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From Vacant to Vibrant:  
Adaptive Reuse of Abandoned Asylums and Sanatoriums  
Through the Study of Glenn Dale Hospital in  
Glenn Dale, Maryland

A Thesis Submitted to the Faculty of the Historic Preservation Department  
in Partial Fulfillment of the Requirements for the  
Degree of Master of Fine Arts  
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By

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To my parents Kathleen and Roger, grandparents Joan and Denis,  
and brothers, Matthew and Paul; and my friends and colleagues,  
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From Vacant to Vibrant:  
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Structurally sound historic psychiatric asylums and tuberculosis sanatoriums remain vacant and unused rather than repurposed into sites that are once again useful and valuable properties for various reasons, including neglect, a desire for new construction, or protective covenants that are too restrictive to locate an appropriate buyer. Unique in their architectural styles and campus-like facilities on large tracts of landscaped grounds, former sanatoriums and asylums are a valuable but often unrecognized resource. These buildings were designed through a moral philosophy that centered on healing through the beauty in architectural and landscape design.

The key focus of this thesis is on Glenn Dale Hospital, in Glenn Dale, Maryland, an endangered tuberculosis sanatorium in immediate need of a rehabilitation plan, as its buildings are continuously subjected to deterioration and vandalism. Through the use of successful and questionable case studies dealing with similar situations, lessons learned from these cases can help determine the appropriate approach for an adaptive rehabilitation plan that will bring the Glenn Dale Hospital property back into a functional use that serves to benefit the surrounding community through reuse and the maintenance of a sense of place and history in an area plagued by suburban sprawl.

## Introduction

When considering abandoned tuberculosis sanatoriums and psychiatric asylums, many factors come to mind. First, one may question what can be done with these large, campus-like properties that have often been abandoned for decades, thus requiring in-depth rehabilitation projects. There is also the stigma attached to hospital sites that might not be found in other types of reuse or rehabilitation projects.

Whether they were asylums or sanatoriums, hospitals, for many, are associated with tragic death or illnesses warranting long inpatient stays. In most cases potential uses for these properties depend on community response to the past of such sites, their geographic accessibility, and the financial incentives that help make rehabilitation projects for vacant properties with multiple buildings feasible.

Despite the obsolescence of tuberculosis sanatoriums and psychiatric asylums due to medical advances and changes in treatment philosophies, the buildings constructed for such purposes were crafted with care and well-intended plans to make these hospitals the best of their kind. In the words of architectural historian Bryan Greene, “These buildings were not utilitarian; they were not about warehousing people. They were about healing people with architecture and landscape.”<sup>1</sup> The architecture and landscape of these vacant properties often remain hardly changed and are still structurally sound. When a building outlives its function and has a rehabilitation plan in deliberation the economic benefits and setbacks, multiple values, significance, and community needs of such projects are all elements to consider.

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<sup>1</sup> Elizabeth McNamara, “Institutional Change,” *Preservation* January/February 2011, 59.

In the United States alone there are hundreds of vacant tuberculosis sanatoriums and psychiatric asylums that outgrew their function.<sup>2</sup> Their use as medical facilities became outdated and they were left unoccupied when their patients were moved to modern facilities. A growing trend in the last decade is adaptive rehabilitation projects where these multi-building properties become mixed-use facilities including residential, business and recreation. Still, a vast majority of these hospital sites remain abandoned and subject to vandalism and decay. One such case is Glenn Dale Hospital, located 15 miles east of Washington, D.C.

Glenn Dale Hospital in Glenn Dale, Maryland has been vacant since 1982.<sup>3</sup> Despite the long period of vacancy, current owners, the Maryland-National Capital Park and Planning Commission (M-NCPPC), have deemed the main buildings on the campus of this former tuberculosis sanitarium structurally sound.<sup>4</sup> A restrictive covenant put in place when the M-NCPPC acquired the property, states that 60 acres of the Glenn Dale Hospital Site may be sold only to a buyer who has a license to operate a Continuing Care Retirement Community (CCRC) while the remaining 150 acres are designated as open park space, maintained by the M-NCPPC. This is the most useful purpose the county government has found for the site.<sup>5</sup> The covenant is so restrictive that in October 2010, two potential bids were rejected.<sup>6</sup> Delegate James Hubbard (D-Prince Georges) will not change the law, citing that it is the only real protection for the

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<sup>2</sup> Data gathered from Abandoned Asylum, <http://www.abandonedasylum.com/> (accessed 17 May 2011).

<sup>3</sup> Leah Latimer, "Quarantined," *Washington Post Magazine*, December 10, 2006.

<sup>4</sup> Prince George's County Historical Society. Panel Discussion about Glenn Dale Hospital and its history through the eyes of five individuals who worked at the property over its five-decade existence, Glenn Dale, MD 04 October 2008.

<sup>5</sup> <sup>5</sup> Maryland General Assembly, Department of Legislative Services. *House Bill 113 (Delegate James W. Hubbard)* 1994.

<sup>6</sup> Interview with Susan Pearl, Historian for the Prince Georges County Historical Society, 27 November 2010.

property.<sup>7</sup> Ironically it may be this protection that keeps any design proposals from moving forward.

Whether the law is changed to allow for more options or the property becomes the permissible Continuing Care Retirement Community, the elements that must be considered include:

- the economic feasibility and benefits of a rehabilitation project
- prospective project funds
- interested developers and buyers
- community needs and interest in the project
- advocacy measures taken to protect and reuse a historic site such as an abandoned tuberculosis sanatorium.

This thesis addresses the question of why structurally sound, historic tuberculosis sanatorium and psychiatric asylum sites remain vacant and unused rather than repurposed into sites that are once again useful and valuable to citizens in the vicinity. These types of hospital sites are unique in that they were comprised of several buildings on large tracts of open land. Also, the buildings reflect high architectural styles as part of the aesthetic philosophy for their rejuvenating environments, and may be the only surviving example of a particular style within a community. Though they may not be compatible with current medical codes, there are still other reuse possibilities that will be highlighted in this thesis. Places like The Village at Grand Traverse Commons and The Villages at Staunton illustrate the reuse potential of such sites, thus the question arises as to why there are not more of these projects taking place. Initially it was thought there was a stigma about these buildings because of their

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<sup>7</sup> Ovetta Wiggins, "For sale: Glenn Dale-'as is,'" *The Washington Post*, September 9, 2010

pasts, but the fear of old buildings may be the bigger issue preventing practical reuse plans.

To narrow the scope of a broad topic, the focus is on Glenn Dale Hospital, an endangered site in immediate need of a rehabilitation plan. Through the use of successful and questionable case studies dealing with similar situations, lessons learned from these cases can help determine the proper course of action for Glenn Dale Hospital, and in a larger scheme, serve as a model for other endangered sanatorium and asylum sites throughout the United States, such as Henryton Sanatorium in Marriottsville, Maryland<sup>8</sup> and Durham County Tuberculosis Sanatorium in Durham, North Carolina.<sup>9</sup>

By demonstrating how adaptive rehabilitation can be more cost effective and environmentally sound than new construction, the successful cases of The Villages at Staunton, in Staunton, Virginia and The Village at Grand Traverse Commons in Traverse City, Michigan, will support the argument in favor of reusing the entire hospital campus of 23 buildings on the 216-acre Glenn Dale Hospital grounds. While the main focus is on the positive examples, the more problematic instances profiled will serve as a focal point for measures that may not allow for the Glenn Dale hospital property to be used to its fullest potential.

The following chapters discuss the history of Glenn Dale Hospital, describe and analyze the case studies as they pertain to Glenn Dale Hospital, illustrate the economic aspect of adaptive rehabilitation projects, highlight and analyze one non-profit's proposal for Glenn Dale Hospital, and examine the best possible measures, from

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<sup>8</sup> Save Henryton, <http://savehenryton.com/> (accessed 04 May 2011).

<sup>9</sup> Endangered Durham, "Durham County Jail/TB Sanitarium/WTDV," <http://endangereddurham.blogspot.com/2009/04/durham-county-jail-tb-sanitarium-wtvd.html> (accessed May 4, 2011).

advocacy to legal actions, based on the information presented. Numerous considerations must be taken into account when creating a development plan for a large abandoned hospital complex.

Through the study of economic benefits, community needs, restrictive uses, the role of community groups in local preservation, the site and its relation to the surrounding neighborhood, and case studies with varying degrees of success, a comprehensive argument can be stated for the restoration and reuse of Glenn Dale Hospital before it is beyond the point of repair. Exploring the motivations behind the lack of progress towards the site's future may reveal insight about the most practical approach to making a rehabilitation project happen.

## **I. Tuberculosis, Architecture and Healing in Glenn Dale:**

### **A Brief History**

Tuberculosis has existed for much longer than its official discovery in 1882. The disease is documented in India from 500 BC and spinal infection was evidenced in ancient Egyptian mummies.<sup>10</sup> With the Industrial Revolution, tuberculosis became widespread throughout 17th and 18th century Europe, when one quarter of all adult deaths were related to tuberculosis.<sup>11</sup> In 1882, Prussian physician Robert Koch isolated *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis.<sup>12</sup> From this discovery Koch invented a skin test for gauging tuberculosis exposure, of which a more modern version is still in use.<sup>13</sup>

Tuberculosis is a highly contagious airborne disease spread to uninfected individuals inhaling the “infectious aerosol”<sup>14</sup> from the coughing of affected individuals. The bacteria reach the lungs, forming cavities, and can either stay contained or spread to the central nervous system and bone.<sup>15</sup> People living in close quarters are more susceptible to contracting the disease. With better medical technology and more hygienic practices of the early twentieth century, deaths were fewer but stays in sanatoriums were lengthy. With no antibiotic cure, patients were

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<sup>10</sup> David Rifkind and Geraldine L. Freeman, *The Nobel Prize Winning Discoveries in Infectious Diseases*, (London: Elsevier Academic Press, 2005) 60.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*, 61.

<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*, 62.

<sup>15</sup> *Ibid.*



treated with fresh air, sunlight and a nutrient-rich diet in addition to surgery that collapsed the lungs to remove the diseased cavities.<sup>16</sup>

In 1930 the annual mortality rate from tuberculosis in the United States was 71 per 100,000 people, making it the most deadly of contagious diseases.<sup>17</sup> In 1936 the United States Census Bureau postulated that one out of every twenty-one deaths was tuberculosis related.<sup>18</sup> More women than men were affected and the majority of sufferers were between the ages of 15 and 45.<sup>19</sup> The 1930s saw a decrease in deaths as a result of earlier detection and a greater public concern and involvement in combating the disease. The National Tuberculosis Association and the Red Cross funded the majority of tuberculosis programs, largely subsidized by the sale of Red Cross Christmas Seals.<sup>20</sup>

The widespread poverty of the Great Depression increased public fears about the spread of this easily communicable disease but one advance of this era was the invention of a faster and more precise X-ray machine that could produce four images per minute, allowing many people to be X-ray examined in a short time.<sup>21</sup> The benefits of this new equipment included higher early detection rates and reaching a wider amount of people in less time. Institutional care in private sanatoriums and state and municipal tuberculosis hospitals became more common in the 1930s, creating a place

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<sup>16</sup> “‘The Great White Plague’-Tuberculosis Before the Age of Antibiotics,” [http://www.novelguide.com/a/discover/ade0001\\_0004\\_0/ade0001\\_0004\\_0\\_01286.html](http://www.novelguide.com/a/discover/ade0001_0004_0/ade0001_0004_0_01286.html) (accessed 03 April 2011).

<sup>17</sup> “The Great White Plague”

<sup>18</sup> *Ibid.*

<sup>19</sup> *Ibid.*

<sup>20</sup> Sigard Adolphus Knopf, *A History of the National Tuberculosis Association: The Anti-Tuberculosis Movement in the United States*, (New York City: National Tuberculosis Association, 1922) 36.

<sup>21</sup> “A Rapid-Fire Weapon to Fight Tuberculosis,” *Scientific American* (November 1933): 215.

for quarantine and close medical supervision and treatment.<sup>22</sup> Still universal were the fresh air and sunlight treatments, as an antibiotic cure would not be discovered for another decade.<sup>23</sup>

Like many cities in the 1930s, the tuberculosis problem was an epidemic in the District of Columbia, which had the fourth highest rate of tuberculosis deaths in the United States.<sup>24</sup> Its highly contagious nature necessitated the building of a treatment facility in the vicinity. Approximately 122 sites in Maryland and Virginia were considered for the construction site of a tuberculosis hospital for children of impoverished families; for patients to benefit from the current trend of fresh air and sunlight therapy, the site would have to be located outside of the swampy city.<sup>25</sup> A 216-acre parcel of rolling hills and verdant landscape in Glenn Dale, Maryland was chosen as the ideal setting to build a tuberculosis sanatorium.<sup>26</sup> Located 15 miles east of Washington, D.C., Glenn Dale was a convenient nearby yet rural location, chosen for its proximity to the Defense Highway and a stop on the Washington, Baltimore and Annapolis Railroad.<sup>27</sup> **(Figure 1.1)**

After President Herbert Hoover signed an appropriation bill of \$625,000 on April 8, 1930, the Office of the Municipal Architect of the District of Columbia was assigned the task of designing the buildings.<sup>28</sup> Municipal Architect Nathan C. Wyeth designed 14 of the 23 hospital campus buildings in the Colonial Revival style. Wyeth

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<sup>22</sup> *Ibid.*

<sup>23</sup> Albert Schatz, "The True Story of the Discovery of Streptomycin," *Actinomycetes* Vol. IV, Part 2 (August 1993), 28.

<sup>24</sup> Editorial, "Tuberculosis Deaths Lower, but Rise Here," *The Washington Post*, May 23, 1932.

<sup>25</sup> Anne Bruder, "Glenn Dale Hospital" *Maryland Historical Trust State Inventory Form*, Annapolis, MD, 1997: 7.

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*

<sup>28</sup> Bruder, "Glenn Dale Hospital," 9.

was an established designer, known for the Maine Memorial in Arlington Cemetery, the Tidal Basin Bridge, the Key Bridge, the Columbia and Emergency Hospitals and a number of embassies among many other buildings in Washington, D.C.<sup>29</sup>

The construction process created work for both building and landscape architects during the Great Depression.<sup>30</sup> Public Works

Administration Funds were allotted to the project, and upon completion of the children's hospital two Work



**Figure 1.1** Boundary map of Glenn Dale in Prince George's County, Maryland. The official boundaries are orange, the extended boundaries in blue. The hospital property lies just inside of the orange area, on Route 450.

Project Administration Murals were commissioned for the children's hospital, neither of which remains.<sup>31</sup> But the greatest benefit came to the hundreds of Washington, D.C. children whose parents could not finance their care. Tuberculosis was enough of a public health threat that government funding was apportioned for care of the less affluent, and even after the hospital grew and treated adults too, paying patients were not admitted unless all government funded patients awaiting treatment were taken care of first.<sup>32</sup>

<sup>29</sup> Harry Gabbett, "Nathan C. Wyeth, Architect for D.C. is Dead Here at 93," *The Washington Post*, August 31, 1963.

<sup>30</sup> Bruder, "Glenn Dale Hospital," 7.

<sup>31</sup> *Ibid.*

<sup>32</sup> *Ibid.*

At the time Glenn Dale Hospital was built, it was a popular concept to create aesthetically pleasing architecture and lush, landscaped grounds as a significant element of the healing process. In the case of Glenn Dale Hospital, landscape architects Joseph C. Gardner, Leonard Bartlett, Jr. and August H. Hanson prepared landscaping and planting plans surrounding the hospital buildings and staff housing.<sup>33</sup> Spaces of large, grassy lawns were allocated in the front of the buildings and clusters of indigenous and decorative tree and shrub species surrounded the entryways, sidewalks and streets.<sup>34</sup> Among the indigenous shrubbery is the Glenn Dale Azalea, hybridized by Benjamin Y. Morrison at the adjacent Plant Introduction Station.<sup>35</sup> The azalea plants from Glenn Dale Hospital were relocated to the Brighton Dam Azalea Garden in Brookville, Maryland.<sup>36</sup> Complementing the landscape design is the curvilinear street plan around the buildings as part of a green park setting.<sup>37</sup> **(Figure 1.2)**



**Figure 1.2** The green park-like landscape design on the grounds of Glenn Dale Hospital, still evidenced today.

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<sup>33</sup> Bruder, "Glenn Dale Hospital," 7.

<sup>34</sup> *Ibid.*

<sup>35</sup> Arboretum Plant Photo Gallery, "Glenn Dale Azaleas Photo Gallery," The United States National Arboretum, <http://www.usna.usda.gov/PhotoGallery/AzaleaGallery/> (accessed 17 May 2011).

<sup>36</sup> *Ibid.*

<sup>37</sup> Bruder, "Glenn Dale Hospital," 7.

Because this disease required long hospital stays, it was important to create an environment that reached the “physical and physiological needs of patients.”<sup>38</sup> Additionally, the hospital design included many large open-air porches, balconies and rooftop verandas for the antimicrobial properties from vitamin D in sunlight exposure, a known treatment for tuberculosis since the 1840s.<sup>39</sup> **(Figure 1.3)**

### **The Children’s Hospital: Building B, 1933**

In 1933, construction was completed on the children’s hospital and the first patients were admitted on September 15, 1934.<sup>40</sup> The original hospital design was only the central area, furnished with beds for 150 children. Congress appropriated \$400,000 to enlarge the building, and by 1936 two wings flanked the central portion, doubling the patient capacity.<sup>41</sup> Within 93,803 square feet,<sup>42</sup> the brick Classical Revival building stands three stories tall with a basement. Situated on the south side of an internal lane, Cherry Drive, the children’s hospital building is built of brick and has a “U” shape. Its long



**Figure 1.3** Rooftop playground on the children’s hospital building.

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<sup>38</sup> Alyn Griffiths, “Support Structures: architecture’s role in the healing process,” ArchiTonic <http://www.architonic.com/ntsht/support-structures-architecture-s-role-in-the-healing-process/7000572> (accessed 20 April 2011).

<sup>39</sup> Adrian F. Gombart, “The Vitamin D-Antimicrobial Peptide Pathway and Its Role in Protection Against Infection: Vitamin D, TB & Other Infectious Diseases,” *Medscape News Today* [http://www.medscape.com/viewarticle/712847\\_4](http://www.medscape.com/viewarticle/712847_4) (accessed 05 May 2011).

<sup>40</sup> Leah Latimer, Lecture of Glenn Dale Hospital History on site, October 4, 2008.

<sup>41</sup> Daniel Leo Finucane, “A Short History of Glenn Dale Tuberculosis Sanatorium,” July 18, 1946.

<sup>42</sup> Maryland Department of Assessments and Taxation, Prince George’s County Real Property Search, “Glenn Dale Sanatorium,” 2010.



main block has a central pyramid slate roof tower. The forward set entry way has a wood frame and a wooden arch pediment supported by two square columns, all painted white. The front door into the building is a recessed entry.<sup>43</sup> **(Figure 1.4)**



**Figure 1.4** Building B, or the original hospital building at Glenn Dale Hospital.

floors, as well as the entries from each hospital room onto porches, evidence the popular tuberculosis treatment of fresh air and sunlight. **(Figure 1.5)** Much like Building B, the front façade of Building A consists of a forward set entry block, with a pyramidal slate roof tower.

### **The Adult Hospital: Building A, 1935**

Within a few years there was a need for a larger space to accommodate a rising tuberculosis-affected population, thus in 1936 Building A was constructed.<sup>44</sup> This five-story “H” shaped brick building of 203,942 square feet<sup>45</sup> had 293 beds for adults with tuberculosis.<sup>46</sup> The solaria on the main



**Figure 1.5** A solarium in the adult hospital, where patients were placed for sunlight and fresh air therapy.

<sup>43</sup> Based on author’s own observation.

<sup>44</sup> *Ibid.*

<sup>45</sup> Maryland Department of Assessments and Taxation, Prince George’s County Real Property Search, “Glenn Dale Sanatorium,” 2010.

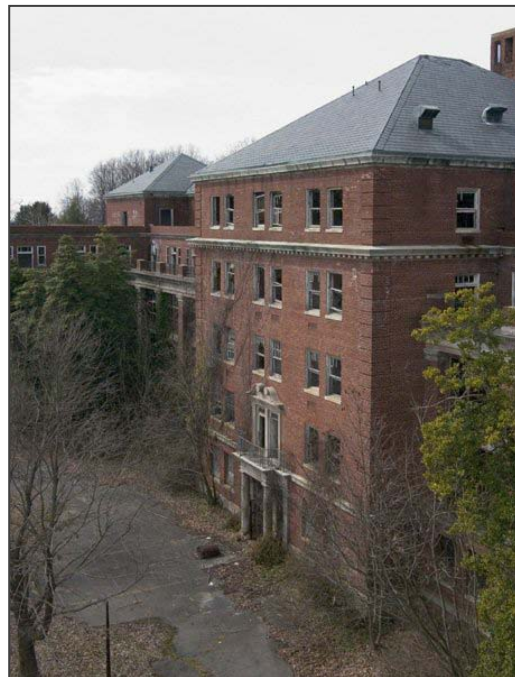
<sup>46</sup> Opacity, “Glenn Dale Hospital,” [www.opacity.com](http://www.opacity.com) (accessed 29 March 2011).

Echoing the 20<sup>th</sup> century Colonial Revival style, the brick walls of Building A feature quoining on both sides and the ornate main entrance is surrounded by a beige concrete portico supported by two beige concrete doric columns. Above the portico is a small balcony with an iron fence, with two identical doors framed by a concrete arched pediment. **(Figure 1.6)** A denticulated stone cornice wraps around the entire structure between the fourth and fifth floors. The long central block is flanked by the north and south wings of the building projecting forward like arms outstretched, inviting the curiosity of



**Figure 1.6** Close up of the decorative pediment and balcony above the front entry of Building A.

passersby. **(Figure 1.7)** On either of these wings, squared brick pillars support the second and third floor solaria, or sleeping porches, where patients would spend a large majority of their days.<sup>47</sup> Further evidence of the architectural design for sunlight and fresh air tuberculosis treatment is seen on the back sitting porches of each hospital room on the second and third floors, and on the rooftop terraces of both hospital buildings.



**Figure 1.7** The front central section and one wing of the adult hospital building.

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<sup>47</sup> Based on author's own observations.

### **Nurses' Dormitories, 1933 & 1935**

The next largest buildings are the connected nurses' dormitories, Capper and McCarren Halls, linked by an open-air brick arcade. Capper Hall was built in 1933 and reflects the design of the 18<sup>th</sup> century Georgian style Brice House in Annapolis, Maryland.<sup>48</sup> **(Figure 1.8- a)** The Brice House is listed on the National Register of Historic Places and is also a National Historic Landmark site.<sup>49</sup> Capper Hall is two stories plus a basement, and contains 22,888 square feet.<sup>50</sup> It has a main central area, flanked by two smaller one story wings that both connect to two perpendicular two-story wings. The recessed front door has a white frame, doric pilasters and a triangular pediment, all of wood.<sup>51</sup> **(Figure 1.8- b)**

Two years later, in 1935 the Colonial Revival style McCarren Hall was constructed, with three stories plus a basement and



**Figure 1.8-a** The Brice House in Annapolis, Maryland, the basis for the design of Capper Hall.



**Figure 1.8-b** West view of nurses' dormitory, Capper Hall.

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<sup>48</sup> Anne Bruder, "Glenn Dale Hospital," 6.

<sup>49</sup> National Park Service, "Listing of National Historic Landmarks by State-Maryland," National Historic Landmarks Survey, <http://www.nps.gov/nhl/designations/Lists/MD01.pdf> (accessed 02 May 2011).

<sup>50</sup> Anne Bruder, "Glenn Dale Hospital," 6.

<sup>51</sup> Based on author's own observation.



18,862 square feet.<sup>52</sup> McCarren Hall has a central three-story area flanked by two smaller two-story wings. **(Figure 1.9)** The front entry way has a similar door framing but is covered with a more decorative broken pediment of concrete. Capper and McCarren Halls have slate gable roofs, end chimneys and gable dormers, and the walls of all central sections and wings feature quoining.<sup>53</sup> In their current vacant state, the dormitories themselves were deemed structurally sound but the roofs and gable dormers are in a state of serious deterioration.<sup>54</sup>



**Figure 1.9** South elevation of McCarren Hall.

### **A Hospital Campus; A World Unto Itself**

Glenn Dale Hospital functioned as a world unto itself, with necessary buildings and staff residences throughout the site complex. Other residential buildings include two doctor's houses, another nurse's home, two staff dormitories, one duplex and two four-apartment buildings.<sup>55</sup> The rest of the property consists of outbuildings that helped the hospital site function.<sup>56</sup> Among these are a water tower and a heating plant whose tall brick smoke stack have become emblematic of Glenn Dale, as they can be seen from various vantage points in the Glenn Dale vicinity. **(Figure 1.10)** Finucane

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<sup>52</sup> National Park Service, "Listing of National Historic Landmarks by State-Maryland."

<sup>53</sup> Based on author's own observation.

<sup>54</sup> Phone call with Carol Binns of the Maryland-National Capital Park and Planning Commission, February 15, 2010.

<sup>55</sup> District of Columbia Government Office of Planning and Urban Design, "Glenn Dale Analysis: Site Plan," PG: 70-50.

<sup>56</sup> *Ibid.*



**Figure 1.10** The water tower and smoke stack dominate the skyline and are visible throughout the vicinity.

Hall, a brick employee building of 24,092 square feet<sup>57</sup>, sits next to Building A. Other outbuildings include a warehouse and garage, a sludge bed enclosure, a sedimentation and control building, a water softener house, a pump house, a laundry house, a hothouse, a paint shop and the incinerator.<sup>58</sup>

**(Figure 1.11)**

### **Beyond Tuberculosis**

Originally the wards were segregated by sex and race but by the 1950s when a bed was available, it was open to the next patient on the waiting list, regardless of race.<sup>59</sup> From its opening year until 1960, Glenn Dale remained the formal tuberculosis sanatorium for Washington, D.C.



**Figure 1.11** Aerial view of the Glenn Dale Hospital campus.

<sup>57</sup> Building Inventory, Glenn Dale Hospital, Prince George's County, Maryland, PG: 70-50, circa 1975.

<sup>58</sup> "Glenn Dale Analysis: Site Plan."

<sup>59</sup> Don Oleson, "DC Extends Integration In Various Institutions: Moves to End Segregation at Jail, Glenn Dale, Training School," *The Washington Post*, February 4, 1954.

residents.<sup>60</sup> The combination of the antibiotics streptomycin and para-amino-salicylic acid (PAS) began as a treatment at Glenn Dale Hospital in 1948 and though the drug treatments dramatically reduced deaths, patients could expect an average three-month increase in their stay,<sup>61</sup> thus tuberculosis was still deemed the worst disease in the District of Columbia in the 1950s.<sup>62</sup>

Due to the effectiveness of this new drug combination, Glenn Dale Hospital expanded its services in 1959.<sup>63</sup> By 1965 about one third of the patient population was being treated for other chronic conditions including cardiovascular, musculoskeletal, respiratory and digestive disorders.<sup>64</sup> As early as 1973, the District of Columbia government considered closing down the hospital and moving into a more updated facility back in the city, citing a dramatic discrepancy between the \$15 million in renovation costs versus the \$7 million purchase price for a new structure.<sup>65</sup> The hospital was officially closed in 1982 by order of Marion Barry, then Mayor of the District of Columbia, and has remained vacant.<sup>66</sup>

Since the day it closed, Glenn Dale Hospital has been subject to the erratic weather patterns of the Mid-Atlantic and a surplus of destruction and vandalism by generations of trespassers. It has been steadily deteriorating for nearly three decades. **(Figure 1.12)** Once quietly tucked away on a country road, Glenn Dale Hospital is now set amidst various housing developments with names like Strawberry Glenn,

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<sup>60</sup> *Ibid.*

<sup>61</sup> Local News, "Drug Cuts Glenn Dale Deaths," *The Washington Post*, December 23, 1952.

<sup>62</sup> Local News, "Seckinger Calls TB Worst Disease Here," *The Washington Post*, March 19, 1954.

<sup>63</sup> Dr. Murray Grant, "Services Expanded," *The Washington Post*, August 29, 1965.

<sup>64</sup> *Ibid.*

<sup>65</sup> Kirk Scharfenberg, "City Eyes Hospital Closing," *The Washington Post*, December 11, 1973.

<sup>66</sup> Latimer, "Quarantined."

referencing the once abundant local crop, and the suggestively-titled Legend Manor, adjacent to the hospital property.

In 1994, the Maryland-National Capital Park and Planning Commission



**Figure 1.12** Decades of vacancy have caused the buildings to fall into severe disrepair.

purchased the 216-acre hospital property from the District of Columbia for \$4.1 million.<sup>67</sup> An excess profit clause requires the M-NCPPC to turn the profit of the sale over to the D.C. government and it does not expire until 2014.<sup>68</sup> The Glenn Dale Hospital property appeals to developers as a profitable and convenient parcel of land for new construction, but Maryland House Bill 113 [1994, ch. 361, § 1] mandates that 150 acres remain owned by the M-NCPPC as open public park and recreation space while the 60 acres containing the four main buildings are sold, rehabilitated and developed into a Continuing Care Retirement Community.<sup>69</sup> Along with Capper and McCarren Halls, Buildings A and B are the only structures that the M-NCPPC requires a buyer to rehabilitate for use.<sup>70</sup> The 19 other buildings on the remaining 150 acres of the hospital property are slated for demolition if the law remains unchanged.

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<sup>67</sup> Liz Sklaski, "Park and Planning extends deadline for Glenn Dale Hospital bids," *The Gazette*, September 16, 2010.

<sup>68</sup> *Ibid.*

<sup>69</sup> Maryland General Assembly, Department of Legislative Services. *House Bill 113 (Delegate James W. Hubbard)* 1994.

<sup>70</sup> *Ibid.*

The Maryland-National Capital Park and Planning Commission has the right to retain the property until they find a suitable buyer.<sup>71</sup> Development proposals by bidders who are qualified and licensed to operate a Continuing Care Retirement Community are the only ones the M-NCPPC will currently consider.<sup>72</sup> This order prevents the sale and subsequent saving of the hospital buildings: it is so restrictive that in November 2010, the only two bids received were rejected for not meeting the condition of being licensed to operate a Continuing Care Retirement Community.<sup>73</sup> Meanwhile the vacant buildings remain unattended with no approved plans for their rehabilitation and reuse, although Deputy Director of Facility Operations Alvin McNeal said the site will be up for sale again shortly for qualified bidders.<sup>74</sup>

### **Personal Histories of Life at Glenn Dale Hospital**

Many organizations and concerned citizens would like to see the buildings at Glenn Dale Hospital reused but there is currently no strong grassroots movement to advocate for this use. The most recent, and possibly only, advocacy event took place on October 4, 2008 when the Prince George's County Historical Society hosted a successful panel discussion at the Glenn Dale Hospital property, in front of Building A.<sup>75</sup> The panel consisted of former staff and residents on the site. With more than 100 people in attendance, the panel of five discussed their experiences of what it was like to work at the hospital, with anecdotal personal histories engaging the crowd.

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<sup>71</sup> *Ibid.*

<sup>72</sup> *Ibid.*

<sup>73</sup> Liz Sklaski, "Park and Planning rejects bids for Glenn Dale Hospital site," *Gazette.net* November 5, 2010.

[http://www.gazette.net/stories/11052010/prinnew183409\\_32554.php](http://www.gazette.net/stories/11052010/prinnew183409_32554.php) (accessed 30 March 2011).

<sup>74</sup> Phone interview with Alvin McNeal, May 5, 2011.

<sup>75</sup> Prince George's County Historical Society, Panel Discussion about Glenn Dale Hospital and its history through the eyes of five individuals who worked at the property over its five-decade existence, Glenn Dale, MD 04 October 2008.



Opening the dialogue was acclaimed writer Leah Y. Latimer, author of award-winning article, “Quarantined,” that appeared in the *Washington Post Magazine* on December 10, 2006. **(Figure 1.13)** Latimer began by asking her audience to envision Glenn Dale as “a woman of a certain age who, despite the ravages of time, continues to turn heads with her beauty.”<sup>76</sup> She

gave a history of Glenn Dale Hospital and then went into discussion about her article. The in-depth piece details her mother’s stay in Glenn Dale, through her eyes as a child and by her mother’s retelling. Her mother, Etta Frances Young, was in attendance and received a round of applause from the audience,



**Figure 1.13** Opening lecture by Leah Latimer on site at Glenn Dale Hospital for the panel discussion on October 4, 2008.

captivated at the chance to be in the presence of a survivor of the sanatorium era at Glenn Dale Hospital. What makes Young’s story so emotionally charged is the perspective of the hardships she and her family went through during her stay. The dénouement occurs when it is revealed that Young was negative for tuberculosis, yet, was kept in the hospital despite not being infected.<sup>77</sup>

This raises questions as to what was behind her extended stay and the tests she was subjected to despite her negative diagnosis and if there were other patients also deceived that they were positive for tuberculosis. This article is significant as it

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<sup>76</sup> Panel Discussion, October 4, 2008.

<sup>77</sup> Leah Y. Latimer, “Quarantined,” *Washington Post Online*. Sunday, December 10, 2006, <http://washingtonpost.com> (accessed 19 January 2010).

recounts a piece of the hospital history not found in documents or architectural plans, or even photographs. Readers of the *Washington Post* who did not know anything about Glenn Dale Hospital were given an introduction to the site and those who were already interested had new information to absorb. This is important for added community support of the preservation and reuse of the hospital campus instead of new construction or leaving it vacant. The popularity of Latimer's story may have also contributed to the high attendance of the rare on-site event.

The panel consisted of Dr. James Wills, Chief Medical Superintendent; Wilson Darrow, Assistant Director of Health; Gladys Fountain, Head Pediatric Unit Superintendent from 1965-1980; John Jarboe, who grew up on the property while his mother was a nurse there; and Venera Bushy, Director of Nursing from 1970-1982.<sup>78</sup> Dr. Wills worked at Glenn Dale Hospital from 1965 until its closing in 1982, first as a staff physician of the male patient ward, but was promoted to Chief Medical Superintendent. He lived on site, raising three children in the medical staff housing. Dr. Wills was happy to reveal that between 1965 and 1980 no child in the facility died as a result of tuberculosis. All medical staff were required to get tuberculosis testing and x-rays annually. For patients, they had to be free from the disease for six months before they could be discharged. There were 250 patients when it was decided that it was too expensive to renovate the hospital and bring it up to code; it was too far-gone so there was no choice but to close it down in 1982. Dr. Wills reminisced, "We worked hard but we also partied hard," reinforcing the sense of community felt among the workers at Glenn Dale Hospital despite the demanding schedules of medical professionals.

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<sup>78</sup> All details of the panel speakers are from author's personal notes from event.

A true story of working one's way up from the bottom, Wilson Darrow recounted his story of starting out as a night watchman at Glenn Dale Hospital, carrying coffee to the night engineers but eventually becoming Assistant Director of Health. Darrow, who lived in a nearby farmhouse at the time of the panel discussion, told of the way Glenn Dale established its own community within the confines of the campus. The medical community made everyone feel comfortable and patients and staff were invited to introduce themselves to Dr. Finucane. During Darrow's period of employment the building ran on steam heat with coal brought in by trucks. One night while he was cleaning some staff apartments, Darrow discovered a skunk, as there had been a family of them living in the building. She was named Tawny and was rejected by the zoo in Washington, D.C. but was taken in by the Paris Zoo. His closing remark was "You never woulda [sic] found a more dedicated staff- we did our best to deliver the highest quality care."

Reaffirming that sentiment was Gladys Fountain, who started her career at Glenn Dale Hospital on April 17, 1965 and worked there until 1980. Fountain said some of the most wonderful years of her career were spent there. Fountain cared for a combination of tuberculosis patients and physical rehabilitation patients. As Supervisor of the Pediatric Unit, she had some insight into what it was like working with children. Because they stayed so long, the children went to a certified teacher so they could go back into the public school system. As many as four siblings could be found on a unit, giving children a home-like situation where they could sleep, play and stay together. Fountain never experienced better treatment afforded to all patients and the family atmosphere created therein, as she did at Glenn Dale Hospital.

The son of a nurse who lived and worked at Glenn Dale Hospital from the 1960s to the 1980s, John Jarboe recounted growing up on the property. The lush, landscaped



grounds were like a wonderland for the young Jarboe who said he never felt so embraced by a community. He interacted with patients and employees and noted that some of the patients had birth defects or suffered as paraplegics, and, “This was home.”

Director of Nursing from 1970 through its closing, Venera Bushy lived through the many emotions of the staff and patients. Marion Barry, then mayor of Washington, D.C. wanted to move patients back into the city and it was disheartening to move them and disrupt the community that had been established. Bushy, along with Dr. Wills, was among the last out of the building, locking the doors for good on that day in 1982.

These personal accounts illustrate the sense of community and culture of life at the Glenn Dale Hospital campus not found in empirical observation. Though this was only a fragment of the hospital’s story, these panel speakers breathed life into a vacant property with their remembrances of personal connections and experiences. This event would not have been possible without the efforts of the Prince George’s County Historical Society, and the turnout of over 100 people confirms the interest and the passion for preserving not just the buildings but the cultural heritage of the site as well. Demolition of the buildings and new construction would erase a collective memory.

## II. The Successful and the Questionable: Four Case Studies

Regardless of whether Glenn Dale Hospital is developed as a Continuing Care Retirement Community or the law is changed to allow additional options for reuse, examining other examples is essential to gain an understanding of the breadth of a large-scale rehabilitation project. By studying cases of successful and questionable rehabilitation projects, a thorough plan for redevelopment of Glenn Dale Hospital can be established.

### **Successful Case Study**

**Property Name:** Traverse City State Hospital; The Village at Grand Traverse Commons in Traverse City, Michigan (**Figure 2.1**)

**Dates of Construction:** 1885; 1887; 1903; 1930s

**Architects:** Gordon W. Lloyd (Kirkbride building), E.H. Van Deusen (landscape)

**Years in Operation:** 1885-1989

**Years of Vacancy:** 1989-2002

**Number of Buildings and Acreage:** 60 buildings on 480 acres

**National Register of Historic Places Listing:** 1978



**Figure 2.1** Traverse City State Hospital, historical postcard image, circa 1920.

**Current Ownership:** The Minervini Group<sup>79</sup>

The Village at Grand Traverse Commons is an instance of a thriving mixed-use redevelopment of the former asylum Traverse City State Hospital, in Michigan. In 1885, The Traverse City Regional Psychiatric Hospital opened as a facility following the philosophy of treatment through “restful, tranquil surroundings.”<sup>80</sup> Dr. James Decker Munson, medical superintendent from 1885 through 1924, believed the vast hospital grounds would help patients heal by participating in caring for the grounds and the farm.<sup>81</sup> Although farming operations ceased in 1957, the hospital remained open until 1989, when it was deemed obsolete and scheduled for demolition, but a group of concerned citizens halted those plans.<sup>82</sup>

After a few failed attempts for reuse plans, Raymond Minervini was inspired to take action in 2001, when some of the historic hospital buildings faced demolition by neglect.<sup>83</sup> Minervini purchased the property for one dollar and the development plan for Traverse City State Hospital began.<sup>84</sup> The site is currently a campus of 25 remaining original buildings on 63 acres of the landscaped grounds originally designed by E.H Van Deusen. The property is surrounded by approximately 300 acres of designated open land.<sup>85</sup> **(Figure 2.2)**

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<sup>79</sup> All facts complied from Sally A. Schute, “Traverse City State Hospital Redevelopment, Traverse City, MI,” Environmental Analysis & Design Studio IV, U.C. Berkeley Extension, November 2, 2004. <http://sasenterprises.biz/TraverseCity.pdf> (accessed 17 May 2011).

<sup>80</sup> *Ibid.*

<sup>81</sup> *Ibid.*

<sup>82</sup> *Ibid.*

<sup>83</sup> Raymond Minervini II, “The Village at Grand Traverse Commons: Rehabilitating historic buildings and creating mixed-use pedestrian-friendly neighborhood,” *Your Place-An Online Magazine*, November 2006 <http://www.yourplacegrandtraverse.org/minervini.asp> (accessed 14 January 2011).

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*

Construction began in 2002, with many of the site's Italianate buildings already in use. Other buildings are currently in various stages of renovation, furthering the creation of a village type environment with a central town square, establishing what the Minervini Group have called a



**Figure 2.2** The restored Kirkbride Building at Grand Traverse embodies the original tranquil scenery and architecture.

“beautiful alternative to urban sprawl.”<sup>86</sup> The Village at Grand Traverse Commons website details the new uses for the hospital buildings, including condominiums, a medical campus, eclectic shops, eateries, an arboretum, walkways and professional services.<sup>87</sup> The project was possible through tax credits and incentives offered by the local and state government of Michigan. Renaissance Zones were started in 1996 as an economic stimulus tool to help Michigan communities.<sup>88</sup> Properties located within a Renaissance Zone are entitled to several tax abatements including local and school real estate property taxes, local personal property taxes, State of Michigan Business Tax, and State of Michigan Income Tax.<sup>89</sup> Any residential or commercial property within The Village at Grand Traverse Commons Renaissance Zone is nearly tax-free until 2017.<sup>90</sup>

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<sup>86</sup> The Minervini Group, “The Village at Grand Traverse Commons,” Official Website, <http://www.thevillageetc.com/> (accessed 10 January 2011).

<sup>87</sup> *Ibid.*

<sup>88</sup> *Ibid.*

<sup>89</sup> *Ibid.*, “Tax Incentives”

<sup>90</sup> *Ibid.*

Other available incentives helped the Traverse City project become a reality. Brownfield Tax Increment Financing relieves some development and rehabilitation costs, and most of the buildings on the property are eligible for State and Federal Historic Preservation Tax Credits.<sup>91</sup> Low interest loans and grants also imparted financial assistance for several projects in The Village.<sup>92</sup> If potential developers of Glenn Dale Hospital have access to similar incentives in Maryland, then it will make a rehabilitation project more likely to occur.

The National Register of Historic Places nomination for Glenn Dale Hospital was approved on the state and local levels several weeks after the attempted sale in October 2010.<sup>93</sup> Historic sites that are either listed or eligible for a National Register inscription are qualified to apply for a 20% tax credit for rehabilitation costs that follow *The Secretary of the Interior's Standards for Rehabilitation*.<sup>94</sup> Since Glenn Dale Hospital must legally be converted to a Continuing Care Retirement Community, the income-generating, residential function of the site is aligned with the required use of a site eligible for this tax credit.<sup>95</sup> The adaptive rehabilitation of Glenn Dale Hospital is a massive undertaking, both financially and physically, so the 20% tax credit would be a great help in getting a redevelopment project started.

On the state level, the Maryland Sustainable Communities Tax Credit Program also provides a 20% rehabilitation tax credit, which is available for certified historic

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<sup>91</sup> *Ibid.*

<sup>92</sup> *Ibid.*

<sup>93</sup> Interview with Susan Pearl, Prince Georges County Historical Society.

<sup>94</sup> National Park Service, "Historic Preservation Tax Credits," United States Department of the Interior, Technical Park Services, 2009.

[http://www.nps.gov/hps/tps/tax/download/HPTI\\_brochure.pdf](http://www.nps.gov/hps/tps/tax/download/HPTI_brochure.pdf)  
(accessed 02 February 2011).

<sup>95</sup> *Ibid.*

structures, including those listed on the National Register of Historic Places.<sup>96</sup> The Maryland Historical Trust, the State Historic Preservation Office, designates an annual period in which property owners can apply for this tax credit, where applications are competitively reviewed and ranked by officers of the Maryland Historical Trust.<sup>97</sup> The number of properties awarded depends on the state budget, but this tax credit can be used in conjunction with the Federal Tax Credit for Rehabilitation projects. Potentially, tax credits totaling 40% could be available for the developer of Glenn Dale Hospital.

Also providing financial incentive for the redevelopment of qualified properties, Maryland offers a Brownfields Revitalization Incentive Program.<sup>98</sup> The term brownfields refers to “unused or abandoned urban properties that are either polluted or perceived to be polluted as a result of past commercial industrial use and are not attractive to the current real estate market. The result is contaminated properties that are neither developed nor cleaned up.”<sup>99</sup> The state of Maryland would like to encourage the reuse of these resources in an effort to prevent more urban sprawl and promote smart growth.<sup>100</sup>

Glenn Dale Hospital is contaminated with exposed asbestos, creating a public health hazard when it becomes airborne. Asbestos in construction was a very common and accepted construction material during the 1930s, when Glenn Dale Hospital was built, because asbestos strengthens cement and plastics, and also served as

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<sup>96</sup> Maryland Historical Trust, “Maryland Sustainable Communities Tax Credit Program,” Maryland Department of Planning, <http://mht.maryland.gov/taxcredits.html> (accessed 28 February 2011).

<sup>97</sup> *Ibid.*

<sup>98</sup> Maryland Department of Business and Economic Development, “Brownfields Revitalization Incentive Program,” (January 25, 2010): 2.

<sup>99</sup> The Alliance for the Chesapeake Bay, “Brownfields in Maryland,” (December 1995): 1.

<sup>100</sup> Maryland Department of Business and Economic Development, 4.

insulation.<sup>101</sup> It becomes a hazard when asbestos fibers become airborne, are inhaled and lodged in the lungs. Over a period of prolonged intake, it may cause the chronic lung disease asbestosis, lung cancer, Mesothelioma, and other cancers such as larynx, gastrointestinal tract and kidney.<sup>102</sup> Asbestos removal must be done by certified professionals and can cost millions of dollars for a complex as large as Glenn Dale Hospital.<sup>103</sup> Brownfield credits could help with the costs of this procedure. A property is eligible for these financial incentives if it is “an existing or former industrial or commercial site that poses a threat to public health or the environment.”<sup>104</sup> Glenn Dale Hospital qualifies because the asbestos has a potential to negatively affect the local environs, as do the underground fuel tanks on site, thus the brownfield incentive is another option to make a rehabilitation project financially feasible.

All of these options for tax credits are avenues to delve into for financial assistance with the high costs associated with large-scale rehabilitation projects, thus potential buyers may be enticed by these incentives. In considering a positive rehabilitation and reuse example such as The Village at Grand Traverse Commons, its plan can serve as a guide for a design scheme at Glenn Dale Hospital since they are both multi-building properties with green space surrounding them.

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<sup>101</sup> National Cancer Institute, “Asbestos Exposure: Questions and Answers,” University of Bonn, Medical Center, <http://imsdd.meb.uni-bonn.de/cancernet/600321.html> (accessed 02 March 2011).

<sup>102</sup> *Ibid.*

<sup>103</sup> *Ibid.*

<sup>104</sup> Maryland Department of Business and Economic Development, 4.

## **Successful Case Study**

**Property Name:** Western Lunatic Asylum; Western State Hospital; Staunton

Correctional Center; The Villages at Staunton in Staunton, Virginia (**Figure 2.3**)

**Dates of Construction:** 1828; 1838; 1839; 1875; 1895; 1898; mid-20<sup>th</sup> century<sup>105</sup>

**Architect:** Thomas Blackburn

**Years in Operation:** 1828-1970

(hospital); 1970-2002 (prison)

**Years of Vacancy:** Dependent  
on building, from 5 to 75 years

**Number of Buildings and**

**Acreage:** 11 buildings on 80  
acres

**National Register Listing:** 1969

(for the five surviving  
antebellum buildings)<sup>106</sup>



**Figure 2.3** Central building at Western State Hospital in Staunton, Virginia, early 20<sup>th</sup> century.

**Current Ownership:** Robin Miller and Associates

Another successful hospital rehabilitation plan is in Virginia's Shenandoah Valley. Thomas Blackburn designed various Georgian style buildings at the Western Lunatic Asylum, later renamed Western State Hospital, in Staunton, Virginia.<sup>107</sup> Blackburn was a student of Thomas Jefferson, whose influence appears on the

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<sup>105</sup> Robin Miller and Associates, "Historic Tax Credit Projects," <http://www.robinmillerassociates.com/historic-tax-credit> (accessed 17 May 2011).

<sup>106</sup> Facts compiled from The Garden Club of Virginia, "Old Western State Hospital, Staunton, VA," <http://www.robinmillerassociates.com/historic-tax-credit> (accessed 17 May 2011).

<sup>107</sup> Elizabeth McNamara, "Institutional Change," *Preservation*, January/February 2011, 58.



buildings at Western State in the form of broad pediments and Chinese lattice rails.<sup>108</sup> The hospital opened in 1828 exemplifying the philosophy of moral therapy, which included caring for the mentally ill in a bucolic setting where patients participated in growing their own food and benefiting from the aesthetic scenery.<sup>109</sup> The grounds were so appealing that a wrought-iron fence was erected on the property to keep out the scores of picnickers who also enjoyed the architecture and landscape.<sup>110</sup>

Western State Hospital continued to grow, and by the 1950s a second site was added to accommodate the patient population in excess of 3,000.<sup>111</sup> However, Virginia favored deinstitutionalization in the late 1960s and the site was vacated as a psychiatric care facility.<sup>112</sup> Western State Hospital relocated in 1970, and the Staunton Correctional Center moved into the space. The medium-security prison did not use all of the buildings and no effort went into any maintenance or major repairs.<sup>113</sup> Recognizing the value of the historic hospital, Staunton City Manager Bill Hamilton persuaded the Department of Corrections to sign over the property to the city in 2002.<sup>114</sup>

In search of a historic preservation-minded developer to carry out a rehabilitation plan for Western State Hospital, Hamilton commissioned Robin Miller, a Richmond, Virginia based development services provider.<sup>115</sup> Miller and Associates specialize in adaptive reuse and urban infill projects, making use of federal and state

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<sup>108</sup> *Ibid.*

<sup>109</sup> The Garden Club of Virginia, “Old Western State Hospital.”

<sup>110</sup> *Ibid.*

<sup>111</sup> Virginia Department of Behavioral Health and Developmental Services, “Western State Hospital History,” <http://www.wsh.dmhmrsva.org/history.htm> (accessed 17 May 2011).

<sup>112</sup> *Ibid.*

<sup>113</sup> The Garden Club of Virginia, “Old Western State Hospital”

<sup>114</sup> *Ibid.*, 59.

<sup>115</sup> *Ibid.*

historic tax credits to assist with funding.<sup>116</sup> The main goal of Miller and Associates is “to improve the urban environment with quality redevelopment projects that not only are financially successful, but also positively impact the communities and neighborhoods in which we work.”<sup>117</sup> With a development portfolio filled with successful reuse projects, Miller and Associates was the perfect fit to create a new use for the vacant hospital complex.<sup>118</sup>

A mixed-use commercial and residential project began in 2007, transforming the neglected Western State Hospital into The Villages at Staunton.<sup>119</sup> Three buildings have been rehabilitated into condominiums and another functions as the developer’s office, but the project is not yet complete. The project is anticipated to cost \$250 million, with \$12 million already spent, but historic tax credits are in use for this endeavor.<sup>120</sup> The development of the 80-acre property is broken into different phases, with plans for a hotel and spa, restaurant or brewery, office space, more condominiums and townhouses, affordable artists’ lofts, and a



**Figure 2.4** Aerial photo of the Villages at Staunton, Fall 2009.

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<sup>116</sup> Miller and Associates, “About Us,” <http://www.robinmillerassociates.com/about-us> (accessed 06 April 2011).

<sup>117</sup> *Ibid.*

<sup>118</sup> McNamara, “Institutional Change,” 59.

<sup>119</sup> *Ibid.*

<sup>120</sup> *Ibid.*

mixed-use campus.<sup>121</sup> The website for the Villages at Staunton details the plan and has an interactive map of the site where viewers can see what sections of the plan are complete, which are in progress and those that are still in the proposal phase. **(Figure 2.4)**

The Glenn Dale Hospital buildings and grounds are comparable in size and situation to Western State Hospital. Some of the buildings on the Staunton, Virginia property were vacant for 75 years<sup>122</sup> before any restoration efforts began, whereas the buildings at Glenn Dale Hospital have been unused and vacant for 29 years. This is a long period of vacancy, but the Mission Arts Foundation, a non-profit group hoping to adapt the site into a thriving arts complex, enlisted the architectural department from the University of Maryland to assess the buildings. They deemed the two main hospital buildings as well as the nurses' dormitories structurally sound.<sup>123</sup> If the Mission Arts Foundation's proposal gets approved then there will be a chance for the Glenn Dale Hospital buildings to flourish once again.

The Mission Arts Foundation has support of the Maryland-National Capital Park and Planning Commission and some members of the Prince Georges County government but in order for their proposal to create an arts complex, complete with a performing arts academy, an adult daycare center, a large performing arts venue and artists' lofts, they must first prove that the proposal is feasible.<sup>124</sup> Therefore, a developer who shares Mission Arts Foundation's vision is needed to complete the project. Because Miller and Associates is located in Richmond, Virginia the firm may be

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<sup>121</sup> Villages at Staunton, "Site Plan," [http://www.villagesatstaunton.com/index.php/About-Villages/site\\_plan.html](http://www.villagesatstaunton.com/index.php/About-Villages/site_plan.html) (accessed 06 April 11).

<sup>122</sup> McNamara, "Institutional Change," 59.

<sup>123</sup> Phone interview with Reginald Dixon, creator of Mission Arts Foundation. March 26, 2011.

<sup>124</sup> *Ibid.*

a possible alternative to collaborate with Mission Arts Foundation in this project. By studying the methods employed at The Villages at Staunton and The Village at Grand Traverse Commons, elements from both can be applied and adapted for a similar project at Glenn Dale Hospital.

### **Questionable Case Study**

**Property Name:** Waverly Hills Sanatorium; Woodhaven Geriatric Center in Louisville, Kentucky (**Figure 2.5**)

**Dates of Construction:** 1908;  
1924

**Architects:** James J. Gaffney,  
Dennis Xavier Murphy<sup>125</sup>

**Years in Operation:** 1910-1961  
(Tuberculosis Sanatorium);  
1962-1981 (Geriatric Care)

**Years of Vacancy:** 1981-2001

**Number of Buildings and**

**Acreage:** 26 buildings, 545  
acres<sup>126</sup>

**National Register Listing:** 1983<sup>127</sup>

**Current Ownership:** Tina and Charlie Mattingly



**Figure 2.5** The 1926 Gothic Revival style Waverly Hills tuberculosis sanatorium in Louisville, Kentucky, circa 1930.

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<sup>125</sup> National Park Service, "Waverly Hills Tuberculosis Sanitarium Historic Buildings," *National Register of Historic Places* <http://www.nationalregisterofhistoricplaces.com/ky/Jefferson/state11.html> (accessed 17 May 2011).

<sup>126</sup> Patrick Carroll, "Death Leaves Waverly Hills...Last Patients Go," *The Courier-Journal*, May 31, 1981.

<sup>127</sup> National Park Service, "Waverly Hills"

It is also necessary to consider rehabilitation projects that illustrate poor restoration methods to avoid. The Waverly Hills Tuberculosis Sanitarium in Louisville, Kentucky is one such example. Construction of the original hospital building began in 1908 and the hospital opened in 1910. This early hospital was a small two-story frame structure with a hipped roof, complete with quarters for about fifty patients.<sup>128</sup> The scope of tuberculosis infection did not ignore the Louisville area and it was not long before this small hospital was faced with caring for 140 patients. It was clear that a larger structure would have to be built in order to safely treat a growing population infected with the illness.<sup>129</sup>

In March of 1924 construction of a larger hospital commenced and on October 17, 1926 the new Waverly Hills Sanatorium opened to patients. This new Gothic Revival style building was equipped to handle 400 patients. Upon its opening, Waverly Hills was considered one of the best and most up to date facilities of its kind.<sup>130</sup> After an antibiotic cure for the disease was discovered, many such sanatoriums became obsolete and Waverly Hills was no exception. In 1961 the hospital was closed but renovated to become a geriatric care facility. Waverly Hills was reestablished as Woodhaven Medical Services and functioned until it was shut down by the State of Kentucky in 1981.<sup>131</sup>

Some of the proposed uses for the site included a minimum-security prison in the 1980s,<sup>132</sup> and an arts and worship center complete with the world's largest statue

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<sup>128</sup> The Waverly Hills Sanatorium. <http://www.therealwaverlyhills.com/history.htm> (accessed 18 May 2010).

<sup>129</sup> *Ibid.*

<sup>130</sup> *Ibid.*

<sup>131</sup> *Ibid.*

<sup>132</sup> Neighborhoods, "Famed hospital now a white elephant," *The Courier-Journal*, August 14, 1986.

of Jesus Christ, in the late 1990s.<sup>133</sup> Finally, after twenty years of vacancy, Tina and Charlie Mattingly purchased Waverly Hills in 2001.<sup>134</sup> They began their restoration process with a massive cleanup of the site and funded the asbestos removal from the buildings.<sup>135</sup> The restoration methods detailed on the Waverly Hills website include window replacement and graffiti removal. Brick abrasion seen in the photographs of the restoration in progress is symptomatic of a harsh graffiti removal procedure such as sandblasting. The Mattingly's restoration team might not have used the gentlest means possible regarding the exterior brickwork, as the National Park Service *Preservation Brief 38: Removing Graffiti From Historic Masonry*, suggests for appropriate cleaning methods that support the endurance of historic brick.<sup>136</sup> Also noticeable in the photographs are the vinyl windows and plastic headers above some of the windows. Waverly Hills is listed on the National Register of Historic Places<sup>137</sup> but this site exemplifies how a National Register Listing alone does not guarantee historically sensitive rehabilitation methods. Waverly Hills does not have any local historical designations or protections to prevent destructive renovations.<sup>138</sup> **(Figure 2.6)**

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<sup>133</sup> Associated Press, "Jesus statue 'would take a miracle,'" *The Kentucky Post*, December 12, 1997.

<sup>134</sup> Waverly Hills Historical Society, "Waverly Hills Sanitarium," [www.therealwaverlyhills.com](http://www.therealwaverlyhills.com), (accessed 30 January 2011).

<sup>135</sup> *Ibid.*

<sup>136</sup> National Park Service, *Preservation Brief 38: Removing Graffiti from Historic Masonry*, <http://www.nps.gov/history/hps/tps/briefs/brief38.htm> (accessed 22 May 2010).

<sup>137</sup> National Register of Historic Places, "Waverly Hills Tuberculosis Sanitarium Historic Buildings," <http://www.nationalregisterofhistoricplaces.com/KY/Jefferson/state10.html> (accessed 22 May 2010).

<sup>138</sup> LouisvilleKy.gov, "Historic Landmarks and Preservation Districts Commission," <http://www.louisvilleky.gov/PlanningDesign/Historic+Landmarks+and+Preservation+Districts+Commission.htm> (accessed 18 May 2011).

character of a building.<sup>139</sup> The Mattinglys followed the popular misconception that vinyl replacement windows are more energy efficient and durable than wood windows



**Figure 2.6** Vinyl windows, plastic headers and evidence of abrasive graffiti removal.

and installed then in the main sanatorium building, the laundry building and the boiler room at Waverly Hills.<sup>140</sup> Windows only account for 10 to 12 percent of a building's air incursion, with the majority of problems occurring through poor insulation of the roof.<sup>141</sup> Vinyl windows cannot be repaired like their wood counterparts and they have a high failure rate, necessitating replacement approximately every 20 years. This replacement cycle contributes to more petroleum based material deteriorating into landfill soil.<sup>142</sup> Vinyl replacement windows are temporary solutions that become more wasteful over time. Using a renewable resource such as wood, to repair or replace existing window sashes is more cost effective and environmentally responsible. Restoring, reusing or replacing the historic wood windows with the same or similar

<sup>139</sup> United States Department of the Interior, *The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings*, [http://gashpo.org/Assets/Documents/Secretarys\\_Standards\\_and\\_Guidelines\\_for\\_Rehabilitation.pdf](http://gashpo.org/Assets/Documents/Secretarys_Standards_and_Guidelines_for_Rehabilitation.pdf) (accessed 27 May 2011).

<sup>140</sup> The Real Waverly Hills, "Restoration," <http://www.therealwaverlyhills.com/restoration/> (accessed 09 May 2011).

<sup>141</sup> Wayne Curtis, "A Cautionary Tale: Amid our green-building boom, why neglecting the old in favor of the new just might cost us dearly," *Preservation*, January/February 2008, <http://www.preservationnation.org/magazine/2008/january-february/cautionary-tale.html> (accessed 21 May 2011).

<sup>142</sup> John Paquette, "What's Wrong With Vinyl Windows," East Row Historic District. Newport, Kentucky, <http://www.eastrow.org/articles/vinylwindows.html> (accessed 25 May 2011).

new wood windows would have allowed the Mattinglys to take advantage of potential tax credits for the rehabilitation costs and would better replicate the historic appearance of the site.

Capitalizing on the appeal of the paranormal, the Waverly Hills site is currently used as a tourist destination with an emphasis on the macabre. Two-hour guided tours are available for \$22 and paranormal investigations can be scheduled for four or eight hours at \$50 and \$100, respectively.<sup>143</sup> The website states that all capital from the tours and merchandise sales goes towards funding the full restoration of the buildings. The owners declined to comment on future restoration plans, but information on the website alludes to an intention of keeping Waverly Hills open as a site for paranormal tours. A newspaper article from 2008 discusses the Mattingly's plans to eventually turn the site into a four-star hotel which, at the time, had an anticipated opening in 2010,<sup>144</sup> but no updated information was found. The estimated restoration cost was \$18 million in 2008.<sup>145</sup> Therefore it is possible that the adverse restoration methods may continue if the funding becomes available.

While there is nothing wrong with maintaining the site as a paranormal attraction, the situation at Waverly Hills would not be an appreciated reuse of Glenn Dale Hospital among local property owners. Unlike the secluded Waverly Hills property, the Glenn Dale property is in the midst of a community that could benefit from a site with a wider array of recreational and residential offerings, but more importantly, not following *The Secretary of the Interior's Standards for Rehabilitation* removes the opportunity for valuable federal and state rehabilitation tax credits. These

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<sup>144</sup> News, "Haunted Hotel?" *Courier Journal*, August 7, 2008.

<sup>145</sup> *Ibid.*



potential tax credits may be the only way to make the rehabilitation a reality, so it is imperative to design a historically sensitive redevelopment plan.

### **Questionable Case Study**

**Property Name:** State  
Lunatic Asylum at Danvers;  
Danvers State Insane  
Asylum; Danvers State  
Hospital; Avalon Danvers in  
Danvers, Massachusetts



**(Figure 2.7)**

**Figure 2.7** Aerial view of Danvers State Hospital Property in Danvers, Massachusetts, before demolition, circa 2000.

**Dates of Construction:**

1878; 1889; 1895

**Architect:** Nathaniel J. Bradlee

**Years in Operation:** 1878-1992

**Years of Vacancy:** 1992-2007 (mostly demolished)

**Number of Buildings and Acreage:** 40 buildings, 500 acres<sup>146</sup> (historic); 1 partial building, 77 acres (current)<sup>147</sup>

**National Register of Historic Places Listing:** 1984

**Current Ownership:** AvalonBay Communities, Inc.

For a rehabilitation project to take advantage of tax credits, the restoration process and outcome must be receptive to the historic integrity of the buildings.<sup>148</sup>

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<sup>146</sup> National Park Service, "State Lunatic Hospital at Danvers," *National Register of Historic Places*, <http://www.nationalregisterofhistoricplaces.com/ma/Essex/districts.html> (accessed 27 May 2011).

<sup>147</sup> Chris Cassidy, "Bad news for Danvers State Hospital," *Salem News*, November 9, 2005.

<sup>148</sup> *The Secretary of the Interior's Standards for Rehabilitation*

Another case where the developers did not abide by these standards is at Danvers State Insane Asylum in Danvers, Massachusetts. Built in a rural area 18 miles north of Boston in 1878, Danvers was a large brick hospital that followed the Kirkbride Plan.<sup>149</sup> Dr. Thomas Story Kirkbride was an influential physician who “created a humane and compassionate environment for his patients, and believed that agrarian settings restored patients to a more natural balance of the senses.”<sup>150</sup> This was a popular theme among state hospitals built in the mid to late 19th century.<sup>151</sup> **(Figure 2.8)**

The hospital campus at Danvers expanded over time with the addition of several other buildings, including two tuberculosis infirmaries, one for males and the other for females, in 1907.<sup>152</sup> Most historically significant though, is the main hospital building, based on the Kirkbride Linear Plan. A more humane approach than placing the mentally ill in poorhouses or prisons, Dr. Thomas Kirkbride formulated a plan based on the moral



**Figure 2.8** Danvers State Hospital, Kirkbride Building, circa 1893.

treatment of patients.<sup>153</sup> Kirkbride’s plan was to have a central administration building flanked by two wings of tiered wards, with one wing for either sex, divided by symptoms of infirmity.<sup>154</sup> The reasoning behind this design was to keep patients away

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<sup>149</sup> Danvers State Insane Asylum, “History,” <http://www.danversstateinsaneasylum.com/history.html> (accessed 09 April 11).

<sup>150</sup> *Ibid.*

<sup>151</sup> *Ibid.*

<sup>152</sup> Danvers State Insane Asylum, “Gallery,” <http://www.danversstateinsaneasylum.com/gallery.html> (accessed 09 April 11).

<sup>153</sup> Kirkbride Buildings, “History,” <http://www.kirkbridebuildings.com/about/history.html> (accessed 09 April 11).

<sup>154</sup> *Ibid.*

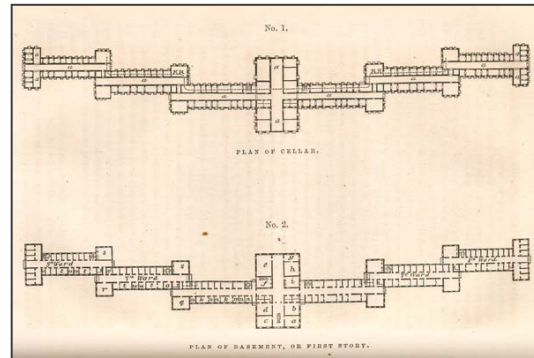
from individuals with conditions that would have an adverse effect on their own recovery.<sup>155</sup> **(Figure 2.9)**

The other element behind the Kirkbride Plan was to provide an environment secluded from the commotion of city life. The theory was that surrounding patients with fresh air, farmland and landscaped grounds would help greatly in their recovery.<sup>156</sup> Though this aesthetic

philosophy was not exclusive to the Kirkbride Plan, their external environment accentuates the architectural beauty of these asylums, and also at tuberculosis

sanatoriums like Glenn Dale Hospital.

At the turn of the century, the Kirkbride Plan fell out of favor as emerging ideas of care did not necessitate that type of building scheme.<sup>157</sup> Though the buildings were still used in the 20th century, they gradually became deinstitutionalized and many were demolished or irreplacably dilapidated.<sup>158</sup> Danvers was deinstitutionalized in 1992, leaving an intact example of this plan abandoned until 2006 when a large majority of the Gothic brick asylum, with its commanding presence on Hathorne Hill, was demolished. AvalonBay Construction redeveloped the remaining one-third of the building as residential space and added newly built condominiums to the property.<sup>159</sup> Unlike its fellow Kirkbride



**Figure 2.9** Dr. Thomas Kirkbride's linear plan for psychiatric asylums.

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<sup>155</sup> *Ibid.*

<sup>156</sup> *Ibid.*

<sup>157</sup> *Ibid.*

<sup>158</sup> *Ibid.*

<sup>159</sup> Kirkbride Buildings, "The Buildings: Danvers State Hospital," <http://www.kirkbridebuildings.com/buildings/danvers/> (accessed 09 April 11)

hospital in Traverse City, Michigan, the conversion of Danvers State Hospital into Avalon Danvers was far from a historically sensitive rehabilitation project. In 2007, Scott Dale, Vice President of AvalonBay Construction, claimed that their project at Danvers was a “respectful renovation,”<sup>160</sup> but the Danvers Preservation Fund group filed suit against AvalonBay on the grounds that the developers did not follow local building approval regulations.<sup>161</sup> Attempts to delay the demolition of the Kirkbride building were denied and the Danvers Preservation Fund group was portrayed as a small minority who did not “represent the public’s best interest.”<sup>162</sup> Many local preservationists felt there could have been collaboration with AvalonBay to preserve more of the property, and perceived the development firm’s donations to the town’s focal projects as a means to gain political allies.<sup>163</sup> When examining photographs of the new development’s exterior and interior, it is clear that the preserving the history of this building was not a priority. The majority of the historic building was demolished to make way for new construction. **(Figure 2.10)** Presently, newly constructed condominiums and townhomes surround the façade of the Kirkbride Building’s central wing, the only remains of the massive main hospital structure. Scott Dale claimed that the rehabilitation cost for the building was two and one-half times as expensive as new construction, yet his company donated \$1 million towards the construction of a new middle school and renovation of the high school, \$300,000 to help develop athletic fields at Willis E. Thorpe Middle School, \$500,000 towards affordable housing and another \$500,000 for historic preservation throughout the town of Danvers, the

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<sup>160</sup> Editorial, “Danvers State Hospital Deserved better than heavy-handed renovation,” *The Boston Globe*, March 4, 2007.

<sup>161</sup> Chris Cassidy, “Judge Denies Move to Block Demolition,” *Salem News*, November 22, 2005.

<sup>162</sup> *Ibid.*

<sup>163</sup> Editorial, “Danvers State Hospital deserved better”

majority of which went to restoring the Town Hall.<sup>164</sup> This \$2,300,000 might have been more appropriately used to help finance the rehabilitation of the Kirkbride building.

The Kirkbride Buildings Blog details a tour inside the Avalon Danvers apartments within the remaining original asylum, stating, “Avalon has erased any sense of the building as an historic structure.”<sup>165</sup> The blog provides photographs of the interior spaces, showing what



**Figure 2.10** Newly constructed condominiums surround the partial historic hospital building.



**Figure 2.11** A glimpse into an apartment at Avalon Danvers.

readers of the blog have described as generic space.<sup>166</sup> Indeed, the photographs illustrate rooms in an apartment that could be anywhere; no architectural elements of the Kirkbride building were preserved except for the entrance lobby. No architectural uniqueness of the historic building is evidenced in the apartment pictured. **(Figure 2.11)**

The first apartment was leased in January 2007 and the grand opening upon completion of the entire

<sup>164</sup> Brenda J. Buote, “From dreary asylum to luxurious homes; Danvers State is being refashioned as an upscale complex,” *The Boston Globe*, February 25, 2007.

<sup>165</sup> Kirkbride Buildings Blog, “Inside Avalon Danvers,” February 4, 2008.

<http://www.kirkbridebuildings.com/blog/inside-avalon-danvers/comment-page-1#comment-26850> (accessed 09 April 2011).

<sup>166</sup> *Ibid.*

project was celebrated on June 26, 2008.<sup>167</sup> The former Gothic-revival psychiatric hospital was transformed into a 433-apartment complex with a heated outdoor pool and fitness center, all sprawled among landscaped grounds.<sup>168</sup> The website “Apartment Ratings” has comments from several dissatisfied tenants complaining that there is no noise insulation, bug infestations, rude management staff, rent increases beyond the market value, and corners cut on construction.<sup>169</sup> Even a tenant who is overall pleased with their apartment agreed that the buildings seem “hastily put together”<sup>170</sup> and the coating on the walls is only primer and easily marked.<sup>171</sup> Although the reviews about Avalon Danvers given on this website vary in satisfaction levels, the average positive recommendation is 38% and the overall rating is 2.7 out of 5.<sup>172</sup> This is only one source for tenant feedback, but the ‘Apartment Ratings’ website provides some insight into life at Avalon Danvers.

The draw of moving into rehabilitated historic structures is their character and interesting landscapes, diminishing the historic integrity of such a site defeats the purpose of advertising a mostly new structure as a historic building. Danvers State Hospital is listed on the National Register of Historic Places, so there may have been tax credits available for the rehabilitation of the entire Kirkbride Building. For the developers to say it was cheaper to tear down and build new than restore what was already there gives the impression that AvalonBay is not a preservation-minded company. In fact, AvalonBay takes pride in the

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<sup>167</sup> Ethan Forman, “Officials celebrate rebirth of Danvers State property,” *The Salem News*, June 27, 2008.

<sup>168</sup> *Ibid.*

<sup>169</sup> Apartment Ratings, “A Dream Turned Nightmare,” <http://www.apartmentratings.com/rate/MA-Danvers-Avalon-Danvers-732514.html> (accessed 15 April 2011).

<sup>170</sup> Apartment Ratings, “Quite Pleased,”

<sup>171</sup> *Ibid.*

<sup>172</sup> Apartment Ratings, “Avalon Danvers,” <http://www.apartmentratings.com/rate/MA-Danvers-Avalon-Danvers-1144657.html> (accessed 15 April 2011).

‘fresh and contemporary’<sup>173</sup> element of their buildings, emphasizing that the average age of their communities is only 9 years.<sup>174</sup> A rehabilitation project for Glenn Dale Hospital would not benefit from a company with a similar philosophy as AvalonBay when there are structurally sound buildings on the Glenn Dale Hospital site that can be reused with character defining features left intact.

According to historic preservation economist Donovan Rypkema, tenants paying high rents for average construction are more likely to feel they are not getting their money’s worth, whereas tenants living in an authentically restored site are willing to pay more.<sup>175</sup> In 2010 the estimated average rent for a one bedroom, one bathroom apartment at Avalon Danvers was \$1214 per month.<sup>176</sup> Tenant comments on this website indicate that many feel their rent is too high and increases on an annual basis.<sup>177</sup> If more efforts had been made to keep all of the Kirkbride Building with a historically sensitive rehabilitation perhaps the tenants would be happier with the quality of their surroundings and feel their rent price was more justified. With cheap materials, a structure that was once built to last is quickly transformed into a place in constant need of repairs. No building is completely free from normal maintenance but this route may have caused more cost for repairs in the long range of the building’s life. AvalonBay’s website states that their main priorities are customer satisfaction and maximizing the return for their stockholders,<sup>178</sup> but the use of cheap construction

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<sup>173</sup> AvalonBay Communities, Inc. “Our Communities,” <http://www.avalonbay.com/avalon/site/pages/index.html?code=r.ourcommunities.home> (accessed 19 May 2011).

<sup>174</sup> *Ibid.*

<sup>175</sup> *Ibid.*, 4.

<sup>176</sup> “Avalon Danvers”

<sup>177</sup> *Ibid.*

<sup>178</sup> AvalonBay Communities, Inc., “Enhancing the Lives of Our Residents,” <http://www.avalonbay.com/avalon/site/home.html> (accessed 19 May 2011).

materials and high rents suggests the major focus may be satisfying the stockholders of the publicly traded Real Estate Investment Trust.<sup>179</sup>

Although AvalonBay focuses on the newness of their communities, historic buildings can still hold the same qualities valued in recently constructed buildings, particularly energy efficiency. Washington, D.C. architect Carl Elefante is in support of what he calls sustainable preservation and has stated that “the greenest building is the one already built.”<sup>180</sup> With the zeitgeist of “going green,” considering the value of so-called “embodied energy” within buildings is a fundamental element of ecologically responsible production. Embodied energy is comprised of all of the energy accumulated in the manufacture and construction of a building, not solely the operating costs of a building.<sup>181</sup> Essentially, new construction requires expending energy already saved in existing structures. Research furthering the case for reusing older buildings shows that it will take between 40 and 65 years for new energy-efficient office buildings to actually start saving energy, depending on whether demolition and disposal of older buildings are included in the new construction.<sup>182</sup> The same study evidences a time frame of 16 years for energy savings to take effect for a new house built similar in size to a historic house, but with the growing square footage of recent household architecture corresponds to an increase in the years until the energy saving benefits emerge.<sup>183</sup>

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<sup>179</sup> Jonathan O’Connell, “AvalonBay to build Merrifield apartments,” *The Washington Post*, February 14, 2011.

<sup>180</sup> The May T. Watts Appreciation Society. “Embodied Energy,” <http://www.thegreenestbuilding.org/> (accessed 17 April 2011).

<sup>181</sup> Wayne Curtis, “A Cautionary Tale”

<sup>182</sup> *Ibid.*

<sup>183</sup> *Ibid.*



For the rehabilitation and reuse of Glenn Dale Hospital, the best approach follows *The Secretary of the Interior's Standards for Rehabilitation* for the purpose of possible tax credits and a quality restoration that will be lauded as a genuinely “green,” unique facility offering quality of life for residents throughout the city of Glenn Dale. In the cases of Waverly Hills and Danvers State Hospital, strong local historic preservation ordinances, if they had been in place, could have protected these sites from their current conditions. Glenn Dale Hospital is a designated historic resource in Prince George’s County and is protected by the county’s historic preservation ordinance.<sup>184</sup> Because of the ordinance, House Bill 113 may not even be necessary to protect the buildings. One of the biggest challenges aside from changing the law is locating a developer who is willing to do rehabilitation on the existing buildings. Adaptive rehabilitation would be the best plan for Glenn Dale Hospital because the primary appeal of the architecture and history of Glenn Dale Hospital would be maintained while simultaneously creating a community asset.

### **Essex Mountain Sanatorium: A**

#### **Lost Resource**

**Property Name:** The Essex Mountain Sanatorium, Verona, New Jersey (**Figure 2.12**)

**Dates of Construction:** 1902; 1917-1922; 1930

**Architects:** Epple & Seaman



**Figure 2.12** Postcard with elevated view of some of the buildings at Essex Mountain Sanatorium in Verona, New Jersey, circa 1950s.

<sup>184</sup> Maryland-National Capital Park and Planning Commission, *Approved Historic Sites and Districts Plan*, Prince George’s County Planning Department, 181. <http://www.pgplanning.org/Resources/Publications/HSDP.htm> (accessed 29 May 2011).

**Years in Operation:** 1907-1977

**Years of Vacancy:** 1977-2002 (complete site demolition,  
incorporated into Hilltop Reservation)

**Number of Buildings and Acreage:** 20 buildings, 200 acres

**National Register Listing:** Eligible under Criteria A and C but not listed

**Current Ownership:** Essex County, New Jersey<sup>185</sup>

Despite the poor restoration methods at Waverly Hills Sanatorium and the demolition and new construction at Danvers State Hospital, there was at least somewhat of an effort to reuse these sites and a partial semblance of what was originally there. In the case of Essex Mountain Sanatorium in Verona, New Jersey, nothing of this hospital complex remains, save for the wall surrounding the complex. Opened in 1907 after a failed girls' detention center closed down in 1902, the "Newark City Home for Consumptives" opened its doors.<sup>186</sup> Construction of 11 new buildings in 1917 was a result of a high tuberculosis rate in the area and by 1930 the original 32 acres expanded to nearly 200; ultimately the property contained 17 buildings on 325 acres.<sup>187</sup> Much like Glenn Dale Hospital, the function of Essex Mountain Sanatorium changed once an antibiotic cure for tuberculosis was discovered. By the 1970s a large number of the buildings were unused and became overflow for a nearby psychiatric hospital, Overbrook; in 1975 the male employee home was used as a drug and alcohol rehabilitation center and the entire complex was completely closed in 1982.<sup>188</sup>

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<sup>185</sup> All facts compiled from Richard Kennedy, "The Essex Mountain Sanatorium," <http://www.mountainsanatorium.net/default.htm> (accessed 13 April 2011).

<sup>186</sup> *Ibid.*

<sup>187</sup> *Ibid.*

<sup>188</sup> *Ibid.*

Other parallels between Glenn Dale Hospital and Essex Mountain Sanatorium arose after it became vacant. Debate surrounded reuse of the site and after being deemed structurally sound by a team of engineers, it was recommended to become a Continuing Care Retirement Community with the surrounding open space maintained as a recreational area.<sup>189</sup> 400 community members petitioned the local government for this use, but in spite of their efforts, the demolition of the 17 hospital buildings began in 1993.<sup>190</sup> Demolition continued into 2001.<sup>191</sup>

Though a National Register nomination is not documented for Essex Mountain Sanatorium, the site was potentially eligible under Criteria A and C for a National Register of Historic Places nomination. Verona historian Robert Williams reacted negatively to the destruction saying, “This is part of the heritage of Essex County, a piece of American history now lost through neglect.”<sup>192</sup> A difference of opinion came from Dr. William Jehl, clinical director at Essex Mountain for 36 years, who asserted that the buildings were made for another time, and a costly rehabilitation would have been the only way to bring the main hospital building up to code.<sup>193</sup>

In 2002, 240 acres of the former hospital site were dedicated as Hilltop Reservation, providing a large recreational space for Essex County residents.<sup>194</sup> The grounds of Essex Mountain Sanatorium were situated at the highest point in the county and are part of a larger 600-acre development area, thus the park will eventually be

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<sup>189</sup> William Gordon, “Historic Hospital Succumbs to Time and Misuse,” *The Star-Ledger*, August 31, 1993.

<sup>190</sup> *Ibid.*

<sup>191</sup> Ed Johnson, “Demolition Begins at Old Sanatorium on Hilltop,” *The Star-Ledger*, August 8, 2001.

<sup>192</sup> Ed Johnson, “Demolition Begins”

<sup>193</sup> *Ibid.*

<sup>194</sup> Steven Devries, “County Opens New Hilltop Reservation,” *The Verona-Cedar Times*, June 5, 2002.

surrounded by new housing.<sup>195</sup> The remaining 60 acres of the hospital property is set to have 167 single-family homes, 18 townhouses and 980 units of age-restricted housing.<sup>196</sup>

The detailed website for Essex Mountain Sanatorium, a eulogy for the absent hospital, shows the impact that losing these types of places has on a community. Although this site was significant enough for National Register eligibility there was no nomination written, not that it would have been able to stop the demolition. The Verona Landmarks Preservation Commission added a local historic preservation ordinance in 1995, but there is no record of their intervention or advocacy to prevent further demolition of Essex Mountain Sanatorium that continued into 2001.<sup>197</sup> Abandoned hospital complexes create a connection between many individuals, but saving them cannot happen without advocates expressing why these places matter on various levels, and why they should be saved. Before Glenn Dale Hospital becomes a memory kept alive only via websites and local legends, a strong grassroots advocacy strategy must be in place, with many people and groups committed to creating a solid rehabilitation plan, accurate cost estimations, and partnerships between community members and local government. **(Figure 2.14 a- b)**

Glenn Dale Hospital could easily face the same fate of Essex Mountain Sanatorium if development measures are not taken soon. Even though the site is protected under a historic preservation ordinance, a lack of action will leave the buildings to deteriorate further.

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<sup>195</sup> *Ibid.*

<sup>196</sup> Kimberly Brown, "Hilltop Sale puts green in sparse county coffers," *The Star-Ledger* March 22, 2002.

<sup>197</sup> Verona Landmarks Preservation Commission, "Local Ordinance, ARTICLE XI Historical Preservation, [Added 7-17-1995 by Ord No. 5-95]," <http://www.veronanj.org/landmarks/about.php> (accessed 29 May 2011).

To make sense of why abandoned asylums and tuberculosis sanatoriums are not reused more frequently, it is necessary to understand the economic side of an adaptive rehabilitation project. The following chapter examines some of the benefits and positive reasons for choosing rehabilitation over demolition and new construction.



**Figure 2.13-a** The main hospital complex at Essex Mountain Sanatorium, circa 1930s.



**Figure 2.13-b** The main hospital complex as it appears today.

### III. The Economics: Making a Rehabilitation Plan Advantageous

To understand how and why choosing rehabilitation instead of demolition of Glenn Dale Hospital is worthwhile, it is crucial to examine some economic aspects of such a project. Historic preservation maintains a sense of place but it can generate local economic development. The role of economics and preservation are integral aspects for reaching goals of city revitalization, job creation, small business development, housing, and tourism.<sup>198</sup> By applying these concepts to the local significance of Glenn Dale Hospital, a plan to reuse the site and bring economic and cultural revitalization to the suburban area of Glenn Dale, Maryland can be formulated.

Before a sound redevelopment plan for a site like Glenn Dale Hospital is enacted, the financial feasibility must be examined. *The Economics of Rehabilitation* by Donovan Rypkema is a useful source when applied to a rehabilitation plan for Glenn Dale Hospital. Rypkema explains how, ultimately, a historic building is real estate, thus rehabilitation projects must be treated with the goal of creating an income generating property.<sup>199</sup> Though only a short publication, this primer makes a case for the importance of the economic benefits of adaptive rehabilitation projects. A concise explanation of the economics of real estate is presented, as this must be the basis for formulating an effective rehabilitation plan. This booklet emphasizes a sound understanding of economic value, without which can lead to project failure.<sup>200</sup>

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<sup>198</sup> Donovan D. Rypkema, "Culture, Historic Preservation, and Economic Development in the 21<sup>st</sup> Century," <http://www.columbia.edu/cu/china/DRPAP.html> (accessed 29 May 2011).

<sup>199</sup> Donovan D. Rypkema, *The Economics of Rehabilitation*. Washington, D.C: The National Trust for Historic Preservation, 1997, 1.

<sup>200</sup> *Ibid.*, 1.

A successful rehabilitation proposal requires consideration of numerous components: the economics of real estate; incoming and outgoing capital; the comparison of cost, price value and equity of preservation and new construction projects; and recognition of the tenant as the driving force after a building is in use.<sup>201</sup> Just as anthropology and art history study behavior and character of societies, economics is another social science that brings value and contribution to the preservation field.<sup>202</sup>

Regarding market value, the terms price and cost are not interchangeable: price is the actual number a buyer paid; it is a “historical event.”<sup>203</sup> Cost, on the other hand, includes every expense that arises throughout the entire project from the earliest phases through completion.<sup>204</sup> Market economics are balanced with different values, determining the course of conservation policies in a globalized economy.<sup>205</sup> Preservationists ascribe multiple values to different historic sites but Rypkema maintains that preservationists must additionally be knowledgeable in economic value, which he defines as “the price at which a typical buyer would buy and a typical seller would sell in an open and competitive marketplace.”<sup>206</sup>

The economic value fluctuates with the marketplace, and the cost is frequently higher than the economic value of preservation projects.<sup>207</sup> The idea is to close the gap between the cost and the value, which is where federal, state and local tax incentives

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<sup>201</sup> *Ibid.*, 1-5.

<sup>202</sup> The Getty Conservation Institute, *Economics and Heritage Conservation*, December 1998, [http://www.getty.edu/conservation/publications/pdf\\_publications/econrpt.pdf](http://www.getty.edu/conservation/publications/pdf_publications/econrpt.pdf) (accessed 30 May 2011).

<sup>203</sup> Rypkema, 5.

<sup>204</sup> *Ibid.*

<sup>205</sup> The Getty Conservation Institute, *Economics and Heritage Conservation*.

<sup>206</sup> Rypkema, 5.

<sup>207</sup> Rypkema, 5.

can help with rehabilitation plans.<sup>208</sup> Another way of looking at value is the difference between subjective value and objective value. Subjective value is what individuals ascribe to a particular good, and objective value is the market exchange value of the good, brought about by suppliers and demanders to a single price.<sup>209</sup>

There is a large gap between cost and economic value of Glenn Dale Hospital due to the weak commercial real estate market.<sup>210</sup> The recent National Register nomination passing on the local and state levels<sup>211</sup> opens potential Maryland state tax credits for an interested buyer but a development proposal is limited to the confines of the current law. Marketing this property must go beyond economic value by utilizing the intangible values such as the historical value of the site, the quality of life the Glenn Dale Hospital site affords the surrounding community, and the sense of place created by the well-known local landmark that makes Glenn Dale a unique city in the Washington, D.C.-Metropolitan area.<sup>212</sup>

Values play a critical role in the rehabilitation project for the Glenn Dale Hospital site. These values include quality of life, property value, historical value, cultural importance, open space, age value, social rank and role, and community well being.<sup>213</sup> All of these values are essential for the success of the project. Local residents of Glenn Dale and surrounding communities value Glenn Dale Hospital for its

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<sup>208</sup> *Ibid.*

<sup>209</sup> The Getty Conservation Institute, *Economics and Heritage Conservation*.

<sup>210</sup> Sonny Goldreich, Commercial Real Estate: Commercial market still struggling in suburbs," *Gazette.Net*, September 17, 2010, [http://www.gazette.net/stories/09172010/businew172325\\_32536.php](http://www.gazette.net/stories/09172010/businew172325_32536.php) (accessed 07 March 2011)

<sup>211</sup> Local Interest, "Glenn Dale site named to National Register of Historic Places," *Bowie Blade-News*, December 16, 2010.

<sup>212</sup> National Trust for Historic Preservation, "Historic Preservation and Housing," <http://www.preservationnation.org/issues/housing/> (accessed 21 May 2011).

<sup>213</sup> Luther, 50.



architecturally attractive buildings but it is also highly regarded for its history, as a variety of individuals who worked there or were patients still reside in the area. Indicative of the intangible values the vacant hospital campus holds, the Facebook group “Glenn Dale Hospital: This Place Matters” has over 400 members.<sup>214</sup> Some have shared their stories about their association with the site and those curious for information can discover more about this historic resource. An effective design plan for adaptive reuse embraces the physical and intangible importance of this site.

With a debate about the meaning of ‘value’ among preservationists, developers and public officials, it is important for preservationists to educate the public about the values an adaptive rehabilitation project can provide. Historic and cultural values offer a community with a sense of place and character, with older architecture contributing to the perceivable history of a neighborhood: they are “a repository of a community’s values.”<sup>215</sup> The demolition of the historic fabric of a community to make way for new houses and office buildings erases a physical element of a place’s shared past and a means to unite various generations with their immediate environment. Every neighborhood ascribes a unique set of values to their historic buildings and districts; hence community members collaborating and acknowledging what they value in their history may enact an appropriate local preservation plan unique to their city or town.<sup>216</sup>

Glenn Dale itself does not have its own historic preservation plan but they are included in the historic preservation ordinance for the whole county, and a number of

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<sup>214</sup> Caitlin Chamberlain, “Glenn Dale Hospital: This Place Matters,” <http://www.facebook.com/#!/group.php?gid=369249533074>, Facebook (accessed 09 March 2011).

<sup>215</sup> Ariel Ben-Amos, “The Real Value of Historic Preservation,” *Urban Direction: On the Present and Future of Urban America*, May 18, 2009. <http://urbandirection.blogspot.com/2009/05/real-value-of-historic-preservation.html> (accessed 20 May 2011).

<sup>216</sup> *Ibid.*

Glenn Dale sites are listed in the Prince George's County Historic Sites and Districts Plan list of county-designated historic sites.<sup>217</sup> An interest in preserving the historic fabric of the community does exist but if there was a smaller Certified Local Government within Glenn Dale, more specific actions could be tailored to the community, including a plan for the hospital site.

For the likelihood of the rehabilitation of Glenn Dale Hospital, the law must be changed to allow for another use besides a Continuing Care Retirement Community. A successful sale and reuse of this property is not due to a weak real estate market, it is owned by a government agency not necessarily affected by the fluctuations in the marketplace. The weak market may be a detractor for investors preferring to place their funds in more solid options than an abandoned hospital site. A bigger complication arises from the lack of a demand for this type of facility, demonstrated by the fact that no bids came from representatives of a Continuing Care Retirement Community when Glenn Dale Hospital was for sale in October 2010.

In his book *Bringing Buildings Back: From Abandoned Properties to Community Assets*, Alan Mallach finds that a sound economic strategy must be in place for a successful preservation plan. He asserts that a successful abandoned property strategy must be competitive in the marketplace.<sup>218</sup> Like Rypkema, Mallach finds that it is more economically sound to rehabilitate historic and/or abandoned properties than to not take any action because of “the lost rateables, reduced property values, crime and human misery.”<sup>219</sup> In the case of Glenn Dale Hospital, the property is a gateway for

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<sup>217</sup> Maryland-National Capital Park and Planning Commission, *Approved Historic Sites and Districts Plan*, 95.

<sup>218</sup> Alan Mallach, *Bringing Buildings Back: From Abandoned Properties to Community Assets* (New Jersey: National Housing Institute, 2006), xi.

<sup>219</sup> Mallach, 74.

petty crime like trespassing and vandalism while homeless wanderers and drug addicts have made the site an occasional residence. A lack of productive action towards the site's future is a taxpayer burden that nobody in the community benefits from.

Citing the marketplace as the determining factor of the value of an abandoned property, Mallach believes it is the high selling prices, impractical in a weak market, that attract the wrong kind of buyer. This buyer is likely to cut corners on rehabilitation for the purpose of selling the finished product at market value.<sup>220</sup>

Mallach finds waiting until the market is genuinely ready before selling the property is a key for a successful project, as it will bring in more money for the municipality and a higher quality of redevelopment will occur.<sup>221</sup> It surprised many residents when Glenn Dale Hospital was placed for sale in September 2010,<sup>222</sup> but with the case of Glenn Dale Hospital, the best time to sell is now. The Maryland-National Capital Park and Planning Commission did not designate a certain price for the sale of the property<sup>223</sup>, directly illustrating how the market is not wholly accountable for the prevention of an adaptive rehabilitation plan.

If the Maryland-National Capital Park and Planning Commission were to wait until the market improved to attempt another sale, the buildings may no longer be in stable condition. Attracting the kind of buyer who will cut corners on development costs is an issue that should be addressed, because a developer with enough money could potentially sway the local government to sell them the property to do with as they wish. However, a buyer could do this at any point, regardless of the market. A classic example is the case at Danvers State Hospital. Demolition of the majority of the

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<sup>220</sup> Mallach, 114.

<sup>221</sup> Mallach, 111.

<sup>222</sup> Wiggins, "For sale: Glenn Dale 'as is' "

<sup>223</sup> *Ibid.*

historic hospital buildings, and utilizing façadism with the remains of the Kirkbride building, created a large apartment complex whose project quality created issues with noise and some other structural issues for many residents.<sup>224</sup> However, Avalon Bay Construction donated money towards the town of Danvers for their focal projects and got permission to develop the property how they wanted, even though it is likely that rehabilitation tax credits might have helped defray some of the renovation costs for this National Register of Historic Places site.<sup>225</sup>

The views Mallach holds about economic value are similar to the information in *The Economics of Rehabilitation*, and because these two works were written nearly a decade apart, it indicates the possibility that many other preservationists have the same stance on economic value and ways to use other kinds of value as one means to justify adaptive rehabilitation. Mallach touches on issues not mentioned in *The Economics of Rehabilitation* because *Bringing Buildings Back: From Abandoned Properties to Community Assets* focuses solely on abandoned properties. Abandoned buildings present some kind of public nuisance, whether it is crime or public health or even just a useable space going to waste. Mallach details every aspect associated with abandoned sites from property acquisition to fostering their sustainable reuse and even has a section dedicated to preventing abandonment.

The October 2010 attempt to sell 60 acres of the 216 acres of the hospital site was technically an auction. According to Mallach, auctions make it likely that the property will be sold to a developer whose intentions for the property are incongruous

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<sup>224</sup> Kirkbride Buildings Blog, "Inside Avalon Danvers," February 4, 2008. <http://www.kirkbridebuildings.com/blog/inside-avalon-danvers/comment-page-1#comment-26850> (accessed 09 April 2011).

<sup>225</sup> Editorial, "Danvers State Hospital Deserved better than heavy-handed renovation," *The Boston Globe*, March 4, 2007.

with the principles of a rehabilitation project.<sup>226</sup> Even maintaining certain qualifications for buyers, restricting who can bid, there is still a risk of poor restoration methods.<sup>227</sup> With Glenn Dale Hospital, the criteria limited bidders to those who were licensed to operate a Continuing Care Retirement Community.<sup>228</sup> But finding someone with those credentials and the ability to develop a historically sensitive rehabilitation plan makes this incredibly limiting, to the point where nothing is happening except deterioration of the buildings. This is another reason changing the law to allow for other uses may be the only realistic way to save the buildings before they are no longer salvageable.

Sometimes the best way to understand how rehabilitation plans work is to analyze completed projects. Gene Bunnell's book *Built to Last: A Handbook on Recycling Old Buildings* provides insight into a day in the life of a rehabilitation project. Although none of his examples involve the reuse of hospitals, the principles followed in the rehabilitation strategies still apply. Bunnell arranges the stories of each case, all in Massachusetts, to include what condition the buildings were in before and after but most important is how these projects happened through private investment, public funding, tax incentives and professional guidance.<sup>229</sup> Through these examples Bunnell illustrates how old buildings can serve new needs for a community, stating that "we should look at buildings in terms of their potential, asking 'what can this building become?' instead of 'what has this building been?'"<sup>230</sup>

Like Rypkema and Mallach, Bunnell deems adaptive reuse and rehabilitation more cost-effective than new construction, and also explores other advantages of

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<sup>226</sup> Mallach, 111

<sup>227</sup> *Ibid.*

<sup>228</sup> Ovetta Wiggins, "For sale: Glenn Dale-'as is,'" *The Washington Post*, September 9, 2010

<sup>229</sup> Gene Bunnell, *Built to Last: A Handbook on Recycling Old Buildings*, (Washington, DC: The Preservation Press, 1977), 3.

<sup>230</sup> Bunnell, 3.

reusing old buildings.<sup>231</sup> An interesting point he makes is that the process of renovating old buildings is five times more labor intensive than new construction, thus creating more jobs.<sup>232</sup> This factor is important in Maryland's weak job market, where the unemployment rate was 7.1% in December 2010.<sup>233</sup> The Maryland Daily Record reports that as of January 2011 the Maryland unemployment rate reached 7.2%: its lowest level since 2009.<sup>234</sup> Adaptive rehabilitation projects may help restore the employment rate and economy in Maryland. For example, in Fiscal Year 2008, an average of 55 jobs were generated for each project approved for federal tax credits, with an average budget of \$4.58 million.<sup>235</sup> And, recent studies by the Advisory Council on Historic Preservation show that in the state of Maryland, each dollar of historic preservation tax credits brings in \$6.70 of economic activity.<sup>236</sup>

The following example illuminates how tax credits in the preservation of Glenn Dale Hospital can generate economic activity by following a formula that divides the 1995 selling price of \$4,105,664 by the combined square footage total of five of the most structurally sound buildings on the site. The square footage of the selected buildings is multiplied by the cost per square foot, and then the 20% tax credit is deducted and multiplied by the aforementioned \$6.50 of economic activity in the state

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<sup>231</sup> Bunnell, 8.

<sup>232</sup> *Ibid.*

<sup>233</sup> United States Department of Labor, "Unemployment Rates by County in Maryland, December 2010," Bureau of Labor Statistics <http://www.bls.gov/ro3/mdlaus.htm> (accessed 09 March 2011)

<sup>234</sup> Maryland Daily Record, "Md. Unemployment level dips to lowest level since 2009," <http://thedailyrecord.com/2011/03/10/md-unemployment-dips-to-lowest-level-since-2009/> (accessed 10 March 2011)

<sup>235</sup> Advisory Council on Historic Preservation, "Economic Reasons for Investing in Historic Preservation," <http://www.achp.gov/recovery/economic.html> (accessed 20 May 2011).

<sup>236</sup> *Ibid.*

of Maryland. This formula is only theoretical, reflecting a potential sale price for Glenn Dale Hospital.

- **Building A:** 203,942 SF<sup>237</sup>
- **Building B:** 93,803 SF<sup>238</sup>
- **McCarren Hall:** 18,862 SF<sup>239</sup> x \$150.00 x .20 x \$6.50 = \$3,678,090
- **Capper Hall:** 22,888 SF<sup>240</sup>
- **Finucane Hall:** 24,092 SF<sup>241</sup>

**Total Square Footage:** 363,587 SF

By dividing the 1995 selling price of \$4,105,664 with the sum of the square footage, the price per square foot is \$11.30. Using the total square footage of the five selected buildings multiplied by the price per square foot, the total cost for the five buildings is \$4,108,533. Based on this, the 20% state rehabilitation tax credit could equal \$821,706. If each dollar of historic tax credits brings \$6.50 of economic activity to the state of Maryland, this rehabilitation project could potentially contribute \$5,341,089 to the state. Though this is merely hypothetical with numbers used to illustrate the point, it serves as an example of the widespread benefits involved with reusing the Glenn Dale Hospital property.

Along with the financial benefits an adaptive rehabilitation project, reuse of historic buildings provides advantages to local communities. In *Historic Preservation in Small Towns: A Manual of Practice*, Arthur Ziegler and Walter Kidney examine the reasons a particular neighborhood is significant, and what role the built environment plays in connecting the residents to their heritage. Ziegler and Kidney state that

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<sup>237</sup> Maryland Department of Assessments and Taxation, "5201 Glenn Dale Road, Glenn Dale, MD 20769," Real Property Data Search.

<sup>238</sup> *Ibid.*

<sup>239</sup> The Glenn Dale Hospital Mission, "Building Inventory," <http://gdhospital.tripod.com/id14.html> (accessed 29 May 2011).

<sup>240</sup> *Ibid.*

<sup>241</sup> *Ibid.*

preservationists must have a convincing argument that the rehabilitation of a historic property will result in a useful space for the community that remains an income generating property.<sup>242</sup> Most important, is a need to study the demand a rehabilitation project will fulfill in the community, and the future of its surrounding environment.<sup>243</sup> A project will not flourish without community support, thus it must be the guiding principle in any adaptive rehabilitation or reuse project.

Envisioning potential design plans for Glenn Dale Hospital, some residents are in favor of the Continuing Care Retirement Community and want to “recapture the beauty of this unique facility and to also take advantage of its historical importance,” as Henry Wixon, president of the Glenn Dale Citizens Association, told *The Gazette*.<sup>244</sup> The Glenn Dale Citizens Association is eager to work with a developer with the creative vision to carry out this project.<sup>245</sup> However, other proposals for the site may also result in a useful community space in balance with the neighborhood. The aesthetic element of the architecture and the landscape makes the property attractive for creating a unique setting for residential or commercial space.

In his article, “Site and Situation: The Context of Adaptive Reuse,” Joseph P. Luther provides a philosophical insight to adaptive reuse, transcending the actual project itself. The site is the main focus and is clearly important. However, the situation—which includes the surrounding environs and the social and cultural heritage

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<sup>242</sup> *Ibid*, 49.

<sup>243</sup> *Ibid*, 55.

<sup>244</sup> Liz Skalski, “Glenn Dale Hospital goes after historic designation,” *The Gazette*, October 21, 2010.

<sup>245</sup> Liz Skalski, “Park and Planning receives bids in sale of Glenn Dale Hospital,” *The Gazette*, October 21, 2010.



of the area-, is equally vital.<sup>246</sup> Luther states, “The design problem that concerns only a single structure does not exist- the environment beyond the property line continuously interacts.”<sup>247</sup>

Converting an abandoned hospital complex to a Continuing Care Retirement Community would fit with the context of the Glenn Dale facility, as it was designed for long-term stays. The city of Glenn Dale once before lived with this type of complex in their midst and a community for senior citizens would maintain the quiet atmosphere of the area while filling a need for housing options for the elderly population. However, if the law were changed to allow for other potential uses, the context of the site and the situation of the surrounding area could still be respected. The ultimate goal is maintaining the harmony of the physical environment with its intangible elements like culture, values and a sense of community.<sup>248</sup>

Any rehabilitation project for a large vacant complex in the midst of a residential area, such as Glenn Dale Hospital, has to be aligned with community needs because it will inevitably interact with the residents who live nearby. In many cases, this means the property will be converted into something other than its original use but comparable uses are sometimes the best option. When looking beyond the property lines, design professionals will incorporate the building’s new use to the context of the site and the neighborhood will have to be willing to adapt to this new use.<sup>249</sup> A place that offers more small businesses a chance to flourish gives the community members options aside from the chain retailers and restaurants in the

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<sup>246</sup> Joseph P. Luther, “Site and Situation: The Context of Adaptive Reuse,” in *Adaptive Reuse: Issues and Case Studies in Building Preservation*, (New York: Van Nostrand Reinhold Company, 1988), 49.

<sup>247</sup> *Ibid.*, 50.

<sup>248</sup> *Ibid.*

<sup>249</sup> *Ibid.*, 60.

Glenn Dale vicinity. This could also keep revenue within Prince George's County that might otherwise be spent in neighboring Anne Arundel County or Washington, D.C.

A major concern with the facility is that it has been abandoned for nearly three decades. Even though the buildings are structurally sound now, there is a question of how much longer they can remain intact while uncared for. The restrictive covenant on the property may protect it from developers wanting to tear everything down for a subdivision of plastic houses but perhaps this law is too limiting, putting the buildings at risk of more deterioration. In an editorial entitled "Uses of old long-stay hospital buildings," this topic is briefly explored. Economists Ana Lowin, Martin Knapp, and Jennifer Beecham questioned why the number of vacant psychiatric and learning disability hospitals in England was so high.<sup>250</sup> A questionnaire sent to regional executives of the National Health Service revealed that 52% of these sites were still vacant, 19% were used for agricultural purposes and residential at 12%.<sup>251</sup>

All of these sites are restricted to 'institutional use' and the authors of this editorial believe this narrow use limits the amount of appropriate buyers and prevents useable buildings from serving a new purpose.<sup>252</sup> If the planning permission were opened for other uses, they postulate that the value of these sites would increase.<sup>253</sup> There is a parallel between this and the Glenn Dale case, illustrating how restrictive covenants can end up hurting the buildings that sit vacant, generating maintenance costs but no income.<sup>254</sup> This editorial demonstrates a valid frustration with restrictive uses and it stood out as the first one to mention not just psychiatric hospitals but

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<sup>250</sup> Ana Lowin, Martin Knapp, and Jennifer Beecham, "Uses of old long-stay hospitals," *The Psychiatrist* 22, (1998): 129.

<sup>251</sup> *Ibid.*

<sup>252</sup> *Ibid.*

<sup>253</sup> *Ibid.*

<sup>254</sup> *Ibid.*

learning disability hospitals, which is close to what Glenn Dale Hospital became after an antibiotic cure, streptomycin, for tuberculosis was discovered in the 1940s.<sup>255</sup>

Economic impact studies give a dollar value to preservation related activities. This method quantifies preservation in an approach government officials and policy makers can better understand, thereby resulting in stronger advocacy for reuse of historic sites.<sup>256</sup> A major benefit of economic impact studies is the way they show how preservation is a justifiable category of economic activity and investment.<sup>257</sup> Data about rehabilitation costs and hazardous material abatement costs, for example, are gathered and placed in an equation relating to the input-output model of the regional economy, ultimately showing how much money preservation spending generates in dollar amounts of economic activity.<sup>258</sup>

Other avenues exist to provide potential funding for preservation projects. The Glenn Dale Hospital site may be eligible for loans from a local bank, a non-profit community development organization, or an endangered building grant.<sup>259</sup> A potential buyer for Glenn Dale Hospital could look into the available local and state options that will help a rehabilitation project move forward. Currently, the site is a taxpayer responsibility with no positive economic or social gains, and the Maryland-National Capital Park and Planning Commission has not publicly marketed the site since the attempted sale in October 2010. There is still time to make this culturally, historically and architecturally significant site a useful community asset where residents benefit

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<sup>255</sup> Albert Schatz, "The True Story of the Discovery of Streptomycin," *Actinomycetes* Vol. IV, Part 2 (August 1993): 29.

<sup>256</sup> Randall Mason, *Economics and Historic Preservation: A Guide and Review of the Literature*, 13.

<sup>257</sup> *Ibid.*

<sup>258</sup> *Ibid.*

<sup>259</sup> Landmarks Preservation Council of Illinois, *How to Save a Landmark: A Citizen's Guide*, (Chicago, Illinois: Landmarks Preservation Council of Illinois, 1994), 19.

from its reuse. An awareness of the available tax incentives, loans and other means to make a project like this financially feasible is essential, but the intangible values associated with the site itself, and the local history of the Washington, D.C.-Metropolitan area, illustrate why historic preservation value increases advantages beyond the market alone.

#### **IV. The Key Players, The Advocates and The Detractors: An Assessment**

A large-scale rehabilitation project like that of the Glenn Dale Hospital property cannot take place without the support of citizens and local government officials. If the buildings on this site are to have a chance of being saved then the interested groups and organizations must agree to be flexible for a new use. If different advocates are in favor of conflicting uses for the site, the buildings do not benefit. In order for a solid redevelopment plan to come to fruition, all parties must put the best interest of the buildings and the surrounding Glenn Dale Community first. The following pages examine the involved individuals and groups who can possibly make a positive change at the Glenn Dale Hospital site and steps they have taken to advocate for the site.

##### The Prince George's County Historical Society

The Prince Georges County Historical Society is a non-profit organization founded in 1952. The society relies on the help of volunteers for assistance with events and maintaining their collections housed in the Frederick S. DeMarr library.<sup>260</sup> Their library houses the most complete amount of historical resources about Glenn Dale Hospital, as well as many other sites in the county. The Prince George's County Historical Society was responsible for hosting the panel discussion on the Glenn Dale Hospital property in 2008 and drew over 100 guests. Although they do not have any legal authority over what happens to the site, the interest of its members and staff serves as a valuable outlet for a grassroots advocacy movement to take effect.

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<sup>260</sup> Prince George's County Historical Society Official Website, <http://www.pghistory.org/> (accessed 16 April 2011).

## The Glenn Dale Citizens Association

The Glenn Dale Citizens Association is a local citizens activist group involved in issues affecting the residents. Matters surrounding the historic built environment within Glenn Dale are a part of what the organization attends to. When local historic site Marietta Mansion was closed as a museum in November 2010 and slated to reopen as office space for the Maryland National Capital Park and Planning Commission, they established the group “Friends of Marietta,” to prevent the changeover and take over tours and event planning for the historic house.<sup>261</sup>

After several attempts at communication with this group, members of the organization were not open for comment but based on recent newspaper articles the Glenn Dale Citizens Association is in favor of the Continuing Care Retirement Community development for the Glenn Dale Hospital property because it will preserve the tranquil quality of life that they have enjoyed as Glenn Dale residents.<sup>262</sup> Without any communication with this group it is not possible to know whether they are in favor of allowing another use of the site, but since they have a strong presence in the community, they may be influential in advocating for a new use while the buildings can still be saved. On the other hand, if they are against any use other than the Continuing Care Retirement Community, their influence could interfere with any development progress, ultimately resulting in demolition by neglect despite any protections under the local preservation ordinance.

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<sup>261</sup> Abby Brownback, “Glenn Dale’s Marietta House to stay open,” *The Gazette*, March 30, 2011.

<sup>262</sup> Liz Sklaski, “Glenn Dale Hospital goes after historic designation,” *The Gazette*, October 21, 2010.

## The Maryland-National Capital Parks and Planning Commission

Owners of the Glenn Dale Hospital site since 1994, The Maryland-National Park and Planning Commission is committed to the idea of rehabilitating the existing buildings for their legally authorized reuse.<sup>263</sup> In February 2010, Carol Binns of the M-NCPPC revealed that the roofs of the main buildings have been compromised, particularly in the nurse's dormitory, where the roof had completely collapsed during the winter snow storms of 2010. With the law as it stands, the preservation and redevelopment plan only protects the two main hospital buildings and two nurses' dormitories with demolition slated for the remaining outbuildings.

If the 60 acres that include these four buildings are sold to a developer, the M-NCPPC will operate the remaining 150 acres as open recreational space but will have no control over the 60-acre Continuing Care Retirement Community property. The M-NCPPC is in favor of a developer rehabilitating the buildings but ultimately they do not have control over what type of rehabilitation happens, so a developer could come in and completely gut the building except for the façade. In addition, although they are required by law to sell the property to a business qualified to operate the retirement community, there is nothing stopping the law from being changed. This can be helpful in the case of allowing a plan like that of the Mission Arts Foundation but could also be harmful, allowing demolition and new construction in place of rehabilitation. Deputy Director Alvin (last name) revealed that the M-NCPPC does not intend to reexamine any

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<sup>263</sup> Phone interview with Carol Binns of the M-NCPPC about the current and potential future state of Glenn Dale Hospital, 15 February 2010. All facts in this section are from this source.

bids from groups that have been previously rejected, but they will soon list the site for sale again in hopes of finding an appropriate buyer.<sup>264</sup>

### Friends of Glenn Dale Hospital

While no formal friends group exists for Glenn Dale Hospital, there are hundreds of people interested in seeing the site saved. The Facebook group “Glenn Dale Hospital: This Place Matters,” currently has 410 members.<sup>265</sup> The site resonates with many residents of the D.C.-Metropolitan area, either because they were a part of the employee or patient population, where younger generations are more familiar with the site as a place to explore, a local rite of passage for many who grew up near the hospital site. Individuals who visit the Glenn Dale Hospital are trespassing but they are also providing photographic documentation of the current state of the buildings on site. They must be included as a part of the advocates because although the site is covered in graffiti and litter, there appears to be many more people going there for the curiosity and interest in the history. Their contributions are a documentation of Glenn Dale Hospital’s history and with a scarcity of photographs from its operating years, their pictures may be the only visual references for the buildings’ interiors.

Further verification of the local public interest in Glenn Dale Hospital was the crowd of over 100 attendees at the panel discussion on October 4, 2008, sponsored by the Prince George’s County Historical Society.<sup>266</sup> The event was not highly publicized and still drew a large crowd. Susan Pearl of the Prince George’s County Historical Society mentioned the reunion of long-lost family members at this event between

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<sup>264</sup> Phone interview, 26 April 2011.

<sup>265</sup> Caitlin Chamberlain, “Glenn Dale Hospital: This Place Matters,” Facebook.com [https://www.facebook.com/pages/Glenn-Dale-Tuberculosis-Sanitarium-The-Haunted-Hospital-of-PG-County/366014046106#!/home.php?sk=group\\_369249533074](https://www.facebook.com/pages/Glenn-Dale-Tuberculosis-Sanitarium-The-Haunted-Hospital-of-PG-County/366014046106#!/home.php?sk=group_369249533074) (accessed 05 May 2011).

<sup>266</sup> Based on author’s observation while at the event.



children who were patients in Glenn Dale Hospital, then placed foster care and separated from their family for decades.<sup>267</sup> An event like this heightens awareness about the site, brings people together on a preservation issue and puts more of a personal history into the buildings. If a formal Friends of Glenn Dale Hospital group was organized with people who attended this event and members of the Facebook group Glenn Dale Hospital: This Place Matters, maybe more frequent advocacy events could take place, increasing awareness to public officials and the community that action must be taken soon in order to save the buildings.

#### The Mission Arts Foundation Plan and Analysis

It is a rare opportunity to find a group with a detailed plan for the redevelopment of the Glenn Dale Hospital site but the Mission Arts Foundation is in the process of figuring out how to make the property usable once again. Reginald Dixon was driving to church with his family one Sunday morning in 2005, listening to Gospel singer Yolanda Adams on the radio when he questioned why Prince George's County does not have a facility that could bring in major musical acts.<sup>268</sup> He observed how the county has largely been devoid of the arts. It was not until some time later, while passing by the ghost town of scattered hospital buildings that it all came together: Glenn Dale Hospital could become a thriving performing arts community with a major performance center, an arts school for grades K-12, adult daycare with an art therapy foundation, as well as residential and commercial space.

The 501 (c)(3) non-profit organization, The Mission Arts Foundation, founded in 2005, placed one of the two bids that were rejected by the Maryland-National Capital Park and Planning Commission (M-NCPPC) for not meeting the criteria that 60 acres

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<sup>267</sup> Interview with Susan Pearl, 23 March 2011.

<sup>268</sup> All information about Mission Arts Foundation is from author's telephone conversation with Reginald Dixon, creator of Mission Arts Foundation, 25 March 2011.

must be developed by an organization or individual qualified to operate a Continuing Care Retirement Community. There is hope for this non-profit organization though, as they are in the process of updating their proposal and tightening up the numbers, and looking into potential rehabilitation tax credits, demonstrating how they plan to make their proposal work. According to an interview with Dixon, Mission Arts Foundation has the support of Maryland State Senator Douglas J. Peters, and the group is attracting interested investors and developers.

An arts center in this location would add more cultural and entertainment options to the area, and has the potential to create new jobs and a plan to rehabilitate the hospital as LEED certified buildings. The Mission Arts Foundation Project Proposal discusses the economic impact of their plan, using examples of other sites to support the case for the arts complex. The Project Proposal maintains that as many as 2,000 construction jobs will be created over the duration of the site development.<sup>269</sup>

To verify how a project like this could benefit the local community, the Project Proposal refers to a study done by Judith Grant Long, Associate Professor of Urban Planning at the Harvard University Graduate School of Design, which demonstrates how the non-profit cultural industry brings \$564 million in annual spending, and 11,000 jobs to the greater Philadelphia economy.<sup>270</sup> Additionally, the city's Kimmel Center for the Performing Arts brings \$2.38 million in annual state tax revenue and \$3.11 million in annual city tax revenue.<sup>271</sup>

The Kimmel Center is within the city of Philadelphia, not in a suburban area such as Glenn Dale. The Mission Arts Foundation's plan would likely need to be

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<sup>269</sup> Mission Arts Foundation, "Mission Arts Foundation Project Proposal," Springdale, MD , 6.

<sup>270</sup> *Ibid.*

<sup>271</sup> *Ibid.*

adjusted to a smaller scale, removing the major concert venue. The hospital site is in the middle of a residential area, thus loud musical performances on a weekly basis would be met with opposition from some community members who value the quiet character of their neighborhood. Also, with Baltimore and D.C. already stops on major artists' tours, there is an issue of what would bring them instead to Glenn Dale, MD, especially when there is no nearby Metro stop or adequate parking on site. Moreover, the non-profit group, Bowie Regional Arts Vision Association raised money and secured county and state funding for the building of the Bowie Center for the Performing Arts, completed in 2004.<sup>272</sup> After allocating \$720,000 to the arts center project,<sup>273</sup> the Prince George's County Council may not feel it necessary to contribute to another performing arts center just five miles away from the Bowie Center for the Performing Arts.<sup>274</sup>

Another concern with the performing arts center on the Glenn Dale Hospital property is parking. Since the hospital site is in a residential area, the only way parking could work is if a big section of the hospital grounds were turned into a parking lot or parking garage, neither of which would be conducive to maintaining the original sense of architecture and landscape that make this property stand out as inimitable among its vinyl clad neighbors. Glenn Dale Road is a narrow two-lane street, so it would be essential for the Mission Arts Foundation to do a thorough and realistic traffic impact

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<sup>272</sup> BRAVA-A Community Effort!, <http://onebridgehome.com/brava/> (accessed 05 May 2011).

<sup>273</sup> Annette Esterheld, "BRAVA slated to receive \$720,000 from county," *The Bowie Blade-News*, January 29, 2004. <http://www.hometownbowie.com/content/brava-slated-receive-720000-county> (accessed 05 May 2011).

<sup>274</sup> Google Maps, "5201 Glenn Dale Road, Glenn Dale, MD 20769 to 15200 Annapolis Rd, Bowie, MD 20715," <http://maps.google.com/> (accessed 05 May 2011).

study, proving there is a way to provide for ample parking without violating the natural landscape of the grounds and surrounding neighborhood.

In consideration of the aforementioned article by Joseph P. Luther, “Site and Situation: The Context of Adaptive Reuse,” the Mission Arts Foundation plan must not only look at reusing the site itself but also think in terms of where it is situated;<sup>275</sup> a major performing arts center might not fit in with the countryside ambiance of this section of Glenn Dale. An active dialogue between the developers of the Glenn Dale Hospital property and Glenn Dale residents is essential to create the best possible outcome for the physical site and with the culture, values and sense of community associated with the area.

If the Mission Arts Foundation Project Proposal omits the performing arts center, then the rest of their plan may be more fitting with the surrounding rural-residential environment. A school for the arts, an adult daycare, and artists’ lofts would not be disruptive to the existing community in the way that a concert venue would be. A main concern is still with parking, although there are already a few small parking lots on site associated with the main hospital buildings that could be reused. There is no available street parking, so it would have to be self-contained on site. If the public transportation system became more accessible and efficient in the area, there would be less of a need for parking.

At present, the Glenn Dale Hospital property zoning is Reserved Open Space (R-O-S),<sup>276</sup> a residential category which states:

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<sup>275</sup> Joseph P. Luther, “Site and Situation: The Context of Adaptive Reuse,” 49.

<sup>276</sup> Maryland-National Capital Park and Planning Commission, “Property Tax Account-5201 Glenn Dale Road, Glenn Dale, MD 20769,” *PG Atlas, Prince George’s County GIS* [http://www.pgatlas.com/pgatlas/Default\\_EconDev.aspx](http://www.pgatlas.com/pgatlas/Default_EconDev.aspx) (accessed 20 May 2011).

“...Provides for permanent maintenance of certain areas of land in an undeveloped state, with the consent of the property owners; encourages preservation of large areas of trees and open space; designed to protect scenic and environmentally sensitive areas and ensure retention of land for nonintensive [sic] active or passive recreational uses; provides for very low density residential development and a limited range of public, recreational, and agricultural uses.”<sup>277</sup>

With the zoning as it stands, the Mission Arts Foundation Plan would have to be altered since this zoning regulation requires a vast amount of open green space and natural features to be maintained. Even if developed as a Continuing Care Retirement Community, the plan would have to be sensitive to the zoning ordinance. If new construction were kept to a minimum, a site development plan could fit in with this zoning through the reuse of the majority of the buildings on the Glenn Dale Hospital grounds. Otherwise, not only would the protective covenant need to be changed, but so would the zoning.

To do so, the property owner can file a request with the Development Review Division of the Maryland-National Capital Park and Planning Commission for a zoning map amendment involving a single parcel of land.<sup>278</sup> Rezoning is a multi-step process that must consider the impact of the changes to the parcel on the neighboring areas.<sup>279</sup> Since the surrounding plats of land are mostly zoned as residential it seems as though acquiring a rezoning on the Glenn Dale Hospital parcel would be difficult, unless there is a strong support base within the community and the county.

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<sup>277</sup> Maryland-National Capital Park and Planning Commission, “Guide to Zoning Categories:Residential,” Prince George’s County Planning Department, [http://www.pgplanning.org/Resources/Guide\\_to\\_Zoning\\_Categories/Residential.htm](http://www.pgplanning.org/Resources/Guide_to_Zoning_Categories/Residential.htm) (accessed 20 May 2011)

<sup>278</sup> *Ibid.*

<sup>279</sup> *Ibid.*

Also required for any project affecting a historic site or property are historic area work permits, reviewed by the Historic Preservation Commission to ensure that any new construction or exterior alteration of existing buildings in a development proposal is aligned with the historic integrity of the property.<sup>280</sup> Since the Glenn Dale Hospital property consists of 216 acres, much of that acreage as open land, the Historic Preservation Commission might be open to some new construction if the design is compatible with the existing architecture.

For a project like this to happen it is critical to gain as much public support as possible through print and social media, word of mouth, and outreach to the various age demographics, detailing how a site such as Glenn Dale Hospital would be beneficial as a place of education, entertainment and recreation. Dixon mentioned leasing out commercial space to small businesses and independently owned restaurants that would enrich the location as an attractive alternative to going into Washington, D.C. or Baltimore for the same quality of entertainment.<sup>281</sup>

The major hindrance is the restrictive covenant but there may now be a loophole for the project to be approved with the addition of Larry Mabel to the Mission Arts Foundation Committee. Mabel is also an operator of Collington, the only Continuing Care Retirement Community in Prince George's County. With Mabel on the committee, the group is now technically licensed and qualified to operate such a facility. Approval of this plan and sale of Glenn Dale Hospital to the Mission Arts Foundation may be the saving grace for a site whose buildings will only further deteriorate every year they remain vacant. Public support of this group can help it

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<sup>280</sup> Maryland-National Capital Park and Planning Commission, *A Citizen's Handbook: Development Review*,

[http://www.mncppcapps.org/planning/citizens\\_handbook/#](http://www.mncppcapps.org/planning/citizens_handbook/#) (accessed 20 May 2011).

<sup>281</sup> Phone interview with Reggie Dixon, 13 May 2011.

become a true grassroots movement to make a taxpayer's burden into a valuable community asset that residents can take pride in.

To further the likelihood of the Mission Arts Foundation's plan, or any other sound rehabilitation proposal, getting support from the community is crucial. By developing a strong case for their rehabilitation plan of the Glenn Dale Hospital property, the Mission Arts Foundation can present their proposal at public hearings and establish connections with local media outlets to share their ideas with the public. If more people understand why transforming the site into something county residents can enjoy instead of letting the condition of the structures further decline while awaiting a proposal from a Continuing Care Retirement Community that may never even materialize, there will be growing support and advocacy for adaptive rehabilitation and reuse of the Glenn Dale Hospital site. Through making a proposal more publicly known, there is more likelihood that public officials will support it as well.<sup>282</sup>

Holding onto the restrictive covenant on the hospital property is reminiscent of Samuel Beckett's absurdist play, *Waiting for Godot*, in which the two main characters, Estragon and Vladimir, sit and wait on an absent character, Godot, whom they do not know, nor are they certain if he is even coming.<sup>283</sup> In this case though, The Maryland-National Capital Park and Planning Commission represents Estragon and Vladimir, where the licensed Continuing Care Retirement Community group embodies the absurd entity known as Godot. Instead of waiting for Godot, the Maryland-National Capital Park and Planning Commission would be better off working with a group that

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<sup>282</sup> *How to Save a Landmark*, 16.

<sup>283</sup> Samuel Beckett, *Waiting for Godot: A Tragicomedy in Two Acts*, (New York: Grove Press, 1954).

is actively pursuant in making Glenn Dale Hospital a useable site once again while it is still feasible.



## Conclusion

Considering the benefits involved with adaptive rehabilitation and reuse will allow communities to retain a part of their history and identifying characteristics. Tuberculosis sanatoriums and psychiatric asylums embody a wide array of classic architectural styles, styles that may not be exemplified elsewhere in growing cities and towns. By reusing them, it sends a message that the citizens value their history, respect the purpose of the buildings and that they matter enough to warrant their reuse.

Though long since vacated once modern treatment methods and philosophies rendered them obsolete, both types of hospital were created with the purpose of healing through the harmony of beauty created in architecture and landscape. The calming properties of these sites can be repurposed so individuals may still benefit from them. Tuberculosis sanatoriums and psychiatric asylums were so universally enchanting that their buildings often appeared on postcards in the early twentieth century. There is an inviting appeal even to these vacant hospitals that transcends the risks associated with trespassing. This appeal can be appropriated to safely benefit the greater good through new uses. There are more important things than cutting costs with cheap construction materials, sometimes the feelings generated by a place are just as important, if not more so than the financial reasons associated with the demolition of these sites.

In a society plagued by mass consumerism and materialism, it is easy to lose sight of simpler elements of life like the restorative properties in design and beauty. Rehabilitating and reusing these historic hospital sites maintain those elements. Their preservation makes a strong statement that individualism in design stands out and is

not only an asset to the community but the hospital buildings shine as important features of the local landscape once again.

Glenn Dale Hospital is but one example of a site in need of a reuse plan. Though this site was chosen to compare with other case studies, the same principles can be applied to other vacant tuberculosis sanatoriums and psychiatric asylums around the world facing the same problems. Whether there is a lack of interest in reuse, or funding or just a desire to have new construction, there are plenty of counterarguments in support of the reuse of such sites, and they are worthy of examination to maintain a sense of place and history that can only be found in these buildings.

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