchased the necessary tin to continue this practice and expect in another year the whole of the old building will have been overhauled and new roofs put in place.<sup>24</sup>

Through a 1936 Public Works Administration project, a dayroom porch structure was constructed at the Garfield south facade. The three-story addition was designed in a utilitarian style and was intended to provide a suitable extension to the open dormitory space. Brick pilasters framed the new addition, which also featured multi-light ribbon windows, concrete lintels, corbelled brick sills, concrete coping, and flat composite roofs.<sup>25</sup> Likely at the same time as the construction of the dayroom, a new exterior door opening was created from a window on the south facade so that the east stairwell, which originally had an exterior door on its west wall that now led to the interior of the new dayroom, retained direct access to the exterior.

At the beginning of Superintendent William Overholser's tenure (1937–1962), efforts were made to renovate the Center Building, including continued alterations to fireproof the building as well

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<sup>19</sup> The tunnel is shown in an 1897 construction document, and the architectural character of the structure is similar to that of the enclosed corridor between the Bakery and the Center Building, constructed between 1883 and 1895. However, photographic evidence of the enclosure is only available through the 1945 Public Buildings Administration survey. Because of the small scale of the structure, it often does not appear on site plans.

<sup>20</sup> The exact date of construction is unknown. Based on an archival photograph from 1898 and period plans, it is believed to have been constructed between 1895 and 1898. The building does not appear on the 1895 site plan but is outlined in the 1899 plan. This is corroborated by an 1898 archival photograph of the addition.

<sup>21</sup> Correspondence between Superintendent Richardson and the Department of the Interior, December 26, 1904.

<sup>22</sup> 1907 *Annual Report*.

<sup>23</sup> Archival photograph obtained from the National Photo Company and dated between 1902 and 1932. Source: Library of Congress.

<sup>24</sup> 1915 *Annual Report*, 23.

<sup>25</sup> 1937 *Annual Report*, *Historic Resources Management Plan*, *Report by the Public Buildings Administration*, and comparison of historic photographs from 1935 and 1968.

as work to restore the north facade of the center tower entrance. As part of an effort to fireproof the building, wood stairs, floors, and doors were removed and replaced with iron staircases, concrete terrazzo floor slabs, and Kamein doors (a composite fire-rated door construction composed of a solid wood core and a galvanized sheet metal cladding).<sup>26</sup> Upgrades were made to the existing plumbing system and guard screens were added to the windows to enhance security.<sup>27</sup>

Electrical improvements to the Center Building and West Wing were planned in 1953, immediately following the transfer of the west campus to the Department of Health, Education and Welfare, and completed by 1955.<sup>28</sup> These improvements were a precursor to the campus-wide upgrades and helped define the scope of electrical alterations. Upgrades to Garfield were completed by 1964.

In the 1960s, an extensive effort was made at St. Elizabeths Hospital to modernize mechanical, plumbing, and electrical systems in the aging west campus buildings. The effort was initiated in response to the series of conflagrations that had plagued the campus for the previous two decades. In 1961, a fire in the Larch Ward of the Pine Building resulted in a patient fatality. Funds were quickly directed by the Department of Health, Education and Welfare towards creating a campus-wide plan to improve fire suppression plans, plumbing facilities, heating units, and electrical systems.

In 1963, an \$865,000 appropriation was made for the installation of sprinkler systems in non-fire-resistant buildings. The suppression unit consisted of surface-mounted sprinklers and was installed in every room. That same year, a study of the existing plumbing and electrical systems was initiated. The study led to the appropriation of funds for a multi-million-dollar building facilities modernization project. Plans for building alterations were generated between 1963 and 1965 and included the replacement of electrical wiring and outlets, upgrades to lavatory and plumbing systems, and the installation of fluorescent light fixtures. All additions were surface-mounted. Construction began in 1966 and continued through 1970.<sup>29</sup>

The tin roof of the Center Building group was entirely replaced in 1959. The project included the replacement of deteriorated wood sheathing and the installation of approximately seventy roof ventilators.<sup>30</sup> New downspouts were installed in 1960.<sup>31</sup>

In 1962, Superintendent Overholser retired and became the last superintendent to reside in the Center Building. Due to its dilapidated condition, Dawes was demolished in 1965. Other projects initiated in 1967 aimed to improve security and safety. Metal-framed screen doors and windows were installed throughout the Center Building group and stairwells were renovated to incorporate code compliant handrails.<sup>32</sup>

Although not documented in the available historic materials, at some time circa 1960s or 1970s, one ground floor window bay in the dayroom addition was altered to create a personnel door

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<sup>26</sup> 1938 *Annual Report*.

<sup>27</sup> 1939 *Annual Report*.

<sup>28</sup> 1956 construction documents.

<sup>29</sup> 1961–1968 and 1970 *Annual Reports*. Construction documents from 1960 and 1963.

<sup>30</sup> 1959 *Annual Report*.

<sup>31</sup> 1960 *Annual Report*.

<sup>32</sup> 1967 construction documents.

opening and an adjacent roll-up service door, with remaining portions of the opening infilled with brick masonry.

In 1969, historic wood flooring was repaired and replaced and existing linoleum and carpeting was removed throughout the Center Building group. The floor was structurally reinforced with steel framing and resilient flooring was laid. Sheet vinyl was installed in corridors and vinyl-asbestos tile was installed over repaired wood flooring or plywood underlayment in all other areas.<sup>33</sup>

Based on physical and documentary evidence, Garfield was apparently left vacant after patients were transferred from all nineteenth-century buildings in 1970.

#### B. Historical context<sup>34</sup>

In 1852, St. Elizabeths Hospital was established in large part through the efforts of Dorothea Lynde Dix, who led a national crusade for the ethical and humane treatment of the mentally ill. Under the direction of Superintendent Charles Nichols (1852–1877), the hospital endeavored to become a curative treatment center for the mentally ill of Washington, D.C., and the United States Army and Navy. Patients were grouped into wards by their perceived mental condition and emphasis was placed on creating a peaceful and serene family environment in which to rehabilitate.

Nichols's first responsibility was to identify an ideal location for the federal hospital. Working with Dorothea Dix, a suitable site was found. The 185-acre farm owned by the Blagden family possessed many of the attributes deemed necessary for a hospital site, and was purchased for a reasonable price of \$25,000. The property was situated on a bluff overlooking Washington, D.C., Alexandria, and Georgetown. As a former farmstead, the site consisted primarily of cultivated land with the remaining landscape being timber. Two springs were located on the grounds that supplied fresh water and provided drainage. An additional 8-acre tract with an existing wood-framed structure was obtained in December 1852 at a cost of \$2,000. The structure was located on the Anacostia River and was to function as a wharf, allowing direct access of goods and materials to the site.<sup>35</sup>

Nichols undertook the design of the first hospital buildings using principles outlined by Thomas Kirkbride for the ideal arrangement of structures for treatment of the mentally ill. The initial structure consisted of a central administrative building with a linear organization of wings and a symmetrical plan. Using this arrangement, patients could be separated by gender, with males in the west wing and females in the east wing; as well as by severity of their illness, with the most "violent" or "excited" patients housed in the outermost wings. Kirkbride's principles were eventually published, as *On the Construction and General Arrangement of Hospitals for the Insane*, in 1854. Nichols made modifications to the Kirkbride plan by setting the wings in echelon, thus improving circulation through the building and enhancing the benefits of natural light and ventilation. Kirkbride's more linear plan called for building wings to be oriented in the same direction, with a slight offset. Nichols advocated the development of cross-wings that were situated perpendicular to the primary axis and linked the wings together. The stair-stepped plan also provided more interior space and allowed the wings to be connected through a series of corridors.

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<sup>33</sup> 1969 construction documents.

<sup>34</sup> A context history for the entire St. Elizabeths West Campus, as well as an overview history of the Center Building group, is to be developed under separate cover as part of this HABS documentation project.

<sup>35</sup> *Report of the Secretary of the Interior*, 33rd Congress, 1st sess., S. doc. 35, February 21, 1854, 6.

Nichols enlisted Thomas Ustick Walter, a Philadelphia architect, to assist in finalizing the design of the Center Building group. Walter, who had previously designed Moyamensing Prison in Philadelphia, had moved to Washington, D.C., to supervise work at the United States Capitol. The result of Nichols's and Walter's collaboration was a handsome Gothic Revival building complex that served as the center of hospital administration and patient treatment throughout Nichols's tenure as superintendent.

During the Civil War, construction at St. Elizabeths was halted as the hospital tended to Union soldiers housed in tents on the property grounds. After the Civil War, new patient facilities were required to keep up with the increased population of veterans and the change in treatment needs.<sup>36</sup>

In 1877, William Godding assumed control of St. Elizabeths Hospital and adopted the principles of his predecessor. Godding's tenure was marked by rapid growth of the patient population and overcrowding of the hospital. Construction efforts were increased to keep up with hospital needs. Godding encouraged the construction of small, free-standing cottage buildings to promote a healthy environment and facilitate the orderly separation of growing patient groups. The change in architecture was a shift from Nichols's institutional to domestic imagery in caring for the chronically ill.

Starting in 1878 with Atkins Hall (Building 31), the ward buildings were constructed as detached cottages, clustered into small groups. Each building group was designed and designated for a specialized patient type.<sup>37</sup> The architecture allowed for the orderly separation of patients and maintained the peaceful family atmosphere of the ward units but without the constraints or limitations of a single large building. At the Center Building, new construction was focused on expanding the female ward facility and improving existing plumbing and building facilities.

The Center Building housed the superintendent and staff and was the hub of administrative activity; however, the institutional architecture and divided plan of the Center Building group did not embody the cottage-plan approach to treating mental illness adopted by St. Elizabeths Hospital under Superintendent Godding. A new administration building was required to meet to the needs of the growing patient population and reflect the current methods of treatment.

Alonzo Richardson took office in 1899 and was immediately faced with issues of hospital overcrowding, inadequate infrastructure, and an aging building stock. Superintendent Richardson approached Congress for a large appropriation and outlined a plan for an extensive and important building campaign that would provide adequate space for patients and staff, and improve the campus infrastructure. Congress responded by approving the Sundry Civilian Appropriations Act, which allocated \$1,500,000 for the expansion of the Government Hospital for the Insane to house 1,000 patients and 200 employees through the construction of fifteen new buildings.<sup>38</sup> Improvements were made to the Center Building group during the Richardson era in an effort to make them safe and functional as patient wards.<sup>39</sup>

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<sup>36</sup> *An act to extend to certain persons the privilege of admission, in certain cases, to United States Government Asylum for the Insane*, 39th Congress, 1st sess., July 13, 1866, 89–94.

<sup>37</sup> 1938 Key Plan of Buildings.

<sup>38</sup> 69th Congress, 2nd sess., House of Representatives, *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, (Washington, D.C.: Government Printing Office, July 1, 1926), 68.

<sup>39</sup> *Report of the committee to consider the Organization and Needs of the Government Hospital for the Insane to the Secretary of the Interior*, 1911, 7.

William White was appointed superintendent upon the sudden death of Alonzo Richardson in 1903. It was under White's direction that the preferred method of treatment shifted from the humane environment to a more scientific approach. Research, experimental therapies, and medical prescriptions became the rule for treating patients. St. Elizabeths became the foremost clinical institution in the United States for the scientific study of psychology and psychoanalysis.<sup>40</sup> Throughout White's tenure, St. Elizabeths Hospital continued to grow as a clinical institution, patient hospital, and research facility. Construction on the west campus continued into the White era and was focused on improving infrastructure and existing building stock. Following completion of the Richardson expansion project, routine maintenance continued on the Center Building group to address evolving safety issues, deteriorating building conditions, and the reorganized administrative system.

In 1946, it was determined that patients from the United States Army and Navy would no longer be admitted to the hospital. St. Elizabeths was relieved of the governing civilian body as well as the issue of overcrowding that had overwhelmed the institution since the end of the Civil War. The dramatic administrative changes continued when the federal government shifted control to the newly created Department of Health, Education and Welfare in 1953. Development at St. Elizabeths Hospital responded through the gradual relocation and consolidation of patient services from the older facilities of the west campus to the newly constructed east campus. With few exceptions, new construction was limited to the east campus, while the existing structures of the west campus were renovated, maintained, or demolished, depending on their physical condition.

## **PART II: ARCHITECTURAL INFORMATION**

### **A. General Statement**

1. Architectural character: Garfield is a three-story structure that is nearly rectangular in plan. The original building had an L-shaped plan, with a longer east-west wing and a shorter north-south wing. A matching north-south bathroom wing was added at the west end of the structure to create a U-shaped plan. Finally, the inner space of the U-plan was infilled with a new reinforced concrete dayroom addition to create the present-day nearly rectangular footprint. The interior layout is similar on each floor, with double-loaded corridors accessing small patient rooms in the original portion of the building. Exterior character-defining features include brick and stone masonry detailed with string courses; Gothic Revival-style decorative elements including cast iron window hoods, crenellated parapet wall, and rusticated brick masonry at the ground floor; wood-framed multi-light windows; wrought iron security grilles; and wood stile-and-rail doors. On the interior, character-defining original elements include plaster wall and ceiling finishes with plaster cornices and iron bullnose edges at wall corners, wood trim and stile-and-rail doors, wood window trim, iron staircases, and cast iron ventilation grilles.
2. Condition of fabric: At the time of the field survey for the Historic Structure Reports/Building Preservation Plans project in 2009, Garfield was in poor condition overall. Exterior conditions of note included cracking, spalling, displacement, and deterioration of mortar throughout the masonry walls; corrosion, cracking, and missing portions of cast iron trim; wood decay, metal corrosion, loss of paint and broken glass at wood and metal window sash; and obstructed roof drainage, especially at the dayroom addition. On the interior, major condition issues related

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<sup>40</sup> *Cultural Landscape Report*, IV.7–8.

primarily to previous moisture infiltration and included the past removal of some areas of original floor construction; deterioration and cracking of remaining floor finishes; damage and decay to interior wood trim and other components; loss of paint, cracking, delamination, and in some areas wholesale loss of plaster finishes; and deterioration and localized failure of floor framing systems.

B. Description of Exterior:

1. Overall dimensions: 121'-0" long by 59'-0" wide and 43'-6" tall above grade.
2. Foundations: The original L-shaped portion of the building has a stone masonry foundation. A partially excavated crawl space exists under Garfield that includes trenches for piping that supplied heat to the building. The crawl space has a dirt floor. Brick masonry arches span between the stone masonry foundation to support the masonry partition walls for the upper levels. Brick piers located on the interior corridor walls were apparently constructed to buttress the walls along the sides of the interior of the pipe trench.

The bathroom wing foundation is brick masonry. The dayroom addition has a concrete foundation.

A tunnel runs along the north side of the building below grade and connects to the campus-wide tunnel system.

3. Walls: The exterior walls of Garfield are constructed primarily of red clay brick masonry in a common bond pattern, with headers every six to eight courses. The masonry units are typically 8-1/4 inches long and appear to be a low-fired clay brick. Sandstone masonry is used at the water table above the openings of the ground floor. Between the openings, the brick at the ground floor has a rusticated appearance, with every fifth course being slightly recessed. The walls have a continuous painted cast iron string course at the level of the second floor window sill. There is a cast iron plaque set into the south facade with the words "Garfield Building 1872" around a shield with the intertwined initials "US." At the bathroom wing and on the east and south facades of the original building, the water table at the top of the ground floor is formed by corbeled brick courses rather than sandstone. Instead of the continuous cast iron string course at the second floor, each window opening at the bathroom wing has a similar cast iron sill. Star-shaped iron plate washers are located on the bathroom wing walls at each floor level and serve to connect the floor structure to the exterior bearing walls.

The dayroom addition has a primary south exterior wall as well as a short east-facing return wall. The dayroom walls are red brick masonry in a common bond with headers every six courses. Between the wide window openings are projecting brick pilasters. The window openings have painted concrete lintels and sills.

4. Structural system, framing: The building has load-bearing brick masonry exterior walls, corridor walls, and partitions between rooms. The exterior walls and corridor walls are typically 18 to 19 inches thick with four wythes of masonry, and serve as the primary load-bearing walls from the foundation to the roof framing. The partition walls are typically 9 inches thick with two wythes of masonry, and bear on arches that span between the primary bearing walls within the crawl space.

The original floors have 3-inch by 9-1/2-inch (actual) joists spaced approximately 15 inches on center with tongue-and-groove subflooring and finish flooring. The joists typically span between exterior walls and corridor walls. The assembly also has a counter floor with wood fillets secured to the sides of the joists that support wood planks and a cementitious fill material, apparently provided for sound isolation. Portions of these floors have been replaced with temporary floor systems composed of 2-inch by 8-inch joists and plywood decking.

The roof is framed 3-inch by 4-1/2-inch (actual) rafters spaced at approximately 32 inches on center and continuous 3-inch by 4-inch ridge beams. At the west, the ridge is supported by 3-inch by 4-inch posts spaced at 7-1/2 feet on center. At the east, the ridge is supported by 3-inch by 5-inch posts spaced at approximately 5 feet on center. Additional 3-inch by 4-inch (actual) posts, spaced 32 inches on center, are located above the corridor walls. The posts sit on continuous 1-inch by 12-inch sill plates and span over 3-inch by 6-inch ceiling joists; each post is aligned with the ceiling joists. The ceiling joists are spaced 16 inches on center. The rafters have notched ends that engage a continuous sill plate keyed into notched 3-inch by 6-inch members bearing on and fastened to the ceiling joists and that are pocketed into the exterior masonry walls. The roof decking over the rafters is 1-inch-thick planks that are 12 inches wide. Similar wood decking and support assemblies are presumed to form the crickets along the interior face of the parapets above. Portions of the roof and ceiling framing have been rebuilt with treated lumber as an apparent remediation effort to address previous water damage. These repairs correspond with the roof valley located at the juncture of the roofs over the east and west sections.

The bathroom wing has perimeter load-bearing masonry walls that support concrete floors and a wood-framed roof. The floor slabs have expanded steel diamond mesh reinforcing and span between intermediate iron beams set in pockets in the masonry walls on the east and west sides of the wing. The floor slab depth could not be measured but is estimated to be approximately 6 inches. The iron beams have flange widths of 4 inches and are spaced approximately 4 feet 9 inches on center. The demising partitions are nonstructural wall assemblies composed of approximately 2-1/2-inch-thick cement plaster, reinforced with an expanded metal lath system and steel angles. The roof structure is a wood-framed assembly that is similar in construction to the original portion of the building.

The dayroom addition is a reinforced concrete structure. The ground floor appears to be a slab-on-grade. The structure at the upper floor levels and the roof are cast-in-place concrete slab and beam assemblies. The dayroom south exterior wall and the adjacent exterior walls of the original building and bathroom addition support the slab and beams. The slab depth could not be measured but is estimated to be approximately 5 to 6 inches. The beams are 12 to 14 inch wide and extend approximately 12 to 15 inches below the slab.

5. Porches, stoops, balconies, porticoes, bulkheads: The exterior door on the west facade discharges onto a stone slab supported on brick masonry, about the size of one stair tread, as a stoop. This stoop is surrounded by a mown grass lawn. Exterior doors on the south facade discharge directly onto concrete paved sidewalks and service drives adjacent to the building.

A single-story enclosure on the north side of the building covers a ramp descending from the ground floor level of the connecting link between the West Wing and Garfield into the underground campus tunnel network. This enclosed lean-to has a brick masonry foundation, wood-framed walls, a shed roof covered by standing-seam metal, and closely spaced six-over-six

wood double-hung windows. The lean-to has a narrow band of painted wood bead board siding above the windows and below the roof overhang. The interior of the lean-to is unfinished.

6. Chimneys: The main roof area contains four brick masonry chimneys with single flues. The chimneys rise only slightly higher than the parapet walls.
7. Openings
  - a. Doorways and doors: Garfield has four exterior door openings. At the west facade, a door opening is located in the west stairwell. The door and transom sash at this opening have been previously removed, although the wood door frame and transom are present. At the south facade, a door opening is located in the east stairwell. The exterior door at this location is a wood, five-panel stile-and-rail door; there is no transom. The dayroom addition has two door openings: a solid panel hollow metal personnel door incorporating a small square window, and a steel roll-up door.
  - b. Windows and shutters: The window openings of Garfield have painted Gothic Revival-style cast iron hoods and painted cast iron window sills. The typical window is a painted fifteen-over-fifteen single-hung unit. The operable lower sash is wood, and the opening is secured on the exterior side by a fixed iron security grille. The fixed upper sash has wood stiles and rails and an inset iron muntin grid. The ground floor windows are similar, but each sash has ten lights rather than fifteen.

The dayroom addition windows have simple painted concrete sills and lintels that project slightly from the brick masonry wall at the spandrel zones. Each first and second floor window opening contains a window group composed of three individual twenty-light units (four lights wide by five lights tall). Each unit has an eight-light, interior-opening hopper sash with fixed lights above and below. The ground floor dayroom windows are similar, but each unit has sixteen lights rather than twenty. The dayroom windows have diagonal wire mesh security screening on the exterior side.

## 8. Roof

- a. Shape, covering: The main roof is approximately L-shaped, corresponding to the original plan of the building. The roof has a hip shape, with a perimeter gutter behind the parapet wall cross-sloped to drain locations. The roof is covered with standing-seam galvanized sheet metal, over which an elastomeric coating has been applied. The metal continues over the coping at the crenellations.

The connecting link roof slopes from north to south. The surface is covered with standing-seam galvanized sheet metal, over which an elastomeric coating has been applied.

The bathroom addition roof is hip shaped without parapet walls. The roof covering is standing-seam galvanized sheet metal.

The dayroom addition roof is a low-slope roof defined by the exterior walls of the older portions of the building and a brick masonry parapet at the south wall. The roof surface is a built-up membrane with an aluminum coating. Steel counterflashing has been installed at the perimeter of the roof.

The original internal roof drainage system for Garfield has been abandoned and non-original prefinished steel downspouts are present throughout the facades. Generally, these downspouts penetrate the wall below the parapet zone, and are connected by piping inside the building to the original roof drains.

- b. Cornice, eaves: The parapet wall of the original portion of the building is crenellated, and each crenellation typically aligned with a window bay of the facade. A continuous painted sheet metal string course, which defines the parapet zone, is located between the coping and the top of the second floor openings. The crenellated parapet wall has a brick coping with painted sheet metal coping in the crenellation recesses. At the bathroom addition, there is no parapet above the painted sheet metal string course; rather, this sheet metal string course defines the overhanging eave of the hip roof. The dayroom addition has a simple brick masonry parapet wall with a concrete coping.
- c. Dormers, cupolas, towers: The main roof has four sheet metal ventilators. One similar ventilator is present at the bathroom addition.

### C. Description of Interior:

1. Floor plans: Garfield is located at the west end of the Center Building group. The structure is three stories high above a basement/crawl space. However, due to the slope of the site, the lowest of the three primary floors is at the basement level of the adjacent West Wing. For purposes of this report, the three occupied floors of Garfield are called the ground floor, first floor, and second floor. The plans of the three floors are nearly identical. Each floor functioned as its own ward, known as Garfield 1, Garfield 2, and Garfield 3.

As originally constructed, Garfield was L-shaped in plan, with a main double-loaded corridor on each floor running east-west and a perpendicular north-south corridor at the east end. At each floor, the main east-west corridor serves seven bedrooms, a dayroom alcove open to the corridor, and a dining room on the north side; and six bedrooms, a dayroom alcove open to the corridor, and a stairwell at each end of the south side. At each floor, the north-south corridor is single-loaded with five bedrooms at the east elevation of the building. There is a three-story connecting vestibule between Garfield and the West Wing at the north end of the north-south corridor.

The south side of Garfield has two additions. At the southwest corner of each floor is a bathroom wing, connected to the main corridor by a narrow passage. Also along the south side at each floor is a large dayroom addition. The dayroom interior is accessed from the bathroom wing, from the east stairwell, and from the dayroom alcove along the south side of the main corridor. With these two additions, the original L-shaped plan is nearly rectangular.

2. Stairways: Garfield has two stairwells, one at the eastern half of the building at the inside corner of the original L-shaped plan and one at the west end of the building. The east stair connects from the ground floor to the second floor. The west stair connects from the basement to the second floor.

The east stair has one door at each floor leading to the main east-west corridor on the north wall, and one door leading to the dayroom on the west wall. Prior to the construction of the dayroom, the ground floor door opened to the exterior (as seen in historic photographs), while the first and second floor had a solid wall at the present door location. On the south wall, there is a door opening to the exterior at the ground floor, apparently created as part of the construction of the

dayroom, and window openings at the first and second floors. Prior to the construction of the dayroom, the ground floor south wall opening was also a window (as seen in archival photographs). The stairs are located along the east wall of the space. The floors in the east stair are steel panels with steel baseboards at the wall. The walls are plaster applied to brick masonry. At the ground and first floor, the ceiling is the exposed underside of the next level steel floor structure and panels. The second floor ceiling is plaster on metal lath, with a chamfered molding at the perimeter of the space similar to the other rooms in the building. The stairs typically have a short perpendicular run and several winding treads at the south end, before running parallel to the east wall up to the level above. The stairs have steel treads and risers, and the open side of the stair is enclosed from floor to ceiling with heavy-gauge diagonal woven wire screening.

The west stair continues from the second floor down to a basement level below the ground floor. The west stair has one door at each floor leading to the main east-west corridor on the north wall. On the west wall is one window at the first and second floors, and a door leading to the exterior at the ground floor. The stairwell space is generally square, and the stairs wrap around a central core in three segments, with short runs on the north, east, and south walls connected by several winding treads with a rounded corner. The floors in the west stair are steel panels with steel baseboards at the wall. The walls are plaster applied to brick masonry, including the walls defining the central core of the stairwell. At the ground and first floor, the ceiling is the exposed underside of the next level steel floor structure and panels. The second floor ceiling is plaster on metal lath, with a chamfer molding at the perimeter of the space similar to the other rooms in the building. The stairs have steel treads and risers. At the top of the staircase at the second floor, the open side is enclosed by a wood-framed security grille with diagonal woven wire screening.

3. Flooring: The corridors and alcoves have an original wood floor covered in most areas with linoleum and/or vinyl tile. The typical bedroom has a wood floor and a painted wood baseboard. Linoleum or a concrete floor is present in a few bedrooms. The typical dining room has vinyl tile flooring installed over linoleum over wood. The typical baseboard throughout the original portion of the building is painted wood. Throughout the bathroom wing, the floors are white hexagonal ceramic tile with a concrete base. The dayroom floors are square ceramic tile.
4. Wall and ceiling finish: The walls are typically painted plaster applied directly to the brick masonry wall construction. At the ceiling, the wall has a chamfered shape, created by three courses of corbelled brick masonry with plaster applied at an angle. The ceilings are typically plaster on wood lath.

The bathroom wing walls are painted plaster applied to brick at the perimeter walls, and painted plaster applied to metal lath and studs at the partition walls that define the four rooms. Marble wall cladding and partitions are present in the shower rooms. The ceilings are painted plaster applied to the underside of the concrete structure above.

The dayroom is unfinished, with the brick masonry wall construction exposed at all sides, and the concrete floor construction exposed to below as the ceiling. These surfaces are painted in some locations.

## 5. Openings

- a. Doorways and doors: The original interior doors are painted, two-panel stile-and-rail solid wood doors. The door frame is painted wood and includes a five-part metal grille transom.

Some of the interior bedroom doors are reinforced with non-original steel plates. The stairwell door openings were modified after original construction, with steel bullnose trim defining a plaster return at the head and jamb, and with the stairwell door and frames set within the plaster opening. The stairwell doors are metal-clad wood, six-panel stile-and-rail doors, with solid panel transoms. The doors within the bathroom wing are painted, four-panel stile-and-rail wood doors with simple painted wood trim.

The east-west and north-south corridors are divided by a plaster elliptical arch with plaster pilaster trim at the spring line and a steel bullnose at the wall corners. The alcoves off the east-west corridor are defined by similar arches. The connecting corridor to the bathroom wing is defined by a semicircular plaster arch with bullnose trim at the wall corners. In the south alcove off the east-west corridor, there is a rectangular plastered opening in the wall leading to the dayroom; this opening replaced a typical paired window opening at this location when the dayroom addition was constructed.

- b. Windows: In addition to the exterior iron security grille at the lower sash, most ground floor and first floor bedroom windows have original interior inward-swinging wood-framed security grilles with heavy-gauge diagonal woven wire screening; no such grilles are present at the second floor, although traces of hardware for screens of this type were observed.

The dayroom windows are interior glazed with putty. Along the north and west interior walls of the dayroom, the original windows opening from the adjoining bedrooms and bathroom wing remain in place.

- 6. Decorative features and trim: The interior is painted wood, although in many locations failure of the paint has exposed the original stained and varnished finish. The trim is mostly a plain rectangular profile, but the door and window heads typically include a projecting cornice trim. At some corridor walls, painted wood chair rail is present.

Remnants of cast plaster rosettes are present at some ceiling-mounted light fixtures.

- 7. Hardware: Most doors have a non-original metal-framed peephole and a single pull and keyhole on the exterior side; there is no hardware on the interior side. Some of the door pulls appear to be original cast iron elements including an embossed decorative scrollwork pattern.

#### 8. Mechanical Equipment

- a. Heating, air conditioning, ventilation: Heat and ventilation is typically provided to each room through a grille opening near floor level on the corridor wall and a grille opening near ceiling level on the exterior wall, connected to vertical air shafts built into the thickness of the brick masonry walls. A wide variety of ventilation grilles are present, some of which incorporate integral dampers that allowed the vents to be opened and closed for seasonal adjustment. Hot water radiators with exposed piping are present in the bathroom wing. Similar exposed hot water piping is present at the alcoves and corridors, although some radiators have been removed. Within the dayrooms, radiator piping is present along the exterior walls; a wood enclosure that formerly existed around these pipes is mostly missing.

A dumbwaiter is located in the northeast corner of the dining room tier, with stainless steel access doors at each level.

- b. Lighting: The building has ceiling-mounted dome-style light fixtures in the corridors and stairwells. Within each bedroom, there is a single non-original recessed overhead light fixture. Typically, there is a remnant pipe projecting from the wall above the corridor door within each room that marks the location of the original gas or electric light fixture. In the dayrooms, ceiling-mounted light fixtures are present on the concrete beams. Exposed electrical conduit is present throughout the building.
- c. Plumbing: Domestic water and drain piping is surface-mounted throughout the bathroom wing. Some historic porcelain plumbing fixtures remain in this wing. Unlike the rest of the Center Building group, Garfield does not have a fire sprinkler system.

Within the second floor dayroom, there are two floor drains near the middle of the floor. These are connected to exposed drain piping at the floor below leading to two vertical leader pipes on the south wall. These vertical pipes also serve as the roof drains.

#### D. Site

1. Historic landscape design: Documentation of the landscape of the west campus of St. Elizabeths Hospital can be found in Historic American Landscape Survey documentation submittal DC-11.

The Center Building group is situated on a bluff that overlooks the Anacostia River and the Washington, D.C., skyline to the north and west. The immediate site slopes to a ravine at the northwest and is heavily forested. Cedar Drive provides access to the north entrance and separates the building from the ravine; Cedar Drive continues around the complex and passes to the west of Garfield. The immediate landscape to the north of Garfield consists of a flat grass-covered lawn with mature trees. To the south, Birch Street forms a small loop drive connected to Cedar Drive at both ends. Sidewalks and paved concrete service paths connect Garfield and Birch Street. To the east of Garfield is an asphalt-paved yard, formerly used as an outdoor patient recreation area, that abuts the exterior wall of the building.

### PART III: SOURCES OF INFORMATION

- A. Architectural drawings: Copies of architectural drawings are included in the attached Supplemental Material. The archival drawing documentation is in the collection of the General Services Administration.
- B. Early Views: Copies of selected early and historical views of Willow are included in the attached Supplemental Material. The original photographs and other archival photographic documentation are in the collection of the General Services Administration, the Library of Congress, the National Archives, College Park, Maryland, or the St. Elizabeths Hospital Health Sciences Library archives on the St. Elizabeths East Campus.
- C. Interviews: No oral history interviews were performed for this documentation project.
- D. Selected Sources:

*Centennial Papers: St. Elizabeths Hospital, 1855–1955.* Winfred Overholser, ed.  
Washington, D.C.: Centennial Commission, St. Elizabeths Hospital, 1956.

*Condition & Reuse Assessment: St. Elizabeths West Campus (draft)*. Oehrlein & Associates Architects. Prepared for the General Services Administration, January 4, 2006.

*The DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan*. Oehrlein & Associates Architects and Robinson & Associates, Inc. Prepared for the General Services Administration. November 10, 2008.

*General Correspondence and Other Records of the Federal Board of St. Elizabeths Hospital*. Records of the Office of the Superintendent, (1855–1967), Record Group 418.

*Historic Preservation Report: St. Elizabeths West Campus*, John Milner Architects. Prepared for the General Services Administration. December 7, 2005.

*Historic Structure Report: Center Building Group (Buildings 1 through 6), St. Elizabeths West Campus, Washington, D.C.* Wiss, Janney, Elstner Associates, Inc. Prepared for the General Services Administration, March 12, 2010.

Library of Congress. Washington, D.C.: Geography & Maps Reading Room. Collection contains various topographical maps for the District of Columbia and St. Elizabeths campus from 1855–1985.

*Maps and Plans of the Government Hospital for the Insane (St. Elizabeths Hospital), 05/27/1839–12/14/1938*. Department of the Interior, St. Elizabeths Hospital (1916–06/30/1940). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

National Archives and Record Administration. Textual Documents Division. Washington, D.C. Record Group 418, Records of St. Elizabeths Hospital. Entry 20, Records of the Superintendent, Annual Report of the Subordinate Units, 1919–1966.

National Archives and Record Administration. Textual Documents Division. Washington, D.C. Record Group 42, Records of St. Elizabeths Hospital, National Archives, Washington, D.C.

National Archives and Records Administration at College Park, Cartographic and Architectural Drawings Division, College Park, Maryland. Record Group 418, Records of St. Elizabeths Hospital, National Archives at College Park, College Park, Maryland.

National Archives and Records Administration at College Park, Cartographic and Architectural Drawings Division, College Park, Maryland. Record Group 48, Records of the Secretary of the Interior.

*Photographic Prints of Buildings, Grounds, and People, 1870–1920*. Department of Health, Education and Welfare, St. Elizabeth Hospital (04/11/1953–08/09/1967). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

*Photographs of Structures at St. Elizabeths Hospital, Washington, D.C., 1968*. Department of Health, Education and Welfare. Public Health Service, Health Services and Mental Health Administration, National Institute of Mental Health, Saint Elizabeths Hospital, Office of the

Superintendent (04/01/1968–07/01/1973). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

*St. Elizabeths Hospital Historic Resources Management Plan.* Devroux & Purnell Architects-Planners, PC, with Betty Bird, Historian, and Rhodeside & Harwell Inc., Landscape Architects. Prepared for the D.C. Office of Business and Economic Development and the Office of the Assistant City Administrator for Economic Development, Washington, D.C., September 1993.

*St. Elizabeths Hospital Tunnel Inspection Report.* Burgess & Niple, Inc. Prepared for the General Services Administration, Washington, D.C., February 2006. Accessed through the General Services Administration archives.

*St. Elizabeths West Campus: Cultural Landscape Report,* Heritage Landscapes, Preservation Landscape Architects & Planners, and Robinson & Associates, Inc. Prepared for the General Services Administration. April 2009.

*St. Elizabeths West Campus Preservation, Design, & Development Guidelines.* Oehrlein & Associates Architects and Robinson & Associates, Inc., Architectural and Historical Research. Prepared for the General Services Administration. November 10, 2008.

E. Likely Sources Not Yet Investigated: Extensive research on the history of Garfield has been performed for this and other studies, as documented in the publications and other sources listed above.

F. Supplemental Material:

1. GSA archives, image DC1441SE0P003.
2. GSA archives, image DC1441SE0P006.
3. GSA archives, image DC1441SE0P007.
4. GSA archives, image DC1441SE0P004.
5. GSA archives, image DC1441SE0P005.
6. GSA archives, image DC1347SE0P005.
7. GSA archives, image DC0070SE0102.
8. GSA archives, image DC0070SE0103.
9. GSA archives, image DC0070SE0104.
10. GSA archives, image DC1441SE0P001.
11. GSA archives, image DC1441SE0P002.

#### **PART IV: PROJECT INFORMATION**

This historical narrative was prepared by WJE in conjunction with Mills + Schnoering Architects, LLC, who prepared the measured drawings, and Leslie Schwartz Photography, who prepared the photographic documentation. The HABS documentation was completed for the General Services Administration.

## HISTORIC AMERICAN BUILDINGS SURVEY

### SUPPLEMENTAL MATERIAL

GARFIELD (Building 5)  
St. Elizabeths West Campus  
539–559 Cedar Drive SE  
Washington, D.C.

HABS No. DC-349-Z



*Figure 1. Lavatory addition to the Garfield Building, 1898. Source: GSA archives, image DC1441SE0P003.*



*Figure 2. First floor of the Garfield Building along the north-south corridor looking toward the West Wing vestibule, 1905. Source: GSA archives, image DC1441SE0P006.*



Figure 3. First floor of the Garfield Building along the east-west corridor, 1905. Arched opening on the left leads to the lavatory addition. Source: GSA archives, image DC1441SE0P007.



Figure 4. Patient bedroom in the Garfield Building, 1905. Source GSA archives, image DC1441SE0P004.



Figure 5. Patient bedroom in the Garfield Building, 1905. Source GSA archives, image DC1441SE0P005.



Figure 6. View from the south of the Center Building; Garfield on the left side of the image, the West Wing in the distance, and Dawes (no longer extant) on the right, 1905. Source GSA archives, image DC1347SE0P005.

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SUPPLEMENTAL MATERIAL (Page 4)

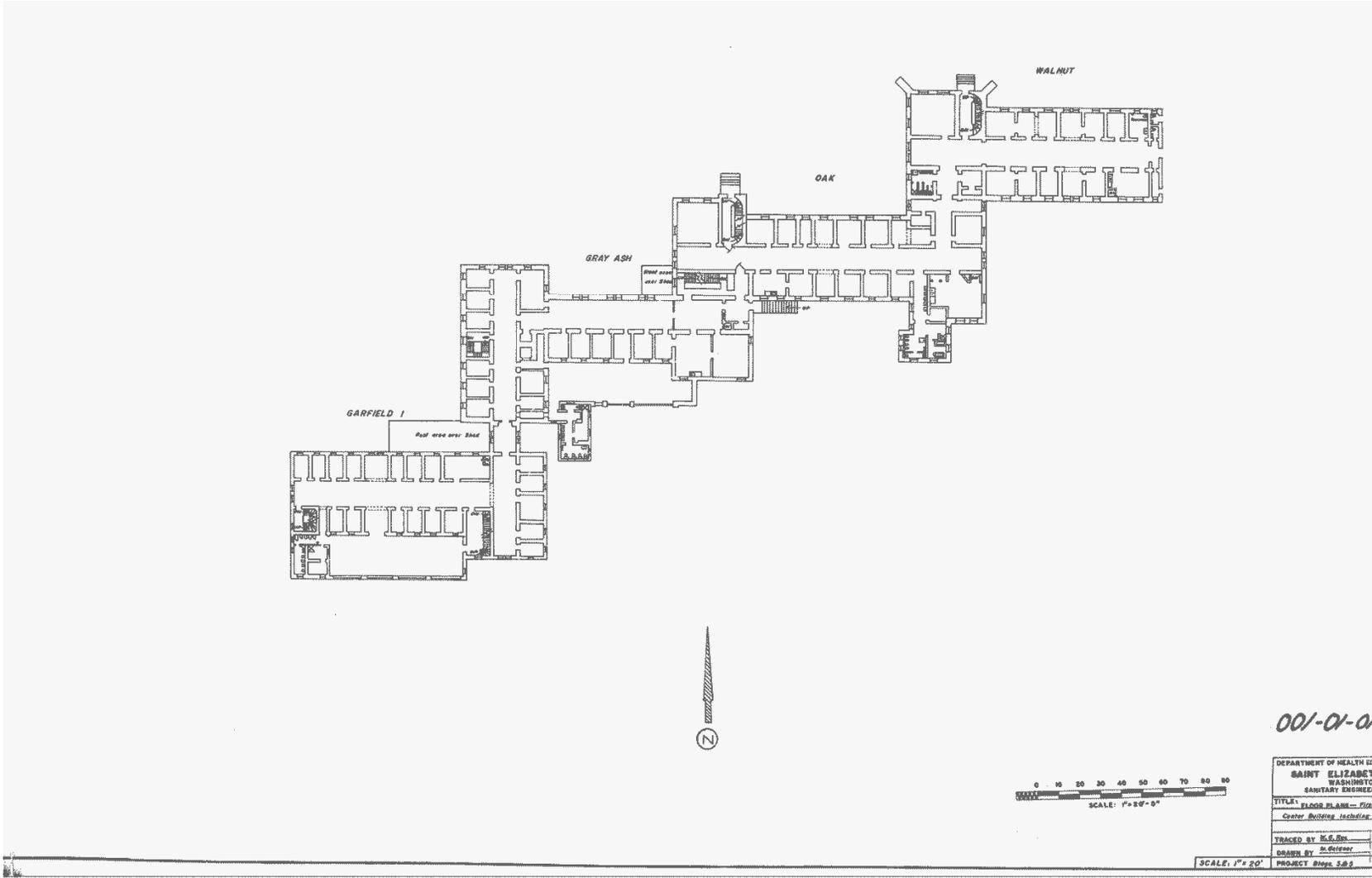


Figure 7. First floor plan of West Wing and Garfield Building, 1966. Source GSA archives, image DC0070SE0102.

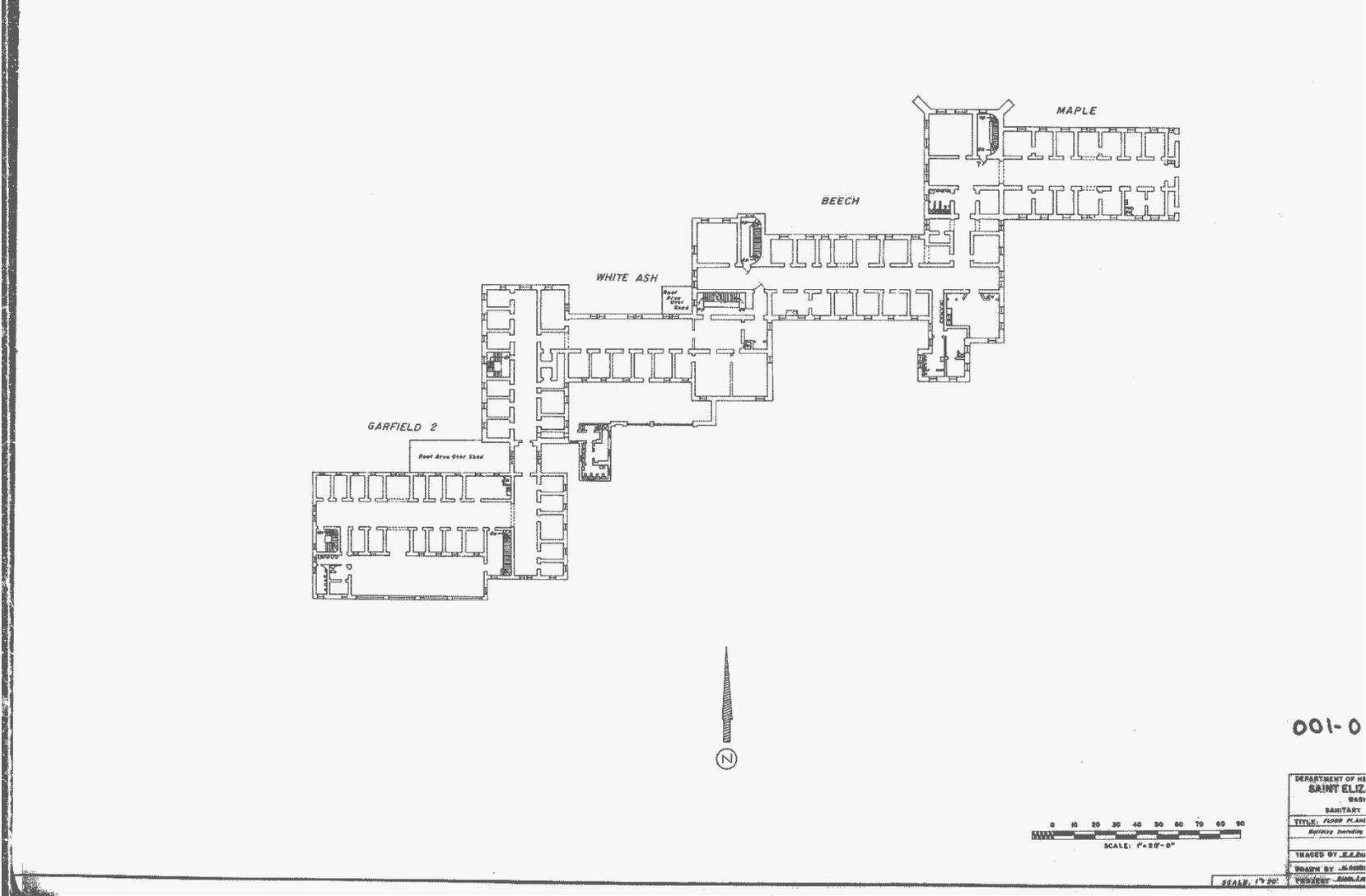


Figure 8. Second floor plan of West Wing and Garfield Building, 1966. Source GSA archives, image DC0070SE0103.

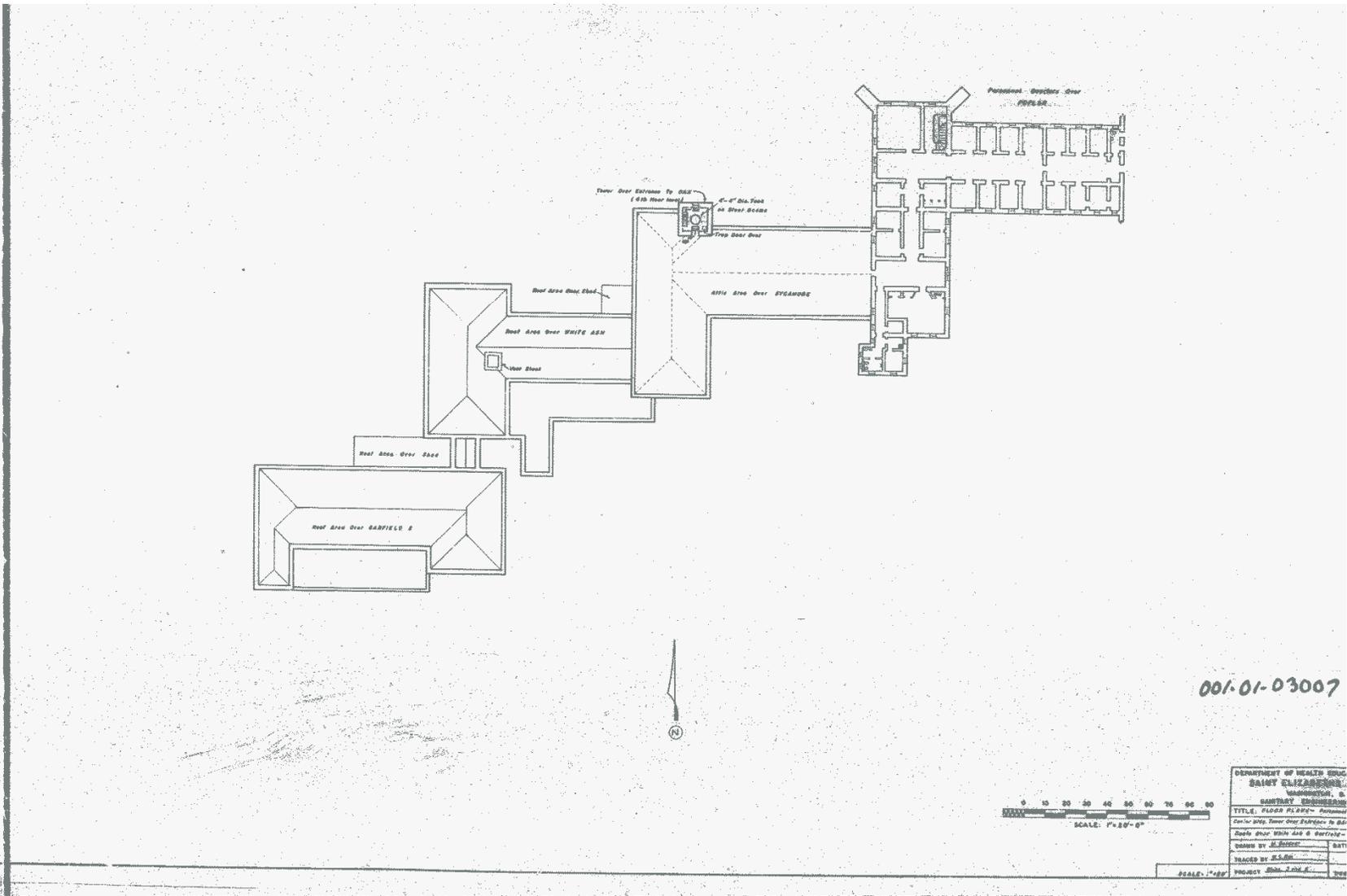
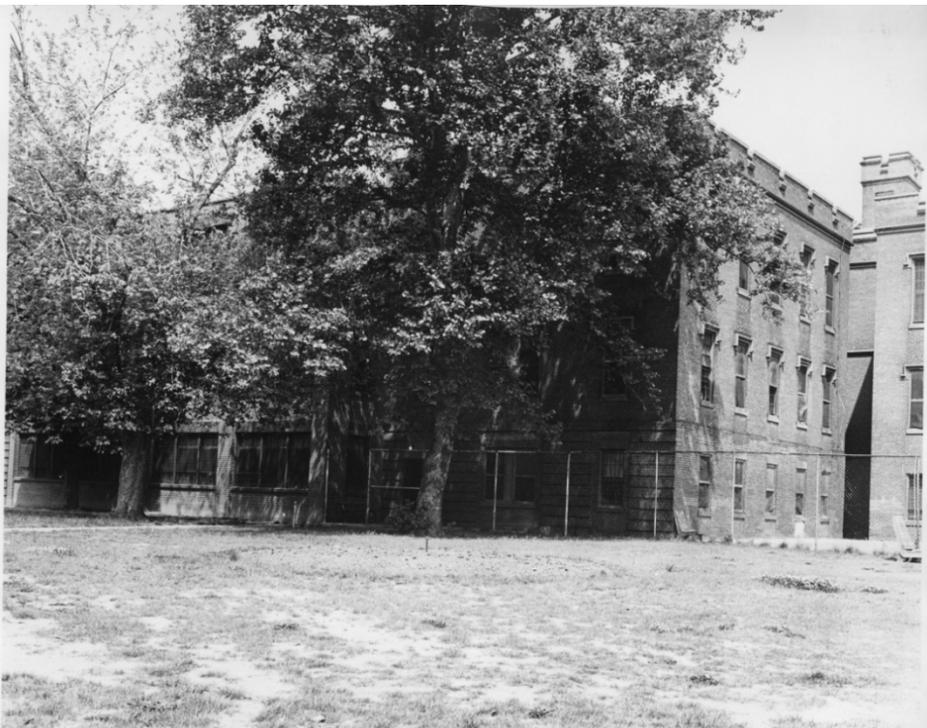


Figure 9. Roof plan of West Wing and Garfield Building, 1966. Source GSA archives, image DC0070SE0104.

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*Figure 10. A view of the east elevation of the Garfield Building and the West Wing, 1968. Source: GSA archives, image DC1441SE0P001.*



*Figure 11. South elevation of Garfield with the dayroom porch addition, 1968. Source GSA archives, image DC1441SE0P002.*