

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Tucson Medical Center
other names/site number Desert Sanatorium (1925-1943)

2. Location

street & number 5301 E Grant Road not for publication
city or town Tucson vicinity
state Arizona code AZ county Pima code 019 zip code 85712

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,
I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.
In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:
___ national ___ statewide ___ local

Signature of certifying official Date

Title State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I, hereby, certify that this property is:
___ entered in the National Register ___ determined eligible for the National Register
___ determined not eligible for the National Register ___ removed from the National Register
___ other (explain:) _____

Signature of the Keeper Date of Action

5. Classification

Ownership of Property
(Check as many boxes as apply)

Category of Property
(Check only **one** box)

Number of Resources within Property
(Do not include previously listed resources in the count.)

<input checked="" type="checkbox"/>	private
<input type="checkbox"/>	public - Local
<input type="checkbox"/>	public - State
<input type="checkbox"/>	public - Federal

<input checked="" type="checkbox"/>	building(s)
<input type="checkbox"/>	district
<input type="checkbox"/>	site
<input type="checkbox"/>	structure
<input type="checkbox"/>	object

Contributing	Noncontributing	
3		buildings
		district
		site
		structure
		object
3		Total

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing)

Number of contributing resources previously listed in the National Register

Tucson Health Seeker's Architecture MPDF

6. Function or Use

Historic Functions

(Enter categories from instructions)

Health Care: Hospital (Patio Building/Institute for Research)

Domestic: Institutional Housing (Arizona Building/Nurses Residence)

Domestic: Single Dwelling (Erickson Residence)

Current Functions

(Enter categories from instructions)

Administrative offices for Tucson Medical Center

Offices and volunteer services for Tucson Medical Center

Administrative offices for Tucson Medical Center

7. Description

Architectural Classification

(Enter categories from instructions)

Late 19th and 20th Century Revivals:

Pueblo Revival

Materials

(Enter categories from instructions)

foundation: Concrete

walls: Brick and wood

roof: Concrete

other: Stucco and wood

Narrative Description

Summary Paragraph

On October 21, 1925, Dr. Bernard Wyatt purchased 160 acres of land near the current intersection of Grant and Craycroft Roads in Tucson, Arizona. Dr. Wyatt transferred forty-six acres of land to the newly created Board of the Desert Sanatorium. The resulting *Desert Sanatorium* was the first medical institute in the United States to attempt to cure tuberculosis through *heliotherapy*, a systematic attempt to use the sun's radiation for therapeutic purposes.

Between 1926 and 1928, a total of 16 buildings and one structure were constructed at the Desert Sanatorium. Although many of these historical buildings still stand today, the vast majority have either lost their historical integrity or will be removed to make way for additional infrastructure for the current Tucson Medical Center. The remaining buildings—the Patio Building, the Arizona Building, and the Erickson Residence—make up the three recognizable pillars of the former entrance of the Desert Sanatorium and the current Tucson Medical Center.

This campus of buildings, designed by noted Tucson architects, Roy Place and Anne Rockfellow for Henry O. Jaastad's architecture office, provided housing and support services to staff members as well as the research space necessary to study heliotherapy. Both Rockfellow and Place designed buildings that would blend seamlessly into the natural environment and would harmonize with the historic backdrop of Fort Lowell's scenic ruins. Additionally the buildings were designed with the patients and staff's comfort in mind: The harmony of the built environment coupled with the arid desert landscape was intended to aid in the healing process for patients. These buildings represent a critical period in the sanatorium's history as they were part of an attempt to establish the Desert Sanatorium as a modern and self-sustaining medical and research community superior to any other such facilities in the United States or Europe.

Narrative Description

The three buildings under review for this nomination are located within the confines of the former Desert Sanatorium, now known as Tucson Medical Center. The Tucson Medical Center is situated northwest of the intersection of Grant and Craycroft Roads in Tucson, Arizona. The three buildings were built between 1927 and 1928 by the Herbert Brown Construction Company. Two of the buildings—the Arizona Building and Erickson Residence— were designed by Anne Rockfellow for the architecture office of Henry O. Jaastad, while the third building was designed by architect Roy Place. The Arizona Building, Patio Building, and Erickson Residence, represent the three recognizable pillars of the former entrance of the Desert Sanatorium.

Location:

The three properties are located within the confines of the Tucson Medical Center campus, northwest of the intersection of Grant and Craycroft Roads in Tucson, Arizona. More specifically, all three flank the original central driveway (Beverly Boulevard) of the former Desert Sanatorium. The Patio Building and the Arizona Building flank the east and west sides of Beverly Boulevard, while the Erickson Residence is located further north and west of the Arizona Building and the original central driveway.

Design:

The three buildings are reflective of Pueblo Revival architecture, an architectural style popular during the early-to-mid 20th century. All three buildings exhibit a flat roof with undulating parapet, smooth stucco finish over brick walls, concrete roof slabs and floor, and courtyards. The Patio Building has a u-shaped plan that opens to the west and features a central courtyard surrounded by a covered arcade with hand hewn columns and beams. The long legs of the "U" are one story with a two-story element anchoring the base of the "U". A partial basement is located below the northeast corner of the building and is accessible via an exterior staircase on the north elevation of the building. The exterior doors are constructed of wood and windows are constructed of steel, arranged in pairs of threes, many of which are capped with glass transoms. The eastern corners of the Patio Building also support two towers that originally held speciality research equipment. These towers are accessible by an interior stair located in the eastern wing of the building or by an exterior stair located under the covered arcade.

The Arizona Building is a two-story building with its main entrance located at its northwest corner. A sleeping porch with attached wood frame abuts the southern elevation and a partial basement provides space for mechanical equipment and storage. The building's windows are primarily double-hung with wood frames, except for the sleeping porch that includes a band of high windows along with single windows at regular intervals.

The Erickson Residence is a two-story building with a north-facing courtyard entry, large south-facing patio, and a partial basement. Access to the building's roof decks and balconies is possible from the second floor. A sleeping porch is also located on the second floor. In addition, the building exhibits wood-framed windows and wood doors and a single-story carage at the northwest corner of the building.

In general, exterior modifications to these buildings has been limited and most modifications occurred after 1944 when these properties were incorporated into the newly established Tucson Medical Center. The Patio Building has witnessed the enclosure of a covered drive at the southwest corner of the building and enclosure of a small portion of the loggia at the north wing, the removal of one window, the conversion of several windows into door openings, and the removal of copper domes that once covered its scientific equipment. The Arizona Building modifications include the enclosure of its sleeping porch along the south elevation and infilling of the former pool. Further, the Erickson Residence includes the addition of 10 feet to the south elevation of the second story, the addition of a small restroom to the west side of the garage, and removal of exterior doors on the south and west elevations that once opened to roof decks. Very little interior modifications have been performed at the Erickson Residence and it retains the majority of its historic appearance. The Arizona Building and Patio Building have witnessed the majority of interior alterations aimed at converting these buildings into office space. These interior modifications include the addition of dropped ceilings outfitted with accoustic tiles, industrial carpeting and drywall office partitions. Despite these interior modifications; all are easily reversable and do not detract from the buildings historic appearance.

Setting:

The three buildings are located within the confines of the Tucson Medical Center campus. Prior to the establishment of the Tucson Medical Center in 1944, the campus was once the home of the Desert Sanatorium. The Desert Sanatorium was established in 1925 and a year later, the Water Tower was constructed. Between 1926 and 1928, 16 buildings were constructed on the grounds of the Desert Sanatorium. Three of those buildings—the Arizona Building, the Patio Building, and the Erickson Residence— framed the original sanatorium entry. During the 1920s the Desert Sanatorium was established outside of the Tucson city limits in accordance with popular medical practices of the time and local zoning ordinances governing the establishment of facilities catering to those with tuberculosis. Today the buildings have been incorporated into the current Tucson Medical Center campus and the city of Tucson has expanded beyond its 1920s-era boundaries.

During its occupational history the Desert Sanatorium was established on a 46-acre parcel of desert land complete with scenic views of the Santa Catalina Mountains and the historic ruins of Fort Lowell. Because doctors were prescribing dry desert climates and sunshine to consumptive patients, this parcel was specifically chosen to take advantage of the calming scenery and dry desert air. In addition, extensive gardens of both native and non-native plants, courtyards, and water features were created across the Desert Sanatorium's campus, all with the patients healing in mind.

Materials:

The primary building material used in the construction of these buildings was brick sheathed in a smooth stucco finish. In addition, all three have concrete roof slabs and floor, and interior support beams constructed of steel. Decorative finishes include hand-hewn wood beams, carved wood shutters and wood awnings.

Workmanship:

The Arizona Building, Patio Building, and Erickson Residence all exhibit a high-level of workmanship and are the embodiment of Pueblo Revival architecture. All three buildings exhibit an undulating parapet, courtyards, and hand-crafted decorative wood features. The Arizona Building has carved wood light fixtures and fireplace, as well as a decorative diamond pattern on exposed wood headers at the sleeping porch and other locations around the building. The Patio Building exhibits a u-shaped building plan featuring hand-hewn beams and columns, exposed rafters with carved ends, two towers at the eastern corner of the building, and a central courtyard complete with benches and a fountain. The Erickson also features many decorative elements including rounded building corners, exterior stairs leading to balconies and roof terraces, carved wood shutters and awnings, and wood detailing at the covered porch along south elevation, including hand-hewn posts and finely crafted shutters and screens.

Feeling:

Despite the intrusion of modern parking and medical facilities, the buildings that make up the Tucson Medical Center entry are elegant properties that reinforce the feeling that its founder, Dr. Wyatt, intended; one of well-being and tranquility. Doctor Wyatt's decision to create a research and medical center populated with low-slung, undulating Hopi-inspired architecture, dotted with gardens and fountains, reinforced the idea that the Desert Sanatorium was a place of healing, not a place of disease or fear. The architecture was similarly constructed to harmonize with the backdrop of the Santa Catalina Mountains and the historic ruins of Fort Lowell.

Association:

The Tucson Medical Center is associated with medical research in the treatment of tuberculosis and other diseases and for its stylistic embodiment of Pueblo Revival architecture as represented by noted architects, Anne Rockfellow and Roy Place, and for its larger association with sanatoria architecture and development in Arizona.

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

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

Areas of Significance

(Enter categories from instructions)

Healthcare/Medicine

Period of Significance

1926–1943

Significant Dates

1926, 1929, and 1943

Significant Person

(Complete only if Criterion B is marked above)

Cultural Affiliation

Architect/Builder

Henry O. Jaastad/Anne Rockfellow
Roy Place

Criteria Considerations

(Mark "x" in all the boxes that apply)

Property is:

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years old or achieving significance within the past 50 years.

Period of Significance (justification)

The period of significance for the Tucson Medical Center is 1926–1943. The first structure, the Water Tower was erected in 1926 and during the next two years, three buildings creating the entry to the Sanatorium grounds were constructed — the Patio Building (former Institute of Research and Diagnostic Clinic), the Erickson Residence (vacation home of Alfred and Anna Erickson [sanatorium benefactors]), and the Arizona Building (former nurses' residence). These buildings represent a critical period in the sanatorium's history as they were part of an attempt to establish the Desert Sanatorium as a modern and self-sustaining medical and research community dedicated to the treatment of tuberculosis through the use of heliotherapy. The period of significance ends in 1943 when the Desert Sanatorium ceased to operate as a medical facility dedicated to the treatment of tuberculosis.

Statement of Significance Summary Paragraphs

The Desert Sanatorium was the first medical institute in the United States to attempt to cure tuberculosis through *heliotherapy*, a systematic attempt to use the sun's radiation for therapeutic purposes. The sanatorium also intended to conduct research on the impact of heliotherapy. In 1926, a water tower, four patient court buildings, the Nuclear Medicine/Vascular Laboratory, and the Cardio Non-Invasive Services Building were built on the *Desert Sanatorium* site. In the next two years, three buildings creating the entry to the Sanatorium grounds were constructed—the Patio Building (former Institute of Research and Diagnostic Clinic), the Erickson Residence (vacation home of Alfred and Anna Erickson [sanatorium benefactors]), and the Arizona Building (former nurses' residence). During that same period, the Catalina Building, the Education Building, and four more patient court buildings were built further north on the site.

This campus of buildings, designed by noted Tucson architects, Roy Place and Anne Rockfellow for Henry O. Jaastad's architecture office, provided housing and support services to staff members as well as the research space necessary to study heliotherapy. Both Rockfellow and Place designed buildings that would blend seamlessly into the natural environment and would harmonize with the historic backdrop of Fort Lowell's scenic ruins. Additionally the buildings were designed with the patients and staff's comfort in mind: The harmony of the built environment coupled with the arid desert landscape was intended to aid in the healing process for patients. These buildings represent a critical period in the sanatorium's history as they were part of an attempt to establish the Desert Sanatorium as a modern and self-sustaining medical and research community superior to any other such facilities in the United States or Europe.

The Tucson Medical Center is being submitted as an individual nomination under the *Tucson Health Seekers: Design, Planning, and Architecture in Tucson for the Treatment of Tuberculosis* (Tucson Health Seekers) *Multiple Properties Documentation Form* (MPDF). As per the MPDF's registration requirements, the Tucson Medical Center is eligible for inclusion in the National Register of Historic Places at the local level of significance, under Criterion A for its association with sanatoria development and community planning and Criterion C, for its association with sanatoria architecture in Tucson (Levstik 2011 [revised 2012]).

Narrative Statement of Significance

Criterion A: Sanatoria Development and Community Planning—The Desert Sanatorium (1925-1943)—Tucson, Arizona.

As early as the 1880s, Arizona was a popular destination for Easterners suffering from pulmonary and respiratory diseases. After World War I and continuing into the late 1920s, however, Tucson became the prime destination for those suffering from respiratory ailments such as tuberculosis. It was during this time that doctors commonly prescribed Tucson's dry climate and plentiful sunshine as curative for respiratory ailments. One such doctor was Dr. Bernard Wyatt. After securing financing from advertising executive Alfred Erickson, Wyatt purchased 160 acres of land along Grant Road on the outskirts of Tucson. Wyatt wanted to establish a world-class institution that would treat patients but would also scientifically study the sun's effects on various ailments—principally tuberculosis and arthritis. The sanatorium opened its doors on November 15, 1926 and until 1943, the Desert Sanatorium dedicated itself to groundbreaking and scientific medical research. The leadership at Desert Sanatorium created a self-sustaining medical community that was on the cutting-edge of medical research for its time: They were the first medical institute in the world to carry out systematic thermo-electric research and use a siderostat. Further, doctors at Desert Sanatorium were the first in Arizona to diagnose a case of Valley Fever, and the first facility to use an iron lung for polio patients.

Although a number of significant people, both patients and doctors, have graced the corridors of the Desert Sanatorium, the two most influential individuals in the development of the sanatorium were Dr. Bernard Wyatt and Alfred Erickson. Both Wyatt and Erickson were instrumental in the establishment, vision, and longevity of the Desert Sanatorium. Dr Wyatt envisioned a unique medical institution dedicated to curing a variety of illness through the sun's radiation, a practice modeled after Swiss doctor Auguste Rollier's European clinic. It was also Dr. Wyatt's scientific vision that influenced wealthy New York advertising executive, Alfred Erickson to become the Desert Sanatorium's biggest proponent and financier. Even after Wyatt left the Desert Sanatorium when heliotherapy was proven to be of little medical benefit, Erickson continued to financially support the Desert Sanatorium and personally saw to its continued development and growth, including the construction of a private residence on the sanatorium's campus.

Even after the Desert Sanatorium's closure in 1943, the need for another general hospital in Tucson was still great. Many civic-minded citizens such as businessman Lewis Rosenstiel, joined together with other prominent citizens in an effort to salvage the Desert Sanatorium. After discussions with Anna Erickson, Alfred's widow, Rosenstiel and others negotiated the transfer of the sanatorium into a community-owned hospital. The Tucson community responded by raising \$150,000

in support of the new hospital and by March of 1944, the sanatorium was deeded to the newly formed Tucson Medical Center (TMC). The deed was not without caveats, primarily that TMC would conduct itself as a non-profit ethical organization serving the citizens of Tucson and surrounding area. The deed further required that TMC continue the tradition of scientific research and education begun during the tenure of the Desert Sanatorium. Should those conditions not be met, the property would revert back to the Erickson family trust. For the past 64 years, Tucson Medical Center has organized its hospital to reflect the history of science, education, and patient care that took root under its predecessor, the Desert Sanatorium.

Criterion C: Sanatoria Architecture—The Desert Sanatorium (1925-1943)—Tucson, Arizona.

The Patio Building, the Erickson Residence, and the Arizona Building are all examples of Pueblo Revival architecture; a style that was popular during the first quarter of the 20th century in the Southwestern United States. The design of the three buildings was inspired by Pueblo architecture associated with the Hopi tribe of Northern Arizona. The three buildings on the Desert Sanatorium campus embody Pueblo Revival architecture in their use of organic forms of masonry construction faced with stucco, flat roofs with parapeted walls, and the use of wood for detailed treatments such as vigas, overhangs at windows, doors, and porches, and stairs leading to rooftops.

The majority of buildings on the Desert Sanatorium's campus, including two of the buildings under review, were designed by architect Anne Rockfellow of Henry O. Jaastad architecture office. Jaastad's office was hired by Dr. Wyatt to design the Sanatorium's buildings based on sketches Wyatt modeled after Rollier's Swiss clinic. Although Jaastad has been credited with the design of most of these buildings, there is some speculation that the buildings were designed by Jaastad's chief designer Anne Rockfellow. Rockfellow has been posthumously recognized as designing much of Tucson's non-residential architecture while working for Jaastad.

Of the buildings under evaluation, Jaastad's firm designed both the Arizona Building and the Erickson Residence, both in 1927. In 1928, Roy Place of Place and Place Architects designed the Patio building, modeling it after Rockfellow/Jaastad's Hopi-inspired architecture as seen throughout the campus of the Desert Sanatorium. Both Rockfellow and Place designed buildings that would blend seamlessly into the natural environment and would harmonize with the backdrop of Fort Lowell's scenic ruins. Additionally the buildings were designed with the patients and staff's comfort in mind: The harmony of the built environment coupled with the arid desert landscape was intended to aid in the healing process for patients.

Between 1926 and 1928, a total of 16 buildings and one structure were constructed on the grounds of the Desert Sanatorium. These buildings represent a critical period in the sanatorium's history when its developers attempted to establish the Desert Sanatorium as a modern and self-sustaining medical and research community superior to any other such facilities in the United States or Europe. Despite being one of the few institutions to build permanent patient quarters, these buildings still mirrored other Arizona hospital-style sanatoria through the use of revival-style architecture, attention to ventilation, construction of separate patient quarters and auxiliary buildings, inclusion of outdoor space as living space, sleeping porches, and a deep set-back from the main entrance. But, as the Desert Sanatorium continued to expand, its purpose expanded as well, emphasizing research and science through the construction of additional auxiliary buildings. The new buildings represented a tangible commitment to research and treatment that went beyond the typical sanatorium model of simply housing the sick.

This campus of buildings provided housing and support services to staff members as well as the research space necessary to study heliotherapy. Ultimately, it was the Patio Building, the Arizona Building, and the Erickson Residence that framed the entrance to the sanatorium and framed the public perception that its founders intended—a place of research and healing, not a place of disease and fear.

Developmental history (Criterion A):

Sanatoria Development and Community Planning—The Desert Sanatorium (1925-1943)—Tucson, Arizona.

The White Plague in Arizona

Historically, the southwestern United States has been a popular destination for both Easterners and war veterans suffering from pulmonary and respiratory diseases. With the arrival of the railroad in the 1880s, hoards of sick people known as "health-seekers, lungers, and consumptives" flocked to the western United States in search of healing. Every

western state hosted their share of these health-seekers, many of whom were looking for relief from tuberculosis symptoms. Prior to 1890 Denver Colorado served as the “tuberculosis capital” of the United States, but as other western states followed suit, Arizona became the state of choice for consumptive patients (Sonnichsen 1987). Although more populated eastern and southern states were reluctant to accommodate such patients, western states and territories welcomed the new arrivals despite the fact that they were suffering from contagious illnesses. From the perspective of territorial officials, every new arrival signaled a step closer to statehood.

As more and more doctors prescribed Arizona’s dry climate and plentiful sunshine to their patients as curative for respiratory illnesses, some medical personnel began publishing their recommendations regarding the region’s curative powers. One former army doctor, C. L. G. Anderson, presented a paper at a medical meeting in Hagerstown, Maryland on April 9, 1890, entitled “Arizona as a Health Resort.” He declared that every part of Arizona would provide a “haven for a sick man,” but he particularly recommended the southern deserts around Tucson. In support of his recommendations, Anderson argued that he had met few sick people in Arizona and that illnesses like tuberculosis were rare among American Indians and Mexicans (Sonnichsen 148:1987). The local Tucson newspapers also encouraged the theory that its climate, air, and sunshine would cure whatever ailed you, even going so far as to announce that Tucson would “soon be known as the sanatorium of the southwest” (2 March 1888, *Star*).

True to the newspaper’s prediction, Tucson became a Mecca for health-seekers. Because of the abundance of available space, small towns sprang up around Tucson to accommodate the invalids and capitalize on the money-making potential in the throngs of frightened and sick people that immigrated to the city. By 1892 however, the demand for accommodations outpaced the supply and area doctors remarked to the Tucson Board of Trade that very few good accommodations, let alone an adequate hotel were available to the newly arriving sick. If one had cash in hand, then arrangements could be made, however few people who came to the city had the financial resources to secure appropriate lodging. Temporary squatter camps and shacks soon dotted the desert landscape along the edges of Tucson.

In addition to the lack of housing, the invalids were often miles from local services and streetcar stops, and often too weak to walk to services that they needed. Many Tucsonans turned the health-seekers away for fear of contracting tuberculosis, and this fear was aided by an 1890 editorial in the *Star* explaining that tuberculosis was contracted through saliva and that healthy people should stay at least four feet away from a consumptive for fear of being spat upon (31 January 1890). Furthermore, because there was no cure for tuberculosis and very little was known about how to treat the disease, area doctors began contracting the illness themselves, further spreading fear among the local population in regards to its newest residents (Sheridan 1995).

At the beginning of the 20th century, the poorest invalids were concentrated into several tent cities, the largest of which was located on vacant land north of the University of Arizona on Park Avenue (Sonnichsen 1987). Their habitations typically included a canvas tent resting on a wooden platform while “better” accommodations meant a canvas tent with wooden sides and a wood floor covered by a steel roofed ramada-like structure to provide shade from the sun. Regardless of the structure, life inside the tent cities was bleak, and “the nights were heartbreaking, as one walked along the dark streets, [one] heard coughing from every tent. It was truly a place of lost souls and lingering death” (Sonnichsen 150:1987). In addition to the housing shortage, medical care was hard to come by for those without money. Only the Adams Street Mission opened by Reverend Oliver E. Comstock in 1909 would take patients at no charge (Hall 1978). And, it wasn’t until 1917 that an Episcopal Minister, Reverend J. W. Atwood, opened St. Lukes-in-the-Desert to help young men who could not afford medical care (Sheridan 1995).

For those with moderate financial resources, the outlook slightly improved with the opening of the Whitwell Hospital by Dr. Jeremiah Metzger. The hospital was located on North First Avenue at the edges of the Park Avenue tent city and began operations in 1906. Over the next few years, more clinics, hospitals, sanatoriums, and boarding houses opened to accommodate the masses of consumptives residing in Tucson. Options continued to improve following World War I (WWI) when veterans who had contracted tuberculosis during the war flocked to Arizona. In 1920, over 7,000 health seekers, many of whom were WWI veterans, were residing in Tucson. One group of veterans who had come to Tucson in 1917 established a small tent city on the grounds of Pastime Park, four miles north of downtown Tucson along the road to Oracle Junction (Kimmelman 1990). Two years later, Lieutenant Neill MacArtan of the Army Medical Corp, a WWI veteran and consumptive himself, was sent to Tucson to establish a government sanatorium for military veterans. Pastime Park Hospital opened its doors on March 15, 1920, but it was only able to accommodate 38 patients. Over 1,000 more veterans requested admittance. With support from Mayor O.C. Parker as well as local fundraising efforts, the hospital expanded by January of the following year to include accommodations for 275 patients. The need was so great that the hospital quickly filled to maximum capacity (Kimmelman 1990).

Tucson continued to expand the number of clinics and sanatoriums available to patients and by 1935, the city directories listed over 40 institutions dedicated to the care of the “lungers”. The later institutions, established in the 1920s and 1930s included, Barfield Sanatorium, Hotel Rest Sanatorium, Veteran’s Hospital, San Xavier Sanatorium, and the Desert Sanatorium (Barrow 1987).

The Desert Sanatorium

As a private physician in New England Dr. Bernard L. Wyatt studied the methods of physicians like Herman Brehner, who established the first open-air sanatorium for tuberculosis patients in Gorbardsdorf, Germany, Oscar Bernhard, the founder of solar therapy, and Bonnet who recommended sun-baths to patients suffering from chronic arthritis and non-pulmonary tuberculosis. Like them, Wyatt held to the belief that environmental factors such as dry climate and sunshine were integral to healing the infirm. Wyatt was especially interested in the work of Dr. Auguste Rollier whose approach to solar therapy or *heliotherapy* he wanted to replicate in a sanatorium of his own (Grubb 1984).

In 1911 Wyatt passed his medical examinations in Phoenix in order to work as a practicing physician in Arizona. He considered Arizona an ideal location to establish his own sanatorium and continue his research into the use of sunlight as a method of treating patients. Not only could he establish a world-class institution that would treat patients but he intended to scientifically investigate the sun’s effects on various ailments—principally tuberculosis and arthritis. Four years later, when Dr. Wyatt finally arrived in Arizona to make his dream a reality he opened the Wyatt Clinic with Doctors Jeremiah Metzger and Charles Wilson Mills. During this time, he not only lobbied local doctors and prominent businessmen to help support the creation of a new sanatorium for patients with tuberculosis and arthritis, but worked to further develop the research methodology to study heliotherapy.

Dr. Metzger, whom Dr. Wyatt met in Phoenix in 1911 and Dr. Mills, became Wyatt’s partners in developing a sanatorium. His wife, Minnie Wyatt, also helped secure funding for the sanatorium proposal. Her friend, Anna Erickson, convinced her husband, Alfred, a wealthy New York advertising executive, to donate \$25,000 to the project. Based on Erickson’s financing, on October 21, 1925, Dr. Wyatt purchased 160 acres of land along Grant Road on the outskirts of Tucson. Dr. Wyatt then transferred forty-six acres of land to the newly created Board of the *Desert Sanatorium* and six additional acres for a sewage disposal site.

During the first Board of Directors meeting held On February 4, 1926, the Board was given the authority to invite physicians and surgeons to practice at the sanatorium and Dr. Wyatt was named as the general manager and supervisor of the corporation. Utilizing plans based on Rollier’s swiss clinics, Dr. Wyatt employed the Tucson architecture firm of Henry O. Jaastad to develop a complete set of building plans for the campus. Prior to his retirement in 1957, Jaastad’s firm completed over 500 building projects in Tucson, but until the arrival of his chief engineer, Anne Rockfellow in 1916, most of his building projects were marked by plain utilitarian expressions. Although Jaastad has been credited with the design of most of the buildings at the Desert Sanatorium, there is speculation that the buildings were designed by Anne Rockfellow who was known for her designs representing current academic styles, notably period revival styles. Rockfellow has also been posthumously recognized as designing much of Tucson’s non-residential architecture while working for Jaastad (Nequette and Jeffreyy 2002).

On March 25, 1926, the design plans were approved by Dr. Wyatt and his partners Dr. Metzger and Dr. Mills and work on the sanatorium began in earnest. The first priority was the construction of a well and water tower to provide an adequate water supply to the facility. Shortly thereafter, the foundation and basement of the main building were completed. Work stalled briefly during the summer when doctors Wyatt, Metzger, and Mills decided to terminate their partnership. Mills and Metzger could not provide the needed \$40,000 to help continue construction at the sanatorium. Although Dr. Wyatt and Dr. Mills continued to operate their private practice together, Dr. Metzger sold his Whitwell Hospital on First Avenue, and retired from medical practice (Grubb 1984). During its first year, the lack of funding continued to plague the sanatorium. Once again, Alfred Erickson stepped in and became the sanatorium benefactor, with the agreement that he would serve on the newly formed Board of Directors.

By the summer of 1926, the Water Tower, the Main Building (subsumed by the main hospital), the Wyatt Residence (demolished), and four patient court buildings were built on the Desert Sanatorium site. The sanatorium opened its doors on November 15, 1926. The Desert Sanatorium’s emphasis was on finding a cure for tuberculosis and arthritis through direct solar radiation. While other institutions were promoting heliotherapy as beneficial, the Desert Sanatorium was one of the first to measure the sun’s strength by means of a radiometer. In Dr. Wyatt’s view, “...the Desert Sanatorium will be equipped with the names of quantitative as well as qualitative analysis of the solar spectrum and its results will therefore rest upon a sound scientific foundation” (2 February 1926). True to his word, Dr. Wyatt contracted Dr. Edison Pettit of the

Mount Wilson Solar Observatory near Pasadena to build the second known radiometer in the United States, so that exact doses of sun could be prescribed to each patient (Poster Frost Associates 2005, Grubb 1984). That same February, the radiometer was housed inside a clear glass dome and mounted to the top of the Main Building. The telescopic mounting for the radiometer was pointed towards the sun and a timer allowed it to follow the sun's path throughout the day recording minute by minute the intensity of the sun's ultraviolet rays.

In addition to the radiometer, a variometer was also employed, and its lenses directed short-wave length light towards specific parts of a patient's body (Grubb 1984, Henry 1987). Through use of the variometer, doses of ultraviolet light could be prescribed for the individual needs of each patient. Despite the individualization of each solar treatment made possible by these instruments, the doctors at the Sanatorium generally believed that small exposures to the sun were preferable to longer exposures. Sun exposure lasting two-to-two and half hours were considered optimal, and patients were advised to wear a white hat, smoked glasses, and a swimsuit or other suitable light weight clothing. The patients would lie on their sides on cots, positioned with the long axis of the cot at right angles to the rays of the sun so that the sunlight would fall upon the patient perpendicularly. Over the course of the day, the cots would be moved to follow the changing angle of the sun (Grubb 1984). For arthritic patients, Thezac Lens treatment was also recommended. This procedure consisted of positioning a clear glass lens (that did not transmit ultraviolet light) towards a localized area of the body, often pointed at an open wound or lesion in an effort to hasten the healing process. When this treatment failed to make an appreciable difference in arthritic patients, it was discontinued. Doctors did note, however, that wounds and lesions appeared to heal faster during Thezac Lens sessions.

Even before it opened its doors, advertisements for the Sanatorium went out across the United States, Mexico, England, and Europe. By the time it opened the Desert Sanatorium was filled to capacity and a month later prospective patients had to be placed on a waiting list. While many of its patients hailed from the eastern seaboard, other patients arrived from Europe. Often these patients did not have tuberculosis, but instead wanted a place for rest and relaxation. Because of its extensive medical services, and its wealthy patients, the Sanatorium took on something of a country club atmosphere, where patients dressed for dinner, personal nurses and maids were housed with their patients, and porters in white coats carried meals to bedridden patients on silver trays. The entire facility was modeled to encourage a sense of peace and healing. The grounds were landscaped with both native and non-native plants, fountains and fish ponds. The landscape alone became an attraction to non-patients. The buildings, inspired by Hopi pueblo architecture, were meant to harmonize with the surrounding landscape, mirroring this sense of health and healing, and were decorated with American Indian murals and motifs. This appealing combination of luxury and attention to health drew a number of notable guests including actor Gary Cooper, writer Harold Bell Wright (credited with designing much of the sanatorium's landscaping), and General John J. Pershing (Grubb 1984, Henry 1987).

Based on patient demand and the general popularity of the Desert Sanatorium, Dr. Wyatt lobbied Alfred Erickson and the Board of Directors to expand the Sanatorium. Although the Sanatorium still owed him \$137, 951, Erickson strongly believed that heliotherapy would be an asset to medical science. As a result, on April 4, 1927 he made a proposition to the Board of Directors that would free the facility from financial hardship and ensure the continuation and expansion of the Desert Sanatorium. The Board of Directors accepted a proposal that transferred the remaining acreage to the Sanatorium, including Dr. Wyatt's home. A note in the amount of \$357,699 upon the first mortgage would be issued for the entire property of the corporation. This amount covered all debts and provided funds for expansion (Grubb 1984). Doctor Wyatt, upon urging from the Board of Directors, agreed to relinquish his private practice and take over the Sanatorium as physician and managing director. Shortly thereafter the Board hired local contractor Herbert Brown (who had constructed the original buildings) to begin work on four patient cottages, a staff building, administration buildings, a kitchen, garage, employee quarters, roads, sidewalks, and an upgrade of the water lines and septic system for a total of \$176,500. Based on approval of Erickson's proposition for expansion, the Sanatorium was on its way to becoming a leading institution in solar therapy. In the words of New York Judge and board member William Travers Jerome;

...this initial increase will make the [S]anatorium the leading helio-therapy institution of the world...to see the vision of a man like Dr. Wyatt take concrete form in an institution pregnant with greatest good, not alone for the patients in it, but for humanity at large...this institution will put Tucson on the map...I do hope that the citizens of the community feel the same pride in the [D]esert [S]anatorium that is felt by those who have been instrumental in its development (Cosulich 1927).

During the next two years, the Sanatorium tripled in size, expanding into a self-sustaining medical "city". In 1927, nine buildings were constructed and 80 acres south of Grant Road were purchased from the Steinfeld family (Barrow 1927). During the period of expansion between 1927 and 1928, three buildings creating the entry to the Sanatorium grounds were also constructed—the Patio Building (former Institute of Research and Diagnostic Clinic), the Erickson Residence

(vacation home of Alfred and Anna Erickson), and the Arizona Building (former nurses' residence). All but the designs for the Patio Building were undertaken by the architectural firm of Henry Jaastad and the theme of pueblo revival architecture was continued. The new buildings were appointed with whicker furniture, Navajo rugs, reproductions of Zuni ceremonial paintings, and large wall panel illustrations drawn by Hopi artists. The new buildings not only housed the sanatoriums staff and its patients, but also provided the space for additional medical services, like physical therapy, dental care, and maternity care.

During these pivotal two years in the Sanatoriums history, Dr. Wyatt visited other notable hospitals throughout the United States, including the Mayo Clinic, to explore the latest medical research and treatments. Dr. Wyatt developed partnerships with doctors outside the Tucson area, many of whom came to the Sanatorium and others became members of the Board of Directors. Some of these doctors, including Dr. Roland Davidson and Wyatt's friend Dr. Mills, took on greater responsibility at the Desert Sanatorium when it was increasingly obvious that Dr. Wyatt's time was filled with executive responsibilities and he was unable to fulfill his role as a physician (Grubb 1984). His research forays inspired Dr. Wyatt to do more work at the Sanatorium and he concluded that the Desert Sanatorium should expand to include a research building dedicated exclusively to studying the sun. The new facility would provide a research space for others interested in the effects of the sun, including non-physicians. Other scientists, such as Dr. Daniel T. MacDougal a botanist with the Carnegie Desert Laboratory in Tucson, supported Dr. Wyatt's decision to create a new research and diagnostic center at the Sanatorium. Dr. MacDougal assisted Dr. Wyatt in planning the new research facility, and after approval from the Sanatorium's Board of Directors and additional funding from Alfred Erickson, in May 1928 it was announced that construction of the \$100,000 *Institute of Research and Diagnostic Clinic* would commence. By December of 1928, the Clinic building, also known as the *Patio Building* was complete. The building was designed by noted Tucson architect Roy Place who modeled his building after Rockefeller's earlier work on the Desert Sanatorium's campus.

Roy Place has been credited with designing a number of Tucson's landmark buildings and noted for his graceful Renaissance and Spanish Colonial revival architecture (Nequette and Jeffery 2002). Place's new building housed laboratories for physiology, pathology, biophysics, and biochemistry, as well as an EKG department, medical records repository, and library, amongst others. The Patio Building also featured two copper domes flanking the courtyard on the east elevation of the building. The domes housed the radiometer (moved from the Main Building) and the new siderostat (Grubb 1984).

The siderostat, the only one in the world, was housed in the northern dome of the Patio Building and similar to the radiometer, was also designed by Dr. Edison Petit of Pasadena California. The siderostat was fitted with four quartz lenses made by the General Electric Company specifically for the Desert Sanatorium. At the time, the lenses on the siderostat were the largest of their kind (Grubb 1984). Both the siderostat and the radiometer would follow the sun's path over the course of the day, but the siderostat differed in that, instead of a single beam of white sunlight, the sunlight could be separated into each color of the spectrum. The individual rays were then cast into a dark room where small animals and plants were housed to test the effects of different components of the sun.

With the establishment of the Institute of Research and Diagnostic Clinic, many researchers from a broad array of scientific fields flocked to the Desert Sanatorium. But it was also during this time that Dr. Wyatt and others concluded that heliotherapy had little benefit for patients with tuberculosis. In 1929, the Desert Sanatorium stopped accepting tubercular patients. Nine years later, it was also determined that heliotherapy was only minimally beneficial to those with arthritis. In the end, 1929 was a year rife with turmoil at the Desert Sanatorium. In the midst of his collapsing marriage and collapsing scientific theories, Dr. Wyatt resigned as the head of the Sanatorium. He was succeeded by doctor and board member, Dr. Allen Kramer Krause. With Wyatt's departure, other staff members resigned as well, creating a new institution with different goals. Alfred Erickson too had his fair share of problems, including Wyatt's inability to repay debts to Erickson. Erickson had assumed the financial responsibility of the Sanatorium when he took over as the mortgage holder in 1927. In March of 1929, Erickson became the sole owner of the Desert Sanatorium (Grubb 1984).

Upon his takeover as owner of the Desert Sanatorium, Erickson stressed that the fundamental purpose of the institution was service, not profit (Grubb 1984). He established the Erickson Trust, putting his wife Anna as head, and continued to financially support the hospital. The 1930s were a difficult time for many hospitals across the country and many were forced to shut their doors, but the Sanatorium stayed open, thanks to the stability of the Erickson Trust. Wealthier patients continued to come to the Sanatorium, but fewer stayed through the summer months. Moreover, because the Sanatorium operated with research in mind, many interns and visiting researchers continued to come to the Desert Sanatorium, resulting in a high patient to doctor ratio, going as high as 13 doctors to one patient. But as the economic depression deepened, the Desert Sanatorium was forced to cut back on housing and dining services offered to its staff, and by 1933, the scientists who had come to the Sanatorium to do research saw their grants run out and were forced to return home,

leaving the Institute for Research empty. On November 3, 1936, Alfred Erickson died and his wife Anna took over his position on the Board of Directors. A year later, Dr. Krause resigned as president of the Sanatorium. The institution received a brief boon with the outbreak of World War II (WWII) and was quickly filled to capacity, but the years of employee cut-backs and reduced equipment resulted in an overextended staff and hospital (Grubb 1984, Henry 1987). On May 15, 1943, the Board of Directors and the Erickson Trust announced that they would close the Desert Sanatorium.

Between 1926 and 1943, the Desert Sanatorium dedicated itself to groundbreaking medical research. The leadership at Desert Sanatorium created a self-sustaining medical community that was on the cutting-edge of medical research for its time: They were the first medical institute in the world to carry out systematic thermo-electric research and use a siderostat. Further, doctors at Desert Sanatorium were the first in Arizona to diagnose a case of Valley Fever, and the first facility to use an iron lung for polio patients. The resulting Desert Sanatorium was the first medical institute in the United States to attempt to cure tuberculosis through heliotherapy, a systematic attempt to use the sun's radiation for therapeutic purposes.

Even after the Desert Sanatorium's closure in 1943, the need for another general hospital in Tucson was still great. Many civic-minded citizens, including businessman Lewis Rosenstiel, joined together in an effort to salvage the Desert Sanatorium. After discussions with Anna Erickson, Rosenstiel and others negotiated the transfer of the sanatorium into a community-owned hospital. The Tucson community responded by raising \$150,000 in support of the new hospital and by March of 1944, the sanatorium was deeded to the newly formed Tucson Medical Center (TMC). The deed was not without caveats, primarily that TMC would conduct itself as a non-profit ethical organization serving the citizens of Tucson and surrounding area. The deed further required that TMC continue the tradition of scientific research and education begun during the tenure of the Desert Sanatorium. Should those conditions not be met, the property would revert back to the Erickson Trust. For the past 64 years, Tucson Medical Center has organized its hospital to reflect the history of science, education, and patient care that took root under its predecessor, the Desert Sanatorium.

Architectural history (Criterion C):

Sanatoria Architecture—The Desert Sanatorium (1925-1943)—Tucson, Arizona.

The Architecture of Tuberculosis

Despite the number of sanatoria, hospitals, and preventoria that were built in the early 1880s and 1890s to accommodate the health-seekers flocking to Tucson, most accommodations amounted to crude canvas tents located along the edges of town or in the foothills of the surrounding mountains. In the 1890s, tent cities typified the "architecture of tuberculosis." These camps were purposely located away from the healthy population, outside the populated city center and on vacant desert parcels. Further, the establishment of the tent cities was not simply a result of patient demand outstripping supply, but a response to the fear of contagious disease making its way through the local population. At the time, little was known about how to treat respiratory illnesses such as tuberculosis, although people understood how the disease spread. What this meant for the sick, was that their built environment not only mirrored what the medical community understood to be the best way to treat illnesses such as tuberculosis, but it also reflected the local healthy population's fear of contagious illness. On the one hand, doctors advised that dry air, warm climate, and good ventilation would help cure tuberculosis or at least alleviate the worst of its symptoms. At the same time, because tuberculosis was contagious, healthy people were advised to stay at least four feet from someone with the disease. The geographical isolation of the tent cities, including the formal sanatoria that followed, represented a direct response to the local populations fear and impacted town planning in later years (Nequette and Jeffery 2002). As Thomas E. Sheridan explains, by the end of the 1920s, consumptives were definitely marginalized with many guest resorts posting notices in their advertisements stating "Absolutely no Tuberculars Accepted" (Sheridan 241:1995).

While the fear of illness became a motivating factor in the location and design of the early tent cities and later in permanent sanatoria, the belief that the desert environment provided relief to consumptives directly influenced the resulting architecture. Prior to the establishment of permanent institutions such as the Desert Sanatorium, tents were thought to offer the best ventilation possible for the patient. Tents represented the closest thing to outdoor living and access to the full benefits of Arizona's weather. Even into the early 20th century the tradition of building tents and small cottages to house consumptive patients was practiced at many of the permanent sanatoriums. Even luxury or resort-type institutions, such as the Desert Inn near Phoenix or St. Mary's Hospital and Sanatorium in Tucson (Sisters of St. Joseph of Carondelet 1910) offered such accommodations. According to the Desert Inn's promotional brochure, its colony of cottages and bungalows provided the maximum benefits of outdoor life with indoor conveniences:

You will never know what you have missed until you have 'slept out'...Sleeping out is not only a delightful experience, but it is one of the chief factors in the restorative process of your life at Desert Inn (Redewill 5:1910).

During the early-to-mid 1900s, the number of institutions available to patients continued to expand and diversify. Many facilities touted a country-club atmosphere with large campuses housing grand administration buildings and staff quarters, as well as recreation and dining facilities (e.g. Desert Inn, Desert Sanatorium, and St. Mary's Hospital and Sanatorium). Some also emphasized communing with nature and simplifying one's life as a route to recovery. The Pamsetgaaf Sanatorium in Prescott, for instance, described its porch cottages and bungalows as resembling a summer camp with simple and minimal furnishings, explaining that, "[t]he majority of those that come to Pamsetgaaf are in need, not of luxury, but of the simple life" (Pamsetgaaf 10:1913).

A number of features typical of the tent city model remained even as sanatoria and other permanent institutions took its place. Sanatoria continued to be built outside of city centers in isolated areas; patient care was often undertaken in separate smaller auxiliary buildings, and outdoor space was incorporated as living space through the use of sleeping porches, verandas, and courtyards. In 1930, the City of Tucson adopted its first zoning code; the R-3 zone. The R-3 zone was designated as the "Sanitarium Zone". The associated zoning regulations stipulated that a building constructed for use as a sanitarium could occupy only 20 percent of the parcel to ensure plenty of fresh air and sunshine for patients (personal communication with Jonathan Mabry of the Tucson Historic Preservation Office, November 2009). Even as patient care improved over time, and more doctors and nurses were employed to care for the sick, prevailing ideas about disease and its treatment represented in the tent cities of the 1890s were reflected in local sanatoria architecture. The "architecture of tuberculosis" for wealthier patients, however, was less bleak than for those in the tent cities. Wealthier patients frequented larger, hospital-like institutions such as the Desert Sanatorium where the architecture was designed to harmonize with the environment and become a tangible extension of the healing associated with the Arizonan climate.

After the Desert Sanatorium opened in 1926, its brochures boasted that it was located in the "favored section of the Sonoran Desert...renowned for both quantity and quality of sunlight ...[and] established with the highest refinement of appointment and of service as its objective" (Desert Sanatorium 1:1928). Architecturally this translated into the construction of Pueblo Revival style buildings across the campus. Pueblo Revival was popular during the first quarter of the 20th century in the Southwestern United States and the buildings at Desert Sanatorium embody the key features of this architectural style: the use of organic forms of masonry construction faced with stucco, flat roofs with parapeted walls, and the use of wood for detailed treatments such as vigas, overhangs at windows, doors, and porches, and stairs leading to rooftops (McAlester 1984). The Hopi-inspired architecture chosen for "its appropriateness" and harmonization with the skyline of surrounding mountain ranges and scenic ruins of Fort Lowell, also incorporated outdoor spaces (Desert Sanatorium 1928). All buildings featured a courtyard, loggia, balcony, or porch or a combination of these features. Not only were these practical architectural applications in a desert environment but they were based on the theory that architecture and environment were integral to patient treatment and well being.

Many of Tucson's larger sanatoriums built during the early-to-mid 20th century and were modeled in part after general hospitals and the emerging field of sanatoria design. In 1911, the National Association for the Study and Prevention of Tuberculosis published a book on sanatorium design (Carrington 1911). In their publication, they recommended that hospital-style sanatoria be designed to resemble small cities—cities residing in isolated settings with landscaped lawns, recreational facilities, staff housing, a central administrative building with adjoining surgery, small cottages or tents for ambulatory patients, and the incorporation of sleeping porches. The same design sentiment was echoed once again in 1921, when T.B. Kidder of the Advisory Service of the National Tuberculosis Association recommended that hospital-like sanatoria be designed to accommodate patients at different stages of recovery, meaning separate dining facilities and detached wards should be included to promote exercise, and for bed-ridden patients isolation rooms should be housed next to infirmaries (1921).

Despite being one of the few Arizona institutions to build permanent patient quarters (rather than tents), the Desert Sanatorium's buildings mirrored other hospital-style sanatoria through the construction of separate patient quarters, staff housing, inclusion of outdoor space in architectural design, recreational facilities, landscaped lawns, and a deep set-back from the street. While the design of the Desert Sanatorium's buildings continued to represent the seclusion of the sick, the Sanatorium's continued expansion meant that its purpose expanded as well. After 1927, new buildings constructed on the campus represented a tangible commitment to research and treatment that went beyond the typical sanatorium model of simply housing the sick.

In the next two years, three buildings creating the entry to the Sanatorium grounds were constructed —the Patio Building (former Institute of Research and Diagnostic Clinic), the Erickson Residence (vacation home of Alfred and Anna Erickson

[sanatorium benefactors]), and the Arizona Building (former nurses' residence). During that same period, the Catalina Building, the Education Building, and four more patient court buildings were built further north on the site. Ultimately, it was the Patio Building, the Arizona Building, and the Erickson Residence that framed the entrance to the sanatorium and framed the public perception that its founders intended—a place of research and healing, not a place of disease and fear. In many ways, the economic and social issues of the 20th century were manifested in the architecture of the Desert Sanatorium. The choice of Pueblo Revival-style architecture by the Desert Sanatorium's founders was a strategic decision.

The 1920s was a decade of prosperity for Arizonans (Sonnichsen 1982). World War I was over, and more people had extra money in their pockets. As tourism brought increased revenue into the state, groups such as the Tucson Sunshine-Climate Club advertised the wonders of the state in national magazines and newspapers (Sheridan 1995). Interestingly, they began by advertising in medical journals promoting the state as a place offering a healthy lifestyle, proclaiming “[c]hildren of the sun live here... [b]rown, sturdy, rosy-cheeked...growing into robust, vigorous youths” (Sheridan 240:1995). As the local population grew (largely aided by the invention of the swamp cooler), however, fewer health-seekers were welcome. Advertisements shifted towards attracting healthy individuals who wished to experience the “wild west,” complete with cowboys and Indians. As Thomas Sheridan explains,

[A]s the harsh realities of westward expansion receded from memory, everyone from popular novelis[t] Zane Grey to...historia[n] Frederick Jackson Turner were transmuted the West into the heroic mirror of the nation, an alchemy accelerated by the young Hollywood film industry. The West was a mythical arena where individualism and innovation flourished, where the character of the American people wrote itself large (242:1995).

Arizona became an exotic destination for many Americans offering geological glories such as the Grand Canyon as well as cultural exotica such as the Indian tribes scattered throughout the state. Resort hotels and dude ranches sprang up offering tourists a “chance to meet nature in her ruggedness and still lead a white-man’s life” (Sheridan 242:1995). It soon became clear that American Indians could draw crowds of tourists to the state. The pioneering man behind the successful promotion of American Indians was Fred Harvey. Together with the Santa Fe Railway, his train tours led to the commercialization of Indian arts and crafts. Tourists could purchase something exotic from the Indians at stops in Winslow and Holbrook, or at trading posts and hotel lobbies. American Indian arts and crafts were so popular that Navajo women were pressured to leave their traditional blankets behind and weave rugs for the tourists. Hopi women began firing replicas of prehistoric polychrome pottery to meet the demand for souvenirs. In addition, Harvey sponsored his own version of anthropological tourism by busing tourists to various Indian communities in northern Arizona and New Mexico. A trip to the Hopi Mesas allowed tourists to witness Katsina (Katchina) dances first hand.

Anglo tourists were particularly fascinated by such Arizonan and New Mexican Pueblo Indians as the Hopi and Zuni. The Pueblo Indians were popular with Anglo Americans because they were viewed as “peaceful” Indians, unlike nomadic tribes who were historically “hostile” to Anglo encroachment and settlement. This stereotype was further aided by the Pueblo Indians own religious and cultural practices that encouraged pacifism and emphasized the basic tenant that humans should live in harmony with their environment (Parezo 1996). From an outsider’s perspective, the Pueblo Indians were also considered more “advanced” because they were farmers who built permanent settlements complete with multi-story masonry architecture.

In the 1920s, the Anglo interest in Pueblo Indians manifested itself in non-native local architecture (i.e. Pueblo Revival architecture) built upon the Pueblo idiom of the previous decade. As Chris Wilson (1997) explains, *pseudopueblos* were popular architectural displays at the American world fairs between 1893 and 1915, and these Anglo copies dotted the tourist path through the Southwest (1997). The most notable examples are Hopi House (1905) designed by architect Mary Colter at the Grand Canyon and the City of Santa Fe, New Mexico. The interest in Pueblo architecture was fueled by tourism, institutional and corporate identity, and a burgeoning Romantic Movement in the United States (Wilson 1997).

The Romantic Movement in architecture referenced historic styles, and in the case of Arizona the architecture of Pueblo Indians offered just such a historic reference point. Further, romantic architecture of the variety characterized by the Pueblo Revival style offered an antidote to an increasingly complex industrialized society. Pueblo architecture spoke to a perceived simpler time when life was characterized by hard work and a connection with the land. This ideology was reflected in medical theories about how pulmonary and respiratory disease could be treated, especially as they harkened back to a time when humans lived in harmony with nature and life was seen as simpler. In the Southwest, these ideals came to be exemplified by a particular kind of sanatorium and an Anglo-imagined American Indian.

As historian and American Indian, Philip Deloria explains, “[w]henver White Americans confronted crises of identity, some of them have inevitably turned to Indians” (17:1998). Although the 1920s were a time of prosperity and innovation in the United States, its citizens were grappling with how to cope with rapid industrialization during a post-war boom as well

as how to deal with major illnesses such as tuberculosis. For many, the Southwest provided an answer to these concerns. Arizona was still a relatively isolated place with low population density, low incidents of disease, and with a singular dry and warm climate. Tubercular patients could easily be isolated there, away from the more densely populated Eastern states. Further, the Southwest offered an exotic culture as an antidote to industrialization. The desire to simplify life in the face of rapid technological and scientific growth provided fertile ground for romantic portrayals of American Indians. American Indians unwittingly provided a public face for an Anglo crisis. The image of the stoic and self-reliant Indian reinforced anti-modern sentiments for 20th century Anglos who longed for physical vitality and spiritual insight (Armitage 2003). Sanatoria and other aspects of the built environment reflected these historical and cultural forces.

The vast majority of sanatoria in Arizona were based on the idea that the treatment of disease was directly related to the natural world and the harkening back to a simpler time. The architecture of the Desert Sanatorium came to mirror the pressing issues of the 1920s, combining the desire to treat disease through modern scientific methods and facilities while at the same time offering up a simpler life at one with the natural world. The founders of the Desert Sanatorium designed Hopi-inspired architecture to house "modern" science. They appointed their buildings with scientific equipment as well as an extensive collection of American Indian themed murals, motifs, and accessories. Rooms contained Navajo rugs, and were minimally, but tastefully furnished. Walls in many of the buildings, including the Erickson Residence and Arizona Building were decorated with ceremonial Hopi and Zuni murals and Navajo sand paintings. The murals contained traditional Pueblo symbols representative of life, breath, and healing powers, and the Navajo sand paintings were replicas of similar paintings used in traditional Navajo healing ceremonies. At the same time, they advertised their work as rigorous science using state-of-the-art technologies. The Indian-created art and features within the interior of the buildings served as daily confirmation to the patients that they were in a place of healing, while the exterior of the campus served as confirmation to the Tucson community that even as it blended into the carefully designed landscape, the Desert Sanatorium was also and in many ways most importantly an institute of research.

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Previous documentation on file (NPS):

preliminary determination of individual listing (36 CFR 67 has been Requested)
 previously listed in the National Register
 previously determined eligible by the National Register
 designated a National Historic Landmark
 recorded by Historic American Buildings Survey # _____
 recorded by Historic American Engineering Record # _____

Primary location of additional data:

State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: _____

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreeage of Property Less than an acre

The three buildings included in this nomination are part of the larger Tucson Medical Center Campus. The combined footprint of each building measures less than one acre.

UTM References Key to UTMS: No 1. Patio Building, No. 2. Arizona Building, and No. 3. Erickson Residence
(See attached topographic quadrangle) North American Datum 1983

1	<u>12</u>	<u>511385</u>	<u>3568272</u>	3	<u>12</u>	<u>511201</u>	<u>3568392</u>
	Zone	Easting	Northing		Zone	Easting	Northing
2	<u>12</u>	<u>511257</u>	<u>3568265</u>	4	<u> </u>	<u> </u>	<u> </u>
	Zone	Easting	Northing		Zone	Easting	Northing

Verbal Boundary Description

The Tucson Medical Center lies within the southeast quarter of Section 35, Township 13 South, Range 14 East, Gila and Salt River Base and Meridian, as depicted on the Tucson North 7.5' topographic quadrangle. More specifically, the three buildings are located within the confines of the Tucson Medical Center Campus, adjacent to the current entrance, northwest of the intersection of Grant and Craycroft Roads in Tucson, Arizona.

Boundary Justification

When the sanatorium was deeded to the Tucson Medical Center in 1944, the campus of the Desert Sanatorium included 16 buildings and one structure (Water Tower). Today, the Tucson Medical Center is about to undertake a dramatic redevelopment and modernization of its campus and intends to honor the historic roots of its modern facility. In 2007, the Planned Area Development (PAD) for Tucson Medical Center (TMC) was approved by the Mayor and Council. The project entails expansion and redevelopment of their medical campus and the commitment to preserve and maintain the historical integrity of three "entry features" of TMC's campus, including the Patio Building, the Arizona Building, and the Erickson Residence. In evaluating the historic properties, Poster Frost Mirto took into consideration the PAD for TMC. Because the redevelopment of the campus includes the construction of intrusive modern buildings, the new development will weaken the contextual relationship between the entry features and the remaining 8 historical buildings. Therefore, the decision to nominate the three entry buildings outlined in this nomination was strategic. It includes three buildings for which there is a commitment to preservation. It excludes the other 8 buildings and Water Tower that are unlikely to survive the proposed future development plans of the hospital. As a result, Poster Frost Mirto was reluctant to create a NRHP Historic District that would need to be redefined multiple times as proposed development proceeded.

The Patio Building, the Erickson Residence, and the Arizona Building are in good-to-excellent condition, and have retained the majority of their historic features. It is proposed that the Patio Building, the Erickson Residence, and Arizona Building be included as an individual nomination in association with the Tucson Health Seekers Multiple Properties Documentation Form. The three buildings are prominently located near the original campus entry at Beverly Boulevard north of Grant Road, and retain a strong sense of entry, character and place. These three buildings would have provided the first impression of the sanatorium to its patients, doctors, and visiting researchers. Despite the intrusion of modest contemporary parking facilities, these buildings embody the history of the site. Moreover, these buildings represent the continued growth of the Desert Sanatorium as it sought to establish itself as a scientific center. Over time the sanatorium

Tucson Medical Center
Name of Property

Pima County, Arizona
County and State

became, essentially, a small city; providing its patients, staff, and benefactors with the kinds of services a metropolitan area might otherwise offer.

11. Form Prepared By

name/title Jennifer Levstik
organization Poster Frost Mirto date Revised 8/11/12
street & number 317 N. Court Avenue telephone 520-882-6310
city or town Tucson state Arizona zip code 85701
e-mail _____

Additional Documentation

-Tucson North 7.5' USGS topographic quadrangle (two copies submitted with nomination)

Map Figures:

Figure 1. Map depicting the current Tucson Medical Center Campus and historical buildings.
Figure 2. The Patio Building, Arizona Building and Erickson Residence at the Tucson Medical Center.
Figure 3. Historical Plan Map of the Patio Building.
Figure 4. Historical Plan Map of the Erickson Residence.

Photographs:

Name of Property: Tucson Medical Center

City or Vicinity: Tucson

County: Pima

State: Arizona

Photographer: Jennifer Levstik (recent photographs [2009]); Desert Sanatorium (historical photographs courtesy of Tucson Medical Center and Pomona Archives, California)

Date Photographed: October 20, 2009

Description of Photograph(s) and number: Historical and recent photographs of the Desert Sanatorium and Tucson Medical Center; see pages 26-44.

Property Owner:

name Tucson Medical Center
street & number 5301 E Grant Road telephone 520-327-5461
city or town Tucson state Arizona zip code 85712

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.



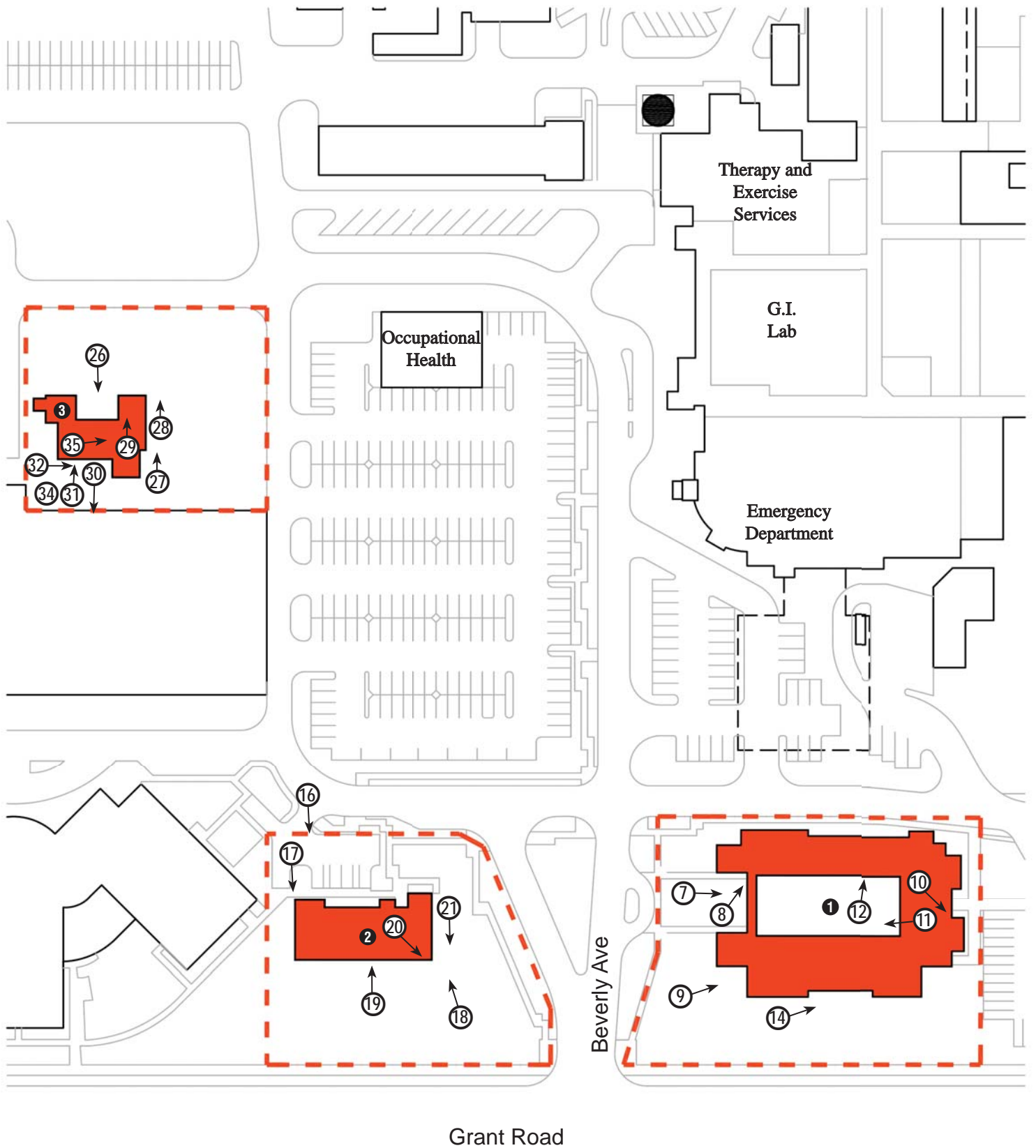
Key
 0 300'
 Scale



North

- | | |
|-----------------------------------|--|
| ① Patio Building (included) | ⑦ Hopi Court (lost integrity) |
| ② Arizona Building (included) | ⑧ Papago Court (lost integrity) |
| ③ Erickson Building (included) | ⑨ Catalina Building (lost integrity, future uncertain) |
| ④ Education Building (demolished) | ⑩ Water Tower (excluded, likely to be moved) |
| ⑤ Moqui Court (lost integrity) | ⑪ Nuclear Medicine/Vascular Lab (lost integrity) |
| ⑥ Yavapai Court (lost integrity) | ⑫ Cardiac Non-Invasive Services (lost integrity, absorbed) |

Building / Structure Constructed during Period Of Significance



Contributing

Building Site Boundary

- Patio Building
- Arizona Building
- Erickson Building

Current Exterior Photograph

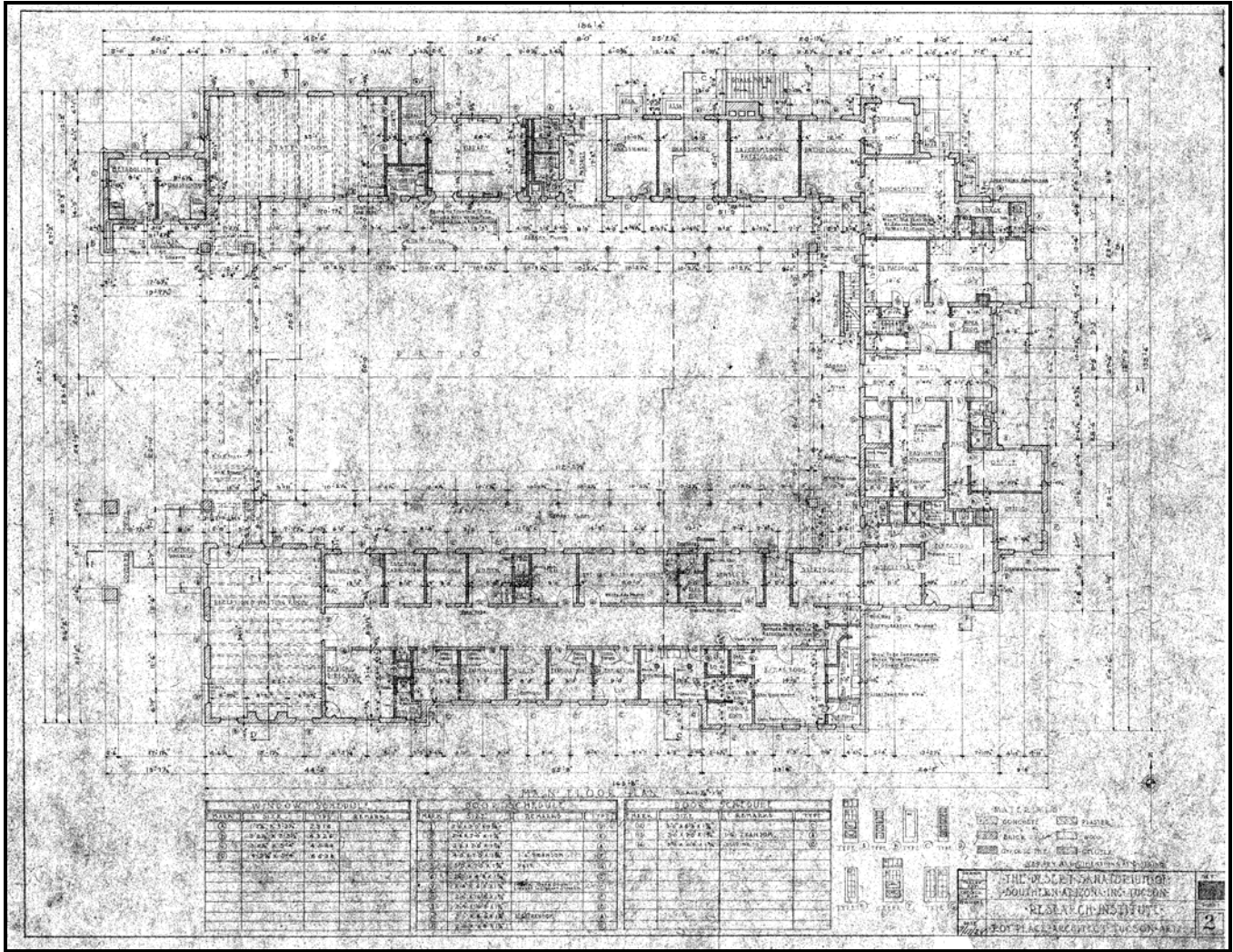


Figure 3.
 Patio Building (Institute for Research)
 Main Floor Plan, 1928
 Roy Place, Architect
 Courtesy of the Tucson Medical Center

North on plan is up

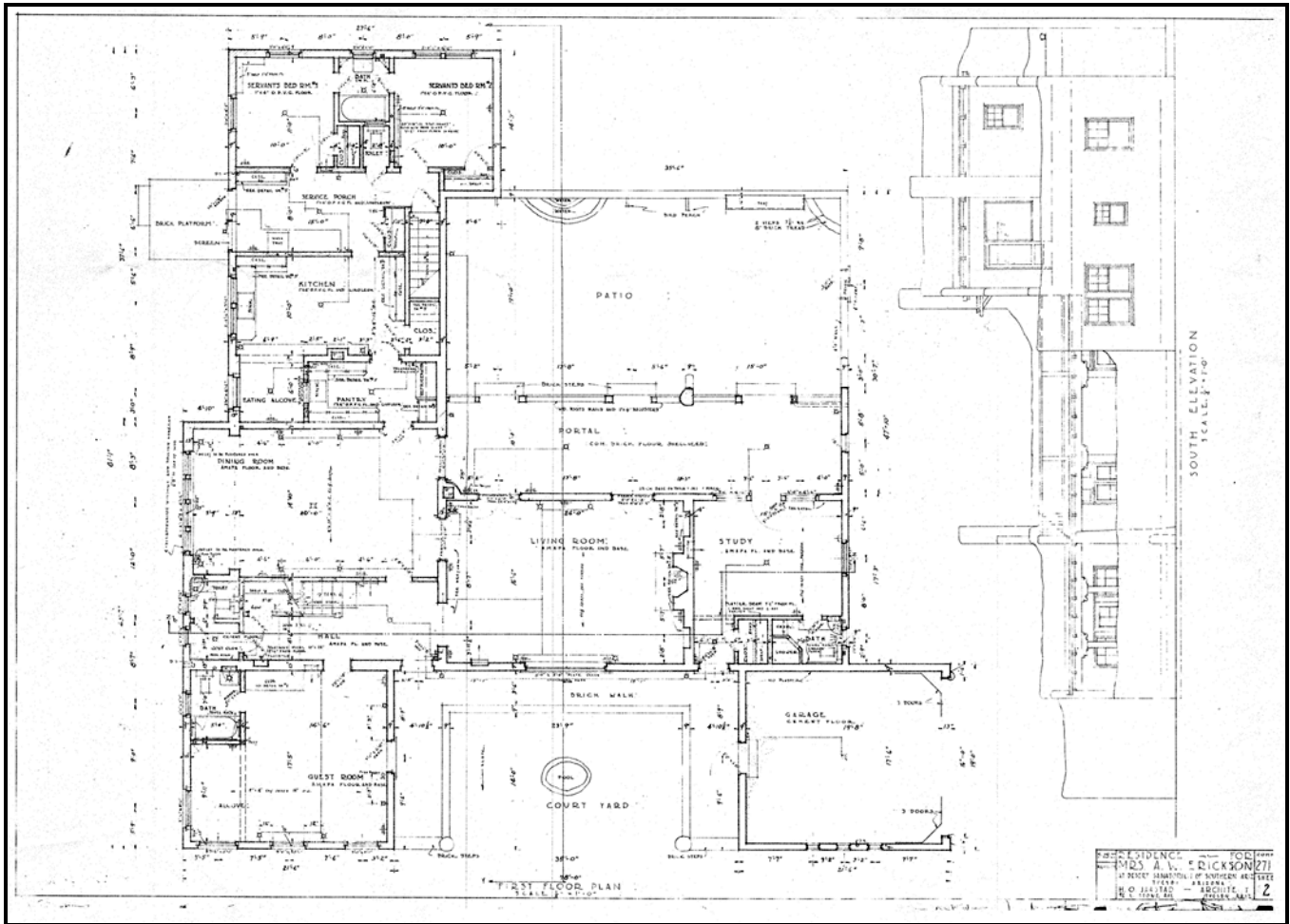
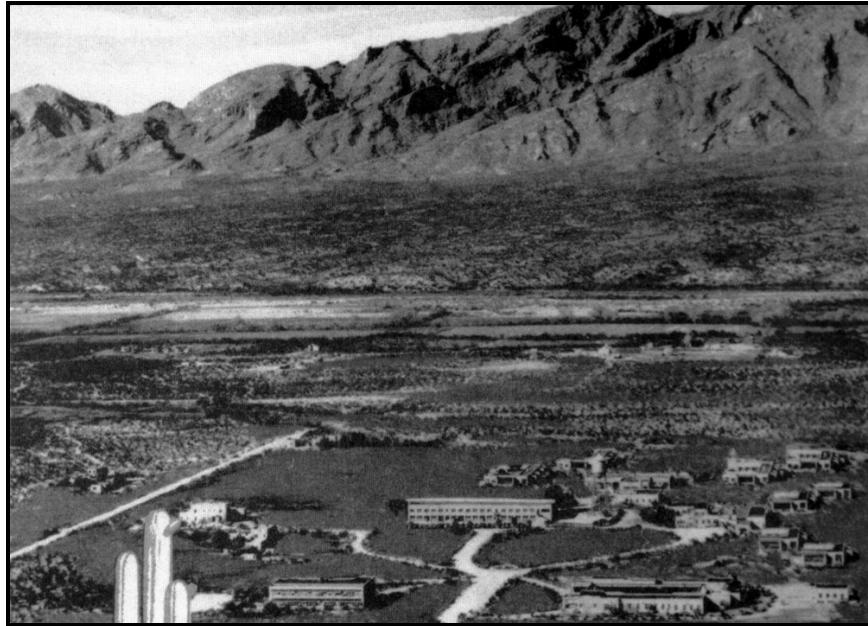


Figure 4.
Erickson Residence
Main Floor Plan and South Elevation, 1927
Henry O. Jaastad/Anne Rockfellow, Architect(s)
Courtesy of the Tucson Medical Center

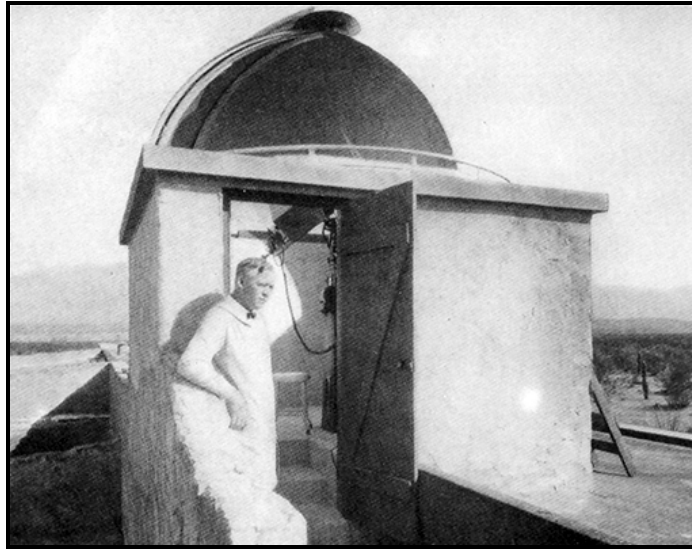
North on plan is down



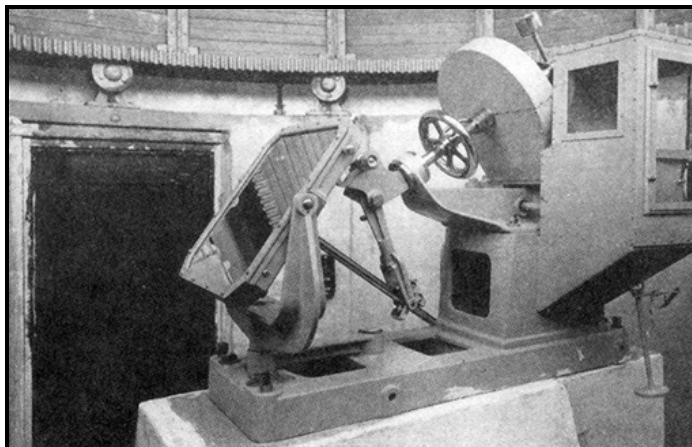
Photograph 1. Aerial photograph of Desert Sanatorium, looking north, ca. 1943 (courtesy of Tucson Medical Center).



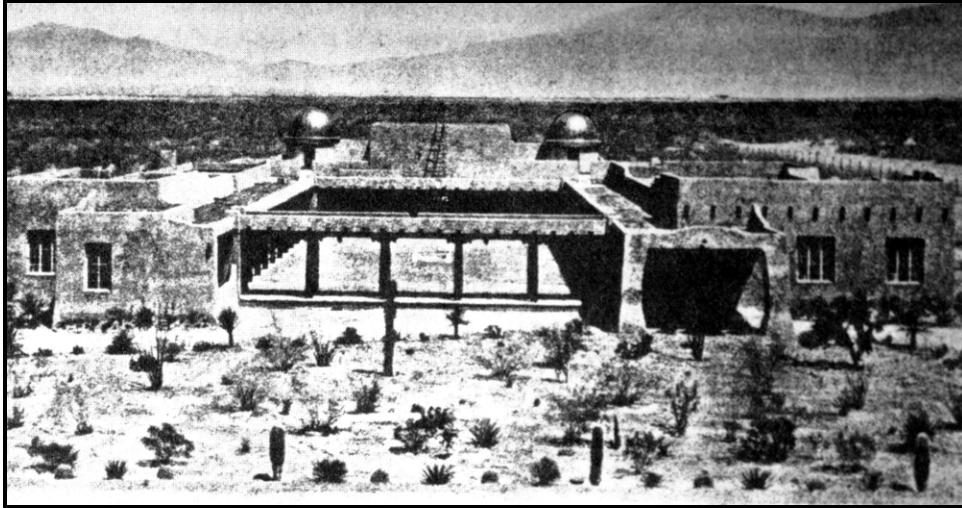
Photograph 2. Historical photograph of central driveway, looking northeast, 1927 (courtesy of Tucson Medical Center).



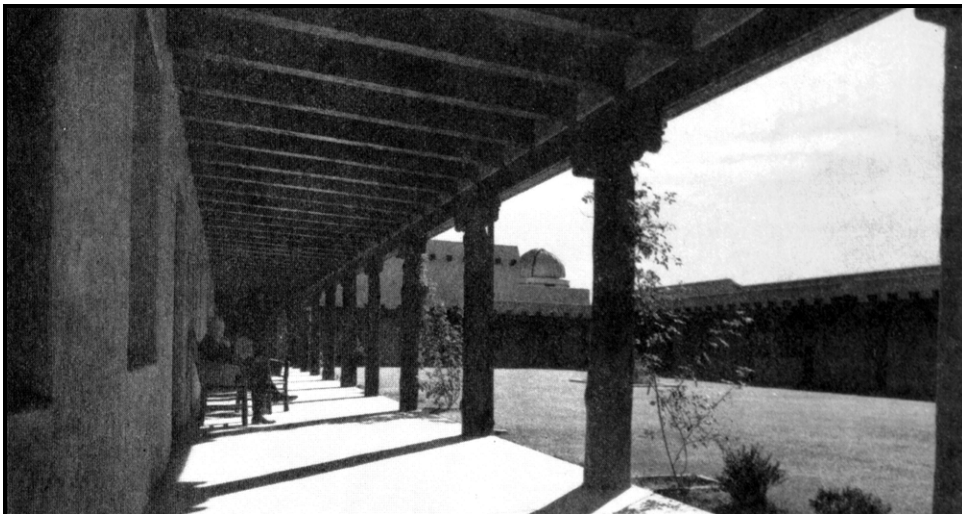
Photograph 3. Historical photograph of Dr. Pettit with radiometer, 1926 (courtesy of Tucson Medical Center).



Photograph 4. Historical photograph of the siderostat, 1928 (courtesy of Tucson Medical Center).



Photograph 5. Historical photograph of the Patio Building (Institute of Research), looking east, 1929 (courtesy of Tucson Medical Center).



Photograph 6. Historical photograph of Patio Building loggia (radiometer dome in background), looking east-southeast, ca. 1929 (courtesy of Tucson Medical Center).



Photograph 7. West elevation of the Patio Building, looking east (2009).



Photograph 8. Detail of west elevation loggia of the Patio Building, looking north (2009).



Photograph 9. Southwest corner of the west elevation of the Patio Building, looking east (2009).



Photograph 10. Base of former radiometer at the southeast corner of the Patio Building, looking southeast (2009).



Photograph 11. Courtyard of Patio Building, looking southwest (2009).



Photograph 12. Detail of parapet and loggia posts at the Patio Building, looking northeast (2009).



Photograph 13. Interior of reception room (now conference room) of the Patio Building, looking south (2009).



Photograph 14. South elevation of the Patio Building, looking east (2009).



Photograph 15. Historical photograph of the Arizona Building (Nurses' Residence) looking west-northwest, 1927 (courtesy of Tucson Medical Center).



Photograph 16. East elevation of the Arizona Building, looking west-southwest (2009).



Photograph 17. Detail of northeast corner of the Arizona Building, looking west (2009).



Photograph 18. Southeast corner of the Arizona Building, looking northwest (2009).



Photograph 19. Detail of wood headers along south elevation of the Arizona Building (2009).



Photograph 20. Southeast corner of the Arizona Building, roof and parapet detail, looking southeast (2009).



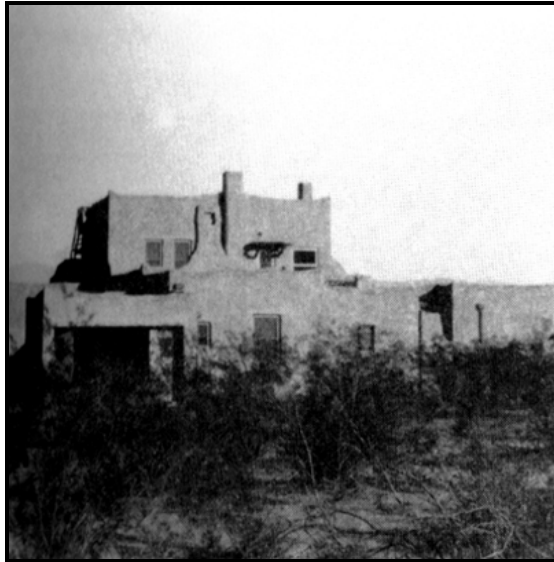
Photograph 21. Second-story porch and roof access on east elevation, looking south (2009).



Photograph 22. Detail of interior chandelier in the Arizona Building (2009).



Photograph 23. Framed American Indian mural in the Arizona Building (2009).



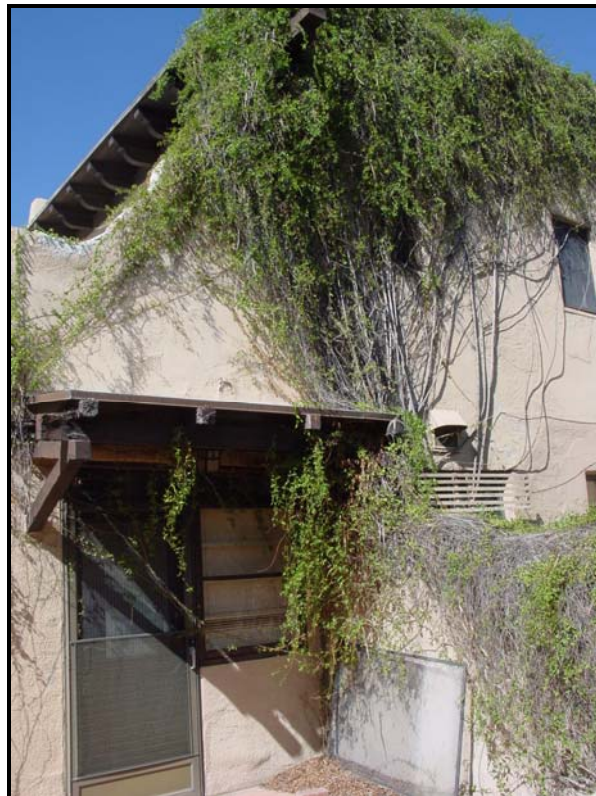
Photograph 24. Historical photograph of the west elevation of the Erickson Residence, looking south, 1927 (courtesy of the Tucson Medical Center).



Photograph 25. Historical photograph of courtyard and south elevation of the Erickson Residence, looking east-southeast, 1927 (courtesy of the Tucson Medical Center).



Photograph 26. North elevation of the Erickson Residence, looking west (2009).



Photograph 27. Detail of east elevation of the Erickson Residence, looking north (2009).



Photograph 28. Detail of east elevation of Erickson Residence, looking northeast (2009).



Photograph 29. Detail of roofline and porch along east elevation of the Erickson Residence (2009).



Photograph 30. Detail of courtyard at the Erickson Residence, looking south (2009).



Photograph 31. Detail of porch and south elevation of the Erickson Residence, looking northeast (2009).



Photograph 32. Detail of porch along south elevation of the Erickson Residence, looking east (2009).



Photograph 33. Detail of porch shutters on the Erickson Residence, looking west (2009).



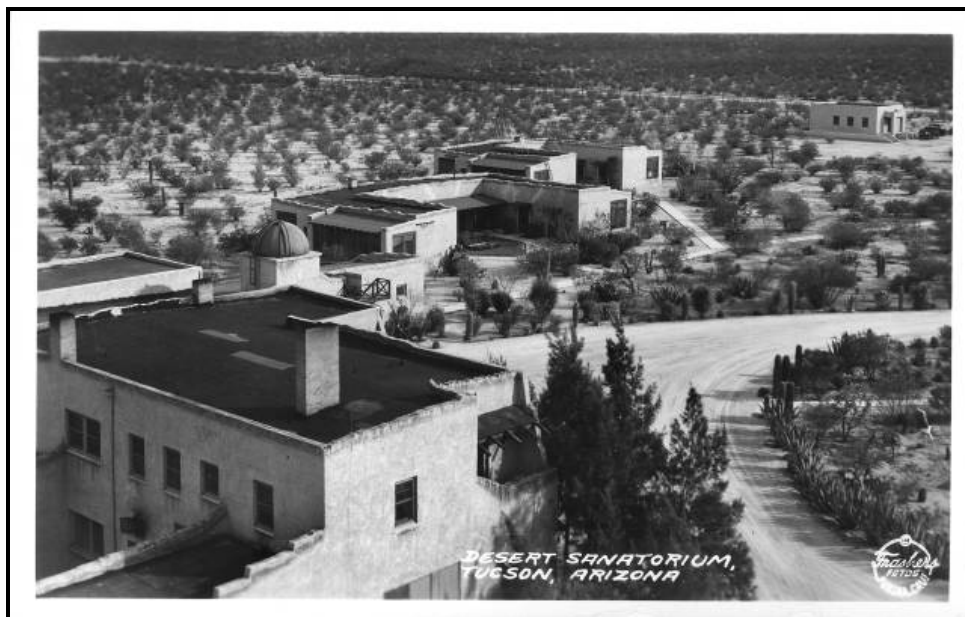
Photograph 34. Detail of porch on south elevation of the Erickson Residence, looking northeast (2009).



Photograph 35. Detail of second-story porch and awnings of the Erickson Residence, looking northeast (2009).



Photograph 36. Entry to Desert Sanatorium. Date Unknown. Permission required from Pomona Archives, California.



Photograph 37. Dome of Patio Building (left-hand corner) and patient court buildings, looking northwest. Date Unknown. Permission required from Pomona Archives, California.