

FORT DEFIANCE INDIAN HOSPITAL
(Fort Defiance Indian Hospital, FD-1)
(Southern Navajo General Hospital)
(Navajo Medical Center)
Navajo Indian Reservation
Bonito Drive
Fort Defiance
Apache County
Arizona

HABS No. AZ-227

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDING SURVEY
Southwest System Support Office
National Park Service
P. O. Box 728
Santa Fe, New Mexico 87504

HISTORIC AMERICAN BUILDINGS SURVEY
Fort Defiance Indian Hospital
(Fort Defiance Indian Hospital, FD-1)
(Southern Navajo General Hospital)
(Navajo Medical Center)

HABS AZ-227

Location: Navajo Indian Reservation
Bonito Drive
Fort Defiance, Apache County, Arizona

UTM: Zone 12, 673609E, 3957791N

Present Owner:
Indian Health Services

Present Use:
The building is currently vacant. It was used continuously as a hospital until 2005.

Significance:
Construction of the Fort Defiance Indian Hospital marked a major step on the part of the Office of Indian Affairs to improve health conditions and medical services across the entire Navajo Reservation through the establishment of a complete-service base hospital offering consultation for doctors at other reservation hospitals. Secondly, it also marked a significant step in the articulation of a distinct institutional building style on the Navajo Reservation. Using the plans provided by Office of Indian Affairs architect Hans Stamm, local craftsman using local stone developed a local, Navajo-inspired elaboration of the Pueblo Revival Style, one that fulfilled Commissioner of Indian Affairs John Collier's policy that government buildings should reflect a style sensitive to the architectural heritage of the people they would serve. The complex is historically significant for bringing modern health practices and medicine to the Navajo Tribe and as evidence of the Commissioner's efforts to recognize tribal ethnic heritage through the style given to the building. It is also architecturally significant as an example of how Hans Stamm adapted elements of the Pueblo Revival Style to a special building form and function.

Historians: Robert G. Graham, Architect, Motley Design Group LLC
Douglas Kupel, PhD, Consulting Historian
Donna Reiner, PhD, Consulting Research Historian
Report Date: October 2010

Project Information:
This HABS report was prepared for the owners of the structure, the Indian Health Services, to fulfill mitigation requirements under Section 106 of the National Historic Preservation Act of 1966, as amended, prior to the planned demolition of the structure. Motley Design Group LLC was the primary contractor, and was responsible for all photography and final document preparation. Douglas Kupel and Donna Reiner, working as a team, provided historic research and Dr. Kupel wrote Part 1: Historical Information. The Indian Health Service (Navajo Area) provided original construction drawings, which were photographed by Motley Design Group.

PART 1: HISTORICAL INFORMATION

A. Physical History

1. Date of erection: 1938

2. Architect: Hans Stamm

3. Original and subsequent owners, occupants, uses:

The Fort Defiance Indian Hospital was originally owned by the Office of Indian Affairs, known as the Bureau of Indian Affairs (BIA) after 1947. It was constructed using funds from the Public Works Administration (PWA) provided under Federal Project No. 560 (FP-560). Total cost of construction was \$351,159.31. The building remained under the jurisdiction of the BIA, Navajo Area Office, until the Congress transferred Native American health services to the Public Health Service (PHS), part of the Department of Health Education and Welfare, in 1955. It remained under the control of the PHS under the Division of Indian Health until 1970 when the Indian Health Service (IHS) was created. The Fort Defiance Indian Hospital served as the main hospital on the Navajo Reservation until a new 200-bed medical center opened at Gallup in 1961. The Fort Defiance Indian Hospital gradually became outdated by the late 1990s. It was replaced by a new hospital in Fort Defiance which opened in 2002 and the 1938 building has been vacant since 2005.

4. Builder, contractor, suppliers:

Builder:

Office of Indian Affairs, Washington, D.C.

Roy H. Bradley, Supervising Construction Engineer for Office of Indian Affairs

Earl D. McGinty, Assistant Superintendent for Construction, Office of Indian Affairs

Contractor:

R.F. Ball Construction Company, Ft. Worth, Texas

William H. Southwell, Construction Superintendent for R.F. Ball Co.

Suppliers:

M. F. Fishell, Oklahoma City, Oklahoma

Mundet Cork Corporation, Dallas, Texas

West Dodd Lightning Conductors Corporation, Goshen, Indiana

Ace Roofing Corporation, Dallas, Texas

The A. P. Carey Corporation, Dallas, Texas

The American Sterilizer Co., Erie, Pennsylvania

Baker Ice Machine Co., Fort Worth, Texas

Taylor Marble & Tile Co., Oklahoma City, Oklahoma

Metal Door & Trim Co., La Porte, Indiana

Richmond Fireproof' Door Co., Richmond, Indiana

Bar-Ray Products, Brooklyn, New York

Southern Equipment Co., St. Louis, Missouri

5. Original plans and construction:

The site, directly across from the then-existing hospital along Bonito Drive and within easy walking distance staff quarters and other support facilities, was chosen as an efficient, cost-effective alternative to several other sites favored by the architect. Lying within the valley formed by Bonito Creek, at the foot of a sandstone mesa, the site also provided some protection from wind and dust storms.

The three-story, roughly H-shaped floor plan fitted neatly onto the relatively narrow site, stretching along a north-south axis, between the base of the mesa to the east and Bonito Drive to the west. Public entrances were on the west, or street-side of the building, and utility uses were relegated to the rear, mesa side and were accessed via a driveway encircling the building.

The exterior walls, comprised of large, irregular red sandstone blocks, quarried locally and artfully shaped and fitted by Navajo stonemasons, were intended to evoke the surrounding landscape and traditional building techniques. Regularly spaced, rectangular openings with massive sandstone headers, provided most of the exterior detail. The building had a solid, timeless and utilitarian appearance that remained largely unchanged over the decades.

6. Alterations and additions:

A major remodel in 1976 included a one-story addition to the south end of the building, two emergency exit enclosed stairways on the west (front) façade and extensive interior alterations. The remodel, by the Indian Health Service, was intended to mitigate functional deficiencies of the facility, and extend the building's useful life as a hospital.

Upgrades to the HVAC, plumbing and electrical systems have occurred periodically throughout the building's existence as part of the Indian Health Services facilities management program.

B. Historical Context

A Brief Overview of Navajo History

The prevailing view of the archaeological community, although at odds with Navajo tradition, is that settlement in the Navajo Nation started with hunter-gatherer ancestors of the Navajos who arrived in the Southwest sometime after AD 1,000. They were gradually influenced by the town-dwelling Pueblo Indians. These Puebloan peoples probably influenced the economy of the Navajos, given the evidence of other archeological sites studied in northern New Mexico which also suggest that the Navajos were practicing the cultivating of domesticated plants.¹

¹ The historic context for the Fort Defiance Indian Hospital is excerpted from David Kammer and Veronica E. Tiller, Historic Indian Health Service buildings on the Navajo Reservation, Albuquerque: Weller Architects, 1991.

The Puebloan influences continued to be evident with the arrival of the Spaniards in the Southwest in the early fifteenth century. When the Americans entered the Southwest, they too, found the Navajos as herders, weavers and agriculturalists. In August of 1846, the United States took possession of the southwestern territories from Mexico, and General Stephen W. Kearny promised protection from the marauding Indian tribes. The southwest became part of the United States at the conclusion of the War with Mexico in 1848, and in 1850 the government created the Territory of New Mexico. Throughout this period there were numerous military expeditions into nearly all parts of Navajo-occupied territory. By the end of this decade New Mexico citizens demanded greater control over Navajo raiding activities. In turn, the Navajos called upon each other to drive the Anglos from their homelands. In April, 1860, two Navajo chiefs, Manuelito and Barboncito, led about one thousand Navajo warriors in an assault on Fort Defiance. The reaction to this assault was a cry for full-scale war against the Navajo.

The outbreak of the Civil War in 1861 delayed the U.S. military campaigns against the Navajo, but in September of 1862, Brigadier General James H. Carleton implemented plans for the forcible removal of the Navajos. Colonel Kit Carson was ordered in June of 1863 to systematically pillage and destroy Navajo livestock and crops, and to consolidate the Navajos at Bosque Redondo near Fort Sumner in east central New Mexico. In March, 1864, the Navajos started the Long Walk to Fort Sumner where some 8,500 Navajos began their internment.

On June 1, 1868, the Navajos entered into a treaty with the United States signed at Fort Sumner. The Navajo Treaty of 1868 defined the territorial limits of the Navajo, established permanent peace, and allowed the Navajo people to return to their beloved country. After 1868, agents operated through local headmen in regard to government policies. After the Fort Sumner hiatus, the Navajos began resettling their original homelands. The first Agency established to administer Navajo governmental affairs was at Fort Defiance.

The new patterns of economic development during the 1800s brought with them monumental land problems. As more whites moved into areas surrounding the Navajo Reservation, there was a greater competition for land resources. For example, in 1876 the Atlantic and Pacific Railroads received checkerboard tracts of land on the southern border of the reservation, and the Navajos were forced to surrender prime winter rangelands and watering places. In addition to the non-Indian's competition for Navajo lands, the Navajos themselves were beginning to put a strain on their land resources. The natural increase in the Indian population meant the need for more land for increasing livestock herds. In response to the Navajo's need for more land, four Executive Orders were issued between 1878 and 1886, expanding the boundaries of the Navajo Reservation westward to Glen Canyon, northward to the San Juan River in Utah, and south and east of the original 1868 Reservation.

By the first decade of the 20th century, it became clear to Congress that the Navajos again needed more land to truly become self-supporting. In response to this need, on

January 8, 1900, the 1,750,000-acre western Navajo area became part of the Navajo reservation; and on November 14, 1900, another 600,000 acres were added to the reservation. In 1904, Chama Valley stockmen began releasing their herds onto the public domain area of the checkerboard portion of the reservation. By executive order, President Roosevelt established the Pueblo Bonito Reservation to quiet the complaints of the Navajo stockmen. However, on December 30, 1908, the Pueblo Bonito reservation was again restored to public domain. In 1909, the Pueblo Bonito agency was established.

The Navajos' situation in 1910 was very promising. The reservation had grown from 3,328,000 acres to 10,929,244 acres and the population had grown from 9,500 to 27,428. Between 1911 and 1917, a series of executive orders were issued; either adding or subtracting lands in the checkerboard area of New Mexico.

Changes in federal Indian policies on the Navajo Reservation in the 1920s affected the headmen political system. One federal Indian policy of the 1920s stressed the need to strengthen Indian communities in order for Indians to begin exercising their political franchise granted by the Indian Citizenship Act of 1924 and to begin greater participation in governmental affairs. For the Navajos, the means to accomplish this end was the chapter system, introduced by the Leupp Area Superintendent John Hunter. Other superintendents followed suit and began organizing similar organizations and by 1933 over 100 chapters were formed. These chapters functioned in helping to make local decisions, settling disputes and administering self-help projects. Meetings were held monthly, and each chapter sent representatives to a central council.

Another important event that affected the traditional socio-political system was the discovery of mineral resources on the Navajo Reservation. The Indian Bureau felt that the Navajo administration needed a formal tribal council to represent the entire reservation on oil leasing. On January 22, 1922, a council met to consider leasing tribal oil lands. This Council was the forerunner to the first Navajo council established at Fort Defiance in 1923 with Chee Dodge as the first chairman.

To better administer the problems associated with oil leasing, and to encourage the idea of a tribal government, over the years the Office of Indian Affairs created five jurisdictions to govern the large Navajo Nation. The first of these was the Western Navajo Agency at Tuba City, Arizona, created in 1901. The Northern Navajo Agency was created at Shiprock, New Mexico, in 1903 while the remaining portion to the south centered at Fort Defiance was then simply known as the Navajo Agency. In 1908 the Leupp Extension at Leupp, Arizona was established and called the Leupp Agency. That same year the Pueblo Bonito Agency was formed at Crownpoint, New Mexico; this was later known as the Eastern Navajo Agency. The Navajo Agency at Fort Defiance was later known as the Southern Navajo Agency. It was from these five areas that the Navajos sent their representatives to the Councils. In the midst of the

Navajo Reservation was the Hopi reservation, created in 1882 and headquartered at Keams Canyon.²

When he assumed the position of Commissioner of Indian Affairs in 1933, John Collier suggested that these five jurisdictions be eliminated and replaced with a large jurisdiction with the headquarters at Window Rock, Arizona. In addition, he proposed to divide the new reservation into twenty-five sub-areas, set aside \$100,000 from the Public Works Administration for soil erosion control, implement a livestock reduction program that would reduce the number of stock to a range carrying capacity, and obtain funds for seventy new day schools and community centers.

Collier wanted to centralize the federal activities out of the headquarters at Window Rock so that the activities of the three federal agencies (the BIA, the federal work relief programs, and the U.S. Soil Conservation Service) on the reservation would be better coordinated. Indeed, the number of federal projects available to Indians had increased in number during the New Deal period. Starting in 1933, the Public Works Administration programs made it possible to establish schools, hospitals, roads, irrigation projects, and sewer systems on the reservation.

In June of 1934, Congress passed the Indian Reorganization Act which placed emphasis on giving Indians more freedom to determine and handle their own affairs. On May 13, 1935, Collier announced the appointment of Chester E. Faris as the first general superintendent. Faris was immediately pressured to open the new \$980,000 building program for headquarters at Window Rock. There was much red tape that delayed the start of the building program until early in 1935, and the buildings were not fully occupied until 1936.

The original Window Rock Agency site which was built from 1934 to 1936 consisted of twenty-eight residential houses and apartment units, a Council House, an Administrative Building, a garage and machine shop, warehouse, a power plant, a dispensary, and a club house. The site was built during the Franklin D. Roosevelt Presidency as a Public Works Administration Project funded by the National Industrial Recovery Act of 1933.

The architects for the project were Mayers, Murray and Phillip of New York City. According to Ellen Threinen, how this architectural firm was chosen was unknown but she implies that they were directly engaged by Commissioner of Indian Affairs John Collier. However they were chosen, it appears that this firm submitted the best plans and cost estimates for one of Commissioner Collier's most ambitious initiatives. This firm was assigned the architectural services contract for thirty-three Indian Office projects in New Mexico, Arizona, Oklahoma, North and South Dakota, Minnesota,

² Lawrence C. Kelley, The Navajo Indians and Federal Indian Policy, 1900-1935, Tucson: The University of Arizona Press, 1968, p. 26.

Wisconsin, Iowa, Oregon, and California. All were PWA-funded projects amounting to 1.9 million dollars.³

In 1936, Collier demanded that the Navajo Tribal Council accept and approve the stock reduction and reorganize the tribal council. On November 24, 1936, the tribal council voted for its reorganization. The first meetings of the Navajo constitutional assembly were held on April 9-10, 1937. On April 26, 1938, the rules for the tribal council were signed, and in 1942, Chee Dodge was elected as the first tribal chairman. Window Rock became the new capital of the Navajo Tribe. Since the establishment of the Window Rock Agency site in 1934, the history of the Navajo Tribe and the Bureau of Indian Affairs has taken a new direction toward greater self determination. The agency site has grown in size reflecting the growth and development of the Navajo Tribe.

The land base of the Navajo Tribe continued to increase through 1958 through Congressional acts and in small parcels compared to previous additions.

A History of the Indian Health Program

During the early years of relations between Native groups and settlers, the United States government was more interested in waging war against Indians and not that concerned with their health. The Army stationed a doctor at Fort Defiance as early as 1871, and assigned another to Fort Wingate in 1880 where a hospital operated from 1889 to 1946. However, the principal source of modern health services for the Navajos during those years came from sources other than the government. Missionaries sent by religious organizations and orders established outposts on the reservation where they tended to the spiritual and physical needs of Native peoples. In 1872, John Menaul was appointed as the Presbyterian missionary physician for Fort Defiance. The Episcopal Church Hospital, established at Fort Defiance in 1897, remained in operation until 1929.

By the end of the nineteenth century, the government began to have greater concern with the health of Native peoples. A Division of Education and Medicine was created in the Indian Service by 1873. In 1882, the Secretary of Interior requested funds to establish the position of Medical Inspector.

Beginning with the twentieth century, the Federal government made continuous if often unsuccessful efforts to improve health care delivery to Indians. In 1908, professional medical supervision of Indian health activities was finally achieved through establishment of the position of Chief Medical Supervisor. The government battled serious disease outbreaks of tuberculosis and trachoma, both of which were endemic

³ Ellen Threinen, ed. And Barry H. Holt, The Navajos and the BIA, A Study of Government Buildings on the Navajo Reservation, Window Rock: Bureau of Indian Affairs, Navajo Area Office, Contract No. NOO-C-1420-8830, 1981, p. 67.

on the Navajo Reservation. A serious outbreak of influenza during the pandemic of 1918 resulted in many deaths.⁴

The first federal hospital in Navajo country was built in 1908 at Shiprock, New Mexico, followed by one at Tuba City, Arizona, in 1910-1911. A third was constructed at Fort Defiance in 1912, and a fourth at Crownpoint in 1914. Through 1926, only these four Indian Service hospitals had been built to serve the Navajo Nation.⁵

Congress was clearly aware of the disastrous health conditions among reservation Indians during this period. The appropriations act for the Office of Indian Affairs for the fiscal year 1913 included a provision directing the office to undertake a study of contagious and infectious diseases among the Indians of the United States. The resulting report, submitted to the Congress in 1913, documented that large percentages of Indians suffered from trachoma, a debilitating eye disease that leads to blindness. Tuberculosis rates ranged from ten to thirty-three percent of the tribal populations. Poverty and generally unsanitary living conditions were cited as principal contributors to the prevalence of contagious and infectious diseases among reservation Indians and boarding school students.⁶

In the 1920s, Dr. J. A. Murphy, one of the first Chief Medical Supervisors, sought to improve the sanitary and health conditions, first at the Indian boarding schools, and then to eliminate malpractice and neglect in the delivery of Indian health care services generally. Under his leadership, a Health Division was created in the Indian Service in 1924, and in 1926 District Medical Directors were appointed to oversee the newly reorganized Indian Medical Service which had administratively divided Indian country into four medical districts. In 1924, public health nurses were added to the staff of the Indian Service for the first time.⁷

During the twenties, several more Indian Service hospitals were established on the Navajo Reservation: Toadalena (1926); Tohatchi (1927); Leupp and Kayenta (1929). The Kayenta and Toadalena Hospitals were converted school buildings given over to housing tuberculosis and trachoma patients. The entire Fort Defiance Boarding School was transformed into a trachoma school in 1927.

On July 12, 1926, Secretary of the Interior Hubert Work directed the Institute for Government Research to conduct a survey of the economic and social conditions of American Indians. Under the technical direction of Lewis Meriam of the staff of the

⁴ Scott C. Russell, "The Navajo and the 1918 Influenza Pandemic," in Health and Disease in the Prehistoric Southwest, in Charles F. Merbs and Robert J. Miller, eds., Phoenix: Arizona State University Anthropological Research Papers No. 34, p. 381.

⁵ Norman K. Eck, Contemporary Navajo Affairs, Rough Rock: Navajo Curriculum Center Demonstration School, 1982, pp. 165-66.

⁶ "Contagious and Infectious Diseases among the Indians," Senate Document No. 1038, 62nd Congress, 3rd Session, Washington, D.C., US Government Printing Office, 1913, p. 1038.

⁷ Joseph P. Peters, Health Services to the American Indian: A Historical Summary, U.S. Department of Health, Education, and Welfare-Public Health Service, reprint from The Western New York Posse Brand Book 10:3 (1963), p. 263.

Institute, the 832-page report on *The Problem of Indian Administration* was delivered to the Secretary on February 21, 1928. The Meriam Report painted a devastating picture of the administration of Indian Affairs and the living conditions of American Indians.⁸

The basic recommendation of the report was that adequate appropriations be made to enable the federal government to strengthen and accelerate the progress of the Indian service in developing professional medical and public health services for American Indians.⁹

In 1933, the president of the United States selected a Commissioner of Indian Affairs who was already familiar with both the condition and the potential of the Indians of the Southwest. He found in John Collier a dedicated visionary who was committed to the concept that Indian tribes should govern themselves, and that government buildings constructed on their behalf should reflect the culture of the people they served. Collier was to have an immediate opportunity to put both these concepts into practice in the construction of hospitals on the Navajo Reservation. In this, the commissioner would be assisted by a domestic employment program, the Public Works Administration (PWA), that would offer gainful and meaningful employment to the most gifted and capable artisans the Navajo Nation could provide to build the Fort Defiance Hospital in 1938.

The commissioner and the Navajo Nation would further be aided by the availability of William W. Peter to serve as medical director of the Navajo Reservation. A long-time public health administrator, Dr. Peter had served in China as an advisor and researcher for the government during World War I. Following the war, he had enjoyed many assignments in China and was highly regarded as a public health official. Dr. Peter's experience in cross cultural health care delivery, even before there was a term for it, made him ideally suited to bring all these elements together on the Navajo Reservation and in the Navajo communities he served.¹⁰

William Wesley Peter (1882-1959) was born in Ellison, Ohio. After graduating from North Western College in 1906 with an M.A., he earned a M.D. from Rush Medical College in 1910. Later in his life he earned degrees in various health fields for the University of Chicago, Harvard, the Massachusetts Institute of Technology, and Yale. In 1911 he went to China as a medical missionary. In 1913 he joined the health division of the Chinese National YMCA. He worked lecturing and organizing national health education programs in cooperation with the China Medical Missionary Association and the National Medical Association. During World War I he went with the Chinese labor corps to France as their health advisor. Back in China after the war,

⁸ Lewis Meriam, The Problem of Indian Administration: Report of a Survey Made at the Request of Honorable Hubert Work, Secretary of the Interior, and Submitted to Him, February 21, 1928, Baltimore, MD: Johns Hopkins Press, 1928, p. 189.

⁹ Meriam, 1928, p. 268.

¹⁰ For information on W. W. Peter, see Liping Bu, "W. W. Peter and the Council on Health Education in China," Paper presented at the Mid-West Annual Conference on Asian Affairs, East Lansing, Michigan, September 23-25, 2005. Dr. Peter's papers are housed in the YMCA Biographical Files at the Elmer L. Andersen Library, University of Minnesota.

his most successful campaign was in Foochow, where he staged anti-cholera parades to educate thousands. His influence with the Chinese grew strong enough that the Chinese government asked him to help negotiate the return of the Boxer Indemnity with the United States. In 1927 he returned to the United States and worked for the Cleanliness Institute, an organization promoting personal health. In 1931 he took an eight month leave of absence to return to China to organize a health education program for the government. He returned to the Cleanliness Institute in 1932, but the next year financial difficulties closed the organization. In 1933 and 1934 he studied public health in Berlin. From 1934 to 1942 he worked for the Bureau of Indian Affairs as the chief medical officer of the Navajo Indian Reservation. In 1943 he took a position as professor of public health at Yale and in 1945 went to work for the Institute of Inter-American Affairs at the State Department organizing public health training programs. He retired in 1953.¹¹

Dr. Peter's sensitivity to the traditional and religious practices of the Navajos led him to invite Pete Price, a venerated medicine man of the region, to participate in the dedication of the new Fort Defiance Hospital, which had been contemplated in the Meriam Report, when it opened on June 20, 1938. The participation of Mr. Price and his associates in the traditional ceremony for blessing a new dwelling was designed to demonstrate to the community that the white doctors recognized the effectiveness of their rites and that the two systems of health care could operate side by side in caring for the needs of the Navajo people. This 140-bed facility contained the first hospital laboratory on the reservation, dental facilities, and isolation wards for contagious patients.¹²

In addition to his efforts in modernizing the facilities, Dr. Peter also worked with the Navajo Tribal Council to establish a tribal health board to work with the Indian Service, the local medicine men, and the local communities to improve the effectiveness of health care delivery. The cooperative efforts between the Navajo Tribe and the non-Indian health care professionals which began in the 1930s, and which is reflected in the architecture and history of these three structures, truly revolutionized the delivery of health services to the nation's largest Indian tribe.

In many respects, the Depression years for the nation were the halcyon years for health care delivery on the Navajo Reservation. The bewildering gap between the cultures of health care providers and Navajo patients began to be bridged in 1933 when the first class of Navajo registered nurses graduated from nurses' training at Sage Memorial Hospital in Ganado, showpiece of the Presbyterian home missionary program and an accredited facility by the American College of Surgeons.¹³

¹¹ Biography of Dr. Peter excerpted from the YMCA Biographical Files at <http://special.lib.umn.edu/findaid/html/ymca/yusa0012.phtml>, accessed September 18, 2010.

¹² For a description of the dedication ceremony, see Stephen C. Jett, "Pete Price, Navajo Medicineman (1868-1951): A Brief Biography," *American Indian Quarterly* 15: 1 (1991), pp. 91-103.

¹³ Donald L. Parman, *The Navajos and the New Deal*, New Haven: Yale University Press, 1976, p. 220. The Sage Memorial Hospital School of Nursing was designated a National Historic Landmark on January 16, 2008; see Freya Burden, "National Historic Landmark Nomination, Sage Memorial Hospital School of Nursing," on file at Arizona State Historic Preservation Office, 2000.

Much remained to be done and appropriations again suffered during the late 1930s and during the war years of the early 1940s. Morale continued to be a problem in attracting and retaining highly qualified personnel. Officials of the Indian Bureau continued to resist sharing decision-making authority with qualified health care professionals until 1955 when the Congress transferred the Indian Health Program from the Bureau of Indian Affairs to the United States Public Health Service.

A Brief Medical History of the Fort Defiance Area

A Bureau of Indian Affairs Agency and School Hospital was built at Fort Defiance in 1912. This hospital was rebuilt in 1929 with new frame additions, increasing its capacity to 100 patients. In addition, a sanatorium had been built for tubercular Navajos at Fort Defiance in 1916. The Episcopal Church also maintained an eye, ear, and throat hospital at Fort Defiance with a capacity of thirty-five beds.

In 1926, August F. Duclos, Navajo Superintendent at Fort Defiance, requested funds for a new general hospital at Navajo Agency. Plans also advanced for a new sanatorium for the care and treatment of tuberculosis patients. The planning for the new sanatorium at Fort Defiance also involved one at Winslow, Arizona. In 1928 it was undecided whether or not a sanatorium would be built at Fort Defiance. As it turned out, plans for a new sanatorium at Fort Defiance failed to materialize, although a sanatorium would be constructed at Winslow in 1933.¹⁴

Despite the planning, funding for two facilities at Fort Defiance failed to arrive. Superintendent Duclos decided to spend what funds were available by enlarging the original general hospital constructed in 1912. On November 24, 1928, agency superintendent informed the BIA Commissioner that the expanded 100-bed hospital at Fort Defiance was practically completed and would shortly be ready for occupancy. It soon became known as the general hospital at Fort Defiance. The original sanatorium, constructed in 1916, was thereafter known as the old sanatorium.¹⁵

Despite these improvements in the late twenties, there remained a heavy demand for hospital services on the Navajo Reservation. Severe outbreaks of trachoma and tuberculosis were common. The general hospital, expanded in 1929, and the old sanatorium could not keep up with the heavy demands placed upon them. It was against this background that the new base hospital in Fort Defiance was built in 1938.

New Base Hospital 1938

Historian Donald L. Parman observed that "of all the major federal services for the Navajos, none was more inadequate at the start of the New Deal than medical care."

¹⁴ For a discussion of the construction of the proposed sanatorium, see Robert A. Trennert, White Man's Medicine: Government Doctors and the Navajo, 1863-1955, Albuquerque: University of New Mexico Press, 1998, pp. 157-58.

¹⁵ Navajo Directory 1938, Gallup, New Mexico: M.I. Woodard, 1938, p. 10.

Contributing to the inadequacy of health care services was extreme poverty that plagued Navajo economic life, and cultural attitudes toward modern medicine. Health care was one area that the New Deal began to address. The economy, of course, was a prime target in the New Deal program, but the latter contributing factor took more time to turn around. With these unfortunate conditions as a background, Parman stressed that “the opening of the new base hospital at Fort Defiance on June 20, 1938, was the most important single contribution to reservation medical facilities.”¹⁶

In July of 1934, Commissioner of Indian Affairs John Collier hired Dr. W. W. Peter as medical director for the Navajo Service. Dr. Peter issued a work plan regarding his health care strategy for the Navajo Reservation in early 1935. The health care improvement program would provide training for all levels of health care personnel, establish a board of health for community liaison purposes, and request more congressional appropriations for hiring more medical staff. Included in the funding increase was a well-equipped base hospital, complete with laboratory facilities. The result of this latter request was the new hospital at Fort Defiance built in 1938.

The new 140-bed hospital at Fort Defiance was dedicated on June 20, 1938. A total allotment of \$427,500 from PWA funds was made for the hospital and the nurses' quarters (constructed 1942; see HABS AZ-227-C), of which \$350,134 was for the construction of the hospital building. The construction project was given the Federal Project No. 560 (FP-560). Approximately \$100,000 was allowed for equipment and furnishings. For fiscal year 1939, \$268,780 was appropriated by Congress for operation of the new hospital and the adjacent sanatorium, and for staff of 115 people. The initial planning for this building had begun as early as 1928, even before the existing general hospital had been expanded in 1929.

On November 18, 1934, Architect Hans Stamm met with Dr. W.W. Peter, medical director for the Navajo Area Office, and Dr. S. W. Cartwright, senior physician at Fort Defiance, to study a possible site for the new base hospital. Stamm noted that Peter and Cartwright “seemed well pleased with the proposed plans for the diagnostic center to be located at the Fort Defiance Agency.” However, Stamm continued that “the selection of the site . . . provided some difficulties.”¹⁷

Architect Hans Stamm returned to tour the area in December of 1934 and identified five potential sites. But, by the time appropriations were secured in October of 1935, the amount of funds was less and these five sites were no longer satisfactory. In a letter dated October 3, 1935 Dr. Peter recommended a new site. Dr. Fred Loe, the senior physician at Fort Defiance investigated the site and reported back on October 14: “we have been investigating and find we have plenty of room right cross the street from the present hospital and it would be centrally located to the doctors' cottages,

¹⁶ Parman, 1976, pp. 217 and 225.

¹⁷ Hans R. Stamm to Commissioner of Indian Affairs, December 4, 1934, Record Group 75, Records of the Bureau of Indian Affairs, Public Works Administration Files, Window Rock Agency, Arizona, the National Archives, Washington, D.C., 1908-1939; Copies from this record group collected by Rachel Leibowitz now in the archives of the Navajo Nation Historic Preservation Department, Window Rock (Leibowitz Collection, NNHPD).

maintenance would be much cheaper, and it would be protected from the sand and dust, and the administration of both places could be done by the same personnel.”¹⁸

Hans R. Stamm was a natural selection for the architect of the new hospital at Fort Defiance. In 1932 Stamm designed the Albuquerque Indian Hospital which was completed in 1934. The Office of Indian Affairs funded construction of the Albuquerque building, which served as a tuberculosis sanitarium for Indian patients in New Mexico. Noted architectural historian Marcus Whiffen singled the building out as an outstanding example of the Pueblo Deco style, writing: “Stamm created in the Albuquerque Indian Hospital a coherent, elegantly modeled structure, modern by the standards of the thirties yet regional in flavor.”¹⁹

The use of native motifs reflected the desire of Commissioner Collier for buildings on Indian reservations to showcase the heritage of Native peoples. Architectural historian Rachel Leibowitz states that the decision to use the more subdued and natural Pueblo Revival style for Office of Indian Affairs buildings in the Southwest was also an orchestrated effort to blend in and “Indianize” the government presence on the Navajo Reservation. Leibowitz is critical of Collier’s decision to utilize the Pueblo Revival style for the new buildings in Arizona and New Mexico, noting that the style was used whether or not the local community had a Pueblo heritage. For Leibowitz, the attempt to “Puebloize” buildings on the Navajo Reservation was an attempt to gain political control through the use of architecture.²⁰

At Fort Defiance, Stamm abandoned the exuberant Pueblo Deco style executed in 1932 before Collier became Commissioner for a more subdued Pueblo Revival style. At the time, Stamm was the Chief of the Architectural Group at the Office of Indian Affairs in Washington, D.C. His design for the Fort Defiance Indian Hospital reflected his instructions to consider the unique heritage and environment of the Southwest when designing the building. The Office of Indian Affairs was not concerned with promoting the work of an individual architect, therefore little is known about Stamm's career.²¹

Superintendent C. E. Faris consulted with representatives of the Navajo Nation regarding the location, noting in a letter to the Commissioner of Indian Affairs on October 18 that “this plan meets with the approval of the Navajos and has the following

¹⁸ W.W. Peter to C.E. Faris, October 3, 1935; Fred Loe to W.W. Peter, October 14, 1935, Records of the Bureau of Indian Affairs, Navajo Area Office, Central Classified Files, 1924-1954, box 142, National Archives, Riverside, California (NARA – Riverside).

¹⁹ Julie Elizabeth Pearson, “Native American Motifs in Architectural Ornament and Design, 1900-1940,” master’s thesis, Texas Tech University, Lubbock, 1989; Marcus Whiffen and Carla Breeze, Pueblo Deco: The Art Deco Architecture of the Southwest, Albuquerque: University of New Mexico Press, 1984, pp. 44, 46, 90.

²⁰ A thorough description of Collier’s approach to architecture, and a criticism of it, is found in Rachel Leibowitz, “The Million Dollar Play House: The Office of Indian Affairs and the Pueblo Revival in the Navajo Capital,” Buildings and Landscapes 15 (Fall, 2008), p. 13.

²¹ What little information exists on Hans Stamm is located in the New Mexico Sanatoriums Architectural Drawings and Plans Collection at the University of New Mexico, University Libraries, Center for Southwest Research. The collection contains four of Stamm’s architectural blueprints on paper, dated 1932. See <http://rmoa.unm.edu/docviewer.php?docId=nmuswasanatoriums.xml> accessed September 25, 2010.

endorsement: George Trotter, R.H. Heterick, Tom Dodge, Fred Loe, C.M. Blair, and Roy Bradley.” Commissioner Collier concurred that the area near the sanatorium and general hospital would be excellent. The site was surveyed by Captain George, a civil engineer from the CWA. Dr. Peter was adamant about using the Presbyterian Church’s Ganado Hospital laboratories as a model for the proposed hospital. In accordance with his wishes, Stamm visited the Ganado hospital to inspect it.²²

On February 5, 1936, the Chief of the Fiscal Division of the Office of Indian Affairs approved a request for funds in the amount of \$427,500. This would cover the construction of the hospital, laboratory building, and quarters for personnel. Once this first appropriation was secured, sketches and working drawings started.²³

Under the direction of chief Indian service architect Hans R. Stamm, it took nearly a year for blueprints and a 250-page volume of specifications to be completed. The final plans were finished up by early November of 1936. Stamm prepared four addendums to the original plans on November 7, November 25, December 3, and December 12, 1936. The main dimensions were to be 44 feet by 246 feet with two 44-foot wings at the ends, each projecting 33 feet to the front or west. Two one-story wings were to be in the rear; the center or kitchen wing was 61 feet by 76 feet; and the north or boiler room wing was 44 feet by 8 feet. With the exception of the two rear wings, the hospital had a ground floor, first floor, second floor, and elevator machinery penthouse. The exterior walls would be of native red sandstone. The hospital's main facade would face to the west with the southwest entrance in the axis of the sanatorium hospital. The site had to be cleared of a carpenter shop, several cottages and a warehouse.²⁴

Bids for the Fort Defiance Hospital were opened on December 10, 1936. Six companies, including Robert E. McKee, the successful bidder for the 1933 Winslow Sanatorium, placed their bids. The Ball Construction Company of Fort Worth, Texas, submitted the winning bid of \$360,134.00. The Indian Office awarded the construction contract to the Ball Co. on January on February 5, 1937.²⁵

Prior to construction, crews cleared the area and began work on the sewer system. On March 1, 1937, the contractor received notification to proceed. Construction was begun on March 9, 1937, with 250 calendar days allowed for completion. The government’s supervising construction engineer was Roy H. Bradley, but the actual supervision was provided by Assistant Superintendent for Construction Earl D. McGinty. For the Ball Construction Company, Mr. William H. Southwell was the superintendent.

Progress reports prepared by Bradley and forwarded to the Commissioner of Indian Affairs give a good run-down of the progress of the building. It was five percent complete by May of 1937; fourteen percent by June; twenty-four percent by July; thirty-

²² C.E. Faris to Commissioner of Indian Affairs, October 18, 1935, box, 142, NARA --Riverside.

²³ “Request for Allotment,” February 5, 1936, Leibowitz Collection, NNHPD.

²⁴ Box, 142, NARA --Riverside.

²⁵ W.B. Fry to R.F. Ball Construction Company, February 5, 1937, box 142, NARA – Riverside.

five percent by August; and forty-two percent by the end of August. The work was finished and ready for inspection on January 4, 1938, and taken over on January 10, 1938. The cost sheet showed \$351,159.31 as the final cost of the construction.²⁶

An unusual feature of the building was its stone construction. Nearly all the stone used in the building was quarried nearby on the reservation, and set in place by Navajo craftsmen. This was in keeping with the overall design of the building to make it part of the landscape. It also achieved the goal of providing funds for Navajo stonemasons, and to those that quarried the rock, sand, and other raw materials.²⁷

As early as December of 1937 Indian Office officials began to make plans for a hospital dedication ceremony to be held that summer. Early in April the dedication date was set for June 20. In addition to the dedication itself on June 20, Dr. Peter organized two days of surgical, medical, and laboratory clinics for personnel working on the Navajo and Hopi reservations for June 21 and 22. Invitations were sent to prominent medical practitioners in the public health field as well as the Navajo leaders starting on May 20.²⁸

Dr. Peter took care to make sure that all Navajo medicine men were invited to the dedication. Superintendent E. R. Fryer wrote to the superintendent of each district on the reservation, extending a general invitation to all Navajo to attend and asking for help in identifying leading medicine men that might be willing and able to take part in the dedication ceremony. On May 31, Dr. Peter stated that the Indian Service was able to provide quarters to the medicine men for Sunday and Monday nights (June 19 & 20), but that they were responsible for their own transportation. In anticipation of the dedication, Dr. Peter noted that "there is called a meeting of medicine men Sunday evening, June 19 with Pete Price."²⁹

Historian Stephen C. Jett has described Pete Price as "one of the Navajo Tribe's better known medicinemen or Singers during the first half of the twentieth century." His participation, and the participation of other medicine men at the dedication ceremony, marks it as a major milestone in the relationship between the Navajo and Anglo medical practitioners. Jett noted that the idea of the dedication "was to allay Navajos' fear of hospitals as ghost-infested places of death, as well as to publicize the achievement of opening this modern medical center, the showpiece of improved reservation health care." This significant event received considerable press attention.³⁰

²⁶ Records of the Bureau of Indian Affairs, Phoenix Area Office, Correspondence of the Superintendent of Construction, 1933-1940, boxes 58-61, NARA – Riverside.

²⁷ Interview with Howard McKinley by Veronica E. Tiller, Shiprock, New Mexico, cited in Kammer and Tiller 1991, p. 50.

²⁸ Records of the Bureau of Indian Affairs, Window Rock, Central Classified Files, File Code 722, ACC #52-A-56, Temporary Box #27, NARA – Riverside.

²⁹ Medical Director W.W. Peter to Director of Land Use H.E. Holman, May 31, 1938, File Code 722, NARA – Riverside.

³⁰ Jett, "Pete Price, p. 97. Jett mistakenly lists the dedication date as May 10, 1938. For a description of the ceremony in the popular press, see "Indian Hospital Dedication Held," Arizona Republic, June 21, 1938.

The Navajo had strong beliefs and customs regarding health care that contrasted “sharply with the scientific philosophy of western medicine.” Traditional Navajo practices “required strict avoidance of contact with the dead in order to prevent illness or unnatural death,” a situation that made the presence of a hospital where people might die an anomaly on the reservation. Over time, however, a cross-cultural approach to healing developed. First, the Navajo became much more receptive to modern government medical services. This was based, in large part, on the success Indian Health Service doctors and nurses made in combating disease on the reservation. Second, scientific medical practitioners became much more open about acknowledging the efficacy of ancient ways of treatment. The construction of the Fort Defiance Indian Hospital was a key event in this shifting approach toward healing that ultimately benefitted both Navajo and scientific medicine alike.³¹

Dr. Paul C.F. Vietzke recorded his interpretation of a portion of Price’s invocation as “we do not know the white man’s medicine, but we as Navajos are glad to help dedicate this new building in which the white doctors will help cure our people.” Vietzke observed that the medicine men “blessed the new building by scattering sacred pollen at the entrance and on each floor, while chanting the prayers with which they dedicate their own homes.” A writer for the Journal of the American Medical Association described it this way: “a patriarchal ceremony by a representative of the Navajo medicine men preceded the dedication and official opening.” Eunice Claw held the basket of corn pollen with which Pete Price conducted the ceremony.³²

Henry Taliman, chairman of the Navajo Tribal Council, spoke on behalf of the tribe at the dedication, as did Tom Dodge. In addition to the Navajo participants, a prominent official from the U.S. government traveled to Fort Defiance for the ceremony: Dr. James G. Townsend of Washington, D.C., who was the Director of Health for the Office of Indian Affairs. Dr. Townsend presided over the ceremony, assisted by Dr. W.W. Peter, Medical Director for the Navajo-Hopi area, and E.R. Fryer, General Superintendent of the Navajo Agency. In his remarks to the crowd at the dedication, Dr. Peter contrasted how the relationship between the Navajo and the Federal government had changed since the days Fort Defiance was established: “today Indian and whiteman stand beside an edifice of stone and steel built not to take, but to save human lives.” Other Anglo dignitaries that attended included ophthalmologist Dr. Lawrence T. Post of St. Louis and surgeon Dr. William Haggert of Denver. Nearly one thousand Navajo attended the dedication ceremony.³³

³¹ Trennert, White Man’s Medicine, p. 6 and pp. 221-223; Charlotte J. Frisbie, “Introduction to a Special Symposium Issue on Navajo Mortuary Practices and Beliefs,” in American Indian Quarterly 4: 4 (November, 1978), p. 303.

³² Paul C.F. Vietzke, “White Man’s Medicine,” The Modern Hospital 53: 1 (July, 1939), p. 71; “Dedication of Hospital for Indians,” Journal of the American Medical Association 111: 13 (September 24, 1938), p. 1218; Maurice Frink, Fort Defiance and the Navajos (Boulder, Colorado: Pruett Press, 1968), pp. 67-68.

³³ W.W. Peter, “An Address Delivered on the Occasion of the Dedication and Formal Opening of the Navajo Base Hospital, Fort Defiance, Arizona,” June 20, 1938, File Code 722, NARA – Riverside; “New Navajo-Hopi Medical Center at Fort Defiance, Arizona, Dedicated,” Indians at Work 15: 12 (August, 1938), pp. 6-7.

The 1938 hospital was to serve the entire Navajo-Hopi reservation. It contained several kinds of medical, surgical, dental, and laboratory equipment that was too costly to install and too complicated to operate in every other hospital in the Navajo-Hopi area. Subsequent to the opening of the Fort Defiance Indian Hospital, the old general hospital which had been expanded in 1929 was converted into a 100-bed sanatorium. It was repaired and repainted, and opened for business on December 19, 1939. This meant that Fort Defiance had 100 beds for tuberculosis patients in the old hospital that had been refurnished as a sanatorium and 140 beds for general patients in the 1938 hospital. On the day of the dedication of the new hospital, it was already overcrowded with 153 patients.³⁴

Upon completion of the building, it was officially called the Southern Navajo General Hospital, but was most frequently referred to as the new hospital or the Fort Defiance Indian Hospital. But, it served as a true base hospital for the entire Navajo and Hopi reservations. It was also a training center, where doctors and nurses could come to learn and discuss the latest techniques and procedures. It also had dental facilities incorporated into the facility, a first on the reservation.

In 1940, in order to more fully reflect the true scope of the facility, Congress changed its name to the Navajo Medical Center. Dr. Townsend proposed the name change, stating "this will more adequately identify the activity with the several classes of service rendered . . . since this base hospital, or this center, is acting as a mother hospital for all the others on the reservation, it is more properly described as a medical center for the reservation." This name change better reflected the importance of the new facility to the residents of the Reservation.³⁵

The Fort Defiance Indian Hospital served as the main hospital on the Navajo Reservation until a new 200-bed medical center opened at Gallup in 1961. The Fort Defiance Indian Hospital gradually became outdated by the late 1990s. It was replaced by a new hospital in Fort Defiance which opened in 2002 and the 1938 building has been vacant since 2005.

³⁴ Vietzke, 1939, p. 73; Bratislav Sedlacek, "Navajo Medical Center Sanatorium," Medical News 8: 3 (September 28, 1940), p. 5.

³⁵ "Interior Department Appropriation Bill for 1941," Hearings before the Subcommittee of the Committee on Appropriations, House of Representatives, 66th Congress, 3rd Session, Washington, D.C., US Government Printing Office, 1940, pp. 424-425.

PART II: ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural character:

The Fort Defiance Hospital has massive stone exterior walls, regularly spaced rectangular window openings of a consistent size and character, a roughly symmetrical plan with symmetrical front-projecting end wings. The footprints of the second and third floor are stepped back from the first floor. It is a fairly typical minimally detailed Pueblo Revival institutional building.

2. Condition of fabric

The original stonework is in good condition, with the exception of severe weathering of some of the stones capping the parapet. Most of the original mortar joints are intact, and relatively few cracks are visible on the exterior. Most of the building's original wood windows remain, but are weathered. Few retain the original window screens. Exterior doors have been replaced, for functional reasons.

B. Description of Exterior

1. Overall dimensions:

The first floor is roughly 375'-0" x 165'-0". The building has three floors, plus a small "pent house" centered on the front façade, which housed the elevator equipment and provides access to the roof. The building is approximately 50' in height from the first floor (originally called the "ground floor") to the top of the "pent house" parapet. The chimney, at the rear of the building, rises from the "ground floor" to a height of 102'.

2. Foundations:

Steel reinforced concrete stem walls and footings

3. Walls:

Irregular blocks of locally quarried red sandstone, with a ¾" thick plaster interior finish over 1 ½" furring tile

4. Structural system, framing:

Steel trusses bearing on sandstone walls and interior concrete piers, steel lintels at openings

5. Porches, stoops, balconies, bulkheads:

A small original porch, surrounded by a parapet, located over the Main Lobby and accessed from the elevator lobby on the second floor, offers an open view the front entry walkway and the landscaped area along Bonito Drive. The

original exterior door to the porch has a transom and is flanked by a pair of original wall sconces and two windows.

A recreation porch for the Pediatric Ward was retrofitted onto the roof of the rear-projecting boiler room wing.

6. Chimneys:

The original chimney of sandstone structural walls lined with fire brick, tapers from a 11'-6" diameter octagonal base at the rear wall of the building, within the rear boiler room wing, to a height of 102'.

7. Openings:

a. Doorways and doors:

The original front entry doors, as well as all other exterior doors, with the exception of the door to the second floor west porch, have been replaced with modern steel doors with panic hardware. The exterior door onto the second floor porch is original, with original hardware.

Interior doors have generally been replaced with 3'-0" steel doors with ADA compliant hardware. There are a few remaining exceptions, even in patient care areas. A few original wood panel doors can be found in patient wards at the entries to the communal restrooms. The door to the major operating room is also an original 4'-0" door with one large light.

b. Windows and shutters:

The building retains most of its original operable wood windows, although most of the original insect screens are missing. The windows are typically double hung, in a two over two pattern with horizontal muntins, in singles and pairs.

8. Roof:

a. Shape, covering:

The roof is flat, with a 3' high stone parapet. The roofing material is built-up asphalt with an applied coating.

b. Cornice, eaves:

n/a

c. Dormers, cupolas, towers:

n/a

C. Description of Interior

1. Floor plans:

The interior form of the building is typical of a hospital of the period. A long, uninterrupted double-loaded central corridor linked patient care areas to the

elevator lobby on each floor. Originally, a nurses' station adjacent to the elevator provided a control point with a clear view of the entire central corridor. All patient rooms, throughout the building, had large operable windows, with pleasant views, intended to provide plenty of salubrious sunlight and fresh air.

Support facilities, including housekeeping, food services, laboratories and outpatient care were located on the first floor (originally called the "ground" floor) The second floor (originally called "first") was primarily inpatient care wards for adults, with the south wing dedicated to pediatrics. The south wing was later converted into the Labor and Delivery Department, and Pediatrics was moved to the north end of the building. Inpatient 4-bed wards (originally 5-bed), with shared toilet and bathing rooms between wards, lined both sides of the long central corridor. The third floor was Medical-Surgical and included the Operating Room and PACU in the south wing.

2. Stairways:

Stairs throughout the building are concrete with steel pipe railings and are located within original enclosed stairwells. The entry doors to the stairwells have been replaced with fire-resistant doors with panic hardware.

An original steel modular stairway, used to access the roof top "pent house" from the third floor, remains nearly unaltered.

3. Flooring:

The original terrazzo finish remains in most of the central corridors, as well as some of the shared toilet/bathing rooms between patient wards. Carpet, vinyl tile and sheet vinyl cover or replace the original finishes in other areas.

4. Wall and ceiling finish:

Little of the original wall plaster remains exposed. New interior walls, or furred existing walls are painted gypsum wallboard with ceramic tile or vinyl wall coverings. Patient care areas retain the original painted plaster finish, but corridors and support areas typically have suspended grid ceilings.

5. Openings:

a. Doorways and doors:

Most of the doors to patient care areas have been replaced with steel doors with ADA compliant hardware. A few wood doors remain at the entries to toilet/bathing rooms located between multi-bed wards.

b. Windows:

New interior windows have been added along the corridors in some patient care areas. They are steel framed, fixed single light, with tempered glass.

6. Decorative features and trim:

Aside from the stone masonry details, the exterior has little decoration. There is a flagpole affixed to the exterior wall above the front entry vestibule, and the parapet of the rooftop "pent house" is crenellated.

7. Hardware:

Most of the interior hardware is modern. The remaining original hardware, found on the few remaining original doors and most of the window sash, is nickel plated, utilitarian and typical of the period: half-surface mounted ball-tipped hinges, simple looped pulls or bin pulls, etc.

8. Mechanical equipment:

a. Heating, air conditioning, ventilation:

The HVAC system has been extensively reconfigured and upgraded.

b. Lighting:

The only remaining original light fixtures are on the exterior, at the porch on the second floor above the front entry vestibule. All other existing light fixtures in the building are modern replacements, generally fluorescent.

c. Plumbing:

Most of the original plumbing in the building has been replaced, but many of the original bathroom fixtures remain in the shared toilet/bathing rooms between patient wards.

d. Elevator:

The original elevator remained in use until 2005. The original equipment and electrical panel remains in place in the "pent house".

D. Site

1. Historic landscape design

Siberian elms and cottonwoods were planted at approximately 50' on center along Bonito Drive at the sidewalk, which abuts the curb. The building is linked to the sidewalk by a concrete walkway leading to the centrally located front entry. A few additional trees, of various species, dot the intermediate lawn area.

2. Outbuildings:

There are no original outbuildings on the site.

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Architectural drawings of Hans R. Stamm are located in the New Mexico Sanatoriums Architectural Drawings and Plans Collection at the University of New Mexico, University Libraries, Center for Southwest Research.

<http://rmoa.unm.edu/docviewer.php?docId=nmuswasanatoriums.xml>

For their 1991 report, David Kammer and Veronica E. Tiller conducted extensive research at the National Archives in Washington, D.C. Because that research was already reflected in the report excerpted here, that research was not duplicated for this report. Collections utilized by Kammer and Tiller included the following:

Record Group 75, Records of the Bureau of Indian Affairs, Public Works Administration Files, 1908-1939, Window Rock Agency, Arizona, National Archives, Washington, D. C.

Record Group 75, Records of the Bureau of Indian Affairs, Central Classified Files, 1908-1959, Navajo Agencies, New Mexico and Arizona, the National Archives, Washington, D.C.

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Records of the Indian Health Service 1940-1990 Navajo Area Office, Indian Health Service, Office of Facility Management, Window Rock, Arizona.

For her doctoral dissertation, Rachel Leibowitz conducted extensive research in the National Archives in Washington, D.C. Copies of some documents from this research collected by Rachel Liebowitz have been deposited in the archives of the Navajo Nation Historic Preservation Department, Window Rock. Documents cited for this project include those from the following:

Record Group 75, Records of the Bureau of Indian Affairs, Public Works Administration Files, Window Rock Agency, Arizona, the National Archives, Washington, D.C., 1908-1939.

Additional primary research was conducted at the Southwest Regional Branch of the National Archives, now located at Perris near Riverside, California. Locations for specific documents cited in this report are as follows:

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Bu, Liping

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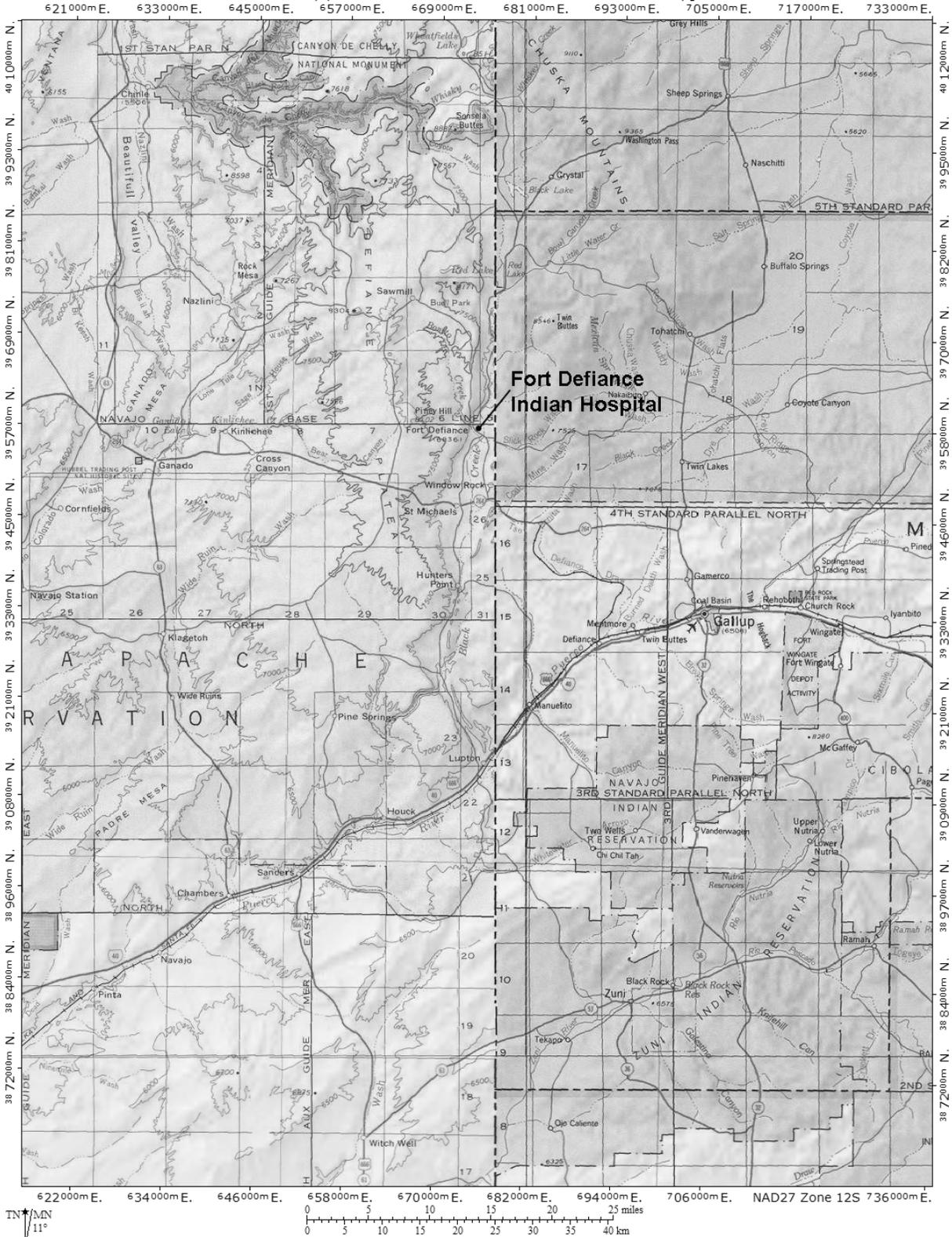
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E. Likely Sources Not Yet Investigated: None known.

F. Supplemental Material: None.

Location Map



Site Map

