



Context Study for the Hawaii State Hospital

Prepared for the Department of Health

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Department of Accounting and General Services

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Prepared by:

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Project Team

This Context Study was written by Mason Architects, Inc. (MAI) under contract to Brown and Caldwell, who is under contract to Anbe, Aruga & Ishizu, Architects, Inc. for the Hawaii State Hospital project. The contracting is administrated by the Department of Accounting and General Services. MAI Architectural Historians Dee Ruzicka, Polly Tice, and Lesleigh Jones were responsible for development of the report. Dee Ruzicka undertook the fieldwork, research, the interview with Mark A. Fridovich, Ph.D., M.P.A. Administrator of the Adult Mental Health Division of the Department of Health, State of Hawaii, and wrote the body of the report. Polly Tice provided project oversight and editorial review, and Lesleigh Jones provided editorial review and graphics. All three historians exceed the Secretary of the Interior's (SOI) Professional Qualification Standards [36 CFR § 61] for Architectural History.

Statement of Project Objectives and Background

The intent of this Context Study of the Hawaii State Hospital (HSH) is to fulfill the mitigation commitment agreements made with the State Historic Preservation Division (SHPD) for the demolition of the Goddard Building.

As background, on September 13, 2005, an agreement was made between the Hawaii Department of Health (DOH) and SHPD for mitigation commitments for the demolition of the Goddard, Guensberg, and Cooke Buildings at the HSH. This agreement was comprised of various commitments, including an informational visitor's center within the Bishop Building; adding floor space to the Bishop Building; and Historic American Buildings Survey (HABS) documentation of the Goddard, Guensberg, and Cooke buildings. The HABS documentation for the Goddard Building was completed and accepted by SHPD on December 18, 2014.

On March 25, 2014 the HSH proposed to demolish the Bishop Building. In 2016, during the Goddard Building demolition, it was determined that portions of that building called to be saved for display were not salvagable. This, plus the plans to demolish the Bishop Building, rendered the original mitigation agreements impossible to fulfill. This prompted an additional round of mitigation negotiations between HSH and SHPD.

The resulting agreed-upon mitigation commitment was development of a Context Study of the development of the HSH, as described by SHPD below (LOG No: 2014.05406; DOC No: 1708TGM15):

SHPD proposes the following revised mitigation commitments:

1. a context study of Hawai'i State Hospital's development and campus, the patients, patient care, and the hospitals evolution over time with maps and photographs. The context study will include, but is not limited to:
 - a brief history of the views on mentally ill patients in the United States in the early 1900's - the perception and evolution of mental illness and relevant patient care in Hawai'i, demographics of patient types over time,
 - importance of developing the hospital in the Territory of Hawai'i – key factors and decision makers that supported a hospital in Hawai'i during Territorial times, mission of the hospital and how it changed over time,
 - the development of the original campus – previous land owners, the development of Windward Community College (WCC) and of HSH campus, the architecture of the campus and current inventory of buildings (current owner, year built or year of demolition, architect, architecture type, use/function, exterior and interior photos)
2. The *Report on Potentially Historic Buildings at Hawai'i State Hospital* (Mason Architects), the Goddard HABS Report, and other reports for the campus shall be included as appendices.

This Context Study is intended to satisfy these commitments above.¹

Methodology

Previous Documentation

Among the buildings surveyed for this report, ten were previously documented in a draft National Register nomination prepared in 1984.² The nomination proposed a Territorial Hospital Historic District that was assigned Hawaii State Inventory # 80-10-1365. All ten of these buildings are recommended in this current report as contributing resources to a historic district. The buildings are: Cooke, Haloa, Bishop, Iolani, Judd, Kanaloa, Lokai, Eckerdt, Waipa, and Mahi. Additionally, a Historic American Buildings Survey report was completed for the Goddard Building in 2014 (HABS No. HI-564).

Historical Research

Research for this report was conducted at the Hawaii State Archives, Hawaii State Library, and University of Hawaii at Manoa Hamilton Library, main collection and Maps, Aerial Photographs, and GIS (MAGIS) collection. Important information on the HSH was obtained by a year-by-year reading of the Territorial (and State) annual reports of the departments that managed the hospital, Board of Health, Department of Institutions, and Department of Health. Details of the construction and operation of the campus were found in the annual reports of the Department of Public Works and in the drawing archives of the Department of Accounting and General Services (DAGS). Period newspapers were consulted for pertinent articles. An interview was conducted with Mark A. Fridovich, Ph.D., M.P.A. Administrator of the Adult Mental Health Division of the Department of Health, State of Hawaii. The architectural recordation previously prepared by others (draft National Register nomination form, HABS report, and "Report on Potentially Historic Buildings at Hawaii State Hospital" [MAI]), were also referenced.

Photographs and Fieldwork

Field work was conducted on December 4, 11, and 12, 2017. This consisted of surveying and photographing all the buildings on the HSH and on the adjacent campus of Windward Community College (WCC). The college campus was included because it contains a number of 1930s buildings that were originally part of the HSH campus. Exterior photographs of all facades of all buildings on both campuses were taken. At the HSH, interior photos were taken when conditions allowed.

¹ Additional understanding of the SHPD's requirements for the context study can be found in the SHPD correspondence to the State of Hawaii, Planning Branch, Division of Public Works, Department of Accounting and General Services, dated September 13, 2017, Log No. 2014.05406 Doc No. 1708TMG15 Architecture.

² Don Hibbard and Nathan Napoka, "National Register of Historic Places, Inventory-Nomination Form." Hawaii Department of Land and Natural Resources. July 10, 1984.

Historical Overview

The Territorial Hospital deserves to be regarded as a place of treatment and not as a custodial institution. –Annual Report, Department of Institutions, Territory of Hawaii. 1945.

Oahu Insane Asylum, Territorial Hospital, Hawaii State Hospital

Introduction.

The present Hawaii State Hospital is an important part of the latest manifestation of the evolving system of mental health care in Hawaii. For over 150 years, the Monarchy, Territory, and State of Hawaii have used various methods and treatments on the mentally ill. Imprisonment gave way to custodial care that advanced to various therapeutics, which moved in and out of vogue. The present State Hospital site dates from 1930, when it was opened with a transfer of patients from the insane asylum. The hospital campus was originally a cohesive grouping with its main buildings designed in the Spanish Mission Revival Style. Most of those buildings that remain are now administrated by Windward Community College.

Historical Context

As a building type, mental hospitals were a relatively new architectural program. While hospitals have been constructed since ancient times, there were no buildings specifically built to treat the mentally ill until the end of the eighteenth century, with the insane placed in prisons or poor houses prior to that time. In France, Phillippe Pinel advocated moral treatment of the insane based on humanitarian ideals, and in 1793, removed the chains from the mentally ill in the Bicetre in Paris. At the same time in England, William Tuke began treating the insane in a similar manner and advocated that asylums be built in bucolic environments to aid in a person's recovery. His York Retreat became a prototype emulated decades later in the United States.

In the 1840s, Dorothea Dix became a strong advocate for the humane treatment of the mentally ill in America, and Dr. Thomas Story Kirkbride (1809-1883), the superintendent of Pennsylvania Hospital for the Insane, incorporated such ideals into mental hospital design. Dr. Kirkbride was one of the thirteen founding members of the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL), the forerunner of the American Psychiatric Association. He served first as secretary, then later as president of this organization. Through this association and in his writings, Kirkbride promoted a standardized method of asylum construction and mental health treatment, popularly known as the Kirkbride Plan, which significantly influenced the entire American asylum community during his lifetime. He built on Pinel and Tuke's ideas of moral treatment, and the positive role buildings and grounds played in the treatment of the insane. The institutions he proposed were placed on extensive grounds with cultivated parks and farmland, with the patients housed in one large masonry building with a central administrative core flanked by separate wings for men and women. Various illnesses were separated by floors, with the more excited patients placed on lower floors and the quieter patients on upper floors. Sunlight and fresh air were important elements in designing the

building, and patients were housed in private rooms rather than wards. Patients were encouraged to help work the farms and keep the grounds, as well as participate in other chores. Such structured occupation was meant to provide a sense of purpose and responsibility, which it was believed would help regulate the mind as well as improve physical fitness. Patients were also encouraged to take part in recreations, games, and entertainments, which would also engage their minds, make their stay more pleasant, and perhaps help foster and maintain social skills.

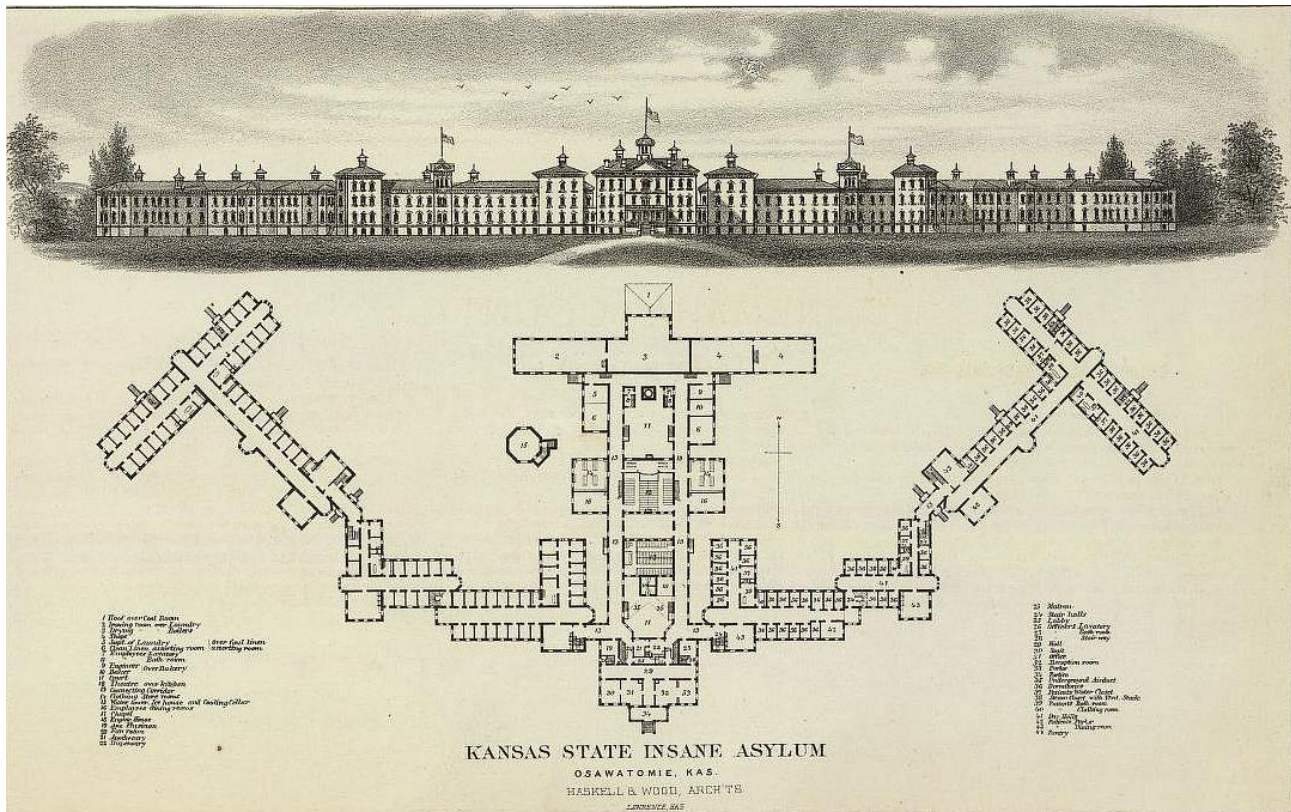


Figure 1: Kirkbride plan as used in the Kansas State Insane Asylum. Source: It's the Women, Not the Men! At: <https://kquane.com/2014/10/06/longform-essay-why-do-christian-men-work-so-hard/kirkbride-plan-kansas-state/>

Toward the end of the nineteenth century, however, the Kirkbride Plan lost prominence in the system that it played such a major role in developing. A lack of concrete evidence indicating substantial numbers of permanently cured patients, and no reduction in the incidence of mental illness, caused the mental healthcare establishment to seek different ways of handling the insane. Cost considerations led insane asylums to become primarily custodial institutions rather than remedial. Although many existing Kirkbride buildings continued as important parts of state hospitals well into the twentieth century, the imposing brick and stone buildings gave way to an asylum based on a cluster of separate cottages, where the sexes and various illnesses could be housed in separate ward buildings that allowed for the separation of noisy and violent patients from the other charges. By the start of the twentieth century, the cottage plan came to dominate the field of asylum design.



GENERAL VIEW, NORWICH STATE HOSPITAL, CONN.

Figure 2: Norwich State Hospital Connecticut, designed in the Cottage Plan. Source: asylumproject.org.

Early cottage plan buildings were typically no more than two stories tall, and they were typically built of fireproof materials such as brick, stone, and slate. Each cottage was purposely built for a single type of patient, and there were typically two sets of buildings for each, one for women and one for men. Hospital campuses usually resembled a college with large, well-manicured lawns, flower beds, trees, fountains, and other decorative items. Typically, an administration building was located at the front of the campus, and patient buildings would encircle the campus with communal buildings such as a kitchen, chapel, or auditorium in the center. Power plants, laundry facilities, and farms were often located to the rear of the campus. When Honolulu's insane asylum was relocated in 1929-1930 from School Street to Kaneohe where it was renamed the Territorial Hospital, the cottage plan was followed. As an emphasis was placed on confinement rather than treatment, these buildings often served as dormitories and offered little in the way of private rooms or space devoted to treatment.³

Mental illness in Hawaii was handled as if it were a crime until 1866, with incarceration. Up until that year, persons in Honolulu who were deemed insane were remanded to Oahu Prison. They were considered

³ Alison Chiu, Don Hibbard and Maya Ohama, Territorial Hospital, Goddard Treatment Center, Hall, Written Historical and Descriptive Data, Historic American Buildings Survey, National Park Service, U.S. Department of the Interior, 2014, pages 28-29. From Prints and Photographs Division, Library of Congress (HABS No. HI-564).

dangerous and prison served to keep them out of the public. By the early 1860s in Hawaii, the government was beginning to take a different view, that the mentally ill needed a place where they could be cared for. In 1862 funds were appropriated for a facility and in 1865 the Kingdom of Hawaii purchased a house and lot in upper Kapalama for \$3,500 from the Widemann family as the site for an insane asylum. The lot was between Kunawai Spring and another unnamed spring and was boggy during heavy rain. An additional \$12,500 was appropriated for contractor H.C. Heuck to construct the asylum, a second building for more severely disturbed patients, fencing, furnishings, and grounds work.⁴ The asylum was completed by late 1866. It was located on what would become School Street, at the north corner of its intersection with Lanakila Avenue. Before School Street was built, the asylum was accessed from King Street by Asylum Road, which would later become Palama Street.



Figure 3: Kalihi Insane Asylum ca. 1870. Source: *Hawaii State Archives*.

By the early 1883 the Insane Asylum in Kapalama was under the direction of a physician and the focus was to treat and cure those with mental illness, rather than merely keeping them off the streets as had been done at the prison. Patients were discharged as “cured” and for incoming patients emphasis was placed on getting

⁴ “Editorial, Insane Asylum at Kapalama,” *Pacific Commercial Advertiser*. June 17, 1865. P. 3. “Insane Asylum,” *Pacific Commercial Advertiser*. May 5, 1866. P. 4. “Insane Asylum,” *Pacific Commercial Advertiser*. June 23, 1866. P. 1.

them into the institution where they could be successfully treated.⁵ Census in the asylum during the 1880s ranged from about thirty five to sixty four. According to the attending physician, patients were treated with “tact, kindness and sympathy,” and the “mildest “system of control that was feasible under individualized circumstances.⁶ Occupational therapy, including working in the truck garden, was used for about a third of the patients. In 1883, the physician to the Insane Asylum, M. Hagan, suggested changing the name to “Hospital for the Insane” as a means to render less of a negative connotation to patients.⁷

By 1901 the institution housed about 130 patients. Although the facilities had expanded over the years with new construction, a number of its buildings were in poor condition. The institution was managed by a physician at this time, however there were still none in residence.⁸ During the early 20th century patient numbers climbed at Kapalama while funding did not keep up. By 1922 the facility housed over 360 patients in cramped and run down accommodations. In January 1923, plans were proposed for a new facility to replace the Kapalama campus, initially slated for Moanalua. During 1923, while Moanalua was the prime contender for the site, plans were advanced by the Board of Health for the new facility, which would require about \$400,000 worth of building construction to house 500 patients. Acquisition and preparation of the approximately twenty acre site in Moanalua was expected to bring the total cost to \$465,000. Other sites under consideration were Wailupe and Kawaihoa.⁹

Architects involved in the original construction of the Territorial Hospital

Three architects worked on the Spanish Mission Revival Style buildings of the original Territorial Hospital complex that were built between 1929 and 1935. Arthur Reynolds worked on drawings in 1924 and 1925. He began utilizing the Spanish Mission Revival Style that the ensuing architects would also employ. Born in England on January 16, 1863, Reynolds practiced in Hawaii on and off since first arriving in 1891. He designed in several architectural styles popular during that time. In addition to the Territorial Hospital, he is remembered as the architect of the Neoclassical style Hawaii Hall at the University of Hawaii at Manoa (1911), the Art Deco style Aloha Tower (1926), and the Neoclassical style Territorial Office Building (1926, also called the Kekuanaoa Building).

Edwin C. Pettit of the Territorial Department of Public Works worked on drawings in 1926. Pettit received engineering and architectural schooling in England at the Royal college of Preceptors and then opened a practice in Seattle, WA in the early 1900s. He arrived in Honolulu in 1909 to work in the office of Harry L. Kerr, the most prominent architect in Hawaii at the time. Pettit was made a partner in 1919 (Kerr & Pettit). By 1926, Pettit had left the firm and was the territorial architect for the Department of Public Works, spending about two years in that position. In 1926, Pettit, along with other charter member architects Hart Wood, Charles W. Dickey, Walter Emory, Marshall Web, and Ralph Fishbourne organized the Hawaii Chapter of the American Institute of Architects (AIA). In 1930, Pettit moved to Grants Pass, OR.

⁵ “Insane Hospital Report,” *Pacific Commercial Advertiser*. March 31, 1883. P. 3.

⁶ “Insane Hospital Report,” *Pacific Commercial Advertiser*. March 31, 1883. P. 3.

⁷ “Insane Hospital Report,” *Pacific Commercial Advertiser*. March 31, 1883. P. 3.

⁸ “Hawaii’s Insane,” *Honolulu Advertiser*. February 7, 1901. P. 1. “Insane Asylum,” *Honolulu Advertiser*. March 6, 1901. P. 1.

⁹ “Bad Conditions Are Shown at Insane Asylum,” *Honolulu Star Bulletin*. July 21, 1922. P. 1. “Moanalua is Favored for Asylum Site,” *Honolulu Star Bulletin*. January 19, 1923. P. 1.

Bjarne C. Dahl, also of the Territorial Department of Public Works, began working on drawings in 1926. Dahl took over the position as territorial architect in 1928, upon Pettit's departure, and served until 1935. Dahl was schooled in architecture and engineering at the Chicago Technical School, receiving a degree in 1918. About 1920 he was hired to work for Julia Morgan's firm in San Francisco. Dahl came to Hawaii in 1925 to supervise the construction of Morgan's YWCA building on Richards Street in Honolulu, remaining here after the building was completed. After leaving the Territorial Department of Public Work in June, 1935, Dahl opened his own office in Honolulu. In 1936 Dahl formed a partnership with landscape architect Conrad W. Conrad (Dahl & Conrad). By the middle of that year the firm was employing four drafters and by mid-1937 they had moved into a suite of 3 offices in the Stangenwald Building and completed the retail shops at the Waikiki Theater Block.¹⁰ In 1939 the firm picked up architect Alfred Preis (Dahl & Conrad-Alfred Preis, Associated Architects). By 1943, Preis had left to work on his own and in May, 1944, Dahl & Conrad dissolved, Conrad went on to manage his family's Honolulu jewelry shop and Dahl left the islands.

Original campus construction at the Territorial Hospital

By early 1924, architect Arthur Reynolds had been retained and was working on building plans, making a mainland tour to various institutions in California to view facilities there. Accompanying Reynolds on the tour was the Superintendent of the Hawaii Department of Public Works, Lyman H. Bigelow. At that time, the superintendent of the asylum in Kapalama was Dr. W. A. Schwallie.¹¹

In February 1924 the Territorial Board of Health began to consider another alternative for the site of the new hospital, the current site at Kaneohe. This site, along with the Kawailoa site were then the principal contenders. The Kaneohe site was seen as more desirable, primarily because of the better water supply that could be developed. It was U.S. Army land that was being negotiated as a gift to the Territory; the Kawailoa site was territorial land.¹² On June 24, 1924, under Presidential (Coolidge) Executive Order No. 4036, 141 acres of Kaneohe land consisting of the Keaahala Military Reservation were turned over to the Territory of Hawaii from the federal government for the construction of an insane asylum that would become the Hawaii State Hospital.¹³ The military reservation was created in 1914 when the federal government acquired the land, which had been surveyed by the territory for homesteads. The military reservation had been intended for use as camp site for a brigade-sized unit when on maneuvers, but the land was never utilized.¹⁴ By August 1924, the Territory had officially approved the Kaneohe site; and by then construction was expected to cost about \$680,000.¹⁵

Through 1924 and 1925, architect Arthur Reynolds worked on architectural plans for the configuration of the new campus and the design of some of the buildings. Meanwhile, as planning for a new hospital was

¹⁰ "Dahl Opening Offices Here," *Honolulu Star Bulletin*. July 13, 1935. P. 13. "Dahl & Conrad Progress Rapidly," *Honolulu Advertiser*. June 17, 1937. P. 17.

¹¹ "Plans Developed for New Hospital," *Honolulu Advertiser*. January 8, 1924. P. 3.

¹² "Asylum Plans Reach Bigelow for Approval," *Honolulu Advertiser*. February 26, 1924. P. 1.

¹³ U.S. Department of the Interior, *Report of the Governor of Hawaii to the Secretary of the Interior*. (Washington D.C.: Government Printing Office). 1926. P. 109.

¹⁴ "Hawaiian Department is After Large Tract of Land on Windward Oahu," *Honolulu Star Bulletin*. December 16, 1913. P. 1. "Fort Shafter Notes," *Honolulu Advertiser*. August 18, 1915. P. 3. "Senate Asks Return of 3 Federal Areas," *Honolulu Star Bulletin*. April 20, 1923. P. 3.

¹⁵ "New Insane Hospital," *Honolulu Advertiser*. August 31, 1924. P. 3.

bringing it closer to reality, maintenance funding for the old asylum in Kapalama was reduced to \$5,000 per year.¹⁶ Reynolds completed drawings for four hospital buildings before his death on August 8, 1925: ward buildings for violent male and female patients (Iolani and Damien buildings), as well as the kitchen/ dining facility, and the laundry/ boiler. Reynolds designed these buildings in the Spanish Mission Revival style, which was popular on Oahu in the 1920s.

While Reynolds worked on the initial drawings for the hospital, the territorial government worked to secure the financing to begin construction. In early 1925 permission was sought from Washington to issue \$275,000 in public improvement bonds to cover initial costs.¹⁷ Construction of infrastructure for the new facility began in early 1926. In January of that year, S.D. Blake was retained to install a water system and a road from Kamehameha Highway to the site. The following month, Hawaiian Electric Co. was contracted to build an electric power line from the Government Road (Kamehameha Highway) to the new hospital, consisting of twenty three concrete poles carrying electric lines. This electric line was finished by June 30, 1926.

Blake did not work on his contracts for long; on March 31, 1926, a local newspaper reported that he was given notice to discontinue work, apparently for lack of progress. His bond agents, Carl Otani and L. Ayau took up the work to completion.¹⁸ This water system consisted of an enclosed concrete reservoir, a pump house, a 50,000 gallon redwood water tank that was located above the new hospital at an elevation of 381', and 6" diameter cast iron pipeline from the pumphouse to the redwood tank.¹⁹ This initial water system installed for the hospital likely received its water from a water development tunnel that was bored into the hillside south of the hospital and just above the outlet of Keaahala Spring.²⁰ It operated by pumping water from the reservoir, through the cast iron pipe, to the redwood tank where it could be gravity fed to the new hospital below. The road to the hospital from Kamehameha Highway that was finished by Blake's bondsmen was gravel surfaced.

During 1926 additional infrastructure work was underway at the new hospital. Contractor Walker and Olund piped an internal water distribution system within the campus consisting of more 6" diameter cast iron pipe. Walker and Olund also built a trunk sewer system around the site that lead to a septic tank and filter beds. An additional forty acres of the site was cleared and five acres ploughed by John DeMello Jr. This was likely the area mauka of the new campus, which would be later be cultivated. Also in 1926 two temporary buildings were set up to house about 20-30 "well behaved" patients from Kapalama that would be allowed to work on the site building roads and clearing.²¹ The transfer of these patients had the effect of relieving some of the overcrowding at the Kapalama facility.²²

¹⁶ "Deficiency Bill Slashed Unmercifully," *Honolulu Advertiser*. March 18, 1925. P. 2.

¹⁷ "President to be Asked for Leave to Issue Bonds," *Honolulu Advertiser*. February 27, 1925. P. 5.

¹⁸ "Blake Bids Low on Waterworks for Asylum," *Honolulu Advertiser*. January 18, 1926. P. 5. "Bigelow Awards Power Contract," *Honolulu Advertiser*. February 25, 1926. P. 2. "Blake's Contract is Discontinued," *Honolulu Advertiser*. March 31, 1926. P. 6.

¹⁹ Superintendent of Public Works, Territory of Hawaii, "Annual Report of the Superintendent of Public Works to the Governor of the Territory of Hawaii." Honolulu. 1926. P. 8-9.

²⁰ Harold T. Sterns, *Geologic Map and Guide of the Island of Oahu, Hawaii*. (Washington D.C.: U.S. Department of the Interior). August 1939.

²¹ Superintendent of Public Works, Territory of Hawaii, "Annual Report of the Superintendent of Public Works to the Governor of the Territory of Hawaii." Honolulu. 1926. P. 8-9. President of the Board of Health, "Annual Report of the President of the Board of Health of the Territory of Hawaii." 1928. P. 5.

²² Board of Health, "Annual Report." 1927. P. 14.

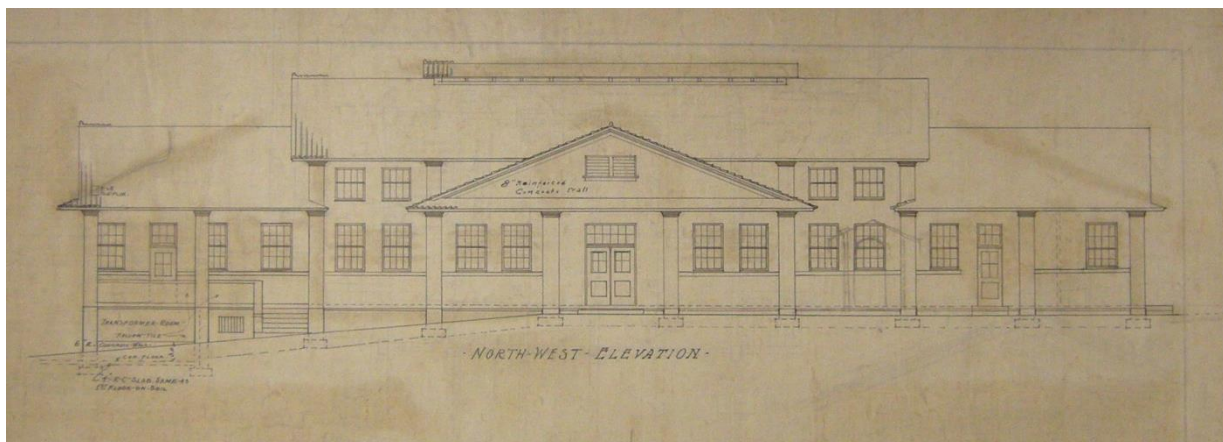


Figure 4: Reynolds and Pettit 1926 design for Kitchen/Dining Room. Source: *State of Hawaii Department of Accounting and General Services*.

In 1926, after Reynolds completed design work for the four buildings he designed, architect Edwin C. Pettit of the Territorial Department of Public Works took over the project to complete drawings for six additional buildings. In addition to the kitchen/ dining room, he completed drawings for four male ward buildings that were initiated by Reynolds (Mahi, Lono, Kanaloa, and Judd buildings) and he designed two female ward buildings as the sole architect (Akahi and Bishop buildings). He also produced an alternate set of plans for the kitchen/ dining room building that were used in construction.²³ Pettit followed Reynold's lead and designed using the Spanish Mission Revival style. Also in 1926, a third Department of Public Works architect, Bjarne C. Dahl, began working on building plans, completing the drawings for the treatment and receiving building (Eckerdt building) that year.²⁴

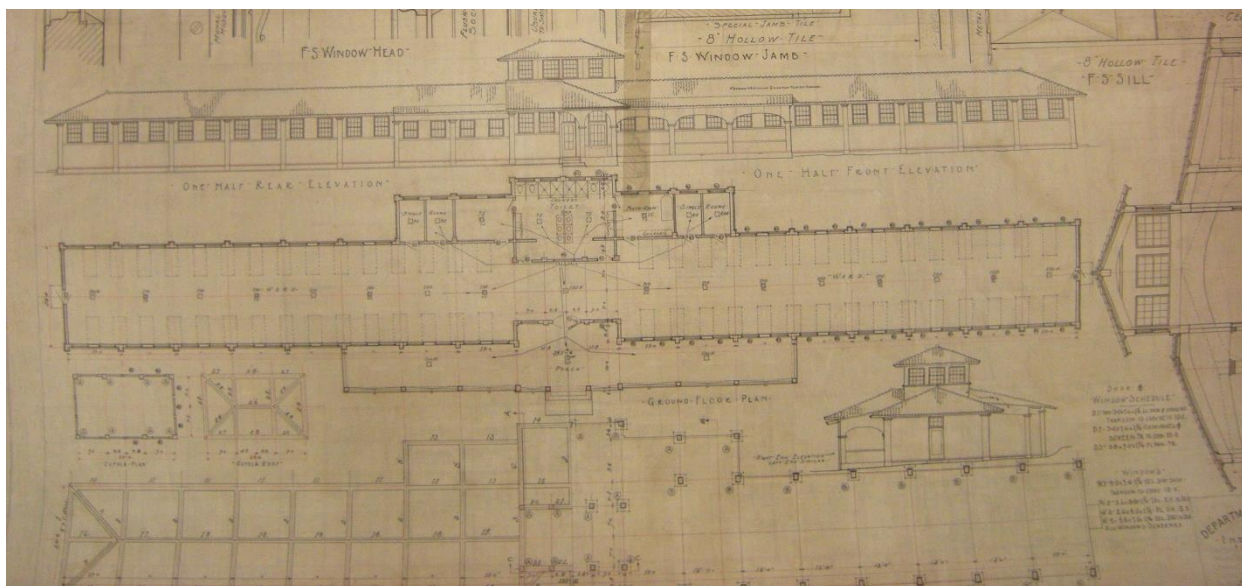


Figure 5: Pettit 1926 drawing for "Ward B." Source: *State of Hawaii Department of Accounting and General Services*.

²³ Department of Accounting and General Services. "Alternate Plans Dining Room & Kitchen – Bldg A & Ward Bldg B." DAGS drawing flat files. Folder C-10-3. August 20, 1926.

²⁴ Public Works, "Annual Report." 1926. P. 8-9.

Building construction at the new hospital got underway in late 1926 with a \$165,400 contract awarded to Lino Fernandez to construct a concrete ward building, the kitchen/ dining room building, a frame administration building, and a frame rooming house for hospital attendants. Fernandez worked through 1927, getting the buildings about halfway completed. He then slowed and eventually stopped work in 1928 with the buildings incomplete. Fernandez's bondsman did not step in to complete the work, and the Territorial government resorted to awarding a \$17,272 contract to Walker and Olund to finish that work. Walker and Olund also picked up an additional contract in 1928 to build male and female violent ward buildings (Iolani and Damien buildings), three male ward buildings, two female ward buildings (Akahi and Bishop buildings), and a frame doctor's residence.²⁵ From at least 1927, the Kaneohe facility was called the New Territorial Hospital, while the facility at Kapalama was the Territorial Hospital.²⁶

During 1928-1929 interior roads were built within the campus by contractor Harry H. Shimokawa on a \$14,939 contract that called for about 3,350' of roads. These were 16' wide with 2' shoulders and surfaced with gravel over a crowned 6" base of heavy rock. Additional construction contracts were let to Walker and Olund for the construction of the laundry and power house (boiler) for \$77,200, and the entrance gates for \$2,293.²⁷

When initial construction was completed in November, 1929, the Territorial Hospital for the Insane had ten large, concrete patient buildings. These were; the male wards at the north end of the campus, Mahi, Lono, Kanaloa, Judd, and Iolani (violent ward), the female wards at the south end, Akahi, Bishop, and Damien (violent ward), the kitchen/ dining room facility was center-campus, with the laundry and boiler house behind it to the west. In addition, to the east of the entrance gates were several frame buildings; the administration building, a physician superintendent's residence, and a two-story rooming house for attendants. The amount expended on the hospital by then was about \$845,000. The campus in November 1929 was only partially graded, and not planted. Sidewalk construction was beginning in preparation for the January 1930 opening of the hospital when patients would be transferred from Kapalama. Additional construction was planned for the hospital, consisting of a receiving and treatment building (Eckerd Building, built in 1930) and more ward buildings.²⁸

On January 6, 1930, 541 patients and fifty staff were moved from the Kapalama site to the Territorial Hospital in Kaneohe. The transfer was accomplished by a convoy of thirty three trucks and drivers donated for the occasion by the U.S. Army, with additional enlisted and officers assisting the move. It was led by a motorcycle patrol from the Honolulu Police Department. Every twelfth truck in the convoy was driven empty, to receive patients in the case of any breakdown in the other vehicles. The convoy made the trip over the Pali in two hours, between 9:20 and 11:20 am. Several patients were transported in strait jackets. By early afternoon the army had departed the new hospital.²⁹ There were no escapes, but there were several cases of car sickness by patients who had never ridden in a vehicle.

²⁵ Public Works, "Annual Report." 1928. P. 8-9.

²⁶ Board of Health, "Annual Report." 1927. P. 14. 1928. P. 6.

²⁷ Public Works, "Annual Report." 1929. P. 8-9.

²⁸ "New City to Be Haven of Refuge for Insane: Moving Day Scheduled Next Month," *Honolulu Advertiser*. November 24, 1929. P. 4.

²⁹ Board of Health, "Annual Report." 1930. P. 393. "Thousands See 561 Insane in Kaneohe Move," *Honolulu Star Bulletin*. January 6, 1930. P. 1



Figure 6: 1930 aerial showing overall layout of the new hospital. Source: Hawaii State Archives

Upon occupation of the new site at Kaneohe, the Territorial Hospital experienced an increase in admissions that was not anticipated in the budget that drove occupancy to 616 by June 30, 1930. Administrators speculated that this was because people had “lost their fear or dread of the old Asylum at School Street.”³⁰ Early in 1930 a patient confined in the male violent ward was killed by a blow on the head. No charges were filed by a Grand Jury convened to investigate the incident, but two attendants were dismissed.³¹



Figure 7: Military convoy departing School Street hospital in 1930. Source: Hawaii State Archives.

³⁰ Board of Health, “Annual Report.” 1930. P. 5, 394.

³¹ “Asylum Report Blames Guards,” *Honolulu Advertiser*. May 22, 1930. P. 1.

By November 1930 the receiving and treatment building (Eckerdt building) was erected just inside the gates, although it was not listed as fully completed until June 1932. This ended the initial round of construction of the Territorial Hospital consisting of eleven concrete buildings for patient care that were designed in the Spanish Mission Revival style. These buildings formed a quadrangle with Eckerdt on the makai side and the kitchen/ dining room on the mauka side. Within a year of the completion of the receiving and treatment building, it was being heavily utilized as an accident emergency room for residents of the area surrounding the hospital. This service was not a part of the hospital's budget and it was adding to the operational cost.³² Also in 1930 four, two story, wood frame ward buildings were built mauka of the kitchen/ dining hall.³³



Figure 8: Patients arriving at new hospital buildings. Source: Hawaii State Archives

In July 1932 the Territorial Hospital housed 706 patients. Over the next few years, four additional ward buildings for patients requiring special care, designed by Dahl, were built in the same Spanish Mission Revival style as the original eleven buildings. They helped provide better care for special needs patients, and removed those, often disruptive, patients from the general population wards. This also freed up space in the general wards.³⁴ In 1933 one ward building for disturbed patients was built (Haloa building) and in 1935 three more wards were built; one for female disturbed patients (Cooke building) and one ward each for male and female convalescing patients (Waipa and Lokai buildings.) These three 1935 buildings were partially funded by a Federal Public Works Administration grant of July 12, 1934. Construction was started in December 1934 and they were finished in late 1935.³⁵

³² Public Works, "Annual Report." 1933. P. 25.

³³ DAGS, "Alterations & Additions to the Three Temporary Frame wards." DAGS drawing flat files. Folder C-10-3. November 30, 1932.

³⁴ Public Works, "Annual Report." 1933. P. 24.

³⁵ Public Works, "Annual Report." 1935. P. 123.

Territorial Hospital in the 1930s

By the mid-1930s, funding for the Territorial Hospital was lagging, partly due to the effects of the Depression on the territory. This prompted an effort to economize at the hospital by an increase in the agricultural and livestock production there. This was in order to grow and raise more of its own food, using patient labor as therapy. Agriculture had been a part of the therapy regimen of the Territorial Hospital since it was located at Kapalama. At the Kaneohe site, acreage mauka of the campus was prepared specially for cultivation during the construction process by clearing and ploughing. By June 1934 the hospital had over forty acres under cultivation, growing farm produce as well as citrus, banana, papaya, and avocado. Although the hospital operated a piggery and slaughtered a few pigs in 1934, livestock production that year was primarily poultry; eggs, and dressed chickens, rabbits, and ducks. The following year, 1935, saw forty-two acres under cultivation and a growing piggery. The hospital was then supplying other territorial institutions with produce, primarily bananas, sweet potatoes, and papayas.

During the second half of the 1930s upkeep on the buildings at the Territorial Hospital was ongoing, the climate and proximity to the ocean were given as prime factors in the deterioration of exterior surfaces. Replacement of corroding window screens was constant, as well as exterior painting. Additional roads were graveled using stone from rock crusher owned by the hospital, and all roads on the campus were sealed with bitumuls.³⁶

The Territorial Hospital campus in the late 1930s had grown to include fifteen concrete patient buildings: Eckerdt (1930, Receiving and Treatment), Waipa and Lokai (1930, Male and Female Convalescent Wards), Mahi, Lono, Kanaloa, and Judd (1929, Male Wards), Akahi and Bishop (1929, Female Wards), Iolani and Damien (1929, Male and Female Violent Patient Wards), Haloa and Cooke 1933 & 1935, (Male and Female Disturbed Patient Wards), Kitchen and Dining Hall (1928), and the Laundry/ Boiler (1929). In addition, mauka of these were five, wood-framed buildings used as wards, women's quarters, and cooks quarters (1929-30). As noted above, cultivated acreage was mauka of these campus buildings.

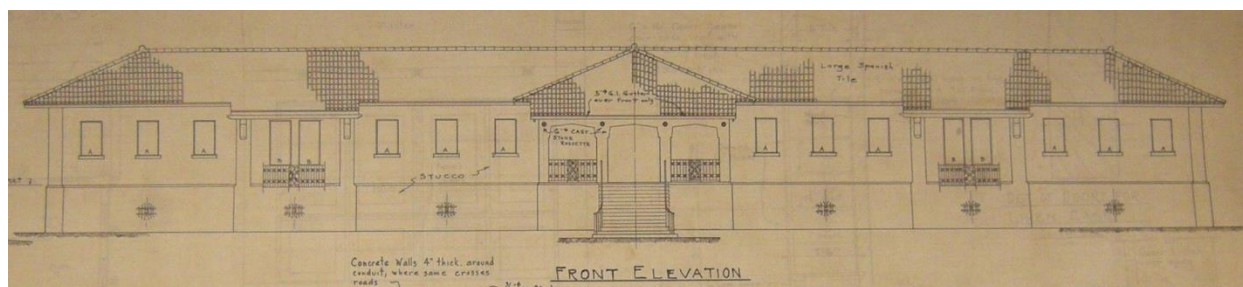


Figure 9: Dahl 1932 drawing for Disturbed Patient Ward (likely Haloa). Source: *State of Hawaii Department of Accounting and General Services*.

In 1939 the Territorial government formed the Department of Institutions to coordinate and administer the affairs of the Territorial Hospital, Oahu Prison, Waialeale Training School for Boys, Kawaioloa Training School for Girls, and the Waimano Home for the Feeble Minded. The Territorial Hospital had formerly been under the Board of Health (in 1959 the Department of Institutions was dissolved and the Territorial Hospital was brought back under the purview of the Department of Health, now a part of the State of Hawaii).

³⁶ Public Works, "Annual Report." Various years. Board of Health, "Annual Report." 1934. P. 69.



Figure 10: 1939 Aerial of the Territorial Hospital campus. Source: *Hawaii State Archives*.

World War II

The staff at the Territorial Hospital performed a vital service for the U.S. Navy following the Japanese attack on Kaneohe Naval Air Station on December 7, 1941. The medical facilities at the Naval Air Station were overwhelmed by the number of casualties and station Commander Harold Martin had transferred some of the most difficult surgical cases, several officers and enlisted men, to the Territorial Hospital for emergency surgery. Territorial Hospital Medical Director Ellis A. Stephens and staff performed surgeries for three days following the attack. A plentiful supply of morphine was on hand at the hospital that “proved of great advantage.”³⁷

Within a few months of the attack, the army had requisitioned a number of the buildings at the Territorial Hospital for its use as a medical facility General Hospital 204 during World War II. In April 1942, the army constructed ten buildings at the hospital for patient use while it occupied the buildings requisitioned. Territorial patients at the hospital numbered over 1,000 in mid-1942 and conditions for them were very crowded.³⁸

³⁷ “Hospital Staff Lauded for Work on December 7,” *Honolulu Star Bulletin*. January 17, 1942. P. 5.

³⁸ “Institutions Department Justified, Goddard Says,” *Honolulu Star Bulletin*. August 7, 1942. P. 6.

Despite the conditions at the Territorial Hospital during wartime, its first lobotomies were performed in 1942. By December 1943, thirty-five of these operations had been accomplished, marking the beginning of a twelve year period when lobotomies were a form of treatment at the facility.³⁹ The army discontinued most of its use of the Territorial Hospital in April 1944, and by June 1945 had renovated five formerly occupied ward buildings and the receiving and treatment building.⁴⁰ But although patients were able to move back into the buildings, conditions remained crowded and additional housing was called for by administrators.⁴¹ The Army fully vacated the Territorial Hospital in 1946; the last portion of the campus it utilized was the women's dining hall.

Post-World War II

The post-World War II conditions at the Territorial Hospital were poor, the facility was crowded, understaffed, and underfinanced, with a budget of \$1.83 per day per patient. This amount, based on the "obsolete idea of the old custodial asylum," included staff salaries, food, medical services and supplies, therapy, and all other operational expenses.⁴² At the end of 1946, the patient population stood at 1,185, with many new admissions of young people. Tuberculosis among the patients was especially concerning, with the hospital having a high rate of incidence. In response, prison labor was used in 1946 to renovate the temporary buildings set up by the army that housed patients with TB, and Governor Stainback authorized the Territorial Board of Health to run a deficit "until such time as the situation can be presented to the legislature for action."⁴³ The construction of the Goddard Building was intended to help with this situation.

When an opportunity arose to consider constructing a new building, [the Territorial Hospital's] highest priority was on a modern center that would meet the evolving needs of the profession. The Goddard Treatment Center incorporated elements from both the cottage and Kirkbride plans. Sited at the rear of an existing cottage complex, it retained the one- to two-story scale which had come to dominate twentieth century asylum design. However, the building was organized in the manner of the Kirkbride Plan with a central administrative core flanked by male and female wings.⁴⁴

Planning for the Goddard Building was begun in 1941 with sketches by the Territorial Department of Public Works done in September of that year. The approximately 200-bed building was designed as a unit for recoverable patients, and the sketch is quite similar to the finished building. Architectural drawings for the Goddard Building were done in November 1947 by the Honolulu Architectural Firm of C. W. Dickey Associates. Charles Dickey had died in 1942, and the firm that bears his name was taken over by William Merrill (Dickey's nephew), James Simms, and Kenneth Roehrig. In 1948 these men began listing the firm under their own names.

³⁹ "TH Hospital At Kaneohe Lauded," *Honolulu Star Bulletin*. November 30, 1943. P. 7

⁴⁰ Department of Institutions, Territory of Hawaii, "Annual Report of the Department of Institutions." 1945. P. 66.

⁴¹ "Additional Housing At Waimano Home to be Ready on 10 Weeks," *Honolulu Star Bulletin*. May 3, 1944. P. 5.

⁴² Marge Whitmore, "Terrible Conditions at Kaneohe Hospital Cited," *Honolulu Star Bulletin*. December 2, 1946. P. 1.

⁴³ "Undernourishment, Overcrowding At Kaneohe Hospital Under Fire," *Honolulu Star Bulletin*. Dec. 3, 1946. P. 5.

⁴⁴ Alison Chiu, Don Hibbard and Maya Ohama, Territorial Hospital, Goddard Treatment Center, Hall, Written Historical and Descriptive Data, Historic American Buildings Survey, National Park Service, U.S. Department of the Interior, 2014. P 30.

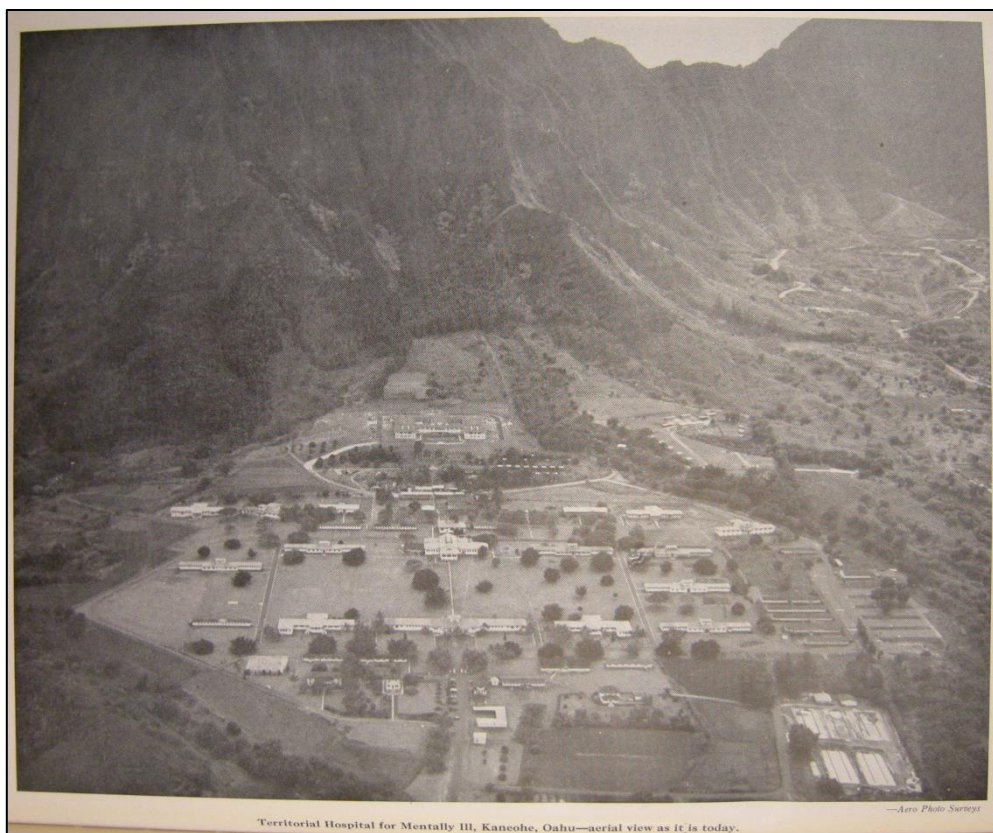


Figure 11: Aerial showing hospital layout in ca. 1949. Source: *Territorial Department of Institutions Report for the Decade 1939 and for the year 1948-1949.*

During the 1940s at the Territorial Hospital in Kaneohe, the goal of treating the mentally ill, curing them, and returning them to the community as functioning members continued to evolve from the previous notion of the institution as a place of custodial confinement.⁴⁵ By the end of the decade the hospital was using some of the most modern methods of diagnosis and treatment. These included electroencephalography for diagnosis, and electric shock treatment (ECT), insulin therapy, lobotomies, and psycho-therapy as treatment regimens. These methods were considered state-of-the-art in the late 1940s and at that time hospital administrators were proud of employing them and were looking forward to the opening of Goddard Building. This combination of up to date methods and facility was considered by the administration to be world class.⁴⁶ World War II accounted for a spike in veteran admissions at the Territorial Hospital, with nineteen admitted in 1945 and 22 admitted in 1946.⁴⁷ Generally however, the demographics of patients in the Territorial Hospital have always been slanted to those of mixed Hawaiian ancestry and the poorer strata of society in Hawaii.⁴⁸

The May 1950 opening of Goddard Building undoubtedly improved opportunities for patient treatment and gave hundreds of patients a better environment. However, the number of inpatients remained high, at about 1,200 in 1952 and conditions outside the new building were not appreciably changed by its construction. A major concern by 1954 was physical health care for patients, especially those sixty with TB who were still billeted in the old army buildings. Another ten TB patients were housed in with the general patient

⁴⁵ "Hawaii's Mental Repair Shop," *Honolulu Advertiser*. March 22, 1949. P. 18.

⁴⁶ "The Territorial Hospital at Kaneohe." Series of three articles, *Honolulu Star Bulletin*. August 25-27, 1949. P. 7.

⁴⁷ Department of Institutions, "Annual Report." 1945. P. 70. 1946. P. 109.

⁴⁸ Mark Fridovich, interview by the author. Hawaii Department of Health. November 21, 2017.

population. Another concern was the shortage of staff.⁴⁹ During the first few years of the 1950s, the Territorial Hospital maintained an average of about thirty eight TB patients.⁵⁰ The shortcomings of the TB ward at the Territorial Hospital began to be addressed in late 1954 with the planning of a new building that would be a TB ward and the first increment of the Guensberg Building.



Figure 12: Newly opened Goddard Building, 1950. Source: *Hawaii State Archives*.

The first increment of the Guensberg Building was designed by Honolulu architects Ernest Hara and Frank Slavsky in December 1954. The building was completed as a TB ward in May 1956 and its thirty bed capacity was filled upon the opening of the building.⁵¹ TB rates in Hawaii were much higher than the national rate and remained so well into the 1960s, and then declined sharply during the last half of that decade.

In March 1960, a directive from the State Board of Health officially changed the name of the Territorial Hospital to the Hawaii State Hospital. Seven community mental health clinics opened throughout the state in 1960-62, with short term diagnostic and treatment services offered on Maui and the Island of Hawai‘i. Community clinics were further enabled by the passage of the federal Community Mental Health Act in 1963, which helped fund the establishment of community mental health centers that were able to assist patients locally without relying on warehousing them at the State Hospital.

⁴⁹ “Conditions at TB-Mental Hospital Target of Criticism,” *Honolulu Star Bulletin*. March 3, 1954. P. 2.

⁵⁰ Department of Institutions, “Annual Report.” 1950, 1951, 1952. Note: the Annual Reports of the Dept. of Institutions does not list a census of TB patients from 1953 on. During 1953, seven patients at the hospital died of TB, four patients died of the disease in 1954, and four in 1955. .

⁵¹ “New Territorial Hospital Unit Dedicated,” *Honolulu Advertiser*. May 7, 1956. P. B4. Department of Institutions, “Annual Report.” 1956. P. 54.

In 1961 architects Ernest H. Hara and Kenneth F. Brown prepared plans for a new medical and surgical addition to the 1956 Guensberg Building. Construction was started in December 1961 and the addition was completed in 1963. This addition contained seventy four medical beds to serve the State Hospital patients who suffered from physical conditions and disability along with mental problems. The approximately \$800,000 cost of this construction was borne half by the state and half by federal funds, under the Hill-Burton Program.⁵² In 1962, a seventy two bed men's dormitory was completed that would later be named Liloa Building.⁵³ Liloa, no longer extant (demolished ca. 1992), was located makai of the Goddard Building.



Figure 13: ca. 1970 image of conditions at ward buildings with Department of Health notes below. Source: *Hawaii State Archives*.

By 1971 the occupancy at the Hawaii State Hospital had been declining almost steadily for several years since the mid-1960s.⁵⁴ In late 1971 the occupancy at the hospital was 387 patients and administrators speculated that a continued drop would result in closure or re-organization of the institution.⁵⁵ In the following year, 1972, five hospital ward buildings, Haloa, Kanaloa, Lono, Mahi, and Judd were turned over to Windward Community College, which was developing its campus. In 1975, Eckerdt Building was turned over to the college and in 1982, Iolani was occupied by WCC's Art Department, but to be returned to the Hospital. By 2012, the college had incorporated the other former State Hospital Buildings that defined the original hospital quadrangle.

By 1990, as the census had dropped to about 200 patients, the Hawaii State Hospital was undergoing a major renovation that added a complex of large buildings makai of Goddard that now make up the core of the

⁵² State of Hawaii Department of Health, "Annual Report of the Department of Health." 1963. P. 18.

⁵³ State of Hawaii Department of Health, "Annual Report of the Department of Health." 1962. P. 24.

⁵⁴ State of Hawaii Department of Health, "Annual Report of the Department of Health." 1965. P. 9. Tomi Knaefler, "Declining Census May Close State Hospital," *Honolulu Star Bulletin*. October 29, 1971. P. 2.

⁵⁵ Knaefler, "Declining Census," *Honolulu Star Bulletin*. October 29, 1971. P. 2.

campus. At this time the hospital was under criticism from the federal government, the Mental Health Association of Hawaii and the Hawaii Psychiatric Society to reform its programs. Citing inadequate treatment programs and a heavy reliance on drugs and physical restraints to control patients, the U.S. Justice Department was on the verge of compelling the state to undertake improvements.⁵⁶ Although improvements in the form of the new campus under construction were in the works and scheduled to open in late 1991, the federal government in March placed the hospital under a consent decree that put the operation of the hospital under court supervision. The opening of the new, \$37.5 million campus with about fifty staff caring for 170 patients ended court supervision of the hospital. At the dedication of the new facility, Governor John Waihee stated, “After statehood, we had one of the best systems in the country. We somehow slipped.”⁵⁷ The new campus included a twenty-eight bed acute care assessment and stabilization unit, a thirty six bed extended care unit for chronically mentally ill, two modular twenty- and twenty-four-bed hospital units and four residential homes for up to twenty four people. Support facilities at the new campus were a gymnasium, dining room, snack shop, hair salon, library, boutique, auditorium, and amphitheater which all helped patients “learn how to behave in examples of common public places, enabling them to make a better transition to the outside world.”⁵⁸

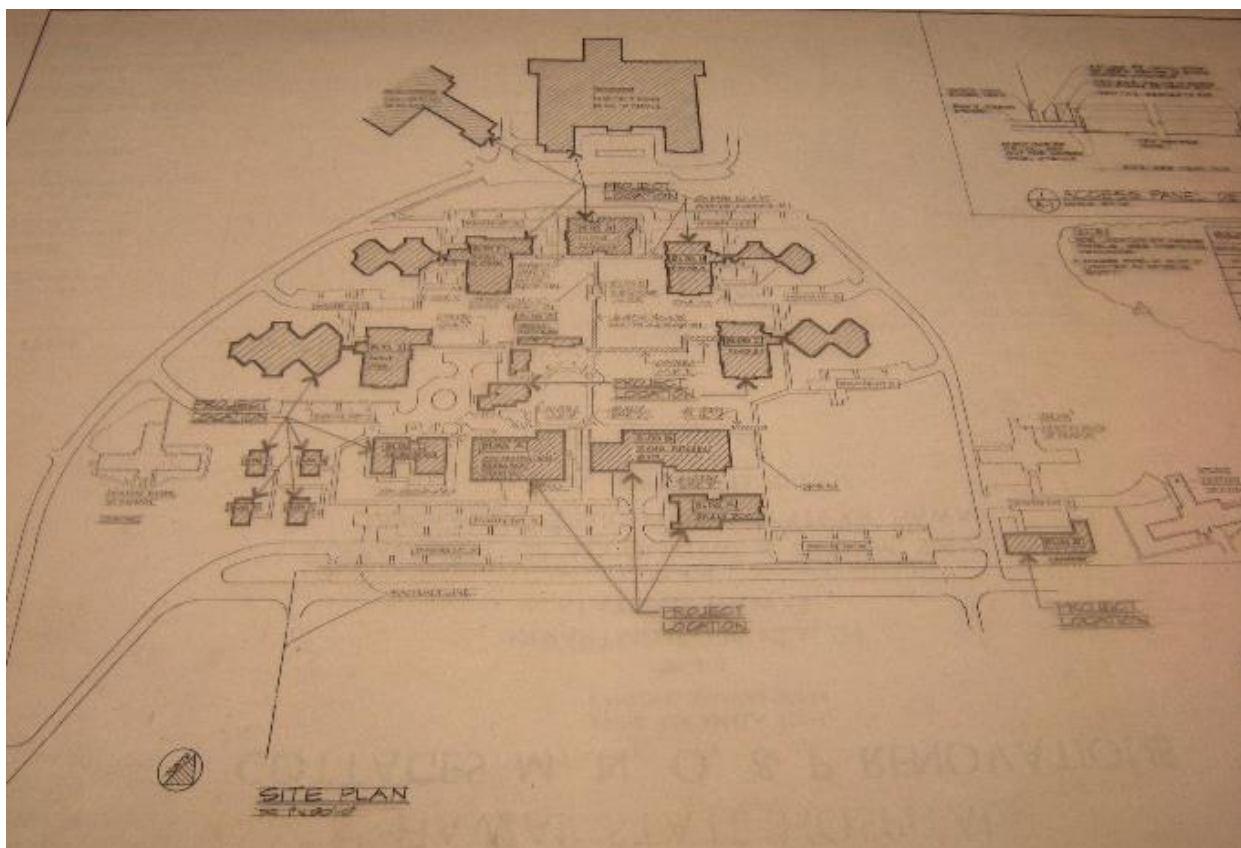


Figure 14: 1992 Site plan showing buildings constructed on the Hawaii State Hospital campus. Source: *State of Hawaii Department of Accounting and General Services*.

⁵⁶ Kevin Dayton, “State Hospital Inspection by U.S. Experts.” *Honolulu Star Bulletin*. October 21, 1990. P. 11.

⁵⁷ Linda Hosek, “State’s Mental Health Hospital Dedicated.” *Honolulu Star Bulletin*. December 21, 1991. P. 3.

⁵⁸ Hosek, “State’s Hospital Dedicated.” *Honolulu Star Bulletin*. December 21, 1991. P. 3.

Currently, most of the architectural legacy of the hospital, consisting of the Spanish Mission Revival architecture of the original 1930s campus, is under the purview of Windward Community College, which controls six of the original buildings (Judd, Kanaloa, Mahi, Waipa, Eckerdt, and Lokai). All of these buildings are in use, have been refurbished, and are in excellent condition. Windward Community College seems committed to preserve these buildings that are under their control. The State Hospital retains four Spanish Mission Revival buildings from the original campus. One of these is in use by the Hospital (Cooke Hall) and in good condition. Another is in use by the College and is in fair condition (Iolani). The other two vacant buildings (Bishop and Haloa Halls) are in fair to poor condition. During the past several years Bishop Hall has been proposed for demolition.

Clinical history

The clinical emphasis on treating and curing the mentally ill and getting them back out into society has been a theme of treatment efforts in Hawaii since the early days of the insane asylum, from at least 1883.⁵⁹ Periodically, as new treatment methods came into vogue, this theme has been re-stated as if it were a new paradigm.⁶⁰ The clinical history of the Territorial/State Hospital is peppered with instances of treatment methods becoming popular and then falling out of fashion as new methods, promising better results, are introduced.

The history of the treatment of mental illness at the Territorial/ State Hospital is not so much a story of a transition from custodial care to curative remedies as one of a continual parade of cures. With no measure ever available that would cure all cases of mental illness and allow all patients to live in the community, Hawaii, like the rest of the nation, has settled into a policy of therapy and management.⁶¹ This changed in the 1950s with the development of effective anti-psychotic medications that were used in conjunction with group therapy to yield improvements in a much larger percentage of patients.

An issue that has been a persistent problem for the Hawaii State Hospital, even from its earliest days at the insane asylum, is the patients sent there who do not have a treatable mental illness. For example, those with criminal convictions, substance addictions, and elderly people with dementia have been sent there because it is an expedient way of cloistering them.⁶² These types of patients contribute to the hospital's census roll, but because their conditions can't be cured by treatments designed to combat a mental illness, their admission uses valuable resources and changes the success rate of the institution by skewing the year-end numbers of patients discharged as cured. The Territorial Hospital always strived to increase the percentage of patient that could be counted as cured. Through the 1930s, this percentage increased. In 1933, about sixteen percent of the patients at the Territorial Hospital were discharged as recovered or improved.⁶³ In 1940 the percentage of patients discharged rose to just over thirty percent.⁶⁴

⁵⁹ "Insane Hospital Report," *Pacific Commercial Advertiser*. March 31, 1883. P. 3.

⁶⁰ Department of Institutions, "Annual Report." 1945. P. 66, 68. 1947. P. 87. "Dr. Cloward Sees Big Future for Brain Surgery," *Honolulu Star Bulletin*. October 6, 1943. P. 3. "Hawaii's Mental Repair Shop," *Honolulu Advertiser*. March 22, 1949. P. 18. "Most Patients Are Brief Visitors Aided by Most Modern Treatments," *Honolulu Star Bulletin*. August 25, 1949. P. 7. "Modern Methods in Use at Kaneohe Aid in Combat of Mental Illness," *Honolulu Star Bulletin*. August 26, 1949. P. 7.

⁶¹ Gerald N. Grob, *The Mad Among Us, A History of the Care of America's Mentally Ill*. (New York: The Free Press). 1994. P. 310.

⁶² Mark Fridovich, interview by the author. Hawaii Department of Health. November 21, 2017.

⁶³ Board of Health, "Annual Report." 1933. P. 24, 25.

⁶⁴ Department of Institutions, "Annual Report." 1940. P. 7.

As the theory of psychiatric treatment of mental illness evolved in Hawaii to finding successful cures, several new remedial techniques were developed that were used at the Territorial Hospital in Kaneohe. These treatments originated in times when today's context of bioethics was not employed or recognized. Although they are not considered ethical today, the value of many of these treatments lies in their (sometimes erratic) record of quieting unruly, agitated, or disruptive symptoms. Alternately, some worked by snapping a patient out of lethargy. In the former, it allowed boisterous patients to be better controlled, either in the institution or at home. And in the latter it enabled the patients to have better personal interactions. Either of these changes was seen, in previous times, as a cure.

Hydrotherapy is one of the earlier forms of treatment for mental illness that has been used institutionally since the early 20th century. It was used in Hawaii from at least 1916 at the Insane Asylum in Kapalama and was continued at the Kaneohe Territorial Hospital. In 1934 it was used extensively, with “sedative forms of treatment used to bring about improvement in the overactive and excited types of cases, while tonic baths have created marked improvement in the depressed types.”⁶⁵ Some hydrotherapy treatments were time consuming and required a staff member to monitor the treatment almost continually. This was problematic when the hospital was experiencing staff shortages and was a factor in phasing out these types of treatment in favor of others such as electro convulsive therapy, insulin shock therapy, and lobotomies. Hydrotherapy at the Territorial Hospital in the 1930s included tub therapy, packs, Scotch douche, colonic irrigation, and showers.⁶⁶



Figure 15: ca. 1930 Hydrotherapy Room. Source: *Hawaii State Archives*.

⁶⁵ Board of Health, “Annual Report.” Honolulu. 1934. P. 9.

⁶⁶ Board of Health, “Annual Report.” Honolulu. 1934. P. 9.

Occupational therapy was employed from the time that the institution was located in Honolulu. An important component was the agricultural section that raised food crops, poultry, and livestock on the hospital property. Also included in occupational therapy in the early 1930s was sewing, lei making, and weaving. In 1940 over half of the patients were participating in some form of occupational therapy, taking up to about five hours per day. This was commonly sewing for the women and wood working and metal shop for the men.⁶⁷

Occupational therapy gained traction at the Territorial Hospital during the 1940s and by 1947 the hospital was operating a women's shop with sixty-five to seventy patients and a men's shop that was undergoing expansion to accommodate a larger number. Items manufactured in these shops, such as sewn or crocheted items, or woven lauhala mats, hats, and baskets, were sold. In addition to the shops, men worked on maintenance, in the kitchen, and on the farm while women worked in the laundry, sewing, and housekeeping departments.⁶⁸



Figure 16: Women's occupational Therapy room. Source: *Hawaii State Archives*.

By the late 1940s, social service functions at the Territorial Hospital were also becoming more valued as part of the treatment program. In 1947 there were three trained staff members in the hospital's social service department. The following year a fourth was added, only to be reduced back down to three in 1949 when a departing worker was not replaced.⁶⁹

⁶⁷ Department of Institutions, "Annual Report." 1940. P. 5.

⁶⁸ Department of Institutions, "Annual Report." 1947. P. 88, 89.

⁶⁹ Department of Institutions, "Annual Report." Various years.

Another component of care at the Territorial Hospital was the practice of providing instructional lectures to staff on caring for patients. This was in place by the early 1930s. By 1940 a yearly instructional class was being given to all employees by the staff physicians.

The psychiatric use of physiological shock to treat mental illness was refined in the 1920s and 1930s by the use of various methods to induce convulsion or coma. These were thought to provide a cure to some types of mental illness. Among these are insulin-induced coma, drug-induced convulsion, and electroconvulsive shock therapy (ECT). Pharmacological shock therapy to induce convulsions was in use prior to 1940, when it was described as having mixed results ranging from spectacularly good to disappointing. However, its use was continued with “greater discrimination in the selection of cases” that it was applied.⁷⁰ ECT was promoted at the Territorial Hospital in 1947 with the creation of a new treatment unit that employed it on “a very large number of patients [that were] suitable.”⁷¹

Also in 1947, the insulin therapy unit was expanded to accommodate eleven patients. Insulin induced comas at the hospital were described as either “deep coma” or “sub-coma” and were noted to be “of very great value in the management of acute cases of schizophrenia, which is the largest single problem in a mental hospital.”⁷²

Another type of related treatment is malaria therapy which was usually attempted for patients in the later stages of syphilis. This involved infecting the patient with malaria to induce a high fever that sometimes banished psychosis. This treatment was an “established procedure” at the Territorial Hospital in 1946 that was used with “satisfactory results.”⁷³

Around 1947, foreshadowing the coming use of more compassionate treatments, the psychiatric nursing program received a renewed emphasis. That year at the Territorial Hospital, individual and group therapy were used “on a large scale with beneficial results.”⁷⁴

Lobotomies (neuro surgery) were performed at the Territorial Hospital from 1942 thru 1954. During those years, over 160 lobotomies were performed.⁷⁵ At the time, lobotomies were called an “established procedure” at the Territorial Hospital for patients who “failed to respond to more conservative methods of treatment.”⁷⁶ This procedure was “use[d] after all other therapeutic modalities have met with little or no results.”⁷⁷

Although the Territorial Hospital had been aspiring to become a remedial institution with an ideal of curing mental illness among its patients since the 1880s, it was in the early 1950s that this came closer to fruition. Several factors converged to effect this change: the completion of the Goddard Building in 1950 as a large, comprehensive facility dedicated to a treatment-oriented program, the hiring of Dr. Robert A. Kimmich as medical director in November 1951 to help initiate the program, and the 1952 development of an effective neuroleptic drug, chlorpromazine. Under Dr. Kimmich, a psychiatric residency program was developed, the campus was visually opened and landscaping improved, patients in several wards were given more freedom to

⁷⁰ Department of Institutions, “Annual Report.” 1940. P. 3.

⁷¹ Department of Institutions, “Annual Report.” 1947. P. 87.

⁷² Department of Institutions, “Annual Report.” 1947. P. 87.

⁷³ Department of Institutions, “Annual Report.” 1946. P. 110.

⁷⁴ Department of Institutions, “Annual Report.” 1947. P. 87.

⁷⁵ Department of Institutions, “Annual Report.” Various years.

⁷⁶ Department of Institutions, “Annual Report.” 1946. P. 110. 121. 1947. P. 87.

⁷⁷ Department of Institutions, “Annual Report.” 1953. P. 76.

move about, and most important of all, staff training and recruitment focused on treatment attitudes that involved helping patients rather than merely controlling them.⁷⁸

Neuroleptic Drugs

The development of neuroleptic drugs, such as Thorazine (chlorpromazine) in 1952, meant that agitated behavior that formerly called for lobotomies could be controlled with drugs. To administrators this development was a godsend because it allowed a greater freedom to work with the patients in individual and group therapy with less of a need for physical restraints. These psycho-therapies improved the condition of many more patients than previously.⁷⁹ By 1962 this type of medication was hailed in Hawaii as having a “profound influence on the practice of psychiatry. By cutting down on the paralyzing effects of severe anxiety and depression, and helping to resolve acute crisis, [the medications] have led to the development of short-term psychotherapeutic techniques and the open door concept in state mental hospitals.”⁸⁰ The combination of effective anti-psychotic medications and therapy were responsible for the drop in the patient census at the State Hospital that began around 1964.⁸¹

The use of lobotomies and other radical treatments to control patients fell precipitously during the early 1950s with the development of these drugs. Thirty-two were performed at the Territorial Hospital in 1951, twenty-one in 1952, and eight in 1953. In 1954 only three lobotomies were performed, and other measures such as insulin coma therapy and ECT were “restricted” and were used “on a more highly selective and closely supervised basis.”⁸² That was the last year that lobotomies were used at the Territorial Hospital. Follow on research after the development of chlorpromazine led to the emergence of antidepressants, and other drugs that are now used in the management of psychiatric conditions.

As anti-psychotic medications were improved through the 1980s and 1990s, the usefulness of these medications in treating mental illness in Hawaii and nationwide was enhanced by employing them in conjunction with psychotherapy. Group therapy and milieu therapy came to be the types of psychotherapy most successfully used with medication at Hawaii State Hospital to treat mental illness. Milieu therapy is based on the use of a therapeutic community with patients joining a group of up to 30 residents for a year or longer. In these groups, the staff supports patients to take responsibility for themselves, with senior patients expected to show, by example, appropriate behavior to new members. This corresponds to recent treatment philosophy at Hawaii State Hospital that encourages patient autonomy and involvement. Staff in these situations would monitor and, when needed, regulate the social interactions in the group community. During the last several decades at Hawaii State Hospital, ideas about the most effective treatment for mental illness have evolved to a three part system; medication, supportive therapy, and a community system.⁸³

⁷⁸ Robert A. Kimmich, letter dated May 17, 2005.

⁷⁹ Robert A. Kimmich, letter dated May 17, 2005.

⁸⁰ State of Hawaii Department of Health, “Annual Report of the Department of Health.” 1962. P. 24.

⁸¹ State of Hawaii Department of Health, “Annual Report of the Department of Health.” 1965. P. 9.

⁸² Department of Institutions, “Annual Report.” 1954. P. 89, 108.

⁸³ Mark Fridovich, interview by the author. Hawaii Department of Health. November 21, 2017.

Forensic Psychiatry at Hawaii State Hospital

The admission source of the patients at HSH changed sharply during the 1990s. Before about 1990, most of the patients admitted were transfers from the emergency rooms and psychiatric wards of Hawaii's general hospitals. The HSH operated primarily as an acute care facility during this time, with the length of patient stays typically between several days to several years. After 1990 these admissions decreased while the admission of patients committed to the HSH by the courts increased. Patients ordered into the HSH by the courts and under the legal custody of a law enforcement official are termed forensic patients and commonly have lengthy stays because of continuation of court cases or other release delays originating with the legal system. By 1998 the majority of HSH admissions were forensic patients.⁸⁴ This trend in admissions to forensic patients continued and in 2012 "virtually all of the patients at the hospital [were] forensic admissions."⁸⁵ Today, all of the hospital's patients are court-ordered there and the hospital mission statement has been tailored to this, stating: "Our mission is to provide excellent inpatient psychiatric services for court ordered individuals within a safe and therapeutic environment."⁸⁶

This change in patient type to entirely forensic patients began to occur at a time right after the hospital had completed a major building program, ca. 1992. Unfortunately, those newly constructed buildings were set on a new campus with an open design that posed problems in properly containing patients who were ordered into the hospital by the courts. Forensic patients require a building typology that was at odds with the new campus, and patient elopements increased with the percentage of forensic admissions.⁸⁷

⁸⁴ Vijayalakshmy, Patrick, et al. "Admissions, Length of Stay, and Discharge Barriers at the Hawaii State Hospital." *Hawaii Medical Journal*. Vol. 57, July 1998. Pp. 561-566.

⁸⁵ Mary Vorsino, "Patients Pack Facility After Budget Cuts." *Hawaii Star Advertiser*. November 4, 2012. P. 1.

⁸⁶ "Mission Statement, Hawaii State Hospital." From website health.hawaii.gov/amhd/Hawaii-state-hospital-about-us. Accessed on February 23, 2018.

⁸⁷ Gina Mangieri, "Hawaii State Hospital plagued with security issues." (Honolulu: KHON) 2014. Website khon2.com/2014/05/19/Hawaii-state-hospital-plagued-with-security-issues. Accessed February 23, 2018. Gary Chun, "Dept. of Health updates Hawaii State Hospital master plan with focus on safety." (Honolulu: KHON). 2015. Website khon2.com/2015/09/22/dept-of-healt-updates-hawaii-state-hospital. Accessed February 23, 2018.

Building Survey

The area surveyed includes the campuses of the Hawaii State Hospital and the Windward Community College. (Specifically, this overall area includes portions of TMK (1) 4-5-023: 002 and (1) 4-5-023: 014, with the former TMK containing the HSH, and the latter containing WCC.) See aerial map below and on the following page, and Table 1 for a list of buildings surveyed. A total of thirty four buildings were surveyed at both the Hawaii State Hospital and the Windward Community College Campus.



Figure 17: Boundary map of project area. (Dashed line indicates the division between HSH and WCC campuses.)

Setting

The HSH and adjacent WCC are situated mauka of Kahekili Highway, in Kaneohe, on the windward side of Oahu. The hospital is relatively isolated from nearby residences on the northwest and southeast edges by thick vegetation. Both HSH and WCC campuses have relatively open landscaping, with lawns scattered with shrubs and trees. To the southwest, the steep slope of the Koolau Range rises abruptly at the boundary of the hospital. The H-3 Freeway is perched on columns part way up this slope. To the northeast (makai) the Windward Comprehensive Health Center and the Kaneohe District Courthouse flank Keaahala Road on the approach to the campuses from Kahekili Highway. The HSH consists of twenty-one buildings, WCC fourteen buildings.

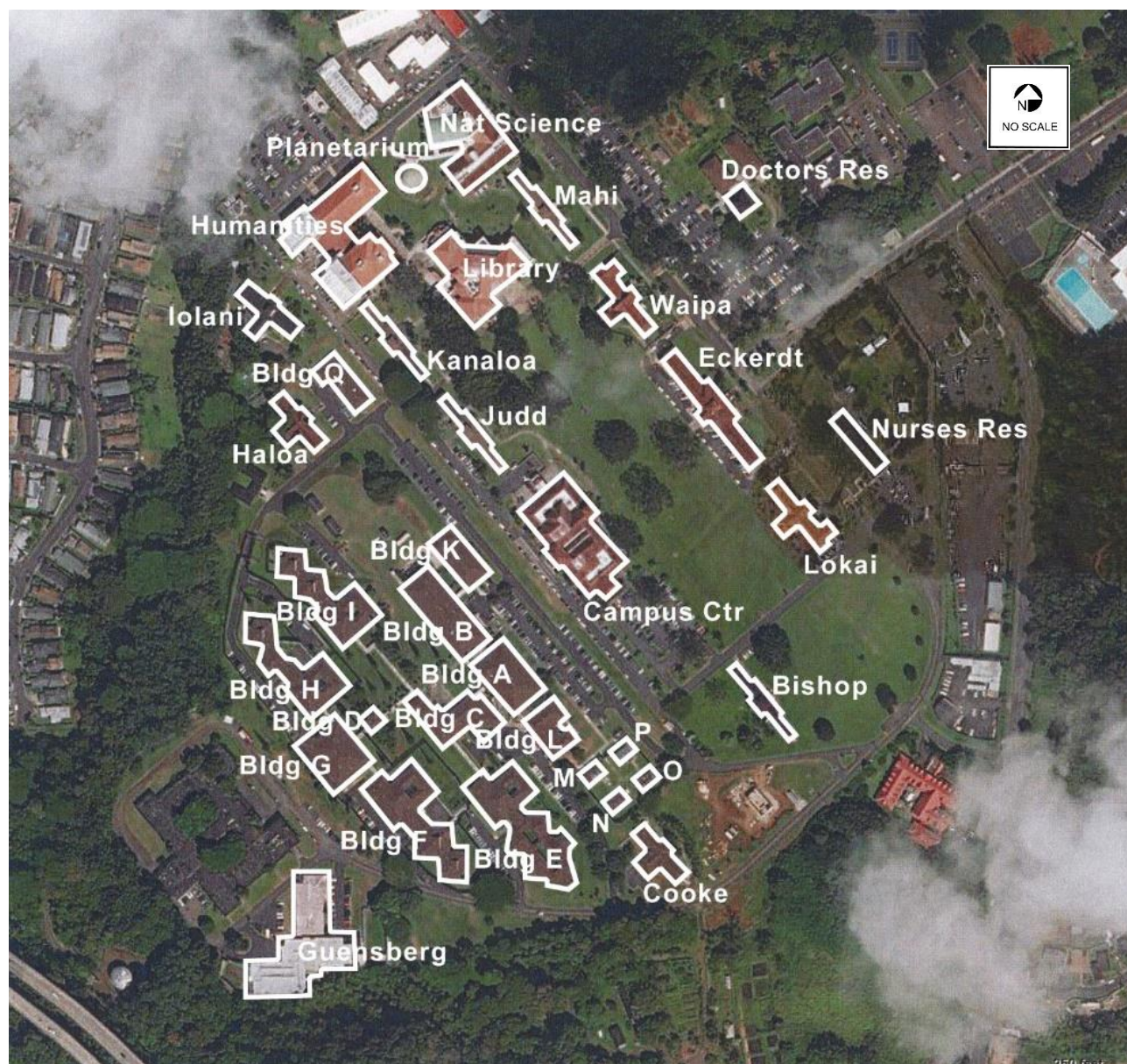


Figure 18: Buildings surveyed for this report. (Outlined in white.)

Buildings Surveyed




Table 1: Buildings Surveyed				
<i>Note: Bold font indicates buildings previously evaluated as contributing to a potential historic district.</i>				
Part of Original Hospital Campus	Historic Name	Current Name (Location) [Current Status]	Year Built	Photograph
	Guensberg	Guensberg (HSH) [In use]	1956/1963	
	Building F	Adult Closed Ward (HSH) [In use]	1992	
	Building G	Medical Services (HSH) [In use]	1992	
	Building H	Rehab A (HSH) [In use]	1992	
	Building D	Elevator Tower (HSH) [In use]	1992	
	Building E	Adult Open Ward (HSH) [In use]	1992	
	Building C	Social Services (HSH) [In use]	1992	
	Building I	Rehab B (HSH) [In use]	1992	
X	Cooke Ward	Cooke Bldg. Support Svcs. (HSH) [In use]	1935	

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	Building M	Heeia (HSH) [In use]	1992	
	Building N.	Heeia kea (HSH) [In use]	1992	
	Building O	Heeia uu (HSH) [In use]	1992	
	Building P	Ke aloha (HSH) [In use]	1992	
	Building L	MIS Rm / HR Rm (HSH) [In use]	1992	
	Building A	Administration (HSH) [In use]	1992	
	Building B	Gym & Dining (HSH) [In use]	1992	
	Building K	Skills Development (HSH) [In use]	1992	
	Building Q	Laundry / Air Cond. Plant (HSH) [In use]	1992	
X	Haloe Ward	Haloe Building (HSH) [Vacant]	1933	
X	Bishop Ward	Bishop Building (HSH) [Vacant]	1929	

X	Iolani Ward	Iolani Building (HSH, used by WCC by arrangement) [In use]	1929		
	Campus Center	Hale Akoakoa (WCC) [In use]	2002		
X	Judd Ward	Hale Naauao (WCC) [In use]	1929		
X	Kanaloa Ward	Hale Manaleo (WCC) [In use]	1929		
	Paliku Theater	Hale Palanakila (WCC) [In use]	2002		
	Library	Hale Laakea (WCC) [In use]	2012		
	Planetarium	Hale Hokulani (WCC) [In use]	2001		
X	Lokai Ward	Hale Kuhina (WCC) [In use]	1935		
X	Eckerdt Trtmt. & Rec.	Hale Alakai (WCC) [In use]	1931		
X	Waipa Ward	Hale Kakoo (WCC) [In use]	1935		
X	Mahi Ward	Hale Manaopono (WCC) [In use]	1929		

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	Natural Sciences	Hale Imiloa (WCC) [In use]	1997		
	Nurses' Residence	Hale Awa (WCC) [Vacant]	1945		
X	Doctors Residence	Hale Ao (WCC) [In use]	1929		

Architectural Types

Two main building types represent the extant buildings of the original Territorial Hospital campus (1929-1935); single-family, wood-frame residential buildings, and concrete Spanish Mission Revival Style buildings used for patient care. Additional architectural types documented within the survey area are a concrete quarters building constructed in the World War II era, and the many relatively new concrete buildings at the WCC campus dating from the early 1990s through the early 2000s.

Wood-frame Residential

The wood-frame single-family residential type is represented solely by the Doctor's Residence building. This nicely detailed two-story frame residence has horizontal siding and a hip roof. Alterations include the replacement of all doors and windows. Originally, this was the home of the Hospital's doctor in residence.



Figure 19: Doctor's Residence Building. Source: MAI.

Spanish Mission Revival

The Spanish Mission Revival Style was one of several Mediterranean styles that became popular in the Territory of Hawaii from the 1910s through the early 1930s. These forms were brought to Hawaii by way of mainland architects who had worked with similar styles in California, and found them an appropriate form for the warm climate of Hawaii. They became the preferred form for many Territorial government buildings during the Territory's period of growth in the 1920s.

By the 1920s ... the Spanish Colonial or Mission Revival idiom was becoming accepted as appropriate to our climate, especially in residential architecture. Adapted from the Mediterranean villa (a mixture of Italian, Spanish, and French elements), this style already was popular in sun-drenched areas of the United States from the Gulf Coast to California, and throughout the Caribbean and Mexico. From the Mission style, Hawaii architects – most notably Dickey and Wood – developed a valid design approach for architecture that is distinctively "Hawaiian".⁸⁸

⁸⁸ Rob Sandler, Julie Mehta, and Frank Haines, Editor, *Architecture in Hawaii: A Chronological Survey* (Honolulu, HI: Mutual Publishing) 1993. p. 36.

Five different plans are represented among the extant concrete Spanish Mission Revival style patient care buildings. These include the Ward Building, Violent Patient Ward Building, Treatment and Receiving Building, Disturbed Patient Ward Building, and Convalescent Patient Ward Building.

Ward Building Type

The Ward Building type consists of the extant Bishop, Judd, Kanaloa, and Mahi Buildings. This plan is a relatively long and narrow building with the front entrance elevated only a few feet above grade. Typical alterations include the replacement of all doors and windows, and sealing of the original clerestory windows. Of these buildings, the Bishop Building has received the least alterations. Demolished buildings of this type are; Lono (demolished ca. 2012) and Akahi (demolished ca. 2002) Buildings.



Figure 20: Bishop Building. Source: MAI.

Violent Patient Ward Type

The Violent Patient Ward type consists of the extant Iolani Building. This plan has a wing to the rear and the front entry is elevated considerably above grade. Typical alterations include the replacement of all doors and windows, the sealing of some window openings and the sealing of the original clerestory windows. A demolished building of this type was the Damien Building (demolished ca. 1992).



Figure 21: Iolani Building. Source: MAI.

Treatment and Receiving Building Type

The Treatment and Receiving Building type consists of the extant Eckerdt Building. This is a larger building than the other types, long and narrow with a large entry portico, and with a considerably elevated main entrance. Typical alterations include the replacement of all doors and windows and sealing the original clerestory windows.



Figure 22: Eckerdt Building. Source: MAI.

Disturbed Patient Ward Building Type

The Disturbed Patient Ward Building type consists of the extant Haloa and Cooke Buildings. This plan has a rear wing and an elevated front entry. Typical alterations include the replacement of all doors and windows. The Cooke Building has received additional alterations, such as enclosure of the original rear lanai and removal of some mock balconies.



Figure 23: Haloa Building. Source: MAI.

The Convalescent Patient Ward Building Type

The Convalescent Patient Ward Building type consists of extant Lokai and Waipa Buildings. This plan has a side wing at the front façade and curving stairways up to the entry portico. Typical alterations include the replacement of all doors and windows.



Figure 24: Lokai Building. Source: MAI.

Two-story Concrete Quarters

The two-story concrete quarters type is represented by the Nurses' Quarters. This World War II era building has an elongated rectangular plan and a low sloped hip roof. Alterations include the replacement of original windows with жалousies.



Figure 25: Nurse's Residence. Source: MAI.

Modern concrete buildings (1990s-early 2000s)

The concrete buildings erected in the 1990s at the Hawaii State Hospital are relatively non-descript with respect to style. They are largely utilitarian in form, and appear designed to suit specific functions rather than to exhibit a particular style. The concrete buildings built within the WCC campus during the 2000s (such as the theater, campus center, and library), however, do attempt to mimic the Spanish Mission Revival Style of the historic buildings.



Figure 26: Building C. Source: MAI.



Figure 27: Campus Center, WCC. Source: MAI.



Figure 28: Theater, WCC. Source: MAI.

Historic Evaluation

Significance

Original Hospital

Four of the original buildings of the Hawaii State Hospital (Cooke Ward, Haloa Ward, Iolani Ward, and Bishop Ward), along with six buildings now part of the Windward Community College campus (Judd Ward, Kanaloa Ward, Lokai Ward, Eckerdt Treatment and Receiving Building, Waipa Ward and Mahi Ward), are, together, eligible as a potential Hawaii Territorial Hospital Historic District for the State and National Registers of Historic Places. (See Table 1 for information about contributing buildings.)

These resources are eligible under Criterion A for their association with the history of the treatment of the mentally ill in Hawaii, since they were built as part of the original Territorial Hospital campus, which opened in 1930 (not considered complete until 1935). The Territorial Hospital was an important facility that expanded the ability of the government to care for the mentally ill. Under Criterion C, the buildings are eligible as examples of the Spanish Mission Revival style. The buildings feature modest detailing such as plain stucco wall surfaces, low-pitched red tile roof, overhanging eaves, arched openings, and bell tower-type clerestory.⁸⁹

Integrity

The buildings retain a sufficient measure of all aspects of integrity to allow listing. Most of the buildings that are now part of the WCC campus have undergone extensive modifications which results in compromised integrity. However the Spanish Mission Revival traits remain evident and all of the buildings retain the physical features that convey the historic character of the Territorial Hospital.

Integrity of location is retained with the buildings in their original locations.

Integrity of setting is partially retained. The open space between the buildings that defined the original campus remains. Infill construction has mostly occurred at the north end of the original site.

Integrity of design, materials and workmanship are partially retained. Alterations to the buildings have removed portions of these aspects. This is especially pronounced in the buildings that have been renovated for WCC use. But even in these, many decorative and design elements have been retained in sufficient amounts to express their historic origins.

Integrity of feeling and association are partially retained. Sufficient physical features are extant in the buildings to communicate the historic sense of the original Territorial Hospital campus to an observer. These features and the grouping of buildings together relate the feeling of the historic campus during the 1930s.

Nurse's Residence

Separately from the potential historic district, the Nurse's Residence was evaluated as eligible for the State and National Registers under Criterion C for its distinctive type and period of architecture. Built ca. 1945, this structure exhibits characteristics that were common in concrete construction in Hawaii during and shortly

⁸⁹ Criterion A encompasses resources that are associated with events that have made a significant contribution to the broad patterns of history. Criterion C encompasses resources that embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that form a historic district. For more information see; U.S. Department of the Interior, National Park Service, "National Register Bulletin No. 15, How to Apply the National Register Criteria for Evaluation." (Washington D.C.: U.S. Department of the Interior). 1997. The administration of National Register eligible resources under these criteria is accomplished at state level by the State of Hawaii Department of Land and Natural Resources, State Historic Preservation Division.

after World War II, with an emphasis on flat or low-sloped roofs, horizontal lines, ribbon windows, and utilitarian forms, lacking in ornamental detail. This type and period of architecture was commonly used in administration buildings, hospitals, schools, and housing/barracks.

Integrity

The Nurse's Residence retains a sufficient amount of integrity to warrant inclusion in the State and National Registers of Historic Places.

Recommendations

Ideally, the extant buildings of the original Territorial Hospital would be retained and maintained to convey the feeling of the original institution. However, if plans are developed that deviate from preservation, SHPD should be consulted prior to any work taking place. SHPD would be able to comment on the project, and may request mitigation commitments, such as archival photography, salvage of building materials, etc.

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Appendices

Note: The HABS photographs that accompany Appendix A were not available from the National Park Service for inclusion into this report.

TERRITORIAL HOSPITAL, GODDARD TREATMENT CENTER
(Kaneohe State Hospital)
45-710 Keaahala Road
Kaneohe
Honolulu County
Hawaii

HABS HI-564
HABS HI-564

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
PACIFIC WEST REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
333 Bush Street
San Francisco, CA 94104

HISTORIC AMERICAN BUILDINGS SURVEY

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David Franzen, photographer, May 2014

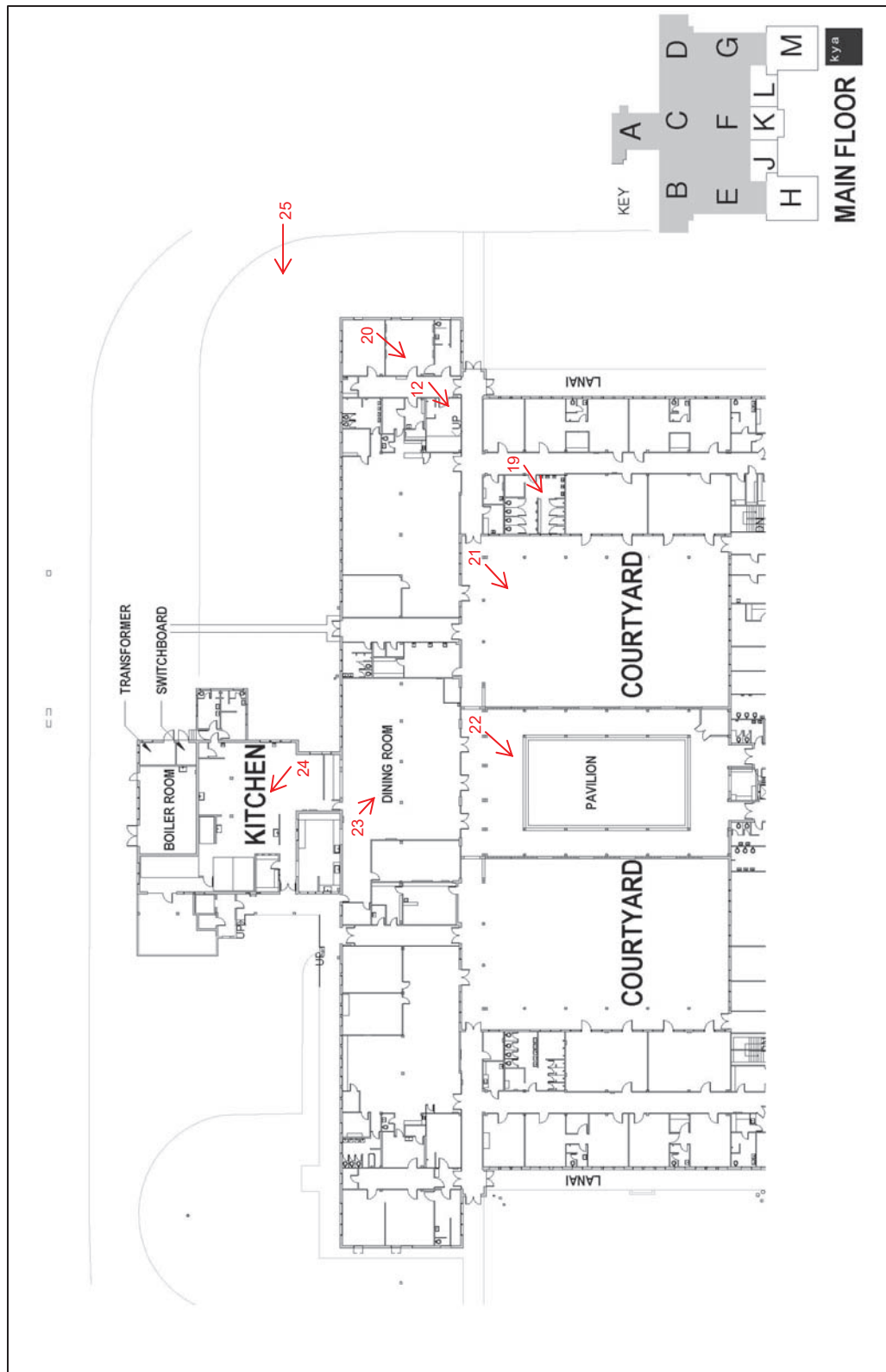
HI-564-1	SURGERY SUPPLY ROOM LOOKING TOWARD SURGERY, LOOKING NORTHEAST.
HI-564-2	SURGERY SUPPLY ROOM LOOKING SOUTHWEST.
HI-564-3	VIEW FROM SURGERY ENTRANCE. STERILIZER ON RIGHT, LOOKING SOUTHWEST.
HI-564-4	DETAIL OF SLOPED WINDOW OF SURGERY VIEWING AREA FROM INSIDE THE SURGERY, LOOKING SOUTH.
HI-564-5	NORTHWEST COURTYARD IN PATIENT AREA, LOOKING NORTH-NORTHWEST.
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HI-564-7	PATIENT ROOMS FROM COURTYARD, LOOKING SOUTHWEST.
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HI-564-9	LOBBY LOOKING INWARD TOWARD BASKETBALL COURT. STAIRS TO ENTRY ON RIGHT, LOOKING SOUTHWEST.
HI-564-10	VIEW OF CURVED WALL IN ENTRY LOOKING TOWARD STAIRS TO LOBBY, LOOKING WEST SOUTHWEST.
HI-564-11	"GODDARD" TREATMENT CENTER NAME PLAQUE AND STEEL GRILL AT ENTRY, LOOKING EAST.
HI-564-12	POOL.
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HI-564-17	OBLIQUE OF WEST SIDE WITH PART OF NORTH SIDE, LOOKING SOUTHEAST.
HI-564-18	WALL DISPOSAL/DRAIN, LOOKING EAST.
HI-564-19	LARGE MEN'S BATHROOM WITH LIGHT WELL, LOOKING NORTHEAST.
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HI-564-22	BASKETBALL COURT LOOKING TOWARD NORTH END WITH PROJECTION BOOTH, LOOKING NORTHEAST.
HI-564-23	CAFETERIA LOOKING TOWARD BASKETBALL COURT THROUGH DOUBLE DOORS AND JALOUSIES, NORTHWEST.
HI-564-24	KITCHEN, LOOKING SOUTHEAST.
HI-564-25	ELEVATION VIEW OF WEST SIDE OF KITCHEN WING AND SOUTH SIDE OF MAIN BUILDING, LOOKING EAST.

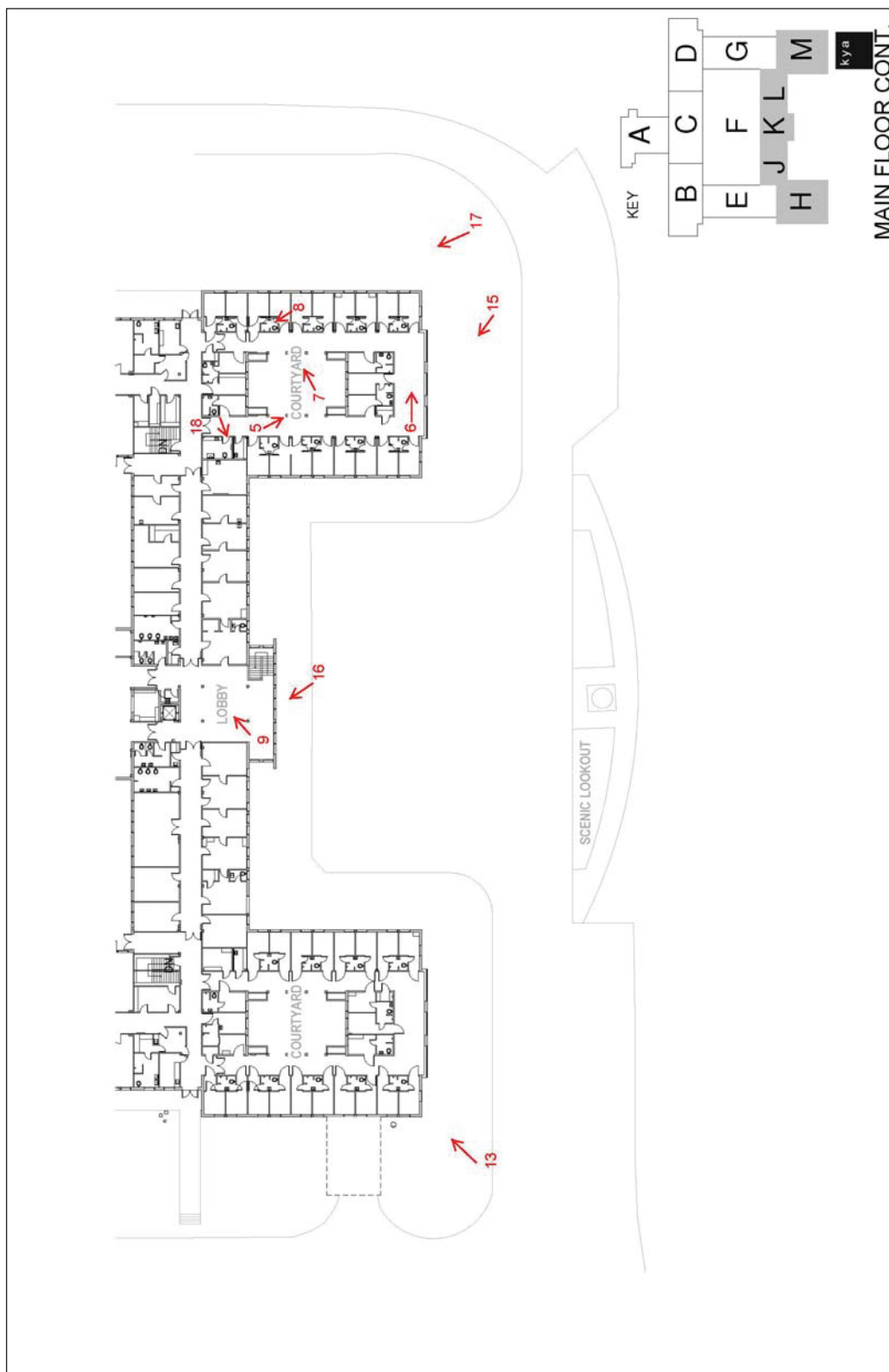
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PHOTO KEY 1



TERRITORIAL HOSPITAL, GODDARD TREATMENT CENTER
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PHOTO KEY 2



TERRITORIAL HOSPITAL, GODDARD TREATMENT CENTER
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PHOTO KEY 3



HISTORIC AMERICAN BUILDINGS SURVEY

TERRITORIAL HOSPITAL, GODDARD TREATMENT CENTER (Hawaii State Hospital)

HABS No. HI-564

Location: Goddard Treatment Center
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

UTM Coordinates: Zone: 4
Latitude: 21.405094
Longitude: -157.81576667069274

Present Owner: State of Hawaii, Department of Health

Present Occupants: Vacant

Present Use: Storage

Significance: Goddard Treatment Center is historically significant for its associations with the development of mental health practices in Hawaii. Dedicated in 1950, its 218-patient capacity was a major expansion of the Territorial Hospital and its facilities represented the latest thinking in the treatment of the mentally ill, solidifying the function of the hospital from a position of custodial care to remediation.

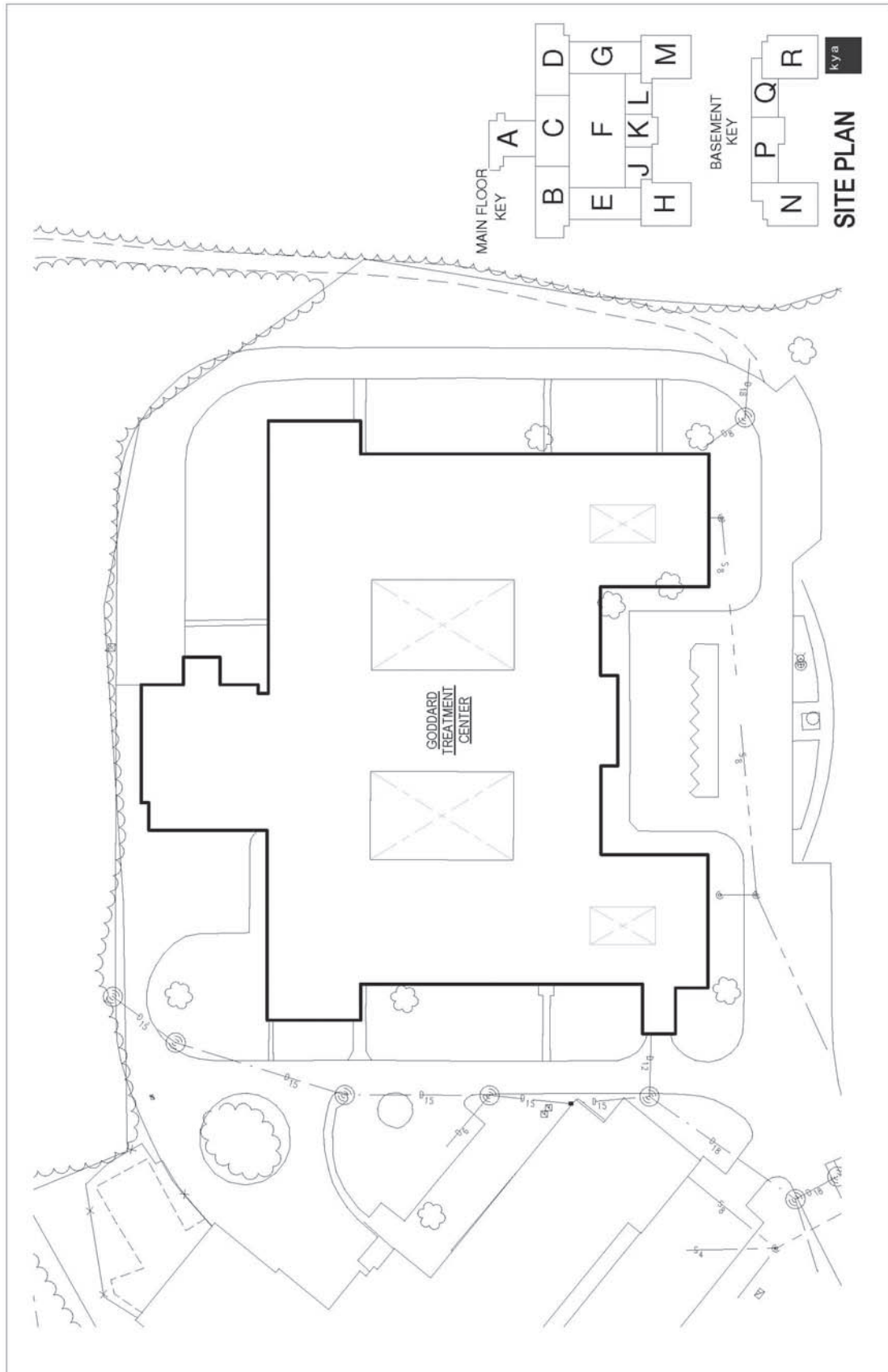


Fig. A Site Plan (Not to scale)

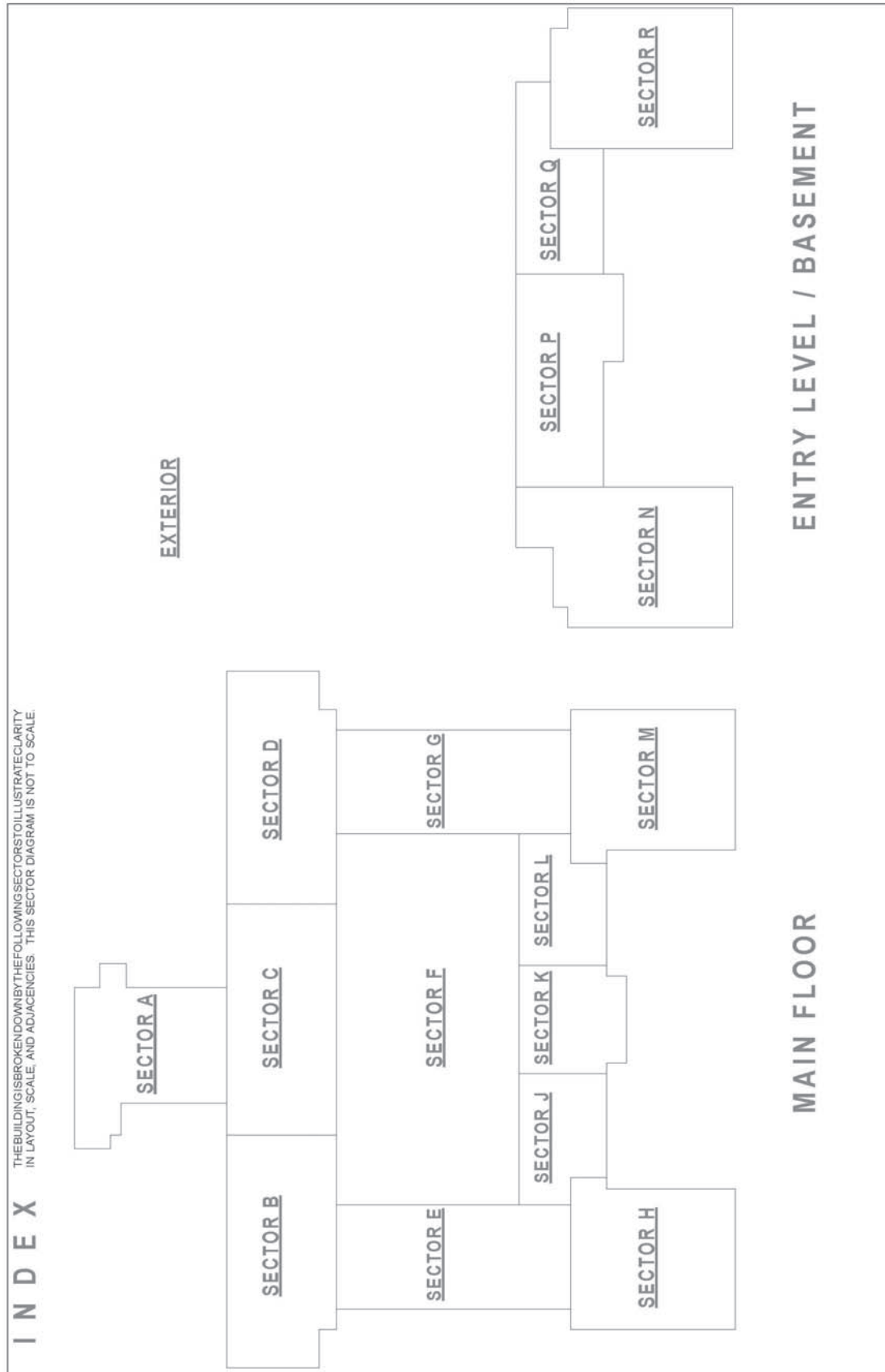


Fig. B Overall Floor Plan (Not to scale)

TERRITORIAL HOSPITAL, GODDARD TREATMENT CENTER
HABS NO. HI-564
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Description:

The Goddard Treatment Center is a modern style, two-story reinforced-concrete building with a flat roof and 5-foot-wide, overhanging eaves. It sits on a poured-in-place concrete slab foundation and is built into the hillside at the *mauka* (towards the mountains) end of the Hawaii State Hospital campus (See *Figure A, Site Plan*). The front, *makai* (towards the ocean), portion of the building is two stories, with the second floor serving as the main floor. The building utilizes a pavilion plan (See *Figure B, Overall Floor Plan*). Its footprint measures approximately 321 feet across the front and extends back 343 feet, including a rear 79-foot by 84-foot kitchen wing. Its front wings project 67 feet from the main body of the structure. The lower story is noted as a basement on the original plans and it features a centered, entry vestibule. The basement extends back from the front of the building approximately 110 to 120 feet under the main floor.

The symmetric building is five bays wide. Each of the wings is 73 feet across and the main body of the building spans approximately 175 feet, with a centered 46-foot 4-inch-wide entry bay flanked by bays measuring 64-foot 4-inch on either side. The end walls of the wings have a center section that projects outwards 2 feet. On the first story, each wing has eight one-over-one double-hung sash windows, with three pairs in the center section and a single window at each end. On the second story, the centered section has four rectangular openings adorned by wrought iron grilles with a decorative geometric pattern of intersecting squares and diagonals. The grilles wrap around the two corners of this section. Two stacked-awning windows flank the outset section on either side. The second-story grilles in the southeast wing have been enclosed by jalousie windows.

The main body of the building features a projecting, centered entry to the building. The wall treatment for this bay differs from the rest of the building as the walls are incised with bands to give a streamlined appearance of four string courses. Three concrete steps lead up to an inset foyer which is enclosed by a pair of sliding wrought-iron gates with side panels, all similar in design to the second-story decorative grilles. The gates are flanked by cast-stone grilles depicting tropical foliage. Windows at the bottom floor are one-over-one double-hung sash, most with obscure, wire-glass lights; these are covered by wire mesh. On the second story, the entry bay features a bank of nine sets of triple-

stacked, single-pane awning windows. To either side of the entry bay, each flanking bay's second story contains three sets of three triple-awning windows and a pair of such windows. A sidewalk runs in front of the building and is covered by a flat-roofed concrete canopy supported by round columns. The approximately 125-foot-long canopy is attached to the entry bay but free-standing at both ends. The sidewalk borders a parking area, at the far side of which is a flag pole with a battered octagonal base. The flag pole is centered on the entry.

The rear wall of the foyer is finished in an art deco manner. Its curved rear wall is adorned with five fluted Doric pilasters rendered in a modern manner. The concrete panels demarcated by the pilasters are scored to form three vertical rectangles surmounted by a horizontal one. A bronze plaque, mounted on the foyer's southeast wall, reads,

To
Oscar F. Goddard
Director of Institutions
July 1, 1939-February 9, 1944
*This building is respectfully dedicated.
His vision, foresight and untiring efforts
Made possible the erection of this symbol
Of hope for those who are ill of mind.*
May 20, 1950

A concrete dogleg stairway at the foyer's northwest wall leads to the main floor and the building's reception lobby. Eleven steps ascend to a landing, with another eight steps leading to the main floor. There is a wood handrail and the stairwell's wall has a wood cap. A pair of triple-stacked awning windows at the stairway's exterior walls provides illumination and ventilation.

The approximately 39-foot by 40-foot lobby is rendered in a modern manner. A *mauka-makai* axis is defined in the center of this space via the use of two dropped, concrete ceilings that form the boundaries of the space. These dropped ceilings, which cantilever approximately 2 feet beyond the

edge of the supporting rounded columns, also house indirect lighting. The edges of the dropped ceilings are up-turned. The lower half of a Dutch door in the northwest of the lobby provides access to the former Medical Records office. A full door is mounted behind the half door to secure the room. A similar door system also gives access to the room from the lateral-running corridor on which the corner room also fronts.

At the rear of the lobby, in each of its sidewalls is a set of solid double doors with square vision panels of wire glass. The doors open on lateral-running corridors, which lead to offices and conference rooms, and then to patient rooms. The floors of the corridors have been stripped of their 9-inch-square asbestos tiles.

The southeast and northwest halves of the main floor are nearly identical mirror images of each other. These areas contain patient rooms, treatment areas, and nursing stations. The southeast half of the building was dedicated to the housing of female patients, while the northwest housed male patients.

Along the *makai* side of the lateral-running corridor on the women's side were offices of the medical director, the director's secretary, the chief nurse, occupational therapy staff, and social workers, as well as a treatment and surgical dressing room. A conference room, staff restrooms, record storage, and another secretary's office were situated on the *mauka* side of the corridor, as well as a dogleg stair leading to the basement. The *makai*-facing offices are all interconnected by internal doors and obtain ventilation and illumination from sets of triple-stacked awning windows, while the *mauka*-facing rooms have double-stacked awning windows. Corridor doors at all rooms have round vision panels, approximately 9 inches in diameter and obscure, wire-glass transoms.

On the men's side, a series of offices and conference rooms similar to those on the women's side line the lateral-running corridor. Unfortunately, plans that would reveal the functions of these various rooms have not been uncovered.

Near the end of the corridors, a pair of walkways accesses each of the building's front wings. These parallel walkways terminate at their *makai* end at a 10-foot-wide enclosed lanai whose large rectangular exterior openings are screened by

the decorative metal grille work previously described. Each wing contains twenty-four private patient rooms which border the walks and are sited around an open, courtyard measuring 25-feet 4-inches by 37-feet 8-inches with a central, octagonal brick fountain (See *Figure C, Courtyard at Patient Wing Plan*). The fountain is approximately 17 inches high and is capped by a wooden seat. It is presently filled with dirt and debris. The courtyard is paved with the same concrete brick used in the fountain and has stone-paved "walks" leading to the fountain from each side. The courtyard is defined by two square columns and two pilasters on its sides. Three private rooms are located at each of its ends with one-over-one double-hung sash windows looking into the courtyard. The courtyard is covered with added chain-link fencing over a steel I-beam pergola, presumably in response to escape attempts.

The private patient rooms are entered from a hinged door with a six-pane window at the top and a screen transom utilizing a heavy, half-inch metal screen. Each room measures 8 feet x 15-feet 4-inches and has a one-over-one double-hung sash window in its rear wall. An extruded-metal mesh screen covers the window on the interior. Every two rooms share a common bathroom located at the front of the rooms, giving the rooms an L-shape with an entry passageway. The bathrooms have solid-core doors and include a sink, toilet, and shower. The shower has 7-feet-high salmon-colored tile walls with its entry set at an angle in the corner. A large square screened opening in the courtyard wall provides ventilation. It utilizes the same mesh screen as the transom over the door.

Mauka of the reception lobby is a large, approximately 60-foot by 90-foot-long room called a pavilion on the original plans. Two short parallel hallways run from the lobby to the pavilion. An elevator shaft and a room, originally designated a library, are situated between the two hallways. The elevator, accessed from the southeast hall, goes to the basement and its shaft serves as the back wall of the lobby, while the library opens on the pavilion. Above the library is a projection booth for showing motion pictures. A door in the northwest hallway accesses a steep, metal-ladder stair with eight treads that ascends to the projection booth. Restrooms

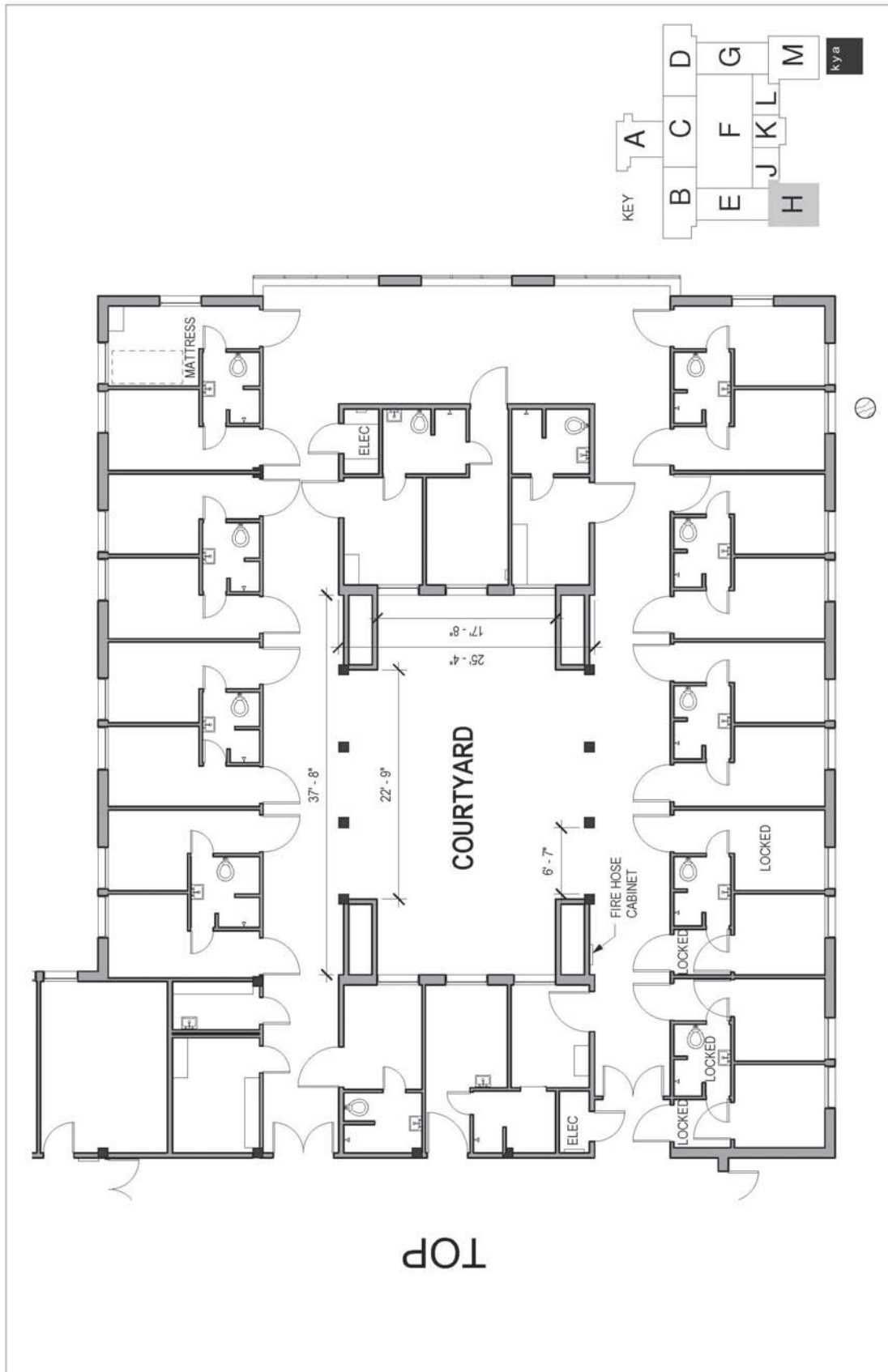


Fig. C Courtyard at Patient Wing Plan (Not to scale)

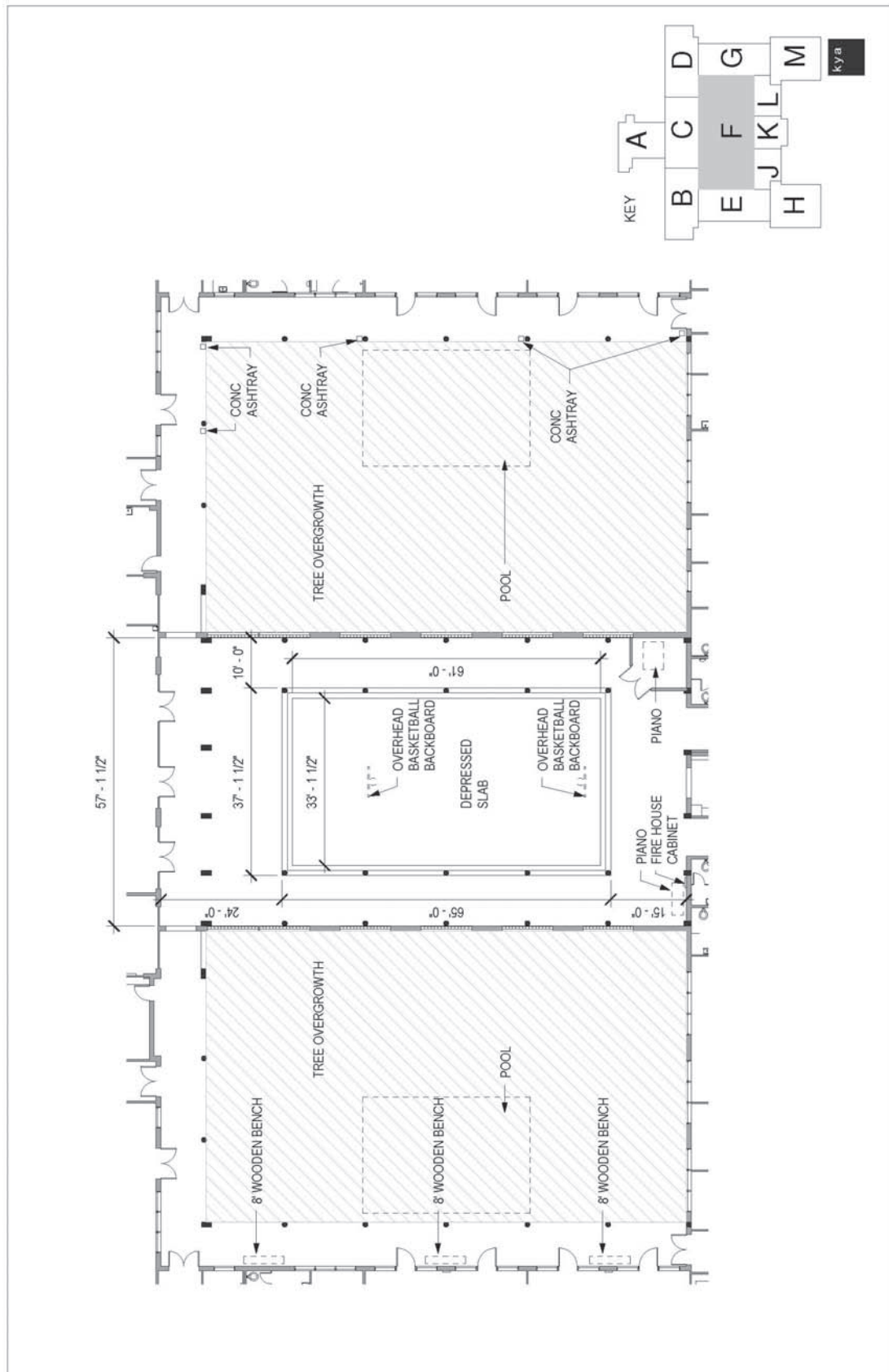


Fig. D Basketball Court Plan (Not to scale)

are located opposite the elevator and projection booth door. Immediately *mauka* of the restrooms, double doors with rectangular viewing panels separate the lobby side of the hallways from the pavilion side.

The pavilion has a sunken, center area with a concrete floor, which is three steps down from the level of the main concrete floor. The sunken area is sheltered by a flat, monitor roof with fixed single-pane windows and wood slat ventilators in its clerestory. Basketball backboards and hoops are above either end of the sunken part of the pavilion.

The pavilion is six bays long, with each bay demarcated by the monitor roof's 6" x 12" concrete roof beams and round columns (See *Figure D, Basketball Court Plan*). The columns support the main roof and ceiling of the pavilion. The main roof runs around the perimeter of the sunken area with its monitor roof. A light bulb in a metal cage is suspended from the ceiling in each bay. Each bay contains a fixed, single-pane window flanked by wood slat ventilators in the monitor's clerestory. The end bays of the clerestory have solid panels rather than wood slat ventilators. The side wall of each bay is framed by round pilasters and is comprised of a centered double doorway, which is now sealed by plywood and is flanked by a wall with a 40-inch-high concrete base surmounted by a 40-inch-high glass block upper section. A screened transom runs above both the doorways and the walls. The doorways open on courtyards on either side of the pavilion. The 90-foot x 60-foot-long courtyards are both now completely overgrown with vegetation. Originally, they were used for outdoor recreation and included a swimming pool with tile walls, no longer readily visible. The pool was sited on the section of the southeast-side courtyard parallel to and furthest from the pavilion's side walls. Angled security fencing was later added around the perimeter of these large courtyards at roof-top level.

To the rear of the pavilion are the cafeteria and kitchen areas, with a boiler room and incinerator at the back of the building (See *Figure E, Kitchen Plan*). Two sets of double doors access the cafeteria from the pavilion. The doors have three panels; the two lower panels are solid and the top panel is screened. A set of three wood-slat jalousie windows are located to either side of the two doorways, and white-glazed ceramic drinking fountains are mounted on the

pavilion-facing wall spaces beyond the windows. A similar drinking fountain is located in the southeast lobby-pavilion hallway opposite the elevator. Immediately to the southeast of the cafeteria is a former concession stand, which in 1975 was converted into a staff dining room, and to the northwest, a door accesses a room that formerly functioned as a beauty salon.

The cafeteria is a large open space measuring 45-feet 6-inches by 87-feet 1-inch with a series of six square reinforced concrete structural columns running laterally across the room (See *Figure F, Cafeteria Plan*). The room originally had terrazzo floors, but now it is bare concrete. The rear wall of the room has three one-over-one double-hung sash windows on its northwest side. On the southeast side is a former serving line with a roll-up door and a door that leads back to the kitchen. The kitchen has red clay tile floors and its walls feature a 6-foot 3-inch white ceramic tile wainscot. All the counters, sinks, and preparation areas are of stainless steel, as is the serving line. There are three walk-in cold storage units at the rear, which have stainless steel fronts and doors. To the kitchen's southeast side a dietician's office is in one corner. This was a new position authorized after World War II. The three windows in the side wall are one-over-one double-hung sash. The kitchen was remodeled in 1975, and the equipment and finishes date from that time.

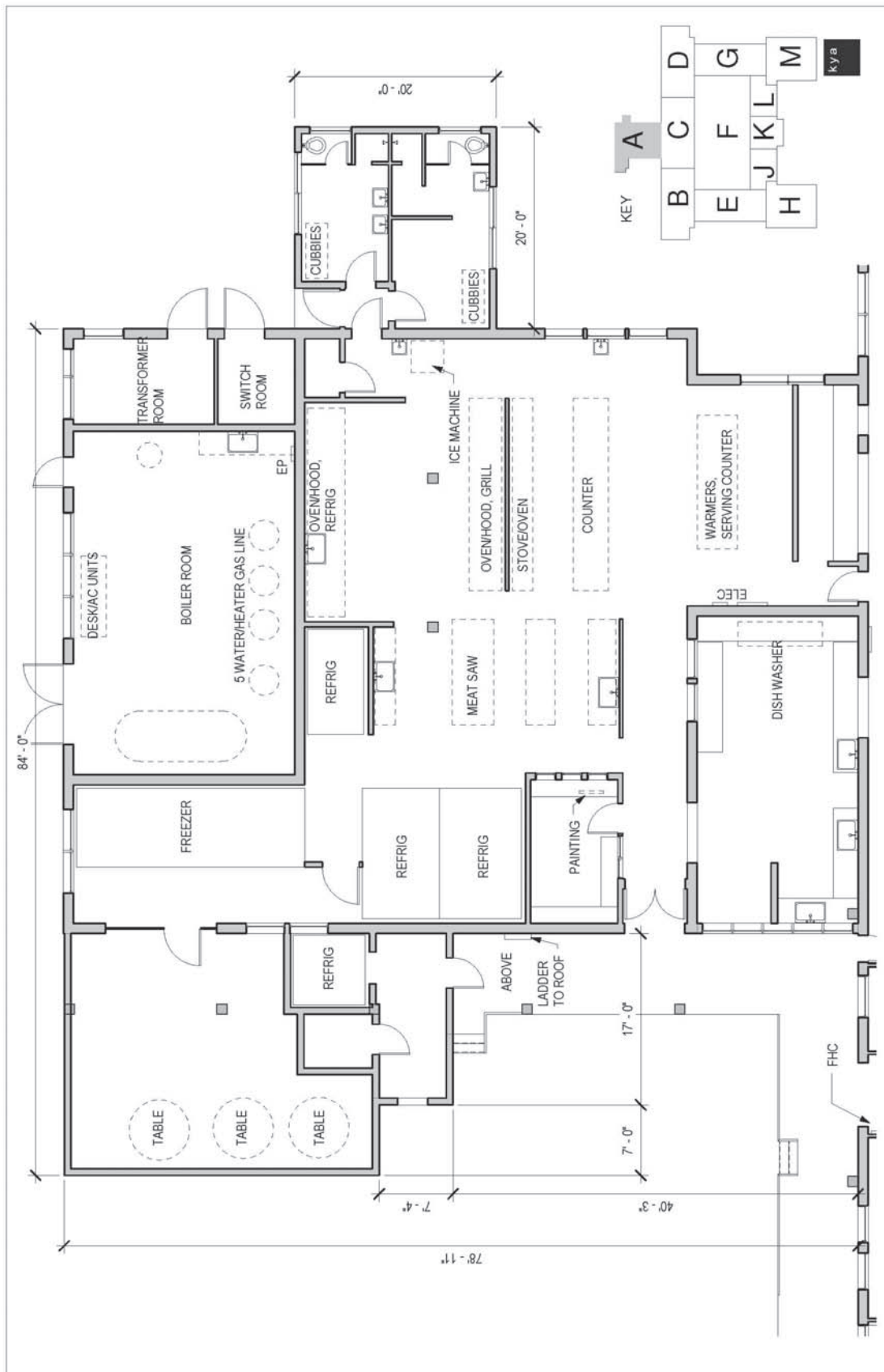


Fig. E Kitchen (Not to scale)

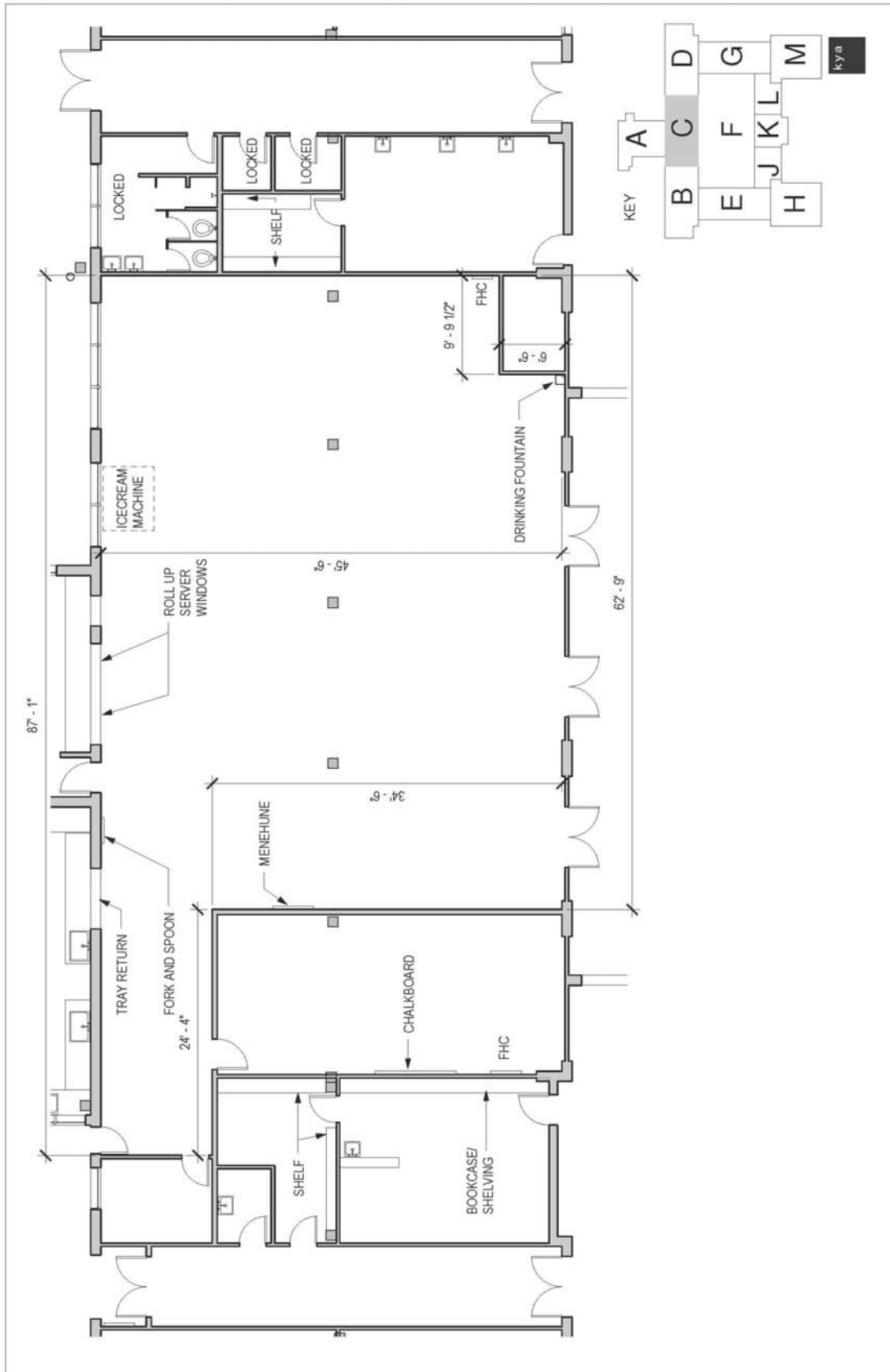


Fig. F Cafeteria Plan (Not to scale)

Parallel corridors run in a *mauka-makai* direction along the side of the former concession stand and beauty salon. These lead directly to the outside, and double doors with rectangular viewing panels are located at both ends of the corridors. The doors leading outside have wire glass transoms.

Lateral-running walkways extend in either direction from the cafeteria end of the pavilion. The concrete walkways traverse the *mauka* edges of the courtyards flanking the pavilion and are defined initially by a 39-inch-high concrete wall and then by three round columns. The colonnade continues to run down the side of the courtyard furthest from the pavilion as the walk wraps around this side of the courtyard as well.

Along each walkway on the *mauka* side, opposite the courtyard and extending beyond it, is a large room that was originally used as a 36-bed patient ward. These patient wards were later converted into dayrooms, which was their use when the building last housed patients. The two wards still remain large open spaces; however, on the women's side, two rooms were constructed with wood floor-to-ceiling partition walls in its *mauka*-northwest corner, and similarly, one such room was built in the men's ward in its *mauka*-southeast corner. These wards each have ten one-over-one double-hung sash windows in their *mauka* walls. At each end of the wall, the windows are placed in pairs and in the middle, in sets of three. Off each ward is a two-bed alcove with a single one-over-one double-hung sash window. Bathroom facilities lay immediately beyond it and patients used a short hall along the alcove's *makai* side to access the bathroom. Adjacent to the short bathroom hall is a nurses' station, and behind that is a room for the treatment of surgical dressings. Both the station and its adjoining room have solid doors.

The lateral-running corridors each terminate at the sides of the hospital. At the ends are three sets of double doors, each leading in a different direction. The set at the end of the corridor opens to the outside. The *makai* set opens on an inset lanai that runs along the side of the building, and the third, *mauka* set, accesses a short corridor that leads to the rear of the building. Originally, this set of doors accessed a hydrotherapy area of the building. The men's side remains intact, but the rooms on the women's southeast side have

been converted into a store room and two patient rooms, each of which have a one-over-one double-hung sash window with an extruded metal screen on its inside.

The inset lanai running down each side of the building measures 121-feet 6-inches long by 52-feet 2-inches wide (See *Figure G, Lanai*). The lanai has a steel railing employing an X pattern. The railing has 1-inch by 1-inch rails and the X's cross pieces are of 1/4-inch by 1-inch stock. Nine round columns support the overhanging eave of the flat roof and three approximately-centered concrete steps access the lanai from the grounds. Another set of five steps provides a second access at the *makai* end. These steps are off-set from the end of the lanai by a curving concrete wall. The wall rises approximately 4 feet above from the sidewalk leading to the steps.

The hydrotherapy section on the men's side remains relatively intact. The hallway accessing this area has three rooms on its northwest side and two on its southeast side, as well as a closet at the end of the hall. The first room on the southeast contains a therapeutic pool originally used as part of the treatment regimen for patients who needed to loosen their muscles. The pool is approximately 4 feet deep, accessed by a narrow set of nine steps with a round metal handrail. The pool is approximately 12 feet long and 6 inches wide. It is lined with blue glazed ceramic tile. The room it occupies has a ceramic tile floor and salmon-colored glazed hollow tile walls up to about 7 feet high with plaster above and a plaster ceiling. The floor tiles are set in a pattern of small, offset squares surrounded by smaller rectangles, with all the tiles colored in varying earth tones. In the *mauka*, northwest corner of the therapeutic pool room is a toilet stall with gray-veined marble walls and door. A pair of chains, looped between round metal stanchions, is located along the edge of the pool to prevent someone from accidentally falling into it.

Adjoining the therapeutic pool room on the southeast side of the hallway is the room for treatment of surgical dressings, which can also be accessed from the 36-bed ward. On the northwest side of the hallway are rooms dedicated to pack treatment and continuous-flow tub treatment. The central,

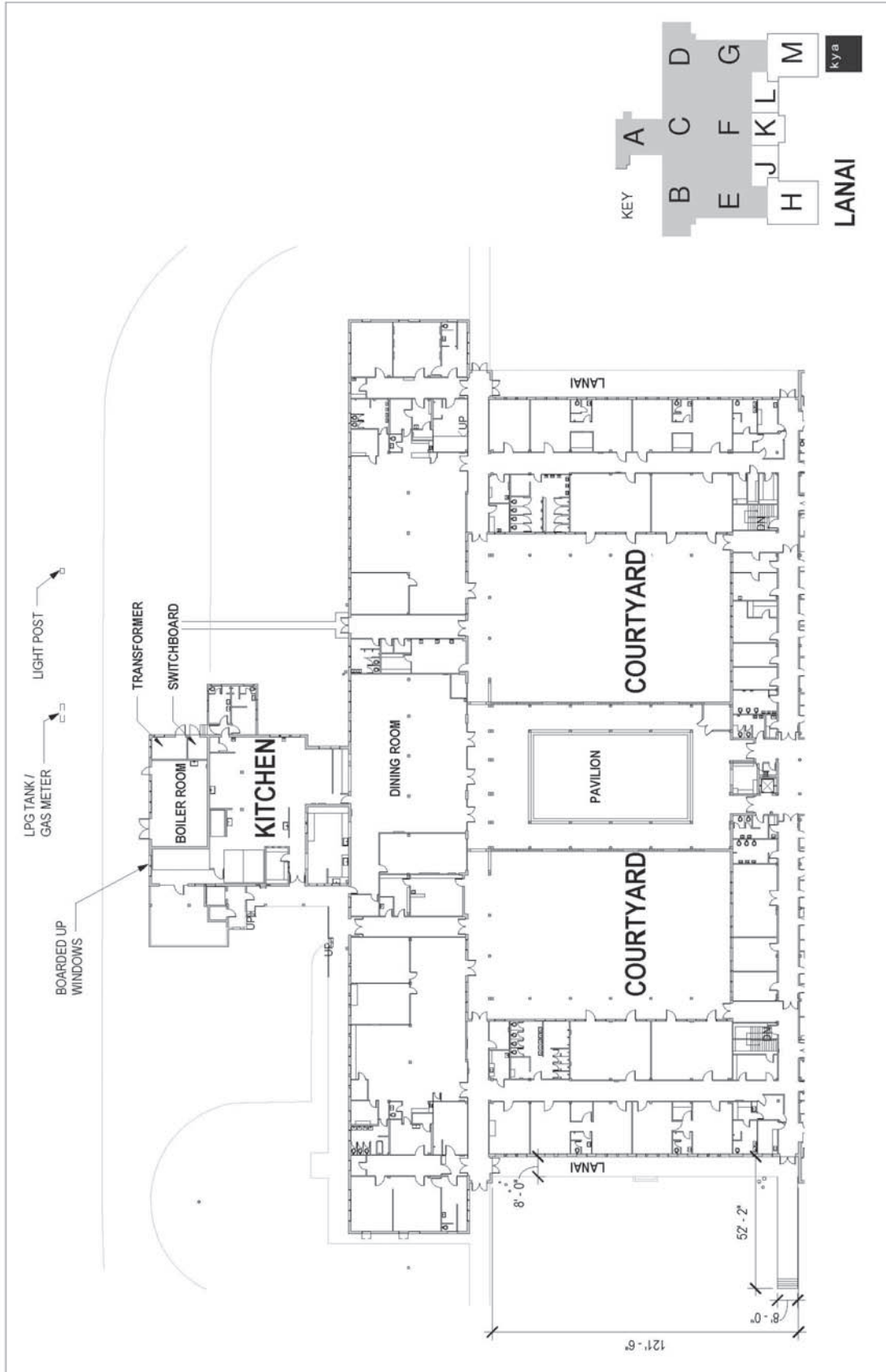


Fig. G Lanai (Not to scale)

continuous-flow tub room and the *mauka* adjoining pack therapy room both have 8-feet 6-inch-high salmon-colored glazed hollow tile walls which are surmounted by a wire mesh transom on all their interior walls. These rooms have concrete floors and have one-over-one double-hung windows in their exterior walls, a pair in the continuous-flow tub room, and one in the pack room. The pumping equipment, including the Leonard Hydriatic valves, for the six continuous-flow tubs remains intact in the side walls of the flow tub room, although the tubs are gone. The pack room originally contained six pack tables, which were on wheels, and these also are no longer present. At the end of the hall is a janitor's closet, which has flooring similar to that of the pool room.

The areas adjacent to the pavilion's courtyards, situated between the original hydrotherapy areas and the wings' patient rooms, each contain two 10-bed patient wards that face out on the courtyards and five 5-bed wards that face out onto the building's side lanai. A central hall runs between the 10- and 5-bed wards, and a community bathroom for the patients is accessed from this hall. The bathroom is situated on the side with the two 10-bed wards. The two 10-bed wards are separated by a wood partition wall, which does not extend to the ceiling. The courtyard-facing wall is dominated by a bank of one-over-one double-hung sash windows with screen transoms, with two doors opening onto the courtyard. A single door with a circular viewing panel accesses the ward from the central hall side.

The 5-bed wards also are entered by single doors with circular viewing panels. Between the first and second wards from the *makai* side is a "quiet room" with its own private bath. A short corridor separates these two rooms and internally connects the second and third wards. A similar configuration exists between the third and fourth wards. Each of the five wards has a set of three one-over-one double-hung sash windows looking out onto the lanai. These have extruded metal screens affixed to the inside of their frames.

The community bathroom has sinks, toilets, and showers. The showers include both private stalls and an open area. The toilet and shower stalls both have gray-veined marble partition walls and wood doors, neither of which extends to the floor. The floors are concrete. The bathroom walls have

a 7-foot 6-inch salmon-colored, glazed tile dado. The men's bathroom also has urinals.

Each wing has a set of concrete dogleg stairs leading to the basement. The stairs are accessed through a pair of double doors, with circular vision panels, off the lateral-running corridors from the lobby. They are situated to the *makai* side of the 10-bed wards, immediately adjoining the wards.

The basement is configured in a U-shaped plan with the rear wall of the stairs encompassed by the rear wall of the basement. The exterior walls of the basement are poured-in-place reinforced concrete, but the basement's interior walls are all hollow tile, except for those directly below the courtyards in the main floor's wings. These four walls are reinforced concrete and essentially enclose dead space, as the courtyards sit on solid earth. The corridor encircling the dead space on the northwest side is referred to on plans as the "treatment corridor" and the corridor on the southeast side is named the "surgery corridor." A lateral-running corridor, with rooms off each side connects the two wings.

The basement flooring is comprised of either 9-inch-square asphalt composition tiles or colored concrete. Ceilings are 10-feet high and plastered. Interior doors off the corridors feature a round vision panel of wire glass. All windows are one-over-one double-hung sash.

Although the building's entry foyer is at the basement level, there is no access to it from the basement. However, the basement may be entered from the outside at three locations: a side door immediately adjacent to the entry foyer on its southeast side, and on the side at either end of the building. The former faces in the southeast direction and is not visible when looking straight-on at the facade. All three entries are solid double doors, and the doorway on the southeast, or surgery side of the basement, is sheltered by a 24-foot 6-inch-long, flat-roofed canopy running out from the building. The canopy is supported by three round concrete columns on each side.

No original plans of the basement indicating room functions have been located. On the northwest side, the corridor encircles the dead space below the courtyard. The six rooms lining the treatment corridors most likely were where various treatments, including electric shock therapy and insulin

treatment, were administered but the specific room for such treatments is unknown.

The functions of a number of rooms off the surgery corridor are more easily comprehended. This corridor is U-shaped with a *mauka* head and parallel legs running along the southeast and northwest sides of the courtyard dead space. Along the *makai* end of the surgery side is the operating room. This room has glazed tile walls and originally had a terrazzo floor, which has been removed to reveal bare concrete. The wall tiles are square and pale gray-green colored. Two doors with large square glass windows in their tops access the room, one from the northwest side corridor and the other from the laboratory. The latter is a swinging door. A set of two stainless steel floor-to-ceiling cabinets with glass double doors dominate the northwest side of the operating room. On the opposite southeast side, a canted window runs almost the entire length of the wall. Behind the window is a viewing gallery, where people could observe surgical procedures. The gallery contains two rows of benches with handrails in front of them. Under the gallery is a small room, entered from a set of concrete stairs that descend from the southeast-side corridor. This room was used to film the operations and has a window that cranks up and down looking into the operating room from below the gallery.

Adjoining the operating room on the northwest side is a laboratory and preparation area. It has stainless steel countertops with cabinets below and hanging cabinets with glass doors above. The walls have a 6-foot 6-inch glazed tile dado, with the tiles the same size and color as the operating room. It has a terrazzo floor. An Amenco sterilizer is built into the wall opposite the swinging door, which leads into the operating room. Two ceramic sinks are also in this area, one to the *makai* side of the operating door and the other in a niche on the *makai* side of the sterilizer.

Immediately *mauka* of the operating room is a clean-up station that includes a sink. Along the southeast-side hall are utility rooms, workshops, a small morgue, and a chiller in which to store decomposable materials.

Most of the finishes in the Goddard Treatment Center (floor, wall and ceiling coverings, doors, windows, and fixtures) are in very poor condition. The building last housed patients in

1990 and most of the materials show signs of deterioration. Areas of plaster ceiling have collapsed. There is termite damage to most wood work and metalwork is corroding. Most of the equipment that supports the operation of the Goddard Treatment Center (air-conditioning, ventilation, refrigeration, boilers, cooking equipment, etc.) does not appear to be operable. Plumbing, electrical, and telephone systems appear to have also failed. Asbestos remediation has been partially undertaken, as evidenced by the removal of original flooring.

**Historical
Context:**

Goddard Treatment Center was constructed as a major new facility at the Territorial Hospital. Following the United States' admission of Hawaii as the fiftieth state, the building served as an integral element in the Hawaii State Hospital, on which grounds it still stands.

Dedicated in May 1950 and opened for patients in January 1951, the planning for the Goddard Treatment Center was begun at least nine years earlier by then Territorial Director of Institutions, Oscar F. Goddard, and Dr. Ellis A. Stephens, Medical Director of the Territorial Hospital. The \$1.3 million building was "hailed as a milestone in Hawaii's medical history" and "one of the most modern in the nation" when it opened.¹

Sketches, dated September 1941 and titled "Recoverable Unit for Territorial Hospital," are the earliest depictions of the facility that eventually became the Goddard Treatment Center. They show a 204-bed facility that is quite similar in plan to the finished 218-bed building. The most striking difference between the 1941 drawings and the finished building is the roof. The 1941 elevations show a hip roof with gablets which gives the planned building a Hawaiian feeling. This hip roof was omitted on the building when it was constructed and a flat roof put in its place, resulting in a completed building in the International Style. A cost savings was probably realized by this roof substitution, but what was originally envisioned as a more Hawaiian-Style building became an International-Style building with Hawaiian embellishment.

¹ "Milestone in Hawaii's Medical History," *Honolulu Star-Bulletin* (Honolulu, HI), May 22, 1950.

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The decorative elements present on the completed building are the result of the 1947 final drawings for the building by Dickey & Associates. These include the cast stone screens and the grille work in the entry gate and second-story lanai. Also, the curved foyer with modern fluted columns was the result of the later design.

In addition, the plan for the two wings was modified by the addition of the courtyards with a fountain and the expansion of the lanai at the *makai* ends of the wings. Also, the pavilion was added, dividing an originally planned large central courtyard into two courtyards with the pavilion in the middle.

Dr. Stephens and Oscar Goddard both approved the 1941 plans, as did D. F. Balch, Superintendent of Public Works. The plans most likely were developed by the Territorial Department of Public Works in close coordination with Dr. Stephens, for at that time there were no architectural programs developed for mental hospitals. Indeed, across the United States, psychiatrists differed as to what a mental hospital should be, as did hospital administrators. As late as 1947, Owen A. Luckenbach, a partner in the architectural firm O'Dell, Hewlett & Luckenbach of Detroit, noted, "In spite of the need for modern mental hospital facilities, there is as yet no clear formulation of requirements which the architect can follow. He must lead, for there is virtually nothing he may follow."² Similarly, in 1950, Dr. Paul Haun, the chief of the Hospital Construction Unit for the Psychiatry and Neurology Division of the Veterans Administration, advised architects designing psychiatric hospitals to "remember the wisdom of the old recipe for rabbit stew and first catch our rabbit," as there were no medically acceptable construction standards for such buildings.³ Dr. Richard A. Kepner, who was the staff psychiatrist at the Territorial Hospital under Dr. Stevens, noted in the obituary he wrote for Dr. Stephens that Goddard Treatment Center "was finally finished in 1952, exactly according to Dr. Stephens' plans."⁴

Dr. Stephens (1892-1956) was born in Wilkes-Barre, Pennsylvania, and graduated from Wyoming Seminary in 1912 and from Chicago's Loyola University School of Medicine with his MD in 1916. He served in the Navy during

² Owen A. Luckenbach, "Planning the Mental Hospital," *Architectural Record* (June 1947): 107.

³ Paul Haun, "A Program for a Psychiatric Hospital," *Architectural Record* (October 1950): 136.

⁴ Richard D. Kepner, "Ellis Arthur Stephens, M.D.," *Hawaii Medical Journal* (September-October 1956): 56.

World War I and attended the U.S. Navy Medical School from 1916 to 1917. After the war, he remained on active duty until 1934 and was in charge of psychiatric patients for at least four of those years. Upon retiring from active duty, he traveled and attended graduate school before relocating to Hawaii to work at the Territorial Hospital. He was appointed as the Acting Associate Medical Officer during the terminal illness of Dr. Eckerdt, and, in August of 1937, became the hospital's Medical Director upon Dr. Eckerdt's passing. He held this position until his resignation in 1946.

During his tenure in the position, he worked to further the transition of the Territorial Hospital from a custodial asylum to a hospital offering remedial care. The new concepts and treatment approaches espoused by Dr. Stephens and his staff were embodied in the design of Goddard Treatment Center, and the building is associated with the trend of expanding health care services for the mentally ill in Hawaii. Hydrotherapies, which became popular in the early 1900s, continued to be used, and new treatments were utilized in an attempt to cure the mentally disturbed. New treatments such as insulin shock therapy, electro-shock treatment, pharmacological-shock therapy, neurosurgery, and later electroencephalography, all were introduced during Dr. Stephens' administration.

Hydrotherapy was a commonly used practice, and separate male and female sections were included in Goddard Treatment Center for this treatment. Water was thought to be an effective treatment because it could be heated or cooled and utilized to elicit different reactions. Continuous-flow warm water baths were used to treat patients suffering from disorders such as insomnia and for calming excited and agitated behavior, as well as suicidal and assaultive tendencies. In this approach, patients were confined to tubs enclosed by a canvas top with a hole for the head. Patients, depending on the severity of their condition, were immersed in continuous flowing warm water for a matter of hours or up to several days, being only allowed out to relieve themselves. Goddard Treatment Center had separate rooms for this treatment, as well as pack rooms. With the pack treatment, patients were tightly wrapped in sheets dampened by varying temperatures of water, and they would be strapped down to a table in this condition for several hours. Those exposed to such cold water (48 to 70 degrees Fahrenheit) packs were often diagnosed as manic-

depressive or exhibiting signs of excitement and excessive motor activity. Separate rooms at Goddard Treatment Center, adjacent to the continuous-flow tub rooms, were reserved for this treatment. Both of these treatments required attendants to be on hand over long time periods to administer the treatment, and when confronted with staffing shortages, these programs were often phased out in favor of electro-shock or psychiatric drug treatments.

The Territorial Hospital was at the forefront of adapting a number of new innovations that became popular throughout the nation in the 1930s and 1940s, all of which had special treatment rooms in the basement of Goddard Treatment Center. These included insulin-shock therapy, electro-shock therapy, and neurosurgery.

Convulsive shock therapies started to be employed at the hospital in 1938 when pharmacological shock was introduced at Kaneohe to treat dementia praecox, via the drug metrazol. Developed in 1934 by the Hungarian-American neurologist and psychiatrist Ladislas J. Meduna, professionals in psychiatrics learned of his studies with the publication of his book in 1937, which claimed a 50% success rate with schizophrenics. When metrazol was injected into a patient, it produced an explosive seizure about a minute after injection. Often the convulsions resulted in broken bones and torn muscles. For effectiveness, it was given two to three times a week, with a complete treatment running thirty to forty injections. *The Department of Institutions Annual Report for 1940* noted, "The use of pharmacologic shock therapy was continued with good results in many cases but with disappointing results in others. Towards the latter part of the year, pierotoxin as a convulsive agent was used but it is too early to comment on the results."⁵ These convulsion-inducing drugs were used for only a few years before they were supplanted by electroconvulsive therapy (ECT), popularly called electro-shock therapy.

Electro-shock therapy was developed in 1938 by Italian neuropsychiatrists Ugo Cerletti and Lucio Bini. The method used electric shocks applied to the brain to produce seizures in patients suffering from schizophrenia, major depressive order, mania, and catatonia. In 1940, this treatment was

⁵ *The Department of Institutions Annual Report for 1940*, 3.

introduced at the Territorial Hospital, and favored over pharmacologic shock therapy as it was deemed to be a simple technique that was inexpensive and resulted in minor complications. The shock and convulsion were easily controlled, and as patients were anesthetized prior to subjecting them to the electro-shock therapy, staff did not have to endure the strong resistance that they unsurprisingly encountered when trying to administer the drug-induced shock therapy. A special room was included in the basement of Goddard Treatment Center for this treatment. In the United States, ECT devices came into existence prior to medical devices being regulated by the Food and Drug Administration (FDA), so the FDA was obligated to retrospectively review already existing devices and classify them, and determine whether clinical trials were needed to prove efficacy and safety. While the FDA has since classified the devices used to administer ECT as Class III medical devices, it has not yet determined whether the devices should be withdrawn from the market until clinical trials prove their safety and efficacy.

Insulin shock therapy was another treatment employed at the Territorial Hospital, having been introduced after World War II. Viennese physician Manfred Sakel started to develop insulin shock therapy in 1927 after he accidentally gave one of his diabetic patients an insulin overdose, which sent her into a coma. The woman, a drug addict, woke up and declared her morphine craving gone. Sakel began to experiment with other patients and in 1933 reported a 90% recovery rate, particularly among schizophrenics. *The Department of Institutions Annual Report* for 1947 noted the expanded use of insulin-coma therapy at the Territorial Hospital, especially in “the management of acute cases of schizophrenia, which is the largest single problem in a mental hospital.”⁶ A special room in the basement of Goddard Treatment Center was dedicated to this treatment. Worldwide, the popularity of insulin therapy faded during the 1950s, mainly because it was dangerous, with between 1% and 2% of treatments resulting in death.

Neurosurgery, in the form of lobotomies, was also a treatment employed at the Territorial Hospital. This procedure was developed in 1936 by the Portuguese doctor Egas Moniz, who believed mental illnesses were generally

⁶ *The Department of Institutions Annual Report* for 1947, 87.

caused by problems in the neurons of the frontal lobe, the part of the brain just behind the forehead. Moniz believed the technique could cure insanity while leaving the rest of the patient's mental function relatively normal and his research seemed to support that. Although this treatment was controversial since its inception, it remained a mainstream procedure for more than two decades, and in 1949, Moniz was awarded the Nobel Prize for Physiology or Medicine.

The first lobotomy conducted at the Territorial Hospital occurred in 1942. It was applied only to chronic patients who were deemed to have incurable disorders of five or more years and who had failed to respond to other treatments. Familial consent was obtained prior to undertaking the operation. Lobotomies were one of the procedures undertaken in Goddard Treatment Center's operating room. By 1945, close to 100 of these operations were performed in Kaneohe, with 38 operations alone in 1945. Throughout the United States, 1949 proved to be a peak year for lobotomies when 5,074 procedures were undertaken, and by 1951, over 18,608 individuals had been lobotomized throughout the nation. However, as the number of lobotomies increased, a major problem became apparent. The patients weren't just calm; they were virtual zombies who scarcely responded to the world around them. The treatment soon fell out of favor, and in 1950, a drug named chlorpromazine (sold as Thorazine) was introduced as a means of altering human behavior. Over the ensuing years, other mood-altering drugs were introduced, revolutionizing the treatment of mental illness and leading to the abandonment of many of the practices of the previous decades.

Although we now recognize many of the above forms of treatment as archaic and mostly ineffective, Dr. Stephens also introduced such cutting edge practices as individual and group psychotherapy, psychiatric nursing, occupational therapy, a liberal policy of home visits, and the hiring of a psychiatric social worker to oversee recreational therapy, which included the establishment of a beauty salon, the holding of dances, the showing of motion pictures, and organized picnics. The expansion of the recreational program is seen in the inclusion of the pavilion in the 1947 plans for the Goddard Treatment Center with its movie

projection room and recreation area, and the inclusion of a room specifically designed as a beauty salon. During non-mealtimes the cafeteria was used for group psychotherapy.

Thus, the Goddard Treatment Center and its modern design embody what was then the most advanced thinking in the curing of mental illness. It is very much associated with the pattern of events and changing attitudes that are important to the history of the treatment of the mentally ill in Hawaii.

Doubtless, the United States entry into World War II, three months after the date of the 1941 drawings of the treatment center, put construction efforts on hold until the late 1940s. During the war, the Territorial Hospital buildings in Kaneohe, which were constructed during the 1930s, were used by the military. Several wooden barracks-type buildings were built, but no other construction was undertaken between the late 1930s and the construction of Goddard Treatment Center. Oscar F. Goddard died in February 1944, and Dr. Stephens resigned in 1946, as the hospital was underfunded and understaffed, resulting in over-crowding and malnutrition among the patients.

A December 1946 report compiled by Thomas B. Vance, the Director of Public Institutions, and members of the hospital staff, including Dr. Stephens' successor, Dr. Marcus Guensberg, described the "appalling conditions" at the hospital, with "disproportionate congestion" making the wards "indescribably terrible." While the hospital had transitioned itself to operate as a modern treatment center, it was hampered by the budget of a custodial system. As a result of the negative publicity engendered by the report, monies were appropriated in early 1947 to increase the operating budget of the hospital and to design and construct a recoverable patients unit, which would become the Goddard Treatment Center. The architectural firm of C. W. Dickey Associates prepared construction plans dated November 1947. Charles Dickey, a major proponent for appropriate regional architectural design for Hawaii, had died in 1942, and the firm that bore his name was taken over by William Merrill (Dickey's nephew), James Simms, and Kenneth Roehrig, who in 1948 began listing the firm under their own names.

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The building was built in the International Style, which was very popular in Hawaii and most of the rest of the world during the late 1940s through the 1980s. The flat roof with its overhanging simple cornice line, bands of windows and grilles, and smooth unadorned wall surfaces are characteristics of the International Style expressed in this building. Aside from being an International-Style design, there are some local details that were often used during the period to mark the building as up-to-date but also Hawaiian: cast-stone grilles in a floral motif at the entry, decorative metal grilles in a geometric motif at the entry and *makai* ends of the patient wings, courtyards to provide open space and bring the outdoors into the building, and various means to try to make the building work as a naturally ventilated structure.

The new building accommodated 218 patients and was used to house and evaluate new admissions. The *Star Bulletin* described it as,

*A beautiful two-story building built about an open courtyard, it looks more like a tourist hotel than an institution... Huge windows give patients a view of the sea or mountains from nearly every room... The hospital is just as secure as an old-fashioned jail-type institution, says Director Marcus Guensberg. But open recreation areas in the center of the building nearly eliminate the sense of confinement.*⁷

In addition to the previously mentioned treatment rooms in the building, a room was also dedicated to the electroencephalograph, which was used to help diagnose incoming patients and mark their progress.

It is important to note that the Goddard Treatment Center was not only a new building at the Territorial Hospital, but a new type of building. If the hospital's only need was to provide more living space this could have been accomplished following the lines of the buildings constructed during the 1930s. Instead, a new treatment and reception center was desired, a building which embodied the current thought on the treatment and curing of the mentally ill. As

⁷ "New Hospital for Mentally Ill Will Rank with Top Institutions," *Honolulu Star-Bulletin* (Honolulu, HI), Aug. 27, 1949.

such, the new hospital building conformed to the prevailing design thinking for mental hospitals.

As a building type, mental hospitals were a relatively new architectural program. While hospitals have been constructed since ancient times, there were no buildings specifically built to treat the mentally ill until the end of the eighteenth century, with the insane placed in prisons or poor houses prior to that time. In France, Phillippe Pinel advocated moral treatment of the insane based on humanitarian ideals, and in 1793, removed the chains from the mentally ill in the Bicetre in Paris. At the same time in England, William Tuke began treating the insane in a similar manner and advocated that asylums be built in bucolic environments to aid in a person's recovery. His York Retreat became a prototype emulated decades later in the United States.

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In the 1840s, Dorothea Dix became a strong advocate for the humane treatment of the mentally ill in America, and Dr. Thomas Story Kirkbride (1809-1883), the superintendent of Pennsylvania Hospital for the Insane, incorporated such ideals into mental hospital design. Dr. Kirkbride was one of the thirteen founding members of the Association of Medical Superintendents of American Institutions for the Insane (AMSAI), the forerunner of the American Psychiatric Association. He served first as secretary, then later as president of this organization. Through this association and in his writings, Kirkbride promoted a standardized method of asylum construction and mental health treatment, popularly known as the Kirkbride Plan, which significantly influenced the entire American asylum community during his lifetime. He built on Pinel and Tuke's ideas of moral treatment, and the positive role buildings and grounds played in the treatment of the insane. The institutions he proposed were placed on extensive grounds with cultivated parks and farmland, with the patients housed in one large masonry building with a central administrative core flanked by separate wings for men and women. Various illnesses were separated by floors, with the more excited patients placed on lower floors and the quieter patients on upper floors. Sunlight and fresh air were important elements in designing the building, and patients were housed in private rooms rather than wards. Patients were encouraged to help work the farms and keep the grounds, as well as participate in other chores. Such structured occupation was meant to provide a

sense of purpose and responsibility, which it was believed would help regulate the mind as well as improve physical fitness. Patients were also encouraged to take part in recreations, games, and entertainments, which would also engage their minds, make their stay more pleasant, and perhaps help foster and maintain social skills.

Toward the end of the nineteenth century, however, the Kirkbride Plan lost prominence in the system that it played such a major role in developing. A lack of concrete evidence indicating substantial numbers of permanently cured patients, and no reduction in the incidence of mental illness, caused the mental healthcare establishment to seek different ways of handling the insane. Cost considerations led insane asylums to become primarily custodial institutions rather than remedial. Although many existing Kirkbride buildings continued as important parts of state hospitals well into the twentieth century, the imposing brick and stone buildings gave way to an asylum based on a cluster of separate cottages, where the sexes and various illnesses could be housed in separate ward buildings that allowed for the separation of noisy and violent patients from the other charges. By the start of the twentieth century, the cottage plan came to dominate the field of asylum design.

Early cottage plan buildings were typically no more than two stories tall, and they were typically built of fireproof materials such as brick, stone, and slate. Each cottage was purposely built for a single type of patient, and there were typically two sets of buildings for each, one for women and one for men. Hospital campuses usually resembled a college with large, well-manicured lawns, flower beds, trees, fountains, and other decorative items. Typically, an administration building was located at the front of the campus, and patient buildings would encircle the campus with communal buildings such as a kitchen, chapel, or auditorium in the center. Power plants, laundry facilities, and farms were often located to the rear of the campus. When Honolulu's insane asylum was relocated in 1929-1930 from School Street to Kaneohe where it was renamed the Territorial Hospital, the cottage plan was followed. As an emphasis was placed on confinement rather than treatment, these buildings often served as dormitories and offered little in the way of private rooms or space devoted to treatment.

With the shifting emphasis on remediation, rather than confinement, doctors and administrators at the Territorial Hospital had to try to accommodate changing needs within the existing physical plant. When an opportunity arose to consider constructing a new building, their highest priority was on a modern center that would meet the evolving needs of the profession. The Goddard Treatment Center incorporated elements from both the cottage and Kirkbride plans. Sited at the rear of an existing cottage complex, it retained the one- to two-story scale which had come to dominate twentieth century asylum design. However, the building was organized in the manner of the Kirkbride Plan with a central administrative core flanked by male and female wings. Serving as a reception and treatment building, it functioned in a manner that corresponded with Dr. Paul Haun's discussion of such a building:

Patients will be admitted first to this building for detailed examination, classification and intensive therapy. Patients with favorable prognosis will be treated here for periods of four to six months in the hope that a return to the community can be effected without the necessity of transfer to other wards of the hospital... Patients from this building will make full utilization of facilities in the auxiliary treatment buildings: recreation, occupational therapy, gymnasium, and theater. Patients with unfavorable prognosis whose improvement under active treatment is improbable will be transferred within short periods to an appropriate building in the chronic hospital zone for long term therapy.⁸

Unlike the building described by Haun, Goddard Treatment Center housed a gymnasium and theater in the form of the pavilion, and offered recreation and occupational therapy within the building. Like other new hospitals of the time, such as the receiving building at Anoka, one of Minnesota's state mental hospitals, Goddard Treatment Center's designers strove to isolate the new patients from the hospital's general population in an effort to give the new patient every chance at a cure.

⁸ Haun, "A Program for a Psychiatric Hospital," 139.

In 1953, Alston G. Guttersen, the U.S. Public Health Service's Hospital Architect, explained the importance of the reception and treatment building,

It is the receiving and intensive treatment building, more than any other building of the modern mental hospital, that offers the best opportunity for a discussion of the facilities required in modern treatment programs for nervous and mental patients. It is the building all the new patients will come for their initial diagnosis, and, in the majority of cases, will remain for treatment until return to the community can be effected...

The receiving and intensive treatment facility, more than any other service of the modern mental hospital, reflects the changing attitude and treatment of nervous and mental patients... It has facilities for the segregate housing and treatment, in small groups, of all types of patients; for their diagnosis, for their occupation and recreation. This modern service encourages, also, a greater freedom for a greater percentage of patients. The modern mental hospital does not reflect secure custody, but rather a simplified and controlled community in which constructive activity has been substituted for deteriorating inactivity or destructive behavior.⁹

The inclusion of courtyards in the Goddard Treatment Center may be viewed as an attempt to instill a sense of Hawaii into the building. This may very well have been the intention, as the courtyards in the wings and the pavilion with its monitor roof, as well as the decorative elements on the façade, were all introduced late in the design process by Dickey & Associates. However, other mental hospitals built during the period in warm climates also offered outdoor interactions within their confines through the use of roof terraces and upper floor sun decks, as exemplified by the Rosary Clinic, DePaul Sanitarium in New Orleans and the Norton Memorial Infirmary in Louisville, Kentucky. Similarly, the Treatment

⁹ Alston G. Guttersen, "Design of Intensive Treatment Buildings," *Architectural Record* (November 1953): 189.

Building in Salem, Oregon designed by Pietro Belluschi includes a rooftop solarium.¹⁰ Also, the Receiving Building at the Psychiatric Hospital in Rio Piedras in Puerto Rico featured a courtyard. However, the absence of patient dayrooms, a standard feature in the above mentioned hospitals, appears to indicate that Goddard Treatment Center more extensively used the courtyards, pavilion, and the lanai at the end of its wings as centers of activity more so than the other hospitals.

The centralization of the administrative staff in Goddard Treatment Center was also a common practice of the time, although some states favored that the medical staff be decentralized to be in closer proximity to the patients they worked with on a regular basis. This area of the building closely correlates with Gutttersen's description of this area in an ideal mental hospital,

The administrative offices are grouped together in a separate area near the main entrance, convenient to the public and away from diagnostic and treatment areas. The main elements of this administrative group are: main entrance lobby and waiting room, information counter, public toilets, public telephone, business office, medical record room, library and conference room, offices for chief psychiatrist, chief psychologist, chief psychiatric social worker, chief nurse, secretaries and admitting, personnel lockers, toilets, and janitor's closet.¹¹

The inclusion of treatment areas in the building also was considered best practice as well:

The intent in the receiving building is that it furnish diagnosis and treatment of new patients for return to the community without their having been a part of the main mental hospital population. Since receiving buildings having this service are relatively new, their pattern of requirements has not been clearly established.

¹⁰ Haun: 127, 131, 142-145, 150.

¹¹ Gutttersen, "Design of Intensive Treatment Buildings," 192.

This is particularly true regarding the amount of diagnostic equipment which is to be included in this facility.

Analysis of the treatment program establishes the fact that duplication of routine diagnostic equipment in the total hospital is justified in many instances.¹²

Similarly, the location of these treatment rooms in the basement was considered advisable:

Diagnostic facilities should be grouped together and away from areas of patient activities... In addition, facilities for insulin and electric shock treatment will be required in the receiving building... Insulin may be given, as is preferred by some, in the single room of the patient. It is usually given in a larger room where several patients may receive the treatment at some saving in staff.¹³

Guttersen also pointed out the insulin room might also be used as a recovery room for persons given electro-shock treatment, as this recovery time was usually around thirty minutes.

The presence of an operating room in Goddard Treatment Center, however, was not considered the norm, as Guttersen deemed one such facility was sufficient to serve a hospital complex. Most likely, the Territorial Hospital's facility for this purpose was deemed inadequate and one was included in Goddard Treatment Center in order to upgrade this aspect of hospital service. The canopied walkway leading to the surgery wing seems to indicate these rooms served the entire hospital and not just patients in Goddard Treatment Center.

The inclusion of a kitchen and cafeteria separate from that used by the main hospital also followed the intention of not mixing Goddard Treatment Center's patients with those of the general population of the hospital.

¹² Ibid., 193.

¹³ Ibid., 194.

The pavilion also was designed in accord with best practices of the period, as,

*The exercise gymnasium should be a minimum of approximately one half of a basketball court for installation of a basketball backboard and basket. In general the least competitive activities will be used, though volleyball, badminton, shuffleboard, and ping-pong may be among the activities scheduled. Punching bags, tumbling mats, parallel bars, exercise pulleys, etc. are some of the equipment that will be used. The space should be arranged so that it will be used for motion pictures, plays and dances. The gymnasium should open to outdoor exercise areas where tennis and ball games may be organized.*¹⁴

The placement of the continuous flow baths and pack rooms adjacent to patient rooms was also recommended, and, “since continuous flow bath treatments cannot be scheduled, there must be two separate tub rooms where men and women patients are being treated.”¹⁵

The Goddard Treatment Center was designed and constructed near the end of a period that emphasized a variety of treatments for the curing of mental illness. Within a few years of its completion, psycho-pharmaceutical drugs were discovered and this changed the entire complexion as to how the medical professions would deal with mental illness.

The building stands as a reminder of the beginning years when the treatment philosophy for the mentally ill in Hawaii shifted from confinement to focus on curing and discharging patients. The new treatments, used during the 1930s through the 1950s, were thought to show great promise; however, they were soon eclipsed with the introduction of drug therapy. The Goddard Treatment Center has not been used to house patients since 1990.

¹⁴ Ibid., 195.

¹⁵ Ibid., 209.

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Sources: The Department of Accounting and General Services contains a number of original drawings relating to Goddard Treatment Center's original design and construction, as well as subsequent alterations. The following sources provided information used in the preparation of this report.

Date	Title	Architect	Drawing Location
9/12/1941	Floor Plan	Not signed	DAGS File C-11-3
9/12/1941	Basement Floor Plan	Not signed	DAGS File C-11-3
9/12/1941	Elevation	Not signed	DAGS File C-11-3
9/12/1941	One Half Floor Plan B	Not signed	DAGS File C-11-3
12/3/1947	Sheet 1 Plot Plan	C. W. Dickey Associates	DAGS File C-11-3
12/3/1947	Sheet 9 Main Floor Plan Left Half	C. W. Dickey Associates	DAGS File C-11-3
12/3/1947	Sheet 12 Elevations	C. W. Dickey Associates	DAGS File C-11-3
12/3/1947	Sheet 19 Kitchen	C. W. Dickey Associates	DAGS File C-11-3
12/3/1947	Sheet 33 Basement Floor Plan	C. W. Dickey Associates	DAGS File C-11-3
	Sheet A-1 Renovation of Kitchen in Goddard Building	Wilson Okamoto	DAGS File C-11-4

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**Project
Information:**

The Hawaii State Department of Health proposes to demolish Goddard Treatment Center, which has been abandoned since 1990. In accordance with Chapter 6E, Hawaii Revised Statutes, the Department of Health has consulted with the Hawaii State Historic Preservation Officer (SHPO) and other parties, and has agreed to document the building in accordance with HABS standards prior to undertaking the proposed demolition. This photo documentation and recordation fulfills that agreement.

The photographic documentation was undertaken by David Franzen, photographer. Dr. Don Hibbard, Alison Chiu, and Mayu Ohama, Architectural Historians at Fung Associates, Inc. who meet the Secretary of the Interior's qualifications, prepared the written documentation.

Date of Report: November 14, 2014

NPS Form 10-900
(3-82)

OMB No. 1024-0018
Exp. 10-31-84

United States Department of the Interior
National Park Service

For NPS use only
received
date entered

**National Register of Historic Places
Inventory—Nomination Form**

See instructions in *How to Complete National Register Forms*
Type all entries—complete applicable sections

1. Name

historic TERRITORIAL HOSPITAL

and or common

2. Location

street & number Keaahala Street not for publication

city, town Kaneohe vicinity of

state Hawaii code 15 county Honolulu code 03

3. Classification

Category	Ownership	Status	Present Use
<input checked="" type="checkbox"/> district	<input checked="" type="checkbox"/> public	<input checked="" type="checkbox"/> occupied	<input type="checkbox"/> agriculture
<input type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> museum
<input type="checkbox"/> structure	<input type="checkbox"/> both	<input type="checkbox"/> work in progress	<input checked="" type="checkbox"/> commercial
<input type="checkbox"/> site	Public Acquisition	Accessible	<input checked="" type="checkbox"/> educational
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input type="checkbox"/> yes: restricted	<input type="checkbox"/> entertainment
	<input checked="" type="checkbox"/> being considered	<input checked="" type="checkbox"/> yes: unrestricted	<input type="checkbox"/> government
	<input type="checkbox"/> N/A	<input type="checkbox"/> no	<input type="checkbox"/> industrial
			<input type="checkbox"/> military
			<input type="checkbox"/> other:

4. Owner of Property

name Department of Health/University of Hawaii: Windward Community College

street & number 1250 Punchbowl Street/2444 Dole Street

city, town Honolulu vicinity of state Hawaii

5. Location of Legal Description

courthouse, registry of deeds, etc. Bureau of Conveyances

street & number 1151 Punchbowl Street

city, town Honolulu state Hawaii

6. Representation in Existing Surveys

HI title State Inventory #80-10-1365 has this property been determined eligible? yes ☒ no

date 1984 federal ☒ state county local

depository for survey records Department of Land and Natural Resources

city, town Honolulu state Hawaii

7. Description

Condition		Check one	Check one
<input type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	<input checked="" type="checkbox"/> unaltered	<input checked="" type="checkbox"/> original site
<input type="checkbox"/> good	<input type="checkbox"/> ruins	<input type="checkbox"/> altered	<input type="checkbox"/> moved date _____
<input checked="" type="checkbox"/> fair	<input type="checkbox"/> unexposed		

Describe the present and original (if known) physical appearance

The Territorial Hospital historic district consists of fifteen buildings which were erected during the period 1928-1935, for the care and treatment of Hawaii's mentally ill. Located near the base of the Koolau Mountains and overlooking Kaneohe Bay, the district is characterized by an extensive, green open space containing modest Spanish Mission revival buildings. The buildings are of reinforced concrete, one or two stories in height, and have red tile roofs. Ten buildings are sited around a main quadrangle area encircled by a road. The other five buildings stand on the periphery of this quadrangle. Primarily serving as wards to house the mentally ill, the buildings are quite long and are spaced relatively far apart from each other. A number of mature trees, predominantly banyan and mango, further define the district's character.

The district stands out as a distinct entity when compared with its neighbors, which are either more modern structures which have been erected to meet the growing needs of the hospital, or else modest frame structures which were built to accommodate the more ancillary needs of the institution.

The district was built in essentially three increments, with the general layout and initial buildings being designed by Arthur Reynolds in 1924-1925. These were augmented in 1926 by several wards designed by Edwin C. Pettit, an architect with the Territorial Department of Public Works, and resulted in the original ten building complex which was completed in late 1929. In 1931 and 1932 the Receiving and Treatment Building and a ward for disturbed patients were erected, following the plans of Territorial Department of Public Works architect B.C. Dahl. In 1935 the concluding phase of construction was accomplished with the building of the two convalescent wards and another ward for disturbed patients. This last phase of work was partially funded by federal P.W.A. moneys and again followed plans by B.C. Dahl.

The hospital was laid out so that female patients were housed on the Kailua side of the grounds and the males were placed on the Heeiea side. The buildings included in the district are as follows:

NPS Form 10-900-a
(3-82)

OMB No. 1024-0018
Exp. 10-31-84

**United States Department of the Interior
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DESCRIPTION (continued)

1. The Eckerdt Building, originally the Receiving and Treatment Building, sits at the head of Keaahala Road. This 365 foot long building with its outset, arcaded, front lanai and central clerestory imparts an imposing impression on the visitor upon first entering the hospital grounds. The building was completed in 1931 following the plans of B.C. Dahl. It remains relatively intact and features a turned balustrade on its lanai.

2.-3. Flanking the Receiving and Treatment Building are the Lokai (2) and Waipa (3) Buildings, the former Male and Female Convalescent Wards. These were constructed in 1935, following the plans of B.C. Dahl. These one-story buildings sit on raised foundations and feature outset porticos with curvilinear stairways. Their inset lanai have a decorative railing, whose motif is continued in the small balconies at the ends of the buildings. Both these buildings still remain in good condition.

4. The Dining and Kitchen Building was designed by Arthur Reynolds. Completed in 1928, it was the focal point of the original complex. The largest of the initial buildings, it sits on a raised foundation and measures approximately 180 x 90, with a 45 x 45 dining room wing. The original outset front lanai has been enclosed with metal framed windows, and the red tile roof has been replaced with asphalt shingles, although the tiles are stored on the site.

5.-10. On either side of the Dining and Kitchen Building stand the Akahi (6) and Judd Buildings (7), which originally were wards for female and male patients, respectively. The Kanaloa Building (8) stands next to the Judd Building, and the Lono (9) and Mahi (10) Buildings are located in front of and parallel to the Kanaloa Building. These three structures were originally men's wards and define the Heeia side of the quadrangle. To the left, and slightly downhill from the Akahi Building is the Bishop Building (5), which served as a ward for women patients. All these wards employ similar plans, the work of Arthur Reynolds and Edwin C. Pettit.

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These long, low, single story buildings range between 150 and 234 feet in length and are approximately 24 feet wide. They are distinguished by a central raised clerestory and an outset, covered front lanai. The Judd, Kanaloa, Lono and Mahi Buildings remain relatively intact, but the red tile roofs of the Akahi and Bishop Buildings have been replaced with asphalt shingles. Also, the Akahi Building's front lanai has been enclosed and the Bishop Building's windows have been replaced with jalousies.

11. & 12. The Damien (11) and Iolani (12) Buildings are of similar design, and were completed in 1929 in accordance with the plans of Arthur Reynolds. These buildings housed the violent female and male patients. They are approximately 189 feet long and feature a central tower and an portico with round archways. The Damien Building is in poor condition and vacant at the present. The Iolani Building is in better condition, although its tower's roof has been altered.

13. & 14. The Cooke (13) and Haloa (14) Buildings were built to house disturbed patients. The former was built in 1935 for women patients, and the latter in 1933 for male patients. they are similar in design and follow the plans of B.C Dahl. These buildings are 168 feet long and 27 feet wide, and have a rear wing. They sit on raised foundations and feature an enclosed, centered, portico. Mock balconies with wrought iron decorative work and bracketed, shed roofed hoods provide the building with moderate embellishment.

15. The Laundry and Boiler was completed in 1929 following the plans of Arthur Reynolds. It is approximately 124 feet by 60 feet and has a red tile roof and masonry walls. An adjacent but separate boiler room, built in 1940 is in deteriorated condition and is the only intrusion in the district.

8. Significance

Period	Areas of Significance—Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400–1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500–1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600–1699	<input type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input type="checkbox"/> social/
<input type="checkbox"/> 1700–1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input checked="" type="checkbox"/> humanitarian
<input type="checkbox"/> 1800–1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input checked="" type="checkbox"/> theater
<input checked="" type="checkbox"/> 1900–	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> politics/government	<input type="checkbox"/> transportation
		<input type="checkbox"/> invention		<input type="checkbox"/> other (specify)

Specific dates 1929 Builder/Architect Arthur Reynolds/B.C. Dahl

Statement of Significance (in one paragraph)

The Territorial Hospital historic district is significant for its associations with the history of the treatment of the mentally ill in Hawaii. It is also architecturally significant as an example of the adaptation of the Spanish Mission revival style of architecture to a large complex of public buildings, which according to the Star Bulletin of February 2, 1930, appeared "to be a beautiful estate," when viewed from either the top of the Pali or the highway. Although not individually distinctive, the buildings, placed in the context of a complex, make a strong architectural statement related to the philosophy of providing more humane treatment and environments for the mentally ill.

In Hawaii, prior to 1862, "the mentally afflicted were sent to jail to mingle with the felons and prisoners of all kinds; they were treated simply as dangerous characters to be kept away from the public; and it was not until this date [1862] that the question was raised of setting aside a place for their care."¹ In this year the government appropriated money for the purchase of lands and the construction of facilities. However, it was not until 1866 that the Oahu Insane Asylum was completed. Located on School street, the "lunatic asylum" remained at this location until 1930, when the more spacious quarters at Kaneohe were opened.

Equipped with its own sewage plant, power house, water system, bakery, kitchen, laundry facility, and ice plant, the new territorial hospital was likened to a city unto itself, a "haven of refuge for the insane."² With views of both Kaneohe Bay and the Koolau Mountains, the design of the new hospital strove to avoid a "frigid institutional atmosphere," and provided ample room for recreation and farming. The physicians felt such beautiful surroundings would have a beneficial effect upon the patients. These buildings represented the period's more enlightened view on the treatment of the mentally ill.

Not only did the buildings indicate the changed attitude towards the mentally ill, but also the terms employed in the administration of the hospital disclosed the shifting philosophy for treatment. The terms "mental illness," "order of hospitalization," and "conditional discharge" supplanted such words as "lunacy," "insanity," "order of commitment," and "parole." The complex itself was called a "hospital" rather than a "lunatic" or "insane asylum."

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Although accommodating great advances in the treatment of the insane, the new hospital primarily served as an institution of custody rather than one of treatment. Following World War II, advances in the field of psychiatry and sub-normal conditions at the hospital encouraged the building of more modern structures, on lands adjacent to the historic district. Today many of the former buildings are no longer used by the hospital, and Windward Community College has administrative control over the Eckerdt (1), Waipa (3), Mahi (10), Lono (9), Kanaloa (8), Judd (7), Haloa (14) and Iolani (12) Buildings. Hahione is housed in Lokai (2).

1. Report of the President of the Board of Health (Honolulu, 1901)
2. Honolulu Advertiser November 24, 1929

Report
on
Potentially Historic Buildings
at
Hawaii State Hospital

Prepared for
Wilson Okamoto Corporation

by
Mason Architects
119 Merchant Street Suite 501
Honolulu, Hawaii

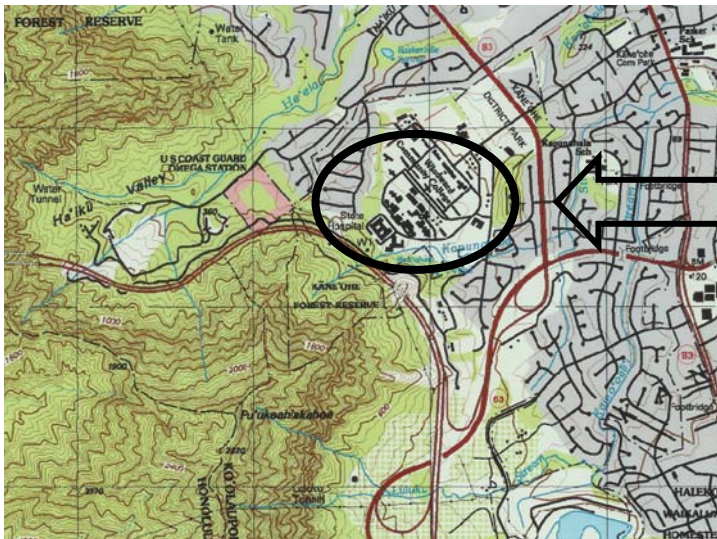
September 2004
(revised December 2004)

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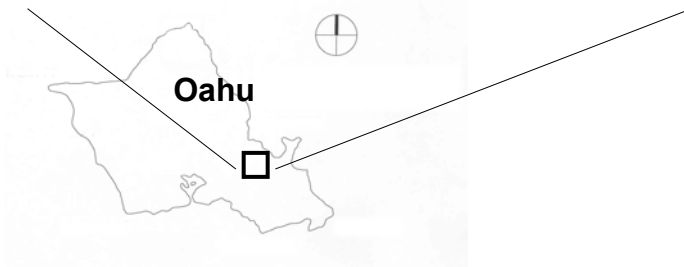
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Executive Summary

This report, prepared in September 2004, presents the research and evaluates the historic significance of six buildings at the Hawaii State Hospital complex in Kaneohe. This report summarizes the history of the State Hospital, but focuses on the history, description, and evaluation of two of the 6 (six) buildings, the Goddard and Guensberg Buildings. The four other buildings studied were previously included in a National Register nomination form (as the Territorial Hospital historic district) which was prepared in 1984. The district was reviewed in 1984 by the Hawaii Historic Places Review Board, but nomination was not recommended.

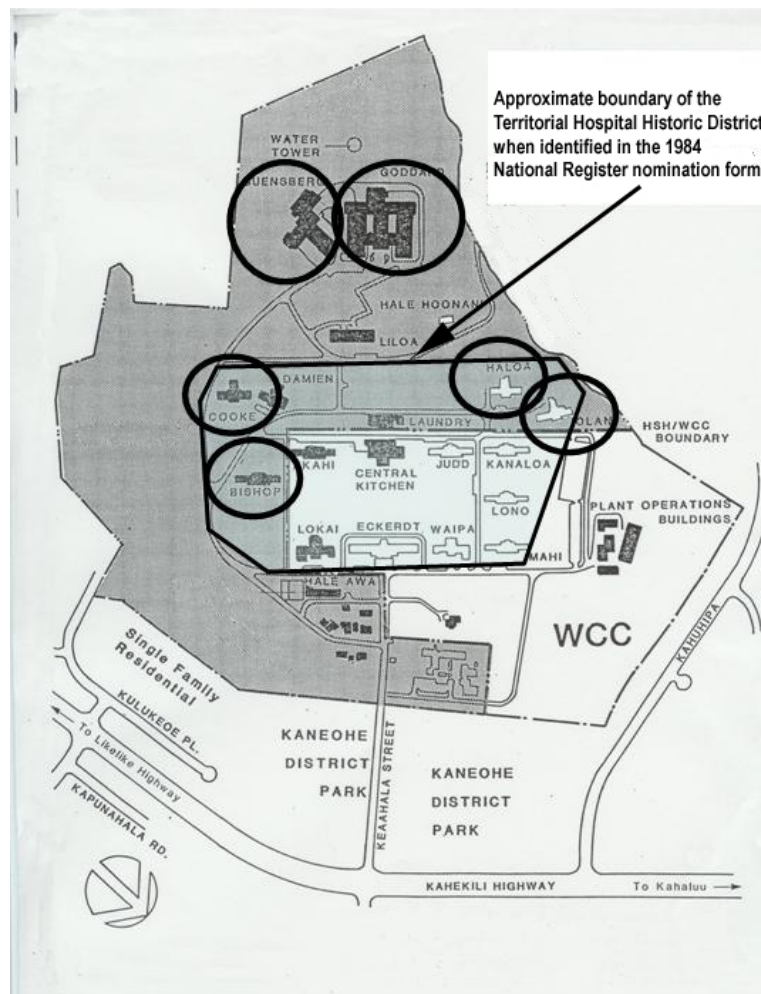


Project Area:
Hawaii State Hospital/
Windward Community
College complex



The Goddard Building, completed in 1950, is significant for its association with a change in the philosophy of treatment for the mentally ill in Hawaii from custodial to remedial. It is the opinion of Mason Architects Inc. that the Goddard Building is potentially eligible for inclusion in the National Register of Historic Places. The Guensberg Building is associated with expanding services and replacement of outmoded buildings but does not represent any major shift in mental health treatment. It was constructed in two increments in 1956 and 1963. It is the opinion of Mason Architects Inc. that the Guensberg Building is not eligible for inclusion in the National Register as it does not

possess the exceptional importance necessary for properties which have achieved their significance within the last fifty years.



Location of the six buildings surveyed for this report.

History of Hawaii State Hospital

The Territorial Hospital at Kaneohe, later re-named the Hawaii State Mental Hospital, was planned in the 1920s to replace the Oahu Insane Asylum, located on School Street in Honolulu. The buildings that compose the Territorial Hospital were built in three increments between 1929 and 1935. They were in Spanish Mission revival style, which was popular at the time, and are situated around a central quadrangle. The first set of buildings was designed by two different architects, four by Arthur Reynolds in 1924-25, and six by Edwin C. Pettit in 1926. These original ten buildings were completed in late 1929. Patients were moved into the new facilities in January 1930.

In 1931-33, the second increment of construction saw two buildings erected, which were designed by Territorial Department of Public Works architect, B. C. Dahl. The final increment of construction was three additional wards, built in 1935 and again designed by B.C. Dahl.

Buildings Included in National Register Nomination Form for the Territorial Hospital Historic District

Building	Covered in This Report	Year Built	Architect
Dining/ Kitchen Building		1929	Reynolds
Damien Building		1929	Reynolds
Iolani Building	X	1929	Reynolds
Laundry/ Boiler Building		1929	Reynolds
Akahi Building		1929	Pettit
Judd Building		1929	Pettit
Kanaloa Building		1929	Pettit
Lono Building		1929	Pettit
Mahi Building		1929	Pettit
Bishop Building	X	1929	Pettit
Eckerdt Building		1931	Dahl
Haloa Building	X	1933	Dahl
Cooke Building	X	1935	Dahl
Lokai Building		1935	Dahl
Waipa Building		1935	Dahl

The opening of the Territorial Hospital signaled a change in attitudes toward the mentally ill. In Hawaii before the 1860s, the mentally ill were simply sent to prison to isolate them from the public. After 1866 they were confined in the Oahu Insane Asylum, basically a prison only for the mentally ill. The 1930 opening of the Territorial Hospital gave the mentally ill in Hawaii a facility that was to provide a pleasant place to live, not merely confinement, and that would avoid an institutional environment with room for recreation

and farming. It was expected that the spacious grounds and complete facilities at the Territorial Hospital would have a beneficial effect on the patients, a concern for treatment that was not paramount in mental health facilities from previous eras (Hibbard and Napoka, section 8, p 1).

A National Register nomination form for the Territorial Hospital historic district was prepared in 1984 for the fifteen buildings that were part of the Hospital's building efforts between 1929 and 1935. The nomination form remains in the Territorial/ State Hospital file of the Hawaii State Historic Preservation Division, but the district is not listed on State or National Registers. The nomination was reviewed by the Hawaii Historic Places Review Board on November 5, 1984 but the district was not nominated to the Hawaii Register of Historic Places. The form states that "The Territorial Hospital historic district is significant for its associations with the history of the treatment of the mentally ill in Hawaii. It is also architecturally significant as an example of the adaptation of the Spanish Mission revival style of architecture to a large complex of public buildings" (Hibbard and Napoka, section 8, p 1).

After World War II, hospital buildings which had been taken over by the military were returned to the Territorial Hospital. In addition, some temporary buildings constructed on the hospital grounds by the Army were turned over to the hospital. In 1945, as Territorial Hospital administrators could see a return to normalcy, they anticipated construction of a new 218-bed facility which would become Goddard Building (Dept. of Institutions, Annual Report 1945, p 67). Ground was broken for the building on March 10, 1948 and it was officially opened for use on January 3, 1951.

The Goddard Building was described as a unit for recoverable patients, which reflected a new idea in the treatment of the mentally ill – that they could be cured and returned to society. By the late 1940s, mental hospitals were undergoing a metamorphosis, from a place of caring confinement to an institution which used medical science to cure the diseases of mental illness. This treatment shift, in Hawaii and nationally, was accompanied by an increase in bed capacity as hospital populations rose. Medical and psychiatric treatment in Hawaii was typical of the era throughout the country, changing from primarily sedation (and some hydrotherapy) to the use of "all the recognized treatment procedures...developed to the highest possible degree...for the explicit purpose of converting this hospital into a modern treatment center" (Dept of Institutions, Annual Report 1948, p 74). This included several forms of therapy (some now outmoded) such as electro-convulsive therapy (ECT), insulin therapy, neurosurgery, as well as psychiatric nursing, and occupational therapy. "The aim of this basic trend is...to return them to a constructive mode of living in the community as quickly as possible" (Dept of Institutions, Annual Report 1948, p 74). The impetus for this change in how mental illness should be treated by institutions was economics as well as compassion. It was much cheaper to invest in enabling a patient's return to the community instead of maintaining that patient in an institution. "The investment required to give each newly admitted patient ...psychiatric therapy represents the wisest and most economic use of public funds...sav[ing] the community the...expense of untold millions required for the obsolete forms of custodial care" (Dept of Institutions, Annual Report 1948, p 75).

Through the 1950s and later, improving the patient to a point so she/he could return to the community remained the focus of mental health administrators in Hawaii. By the mid 1950s advances were being made in developing pharmaceuticals which would quell symptoms; the more violent forms of treatment (ECT, insulin, and neurosurgery) came under scrutiny, and they were utilized less. During the fiscal year ended June 30, 1954 there were only three lobotomies performed at the Territorial Hospital, down from thirty-two for the fiscal year ended June 1951. Also during 1954, the Territorial Hospital administration commented that "the insulin coma therapy and electroshock therapy programs were restudied and are now operated on a more highly selective and closely supervised basis" (Dept of Institutions, Annual Report 1954, p 89).

Personnel problems and budget constraints plagued the Territorial Hospital in the mid 1950s. Hospital staff was hopeful that a review of salaries by the Salary Standardization Board would result in raising "inappropriate salaries." The board's answer did not satisfy that hope and in response "normal disciplinary and supervisory relationships within the hospital broke down to some degree and factionalism developed" (Dept of Institutions, Annual Report 1953, p 74). In October 1954 the hospital announced plans for a nursing unit to be built for tuberculosis patients. This was planned to "be the first of three medical-surgical units to be built" (*Honolulu Star Bulletin*, \$260,000 Wing Planned). By 1955 "good morale and excellent employee attitudes" had returned to the hospital (Dept of Institutions, Annual Report 1955, p 44), but the administration felt that the Legislature had let them down again. "They were unable to give us the badly needed additional personnel and facilities that we asked for." The Legislature also ended the hospital's Special Building Fund which "leaves an indefinite interruption of the building of the 200-bed medical and surgical unit attached to Goddard Building" (Dept of Institutions, Annual Report 1955, p 45).

Although plans for a large facility were halted, the Territorial Hospital moved ahead with construction of a smaller unit for tuberculosis patients to replace the WWII sub-standard wooden temporary buildings erected by the Army. This tuberculosis unit, the first part of the Guensberg Building, was completed in May 1956 and thirty patients moved in. In 1963 a medical surgical section was added to the 1956 building and the Guensberg Building was complete. The rest of the buildings of the current State Hospital were built at a site makai of the Goddard and Guensberg Buildings, between them and the buildings of the Territorial Hospital historic district.

National Register Criteria for Evaluation

The National Register of Historic Places (NRHP), in title 36, part 60 of the Code of Federal Regulations (referred to as 36 CFR 60), defines the criteria for legally evaluating the significance of cultural resources. For properties to qualify for the NRHP they must retain integrity, typically in most of the seven aspects listed, and also meet one or more of the lettered significance criteria (A-D). For certain categories of properties, listed below

under the “criteria considerations,” there are additional requirements for NRHP eligibility. These are quoted below, with lower case letters (a-g).

Criteria: The quality of significance in American history, architecture, archeology, engineering, and culture is present in districts, sites, buildings, structures, and objects that possess integrity of location, design, setting, materials, workmanship, feeling, and association, and:

- A. that are associated with events that have made a significant contribution to the broad patterns of our history; or
- B. that are associated with the lives of persons significant in our past; or
- C. that embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
- D. that have yielded, or may be likely to yield, information important in prehistory or history.

Criteria Considerations: Ordinarily cemeteries, birthplaces, or graves of historical figures, properties owned by religious institutions or used for religious purposes, structures that have been moved from their original locations, reconstructed historic buildings, properties primarily commemorative in nature, and properties that have achieved significance within the past 50 years shall not be considered eligible for the National Register. However, such properties will qualify if they are integral parts of districts that do meet the criteria or if they fall within one of the following categories:

- (a) A religious property deriving primary significance from architectural or artistic distinction or historical importance; or
- (b) A building or structure removed from its original location but which is significant primarily for architectural value, or which is the surviving structure most importantly associated with a historic person or event; or
- (c) A birthplace or grave of a historical figure of outstanding importance if there is no appropriate site or building directly associated with his or her productive life; or
- (d) A cemetery which derives its primary significance from graves of persons of transcendent importance, from age, from distinctive design features, or from association with historic events; or

- (e) A reconstructed building when accurately executed in a suitable environment and presented in a dignified manner as part of a restoration master plan, and when no other building or structure with the same association has survived; or
- (f) A property primarily commemorative in nature if design, age, tradition, or symbolic value has invested it with its own historical significance; or
- (g) A property achieving significance within the past 50 years if it is of exceptional importance.

These criteria and criteria considerations are discussed in the following sections in relation to the buildings being evaluated for this project.

Buildings on the Lower Campus of the Hawaii State Hospital

Four of the buildings covered by this report are within the once proposed Territorial Hospital historic district as mentioned in the 1984 nomination form: Bishop, Cooke, Haloa, and Iolani Buildings. These are all constructed of reinforced concrete and are notable for their architecture, designed in Spanish Mission revival style, which was very popular in Honolulu during the 1920s. Some of the most lavish private homes on Oahu (Jay, p 131) as well as public buildings such as Honolulu Hale and the Post Office and Customhouse were designed using Spanish Mission influences. "Although not individually distinctive, the buildings, placed in the context of a complex, make a strong architectural statement related to the philosophy of providing more humane treatment and environments for the mentally ill. These buildings represent the period's more enlightened view on the treatment of the mentally ill" (Hibbard and Napoka, p 5).

Bishop Building

The Bishop Building was built in 1929 as a 60-bed ward for female patients. This building has a concrete slab on grade foundation. Original plans show this symmetrical building has a central section measuring about 213' in length and 50' in width at the center, while the wings are only 24' wide. The hip roof has a clerestory in the center section and was originally covered with multicolored roofing tiles. The roof is now covered with asphalt composition shingles.



Makai facade of the Bishop Building. Note the clerestory at the center of the building.



Interior of the Bishop Building.
This building houses Haki Pu'u School.

The building bays are accented by pilasters with simple capitals. Originally a porch with columns and arched openings extended along the center third of the building at the makai side. These openings have been filled with awning windows flanking large fixed lights. Windows were originally 8/8 or 4/4 double hung with redwood sills. Most of these have been replaced with jalousies and covered with a security screen on their exterior. Bishop Building is currently occupied by Haki Pu'u School.



Detail of the added windows at the porch.

Cooke Building

The Cooke Building was built in 1935 as a ward for female disturbed patients. Original plans show its main section is 168' long and 30' wide, with exterior walls of stucco over concrete. The building has a raised foundation with a water table, at least seven feet from ground level on the makai side. At the rear, the floor level of the lanai is at grade.



Makai façade of the Cooke Building.
Note the mock balcony with wrought iron railing at center.

The building has a wing including a day/dining room and lanai extending 58' from the rear, (mauka side) and a small entry portico centered in the front (makai side). There are mock balconies centered on the makai side of each of the side wings. These central bays have larger windows and decorative brackets at their roof projections as well as the original wrought iron railings. Some of the original wrought iron grilles for the openings in the foundation wall remain, others have been replaced with heavy screening.



Detail of a mock balcony of the Cooke Building.
Note the original wrought iron railing and
wrought iron grille at the foundation opening.



Cooke Building, rear side, a portion of the enclosed rear lanai is visible at the left. This building houses security and administrative offices for the State Hospital.

Pilasters with no capitals accent the building corners and the sides of the bays with the mock balconies. The rear lanai was originally open, its roof supported by round concrete columns. It has been enclosed by infill and jalousie windows between the columns which leaves them as pilasters on the exterior. The building has many awning windows with two tiers of 6-light sash which appear original. Some of these, and other triple-tier awning windows, have been replaced with jalousies in all or part of the frames. The hip roof was originally covered with "large Spanish tile" as shown on original drawings for the similar Haloa Building. Asphalt composition shingles currently cover the roof. The overhanging eaves have decorative cut rafter tails; tongue and groove roof sheathing is visible on the underside. The Cooke Building now houses administrative and security offices for the State Hospital.

Haloa Building

The Haloa Building was built in 1933 to house disturbed male patients. The Cooke Building, which was later, was apparently modeled on this design since they are similar in dimensions and both have a hip roof, a rear wing, centered entry portico, and mock balconies at the side wings.



The Haloa Building, makai façade. This building retains its tile roof.



An original wrought iron grille covering an opening in the front foundation wall.

This building also has a raised foundation with a water table. Steps lead up to the entry at the front (makai side) of the building while the mauka end of the rear wing is at grade. The hip roof of the Haloa Building is covered with roofing tiles, which appear original. The eaves overhang about 3' and have decorative-cut rafter tails and exposed tongue and groove roof sheathing.



Detail of the eaves with decorative-cut rafter tails on the Haloa Building.

The exterior walls are painted stucco over concrete with pilasters at the building's corners and at the sides of the bays with the mock balconies. Original wrought iron grilles cover the openings in the front foundation wall, and the original wrought iron railings of the mock balconies remain on each side wing. At the roof projections of the mock balconies are decorative wood brackets. All of the original openings have been altered by the installation of jalousie windows and flush metal doors.

Iolani Building

The Iolani Building was built in 1929 to house violent male patients. This building is about 190' long by about 36' wide. The Iolani Building has a raised foundation with a water table. The area under the first floor has sufficient height to be used as workshop space. Openings in the front foundation wall have security screens of heavy metal mesh. This building has a hip roof with a center clerestory and a centered entry portico. A wing and lanai are centered at the rear of the building, extending about 77' from the main section. The roof is covered with asphalt composition shingles. Tongue and groove sheathing is visible at the overhanging eaves. The center clerestory was modified from the original; its roof has been replaced by a metal-framed skylight and its arched openings filled in. The building walls are painted stucco over concrete. Windows are now jalousie type.



Iolani Building, makai façade. Note the altered clerestory above the main entry and added metal pipe railings at the entry stairs.

As late as 1963 the Iolani Building had decorative metal grilles in the arched entry portico openings. The building also had arched windows in the clerestory and was roofed with tile (*Honolulu Star Bulletin*, A Reporters Week). Although the form of this building remains intact, the alterations to the windows, roofing material, clerestory, and front entry rails make it the most altered of the four buildings surveyed.

At right, the added skylight in the altered clerestory.



Evaluation of Buildings on the Lower Campus at the Hawaii State Hospital

The significance of the four buildings within the once proposed Territorial Hospital historic district has been stated in the 1984 National Register nomination (Hibbard and Napoka). The district was reviewed by the Hawaii Historic Places Review Board and not nominated to the Hawaii Register. This nomination form is reproduced in Appendix B. If economically feasible, these four buildings; Bishop, Cooke, Haloa, and Iolani, which are contributing historic buildings, should be considered in a preservation plan that is acceptable to the DLNR – State Historic Preservation Division. See Appendix "C" for the Secretary of the Interior's Standards for Rehabilitation.

Buildings on the Upper Campus at the Hawaii State Hospital

Two of the buildings covered by this report are outside the once proposed Territorial Hospital historic district: the Goddard Building and the Guensberg Building.

Goddard Building

Description

The Goddard Building has not been used to house patients since 1990. It is currently unoccupied and used for storage of unused items. The Goddard Building is built of reinforced concrete with a flat roof and overhanging eaves and is built into the hillside at the mauka end of the State Hospital campus. The front (makai) portion is two stories, with the second floor serving as the main floor of the building. It covers a slightly irregular shaped footprint measuring about 320' across the front and extending back about 355'. The lower floor has the entry vestibule and is called a basement on original plans. The basement extends back from the front of the building about 110' to 120' under the main floor. The entry to the building is centered at the makai side and has a doorway with two sliding gates of decorative metal grille in an oriental/geometric motif and side panels of the same design. This door is flanked by two cast-stone grilles in a floral and leaf pattern. A long concrete canopy supported by round columns extends over the sidewalk which borders several angled parking places at the front of the building. Two building wings project makai on either side of the entry.



Makai façade of the Goddard Building. Note the building wings on either side of the main entry.

The main entry of the Goddard Building has sliding gates of decorative metal grille work in an oriental/geometric motif.



Cast stone grilles found on both sides of the main entry door are in a floral pattern.

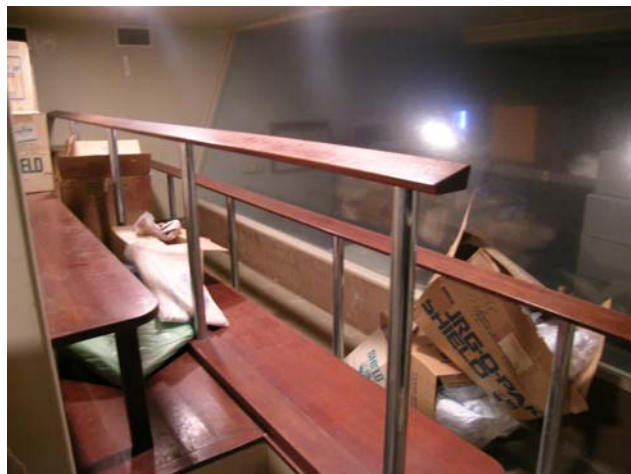
Repeating from the main entry design, decorative metal grilles are found in the large openings at the makai end lanai of the side wings, allowing tradewinds to flow through the Goddard Building.



Windows at the bottom floor are 1/1 double hung, most with obscure wire glass lights; these are covered by wire mesh. The main floor has awning windows in the front section of the building and 1/1 double hung windows at the building sides. At the front of each of the projecting wings, the upper (main) floor has three large openings with decorative metal grilles, repeated from the entry.

On the interior of the Goddard Building, the basement-level walls are painted concrete masonry units (CMU). The floors are either 9"-square asphalt composition tiles or are colored concrete. Ceilings are plaster. Interior doors here and on the main floor feature a distinctive round vision panel of wire glass. The basement level has the entry vestibule with stairs to the main-floor lobby, utility rooms, workshops, a small morgue, and an operating room with a spectator's gallery and a booth for filming surgical procedures.

Spectator's gallery of the
operating room
in the Goddard Building
basement.



On the main floor of the Goddard Building the lobby is located at the front center of the building. From here corridors lead to offices and conference rooms and then to patient rooms. Directly mauka of the lobby is a large room (approximately 90' by 60') called a pavilion on the original plans. The pavilion has a depressed center area, three steps down from the level of the main floor. Basketball backboards and hoops have been added in the pavilion. To the rear of the pavilion are the dining room and kitchen areas, with a boiler room and incinerator at the back of the building.



The pavilion on the
main floor of the
Goddard Building.

The left and right halves of the main floor are nearly identical, mirror images of each other. These areas contain patient rooms, treatment areas, and nursing stations. Private patient rooms are located in the two wings that project makai on either side of the front entry. At the center of each projecting wing is a small open courtyard with a brick fountain. These small courtyards are covered with added chain-link fencing over metal beams, presumably in response to escape attempts.



The small courtyards located in the center of the projecting wings have fountains and are covered with chain-link fencing.

A lanai is located at the makai end of each projecting wing, with three large openings screened with decorative metal grilles, as noted in the exterior description. The areas to the rear of the makai wings contain relatively small (5 and 10-bed) patient wards. Large open courtyards (approximately 90' by 60') are located on each side of the central pavilion. These large courtyards separate the smaller wards from the pavilion. Angled security fencing was added around the perimeter of these large courtyards at roof-top level. Lanai walkways covered by concrete canopies supported on columns extend the length of the outside walls and the courtyard walls.



A large courtyard on the main floor of the Goddard Building. Note the glass block in the pavilion wall and added security fencing.

In the rear of the building are two large (approximately 36-bed) patient wards. These large patient wards were used as dayrooms when the building last housed patients. In a room near the northwest corner of the building, adjacent to the large patient ward, is a therapeutic pool originally used as part of the treatment regimen. The pool is about 4' deep, accessed by a narrow set of steps, and measuring about 12' long by 6' wide. It is lined with glazed ceramic tile; and the room it occupies has a ceramic tile floor, glazed hollow tile walls up to about 7' high with plaster above, and a plaster ceiling.



Therapy pool in the Goddard Building.

Bathrooms in the Goddard building typically have finishes similar to the therapeutic pool room: ceramic tile floors, glazed hollow tile walls to about 7' high with plaster above, and plaster ceilings. Some bathrooms have gray marble panels for individual stalls at the showers and toilets.

A typical bathroom
in the Goddard
Building.



For the remainder of the main level, the floor finish is colored concrete or composition asphalt tile (usually 9" square), with some carpeting in offices. The floor in the dining room is terrazzo. Walls and ceilings are typically metal lathe and plaster with acoustic tiles in some areas. Lights are typically suspended fluorescent fixtures. Doors at the patient areas and offices are typically flush wood with a distinctive round vision panel of wire glass, about 9" in diameter, or a flush wood door with six lights. Most interior doors to patient rooms and offices have a single-light transom. There are sections of glass block (five rows tall) in the upper half of the walls between the pavilion and the open

courtyards to each side. The sections of glass block were originally interrupted by double doors. Now the doors are replaced with solid panels. In the upper part of the pavilion walls a band of screened openings runs above the glass block and former doors. A clerestory is above the depressed center portion of the pavilion.



Typical interior door.
Note transom and
round vision panel.

Most of the finishes in the Goddard Building (floor, wall and ceiling coverings, doors, windows, and fixtures) are in very poor condition. The building last housed patients in 1990 (over 14 years ago) and most of the materials show signs of deterioration. Areas of plaster ceiling have collapsed. There is termite damage to most wood work and metalwork is corroding. Most of the equipment that supports the operation of the Goddard Building (air conditioning, ventilation, refrigeration, boilers, cooking equipment, etc.) does not appear to be operable. Plumbing, electrical and telephone systems appear to be failing also.

Termite damage on the main
floor of the Goddard Building



History

Dedicated in May 1950 and opened for patients in January 1951, the planning for the Goddard Building was begun over eight years earlier by then Territorial Director of Institutions, Oscar F. Goddard, and Ellis A. Stephens, Medical Director of the Territorial Hospital. The \$1.3 million building was "hailed as a milestone in Hawaii's medical history" when it opened (*Honolulu Star Bulletin*, \$1,300,000 Treatment Center). The building accommodated 218 patients.

Sketches, dated September 1941, of the facility that would become the Goddard Building were located at the plan archives of State of Hawaii, Department of Accounting and General Services. They show a 204-bed facility, titled "Recoverable Unit for Territorial Hospital," that is quite similar to the finished building. The most striking difference between the 1941 sketches and the finished building is the roof. These 1941 sketches show a hip roof with gablets which gives the planned building a Hawaiian feeling. This hip roof was omitted on the building as constructed, and a flat roof put in its place, resulting in a completed building in the International Style. A cost savings was probably realized by this roof substitution, but what was originally envisioned as a distinctive Hawaiian-Style building became an International-Style building with Hawaiian embellishment.

The 1941 sketches were apparently prepared by the Department of Public Works as part of the initial planning for the building. "Lenham Act Sketch" is penciled into the lower right margin of each drawing. They are signed by E. A. Stephens, Medical Director, Oscar Goddard, Director of Institutions, and D. F. Balch, Superintendent of Public Works. Detailing some of the activity at the Territorial Hospital under Dr. Stephens, Dr. Richard Kepner states in Stephens' obituary:

The use of Metrazol shock treatment was begun in January, 1938, considerably ahead of many progressive hospitals on the mainland, and electroshock therapy was begun in 1940. The groundwork was laid early for insulin treatment, which was begun after the war while Dr. Stephens was still in charge. Pioneer work in prefrontal lobotomy was done at the Territorial Hospital. Plans were begun before the war and completed in 1943 for the new Goddard Treatment Unit, which was finally finished in 1952, exactly according to Dr. Stephens' plans (Mamiya Medical Heritage Center).

Doubtless, the United States entry into World War II, three months after the date of the 1941 sketches of the Goddard Building, put construction efforts on hold until the second half of the 1940s. During the war the older Territorial hospital buildings were used by the military. Several wooden barracks-type buildings were built, but no other construction was undertaken between the late 1930s and the construction of Goddard Building (Department of Institutions, *The First Ten Years*, p 1).

Although Oscar F. Goddard died in February 1944, by 1947 action restarted on the plan for a recoverable patients unit, which would become the Goddard Building. The architecture firm of C. W. Dickey Associates prepared construction plans dated November 1947. Charles Dickey had died in 1942, and the firm that bears his name was

taken over by William Merrill (Dickey's nephew), James Simms, and Kenneth Roehrig, who in 1948 would begin listing the firm under their own names.

The 1941 Public Works sketches show a floor plan that is similar to the finished facility. One difference is a large single courtyard that was initially planned in the center of the building. This was changed in the 1947 plans to have two smaller courtyards on either side of a pavilion. Another change was the addition of smaller open courts with fountains in the projecting wings which flank the main entry.

Significance

The Goddard Building is associated with the trend of expanding health care services for the mentally ill in Hawaii. During the time that the building was being planned the philosophy of treating the mentally ill was changing from custodial to remedial. This was embodied in new forms of treatment, such as ECT, insulin therapy, and neurosurgery, thought then to cure mental illness. These three treatment methods were in vogue during the late 1940s and the Territorial Hospital administrators announced: "We're making available to our patients every psychiatric treatment that has proved its worth" (*Hawaii Newspaper Morgue*, Most Patients). Moving patients out of the hospital and back into the community became the hospital's mission for reasons both altruistic and economic. It was recognized that returning a patient to the community was a less costly measure than supporting patients in an institution. "Under the old system of custody without adequate treatment, a patient became a draft on the public treasury for life" (*Hawaii Newspaper Morgue*, Hawaii's Mental Repair Shop). The Goddard Building, designed and constructed during this shift in treatment philosophy, is associated with the changing trend.

During Dr. Ellis Stephens' administration as Medical Director of the Territorial Hospital from 1937 to 1946, as the treatment philosophy for the mentally ill in Hawaii shifted to focus on curing and discharging patients, these new treatments were thought to show great promise. Although we now recognize the forms of treatment used to implement the philosophy as archaic and mostly ineffective, the Goddard Building still embodies the pattern of events and changing attitudes that are important to the history of the treatment of the mentally ill in Hawaii. It is the opinion of Mason Architects Inc. that the Goddard Building is potentially eligible for inclusion in the National Register under Criterion "A" as associated with a pattern of events that made a significant impact on health care in Hawaii.

Architecturally, the building was built in the International Style, which was very popular in Hawaii and most of the rest of the world during the late 1940s through the 1980s. It is a product of the architects at C. W. Dickey Associates, - Merrill, Simms, and Roehrig. The flat roof with unadorned cornice line, bands of windows and grilles, and smooth unadorned wall surfaces are characteristics of the International Style expressed in this building. Aside from being an International-Style design, there are some local details that were often used during the period to mark the building as up-to-date but also Hawaiian: cast-stone grilles in a floral motif at the entry, decorative metal grilles in oriental/geometric motif at the entry and makai ends of the patient wings, courtyards to

provide open space and bring the outdoors into the building, and various means to try to make the building work as a naturally ventilated structure. This addition of Hawaiian markers to the International-Style Goddard Building is especially interesting in a building where security was required, yet an open feeling was also desired.

The Goddard Building is low slung and fits well into its site at the upper end of the State Hospital campus. The building has several local adaptations to its International Style which give a Hawaiian feeling, and a massing and roofline is well suited to the higher elevation at its site near the rear of the State Hospital. The original design of the enclosed courtyards (without fencing) also displays an unusual fusion of security and openness which was a response to this uncommon building type. The Goddard Building is considered eligible for the National Register under Criterion "C" as distinctive of a period and type of construction.

The Goddard building has had most door hardware replaced and some windows altered to improve security, and most light fixtures have been replaced with fluorescent. Other than these minor changes the overall building possesses a high degree of integrity of materials, workmanship, and design. The building's integrity of location and setting are intact. Integrity of feeling and association are also high. Overall it possesses sufficient integrity to enable its nomination to the National Register.

Guensberg Building

Description

The two-story Guensberg Building is constructed of reinforced concrete and has a flat roof with overhanging eaves. The building was constructed in two increments, each of which has a two-story and a one-story section. The first increment, completed in 1956, covers an L-shaped footprint with one leg about 72' wide by 133' long and the other about 45' wide by 136' long. The second increment, completed in 1963, is also roughly L-shaped in plan with legs about 73' wide by 210' long and about 68' wide by 170' long. This part of the building is placed makai of the first.



The Guensberg Building, northeast side,
showing the mauka end of the 1956 section at the right.

The 1956 section is set into the hillside at its rear and is only one story at its mauka end. At its northeast (makai) side the grade slopes away, and this part of the 1956 construction is two stories. The main floor occupies the section's entire L-shaped footprint while the lower floor, shown on original plans as a utility basement, only occupies the first increment's makai wing.

The 1963 increment of the Guensberg Building also has a two-story wing, which extends east, and a one-story wing which extends north. The one-story wing has a perimeter foundation wall while the two-story wing is supported by concrete columns of increasing height.



Makai façade of the Guensberg Building.
This view shows the 1963 section of the building.

The main floor of the 1956 section has patient wards and rooms, day/dining room, and nursing station. The radiology department was added in the lower floor (utility basement) of the 1956 section during a 1963 renovation. Currently the area still has radiology equipment, and is also the location of telephone panels which service the building. The 1963 section of the Guensberg Building has rooms for patient use in its two-story wing; the one-story wing is used for staff.



A day room in the 1963 section of the Guensberg Building.

The building has jalousie windows in tall panels, some single-panel but most consisting of paired, triple, or ganged panels. Some windows are fixed light. An area of multi-bed patient wards on the south (mauka) side of the 1956 section has jalousies with the

individual glass panes in heavy metal frames. These windows open onto a covered lanai walkway enclosed by decorative metal security grilles along the exterior. The building has a variety of exterior doors including flush metal, flush metal with vision panel, and large single-light storefront-type double doors.



Covered lanai walkway at the 1956 section of the Guensberg Building. Note the security grille and jalousie windows with heavy metal frames around the individual panes.



Detail of the doors and window from the patient rooms that open onto the covered lanai walkway.

The interior finishes of the building are very plain. The patient areas of the Guensberg Building have floors covered with vinyl composition tile. The walls and ceilings are plaster or gypsum panels. Some ceilings have a texture-coated surface. The dayrooms and the radiology area typically have acoustic ceiling tiles. Most bathrooms have walls

covered with 4"-square glazed ceramic tile to a height of about 7' with plaster above that. Bathroom floors are covered with small (1" by 2") ceramic tile. Interior doors in the Guensberg Building are typically flush metal or flush metal with a vision panel. Most door hardware appears to have been replaced. Original door hardware was seen in the isolation corridor area of the 1956 section (main floor). This area has heavy brass knobs with deadbolts and reinforcing plates on the doors.



Water damage in the Guensberg Building.

There are numerous areas in the Guensberg Building where moisture, presumably from roof leaks, has damaged the ceiling. Standing water was observed on a portion of the 1963 section's roof, at the end of the east wing. Condensation was also dripping from many of the ceiling air-conditioning vents.

History

In March 1954, poor conditions were reported at the tuberculosis (TB) wards of the Territorial Hospital. Mentally ill patients who were afflicted with TB were housed in temporary structures left over from World War II. Sixty patients were occupying two temporary "ten-year old Army shacks" that were designed to hold only 48 persons (*Honolulu Star Bulletin*, Committee to Study). Additionally, 10 TB patients were housed in regular wards with no isolation from the rest of the patients. The medical director, Dr. Robert Kimmich called the situation "intolerable" (*Honolulu Star Bulletin*, Conditions at T.B. Mental Hospital). In October, plans for a \$260,000 tuberculosis ward were announced, with funding from the hospital's special building fund. The 30-bed unit was designed by architects Ernest Hara and Frank Slavsky, who were expected to submit plans for bidding in early 1955 (*Honolulu Star Bulletin*, \$260,000 Wing Planned). The building was named for Dr. Marcus Guensberg, medical director of the hospital from August 1, 1946 to the time of his death on July 11, 1952. It was dedicated on May 6, 1956 and expected to be occupied in "about two weeks" (*Honolulu Advertiser*, New Territorial Hospital Unit Dedicated).

Drawings dated December 22, 1954 from the plan archives of State of Hawaii, Department of Accounting and General Services show this first increment of the Guensberg Building. Labeled "General Hospital Male Tuberculosis Nursing Unit," the plans were produced by Hara and Slavsky. The 1956 section of the building was sited just south of the earlier Goddard Building.

In June 1961 drawings were prepared by architects Ernest Hara and Kenneth Brown for the new medical surgical section that would be built at the northeast corner of the 1956 increment of the Guensberg Building. It was completed in 1963 and originally called the annex to Guensberg Building. When the 1963 section opened, the single-story wing contained a 26-bed nursing unit for surgical patients, plus a pharmacy and laboratory. The two-story wing held another 48 patient beds. Also in 1963, the lower floor of the 1956 section (originally called the utility basement) was remodeled to house the radiology and physical therapy departments.

Significance

The Guensberg Building was built in two phases, a section in 1956 and a section in 1963. While the building is associated with expanding health care for the mentally ill in Hawaii, its dates of construction and its period of significance are within the last fifty years and it comes under National Register criteria consideration (g). This means that in order to be eligible for nomination to the National Register the property must possess exceptional importance. Although the Guensberg Building is associated with the history of the treatment of the mentally ill in Hawaii, it does not possess historical significance of exceptional importance. Criteria consideration (g) seems to preclude its eligibility for the National Register.

Similar reasoning applies to the building's architecture. Both of the Guensberg Building's sections, its 1956 and 1963 areas, were designed in the International style, which was popular in Hawaii and much of the rest of the world during the late 1940s through the 1980s. The flat roof with unadorned cornice line, bands of windows with no decorative detailing, and smooth unornamented wall surfaces are characteristics of the International Style seen in these buildings. The building is low slung and fits well into its site at the upper end of the State Hospital campus, but it does not embody distinctive characteristics of exceptional importance representative of a type, period, or method of construction. Thus, under criteria consideration (g) this building does not appear eligible for the National Register.

Recommendations

Goddard Building

Since the Goddard Building is potentially eligible for the National Register, the most appropriate treatment of the building would be to consider rehabilitation and adaptive reuse of the building for some or all of the program needs of the State Hospital. The rehabilitation and adaptive reuse should be done following guidelines in the Secretary of the Interior's Standards. (See Appendix "C").

Adaptive reuse of the Goddard Building will undoubtedly require changes to the interior of the building. Prior to any changes being made, the existing interior should be documented in accordance with Historic American Building Survey standards. This will involve photography with 4 x 5 copy negatives and prints, archivally processed, as well as some written documentation.

To assist the designers who prepare the adaptive reuse plans, an assessment should be prepared of the extant character-defining features of the building, for both the interior and exterior. These features can then be ranked as to which are most important to retain in the renovated building. As many of the character-defining features as possible should be saved. Consultation with the State Historic Preservation Division should occur to reach concurrence about character-defining features and alterations to any of them.

Additions to the Goddard Building are also possible, provided they follow the Secretary of Interior Standards. They should generally not be visually intrusive from the most important view planes to the building.

If, after thorough study of the reuse potential of the Goddard Building, it is determined that it is not possible to reuse it, demolition could be considered. However, this may lead to protracted consultation with the SHPD and possibly the federal government's Advisory Council on Historic Preservation and other interested non-governmental agencies, such as the National Trust for Historic Preservation and Historic Hawaii Foundation.

Mitigation for the demolition of the Goddard Building should be established by the State Historic Preservation Division. It is our recommendation that mitigation should include Historic American Buildings Survey (HABS) documentation to Level II standards. HABS documentation provides comprehensive information on the on the historical, architectural, technological, or cultural significance of a building and serves as a record of the growth of the nation's built environment. HABS Level II documentation illustrates and explains what is significant about a building and includes: reproductions of existing drawings, photographs with large format negatives of exterior and interior views, and written history and description of the building. All HABS documentation is to be produced on archivally stable materials, with photographs processed and stored according to archival standards.

Guensberg Building

Mason Architects' evaluation of this building should be confirmed with the Hawaii State Historic Preservation Division (SHPD) if any action involving this building is planned. If SHPD agrees then no mitigation measures would be required. However, after 2013, when the building has reached fifty years of age, its significance should be re-evaluated since Criteria Consideration (g) would no longer apply.

Figure 1. Original drawing of the Goddard Building, dated November 3, 1947.

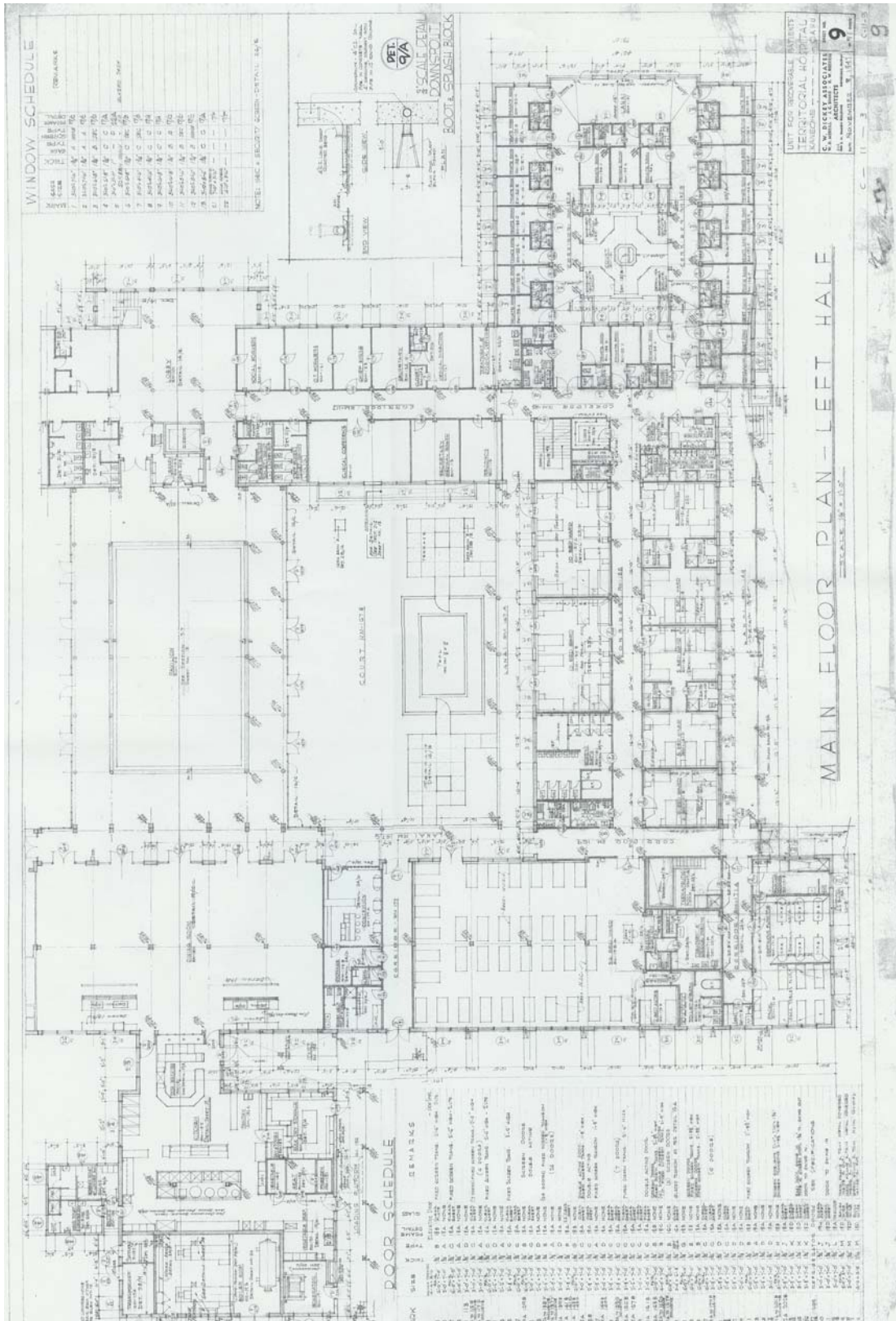
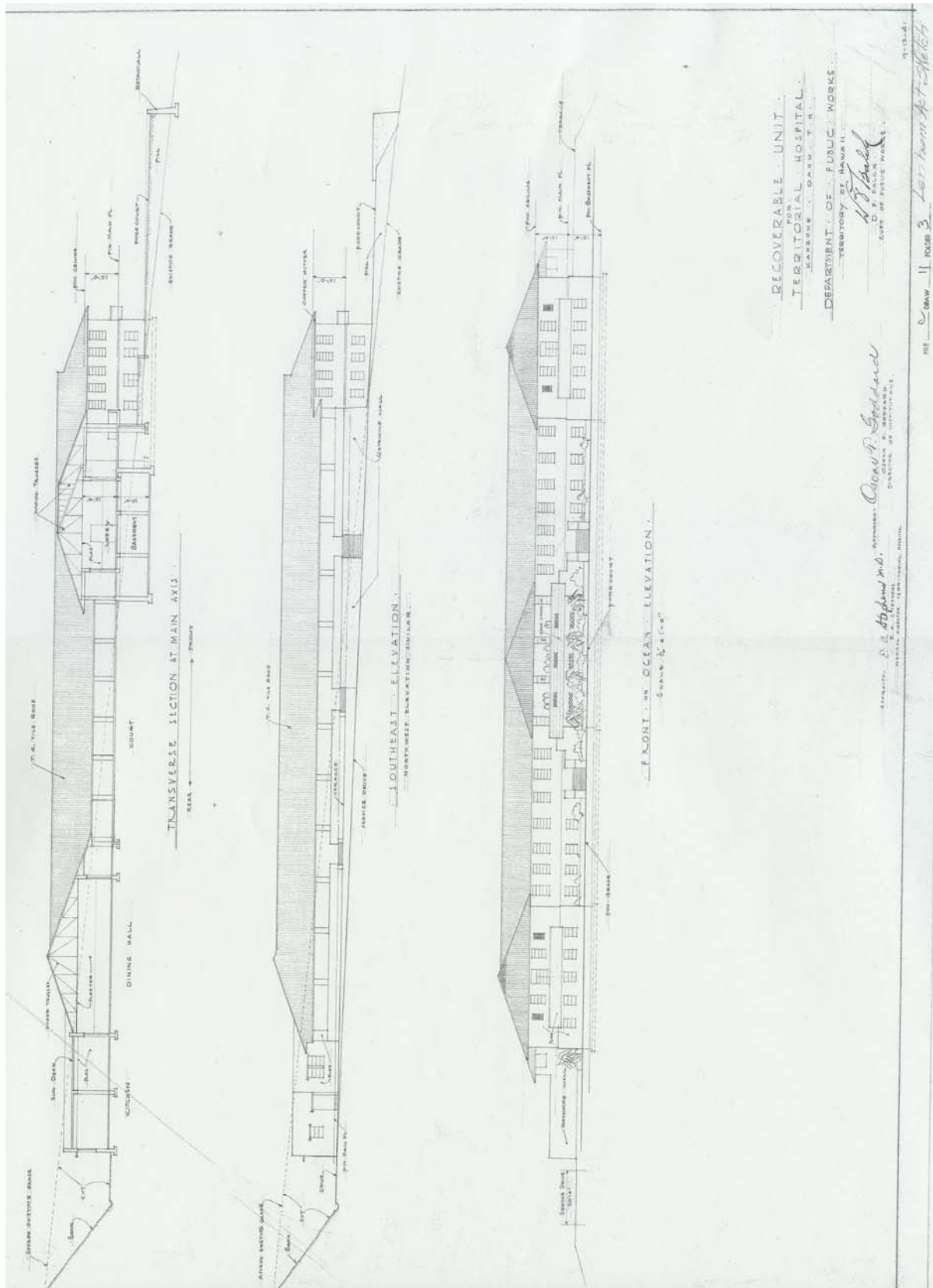
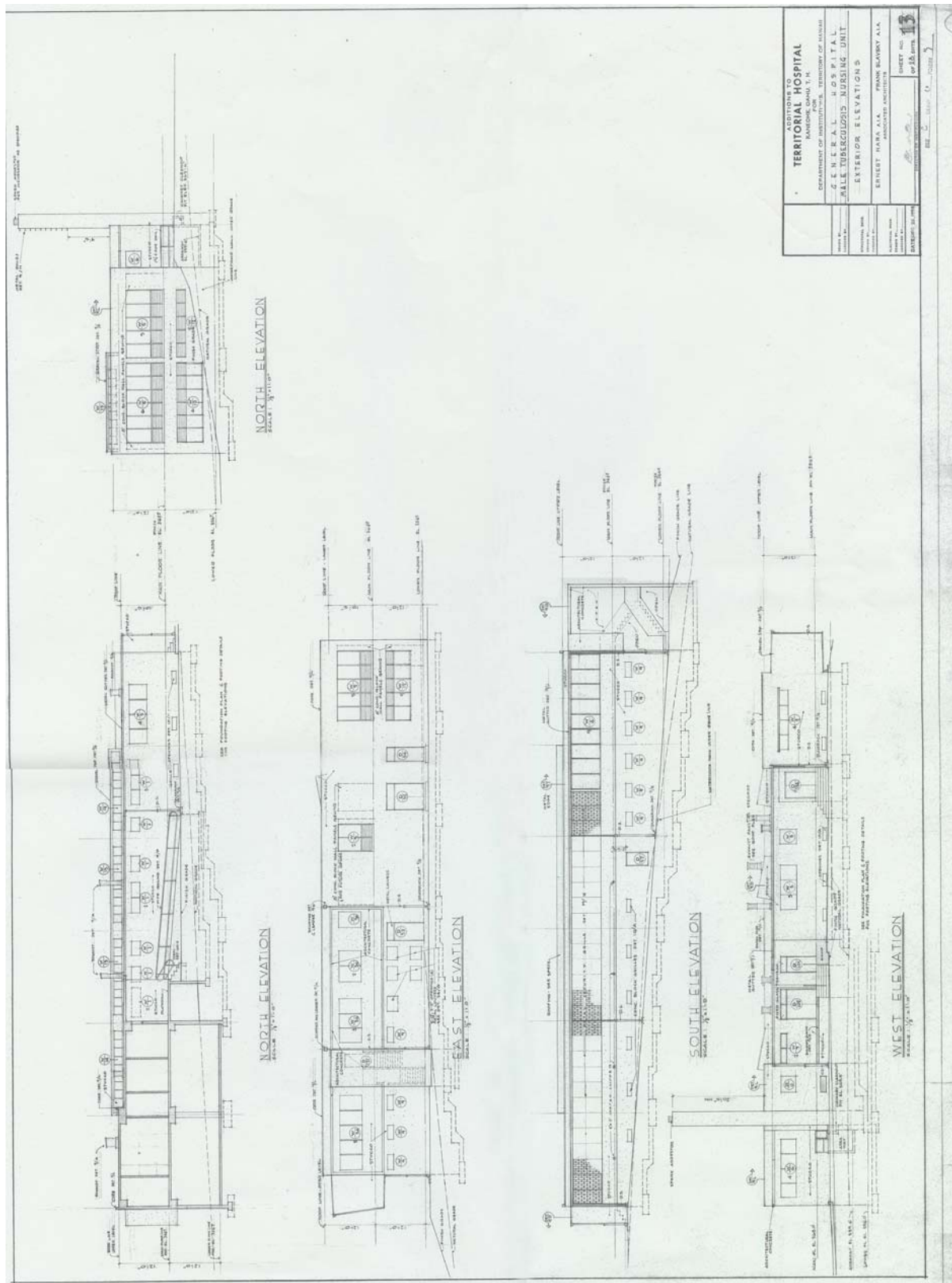


Figure 2. Early sketch of the Goddard Building, dated 1941.



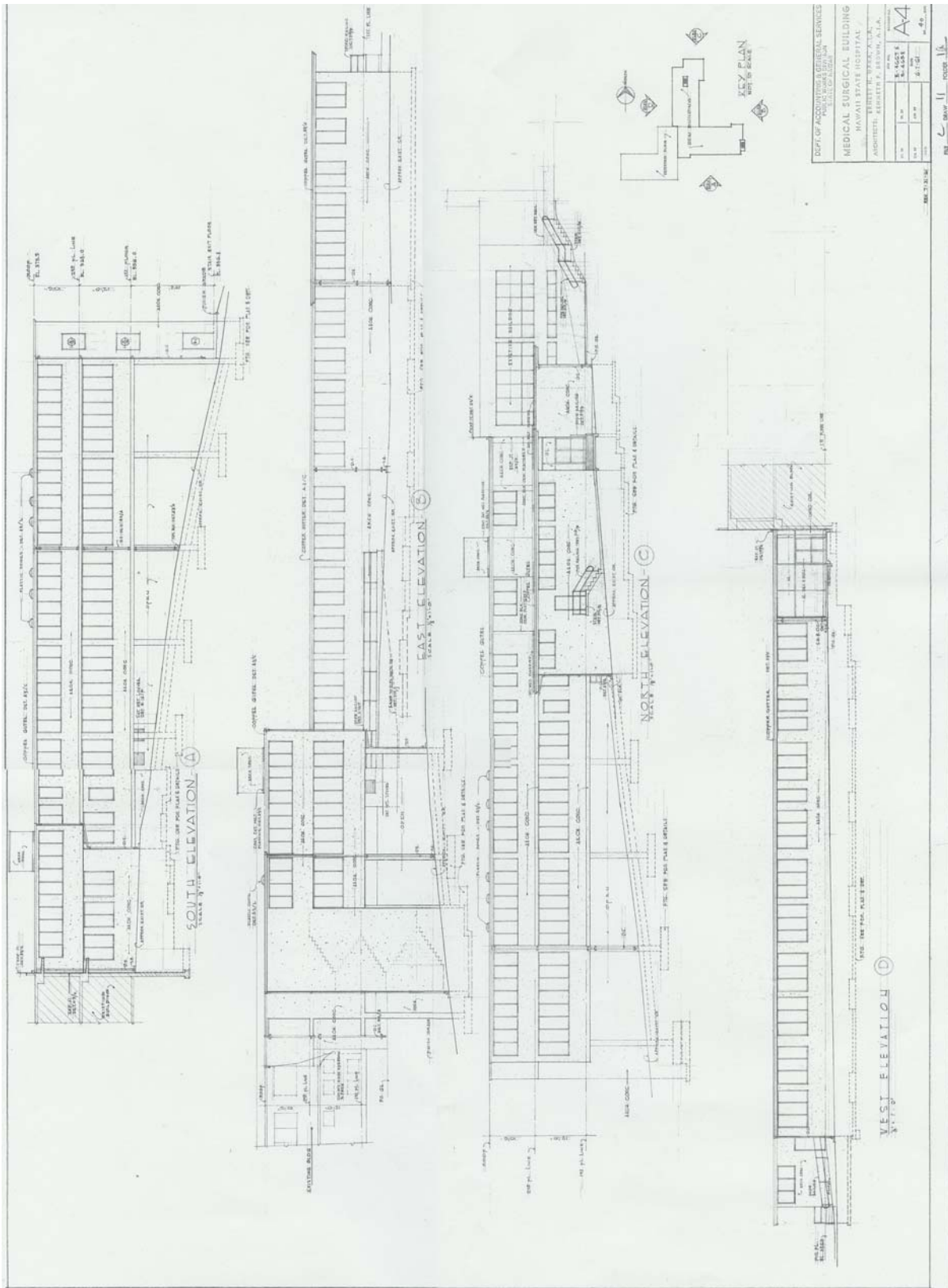
Appendix A – Historic Drawings

Figure 3. Elevation drawings of Guensberg Building's T.B. unit, dated December 22, 1954.



Appendix A – Historic Drawings

Figure 4. Elevation drawings of Guensberg Building's Med/Surg unit, dated June 1, 1961.



Appendix A – Historic Drawings

Figure 5. Section of the plot plan for the 1963 increment of the Guensberg Building. Showing the position of the Guensberg and Goddard Buildings.

