

THE BRYCE HOSPITAL PRESERVATION PROJECT:  
PRELUDE TO A PRESERVATION PLAN



PREPARED FOR THE COMMISSIONER OF MENTAL HEALTH BY:

DR. TOM R. HOBBS, JUDY COURINGTON, AND STEVE DAVIS

AUGUST 31, 2007

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## FOREWORD

Almost 15 years ago, Robert Mellown concluded a very moving description of Bryce Hospital's rich and colorful history with the following wistful lament:

"As we move into the twenty-first century, one hopes that state officials will develop a sensitive plan for construction and renovation at Bryce Hospital, one that preserves for future generations the noble efforts of our nineteenth-century forbears... ." (Mellown, R.O. "Mental Health and Moral Architecture", *Alabama Heritage*, 1994 (32), University of Alabama; see Appendix I).

The purpose of this preliminary proposal is to create a document that will hopefully serve as a catalyst for discussion among all parties interested in preserving the historical aspects of Bryce Hospital. This proposal is not designed to serve as a comprehensive and detailed preservation plan nor as a working blueprint for plan implementation, but rather as a lens through which a panoramic view of the possible preservation landscape might be captured. It is the authors' hope that this document will serve as the first step in the development of a truly comprehensive preservation plan.

The authors' wish to express their collective gratitude to the following:

**Mr. John Houston, Commissioner of Mental Health:** the authors appreciate Commissioner Houston's interest in preservation of the historical aspects of Bryce Hospital and for his support of the Alabama Historical Commission's previous efforts to achieve National Historic Landmark status for Bryce Hospital. The authors are especially grateful for being allowed the opportunity to submit this proposal for his review and consideration.

**Ms. Melanie Betz, Architectural Historian, Mr. Robert Gamble, Senior Architectural Historian, and Mr. Hank Johnson, Intern:** the authors are especially indebted to these representatives of the Alabama Historical Commission for their encouragement, their willingness to lend their expertise to this project, and their thoughtful review of and contribution to this proposal.

**Ms. Jody Cook, Atlanta Regional Office, National Park Service:** the authors very much appreciate Ms. Cook's informal guidance with regard to the proper completion of a formal nomination for National Historic Landmark status.

**Ms. Kathy Sawyer, Former Commissioner of Mental Health:** the authors express appreciation to Ms. Sawyer and to all former Commissioners of Mental Health who have supported the Alabama Historical Commission's prior efforts to have Bryce Hospital designated as a National Historic Landmark.

**Friends of Bryce Hospital:** the authors express appreciation to all parties who have stepped forward to express a spontaneous and enthusiastic interest in, and promised support of, a Bryce Hospital preservation plan.

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## INTRODUCTION

The purpose of this document is to hopefully contribute to the birth of a realistic restoration and preservation plan for Bryce Hospital. The authors readily admit to having no expertise or experience in the development of a preservation plan for a historic structure. Nevertheless, it seems reasonable to presume that any credible preservation plan must evolve from a context in which interested parties have openly discussed the issues relevant to a successful preservation outcome. While little organized public discussion has occurred thus far, the authors nevertheless believe that there exists an unstated and untapped affection for Bryce Hospital, a sentiment felt by the many people whose lives have been so positively affected by this grand institution. For those of us who number ourselves among this group, there is no doubt that Bryce Hospital stands as the flagship symbol of Alabama's mental health system, that it has contributed significantly, both culturally and architecturally, to issues and social movements that have swept the nation, and that it is unquestionably deserving of both restoration and preservation for the benefit of future generations. We believe that this background of widespread quiet allegiance provides fertile soil for the germination and eventual emergence of a true preservation plan. Because this reservoir of untapped support lies dormant and awaits a means of expression, we offer this document as a fledgling first step toward the genesis of a meaningful "Bryce Hospital Preservation Plan".

This proposal is organized in terms of three primary sections, each describing a sequential phase in the evolutionary development of a possible preservation plan:

**Phase I: Crisis Intervention:** this section addresses critical and immediate actions that should be taken in order to prevent: (1) further weather-related damage to the historic portion of the physical plant, and (2) to prevent further loss of valuable historical memorabilia via decay, misplacement, and theft.

**Phase II: Structural Organization:** this section describes the organizational structure that is likely to be necessary in order to ensure the development of a realistic preservation plan.

**Phase III: Preservation Plan Development:** this section describes the four major components that must be addressed by a preservation plan:

- ✓ (1) *Achievement of national recognition for Bryce Hospital.* It is important that Bryce Hospital be recognized as a site that has contributed significantly, both culturally and architecturally, to the nation's historical development.
- (2) *Restoration and preservation of the historic structure(s).* In order to be accorded the respect deserved by a national treasure, it is essential that the historic portion of the Bryce Hospital physical plant be restored to its former grandeur.
- ✓ (3) *Restoration and preservation of historical material.* Not only is it important to restore the historical portion of the physical plant, it is also essential to preserve the historical Bryce experience or "way of life" as captured in personal papers, paintings, photographs, artifacts, and other memorabilia.
- ✓ (4) *Restoration funds acquisition.* Any preservation plan must include a viable strategy for acquiring the funds necessary to support a restoration effort.

In order to minimize verbosity and enhance clarity, each phase is organized in terms of three components:

- (1) *Rationale:* this section contains a brief statement of the reasoning in support of a specific plan objective.
- (2) *Objective:* this section contains a statement of the specific objective to be achieved.
- (3) *Method:* this section describes the means by which the objective might be accomplished.

## PHASE I: Crisis Intervention

**Rationale:** a brief tour of the Bryce Hospital physical plant tends to elicit a mixed sense of reverence, nostalgia, and sadness: reverence for the ideals represented by this historical structure, nostalgia for the experiences lived within its walls, and sadness at its decaying condition. While the general disrepair of the facility is immediately obvious, one is especially struck by the extent of decay and disrepair evident in specific sections of the facility, e.g., the dome, rotunda, and auditorium. In addition, for those with a historical bent, the disarray and lack of security for valuable historical documents, paintings, photographs, and other memorabilia is disquieting. At an idealistic level, to permit continued decay of the physical plant and further loss of historical material suggests an unintended and unwitting disrespect for the ideals represented therein by those of us who have been so positively affected by Bryce Hospital's existence. At a more practical level, to permit continued decay and loss is likely to exponentially increase future restoration costs, a factor that must be considered in any realistic preservation plan. Consequently, it is urgent that steps be taken to prevent continued deterioration of the physical plant and further loss of historical artifacts.

**Objective #1: to prevent further weather-related damage to the physical plant.**

**Method:** the Bryce Hospital Department of Engineering has identified several areas that are constantly exposed to weather-related damage due to gaping areas in the roof or due to broken windows, e.g., the rotunda, the dome, and the auditorium. It is recommended that the Department of Engineering complete a brief study that concludes with an identification of the most damaged areas, a prioritization of areas in need of immediate protection, a description of work required to "mothball" such prioritized areas to prevent further destruction, and a cost estimate for "mothballing" areas deemed by the Commissioner to be of highest priority. It should be clearly understood that any cost estimate should be based on the work needed to "mothball" or "dry in" a priority area; cost estimates should not at this time be based on the work that might eventually be needed to repair or restore a given area. It is anticipated that heavy tarps or tar-papered plywood could serve as makeshift covers for both roof and window openings and that such temporary protective efforts would not be prohibitively expensive. Upon completion of the study, it is recommended that the Associate Commissioner of Administration, or other designee appointed by the Commissioner, review the current budgetary allocations for capital projects and determine if any monies are available for diversion to this crisis intervention effort. If so, it is recommended that the Commissioner consider allocation of any available funds for this purpose.

**Objective #2: to prevent further loss of and damage to historical memorabilia, including documents, artifacts, paintings, and photographs.**

**Method:** it is recommended that an inventory of all known on-site historical material be conducted as quickly as possible and that the inventory procedure include the following steps:

- (1) Establishing a definition of what constitutes "historical material", e.g., the personal papers of prior superintendents and patients, paintings, photographs, artifacts, etc.
- (2) Determining the location of all known historical material; currently, historical material appears to be scattered throughout the Bryce Hospital campus with no documentation of individuals or departments being responsible for their control. Some of the documents are stored in no orderly and readily retrievable fashion while others are well documented but not in a secure or environmentally safe area.
- (3) Transporting all historical material to centralized areas; in order to efficiently establish an inventory of such material, it will be essential to have the material collected in as few centralized areas as possible.
- (4) Storing and securing such areas from unauthorized access; in order to prevent continued unintentional misplacement as well as overt theft, such material should be stored in centralized areas that can be secured from unauthorized access. Access to these areas should be restricted to designated individuals.

(5) Itemizing, identifying, and cataloging all such material: each item should be identified in accord with established criteria (author, date, use, etc.), catalogued in accord with those criteria, and listed on the master inventory of Bryce Hospital historical material.

## PHASE II: Structural Organization

**Rationale:** from an idealistic perspective, a preservation plan should be formulated by a group of interested parties who share a common vision. This vision should be encapsulated in a broad “vision statement” designed to provide a general description of the comprehensive goals to be achieved by means of the preservation effort. The following example might serve as a starting point for initial discussion and eventual development of a vision statement appropriate for a “Bryce Hospital Preservation Project”:

“The purpose of the Bryce Hospital Preservation Project is to restore and preserve the original and historic aspects of Bryce Hospital, to ensure its recognition as a historic structure of national significance, and to secure its future role as a valuable resource for Alabama’s mental health system and the surrounding local community.”

Whatever vision statement is eventually endorsed, such a statement should communicate an inspired vision of the future, one that breathes life into the preservation plan, drives it, and serves as *the* guiding set of principles for plan development.

**Objective #3:** to formulate a comprehensive restoration and preservation plan for both the historic portion of Bryce Hospital and for the historical material contained therein.

**Method:** it is recommended that a vision statement and its derivative preservation plan be formulated by a “Bryce Hospital Preservation Committee” (BHPC) with members appointed or invited to serve by the Commissioner of Mental Health on the basis of their interest in and commitment to the preservation project. It is further recommended that the committee chairperson be selected by the Commissioner, that he/she be directly accountable to the Commissioner, and that he/she be responsible for providing progress reports to the Commissioner on a periodic basis. All committee members would serve at the pleasure of the Commissioner. The committee would be provided access to consultants as needed during the course of the preservation project. The committee’s primary charge would be to formulate a Bryce Hospital Preservation Plan for submission to the Commissioner. Upon approval of a plan by the Commissioner, the committee’s role in monitoring plan implementation would be determined by the Commissioner.

### PHASE III: Preservation Plan Development

**Rationale:** as stated earlier, it is important that the preservation plan address the following fundamental issues: ensuring national recognition for Bryce Hospital, ensuring the restoration and preservation of the historical aspects of the Bryce Hospital physical plant, ensuring the restoration and preservation of historical material, and designing a strategy for acquiring the funds necessary to support the preservation project. While all four of these components are necessary to complete the plan, each can be addressed independently of the others or in combination, depending on the Committee's work plan. In fact, it would be preferable that all four components be addressed simultaneously since each is likely to develop at its individual pace. Final integration of all four components would be necessary only at the point that the plan is prepared for submission to the Commissioner.

**Objective #4:** to achieve recognition of Bryce Hospital as a national historic structure. Such status will ensure that the structure is publicly recognized as a site that has contributed significantly to the nation's historical development.

**Method:** it is recommended that the Committee consider all possible alternatives for achieving national recognition. Given the preliminary research conducted by the authors up to the point of this writing, it appears that four options exist:

*Option #1: Provide support for the original nomination for National Historic Landmark status submitted by the Alabama Historical Commission.* In January, 2004, the Alabama Historical Commission submitted a nomination to the National Park Service for Bryce Hospital to be designated as a National Historic Landmark. Based on current information, this nomination is currently in the federal review process but is unlikely to be considered within the near future for two reasons. First, the National Park Service Advisory Board is the body that reviews nominations and recommends NHL status to the Secretary of the Interior. The NPS Advisory Board is not currently functioning, has cancelled both of its scheduled meetings for 2007, and is not likely to resume its normal schedule until a number of Board vacancies are filled by new appointments. Secondly, it is likely that the earliest that the Board will meet will be the Spring of 2008, and assuming it does, it will be faced with a backlog of nominations for review. It does not appear likely that the Bryce Hospital NHL nomination will be reviewed until the Fall of 2008 or the Spring of 2009. Given these circumstances, the BHPC will have sufficient opportunity to review the Alabama Historical Commission's nomination and render an opinion to the Commissioner regarding continued support.

A cursory reading of the Alabama Historical Commission's NHL nomination raises a number of questions for careful consideration (see Appendix II: *National Historic Landmark Nomination: Alabama Insane Hospital*). The most important question turns on the fact that the nomination requests NHL status on the basis of a historic district and not on the basis of a singular structure. The nomination specifies the following 11 sites as inclusive in the historic district:

- ✓ 1. Main Entrance
2. Fountain
3. Main Hospital Building
4. Rotunda/Kitchen
5. Boiler House/Amusement Hall
6. Engineer's Office
7. Piggery/Barn/Power Plant
8. Coal Storage/Lodge
9. Stable/Laundry
10. Women's Dining Hall
11. Dr. Bryce's Grave

It is unclear at this point as to what obligations might be incurred by the Commissioner should NHL status be granted on the basis of a historic district composed of these 11 sites. It would therefore be important for the BHPC to thoroughly research this issue in terms of at least the following questions:

(1) If NHL status is acquired on the basis of a historic district, would the Commissioner be obligated to restore and preserve each of the 11 sites in accord with restoration/preservation criteria imposed by the Secretary of the Interior?

(2) Conversely, if NHL status is acquired on the basis of a historic district, and if the Commissioner decided to demolish one or more of the 11 sites in the future, would the remaining sites in the historic district forfeit their NHL status?

(3) If NHL status is acquired on the basis of a historic district, and if federal monies (*Save America's Treasures* grant—see discussion below) are used in restoration of any one of the 11 sites, it is assumed that the restoration effort for that site would need to proceed in accord with criteria dictated by the Secretary of the Interior. However, if federal monies are used to restore any *one* site in the historic district, would the Commissioner then be required to restore and preserve *all* of the remaining sites in accord with restoration criteria imposed by the Secretary of the Interior?

*Option #2: Revise the original nomination for NHL status submitted by the Alabama Historical Commission.* The BHPC should research the possibility of revising the current nomination so as to restrict the number of sites listed in the historic district. It may be possible to restrict the nomination to those sites of greatest interest to the Commissioner and the mental health community, e.g., perhaps the central building, the east and west wings, the rotunda, the auditorium, the gravesite, and the avenue. Constricting the number of sites would increase the probability that sufficient funds could be acquired to ensure restoration.

*Option #3: Submit a new NHL nomination based on a revision of the original nomination.* If the BHPC determines that Option #2 is not possible or unfeasible, the Committee should research the advantages and disadvantages of preparing a new nomination based on the historic structures of interest to the Commissioner.

*Option #4: Submit an application for listing in the National Register of Historic Places on the basis of national significance.* Bryce Hospital is currently listed in the National Register but not for its national significance (recent research has disclosed that the basis for the original listing is unclear). The BHPC should research the advantages and disadvantages of submitting an application for listing on the basis of Bryce Hospital's national significance. At first glance, the advantages would include the following:

(1) The review process moves more quickly than that for an NHL nomination, i.e., it is possible that the application could be reviewed as early as the Fall of 2007.

(2) Listing in the National Register for national significance would result in Bryce Hospital becoming eligible for federal funding via the National Park Service's *Save America's Treasures* program. An application for such funding could be submitted quickly whereas awaiting NHL designation (in order to be eligible for SAT funding) is likely to be a very long-term process.

(3) This option would not preclude a continued effort to achieve the premier status for a historic structure, e.g., National Historic Landmark. Both efforts could be pursued simultaneously.

Summary of Options: it is likely that continued research on the advantages and disadvantages of each of the above-listed options (as well as others discovered by the BHPC) will lead to other questions that deserve consideration. However, the minimal research conducted thus far does at least crystallize the following very important question:

**“Which structure or structures on the Bryce Hospital campus should be targeted for designation as a national historic landmark?”**

The answer to this question must balance our understandable preservation idealism against the reality of limited financial resources. It would seem prudent to designate only those structures that we believe contribute significantly to the Bryce Hospital heritage and which we realistically believe can be restored given the financial realities. While restoration of every structure might be desirable, it would seem more prudent to target only those that most embody the spirit of the Bryce Hospital experience. This specification of structure(s) should be determined by a careful negotiation among the relevant parties, most notably the Commissioner of Mental Health, the National Park Service, and the Alabama Historical Commission. It is likely that each party can contribute positively to a reasonable specification of what is acceptable to the NPS, what can be supported by the AHC, and what is deemed significant and affordable by the Commissioner of Mental Health. The role of the BHPC would be to research every possible alternative for achieving national recognition, to identify the advantages and disadvantages of each, and to advise the Commissioner responsibly.

**Objective #5: to restore and preserve the historical aspects of the Bryce Hospital physical plant.**

**Method:** once the structure(s) to be restored and preserved has been specified (see discussion above), the BHPC should establish a plan for obtaining informal construction and renovation cost estimates for inclusion in the preservation plan to be submitted to the Commissioner. Such estimates should itemize the area to be restored, the projected costs, and the timetable for completion.

**Objective #6: to ensure the preservation of materials listed on the master inventory compiled in the Crisis Intervention phase.**

**Method:** this objective could be accomplished by means of three steps:

- (a) Transfer of selected documents to the Alabama State Archives in Montgomery
- (b) Transfer of selected documents to the Hoole Special Collections Library at the University of Alabama.
- (c) Selection of documents to be preserved by Bryce Hospital staff and retained for display at the Bryce Hospital Museum (to be discussed below). This component would require consultation with Alabama State Archives staff who are experienced in the preservation of historical material

**Objective #7: to collect historical material that is not currently housed on the Bryce Hospital campus, i.e., to obtain those items and documents important to the understanding of Bryce Hospital's history from collectors, former staff members, former patients, and other individuals who may have such items in their personal possession.**

**Method:** this objective may be accomplished by the following means:

- (1) Informing the public of the Alabama Department of Mental Health's intent to preserve Bryce Hospital and establish a museum wherein historical material will be preserved and secure;
- (2) Appealing to the public, and especially to former staff members, to donate any such items in their personal possession to the Bryce Hospital Museum and assuring them that their donation will be publicly recognized by means of a small plaque displayed next to the item.

**Objective #8: to acquire sufficient funds to support the restoration effort specified in the preservation plan.**

**Method:** it will be important for the BHPC to launch a massive, well-organized, and systematic fundraising campaign designed to acquire restoration funds from four possible sources:

- (a) *Federal funds:* as mentioned earlier, Bryce Hospital should be highly qualified for restoration funding under the *Save America's Treasures* program operated by the National Park Service. The Committee should also research any other available federal funding sources.
- (b) *Private funds:* it will be essential for the BHPC to organize a steering group of influential community leaders who can implement a fundraising campaign designed to solicit contributions from large philanthropic foundations as well as the general public. It will be especially important to solicit the assistance of the Tuscaloosa Preservation Society, the Alabama Preservation Alliance, and the Alabama Historical Commission in this effort.
- (c) *University of Alabama:* given Bryce Hospital's geographic proximity to the University of Alabama's campus, as well as the University administration's current interest in the large amount of acreage surrounding the Bryce Hospital historic structure, it does not seem inconceivable that the University administration might be interested in either contributing restoration funds (given a *quid pro quo* promise of leased space for classroom and office use in a restored historic structure), or negotiating the earmarking of such funds during the course of a future sale agreement for acreage surrounding the historic site.
- (d) *Alabama Department of Mental Health:* during the course of developing the preservation plan, ADMH administrative personnel should research and identify any departmental funds available that might be diverted to this restoration effort.

## CONCLUSION

At this juncture it is difficult to predict the end result of a comprehensive and systematic preservation effort until an agreed-upon plan can be developed and implemented. However, it is not inconceivable that the ideal outcome might be the existence of a national mental health museum housed in a National Historic Landmark structure that is situated in a park-like preserve surrounded by a vibrant university setting. The museum component could reflect not only the history of Alabama's mental health system but also the architectural and philosophical development of mental health institutions throughout the nation. Bryce Hospital is especially positioned for such a national role given the fact that its architecture served as the model for asylum construction throughout the U.S. in the mid-nineteenth century. In addition, Dr. Peter Bryce and the Alabama Insane Hospital stood at the forefront of the moral treatment movement in the United States. And finally, the watershed *Wyatt v. Stickney* decision at Bryce Hospital in the early 1970s served as the catalyst for a right-to-treatment movement that swept the nation and spawned federal standards for institutional care, the depopulation of overcrowded state institutions (deinstitutionalization), and the conceptual shift in state government perspectives from custodial institutional care to community services in the least restrictive setting. Only Bryce hospital can lay claim to such architectural and cultural significance on a national scale. (For a list of sources documenting the national significance of Bryce Hospital, see Appendix III—*Bryce Hospital: Documentation of Architectural and Cultural Significance*).

While the museum component would pay tribute to Bryce Hospital's rich and significant history, it is important to ensure that Bryce Hospital continues to contribute to the future well-being of Alabama's mental health system as well as to the surrounding Tuscaloosa community. It is highly unlikely that the entire restored space within the specified historic structure would be required solely for museum purposes. Consequently, it does not seem entirely unreasonable to consider the possibility of allocating the remaining space for purposes that would not only benefit Alabama's mental health system but also the surrounding Tuscaloosa community. This beautifully restored facility could serve as an ideal conference and training facility for the Alabama Department of Mental Health and Mental Retardation as well as for other entities serving the mental health needs of Alabama's citizenry. But also, it could provide much needed classroom and administrative office space on a leased basis to the University of Alabama, Shelton State Community College, Stillman College, and local businesses. Bryce Hospital's proximity to the University of Alabama campus, while currently being viewed as a liability, could become a tremendous asset in terms of its availability to the University for classroom and office space on a leased basis. This partnership between Bryce Hospital and the University of Alabama could result in a mutually beneficial exchange.

While a restored Bryce Hospital could provide space for a museum, conference/training center, and classroom/administrative office space for local educational institutions and businesses, the park-like preserve in which it would be situated would not require extensive acreage. In fact, the only acreage needed would be that sufficient to provide visually attractive grounds surrounding the structure and the gravesites of Dr. and Ms. Bryce. Ideally, the preserve could be nestled within an expanding University setting. The remaining vast Bryce Hospital campus acreage could then be allocated by the Commissioner for purposes beneficial to Alabama's mental health system.

While these speculative thoughts admittedly border on the chimerical, the authors' unbridled romanticism is nevertheless tempered by a realistically harsh awareness that the preservation project's final outcome will depend on the quality of the preservation plan yet to be developed, the degree to which it is successfully implemented, the availability of restoration funding, and the exigencies of the political environment. Bryce Hospital has stood incontestably for over one hundred and fifty years as the quintessential symbol of Alabama's dedication to the mentally ill. Perhaps now those of us whose lives have been so positively affected, either directly or indirectly, by this grand dame will find common cause to rally in her defense against the corrosive and eroding effects of passing time. And perhaps now, we can collectively and constructively respond to Mellow'n's entreaty that we create and enact a preservation plan that "...preserves for future generations the noble efforts of our nineteenth-century forbears...".