

OREGON'S FORGOTTEN PUBLIC SOCIAL WELFARE INSTITUTIONS:
THE OREGON STATE HOSPITAL AND THE MULTNOMAH COUNTY
POOR FARM AS CASE STUDIES IN THE CHALLENGE
OF PRESERVING STIGMATIZED PLACES

by

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Dr. Leland M. Roth

There is an uneasy relationship between the buildings of public social welfare institutions and historic preservation because of the stigma associated with those persons housed there and the unpleasant social history they can represent. These and other issues present preservation challenges unique to public social welfare institutions. Using the Oregon State Hospital and the Multnomah County Poor Farm as case studies, this thesis explores the history of these two sites within a national context of the development of state psychiatric hospitals and county poor farms. Using case study methodology, the recent experiences with historic preservation policy and practice at the two sites will be used to demonstrate typical challenges at such stigmatized sites and offer recommendations for preserving them in Oregon.

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This thesis is dedicated to the betterment of mental health, especially Ryan's.

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CHAPTER I

INTRODUCTION

Lunatic asylums are artefacts. They are not simply buildings in a particular architectural style. The rooms, spaces, layouts, and designs all have a meaning beyond their physical fabric.

—Susan Piddock, *A Space of Their Own*

This thesis examines the challenges of preserving the built environment of social welfare institutions. The preservation challenges these places face are far more than for average buildings. It is difficult, at best, to garner public support for preservation measures concerning these types of buildings. In particular, former occupants—staff and residents alike—would rather forget than remember their tenure in these buildings. There are a number of social welfare institutions that are in desperate need of preservation. A majority of these buildings began to be abandoned in the 1960s with changes in treatments, social philosophies, and the beginning of a deinstitutionalization movement that left them excess capacity. Furthermore, these buildings invariably suffered from neglect during their active lives with deferred maintenance and rough treatment by occupants, which contributed to their later abandonment.¹ These buildings also suffer

¹ "The Kirkbride Plan: Architecture for a Treatment System That Changed," *Hospital & Community Psychiatry* 27, no. 7 (1976): 476-477.

from the stigma of poverty, mental illness, and stories of “snake pits” associated with the long history of government-run welfare institutions. These issues create a complex problem for the preservationist. There are no easy answers for the preservation and reuse of these places; for, despite the best intentions of the founders of these institutions, these places beg to be forgotten. Nonetheless, they deserve to be preserved for the important lessons they teach us about social history.

In particular, this thesis will examine two specific types of public social welfare institutions: the nineteenth century insane asylum and the American poor farm. The nineteenth century insane asylum has only recently attracted the interest of architectural historians; otherwise, data about them are buried in the annals medical history, which rarely touch on their social, cultural, or architectural significance.² Furthermore, since the 1950s and 1960s historic insane asylums have suffered from both demolition and neglect because unnecessary capacity and the perceived obsolescence of these structures.³

The other typology, the American poor farm, has yet to receive much academic attention from historians, much less architectural historians or preservationists. Extant poor farms are even fewer than extant Victorian era insane asylums, as their societal

² Jennifer McKendry, "An Ideal Hospital for the Insane?: Rockwood Lunatic Asylum, Kingston, Ontario," *Society for the Study of Architecture in Canada. Bulletin* 18, no. 1 (1993): 6; Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," *Journal of the Society of Architectural Historians* 62, no. 1 (2003): 24-25.

³ "The Kirkbride Plan: Architecture for a Treatment System That Changed.," Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 15.

function has been entirely replaced by the modern welfare state and social security.⁴ Both the nineteenth century insane asylum and the American poor farm are exemplary architectural examples that help to describe ways in which American state and local governments have historically dealt with society's "inconvenient people."⁵ Therefore, it is not just the shell of the structure that deserves the attention of preservationist, as these places "have a meaning beyond their physical fabric."⁶

Still, these are entirely obsolete institutions with buildings based on antiquated ideas about social welfare and mental illness. While the social function of the insane asylum still exists as the modern psychiatric hospital and some such institutions are still using their nineteenth century buildings (e.g., Oregon State Hospital (Figure 1.1)), the poor farm has completely faded into history. The asylums are not considered reconfigurable to the modern standards of such institutions; those few that are still in their original use have severe operational constraints because of limited social service funding. Even with extreme remodeling, the public funds available to their modern operators can barely cover patient care; there is no money for basic maintenance, much less preservation (Figure 1.2). Nonetheless, unlike the poor farm, their basic societal function still exists.

⁴ David Wagner, *The Poorhouse: America's Forgotten Institution* (Lanham, MD: Rowman & Littlefield, 2005), 1-2.

⁵ Andrew Scull, "A. Convenient Place to Get Rid of Inconvenient People: The Victorian Lunatic Asylum," in *Buildings and Society: Essays on the Social Development of the Built Environment*, ed. Anthony D. King (London: Routledge and Kegan Paul, 1980), 37.

⁶ Susan Piddock, *A Space of Their Own: The Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia, and Tasmania* (New York: Springer, 2007), 25.



Figure 1.1. Oregon State Hospital's main entrance at the "J" building. Photographed during the construction and demolition phase of its Replacement Project in February 2010. The cupola had recently been removed for structural inspection and preservation. Photograph by author.



Figure 1.2. State of maintenance during the early phases of rehabilitation at the Oregon State Hospital. The administrative center portion (left and Fig. 1.1) has been repainted during the project, however, the ward wing to the right has had failing windows and peeling paint for many years. Photograph by author.

The Oregon State Hospital and the Multnomah County Poor Farm—commonly known as Edgefield Manor (Figure 1.3)—have been selected as case studies to examine the process and theory of preservation and reuse of social welfare buildings. The Oregon State Hospital and Edgefield Manor are highly visible examples public social welfare institutional complexes in Oregon. The state hospital has been an imposing physical presence in the state capital of Salem since it was completed in 1883 and the county poor farm now serves as a popular resort hotel. Both are easily accessible from the state’s major metropolitan area of Portland and thus well known throughout the state. Both are within 50 miles of Portland and are within approximately 60 miles of each other (Figure 1.4). Finally, both institutions have buildings that are rare survivors of their particular



Figure 1.3. Edgefield Manor as photographed in 2010, many years after completion of preservation work. Photo by author.

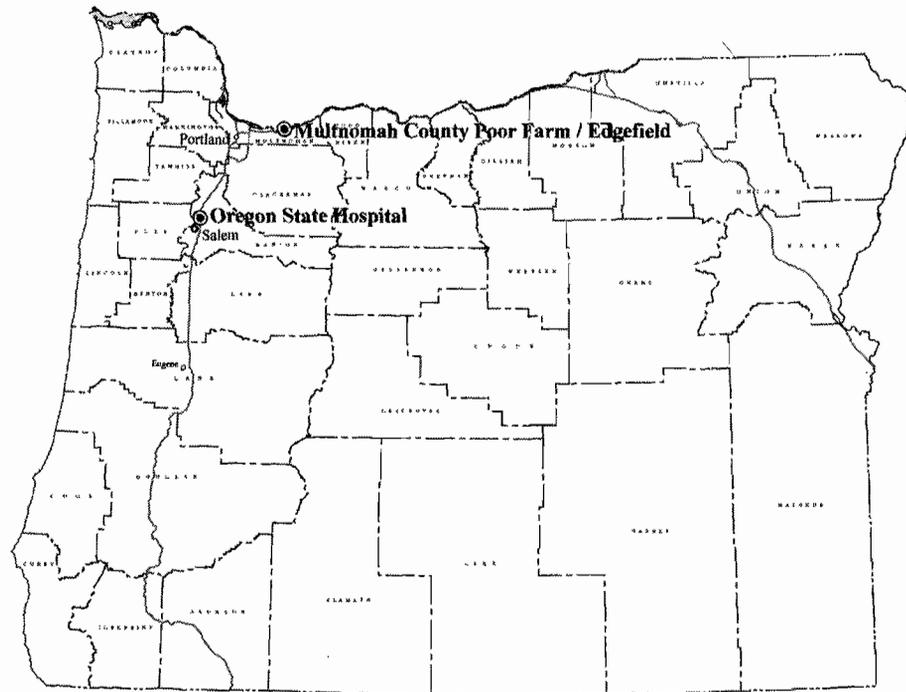


Figure 1.4. Map of Oregon showing case study sites, major cities, and major highways. Map by Jesse Nett.

forms of institutionalized housing, especially in a regional context, but also nationally. While they have similar origins in social welfare philosophy as practiced by state and local governments, they offer strong contrasts in preservation treatment, outcome, and process.

This thesis commences with a review of the literature and theory on social and architectural stigma as it relates to social welfare institutions and public housing of times past and present. It will explore this with a multidisciplinary approach, primarily using literature from the fields of cultural heritage management, social and cultural geography, anthropology, and the history of medicine. In order to achieve a broad perspective, the discussion of theory will include a large discussion of foreign research. While foreign research is not always ideal in preservation—as cultural values can vary between nations

—research discussed here will be primarily from nations with strong cultural, linguistic, and scientific ties to the United Kingdom. Lunatic asylum development in particular was led by the United States and Britain, influencing implementation through the English-speaking world.⁷

Following the literature review is an historical overview of the asylum and poor farm as types. The histories of the Oregon State Hospital and Edgefield Manor will be included both as examples of their types and as context and background for the preservation policies and treatments that have been and are being applied to them.

Next is a discussion of the preservation treatments, policies and strategies as used at these two stigmatized institutions. This discussion focuses on the Oregon State Hospital (OSH) and Edgefield Poor Farm. Historic inquiry methods will be utilized to trace the institutional histories of the OSH and Edgefield. The specific historical methods defined by Jacques Barzun will serve as the basis of analysis. Barzun's methods encompass various methods for verification of data, logical analysis, interpretation of both primary and secondary materials, and how to seek the corroboration of past and current writers in one's field.⁸ Data collection consisted of library research, document analysis, and field work including site visits and participant observation (i.e., attendance at public meetings and hearings). Interviews have been avoided because of both resource

⁷ Catharine Coleborne and Dolly MacKinnon, eds., *"Madness" In Australia: Histories, Heritage, and the Asylum* (Saint Lucia: University of Queensland Press, 2003), 221.

⁸ Jacques Barzun and Henry F. Graff, *Modern Researcher*, 6th ed. (Belmont, CA: Thomson/Wadsworth, 2004).

constraints and the limited availability of purposively sampled interview candidates.

Primary source documentary evidence is the main method of gathering information and evidence throughout all parts of the study.

Finally, this thesis concludes with an analysis of results to date at the two Oregon institutions and other institutions worldwide along with recommendations for rehabilitative preservation treatments and future research. Unfortunately there are no viable comparisons for completed or partially completed preservation treatments within the state of Oregon or in the Northwest. No older buildings of similar age survive in the region in the case of asylums and documentation and locational information is extremely scarce in the case of poor farms.⁹ Therefore other cases from the United States and the rest of the English speaking world are analyzed briefly for context, conceptual alternatives, and international perspective.

⁹ Hilda Skott, *From Camas Lilies to Prilly Blossom* (Steilacoom, WA: Historic Fort Steilacoom Association, 1999). While Washington's Western State Hospital is an older institution than the Oregon State Hospital, no buildings constructed explicitly for the hospital's use survive from the 19th century. It is also true that the Eastern Oregon State Hospital of 1913 survives possibly more intact than the OSH, however, it cannot be used a comparison for adaptive reuse. The hospital was converted to the Eastern Oregon Correctional Institution, a medium security prison from 1983 to 1985. This conversion involved very little change in floor plan or building programming, as a medium security prison is effectively a state psychiatric hospital in terms of security, but with more staff.

CHAPTER II
STIGMATIZED PEOPLE, STIGMATIZED PLACES:
AN INTERDISCIPLINARY EXAMINATION
OF THE LITERATURE

Nobody wants to be treated at Ye Olde Psychiatric Research Center.

—Carla Yanni, *Architecture of Madness*

Obsolete building types and buildings associated with painful memories—collectively as a type or individually—are often one in the same (e.g., old prisons, racially segregated theaters, insane asylums, internment or concentration camp housing) and present similar challenges to the preservationist. Museums devoted to the history of such buildings are the most common form of their rehabilitation, which can be challenging in itself, as certain portions of a building's history can be difficult for anyone in a community to acknowledge.¹⁰ Converting to an utterly new use such as private homes or townhouses presents further hurdles, particularly in sensitivity to the historic fabric.¹¹

¹⁰ Eric Zuelow, "Enshrining Ireland's Nationalist History inside Prison Walls: The Restoration of Kilmainham Jail," *Éire-Ireland* 39, no. 3 & 4 (2004).

¹¹ Bridget Franklin, "Monument to Madness: The Rehabilitation of the Victorian Lunatic Asylum," *Journal of Architectural Conservation* 8, no. 3 (2002).

Stigma

Stigma has been attached to the mentally ill, the poor, and the “underclass” since long before mental illness was understood or sociologists existed to study and name these concepts. Only starting 1970s did the study of stigma move beyond social philosophy into scientifically researched social theory.¹² Few researchers have sought to find believable and testable explanations for social stigma, thus it is still poorly understood.¹³

The sociologist John Clausen noted that the stigma of mental illness is mostly self-inflicted by patients and former patients, but with the assistance of their families.¹⁴ This is true only so far as reintegration into society after or during successful treatment. As for clinical utility, the value of this information is high. Patients assume they will be rejected by society, creating a self-fulfilling prophecy of their failure at reintegration.

Dr. Clausen is correct in stating that societal stigma is almost irrelevant to the recovered patient, as the truly recovered have no obvious marking to expose their history with mental health institutions and treatment. He points out, but mostly disregards the societal stigma of mental health institutions. Mental health facilities have stigma because society fears the loss of informal social control and control over its environment from the presence of large numbers of people whose condition defines them as erratic and

¹² John A. Clausen, "Stigma and Mental Disorder: Phenomena and Terminology," *Psychiatry* 44, no. 4 (1981): 287-288.

¹³ Annette Hastings, "Stigma and Social Housing Estates: Beyond Pathological Explanations," *Journal of Housing and the Built Environment* 19, no. 3 (2004).

¹⁴ Clausen: 287.

irrational.¹⁵ The historical invention of these facilities was premised entirely on the separation and containment of these people from mainstream society.¹⁶ These patients are unfortunately perceived as undesirable because of a generalized fear of the “other” that does not conform to norms. While these fears are not wholly unreasonable, they are certainly greatly out of proportion to any real risk.¹⁷ Thus patients often do feel stigmatized, especially in residential treatment facilities and in outpatient group therapy settings.¹⁸

Stigmatization is not often a concept applied to architecture; indeed, such references in academic literature are quite rare.¹⁹ However, this certainly does not mean that it cannot be well applied. Stigma attaches itself to landscapes and buildings through human actions and events. In the case of public social welfare institutions, stigma is inherent to them as a type, as stigma and the receipt of charity are inextricably linked in American culture.²⁰ Somehow the receipt of the government’s charity is more shameful than charity in general. One might surmise that this is linked to the infamous Protestant work ethic that is found in almost any work on American history and the related worship

¹⁵ Nancy Wolff and Jennifer Stuber, "State Mental Hospitals and Their Host Communities: The Origins of Hostile Public Relations," *Journal of Behavioral Health Services & Research* 29, no. 3 (2002): 306.

¹⁶ Eleanor Conlin Casella, *The Archaeology of Institutional Confinement, The American Experience in Archaeological Perspective*. (Gainesville: University Press of Florida, 2007), 4.

¹⁷ Clausen: 288, 295.

¹⁸ *Ibid.*: 295.

¹⁹ Hastings: 235.

²⁰ John Iceland, *Poverty in America: A Handbook* (Berkeley: University of California Press, 2006), 122. ‘

of individual independence. However, the reasons for this stigma of dependency are both beyond the scope of this thesis. The point here is the contagious nature of this stigma. The stigma of dependence is contagious. It is communicable by way of physical contact and also association. Therefore, stigma is passed by those receiving charity to the buildings in which they receive it. If these places are purpose built for charity, such as some poor farms and most state hospitals, they cannot be deemed “innocent places,” concerning the attachment of stigma to them.²¹ The stigma attached to them is inherent to them if they are used as designed. In essence, stigma *is* a place’s sense of history, albeit a very negative one.

Stigma, though it does not inhere to terminology, it certainly may adhere to terminology. This is especially so as social and scientific mindsets change. Such changes in worldview tend to look on prior notions of disease process and the labeling of people as outdated and offensive. For example, insane asylum superintendents already considered the very names of their institutions stigmatized before the end of the nineteenth century.²²

The stigmatization of historic public social welfare institutions has many parallels with the more recent stigmatization of public housing. Highly concentrated public housing is the modern poor farm. It, in turn, suffers from nearly identical image

²¹ Kenneth E. Foote, *Shadowed Ground: America's Landscapes of Violence and Tragedy*, Rev. ed. (Austin: University of Texas Press, 2003), 145.

²² Ronald Rudy Higgins-Evenson, “Parties, Patronage, Professionals, and the State: A History of Oregon Institutions, 1859-1900” (MA thesis, University of Oregon, 1995), 221.

problems. In providing housing for an underclass along with its government ownership, administration, and subsidy it is also a modern public social welfare institution. Housing literature defines stigma somewhat differently from literature specific to mental health, in that in these spatial and geographic arenas there are no specific identifying marks in a stigma. Nonetheless, both fields hold a highly negative public image as the most significant part of the definition.²³ Public housing stigma therefore serves as an ideal interpretive model for the understanding of stigma at historic public welfare institutions such as the poor farm and the insane asylum.

As image is more important than reality in these cases (even when reality is starkly harsh), reportage can be especially damaging to any institution. Sadly, reporting reality especially in the format of an exposé can do more harm than good. In the case of the Oregon State Hospital, endless exposés by newspapers in the state have done incalculable damage. While they do always bring up the root cause of problems, that part of the message is easily lost in the graphic portrayals of mistreatment, mismanagement, decay, and despair (Figure 2.1).²⁴ Furthermore, according to the urban scholar Annette Hastings, journalists sometimes feel compelled to look for negative stories in the “obvious places” in order to produce an interesting product that will sell newspapers.²⁵

²³ Clausen; Hastings: 235-237.

²⁴ "Oregon Mental Health: System Can Shine Again," *Oregonian*, November 26, 2006, E4; "Oregon's Forgotten Hospital," *Oregonian* (2005). <http://www.oregonlive.com/special/oregonian/hospital/> (accessed June 1, 2008). In all fairness to the *Oregonian*, there hasn't been any good news to report on mental health in the state of Oregon since the passage of Measure 5 in 1990.

²⁵ Hastings: 253.



Figure 2.1. An abandoned gurney with physical restraints and an abandoned wing of the Oregon State Hospital's main "J" building. Images such as the two above were published in the *Oregonian's* exposé of conditions at the state hospital entitled "Oregon's Forgotten Hospital" in 2006. While these photographs clearly display the conditions of the time accurately, they oversell the problems and cause the reader to miss the point of the hospital's most serious problem: lack of funding and appropriations from the legislature. Photographs by Rob Finch, courtesy of the *Oregonian*.

The only long term strategy to combat locational stigma, as uncovered by Hastings, is to include major public relations campaigns with any major upgrades to facilities or social conditions. However, public relations campaigns and positive media stories will fail without such upgrades. Without the public education and without new positive images to combat the stereotypical ones in the public's mind, locational stigma is nearly impossible to overcome.²⁶

An article in the same special issue of the *Journal of Housing and the Built Environment* as Hastings' article suggests one further method of managing locational stigma. Norwegian scholars Brattbakk and Hansen note that in Norway, large public housing complexes tend to have cooperative ownership of the tenants rather than

²⁶ Frank Wassenberg, "Large Social Housing Estates: From Stigma to Demolition?," *Journal of Housing and the Built Environment* 19, no. 3 (2004): 229.

governmental control. The advantage here is that of pride of ownership, although it is small.²⁷ Unfortunately, it is impossible to apply this to a public institutional building in advance of a reuse scheme to enhance its image. While in other cases this collective ownership might provide enough of an image enhancement to prevent demolition or inappropriate renovation, it cannot work here because of the inherent single party government ownership.

Unplanned Obsolescence

Much like terminology, buildings can become antiquated. Buildings become antiquated not just in the obvious ways—mechanical systems, ventilation mechanisms, circulation systems, safety features, electrical capacity, etc. Buildings often outlive the theories and social or economic conditions that brought them into existence.²⁸ Institutional buildings, scientifically related facilities, and, most of all, those with theoretical underpinnings related to social theory and public welfare are the most likely to outlive their original purpose. For example, of four hospitals in northwest Oregon examined and photographed by the Oregon State Board of Charities and Corrections in

²⁷ Ingar Brattbakk and Thorbjorn Hansen, "Post-War Large Housing Estates in Norway – Well-Kept Residential Areas Still Stigmatised?," *Journal of Housing and the Built Environment* 19, no. 3 (2004).

²⁸ Jim Andrews, "Hospital Benefits," *Planning* (2000): 14.

1892, not a single one of the buildings standing at the time of the report survived into the twenty-first century.²⁹

Scientific and medical facilities like insane asylum or any sort of hospital (including psychiatric) are very commonly prone to the fate of demolition. Indeed, no one does feel as if he or she will be helped by “Ye Olde Psychiatric Research Centre” or the old county home.³⁰ The built environment is a piece of historic material culture. As material culture they are endowed with meaning by both their creators and society, however, their meaning may change over time, with the original intent being generally forgotten or lost altogether. Science—as a social construct—needs its image of advancement and modernity for recognition from society. Science is acknowledged as valid only because of the advancements it makes. To the general public, which cannot keep up with technology and rapid advancements, architecture is an ideal method of projecting this image and has always been so, since this first of the nineteenth century insane asylums.³¹

²⁹ *First Biennial Report of the State Board of Charities and Corrections*, (Portland, OR: F. W. Baltes and Company, 1892), 311-322. Oddly, the three of the hospitals as organizations survive. Good Samaritan, St. Vincent’s, and Portland [Providence] hospitals remain in existence, though St. Mary’s of Astoria did not survive.

³⁰ Yanni, *Architecture of Madness*, 15. Nor does the American public look with reverence on any other ancient facility operating as a hospital (regardless of any kind feelings one might have toward the convex Mansard roof of St. Elsewhere or Chicago’s endangered Beaux Arts icon of Cook County General).

³¹ *Ibid.*

Commemoration

One of the most important considerations in the rehabilitation of these structures is the avoidance of the worst part of the history or the even the history altogether.³² Psychiatry in particular is not exceptionally proud of its past (and probably for good reason).³³ Adapting these places to new use can be considered a form of commemoration.³⁴ The British urban researcher Bridget Franklin notes that in only one of the several asylums she had studied was there any effort to have any interpretation. The other two facilities completely avoided mentioning the past in any way.³⁵ She takes care to mention that city planners themselves were able to appreciate the historical and architectural significance of these former asylums. However, these planners felt they had to compromise in both design and interpretation for the sake of “less enlightened market interests.”³⁶

Franklin further speaks of treating asylums as architectural monuments to encourage their preservation and while seeming not to condone a failure to interpret these

³² Franklin; Robert R. Weyeneth, "The Architecture of Racial Segregation: The Challenges of Preserving the Problematical Past," *The Public Historian* 27, no. 4 (2005); Manuscript by Lorcan C. G. Leonard, "The Kilmainham Project as I Dreamt It and Lived It," 1960, Kilmainham Jail Archives, quoted in Zuelow.

³³ Catharine Coleborne, "Collecting 'Madness': Psychiatric Collections and the Museum in Victoria and Western Australia," in *'Madness' in Australia: Histories, Heritage, and the Asylum*, ed. Catharine Coleborne and Dolly MacKinnon (St. Lucia, Queensland, Australia: University of Queensland Press, 2003), 183-185; Yanni, *Architecture of Madness*, 15.

³⁴ Thomas J. Balduf, "Adaptive Use of 19th-Century State Hospitals for the Insane," *Forum Journal* 24, no. 1 (2009): 33; Foote.

³⁵ Franklin.

³⁶ *Ibid.*: 37.

sites, she tellingly said little about encouraging it and only briefly mentioned that tenants and the public tend to want to hear the story eventually.³⁷ Unfortunately, it is hard to predict what Franklin's studies mean for the United States. Extremely few nineteenth-century asylums have been converted to mixed-use developments. American scholarship on the architectural significance and preservation of buildings from dark corners of its own past has only just begun with the twenty-first century.³⁸

A recent and fairly well publicized conversion in Michigan has a website that carefully avoids any history of the buildings. It only acknowledges briefly that the complex was an asylum, but prefers to call it all merely "historic."³⁹ Another recent example in New York City is similarly disappointing in its acknowledgement of its past while also managing to be deceptive about its history. Two web sites by the same developer on the New York City Octagon complex open their histories in very different ways. The public sales website states that it "opened [as] an island retreat with beautiful scenery on every side" in its first sentence. Meanwhile, in a proprietary database accessible only to preservationists one sees that it "opened in 1841 as the Pauper Lunatic

³⁷ Bridget Franklin, "Hospital — Heritage — Home: Reconstructing the Nineteenth Century Lunatic Asylum," *Housing, Theory, and Society* 19, no. (2002); Franklin, "Monument to Madness."

³⁸ Thomas J Balduf, "Adaptive Reuse of Nineteenth Century State Hospitals for the Insane" (M.A. Thesis, Goucher College, 2007); Jane Louise Boursaw, "Seeking Asylum: It Can Take Decades to Redevelop These Massive Properties, but at Least Three Communities Are Finding a Way to Do It," *Planning* 68, no. 11 (2002); Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna, eds., *Changing Places: ReMaking Institutional Buildings* (Fredonia, NY: Fredonia, NY, 1992); Susan P. Schreiber, "Interpreting Slavery at National Trust Sites: A Case Study in Addressing Difficult Topics," *CRM* 5 (2000): 49; Alex Ulam, "Whose Harlem?," *Metropolis* 22, no. 4 (2002); Weyeneth. The sole exception to this trend is *Changing Places*, which are the published proceedings of two conferences that occurred in the 1980s.

³⁹ The Minervini Group, "The Village at Grand Traverse Commons" <http://www.thevillageetc.com/> (accessed 14 April 2008).

Asylum.”⁴⁰ However, its success says little for public welfare institution preservation throughout the U.S. Very little original fabric remained when the project began. Only the entrance pavilion had survived from 1841 and then only as a shell. Suspicious fires and fifty years of abandonment had taken care of the wings, wards, and interiors.⁴¹ Furthermore, as the reader can no doubt imagine, nearly anything can be successfully converted into housing in New York City.

A further telling case is that of the conversion of Kilmainham Gaol in Dublin, Ireland to a national historical museum. From the outset of project, it was decided that a three-year period of the history of Ireland and the use of the jail during that time would need to be ignored in the interpretation, “in order to preserve unity of purpose.”⁴² In his analysis of the museum, the historian Eric Zuelow acknowledges that compromises may need to be made in what history is presented.⁴³ Research on the history of racial segregation and Jim Crow sites in the South of the United States and on an another prison in South Africa confirm this necessity of compromise.⁴⁴

⁴⁰ Bruce Becker, "The Octagon, Roosevelt Island, New York," *National Trust for Historic Preservation: Forum Solutions Database* (2007). <http://www.preservationnation.org/forum/resource-center/forum-solutions/the-octagon.html>; The Octagon, "The Octagon Building History" <http://www.octagonnyc.com/bldgHistory.asp> (accessed 5 October 2008).

⁴¹ Tricia Vita, "Restoring Roosevelt Island's Ruins," *Preservation* (April 25, 2003). <http://www.preservationnation.org/magazine/story-of-the-week/2003/restoring-roosevelt-islands.html> (accessed May 8, 2010).

⁴² Zuelow.

⁴³ *Ibid.*: 192-193.

⁴⁴ Harriet Deacon, "Robben Island: A Monument to Courage," *World Heritage Review* 31 (2003); Weyeneth.

From Weyeneth's research on preservation and segregation, Zuelow's Irish jail study, and the Canadian scholar Monica Gagnon's analysis of preservation at Japanese internment camps, one can also conclude that a heroic tale or "unity of purpose"—i.e., a common enemy and/or avoidance of current politics—is exceptionally helpful in preserving these stigmatized sites.⁴⁵ For Jim Crow sites, Kilmainham Gaol, and Japanese internment camps, part of getting the story told was having said "unity of purpose." Sites that can be conveniently interpreted to tell only the African-American experience with segregation and not the Euro-American experience or creation of it. The tale of Irish oppression by the British can disregard internal conflict in Ireland. Survivors can speak of the horrors of the Japanese internment camps rather than the guards. For, "It is easier to preserve buildings associated with triumph of individual and collective initiative than with the racially charged imposition of architectural partitioning and isolation."⁴⁶ Weyeneth speaks specifically to racialized institutions, but his idea can be applied universally to these stigmatized sites. The question becomes whether those sites that only represent those who fell on the wrong side of a moral or ethical line in history—in this case easily termed "oppressors"—can be preserved in light of opposition: would they become shrines to the lost cause?⁴⁷

⁴⁵ Monika Kin Gagnon, "Tender Research: Field Notes from the Nikkei Internment Memorial Centre, New Denver, BC," *Canadian Journal of Communications* 31, no. (2006); Weyeneth.

⁴⁶ *Ibid.*: 41.

⁴⁷ *Ibid.*

The insane asylum, however, presents a slightly different case; “heroism” may indeed be required to create a museum out of a site. Yet fame alone is not enough to save a site or create a memorial: there is no shrine to Woody Guthrie at Greystone or a memorial to Sylvia Plath and Ray Charles at McLean. It should not be assumed that interpretation of these sites is an impediment to for-profit development. People who regularly interact with historic buildings tend to want to know something about them eventually.⁴⁸ If a common point of interest can be found and the worst and most contentious parts of the history ignored. Although this author would suggest that their controversial histories is what would make them most interesting.

⁴⁸ Franklin, "Monument to Madness."

CHAPTER III
THE OREGON STATE HOSPITAL:
AN HISTORICAL CONTEXT

A comparison of the Oregon State Hospital to the Edgefield Manor complex is a more difficult one than it would seem at first glance. Both were “total institutions,” where the residents live a secluded and highly structured life.⁴⁹ They were institutions of last resort (and the OSH so remains) where one went or was sent when problems could not, or should not have been solved at home.⁵⁰ While the sociologist Erving Goffman’s concept of the total institution does not necessarily imply state control of one’s life or involuntary surrender to such a life (a monastic cloister would better fit his original definition), these circumstances further define the experience at these two institutions. Life inside each was likely very similar for able-bodied individuals, with highly structured days including much manual labor. However, what is of interest here is not what occurred inside, but the public perception of it and in this the institutions—much like their preservation outcomes—could not be more different.

⁴⁹ Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Chicago: Aldine, 1962), xiii.

⁵⁰ Allan M. Brandt and David C. Sloane, "Of Beds and Benches: Building the Modern American Hospital," in Emily Ann Thompson and Peter Galison, *The Architecture of Science* (Cambridge, Mass.: MIT Press, 1999), 281-282.

The differing perceptions of the two institutions have had great influence on how and which of their buildings have survived into the twenty-first century. Both are physically associated with culturally undesirable people, people traditionally believed to have defects in their moral character. The two institutions were products of state laws to care for the poor and both were built with the grandest and most charitable of intentions.⁵¹

The Oregon State Hospital's institutional history is exceptionally long and convoluted. The institution's history is not well documented in standard published sources and is not commonly known inside or outside of the state of Oregon. Due to this historical oversight, its history and a brief history of national trends in the development of institutional alienism (i.e., psychiatry) are presented here for context.⁵²

The Victorian Insane Asylum

Asylum medicine in the latter half of the nineteenth century was strongly under the influence of the American Association of Medical Superintendents of Institutions for the Insane (AAMSII; forerunner of the American Psychiatric Association), Dr. Thomas Storey Kirkbride, and the philosophy of moral treatment for the mentally ill. The

⁵¹ F. E. H., "The New Insane Asylum: Full Description of the Home Prepared for State's Wards, an Edifice Complete in Every Detail, History of the Structure and the Manner in Which It Was Erected—the Internal Arrangement," *Morning Oregonian*, October 24, 1883; Yanni, *Architecture of Madness*, 11-12.

⁵² Yanni, *Architecture of Madness*, 162. Terminology during the era of these institutions was vastly different from that used today. The term "psychiatry" did exist at the time most of these institutions, however, it was rarely used in favor terms relating to the importance of their buildings (i.e., "asylum medicine") or the older term "alienism." Residents of these institutions were referred to interchangeably as patients or inmates.

physicians of the AAMSII, it is important to note, would not have called themselves psychiatrists. The term “psychiatry” was not yet in wide use in the English language. Asylums were held in greater public esteem than most other types of physicians; the term “asylum medicine” was preferred, especially by the men in the prestigious position of directing an asylum.⁵³

This philosophy of moral treatment in asylums came out of developments in Britain and France for the moral reform of treatment of the mentally ill. Most of the mentally ill in this era—if they could not be handled within their families or caused trouble in society—were imprisoned (and usually chained) regardless of whether there was any real risk of them harming themselves or others. At the Bicêtre asylum in France, Dr. Pinel famously unchained all the patients in the 1790s and began a program of treatment essentially based on human kindness, work, and moral and religious education rather than harsh custodial care.

William Tuke looked to his religious beliefs and with fellow members of the Society of Friends (Quakers) founded the York Retreat in Britain. Tuke sought a place to house the mentally and neurologically ill in cases where they were too sick to be managed in the home environment. While Tuke and his compatriots who operated the York Retreat had no medical training, they began a treatment regime highly similar to that at Bicêtre, but essentially of their own invention and religious inspiration. However,

⁵³ "A Brief History of Psychiatry," *Hospital & Community Psychiatry* 27, no. 7 (1976): 494; "The Mental Health Disciplines: Development of Thirteen Disciplines That Play Important Roles in the Treatment of the Mentally Disabled," *Hospital & Community Psychiatry* 27, no. 7 (1976): 495; Yanni, *Architecture of Madness*, 161-162.

unlike medically run asylums, they held mandatory weekly religious services for all patients. Nonetheless, they accepted patients of all faiths.⁵⁴

Both these French and Quaker ideas sparked major reforms in the treatment of the mentally ill. While no nineteenth century institution, even at its best, would comply with any modern standards, in their infancy they were truly an effort at reform and constructed and operated with honest and sincere charitable intentions. Indeed, they even desired to create a homelike environment in both human interactions and architecture (Figures 3.1 & 3.2).⁵⁵

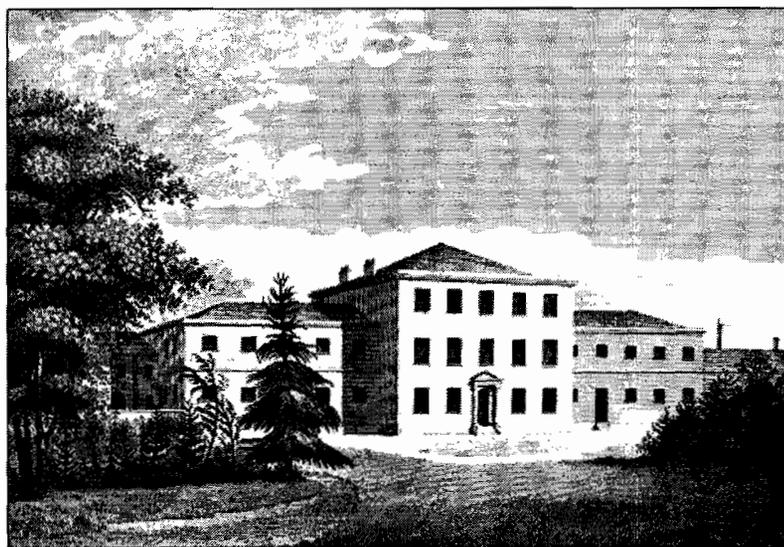


Figure 3.1. "Perspective View of the Northwest of the Retreat near York." William Tuke's York Retreat in England was constructed 1796. This engraving also dates from 1813 and shows the domestic form of the building in a simplified country manor style. From Samuel Tuke's *Description of the York Retreat* (1813).

⁵⁴ "Moral Treatment in "Moral Treatment in America's Lunatic Asylums," *Hospital & Community Psychiatry* 27, no. 7 (1976): 468-470.

⁵⁵ Barry Edginton, "The Design of Moral Architecture at the York Retreat," *Journal of Design History* 16, no. 2 (2003): 104.

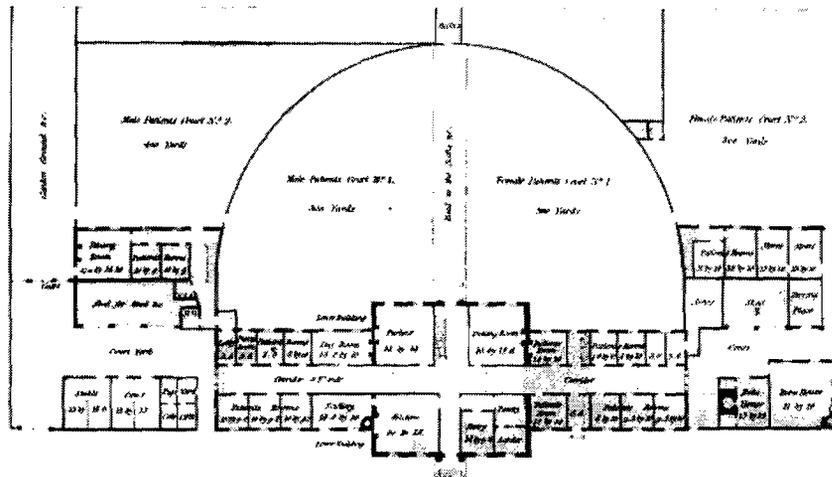


Figure 3.2. “Ground Plan of the Retreat Near York.” This engraving dates from 1813 and shows the basis of Kirkbride’s later designs. From Samuel Tuke’s *Description of the York Retreat* (1813).

Out of this system evolved an asylum plan developed in the United States by Kirkbride at the Pennsylvania Hospital for the Insane in Philadelphia (Figure 3.3). Based on the aforementioned European models, Kirkbride instituted a system of separating patients first by sex and then by type and severity of disease. Patients who were functional enough to participate were given an education, were taught trades, and given

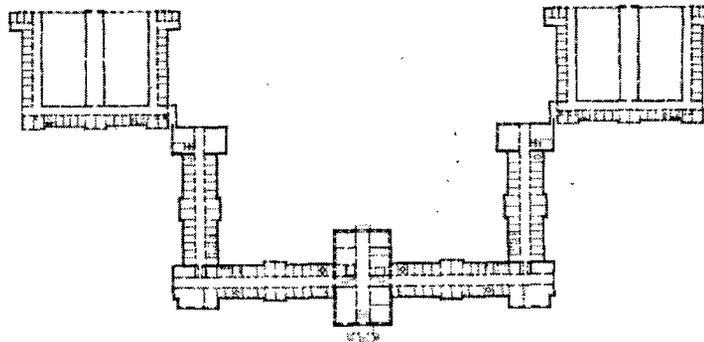


Figure 3.3. Thomas S. Kirkbride, “Ground Plan of the Pennsylvania Hospital for the Insane,” plate II of *Hospitals for the Insane*. 2nd ed. (1880). Kirkbride was strongly influenced by the ideas of the Quaker York Retreat (cf. Fig. 3.2).

productive employment in the asylum such as laundry and farming (an early form of occupational therapy). They socialized with each other and with attendants; they had access to games and leisure activities; and, after the Quaker mode, were taken to on site religious services on Sundays.⁵⁶

Kirkbride developed his plan for an asylum from these “moral” methods inculcated by the French and the Quakers. His plan consisted of a central administration building flanked with wings—wards—attached *en echelon* to form a shallow “V.” It was a pattern loosely reminiscent of geese in flight (Figure 3.4).⁵⁷ The wings served as classification and treatment units, which in itself was a central feature of Kirkbride’s

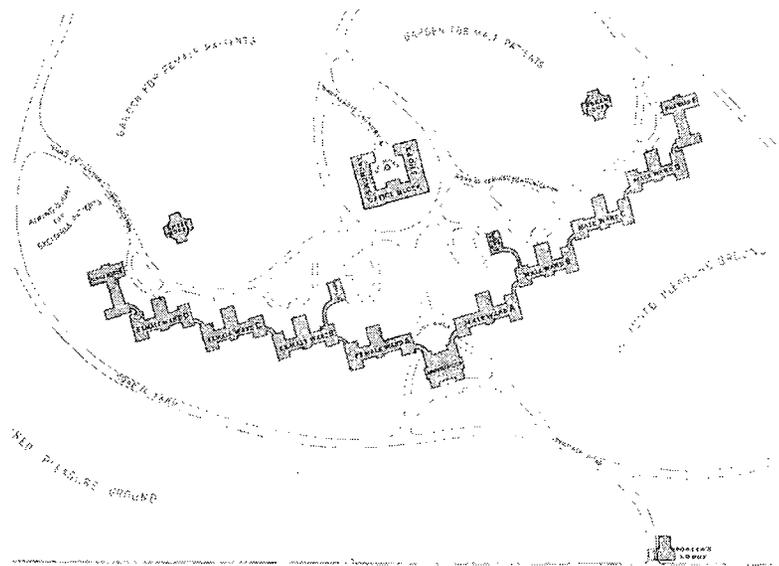


Figure 3.4. Frederick Law Olmsted and H. H. Richardson, Buffalo State Asylum for the Insane. Lithograph by White & Brayley, Buffalo, New York. Ground plan showing an *en echelon* plan based strictly on Kirkbride’s model. Portion of plate from “State Provision for the Insane—Buffalo State Asylum—Its History and Description.” *American Journal of Insanity* 29, no. 1 (1872): 1-13.

⁵⁶ Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge: Cambridge University Press, 1985); “Moral Treatment in America’s Lunatic Asylums.”

⁵⁷ Yanni, *Architecture of Madness*, 40.

interpretation of moral treatment. He believed that patients would not easily improve when only classified by social class rather than degree of disorder. The “curable”—or at least functional and relatively calm—patients were housed close to the center building while the violent, criminal, loud, and wild patients were kept in the outermost wings, so as not to disturb the other patients or the heads of the staff—the superintendent and chaplain usually had apartments in the administration building. Women and men were always housed on opposite sides of the administration building, or, in the case of the expansion of Kirkbride’s Pennsylvania Hospital for the Insane, entirely separate buildings. The building was required to be in at least a semi-rural setting so as to give the patients access to nature and the ability to work the land. Finally, the asylum was to house no more than 250 patients, so that superintendent and his wife could know each patient personally.

Kirkbride was consulted personally for at least 13 hospitals and possibly over 20.⁵⁸ Nearly all were in the United States, though Kirkbride was consulted for at least one asylum in Canada.⁵⁹ Through the publication of his book, which went through two editions, he is suspected to have influenced hundreds more.⁶⁰ By 1891, Kirkbride was widely acknowledged as being the inspiration for asylum designs throughout the United

⁵⁸ H. N. Cooledge, Jr., “Samuel Sloan (1815-1884), Architect,” (Doctoral dissertation, University of Pennsylvania, 1963) cited in “The Kirkbride Plan: Architecture for a Treatment System That Changed.”

⁵⁹ McKendry.

⁶⁰ Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: Lindsay & Blakiston, 1854); Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 2nd ed. (Philadelphia: J. B. Lippincott & Co., 1880).

States.⁶¹ While Kirkbride's system was not accepted universally within the United States, approximately 300 large asylums, most based at least loosely on his designs, were completed and in use the in the country by 1900 (Figure 3.5).⁶²

Oregon State Hospital

Although a model facility when constructed, the...Hospital gradually succumbed to all of the overcrowding and abuses typical of mental hospitals during an era, which spawned talk of "snake pits." And as treatment deteriorated over the years, so too did the condition of the once-staid edifice. Eventually the building fell into leaking roof and peeling paint disrepair and the facility, which was designed to house two hundred patients, had crammed in two thousand.⁶³

While this quote refers to the Danvers State Hospital of Massachusetts, built in the 1870s, it works equally well for the 1883 Oregon State Hospital of Salem or any other psychiatric institution built in the late nineteenth century. All of them have had periods of disrepair and decrepitude, though few exhibited such nearly permanent and infamously poor conditions as the Oregon State Hospital.⁶⁴

The Oregon State Hospital had its origins as a privately owned facility in Portland with a state contract. By the middle of the twentieth century it had become a massive

⁶¹ Henry C. Burdett, *Hospitals and Asylums of the World*, 4 vols., vol. 1 (London: J. & A. Churchill, 1891), 79.

⁶² Yanni, *Architecture of Madness*, 1.

⁶³ Harry Skrdla, *Ghostly Ruins: America's Forgotten Architecture* (New York: Princeton Architectural Press, 2006), 103.

⁶⁴ "All the Lonely People," *Oregonian*, January 9, 2005.

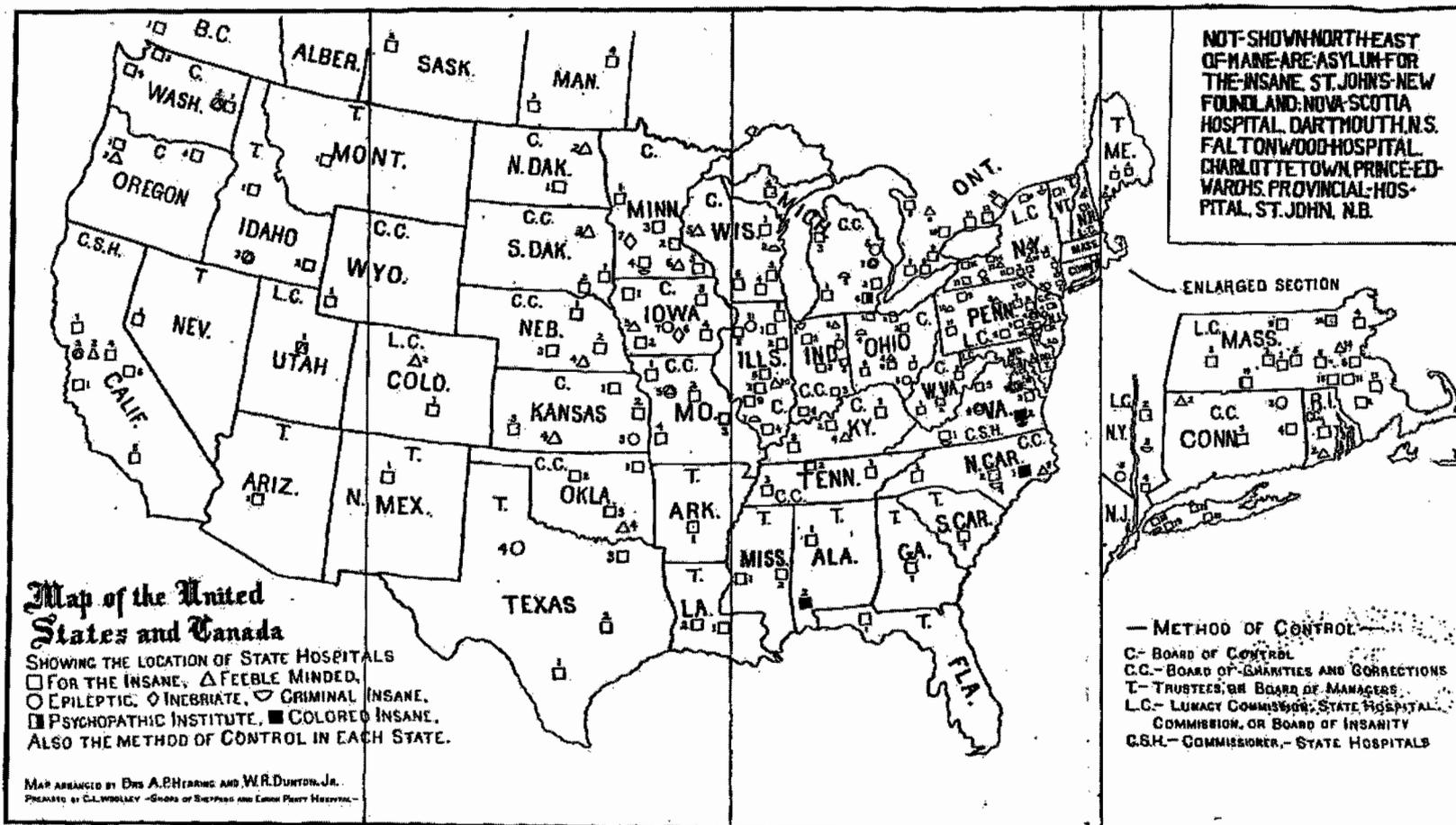


Figure 3.5. "Map of the United States and Canada." Map showing state controlled public social welfare institutions for the mentally ill in the United States and Canada as of 1917. From Hurd et al., *Institutional Care of the Insane in the United States and Canada*, Volume 4 (1917).

public institution that was indeed home to thousands of patients.⁶⁵ From its very beginning as both public and private institutions, the OSH has been strongly affected by politics and political control.⁶⁶ It was, in its earliest years, a good institution in spite of this political control and its large size. However, the twentieth century has not been kind to the hospital. The buildings and level of care have been decaying rapidly for the last half century. This is despite continuous use, operation, and a well-meaning staff.⁶⁷

Oregon rapidly developed and had an exceptionally modern and progressive care for its insane by nineteenth century standards. This is especially so, considering the management of the insane was provided for under the laws of the Oregon Territory, even before achieving statehood in 1859. The earliest provision was the boarding out of the indigent insane by having single households bid to provide care at state expense.⁶⁸ As the population grew and asylums became the standard of care throughout the Western world, an enterprising pair of Portland physicians raised funds and sought political and financial patronage to build a private asylum. They built their new asylum, the Oregon Insane Hospital (Figure 3.6) in the city of East Portland, just over the Willamette River from what is now downtown Portland. Opening their hospital in 1861, Doctors Hawthorne and

⁶⁵ State of Oregon, "Report to the Governor from the Mental Health Alignment Workgroup," (Salem, OR: Oregon Department of Human Services, 2001), 22.

⁶⁶ Higgens-Evenson.

⁶⁷ Grace Chung Becker and US Department of Justice, Civil Rights Division, "Re: CRIPA Investigation of the Oregon State Hospital, Salem and Portland, Oregon," (2008). <http://www.oregon.gov/DHS/mentalhealth/osh/cripa06review/2-cripa-report.pdf> (accessed 4 June 2008).

⁶⁸ Olof Larsell, "History of the Care of the Insane in the State of Oregon," *Oregon Historical Quarterly* 46, no. 4 (1945): 296-297.



Figure 3.6. Dr. J. C. Hawthorne's Oregon Insane Hospital in Portland. Undated photograph c. 1880. Printed in *The Doctor in Oregon*, 1947.

Loryea quickly began to accept patients and soon began a contract with several counties in the western part of Oregon.⁶⁹ The doctors, through their many political connections, managed to pressure the state government to provide asylum care for all who needed it or for those who were determined insane by the courts. The legislature authorized the governor to call for bids and Doctors Hawthorne and Loryea won the contract in 1862. Their win was no surprise, as, according to Governor Gibbs, “No other persons applied for the contract, and none other desired it to my knowledge.”⁷⁰

Hawthorne's hospital maintained its exclusive contract with the state for over twenty years, despite many accusations of fraud and overcharging, all of which were found to be groundless.⁷¹ He charged an average of merely \$6.00 per week per patient

⁶⁹ *Ibid.*: 299.

⁷⁰ Addison C. Gibbs, *Message of the Governor of Oregon and Accompanying Documents* (Salem: Henry L. Pittock, State Printer, 1864), 12.

⁷¹ Higgens-Evenson, 211.

during his tenure.⁷² Unfortunately, shortly after Dr. Hawthorne's death, the hospital could no longer maintain its political patronage after many years of implied, but false scandal. This was especially the case because of genuine scandals at other state operations in the era that had been privatized.⁷³

The greatest scandals of the era were with the prisons, which was still on the public's and the legislature's minds. When the Territorial Penitentiary in Portland was leased and then subleased, every single prisoner escaped (and the lessee and sub-lessee quickly abandoned the facility thereafter). At the newer state penitentiary in Salem escapes caused a near-complete turnover of the prisoner population twice in one month in 1866.⁷⁴

In this environment, political posturing and pressure increased, particularly from a cabal of the Marion County delegation to the state legislature who perceived the asylum as a prize. Furthermore, by 1877, the state was paying Dr. Hawthorne \$70,000 per year, which amounted to more than fifty percent of the state's annual revenue.⁷⁵ As a result, in 1880, the state legislature passed a law "to provide for the construction of a brick insane asylum building, to levy and appropriate money therefor."⁷⁶ This law established the Board of Insane Asylum Building Commissioners, which was to direct construction and

⁷² David L. Cutler, "Moral Treatment at the End of the Oregon Trail: Dr. James C. Hawthorne, 1819-1881," *American Journal of Psychiatry* 158, no. 6 (2001): 871.

⁷³ Higgens-Evenson, 211; Larsell.

⁷⁴ J. R. Johnson, "The Penitentiary, Our First Institution," *Marion County History* 2, no. 1 (1956).

⁷⁵ Larsell: 309.

⁷⁶ Higgens-Evenson, 212.

hire architects. The Board promptly hired Wilbur F. Boothby as supervising architect for the project to direct a competition for plans and eventually to supervise construction.⁷⁷

It is not known how or why Boothby was appointed to this position. While he had some training as a carpenter and a college degree, he is not known to have practiced architecture until some years after settling in Salem in 1864. However, by 1872 he was hired as builder for the Marion County Courthouse and was involved in several other large public projects and large private estates between 1872 and the construction of the asylum. Therefore, he was probably one of the most qualified builders in the Salem area.⁷⁸

Plans for the building were perfectly ordinary for an asylum of the era (Figures 3.7 & 3.8), however, the Oregon State Insane Asylum was clearly built on a limited budget. This required substantial compromises in layout, mechanical systems, and patient capacity for the building. While the plans strictly followed the Kirkbride model, some of the features were officially discouraged in Kirkbride's manifestos on asylum design. Although some were features Dr. Kirkbride would use himself, such as the U-shaped plan (Figure 3.3), most were concessions he made begrudgingly to those who would build asylums on a limited budget. The U-Shaped plan used by Boothby—later to turn into the

⁷⁷ W. F. Boothby and Board of Insane Asylum Building Commissioners, *Report of the Supervising Architect and of the Board of Insane Asylum Building Commissioners to the Legislative Assembly* (Salem, OR: W. H. Odell, State Printer, 1882); F. E. H.

⁷⁸ Hazel Patton and others, "United States Department of the Interior, National Register of Historic Places—Registration Form: Oregon State Hospital National Register District," (Oregon State Historic Preservation Office Files, 2008). Richard Ellison Ritz, *Architects of Oregon* (Portland, OR: Lair Hill Publishing, 2002), 47-48.

OSH's signature "J" shape—was intended for those institutions with limited funds available for land (Figure 3.9), as it took up substantially less acreage than the echelon plan that was more strongly advocated by Kirkbride (Figure 3.4). Boothby designed and built the Salem asylum for 413 inmates, well within the guideline of 600 patients allowed under the 1866 AAMSII rules. The 1880 edition of Kirkbride's manifesto nonetheless reaffirmed a maximum of 250 inmates.⁷⁹

Exact figures on the cost of construction vary slightly. Oregon medical historian Olof Larsell reports a total cost of \$184,000, dispensed by the legislature in three parts: two for structure and one for additional equipment.⁸⁰ Oregon's de facto newspaper of record, the *Morning Oregonian*, reported an expenditure of \$143,000, which if one discounts the legislature's final appropriation of \$40,000 for equipment, is nearly equal to Larsell's report.⁸¹ Substantial savings were achieved through the use of prison labor and bricks that had been produced in the brickyard of the adjacent state penitentiary.⁸²

The asylum's first few decades as a state institution were relatively uneventful with few or no reports of events in state or national press. The Oregon asylum treated its inmates more in compliance with professional standards than most other state institutions in the country, with less overcrowding and better funding. Nonetheless, it served a large

⁷⁹ "The Kirkbride Plan: Architecture for a Treatment System That Changed," 475-476.

⁸⁰ Larsell: 310.

⁸¹ "Salem: The Capital of Oregon and Seat of Marion County," *Morning Oregonian*, November 18, 1888.

⁸² F. E. H., 1.

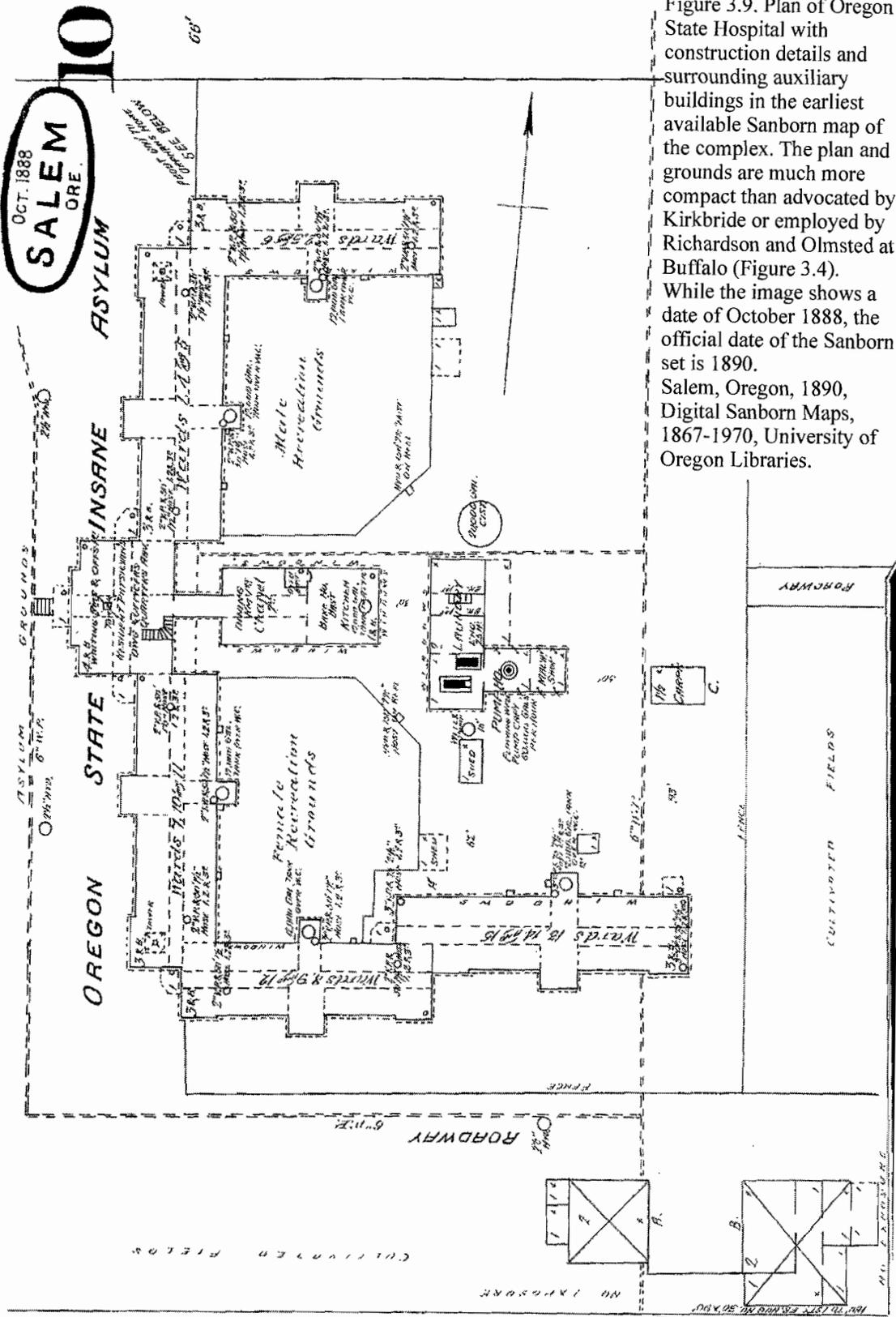


Figure 3.9. Plan of Oregon State Hospital with construction details and surrounding auxiliary buildings in the earliest available Sanborn map of the complex. The plan and grounds are much more compact than advocated by Kirkbride or employed by Richardson and Olmsted at Buffalo (Figure 3.4). While the image shows a date of October 1888, the official date of the Sanborn set is 1890. Salem, Oregon, 1890, Digital Sanborn Maps, 1867-1970, University of Oregon Libraries.

political function, as the superintendent was appointed by and served at the pleasure of the governor and therefore the administration was not necessarily always qualified.

The position of superintendent was usually given to the most influential and well-connected physician in the state regardless of any experience with asylum medicine.⁸³ In fact, the superintendency often proved to be part of a path to high elected office. A long string of political appointees to the post of superintendent would eventually become mayor of Portland, state senators, or U.S. Senators.⁸⁴

The first superintendent, the surgeon Horace Carpenter, was strictly a political appointee, being a Salem politico and the nineteenth century version of the celebrity doctor. Apparently, he was quite incompetent, as he held his position for less than two years before being replaced. The replacement was Dr. Simeon Josephi, Dr. Hawthorne's former assistant. Dr. Josephi, while certainly the most qualified man available in the state, was also a political appointee, as he had become president of the influential Oregon State Medical Society shortly before obtaining the superintendent's post.⁸⁵

While Dr. Josephi also had a rather short tenure as superintendent, he managed to successfully argue for an addition to the asylum before his term was complete (Figure 3.10). The asylum had already become overcrowded by 1887, a mere four years after

⁸³ Higgens-Evenson, 214-215.

⁸⁴ Ibid., 216.; Kimberly Jensen, "Harry Lane (1855-1917)," *Oregon Encyclopedia* (2010). http://www.oregonencyclopedia.org/entry/view/lane_harry_1855_1917/ (accessed January 18, 2010); Olof Larsell, *The Doctor in Oregon: A Medical History* (Portland, OR: Binfords & Mort for the Oregon Historical Society, 1947), 494.

⁸⁵ Higgens-Evenson, 215.



Figure 3.10. Oregon State Insane Asylum, prior to 1905. View to northeast showing the first building with its original entrance porch. There is little to no difference from the etching prepared at completion (cf. Fig. 3.7).
Courtesy of Oregon Historical Society.

opening. With the report of the State Board of Charities and Corrections in 1892, the first major accusations of the inadequacy of the institution became public. There were effectively two resident physicians for 800 total inmates, a ridiculous ratio for people sick enough to be institutionalized. The rate of overcrowding in these conditions was nearly 25% and the institution was prohibited by law from hiring more resident physicians. Furthermore, the aforementioned report is rife with accusations of corruption and maltreatment.⁸⁶ This was only the beginning of a long history of very public attacks on the adequacy and management of the institution that continue to the present day.⁸⁷

⁸⁶ *First Biennial Report of the State Board of Charities and Corrections*, 25-27.

⁸⁷ *First Biennial Report of the State Board of Charities and Corrections*; Larsell, *The Doctor in Oregon: A Medical History*, 560; Cole Michelle, "State Hospital: Should Feds Step In?," *Oregonian*, April 6, 2010.

Superintendent Josephi was less successful in arguing the case for a second asylum in another region of the state. Squabbles within the legislature, wording in the state constitution, and state supreme court decisions managed to prevent the construction of a separate asylum.⁸⁸ The second asylum, to be placed in Eastern Oregon, was only made possible by an initiative measure adopted in 1910. While funds were made available immediately, the new facility did not open until 1913.⁸⁹ The Salem site continued to expand to fill the need in the meantime and continued to grow still afterward. In the meantime, the Salem campus would take the new name of the Oregon State Hospital (OSH).

Along with the opening of the new asylum in Pendleton in year of 1913, the asylum in Salem opened a secondary farm. It was offsite in southeast Salem, some miles from the main campus on the site of what is now the Santiam Correctional Institution minimum-security prison. The facilities here, known as the Cottage Farm, consisted of at least nine buildings (Figure 3.11). Most were built early in the farm's lifespan and were farm buildings, which encompassed a substantial fruit and vegetable canning operation.

⁸⁸ "Eastern Oregon State Hospital: Agency History," *Oregon Blue Book* (2009). http://bluebook.state.or.us/state/executive/Mental_Health/eastern.htm (accessed January 25, 2010); Higgens-Evenson, 216-217.

⁸⁹ Henry Mills Hurd and others, *The Institutional Care of the Insane in the United States and Canada*, 4 vols. (Baltimore, MD: The Johns Hopkins Press, 1916), III:379.



Figure 3.11. Oregon State Hospital's Cottage Farm in southeast Salem in an undated photo c. 1949. Courtesy of the Oregon Historical Society.

An administration building and some patient housing also existed here, so that not all workers would have to be transferred from the main hospital.⁹⁰

As the middle of the twentieth century arrived, the OSH population continued to expand beyond the available infrastructure, capacity, and staffing. The hospital had resorted to constructing quonset huts in the 1940s for additional space (Figure 3.12).⁹¹ Unpaid or poorly paid patient labor—while having a legitimate use as occupational therapy and to make the institution more financially sustainable—was often used in place of fully qualified or sufficiently educated staff. Furthermore, most work was not sufficiently supervised. These lapses in care ultimately resulted in the institution's first

⁹⁰ R. Todd Baker, Judith A. Chapman, and John L. Fagan, *Survey, Assessment, and Inventory of Archaeological and Historical Resources of the State of Oregon's Mill Creek District Property, Marion County* (Oregon Department of Administrative Services, Facilities Division, 2004), 28-30, Archaeological Investigations Northwest, Inc., Report No. 1239.

⁹¹ C. L. Brown, "Oregon State Hospital During the 1960s: A Patient's Memories and Recent Interview of Her Doctor," *Oregon Historical Quarterly* 109, no. 2 (2008): 286.



Figure 3.12. Quonset hut structure on the main campus of the Oregon State Hospital in Salem. Constructed in 1942 as a temporary recreational facility, this quonset hut scene from 1957 shows the effects of continued overcrowding with tightly packed beds in the most temporary of structures. Courtesy of Oregon Historical Society.

notable scandal. Unfortunately this scandal was to be of such grand proportions that it made national headlines for days.⁹²

On the evening of November 18, 1942, the central kitchen was preparing a dinner of scrambled eggs from war surplus frozen egg yolks for all patients and optionally for staff. The kitchen staff sent a trusted patient to the cellar stores to retrieve powdered milk to add to the eggs. Six pounds of the powder was mixed with water, poured into the eggs, and baked. The eggs were delivered to the patient wards, whereupon the patients and staff on duty partook of the evening meal. Within minutes of consuming the eggs, people

⁹² "Bad Food Kills 32 in Oregon Hospital," *New York Times*, November 19, 1942, 27.

became violently ill, falling on the floor, turning blue, and vomiting. The eggs poisoned nearly 500 people in all. Forty patients were dead by dawn and seven more deaths came within a few days.⁹³

The cause of the poisoning was unknown for days. Governor Sprague ordered an emergency meeting of the State Board of Control to demand an immediate investigation.⁹⁴ At first, severe food poisoning was expected or sabotage, as the eggs were military surplus. These same eggs had been distributed to public institutions and non-profits around the country, exciting a national panic. After testing, it was discovered that the eggs themselves were not at fault, some contaminant had been added during the cooking process.

After five days, two kitchen staff finally admitted that they knew what had happened since the first report of illnesses.⁹⁵ The patient they had sent to the cellar for milk, George Nosen, had accidentally retrieved sodium fluoride roach poison instead. The county district attorney ordered the kitchen staff taken into custody and they were put in front of a grand jury; the patient was assumed not to have known any better. In the

⁹³ Kathleen C. Clements, "Salem Online History: 467 Poisoned at Oregon State Hospital" http://www.salemhistory.net/brief_history/state_hospital_poisoning.htm (accessed February 1, 2009). For a thorough firsthand account of events as they played out, the Salem Public Library recommends viewing the reporting in the Capital Journal (Salem, OR), November 19 - December 1, 1942.

⁹⁴ "Governor Labels Poison Deaths 'Mass Murder;' Orders Probe," *Oregonian*, November 20, 1942. Roy H. Mills, "Minutes, Oregon State Board of Control, Special Meeting of November 19, 1942," 1942, Oregon State Board of Control Records, Oregon State Hospital Correspondence, Salem, OR. The minutes of this meeting are disturbingly dispassionate given the gravity of events. Shortly after noting "the untimely death of 44 inmates" and the details of their painful death: "General discussion by the members of the Board followed and suggestions were made regarding precautions to be taken. No definite action was taken."

⁹⁵ Roy H. Mills, "Minutes, Oregon State Board of Control, Meeting of November 24, 1942," 1942, Oregon State Board of Control Records, Oregon State Hospital Correspondence, Salem, OR.

end, no one was indicted. Unfortunately, Mr. Nosen would live out the rest of his life in the state hospital in infamy, with a reputation as a mass murderer.⁹⁶ Nearly seventy years later it still remains unclear why unlabeled bulk containers of roach poison were located anywhere near identical-looking powdered milk, much less in the same storage room.⁹⁷

In the midst of the mass poisoning tragedy, Portland's *Oregonian* newspaper began to inspect and report on all the state institutions, beginning with the state hospital and a week later the penitentiary. They exposed the truly dismal conditions at Oregon institutions in the World War II era. Calling the poisoning "twenty years in the making," it brought the severe overcrowding and many other problems to the public's attention. They also completed substantial comparative research against national standards for psychiatric hospitals and against institutions in neighboring states. Expenditures per patient, staffing ratios, and salaries were all around half of national standards and significantly worse than figures for the states of California and Washington. The OSH's annual staff turnover rate approached 110% and any patient with violent tendencies would likely be restrained most of the day as there was inadequate staff to prevent self-harm or harm to others.⁹⁸ While conditions at the OSH were dismal, Oregon's hospital did at least manage to clothe and feed its patients. It was nonetheless shown to have had

⁹⁶ Clements; Richard Nokes, "Poison Toll Reaches 47 While Doctors Battle to Save Many Stricken," *Oregonian*, November 20, 1942.

⁹⁷ Anonymous, "Anonymous, Undated Letter Received by State Board of Control (1942)," 1942, Oregon State Board of Control Records, Oregon State Hospital Correspondence, Salem, OR; Nokes; Richard Nokes, "Skeletons in Our Closet," *Sunday Oregonian Magazine*, December 20, 1942.

⁹⁸ Nokes, "Skeletons in Our Closet."

sanitary conditions and overcrowding as poor as many Eastern state hospitals during the war era.⁹⁹

History of the OSH from 1942 to the present time is primarily beyond the scope of this thesis. While the National Historic District covering the nomination brings its history into the 1970s, most nominated structures had been completed by the end of the 1950s. Still, there have been significant expansions and contractions in square footage and patient population both at the Salem hospital and statewide. Some new construction of patient space was completed in the late 1940s at the OHS's main campus and at the cottage farm. In the 1960s another building program began again at the main campus and a new, third state hospital in Wilsonville was constructed (the very short-lived and already demolished Dammasch State Hospital). These improvements may have come too late, as the typical national pattern of deinstitutionalization had already begun. Deinstitutionalization is traced to the development of effective psychiatric drugs in the 1950s and 1960s as well as the official policies of the Kennedy and Reagan administrations.

Since 2005 there have again been substantial problems with decrepit facilities, mismanagement, and inadequate and inappropriate care. The *Oregonian* newspaper began a series of articles on the OSH, seeking to examine a collection of abandoned,

⁹⁹ Tom Humphrey, "Conditions Today at State Hospital," *Oregon Journal*, February 9, 1947, 1A; Albert Q. Maisel, "Bedlam 1946: Most U.S. Mental Hospitals Are a Shame and a Disgrace," *Life*, May 6, 1946; Joseph Shapiro, 2009. "WWII Pacifists Exposed Mental Ward Horrors," *National Public Radio: All Things Considered*, <http://www.npr.org/templates/story/story.php?storyId=122017757> (accessed April 12, 2010).

cremated patient remains (“cremains”) (Figure 3.13).¹⁰⁰ The cremains were of patients who died at the hospital and whose relatives never claimed them, back to its very beginnings in the 1880s.

During the hospital’s first few decades unclaimed remains were buried in an asylum cemetery adjacent to the nearby Lee Mission Cemetery.

Unfortunately, after 30 years in existence and 1539 burials, a new law came into

effect ordering the disinterment and cremation of all prior burials in 1913. The

law also ordered the mandatory cremation of any future deaths at the institution,

unless a relative sent notification of intent

to retrieve remains within three days of notification of the death.¹⁰¹

This newspaper series was, in part, responsible for a federal civil rights investigation (Civil Rights of Institutionalized Persons Act (CRIPA) investigation). This investigation by the U.S. Department of Justice resulted in a scathing report on the facilities and patient care. The hospital is still under strict federal supervision and 2010



Figure 3.13. Part of the Oregon State Hospital’s collection of patient cremains that sparked an investigation by the *Oregonian* newspaper. Photo by Rob Finch, courtesy of the *Oregonian* (2006).

¹⁰⁰ "All the Lonely People."

¹⁰¹ Susan N. Bell, *The Asylum Cemetery: 1883-1913* (Salem, OR: Willamette Valley Genealogical Society, 1991), 1, 12-13.

has only brought more problems. Since the release of the report, the state of Oregon has been forced to fund repairs, build new facilities, and has created the Oregon State Hospital Replacement Project.¹⁰² This Replacement Project will be examined in terms of its management of cultural heritage and balance with institutional needs in Chapter V.

¹⁰² Becker and US Department of Justice, "Re: CRIPA Investigation of the Oregon State Hospital, Salem and Portland, Oregon."

CHAPTER IV
THE MULTNOMAH COUNTY POOR FARM:
AN HISTORICAL CONTEXT

Little historical research has been done on the American poor farm since the New Deal era. Peer-reviewed articles and scholarly books are rare, and where found, their data tend to be distinctly regional. Most research focuses on the Northeast and East coast, though there is a recent interest in the pre-Depression South.¹⁰³ Histories of poor farms and poor policies west of the Appalachians are scant and for areas west of the Mississippi River practically nonexistent.¹⁰⁴ Poor farms varied radically in their practices, quality of care, and admission criteria, often with some substantial regional differences. The main differences in the U.S. were amongst the original thirteen colonies, the South, and lastly later-admitted states and western territories. Therefore, this historical context will focus on practices in the Midwest, Plains, and coastal West as the progenitors of Edgefield.

The American poor farm can trace its origins to philosophies of social welfare from medieval England, which, little changed over time, were brought with British

¹⁰³ Elna C. Green, *Before the New Deal : Social Welfare in the South, 1830-1930* (Athens: University of Georgia Press, 1999); Bruce Smith, "Poor Relief at St. Joseph County Poor Asylum, 1877-1891," *Indiana Magazine of History* 86, no. 2 (1990): 178.

¹⁰⁴ Ethel McClure, "An Unlamented Era: County Poor Farms in Minnesota," *Minnesota History* 38, no. 8 (1963); Smith: 178.

colonists to the United States in the seventeenth and eighteenth centuries. There is little agreement on the date of the very first local government poor farm in North America, but by 1755, the colonial legislature in Virginia authorized local governments to construct poorhouses as a method of managing the poor and infirm.¹⁰⁵ The city of Philadelphia had opened a poor farm by 1773, which has been argued to be the first “poor farm,” though other sources report that Boston had an “almshouse” by 1660 and a “workhouse” by 1739.¹⁰⁶

The Poor Farm in the Western United States

After the English model, U.S. poor farms were always a local responsibility. At the beginning, both in England and at least one colony (Virginia), management of the poor or the poor farm was the responsibility of the local church parish.¹⁰⁷ However, in the U.S., this responsibility soon was taken over by local government. In the original British colonies, this control tended to stay vested within a city, but later states tended to place the responsibility on county government, as Oregon would do (Figure 4.1). City and parish level control tended to lead to squabbles over jurisdiction in the case of transients. Transients were, of course, some of the most likely people to find themselves at a poor

¹⁰⁵ Jeffrey M. O'Dell and John S. Salmon, "United States Department of the Interior, National Register of Historic Places—Registration Form: Frederick County Poor Farm," (Virginia Department of Historic Resources Files, 1993), Section 8:8.

¹⁰⁶ Harry Carrol Evans, *The American Poorfarm and Its Inmates* (Des Moines, IA: Loyal Order of Moose, et al., 1926), 1; Jennifer Turner, "Almshouse, Workhouse, Outdoor Relief: Responses to the Poor in Massachusetts, 1740-1800," *Historical Journal of Massachusetts* 31, no. 2 (2003): 207; Wagner, 10.

¹⁰⁷ O'Dell and Salmon, Section 8: 7-8.

farm at some point in their lives.¹⁰⁸ The purpose of the jurisdictional disputes was strictly one of finances couched in arguments over social responsibilities and obligations of the local community.

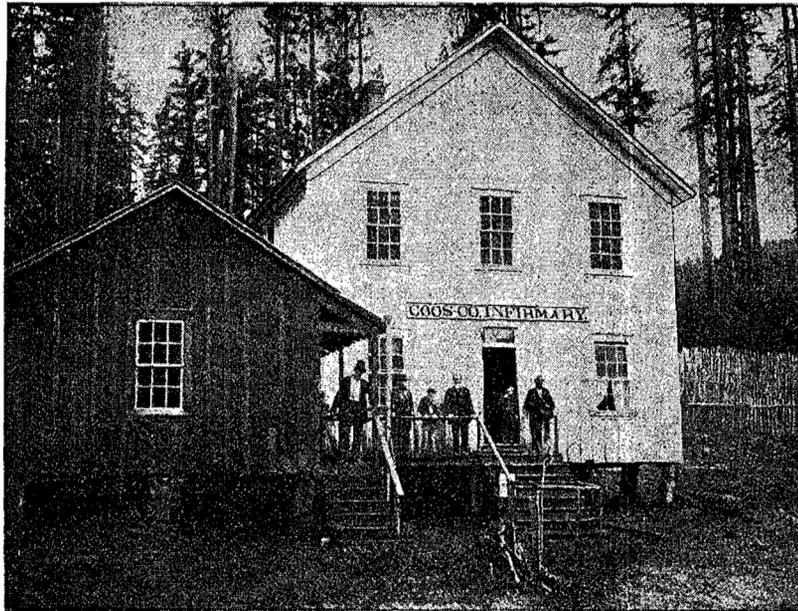


Figure 4.1. “Poor Farm of Coos County,” near Empire City, Oregon, 1892 (an unincorporated community adjacent to North Bend). Coos County had a typical late nineteenth century poor farm for Oregon with a cheaply constructed shack, apparently of box construction with battens for some slight weatherproofing value. The county hospital or “infirmary” was adjacent and slightly more substantial. This cheap construction and limited space was typical of poor farms throughout the country. Even the soon to be maligned “Hillside” farm in Multnomah County was praised more in the *First Biennial Report of the [Oregon] State Board of Charities and Corrections* (1892) from which this image is sourced.

¹⁰⁸ Eliana Cooklis, “Greene County Poor Farm,” *Historic Illinois* 14, no. 1 (1991): 10.

The poor farms of Oregon were few and accessible records are even fewer. As of 1892, only eight Oregon counties (of thirty-one at the time) maintained county-owned land as a poor farm.¹⁰⁹ Other counties gave cash payments to their poor or hired a contractor to maintain the poor on private land. The one major record available is the *First Biennial Report of the [Oregon] State Board of Charities and Corrections*; it was also their last report. A law establishing the Board and creating its authority to inspect state, county, and local institutions throughout the state was passed in 1891.¹¹⁰

The Board published a report late the following year, leading to the rapid repeal of the law in 1893. The Board was abolished, effective immediately and they would never issue another report.¹¹¹ The Board managed to get itself abolished before any of its appointed members could finish even half of their terms. The abysmal conditions detailed in the Board's report provide the simplest explanation for the Board's short lifespan, despite the fact that the Board had only advisory authority.¹¹² This would in turn make Oregon one of few states to have no state-level supervision of poor farms.¹¹³

From then on, poor farm conditions in Oregon deteriorated beyond their already deplorable state. Even those farms that received reasonably positive reviews, like that of

¹⁰⁹ *First Biennial Report of the State Board of Charities and Corrections*, [12].

¹¹⁰ Oregon State Archives, "Department of Corrections: Agency History (1996)," *Oregon Blue Book* (2009). http://bluebook.state.or.us/state/executive/Corrections_dept/corrections_dept_history.htm (accessed April 29, 2010).

¹¹¹ *Ibid.*

¹¹² Higgens-Evenson, 217-218.

¹¹³ United States Bureau of the Census, *Summary of State Laws Relating to the Dependent Classes, 1913* (Washington: Government Printing Office, 1914), 327.

Multnomah County, would decline in quality quite rapidly.¹¹⁴ The lack of any inspection authority in the state would leave future inspections nonexistent, except for investigations led by private citizens in the name of charity. Such a charitable investigation would ultimately lead to the creation of Multnomah County's Edgefield Poor Farm.

Multnomah County Poor Farm

We are not writing...a history of the poorfarm. We hope we are writing its
obituary.

The American Poorfarm and its Inmates

So spoke Harry C. Evans in his introduction to *The American Poorfarm and its Inmates* in 1926.¹¹⁵ Multnomah County's Poor Farm was just barely more than ten years old at the time this was written and was the newest and most populous of seventeen county farms in the state of Oregon. Fifteen of these poor farms, including that of Multnomah County, had resident pauper populations as of 1925.¹¹⁶

Preparations for handling of the poor were made early by governments in the Northwest, often while they were still territories. Oregon allowed for poor farms under a

¹¹⁴ *First Biennial Report of the State Board of Charities and Corrections.*

¹¹⁵ Evans, 1.

¹¹⁶ *Ibid.*, 112. The disagreement with 1892 number is due to the earlier report not counting privately held land as a true poor farm. Oregon currently has 36 counties. Other counties would have provided outdoor relief or contracted with neighboring counties for poor management.

territorial law of 1854.¹¹⁷ Multnomah County was perhaps one of the later counties to establish policy on the poor in Oregon, as it was not one of the first counties created by the provisional government in 1843 and, in fact, was created after the passage of the territorial poor law. Nonetheless, it acted upon the new territorial law within in one year of its passage to allow for outdoor relief or boarding of its paupers. The first recorded case is the boarding out of Mrs. Kimberling, “an insane pauper,” in January 1855.¹¹⁸

Eventually massive population growth in the county made creation of a poor farm inevitable, as it was perceived as a cheaper way of handling paupers in large numbers. In 1868 Multnomah County acquired the 170 acre farm of Stephen Coffin on which to build its poor farm (Figure 4.2). Details of this first county farm’s beginnings are few, only in its later years do notable media reports begin on it. For a while it had been an idyllic pastoral setting for its residents, indeed the Board of Charities and Corrections report spoke rather highly of it, at least in relative terms.¹¹⁹ However, by 1909 it had a population over 180 residents, far more than it was ever intended to accommodate (Figure 4.3).

The county government had purchased new land, knowing that conditions were deteriorating, but perhaps not the exact state of conditions. The county was to build a new

¹¹⁷ Jane Morrison and Julie Koler, "United States Department of the Interior, National Register of Historic Places—Registration Form: Multnomah County Poor Farm," (Oregon State Historic Preservation Office Files, 1989), Section 8:1.

¹¹⁸ Fred Lockley, "In Earlier Days," *Oregon Journal*, December 7, 1914, 6; Morrison and Koler, Section 8:4.

¹¹⁹ *First Biennial Report of the State Board of Charities and Corrections*, 141-147.

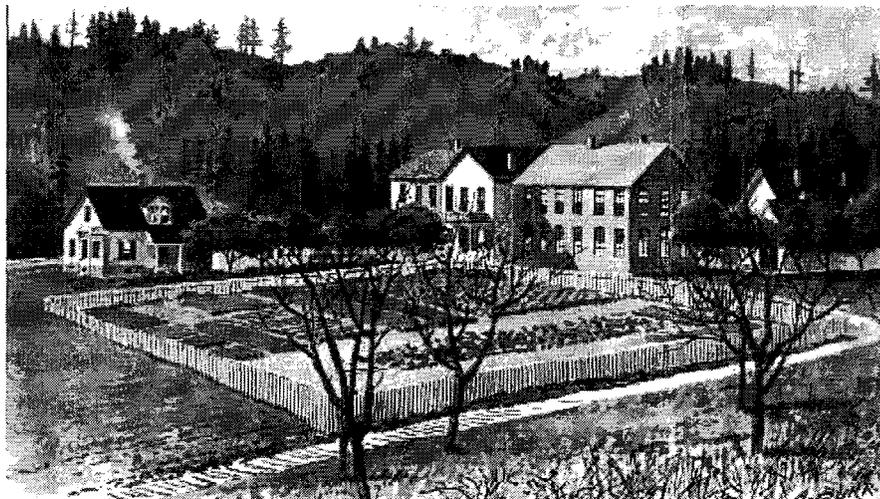


Figure 4.2. First Multnomah County Poor Farm or “Hillside Farm” in 1892. In the earliest surviving picture of the farm, an idyllic, pastoral farm scene appears in the west hills of Portland for the *First Biennial Report of the State Board of Charities and Corrections* (1892). While at the time, this etching was not too far from reality, conditions here would deteriorate significantly over the next 20 years. Courtesy of Oregon State Archives, Oregon Board of Architect Examiners, OAE0020.



Figure 4.3. First Multnomah County Poor Farm, c. 1900. Looking out from the smaller house shown in 4.1, this view from around 1900 shows the deteriorating conditions and cheap construction in place at the county farm as it and the county’s population expanded. Courtesy of the Oregon Historical Society.

farm at the other end of the county in Troutdale.¹²⁰ The county had already sold off most of the Coffin farm land and made a substantial profit over the original purchase price, allowing for the construction of a new poor farm in Troutdale that same year.¹²¹ While this location was near the true geographic center of the county, it was still an odd choice. It was nowhere near any population base and nearly 20 miles from the county hospital. Most Oregon counties that maintained a poor farm and public hospital tended to have the them on the same site (as Coos County did, Figure 4.1).¹²²

Conditions continued to deteriorate and were wholly abysmal by the following year of 1910. Several local charities, most notably the Visiting Nurses' Association, visited the farm and released a report condemning publicly to the media. Headlines spoke of "startling conditions" and "rain drip[ping] down on dying victims' beds."¹²³ The newspapers sent their own investigators to confirm the allegations of filth and disease and published a confirmation within days of the first headlines.

After these reports, public pressure rapidly mounted and substantial repairs were made within a month. Even with repairs, the housing at the poor farm was terribly inadequate. Plans for both construction of a new poor farm at the Troutdale site and a wholly separate facility for tuberculosis patients near the county hospital (on Marquam

¹²⁰ Morrison and Koler, Section 8:4-5.

¹²¹ "County Made Big Profit," *Sunday Oregonian*, June 20, 1909, 8.

¹²² *First Biennial Report of the State Board of Charities and Corrections*.

¹²³ "Filthy Conditions at Poor Farm Shock Portland," *Oregon Journal*, November 20, 1910; "Startling Conditions at Poor Farm," *Oregon Journal*, November, 19 1910.

Hill in southwest Portland) were rapidly put together. In the meantime, the state health officer, Dr. Calvin White, demanded that the state sanitarium immediately accept all indigent tubercular patients from Multnomah County, whether residing at the poor farm or in their own homes.¹²⁴ A few weeks later, however, Dr. White had not yet succeeded and doubt was cast on whether the state would ever accede to the doctor's demands.¹²⁵

Regardless, the county continued to order immediate improvements in care at the Hillside farm facility and, by December 11, 1910, an announcement was made of completed plans for the new county farm that would become Edgefield.¹²⁶ The plans had been prepared by the recently established, but short-lived firm of Bridges and Webber (Figure 4.4). The Edgefield complex would come to be noted as the firm's only significant contribution to Oregon architecture.¹²⁷

The new residential buildings would all be of brick and in a colonial revival or "Georgian" style (Figures 4.5-4.6). The plan would be startlingly similar to that of the Oregon State Hospital's original building



Figure 4.4. Cornerstone of the administrative and dormitory building at Edgefield. Photo by author.

MULTNOMAH - FARM
ERECTED A. D. 1911
COUNTY JUDGE - T. J. CLEETON
COUNTY COMMISSIONERS
W. L. LICHTNER - - D. V. HART
- BRIDGES & WEBBER ARCHITECTS -

¹²⁴ "Consumptives to Be Cared for in State Sanitarium," *Oregon Journal*, November 25, 1910.

¹²⁵ Marshall N. Dana, "Oregon's Fight against Tuberculosis," *Oregon Journal*, December 11, 1910.

¹²⁶ "New County Farm Home Plans Made," *Sunday Oregonian*, December 11, 1910.

¹²⁷ Ritz, 51-52, 410.



MULTNOMAH COUNTY FARM BUILDINGS AND HOSPITAL, PORTLAND, ORE
 Roofed with Asbestos "Century" Shingles.
 Architects BRIDGES & WEBBER, Portland, Ore. Contractors ABBETT TINNING & ROOFING CO.

Figure 4.5. Perspective view of west façade at Edgefield Manor, c. 1912. Promotional photograph showing the main building at Edgefield in its original state. Courtesy of Troutdale Historical Society.



Figure 4.6. Edgefield Farm in an undated early photograph, c. 1920. This photograph shows workers in a farm field to the south of the main lodge. Courtesy of Oregon Historical Society.

façade and other period and Kirkbride-inspired asylums. While OSH was in a U shape and Edgefield in an H shape (Figure 4.7), the general configuration is still highly similar, with small patient rooms and wide hallways. Poor farm residents, however, would have far more freedom.

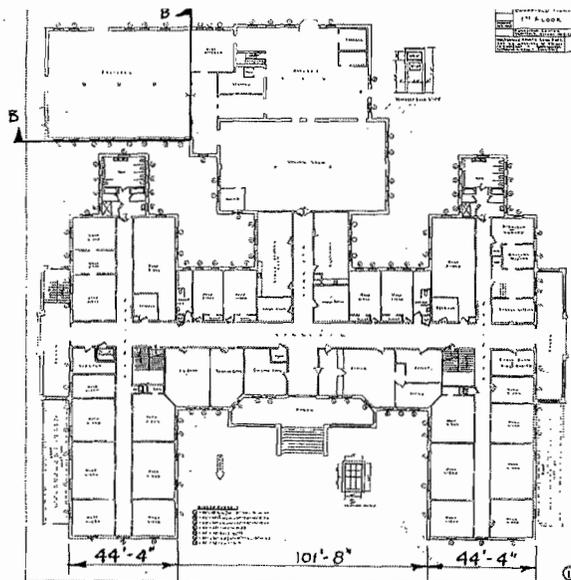


Figure 4.7. Ground floor plan of Edgefield Manor in its configuration as a nursing home. From Oregon State Historic Preservation Office files.

The buildings were to be connected to a central power station that would provide them all with steam heat. A wholly separate building would be provided for the consumptives (i.e., tuberculosis patients). All inmates, including consumptives, would be encouraged to work if they were able and paid a very small amount for their labor. They would also receive better food if they labored, though those deemed wholly incapable of labor would be exempted.

The new complex would open a mere year after the announcement of the plans and accept its first inmates in December 1911.¹²⁸ The new Troutdale poor farm would be one of the cleanest, best managed, and most profitable poor farms in the United States. The absence of its mention from a famous screed against poor farms in 1926 speaks volumes toward this point. The report notes seventeen farms in Oregon and twenty-four

¹²⁸ "County's Dependents Cared for on New Farm near Troutdale," *Oregon Journal*, April 3, 1912.

in Washington.¹²⁹ Acknowledging that it reported only the worst farms, the kindest thing it had to say about any other farms in Washington or Oregon is that King County (WA) was “the only poorfarm in state where inmates have a clean sheet a week.”¹³⁰ Furthermore, Evans considered the belief in the profitable poor farm a myth, which was easily demonstrated by available statistics. However, the new Edgefield farm was an anomaly and consistently profitable.¹³¹ Not only was Edgefield profitable in terms of sales of goods, but all produce was used by Edgefield itself, the nearby county jail, and the county hospital before surpluses were sold.¹³²

Nonetheless, conditions at Edgefield were still far from ideal during its earliest years, especially for women and the ill. Apparently, the county was slow to hire competent or qualified staff for its new institution, as an anonymous female inmate reported to the *Oregon Journal* in 1914. However, this unknown woman used her letter to the newspaper to report on how much conditions had recently improved in the care of women and ill inmates. She remarked on improved food for all—including the farm’s fresh produce—and more individual attention to the ill.¹³³

¹²⁹ Evans, 72, 83.

¹³⁰ *Ibid.*, 84.

¹³¹ *Ibid.*, 17, 20; Estelle M. Stewart, *The Cost of American Almshouses* 1925. Bulletin of the Bureau of Labor Statistics (U.S. Department of Labor) No. 386, Miscellaneous series, 28. Of 2,183 poor farms examined in the Evans and Stewart reports, only eighteen were noted as operating at a profit in the years 1923-24. Edgefield is assumed to be included amongst these, given its consistent history of profitability.

¹³² "Poor Farm Supported Itself During Year," *Portland Telegram*, November 20, 1914, 11.

¹³³ Anonymous Inmate, "Affairs at Multnomah Farm," *Oregon Journal*, September 22, 1914, 6.

Unfortunately, the above average conditions at Edgefield did not last long. By 1928, this new farm was already overcrowded. The population had reached 436 and the county was preparing to convert public areas to sleeping quarters. The Depression of the following years would result in a peak population of nearly 600 and a large staff to match (Figure 4.8).¹³⁴

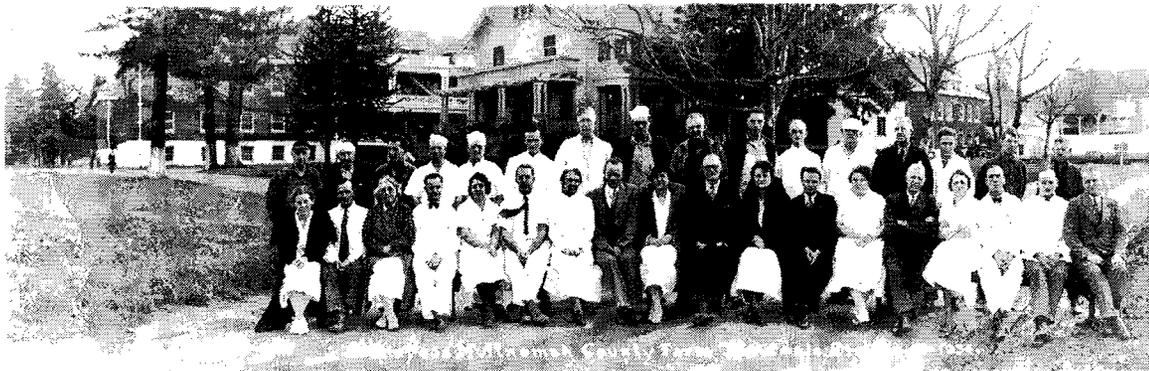


Figure 4.8. Edgefield Farm (Multnomah County Farm at Troutdale). This 1934 staff portrait is one of extremely few known photographs of Edgefield's poor farm era. All buildings shown except the barn-like structure at far right remain extant as of 2010. From left to right, these surviving buildings are the main lodge, superintendent's residence, and power station. Courtesy of Oregon Historical Society.

As economic conditions improved and federal entitlements and social welfare programs began, Edgefield's population began a decline. The first to leave were the able-bodied or partially functional, who could live outside by obtaining a job or with government payments and occasional work. More and more, those who found themselves in need of the poor farm's services were not just poor or unemployed, but elderly and ill. By the end of the 1940s, the county farm had officially changed its function, no longer was it a poor farm. It accepted its new role based on its new population of residents: nursing home and home for the aged.

¹³⁴ Sharon Nesbit, "Electric Washing Machines All the Rage," *Outlook (Gresham, OR)*, December 24, 2008.

With the 1960s and its conversion into nursing home, the county sought to find uses for outlying buildings and all the excess land that was no longer being put to full farming use. The Sheriff took the opportunity to create a sort of police academy boarding school with future deputies training on site and staying for weeks at a time.¹³⁵ Regardless of the slow wind-down of operations, the county still sought employees for Edgefield that could do some garden and farming work (Figure 4.9).

The facility continued a slow path to its end. The first preservation efforts began in the 1970s while Edgefield was still operating as a nursing home, but they could only stall the inevitable. The county closed Edgefield in 1982, boarding up and fully abandoning the buildings.¹³⁶

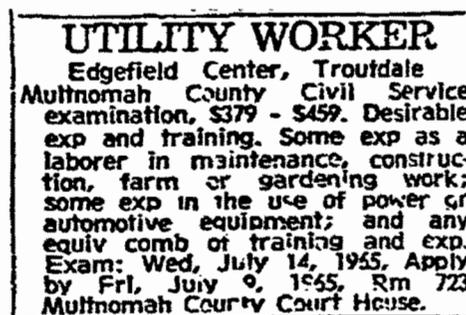


Figure 4.9. Classified ad for a “utility worker” at the Edgefield Center. The ad appears to be for a general laborer, especially one with experience in “farm or gardening work.” This is most peculiar to see twenty years after the conversion to a nursing home and demonstrates the very gradual pace of change at the facility. *Oregonian*, June 20, 1965, p. 40.

¹³⁵ "School Opens for Deputies," *Oregonian*, September 9, 1965, 34.

¹³⁶ Sharon Nesbit, "Multnomah County Poor Farm (Edgefield)," *Oregon Encyclopedia* (2010). http://www.oregonencyclopedia.org/entry/view/multnomah_county_poor_farm_edgefield/ (accessed April 28, 2010).

CHAPTER V
PRESERVATION CASE STUDIES
The Oregon State Hospital in its Community

The Oregon State Hospital's preservation story is a long and complicated one. It has come to be the oldest surviving main asylum building in the Pacific Northwest.¹³⁷ However, even this is not the most important factor arguing in favor of its preservation. Little else is historic in the vicinity of the Oregon State Hospital. It is near the city limits, having had only vast expanses of farmland and the state penitentiary as neighbors when it was built. The surrounding area consists almost exclusively of late twentieth century residential areas and the still present penitentiary.

The penitentiary, while maintaining its nineteenth century site, has no remaining buildings from that century. Even if the penitentiary had any surviving old buildings, they would not be accessible to the general public. The original building at the State Hospital is, on the other hand, set amidst open parkland and not surrounded (entirely) by fences and barbed wire, although still a partially secure facility (Figure 5.1). The historic hospital and its grounds are the only buildings able to give their neighborhood a strong sense of place. Local identity matters to civic engagement and the hospital's historic

¹³⁷ Patton and others, Section 8: 12-13; Skott, 6-7, 13-14. Pacific Northwest is here defined as Oregon, Washington, and Idaho.

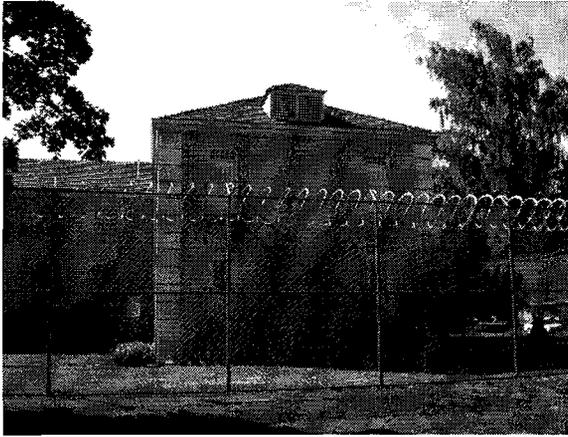


Figure 5.1. Salem Rehabilitation Center on the grounds of the Oregon State Hospital, surrounded by barbed wire, now demolished. The “J” building, despite containing the maximum security forensic ward is not so enclosed. Photograph by Carol Chin, 2009.

value and presence can only help enhance it.¹³⁸

Salem’s history with its institutional population has been complicated ever since the city became the state capital.

Over fourteen years in the 1850s and 1860s, the capital of Oregon moved in and out of Salem several times, always under suspicious circumstances. With a

determined bloc in the state legislature, probable arson, multiple referendums, and almost certain ballot tampering, Salem eventually became Oregon’s permanent capital, a status which would become enshrined in the state’s constitution and laws in various forms over the years.¹³⁹ In conjunction with the capital coming to Salem, various laws and constitutional amendments required all major state offices and institutions to be located in Salem or the surrounding Marion County. As a result, Salem became home to Oregon’s entire prison population until 1985, the majority of its severely mental ill population for most of Oregon’s history, and to this day its entire population of the criminally insane. Salem had the dubious honor of having the highest proportion of institutional and ex-

¹³⁸ Laura Clayton, "Perceptions of Place," *Conservation Bulletin* 63 (2010): 18.

¹³⁹ David Duniway, *South Salem Past* (Salem, OR: Marion County Historical Society, 1987), 5; Lewis A. McArthur and Lewis L. McArthur, *Oregon Geographic Names*, 7th ed. (Portland: Oregon Historical Society Press, 2003), 839-840; Walter C. Winslow, "Contests over the Capital of Oregon," *Quarterly of the Oregon Historical Society* 9, no. 2 (1908).

institutional population of any medium-sized city in the nation as of 1985.¹⁴⁰ The presence of this population has often created quiet, subtle, and carefully worded conflicts in Salem, ever simmering in the background of local politics.

The landscaped grounds of the OSH have always been open to the public. In the early decades of its operation, the grounds were accessible via a streetcar (Figure 5.2). A streetcar line was built specifically to serve the hospital, passing through nearly a mile of marshy floodplain and farmland beyond any semblance of urban landscape. The grounds were used as a public park, holding many activities for the general public and the patients, including baseball games, concerts, and simply as much needed open space

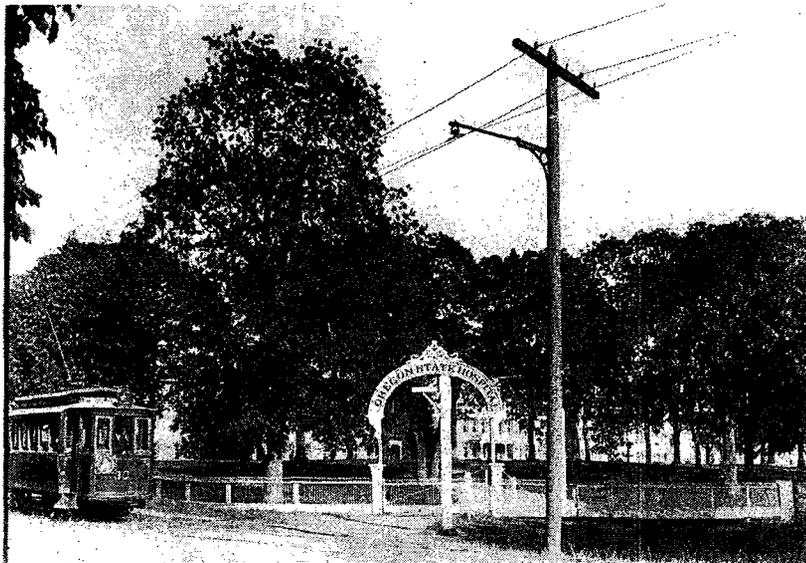


Figure 5.2. Salem streetcar line stopping at the elaborate streetcar entrance to the grounds of the Oregon State Hospital along Center Street, c. 1915. Salem had three major streetcar lines, two of which existed primarily to bring commuters and visitors to the distant Hospital and Penitentiary. The electric streetcar here would have been operating from approximately 1892 to 1927. Courtesy of Oregon Historical Society.

¹⁴⁰ Karen M. Seidel, Carol A. Heinkel, and University of Oregon. Bureau of Governmental Research and Service., *Salem Area Institutions : Correctional and Mental Health Institutions and the Ex-Institutional Population* (Eugene, Or.: Bureau of Governmental Research and Service, University of Oregon, 1987), i-v.

(Figure 5.3). Unfortunately, use of the grounds has declined much like patient care and facility and grounds maintenance (Figure 5.4). In the 2000s, one rarely sees anyone wandering the grounds, not even hospital patients or staff.

At least into the 1970s and seemingly into the 1980s, the OSH main

building and complex were considered an icon of the surrounding residential

neighborhoods and a significant landmark.

While the OSH's status as a landmark—

official and historic or otherwise—will

never change, community perceptions

have changed, as they seem to have done

worldwide.¹⁴¹



Figure 5.3. Baseball game on the grounds of the Oregon State Hospital, c 1915. The Oregon State Hospital Grounds were a popular place for recreational activities for patients, staff, and the residents of Salem. Courtesy of Oregon Historical Society.



Figure 5.4. Overgrown and paint-splattered planter on the main grounds to west of the "J" building, similar neglected places dot the entire campus. This planter is part of a memorial to patients who died at the hospital. Photo by author, 2010.

¹⁴¹ Michael Pacione, "Neighbourhood Communities in the Modern City: Some Evidence from Glasgow," *Scottish Geographical Magazine* 99, no. 3 (1983); Hester Parr, Chris Philo, and Nicola Burns, "'That Awful Place Was Home': Reflections on the Contested Meanings of Craig Dunain Asylum," *Scottish Geographical Journal* 119, no. 4 (2003).

The Oregon State Hospital Replacement Project and its Antecedents

Superintendents and administrators of the OSH have a grand and storied tradition of begging for money from the Oregon Legislature, rarely to any avail.¹⁴² After the multiplicity of state and national scandals regarding mental health care in America's state hospitals, OSH was to begin a massive construction campaign to attempt to make up for past deficiencies. A complete replacement facility was authorized in 1952, but nothing ever came to fruition. Instead, one part of the old hospital was remodeled.¹⁴³ Plans for major changes and improvements of facilities at the OSH again came on the state government's agenda 1970s and they have almost continuously stayed there. Numerous studies on building program, land use, reuse, and structural integrity, have been funded and conducted, but mostly served only to waste paper and collect dust.¹⁴⁴ Few, if any, funds are ever found for actual improvements or capital construction after these studies are done.¹⁴⁵ These plans and changes have been loosely related to patient populations at

¹⁴² Larsell, *The Doctor in Oregon: A Medical History*, 562; *Oregon State Board of Control Biennial Report, 1966-1968*, 1969. 107-112. Dean K. Brooks, Superintendent: "It is increasingly difficult to administer programs when unscheduled programs are added to an already restricted budget... Oregon State Hospital has had serious difficulty maintaining authorized programs. *It is hoped that future budgets will be authorized on more realistic levels,*" (emphasis added).

¹⁴³ Patton and others, Section 8:10.

¹⁴⁴ Steven L. Clay and William H. Harper, "Testing the Economic Feasibility of Adaptive Reuse : Building "J" At the Oregon State Hospital " in *Changing Places: ReMaking Institutional Buildings*, ed. Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna(Fredonia, NY: White Pine Press, 1992); Skidmore, Owings, & Merrill, "Oregon State Hospital and Penitentiary Properties: Land Use Plan," 1976, p. 4, Oregon Documents, Salem, OR. Despite multiple references to reports by the firms of Allen, McMath, & Hawkins (1972); Fletcher/Finch (1974); and Stevens & Clay (1985), neither the Oregon State Archives nor the successor firms hold copies, thus this author has been unable to obtain them for the purposes of this research.

¹⁴⁵ Oregon Capitol Planning Commission, "State Hospital and Penitentiary Master Plan Plan Update Task Force Report," 1998, Capitol Planning Commission Records, Salem, OR.

OSH. Population peaked in 1958 with 3545 patients. Thirty-one years later in 1979 it was a paltry 500.¹⁴⁶

By the 1990s, the deterioration was beginning to become serious and several state regulations had changed. The hospital was now better able to plan its future because it could submit capital construction funding requests that extended beyond the state's next biennial budget. As such, the Oregon Capitol Planning Commission's Task Force on the State Hospital and Penitentiary met to review the master plans for both institutions. The committee was chaired by Kevin Mannix during a brief interim period when he did not represent Salem in the Oregon Legislature. Most prominent in their remarks was the inadequacy of facilities at OSH and its lack of a long term campus plan. Both were due to extreme limitations on funding. There was no money for planning or maintenance, much less patient care that just barely met minimum standards for accreditation.¹⁴⁷

The "J" building or Cascade Hall (Figure 5.5, numbers 30 & 48) had been a problem for decades with the state and the hospital wondering what to do with it, how to maintain it, and whether to keep using it or sell it or demolish it. In the process of studying the problem, conditions simply continued to worsen with abandoned wings, failing ceilings, more deferred maintenance, and pest infestations. With the aforementioned exposé by the *Oregonian* (Chapter III), the U.S. Department of Justice (DOJ) began an investigation into the civil rights of patients at the hospital in 2006. The

¹⁴⁶ Patton and others, Section 8: 10-11.

¹⁴⁷ "Capitol Planning Commission Task Force Report on Oregon State Hospital," 1975, p. 7, Capitol Planning Commission Records: Plans Projects Proposals, Salem, OR.

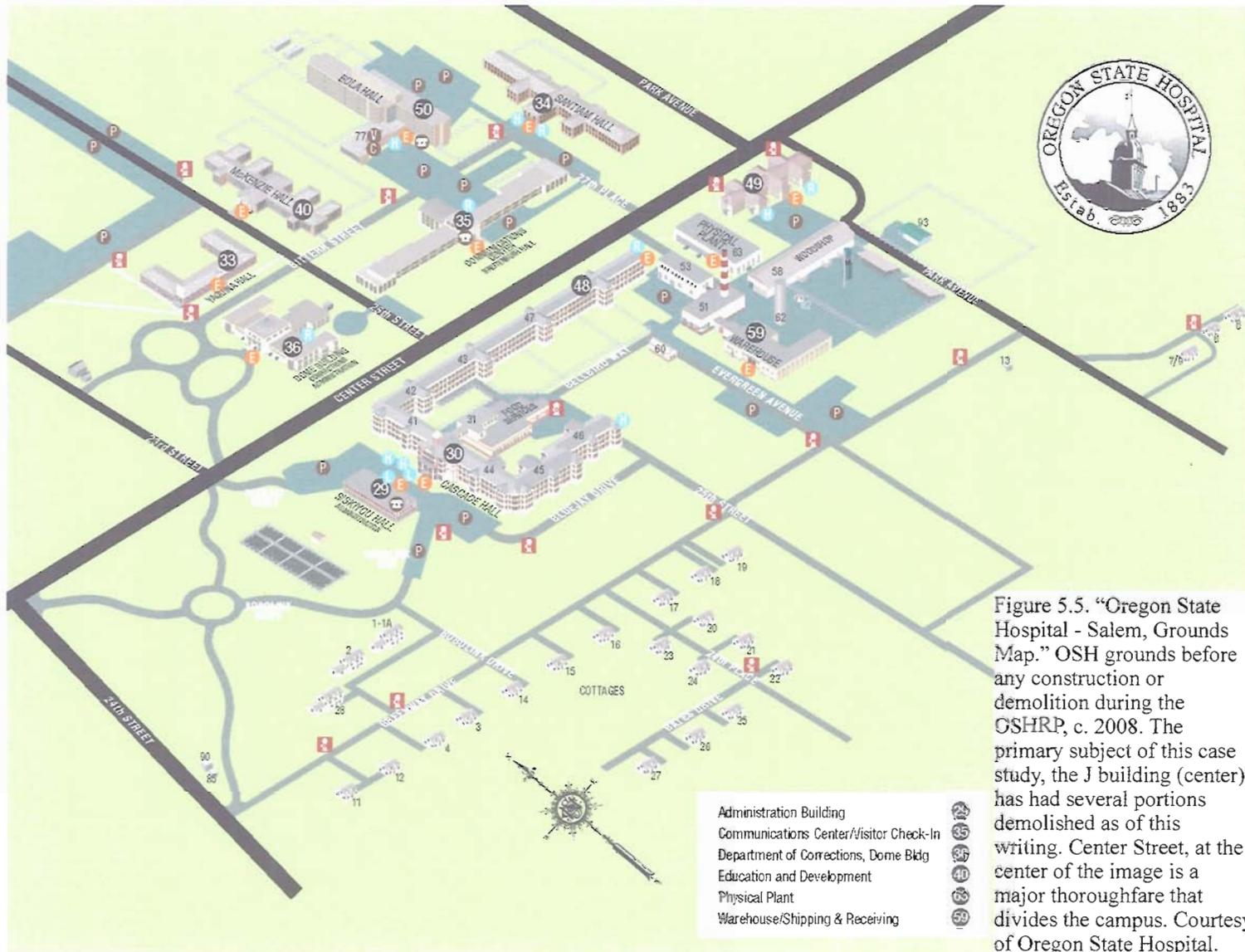


Figure 5.5. "Oregon State Hospital - Salem, Grounds Map." OSH grounds before any construction or demolition during the GSHRP, c. 2008. The primary subject of this case study, the J building (center) has had several portions demolished as of this writing. Center Street, at the center of the image is a major thoroughfare that divides the campus. Courtesy of Oregon State Hospital.

results were damning for the state. The DOJ threatened a lawsuit against the state government unless conditions were improved to the DOJ's satisfaction. Relations were been so strained that Governor Kulongoski refused to meet with DOJ officials.¹⁴⁸ The hospital has been continuously monitored by the federal government with the threat of lawsuit and federal seizure of the hospital ever since.¹⁴⁹

Peter Courtney, state senate president, had begun his own investigations of the state hospital back in 2004 and began to push the legislature to fund improvements at OSH. With the threat of the federal lawsuit, he finally had the leverage to force action, including massive facilities upgrades and hiring hundreds over new workers.¹⁵⁰

New studies were yet again conducted, after the DOJ investigation, to discover what to do with the building. The two new studies found extreme structural problems, including that portions of the "J" had poorly built or nonexistent foundations.¹⁵¹ However, they did not suggest demolition as the best option.¹⁵² Nonetheless, the state made it clear that wholesale demolition of all OSH buildings south of Center Street

¹⁴⁸ "Interactive Oregon State Hospital Timeline," *Statesman-Journal* (May 23, 2010). <http://www.statesmanjournal.com/article/20100523/NEWS/100504035/1169/osh> (accessed May 23, 2010).

¹⁴⁹ Becker and US Department of Justice, "Re: CRIPA Investigation of the Oregon State Hospital, Salem and Portland, Oregon."

¹⁵⁰ Alan Gustafson, "Crisis of Cost, Day 1: Worries About State Hospital Persist for Senate President," *Statesman-Journal*, May 23, 2010.

¹⁵¹ Boothby and Commissioners; Oregon Office of Mental Health & Addiction Services and KMD Architects, "Framework Master Plan Phase I Report," 2005, p. 7, Eugene, OR. The troublesome portions of foundation are presumably Boothby's "trap rock Ruble [*sic*] stone work."

¹⁵² Oregon Office of Mental Health & Addiction Services and KMD Architects; Oregon Office of Mental Health & Addiction Services and KMD Architects, "Framework Master Plan Phase II Report," 2006, Eugene, OR.

(Figure 5.5) was under consideration to eliminate the cost of having to acquire new land. The construction contractor was hired under the assumption that it would be performing a substantial demolition.¹⁵³

Under the threat of a federally mandated facilities upgrade that led the state to seek demolition, attempts were made to place the building on the National Register of Historic Places. The original “J” building at the OSH has been a City of Salem landmark for quite some time, but NR status provided for greater protection under city ordinances. The idea of the NR listing was notably movement of Salem residents. The legislature and the administration of the OSH seemed rather opposed to the idea. The Oregon SHPO did provide substantial technical assistance for the NR nomination, however, it did not provide any impetus for the project.

After NR listing and Historic American Building Survey documentation, complete demolition of the historic buildings was eliminated from the project.¹⁵⁴ The project reverted to a partial demolition compromise proposed back in 1998 by the Master Plan Task Force.¹⁵⁵ The solution was to demolish all the additions to Boothby’s original building of 1883. This still amounted to the demolition of the majority of the building (Figure 5.6). All of the additions were of the age to qualify as historic in their own right, but this was the best compromise that could be negotiated.

¹⁵³ Libby Tucker, "Hoffman Construction Co. Will Build \$240m Oregon State Hospital.," *Daily Journal of Commerce: Oregon*, October 24, 2007.

¹⁵⁴ "Firm to Assess If Oregon State Hospital Should Stay or Go," *Daily Journal of Commerce: Oregon*, March 1, 2005.

¹⁵⁵ Oregon Capitol Planning Commission, p. 11.



Figure 5.6. State of demolition at the OSH in February 2010, looking to the south. The missing section of building was demolished to separate the portion of the building to be rehabilitated (right and west) from the portion still housing the secure forensic patient ward (left). The portion at left will be demolished when the first phase of construction of new facilities is completed in 2011. Detail in Appendix C. Photo by author.

The National Register listing of the complex proved to be extremely important in the preservation of the most significant parts of the complex. With the Salem historic preservation ordinance, decisions by the Salem Historic Landmarks Commission (SHLC) could override any state construction decisions on a listed building within the city limits. The city was able to force the state to spend money on preservation against its will, despite state policy supposedly in favor historic preservation in general.

The relations between the state, the hospital administration and the SHLC have been contentious throughout the OSHRP. The SHLC has required its approval of the entirety of the construction project and any changes to the remaining historic portion of the “J” building. In early 2010 this went as far as the city issuing a stop work order on the

state regarding replacement of all the historic windows. After a contentious hearing, the reporting of fourteen public letters received, all in favor of saving the original windows, and several members of the public and preservationists testifying at the meeting, the commission came to a legitimate preservation decision with which the state was not pleased. The Commission decided to require the repair of all original windows (if still in existence) along all the public façades (north, west, and south). This exceeded both the staff recommendation and the official recommendation of SHPO.¹⁵⁶

The final design accepted by the state and the SHLC maintained the most historic part of the building while appropriately blending in new construction (Figure 5.7). The design incorporates a new treatment model for the hospital with patient care occurring throughout it. The historic portion is maintained as the entrance and will include some patient care areas including a hair salon, art therapy, and various indoor recreation options on the first floor.¹⁵⁷ It will also encompass a public museum of the hospital's history on the first floor and have staff offices on the upper floor.¹⁵⁸

Unfortunately, a recent article series by Salem, Oregon's *Statesman-Journal* expounds on continuing problems at the Oregon State Hospital: funding, chronic

¹⁵⁶ Author's notes, Meeting and Public Hearing of the Salem Historic Landmarks Commission, Historic Review Case No. 10-3, Salem City Hall Council Chambers, Salem, OR, January 28, 2010.

¹⁵⁷ Steven V. Riley, "Building a Treatment Mall: Oregon State Hospital's New Campus in Salem Will Employ This Care Model.," *Behavioral Healthcare* 29, no. 8 (2009): 29-32.

¹⁵⁸ Galen Barnett, "A Museum for Oregon State Hospital," *Oregonian*, March 18, 2009; Oregon State Hospital Museum, "About [the Oregon State Hospital Museum]" <http://oshmuseum.org/about/> (accessed May 8, 2010).



Figure 5.7. Final design for renovated and rebuilt Oregon State Hospital. Rendering by Travis Schmiesing of HOK Architects. Printed in Riley, Steven V. "Building a Treatment Mall: Oregon State Hospital's New Campus in Salem Will Employ This Care Model." *Behavioral Healthcare* 29, no. 8 (2009): 28.

understaffing, and staff morale approaching a nadir.¹⁵⁹ This exposé, like the many others mentioned may hasten reforms. However, these reports often result in preservation disasters, such as plans for total or major demolitions that have taken place at OSH. It remains to be elucidated what will become of this historic complex and is a question that may not be answered for decades to come.¹⁶⁰

Edgefield Manor

In a sense, preservation began for Edgefield many years before it permanently closed (Figure 5.8). By the 1970s, the county had sold off the last of the farm animals,

¹⁵⁹ Alan Gustafson, "Crisis of Cost, Day 1: Mandated Misery at Oregon State Hospital," *Statesman-Journal*, May 23, 2010.

¹⁶⁰ Gustafson, "Crisis of Cost, Day 1: Worries About State Hospital Persist for Senate President."

ceased all farm operations, and fully converted Edgefield to a nursing home and rehabilitation facility open only to county residents. County government seemed to be intent on forcing the institution's demise. Farming operations completely ceased in 1969 with the auction all of remaining livestock. Admissions were frozen in 1974 and the chairman of the county commission ordered the facility closed by the middle of 1976. County Chairman Clark rescinded his order of closure two months after making it, due to intense public pressure, and established a task force to deal with the closure instead.



SAVE EDGEFIELD MANOR
VOTE YES
 BALLOT MEASURE 26-14

Figure 5.8. Promotional material from an electoral campaign to force Multnomah County to maintain and continue operating its nursing home at Edgefield in 1976. From “Handbook on Edgefield Manor.”

The main group fighting the closure—the Save Edgefield Manor Committee—argued, however, that the task force was packed so as to make sure it would recommend closure.¹⁶¹

Concerned citizens began a public campaign to save the institution, though it was only incidentally an effort toward historic preservation. The official goal was a humanitarian one to protect the current residents and maintain subsidized, quality nursing home care in the county for the county's ill and destitute elderly.¹⁶² It was a cause interestingly similar to the institution's original function as a poor farm.

¹⁶¹ Save Edgefield Manor Committee, *Handbook on Edgefield Manor* ([Portland, OR]: n.p., 1976).

¹⁶² *Ibid.*

The public efforts resulted in a ballot initiative being filed. The county curiously sued to prevent even the collection of signatures to qualify the measure for ballot. This and various other court cases, with victories and losses on both sides of the issue dragged on for years. A class action lawsuit that reached federal appeals court still had not been resolved as of 2002, long after the sale and the adaptive reuse of the property.¹⁶³

Closure was forestalled time and time again until 1982, when on June 30 the last three patients were transferred to other facilities. The administrator climbed to the belfry for a final ringing of the bell and then Edgefield was then simply boarded up and abandoned to the elements. Vandals and thieves promptly invaded and stole the bell within a month.¹⁶⁴

Edgefield would sit vacant for years, attracting more vagrants and vandals, thus bringing about rumors of devil worship and curses. The county sought demolition permits for the whole complex twice. With the first permit, Troutdale's mayor would not sign such a death warrant. Later a permit was approved, but estimates for asbestos abatement, which included an asbestos tile roof were so high that the county cancelled the demolition. The asbestos tile roof remains to this day (Figure 5.9).¹⁶⁵

¹⁶³ Sharon Nesbit and Tim Hills, *Vintage Edgefield : A History of the Multnomah County Poor Farm and Mcmenamins Edgefield* ([Tigard, OR]: McMenamins, 2002), 17.

¹⁶⁴ Sharon Nesbit, *It Could Have Been Carpdale: Centennial History of Troutdale, Oregon, 1907-2007* (Gresham, OR: Pediment Publishing for the *Outlook*, 2007), 146-147. The selfsame vandals also used spray paint to note their worship of punk rock stars and the requisite use of the certain fabrics in witchcraft (having written "Satin" adjacent to a pentagram).

¹⁶⁵ *Ibid.*, 149.

With public pressure and a National Register listing in progress, the county finally conceded and put the property up for auction 1989. Despite the auction garnering some



Figure 5.9. Edgefield Main Lodge. Seven years after abandonment, the Edgefield buildings and farm were nominated for the National Register, by which time they had been boarded up and decayed into this state. Oregon SHPO files.

national press attention, not a single offer was received.¹⁶⁶ Historic property investment had entered a slump at the end of the 1980s after the 1986 reduction of the federal historic preservation tax credits and national developers were far less interested in historic preservation projects. In 1985 over 3,000 properties applied for certified historic renovations; in 1988 it was just over 1,000. Of the five historic properties included in the same auction as Edgefield, not a single one sold.¹⁶⁷

After the failure of the auction, the county created a marketing committee to sell the property through the normal real estate process, again little interest was shown. Some months in, a pair of brewpub owners offered the county \$200,000 and it was rejected

¹⁶⁶ Richard D. Lyons, "Historic Properties on the Block," *New York Times*, September 3, 1989, R1.

¹⁶⁷ Steve Mayes, "National Treasures Fail to Find Bidders," *New York Times*, October 15, 1989, R9.

outright, despite being the first interest ever shown in the property. The brewpub owners, the McMenamins brothers came back with a second offer of \$500,000 for 12 acres and all the surviving buildings. The offer was below the appraisal at \$630,000, but was accepted reluctantly. The county still had nearly 300 more acres of vacant farmland to sell, which still sits mostly empty twenty years later.¹⁶⁸

Improvements at the Edgefield complex took a slow pace. Buildings were rehabilitated and opened gradually, starting with a brew pub in the power station, which opened in July 1991. The McMenamins brothers put the farmland back into productive use by planting grape vines to make wine.¹⁶⁹

There were, however, many problems, primarily financial and regulatory.¹⁷⁰ There was a bitter battle between the McMenamins and City of Troutdale over water rights and systems development charges. The city wanted to charge the McMenamins new systems development charges, despite Multnomah County's having paid such fees in 1971 while it still owned the property and the fact that Troutdale installed no new services or facilities after the McMenamins took ownership.¹⁷¹ Despite this, the McMenamins eventually paid the fees and continued with their project.

¹⁶⁸ Nesbit, *It Could Have Been Carpdale*, 149; Web Ruble, "Manor Sale Causes Excitement in Troutdale," *Oregonian*, March 30, 1990, F2.

¹⁶⁹ Eric Goranson, "Former Edgefield Manor Slowly Transforms," *Oregonian*, March 18, 1991, B2.

¹⁷⁰ Emily Lambert, "For Fun & (Minimal) Profit," *Forbes*, August 15, 2005, 61-62.

¹⁷¹ Web Ruble, "Troutdale, Pub Owner Ok Accord," *Oregonian*, March 19, 1992; Web Ruble and Staff, "Troutdale Council Rejects Mcmenamini Appeal over Charges," *Oregonian*, April 24, 1991.

In seeking federal income tax credits and a state property tax freeze for historic preservation there were also many problems. While the rehabilitation was generally sensitive, some buildings, such as the power station were partially gutted, and artwork and murals were painted everywhere. SHPO staff at the time were hard to convince of the appropriateness of the artwork, but eventually conceded.¹⁷²

Their artistic changes to the interior tend to be historically inspired. Edgefield includes murals representative of the nursing home era, portraits of former, inmates, patients, and staff. They truly embrace the history of the complex, providing for guided tours, naming the hotel rooms after people from the complex's past and giving brief biographies in those rooms.

The millions required to complete the rehabilitations slowed the pace of progress. Financing was extremely difficult to obtain and the main lodge and its resort hotel would not open until 1994.¹⁷³ It would take until 1997 for the Edgefield investment to turn a profit and it still makes a small margin, but the owners are simply satisfied that their hobby business does not lose money.¹⁷⁴ As time goes on, new facilities and buildings and attractions open at Edgefield (Figure 5.10). The owners consider it "never finished."¹⁷⁵

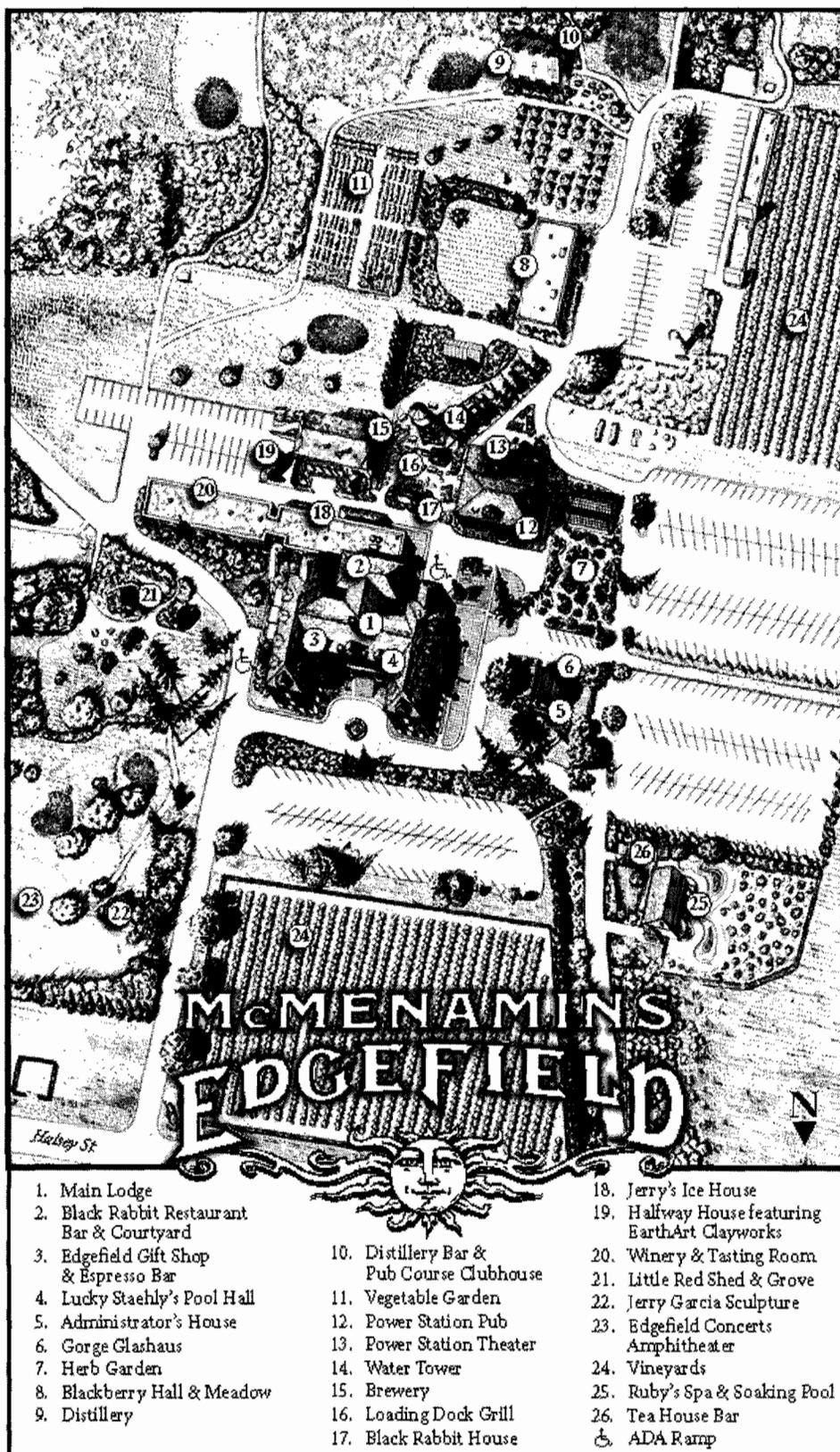
¹⁷² Steve Mayes, "Portland Brewers Pour New Life into Dead Old Buildings," *Oregonian*, May 12, 1991, K10.

¹⁷³ "Mcmenamins Edgefield Swings Door Open to Overnight Accommodations on Two Floors," *Oregonian*, May 26, 1994, 7.

¹⁷⁴ Lambert.

¹⁷⁵ Nesbit and Hills, *Vintage Edgefield: A History of the Multnomah County Poor Farm and Mcmenamins Edgefield*, 35.

Figure 5.10. Current map of McMenamin's Edgefield Hotel and Resort, c. 2000. Building number 1, the lodge, has been the primary focus of this case study. All numbered buildings are currently in operation and most are open to the public. Courtesy of McMenamins.



CHAPTER VI

ANALYSIS, ADAPTIVE REUSE, & CONCLUSION

Differences between the case studies of OSH and Edgefield could not be more stark. While both were abandoned and neglected for years, Edgefield was far more successful at full preservation and was able to give itself a positive image. OSH has failed substantially at both. The majority of the historic “J” building is scheduled to be demolished, with some portions already gone. A new article series exposé has just been begun by Salem’s *Statesman-Journal* at the time of this writing, further harming the institution’s public image. Options are limited for these buildings, but their stigma, neglect, and massive footprints can be overcome under the right circumstances.

The Poor Farm and Stigma Management

As shown with the Edgefield case study, poor farms currently have an interesting dilemma with their preservation. They would seem to be in a middle period between absence from the collective societal memory and acknowledgement of their historical role, which could lead to more preservation successes. Poor farms would once have had a stigma attached to them as negative as that of an insane asylum. However, poor farms have become so completely absent from the contemporary public consciousness, that they

can barely be said to be confronted with the problem of stigma. This lack of public awareness is, on the other hand, as harmful as it is helpful. The public or government that does not understand the function or history of a place cannot easily endorse preservation. Preservation can still happen if there is some other value attached to the building, not just a physical reminder of the historic built environment. Architectural interest or sturdy construction allowing for adaptive reuse can save such a place.

Edgefield could thus be considered a lucky historical quirk in its ability to be preserved. Unlike the vast majority of American poor farms, Edgefield was architect-designed with the landscaping given careful consideration. The coordination of the buildings in both architectural style and placement gave it architectural interest and sturdy buildings intended to last through the ages. There are some of the sturdiest and most well-designed buildings that Troutdale has ever known.¹⁷⁶

National Register-worthy architectural interest can be a good starting point, but it undervalues many important features at institutions of this physical size. Historic social welfare institutions are obviously important for their role in social history and often for their imposing architectural presence. The National Register does not have a mechanism to analyze historic places for their potential for reuse, nor does recognition of quality landscaping and sturdy buildings necessarily lead to development and rehabilitation interest.¹⁷⁷

¹⁷⁶ Nesbit, *It Could Have Been Carpdale*, 145.

¹⁷⁷ Emma Phillips, ed. *Mind over Matter: A Study of the Country's Threatened Mental Asylums* (London: SAVE Britain's Heritage, [1995]), 2.

Role of Government and Its Preservation Responsibilities at All Levels

One of the major factors in the preservation—such as it is—of both case study institutions was the interaction between multiple levels of government. In both cases, local government was able to overrule or delay actions to be taken by property owners at a higher level of government. The City of Salem strongly enforced its powers as a certified local government (CLG), going so far as to issue stop work orders on the state government and OSHRP, after losing some early battles.¹⁷⁸ Troutdale on the other hand, simply did not allow a demolition permit to be issued until after a National Register nomination had been completed and Edgefield had been evaluated as to whether it was a city historic resource.

In no case can a local government, or any government, require a property to be used or prevent its abandonment. An unused facility owned by a government cannot be preserved for the long term, as its maintenance will always be one of the first items cut from a budget during even the slightest fiscal crisis. Often, historic facilities are simply abandoned without any significant thought given to future use, reuse, or even mothballing. Mothballing is often dismissed for “old relics” as too expensive, especially when facilities are closed due to termination of programs or budget cuts. Mothballing is most especially ignored when abandonment is gradual, as is nearly always the case with state hospital facilities (Oregon State Hospital; Buffalo State Hospital/Psychiatric Center,

¹⁷⁸ Testimony of Linda Hammond, OSHRP Project Manager, Meeting and Public Hearing of the Salem Historic Landmarks Commission, Historic Review Case No. 10-3, Salem City Hall Council Chambers, Salem, OR, January 28, 2010.

NY; Glenwood Psychiatric Hospital, Columbus, OH).¹⁷⁹ Furthermore, simple redundancy and excess space can prevent any real thought regarding a facility's future, including mothballing.¹⁸⁰

Nothing is more damaging to an historic government building's future and structural integrity as underutilization and abandonment. This is an absolute guarantee of neglect of maintenance. Elected officials rarely have the foresight to look at land and historic buildings as investments with resale value or even in terms of resources already expended in acquiring property and constructing buildings.¹⁸¹ The Edgefield case would seem to prove this point also made by Clay & Harper—architects who prepared reuse plans for OSH in the 1980s. They remark that incentives for historic preservation to be performed after sale to the to the private sector are often more cost effective than for governments to maintain ownership of properties they cannot or will not use.¹⁸²

Spending by American state and national governments on social welfare tends to be cyclical with spending on economic development in extremely long phases.¹⁸³

¹⁷⁹ Barbara A. Campagna, "From Movie Set to Government Offices: Building 10 at the Buffalo Psychiatric Center," in *Changing Places: ReMaking Institutional Buildings*, ed. Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna (Fredonia, NY: White Pine Press, 1992), 315; Tyler Potterfield, "The Central Ohio Psychiatric Hospital: How 'Glenwood' Was Lost," in *Changing Places: ReMaking Institutional Buildings*, ed. Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna (Fredonia, NY: White Pine Press, 1992), 286.

¹⁸⁰ Potterfield, 286.

¹⁸¹ Save Edgefield Manor Committee. Indeed, one of the Save Edgefield Committee's strongest arguments in favor of keeping the facility open was that the county had spent \$280,000 over the preceding two years on code compliance, including the installation of sprinklers and various repairs.

¹⁸² Clay and Harper.

¹⁸³ Ronald Rudy Higgens-Evenson, "Social Responsibility and Economic Development: State Government in the Transitional Polity, 1877-1920" (Ph.D. dissertation, University of Oregon, 1998), v.

Deinstitutionalization over the last fifty years would seem to suggest that American society is not currently in a social welfare spending phase. Therefore, for those buildings still in their original use, positive preservation outcomes may be less likely than for those that have been abandoned.

Preservation policy at the state level is another aspect worthy of review regarding these buildings. Oregon's preservation policy (policy in a strictly legal sense) is very high-minded and should both prevent multiyear preservation struggles, prevent neglect of historic public buildings, and result in a wonderful collection of built heritage in the state. Indeed, it is a model to which many states could aspire and is implemented by local communities very effectively. Unfortunately, policy has no force of law, and it has rather limited effect in Oregon without strong local preservation ordinances. Policy has especially no force of law when supported only by weak regulation that is subject to manipulation by political pressures, politicians' whims, and the pragmatism required by limited budgets. Good hearts abound in the legislature, but the state is chronically short of funds, hurting much more visible services such as public safety and education that compete for this limited revenue.¹⁸⁴

Oregon in particular has both an executive order requiring preservation of state properties and Goal 5 that requires land use planning to advance the cause of historic preservation in land use planning. However, other state regulations and laws are highly

¹⁸⁴ Gustafson, "Crisis of Cost, Day 1: Worries About State Hospital Persist for Senate President."

contradictory to these policies.¹⁸⁵ Executive orders issued under Governors Roberts and Kulongoski in 1993 and 2010 respectively strongly encourage that state agencies locate and conduct all their operations in historic downtowns (including conferences or they might sponsor or arrange away from their headquarters).¹⁸⁶ While there is no question that such a policy provides economic stimulus to historic areas, it creates many other complications in preservation.

First, it does not recommend the reuse of historic buildings for state agency use. In the interpretation of the Oregon Capitol Planning Commission, this severely complicates the reuse of institutional buildings such as the OSH for state agency office space.¹⁸⁷ Second, large institutions such as the state hospital and penitentiary are far from downtown cores by design. In land use planning they are required to maintain buffer zones between their facilities and residential areas. As they are such large institutions and the main operations of their respective state agencies, it is logical for their headquarters to be located near these operations and out of downtown. Their square footage requirements and security concerns do not make placement on the capitol mall a viable option. This situation is not acknowledged in the executive orders.

¹⁸⁵ Oregon Department of Land Conservation and Development, "Oregon Department of Land Conservation and Development: Statewide Planning Goals" <http://www.oregon.gov/LCD/goals.shtml> (accessed May 9, 2010). OAR 660-015-0000(5).

¹⁸⁶ Oregon Capitol Planning Commission, p. 23; Erica Stewart, "Triumph for Historic Downtowns," *National Trust for Historic Preservation Main Street News* (2010). <http://www.preservationnation.org/main-street/main-street-news/story-of-the-week/2010/triumph-for-historic.html> (accessed May 8, 2010).

¹⁸⁷ Oregon Capitol Planning Commission, p. 23.

The Department of Corrections has long complained that its headquarters on the OSH campus is too far from the Penitentiary to be efficient in addition to being so small that it has various offices in rented space throughout the city. It also has no desire to move to a centralized Capitol Mall location along with other state agencies, a location that would be more inconvenient for their operations than the current one.¹⁸⁸

The truest savior of these buildings is conflict of governments. Whether the conflict be specific to preservation policy, land use planning, or issuance of a demolition or structural alteration permit. Neglect will invariably continue during this period of conflict and the building(s) may collapse or succumb to a suspicious fire.¹⁸⁹ Nonetheless, the simple act of delay can cause media attention to be brought to a preservation case and stall for needed time. This time can be used to develop the public's sense of value of the property, to explore continued uses, or to find an interested and qualified developer to acquire the property for an adaptive reuse. Even an exercise in façadism, such as at the Danvers State Hospital in Massachusetts (see epigraph, Chapter III) (Figures 6.1 & 6.2), where two-thirds of the complex was demolished is an improvement over outright

¹⁸⁸ Ibid.

¹⁸⁹ Dennis Thompson, "Man Pleads Not Guilty to Setting January Fire at Fairview Site," *Statesman Journal*, April 20, 2010; Kathy Tucker and Oregon Historical Society, "Proposed Site for Lewis & Clark Centennial Expo," *Oregon History Project* (2002). http://www.ohs.org/education/oregonhistory/historical_records/dspDocument.cfm?doc_ID=000217EF-051F-1DD4-A2AF80B05272FE9F (accessed April 30, 2010). The Forestry Building from the 1905 Lewis & Clark Centennial Exhibition burned down in 1964 when it was in the path of a proposed freeway. The Pierce Cottage (one of the most historically significant buildings) on the campus of the Fairview Training Center (originally known as the State Home for the Feeble-minded, see Appendix A) burned down in 2010 with redevelopment plans in place for the property.



Figure 6.1. Danvers State Hospital in Massachusetts, front, postcard view, c. 1919. Built in 1874, added to the National Register in 1984, and abandoned in 1992. The complex was renovated into a rental/condominium/mixed-use community in 2007 without the use of historic preservation tax credits in order to avoid being subject to the Secretary of the Interior's Standards for Rehabilitation.



Figure 6.2. Danvers State Hospital in Massachusetts, rear, c. 2008. After a 2007 “refashioning” intended to “sweeping away the vestiges of the mental hospital’s dreary past,” it is now the Avalon Danvers Community. Note the vinyl windows, cabanas, and pool, these changes are not in line with the Secretary of the Interior’s Standards for Rehabilitation. Quotations from Brenda Buote, *Boston Globe*, February 25, 2007. Courtesy of Avalon Communities.

outright demolition; even if it is a travesty of preservation.¹⁹⁰

Economics and the Real Estate Market

Changing Places, the one thorough work on reuse of institutional architecture, makes it clear that preservation in the case of these large, stigmatized institutions that economics and public policy are the key factor in their preservation, even more than stigma.¹⁹¹ In that way they are much like any other large scale historic rehabilitation project. Unfortunately, while the economics of historic preservation are beginning to be understood, academic analysis of the history and culture of the real estate world is utterly nonexistent.¹⁹²

The tax structure in the United States also is heavily tilted against preservation, historic preservation tax credits notwithstanding. "Flipping" is common in privately owned buildings as are buildings designed for a short lifespan, a lifespan equal to their period of depreciation.¹⁹³ In the world of public buildings, while this does not apply directly, it has many effects. Governments, as nonprofit owners, are ineligible for

¹⁹⁰ Brenda J. Buote, "From Dreary Asylum to Luxurious Homes - Danvers State Is Being Refashioned as an Upscale Complex," *Boston Globe*, February 25, 2007, 1; Matt Pujo, "Danvers State Hospital Deserved Better Than Heavy-Handed Renovation," *Boston Globe*, March 4, 2007, 4.

¹⁹¹ Clay and Harper; Potterfield; Michael A. Tomlan, "Review of *Changing Places: ReMaking Institutional Buildings*," *Journal of the Society of Architectural Historians* 53, no. 2 (1994): 250.

¹⁹² Stewart Brand, *How Buildings Learn: What Happens after They're Built* (New York: Viking, 1994), 81.

¹⁹³ *Ibid.*, 85-87.

preservation tax credits without creating extraordinarily complex legal arrangements with for profit corporations.¹⁹⁴

Economics and the real estate market dictate what the market can absorb. Large institutions like Edgefield and OSH have inconceivable amounts of land and floor space for the communities in which they are located. Troutdale in which Edgefield is located has a 2008 population estimate of 15,438. Salem has 153,435 people.¹⁹⁵ Neither city can reasonably accept hundreds of thousands of new square feet (over one million in the case of OSH) of mixed use space or hundreds of acres of open land all at once. Columbus, OH could not do the same for a nineteenth century asylum in its city limits with 630,000 people in 1990.¹⁹⁶

Adaptive Reuse Concepts, There Is Hope

Psychiatric care and other social services have changed so substantially since the times of the insane asylum and the poor farm that even continuing their original use amounts to an adaptive reuse. Finding other uses for them is a true challenge, yet some options are more viable than the funding made available to their implementation would suggest.

¹⁹⁴ Jessica Marie Engeman, "Why Place Matters: Historic Preservation, Quality of Life, and the New Economy: A Case Study of the Pearl District in Portland, Oregon" (M.S. Thesis, University of Oregon, 2004).

¹⁹⁵ United States Bureau of the Census, "U.S. Census Bureau Population Finder" <http://factfinder.census.gov/> (accessed May 9, 2010).

¹⁹⁶ Potterfield; United States Bureau of the Census, "U.S. Census Bureau Population Finder".

Such historic social welfare buildings are oddly adapted to modern office space needs; with their extremely broad corridors and small individual rooms, they can accommodate this use with little change in floor plan. A design was prepared for another Kirkbride-inspired Open or low-wall cubicle offices could use a substantial portion of corridor space while still meeting fire codes, while management or workers with needs for privacy or storage of confidential records can take over former patient sleeping rooms (Figure 6.3).¹⁹⁷ Additionally, the high ceilings; abundant, large, operable windows; and original designs to maximize airflow create an environment more welcoming, healthy, and human than most offices built after the widespread adoption of central air

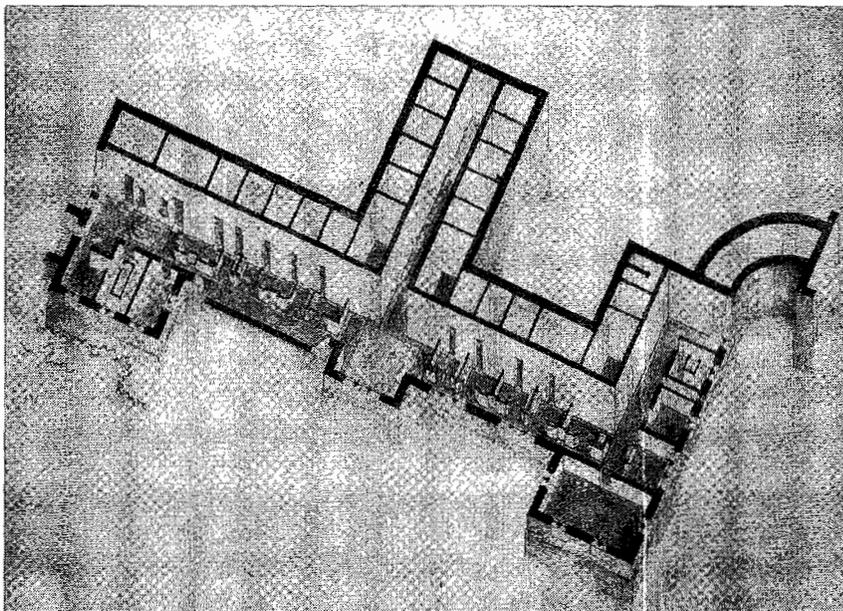


Figure 6.3. Axonometric study of office conversion at H. H. Richardson's Buffalo State Hospital, New York. The Buffalo hospital is based on the Kirkbride model and construction on it began shortly before that of the Oregon State Hospital. While Richardson's wing has single-loaded corridors unlike OSH, the same potential for conversion exists. From B. A. Campagna, "From Movie Set to Government Offices: Building 10 at the Buffalo Psychiatric Center," in *Changing Places: ReMaking Institutional Buildings*, ed. Schneekloth, et al.

¹⁹⁷ Campagna, 304-305, 309-313.

conditioning in commercial architecture. Unfortunately, proper funding rarely materializes for such projects. As happened in the case that produced this concept, the Buffalo Psychiatric Center in New York (Figure 6.4). Even if some money can be found, it is more rarely sufficient to do adequate upgrades or allow for efficient use of space.¹⁹⁸

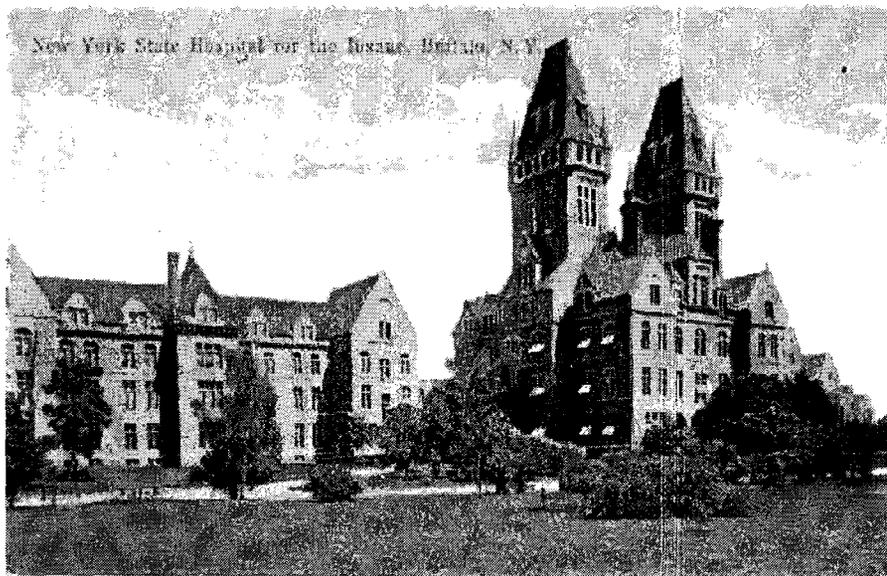


Figure 6.4. H. H. Richardson's Buffalo State Hospital, New York, postcard view, c. 1906. Exterior view of building for which the office rehabilitation study shown in Fig. 6.3 was drawn. Rehabilitated floor plan is based on the long ward building at left. From author's private collection.

Proper and efficient use of space is a common problem in many types of conversions of historic buildings. In the case of museum conversions, the primary problems tend to be those of appropriate and historically sensitive use and that of adequate space. Most museums moving into historic buildings often run out of space and

¹⁹⁸ Ibid., 312-313.

tend to be rather disrespectful of historic interiors. This is regardless of whether the museum's collection is related to the history of the building.¹⁹⁹

On the other hand, an Ohio case proves a rather excellent counterexample to this situation that is specific to historic insane asylums. Ohio's Athens State Hospital has been absorbed into the campus of a neighboring mid-sized public university in a small southeastern Ohio town. Two buildings of this former asylum from 1874 have been rehabilitated for Ohio University's use, one partially. The complete conversion was that of a horse barn into a childcare center.²⁰⁰

Unfortunately, the original hospital building is still mostly abandoned. Despite housing the university's art museum in the original administrative core of the main historic building (Figure 6.5), the ward wings provide far more space than a small, local art museum could ever use.²⁰¹

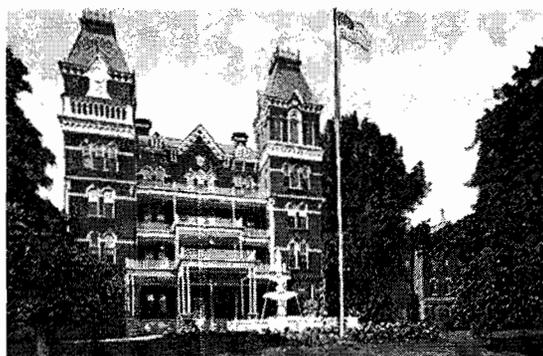


Figure 6.5. Athens State Hospital, Athens, Ohio, postcard view of main entrance, c. 1940. Another Victorian style insane asylum farther east has been partially rehabilitated into an art museum. Only the portion shown here was been converted, wings to the side, much like those at OSH, remain abandoned.

¹⁹⁹ Jean Trudel, "Housing Museums in Historic Buildings: A Wise Solution for the Long Term?," *APT Bulletin* 27, no. 3 (1996): 38-41.

²⁰⁰ RVC, Architects, Inc., "Horsebarn at Old Athens Mental Health Center " *National Trust for Historic Preservation: Forum Solutions Database* (2010). <http://www.preservationnation.org/forum/resource-center/forum-solutions/horsebarn-at-old-athens-mental.html> (accessed May 22, 2010).

²⁰¹ Matthew Murray, "The Rise and Fall of the State Hospital System," *UN Chronicle* 43, no. 2 (2006): 43.

Conclusion

What can be done by the average preservationist or citizen would appear not to be much for these public social welfare institutions. Advocacy and public education are the easy answers, but they seem always to be the only answers in preservation as well. The problem is not public policy in and of itself.

The size and stigma of these buildings and complexes are their ultimate downfall in any hope for adaptive reuse. Lenders and developers fear such high risk projects as they unrealistically inflate poor public reaction to paying rent for a stigmatized place. However, the fears of risk regarding size of the project are certainly well-founded. Only in a very active and lively real estate market could any city absorb a new mixed use complex or even mere office space in one single project of hundreds of thousands of square feet at a low height over enormous acreage.²⁰²

However, an overarching theme in the few redevelopments of historic asylums is that of major failures of interpretation or even the complete lack thereof. The Octagon in New York City, the Northern Michigan State Hospital, and all of the English sites studied by Franklin have little to no onsite interpretation of either the architectural or social history of their buildings. Edgefield and the McMenemy's history-embracing concept seems to have potential, but for the massive size of old asylums and the low margin business model they use.

²⁰² Potterfield.

The asylums and other stigmatized buildings are full of untapped historical material from their histories and filled with stories of human interest. While certainly not all—or perhaps even most—patient outcomes have been positive over the history of the buildings, the stories are there to be told. Granted, most of these stories, and even patient names are protected by medical privacy laws, but this does not necessarily stop the oral historian or the search for records of the earliest patients. The extreme medical privacy of psychiatric patients only came into being well after the asylum movement began. Records of admissions were commonly published in the newspapers of both the cities containing the asylums and the new patient's hometown.²⁰³ The human interest tales can be compelling, and if properly promoted, could counteract the stigma of these places. However, this is an immense amount of work above and beyond what is even required of a National Register nomination to obtain federal income tax credits. This may be a bit more than can be expected to be covered by loans for development.

In the end, these buildings with uncomfortable histories do have hope for preservation, even if they become architectural shells with little history.²⁰⁴ Unfortunately, above and beyond all the above listed options and considerations for the preservation of historic public social welfare institutions, economics (real or perceived) is the key to success or failure.

²⁰³ Bell.

²⁰⁴ Pujo, 4.

APPENDIX A

EUGENICS AND STERILIZATION AT OREGON INSTITUTIONS

In the 1910s, the age of state-sponsored sterilization began in the United States. Oregon was no slouch in this trend, passing a law requiring the sterilization of defectives and the feeble-minded (only those under state care and in certain circumstances) several years ahead of Southern states such as Virginia. Oregon was also among the very last of the states to repeal its sterilization law, waiting until 1983. Ultimately 33 states would embrace similar compulsory sterilization policies.²⁰⁵

Detailed records of what happened are scarce. Most records were illegally and mysteriously destroyed in the late 1980s and medical privacy laws protect those few that remain.²⁰⁶ The State Board of Health reported total sterilizations at each state institution through 1930, but thereafter only reported statewide totals in their biennial reports.

Women were sterilized far more often than men, despite the much greater complexity and therefore complication rate of the female operation.

²⁰⁵ Laurence M. Cruz, "Governor Apologizes for Eugenics," *Statesman Journal*, December 3, 2002.

²⁰⁶ Julie Sullivan, "Eugenics Records Shredded," *Oregonian*, July 30, 2002; Julie Sullivan, "State Will Admit Sterilization Past," *Oregonian*, November 15, 2002.

Of the state institutions, the state hospital (Figure A.1) had the second highest total number of sterilizations as of 1929 and the second highest annual total of sterilizations (Figure A.2). Only the Home for the Feeble-minded (later Fairview Training Center) carried out more procedures. For the period of 1917-1928, the Home for the Feeble-minded sterilized 53% (267 out of 500) of its patients (Figure A.3).²⁰⁷

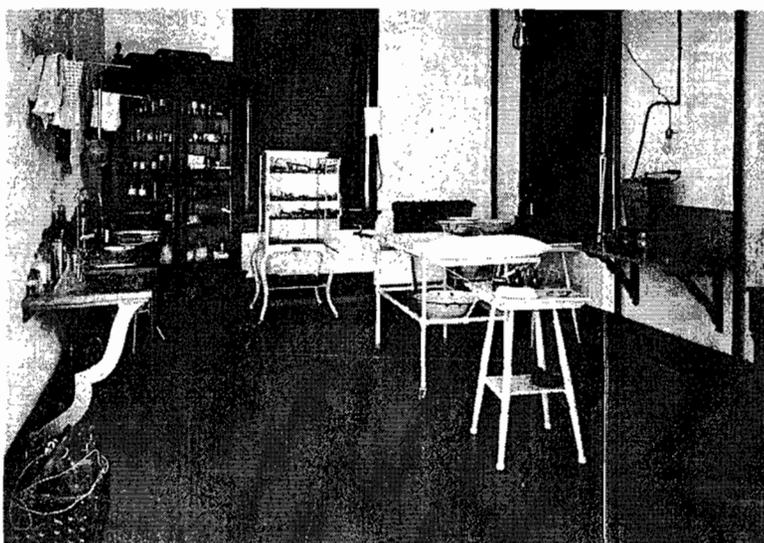


Figure A.1. Operating room at the Oregon State Hospital in 1908. Sterilization procedures were performed on site at the state hospitals while the Home for the Feeble-minded transferred patients to local hospitals for the procedure. Courtesy of Oregon Historical Society.

The other institution of focus in this thesis, Edgefield, is not known to have recommended any cases for sterilization, as the state law only applied to state institutions. Nonetheless, it is likely that many inmates at Edgefield had previously been sterilized. All poor farms had a significant population of the feeble-minded and mentally ill and such people would spend usually a portion of their lives there.²⁰⁸

²⁰⁷ Larsell, *The Doctor in Oregon: A Medical History*, 470.

²⁰⁸ Evans, 7.

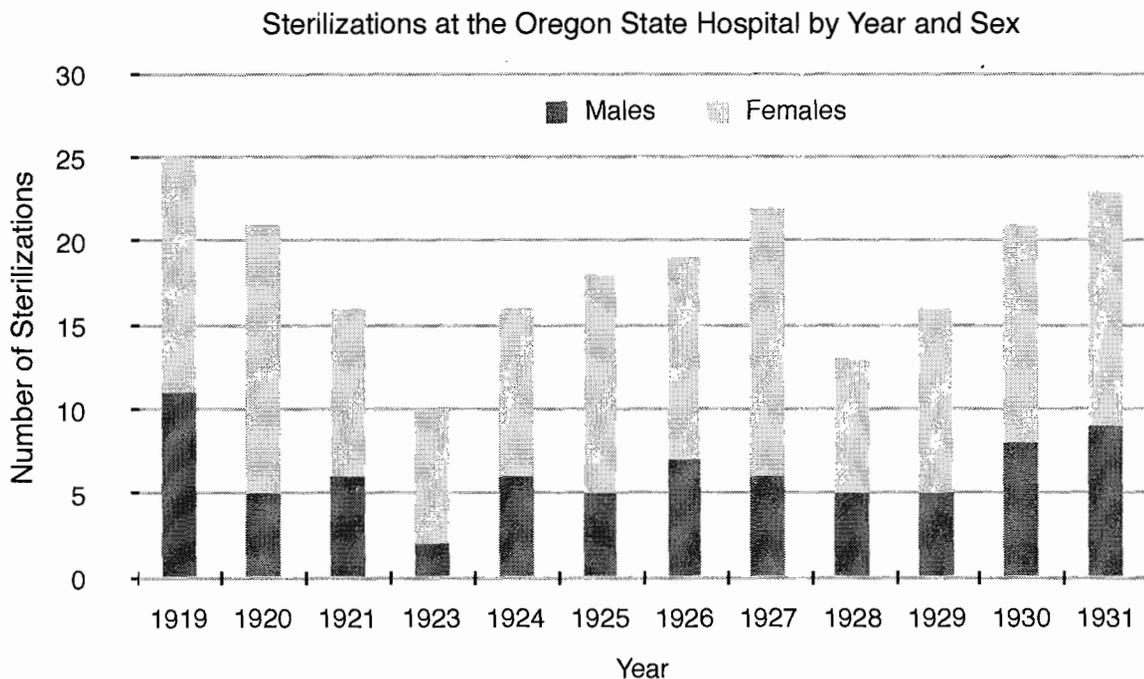


Figure A.2. Number of sterilizations performed at the Oregon State Hospital during the early years of the eugenics policy. Data for 1922 are unavailable as are institution-specific numbers after 1931. Source: *Fifteenth Biennial Report of the [Oregon] State Board of Health (1932)*.

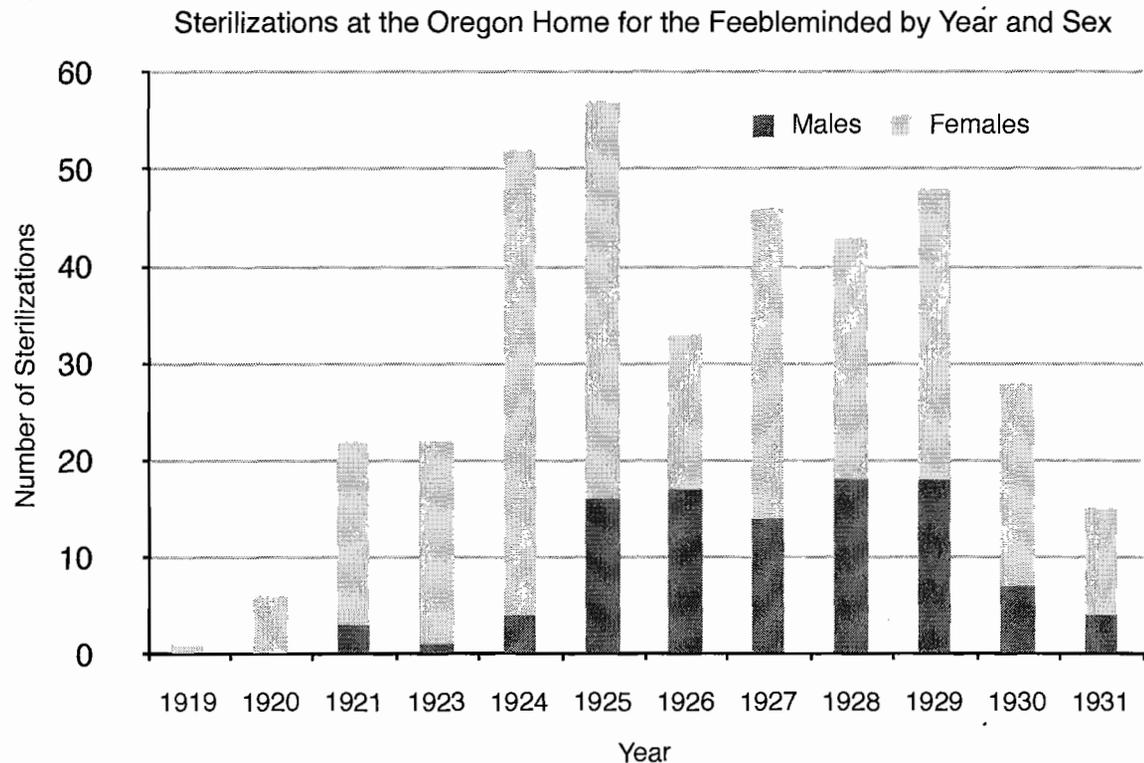


Figure A.3. Number of sterilizations performed at the Oregon Home for the Feeble-minded (Fairview) during the early years of the eugenics policy. Data for 1922 are unavailable as are institution-specific numbers after 1931. Source: *Fifteenth Biennial Report of the [Oregon] State Board of Health (1932)*.

Sterilization was generally enforced as a condition of discharge from state institutions. The theory of the time that such “mental defectives” had inherited their condition and that it was inherently a heritable trait. Thus, in order to protect society functionally and financially, such people must be kept in gender-segregated institutions to prevent reproduction. If they were marginally functional in society, they could be allowed to lead an outside life; to live outside, they must have been surgically prevented from reproducing so that their offspring would not become a further strain on society.²⁰⁹ Early policies in Oregon mostly exempted the extremely developmentally disabled as they caused “little trouble as compared to the high grade moron,” tending to live out their lives in the institution.²¹⁰

Portions of society (and patients in particular) challenged various state laws throughout the country, achieving only limited effect. Oregon’s sterilization law of 1917 was overturned as unconstitutional, but was quickly rewritten to meet the standards of the court. The new law had two changes in favor of granting due process of law: a Board of Eugenics was established to examine all cases and all candidates had to appear in person before it and if a sterilization order from the Board were challenged, a court order must be obtained before it could be performed.²¹¹ Laws similar to Oregon’s second sterilization law also were challenged, but upheld by the U.S. Supreme Court in the 1927 Virginia

⁹⁵ "The American Pauper—His Ancestry and Progeny" in *Ibid.*, 93-100.

²¹⁰ *State Institution for Feeble-Minded, Salem, Oregon: General Information*, (Salem, OR: State Printing Department, 1929), 6.

²¹¹ *Ibid.* For text of law, see chapter 194, sections 1-13 of the General Laws of Oregon.

case of *Buck v. Bell*. The court found compulsory sterilization in the case of the feeble-minded to be equivalent to compulsory vaccination in its value to society.²¹²

German actions in World War II showed eugenics taken to the extreme. As such, sterilization policies elsewhere in the world began to be less strictly enforced and fell out of favor. Oregon was particularly slow to respond, gradually reducing those people qualifying for compulsory sterilization to those convicted of certain types of sex crimes. According to one source, the last known sterilization in Oregon occurred in 1978, several years before repeal of the law. However, with the aforementioned loss of records, this may never be certain. Repeal finally came in 1978 and a formal apology from the governor in 2002.²¹³

²¹² Mark A. Largent, "'the Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983," *Oregon Historical Quarterly* 103, no. 2 (2002).

²¹³ Cruz.

APPENDIX B

THE POOR FARMS OF OREGON

As remarked upon in Chapter IV, historical information on poor farms in Oregon is extremely limited. Historical images of the farms throughout the state are therefore being reproduced here for both comparison to the Multnomah County farms discussed in this thesis and to make the limited information more generally available.

All images are from the *First Biennial Report of the State Board of Charities and Corrections*. Portland, OR: F. W. Baltes and Company, 1892, unless otherwise noted. For images of the Multnomah County farms and the Coos County farm, see Chapter IV.

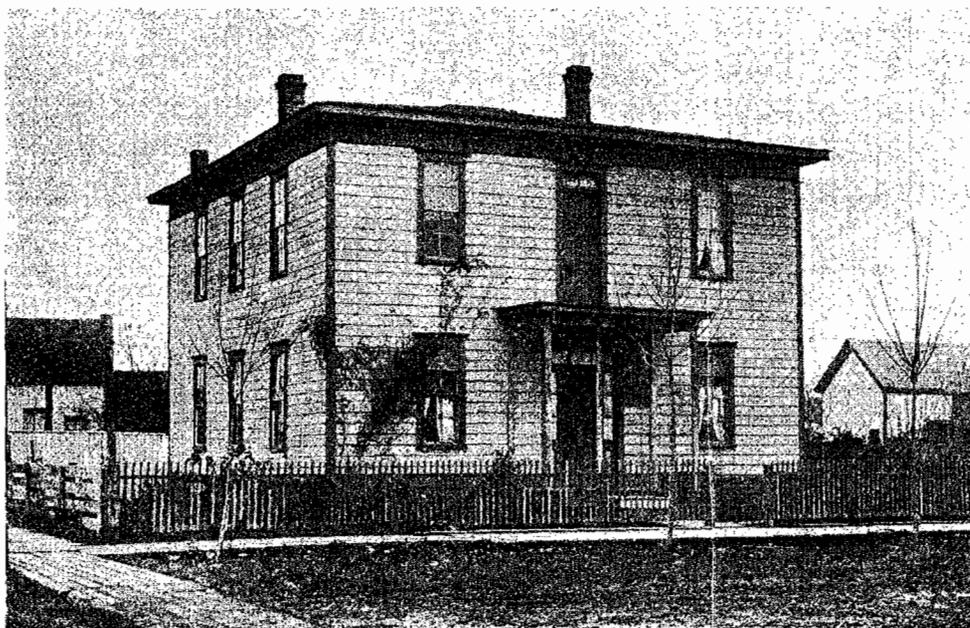


Figure B.1. Benton County Farm. A private home in the city of Corvallis, 1892.

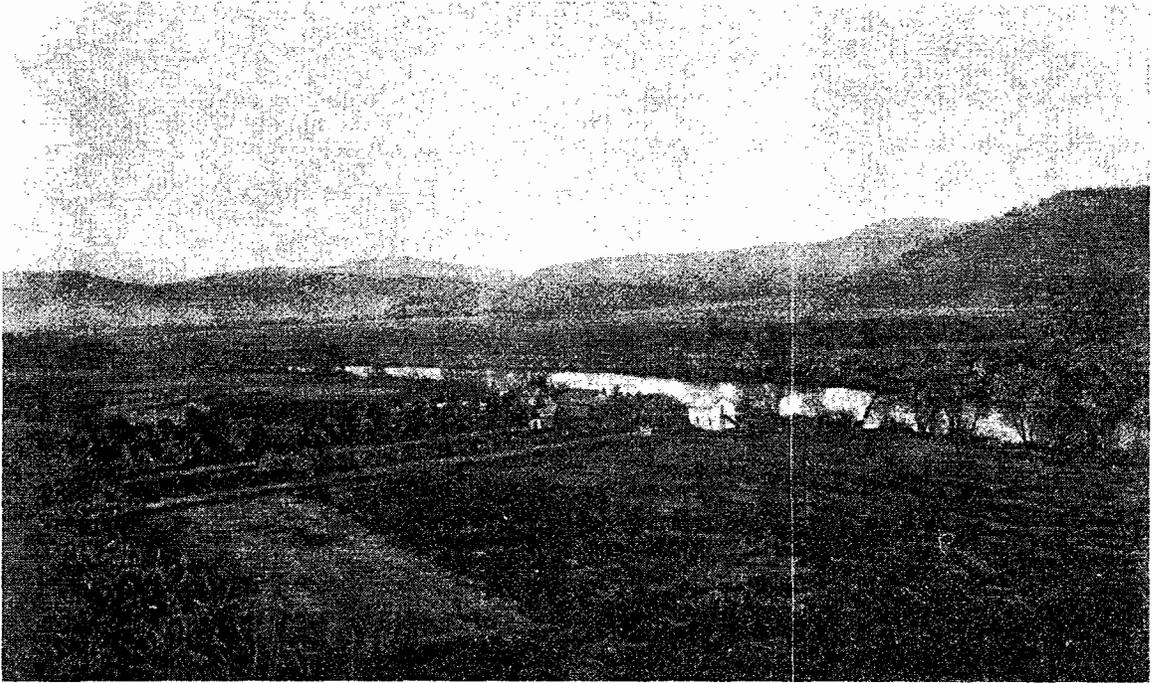


Figure B.2. Douglas County Farm. On the Umpqua River near Roseburg, 1892.



Figure B.3. Jackson County Farm. Operated by contractor and accepting men only, near Jacksonville, 1892.



Figure B.4. Marion County Farm. On the Willamette River three miles from Salem, 1892.



Figure B.5. Marion County Farm in 1941. Fifty years later, little has changed at the Marion County Farm, except for two new porches and the apparent loss of the windmill. Ben Maxwell Photograph Collection, Salem Public Library.



Figure B.6. Umatilla County Farm. Located on four acres at the Pendleton city limits, 1892.



Figure B.7. Union County Farm. A small four room cottage in the city of Union, 1892.

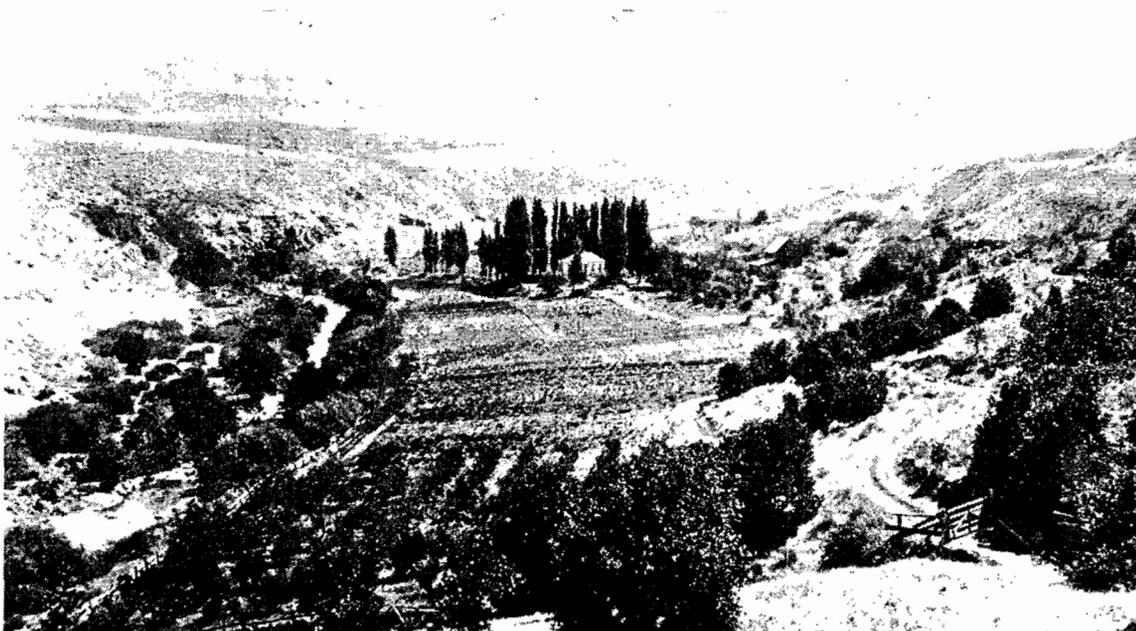


Figure B.8. Wasco County Farm. Property of private contractor on a stream near The Dalles, 1892.



Figure B.9. Washington County Farm. Amongst the cleanest in the state, 100 acres, location unknown, 1892.

APPENDIX C

THE OREGON STATE HOSPITAL:

ARTIFACTS, CONSTRUCTION, & INTERIORS



Figure C.1. Painted metal sign from the collection of the Oregon State Hospital, original location unknown. Courtesy of OSH.



Figure C.2. Conceptual watercolor of one design for the Oregon State Hospital Replacement Project (OSHRP). While only the oldest parts of the structure are being preserved, the open parkland and landscaping will be restored and made more accessible to the public. Courtesy of OSHRP.

Figure C.3. Mural from the wall of a demolished ward along Center Street, north façade of “J” building. Detail of Figure 5.6. Photo by author, 2010.



Figure C.4. Removal of the cupola from the “J” building at the Oregon State Hospital in 2009. The cupola was removed for structural analysis and restoration. Courtesy of OSHRP.



Figure C.5. Cupola resting on the ground in a parking lot in front of the “J” building. It is currently being prepared for restoration as of January 2010. Photo by author.



Figure C.6. Typical design of heating system in ward hallway in “J” building. The radiator here is as originally designed. The radiators were placed in cut-outs in the walls between patient rooms and the hallway allowing for maximum heating efficiency, but eliminating any sense of privacy. Photo by Carol Chin, 2008.

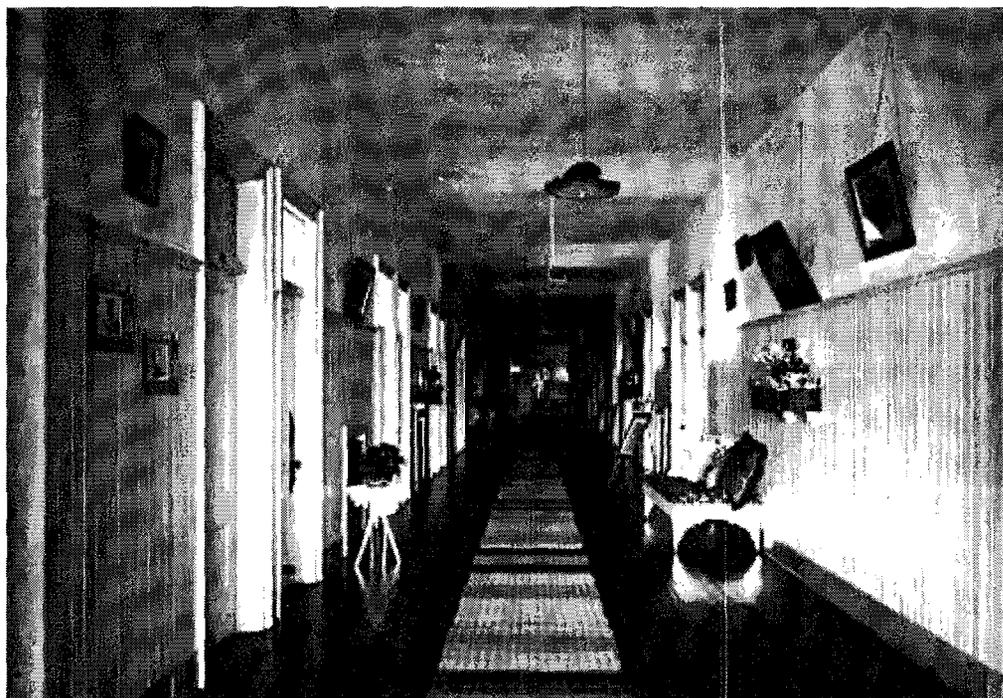


Figure C.7. Hallway in “J” Building ward, c. 1905. A radiator such as in Fig. C.4 is set into a cut-out in the wall on the left behind the small table. Oregon State Archives, Oregon State Hospital photo no. OSH0009.

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