

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.

VLR Listed: 12/12/2019
NRHP Listed: 8/18/2020

1. Name of Property

Historic name: Doctors Building

Other names/site number: VDHR 108-5703

Name of related multiple property listing:
N/A

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

2. Location

Street & number: 990 Main Street and 108 Holbrook Street

City or town: Danville State: Virginia County: Independent City

Not For Publication: N/A Vicinity: N/A

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

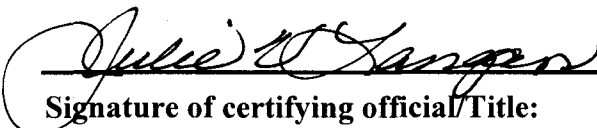
I hereby certify that this X nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X 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

Applicable National Register Criteria:

A B C D

 Signature of certifying official/Title:	<u>8/3/2020</u> Date
<u>Virginia Department of Historic Resources</u> State or Federal agency/bureau or Tribal Government	
In my opinion, the property <u>X</u> meets ___ does not meet the National Register criteria.	
Signature of commenting official:	Date
Title : State or Federal agency/bureau or Tribal Government	

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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.)

- Private:
- Public – Local
- Public – State
- Public – Federal

Category of Property

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

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Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>3</u>	<u>0</u>	buildings
<u>0</u>	<u>0</u>	sites
<u>0</u>	<u>0</u>	structures
<u>0</u>	<u>0</u>	objects
<u>3</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE – medical business/ office

HEALTH CARE – clinic

Current Functions

(Enter categories from instructions.)

VACANT/NOT IN USE

WORK IN PROGRESS

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7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT: International Style

Materials: (enter categories from instructions.)

Principal exterior materials of the property:

FOUNDATION: CONCRETE

WALLS: BRICK, CONCRETE, METAL: Aluminum

ROOF: SYNTHETICS: rubber

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

Located at the corner of Main and Holbrook streets in Danville, Virginia, the 1.14-acre Doctors Building property consists of the 1957 main office building at 990 Main Street, a 1960 annex building at 108 Holbrook Street, and a small utility shed. The mid-twentieth century medical-office complex is situated at the juncture of two turn-of-the-century residential neighborhoods – Danville’s Old West End (Danville Historic District, NRHP 1973), which includes Millionaire’s Row and other large homes of the leading white citizens, and the Holbrook-Ross Historic District (NRHP 1997), home to many professionals and institutions of the African-American community. The 1926 Danville Memorial Hospital is located just to the south at 142 S. Main Street. Designed in the International Style, the medical office buildings of the Doctors Building complex reflected a progressive, efficient, and accessible approach to healthcare in their streamlined and modern aesthetic. Constructed by the well-known local contractor Lanier Anderson, the three-story, brick-veneer building at 990 Main Street was completed in 1957, followed in 1960 by the split-level, brick-veneer annex building at 108 Holbrook Street. A brick-veneer utility shed was also built on the property during this time. Since construction, the Doctors Building complex has been used as private medical offices offering pediatric and dental care as well as ophthalmology, optometry, and otolaryngology services. Although the main building at 990 Main Street is within the Danville Historic District (NRHP 1973), the building is non-contributing to the district due to date of construction and historic function; the annex building and utility shed are not within the district boundaries.

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Narrative Description

Setting

Although separate buildings on separate parcels and differentiated by their respective addresses, the two buildings of this property – a main office building at 990 Main Street and an annex building at 108 Holbrook Street – historically functioned as a single property and are collectively known as “The Doctors Building.” Built between 1957 and 1960, the Doctors Building stands on a 1.41-acre site at the east corner of Main and Holbrook streets, bounded to the north by Chambers Street. Located about one-half block south of the Holbrook-Ross Street Historic District (NRHP 1997) and partially within the Danville Historic District (Old West End; NRHP 1973), The Doctors Building property stands at the intersection of two well-established neighborhoods historically associated with leading citizens of the African American and white communities. These residential neighborhoods surrounding the Doctors Building feature mainly Greek Revival, Gothic Revival, Italianate, and Queen Anne and other Victorian-era residential buildings and churches with dates of construction between 1830 and 1940. The Doctors Building complex, consisting of 990 Main Street (108-0056-0161) and 108 Holbrook Street (108-0056-0256), is classified as a noncontributing property within the Danville Historic District due to its dates of construction and function as medical offices in a historically residential neighborhood.

The main building at 990 Main Street has two main entrances: one on Holbrook Street and one facing Chambers Street. Shaded with mature oak trees, the Chambers Street entry is a drive-up with a paved drive that leads to the rear parking lot. The Holbrook Street entrance is accessed via a concrete walk from the public sidewalk. The annex building at 108 Holbrook Street stands at the rear of the main building on a sloping paved lot. The building is flanked to the front and the rear by asphalt parking areas, with its front Holbrook Street parking bordered by a public sidewalk with two curb cuts. A concrete walk connects the Holbrook Street entrance vestibules and curves around the southern end of the building to a flight of concrete stairs, which connects the east and west ends of the lot. The walk continues around the rear elevation facing Chambers Street. A concrete retaining wall forms the southern lot boundary of 108 Holbrook. One small brick veneer utility shed is located on the Doctors Building site on the Chambers Street side; this shed is estimated to have been constructed between 1957 and 1960 with the construction of either the main building or the annex.

The Doctors Building (990 Main Street) 1957 Contributing Building

The main Doctors Building was built at 990 Main Street in 1957 as a three-story office building containing eleven private doctors’ offices and a pharmacy.¹ Designed in the International Style, the clean, efficient lines and use of modern materials reflected a new, progressive approach to medical care. Constructed by a premiere local contractor, Lanier Anderson, the streamlined, masonry building features a flat roof and smooth brick veneer in a stretcher bond pattern. The exterior is accented by cast concrete that bands horizontally around each story and frames each of the original windows of the building. The windows are aluminum awning sash grouped in sets of four paired windows. The main east and west entrances feature cast-concrete porticos with

¹ “New Doctors Building Cost Is \$230,000,” *The Bee*, December 12, 1956, 1.

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pierced square motifs along the sides. The porticos on both the east and west sides lead to aluminum-framed glass double doors. Fixed, nine-light aluminum windows are set over these main entrances and aluminum letters that spell “Doctors Building” are mounted above the nine-light windows between the second and third stories. Smaller aluminum letters spelling “Doctors Building” and the address are also featured on the south side of the building facing Main Street between the first and second stories.

The original 1957 interior plan of the main Doctors Building at 990 Main reflected the progressive functionality of healthcare facilities in the mid-twentieth century juxtaposed with the “separate but equal” rationale of Jim Crow-era segregation practices.² The plan featured a central circulation spine with an elevator towards the center and stairs at either end flanked by medical offices for the doctors. Each floor was divided into four quadrants off the central hall. The first floor comprised three medical offices and a pharmacy, while the second and third floors comprised four medical offices. Reception areas for each of the eleven medical offices were accessed directly from the central hall with the private exam rooms, operating rooms, and offices located beyond, typically off a secondary central passageway. As shown on the original plans, a smaller “colored waiting” area was located either within the larger reception area, separated by counters, planters, or partitions, or in a separate room entered from the hallway, secretary’s office, or reception area. Only one of these “colored waiting” areas was accessed directly off the central corridor. Original finishes included the dropped acoustical-tile ceiling to accommodate a central air-conditioning system, and vinyl floor tiles for durability and ease of cleaning. The building also included the Professional Pharmacy, a local pharmacy chain that took up a large portion of the first floor facing Chambers Street. The original plans, however, do not indicate any separate accommodations for whites and African Americans – such as entrances, service counters, or toilets – in the pharmacy space.

As is customary in mid- to late twentieth century medical offices, interior alterations were frequent as new physicians joining the doctors group designed their offices to suit patients’ needs and changing trends in healthcare. Beginning as soon as 1967, extensive remodeling took place in 990 Main when a 12-foot by 30-foot brick and concrete addition was placed on the north side of the building to expand the office suites on this side. Building permit records with the City of Danville show that further renovations to the interior took place in 1973, 1986, and 1990. While it is not clear from the building permits for these renovations and no plans are available, all but one of the spaces originally designated as “colored waiting” areas were removed at some point and the space reconfigured for other purposes. The only intact area that originally served as a “colored waiting” area is located on the third floor. It is likely that the use of segregated waiting rooms was discontinued no later than the 1967 renovation as the Annex building, constructed in 1960, did not include these separate accommodations and the introduction of Medicare in 1965 finally forced racial integration in healthcare as a requirement for reimbursement for services.

Today, the exterior of the main building at 990 Main Street retains its appearance as of the 1967 addition with the original International Style design and materials remaining intact and unaltered.

² The original floor plans are attached hereto as Appendix A.

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The existing interior plan retains the primary public spaces of the entrances, main corridor, and vertical circulation components.³ These comprise two main entrances that open onto two small interior vestibules. The vestibules lead to a central corridor with elevator lobby that runs on the building's east-west axis with stairs at each end. The stairs, which lead to the second and third floors, feature the original streamlined, stainless-steel railings. Original monumental double-height aluminum-frame windows illuminate the landings of each staircase. The base of these two windows are accented by green marble benches on the staircase landings between the second and third floors on both the western and eastern sides. At the center of the central corridor on the north side is the original stainless-steel elevator with a streamlined, curved surround that reflects the International Style design of the building. The primary public areas of the second and third floor are similarly arranged as the first with a central corridor connecting both staircases. Doors leading to office suites in the north and south office wings flank the common corridor on all levels. The only alteration to these public spaces has been the introduction of a storefront partition wall with single-leaf door to separate the stairs from the central section of the lobby on the first and second floors; however, the transparent nature of the storefront system retains the visual connection of these spaces. It is presumed that this modification was made to meet current code requirements for egress.

The tenant spaces to the north and south of the central corridor continued to function as medical offices until 2019. As different doctors have occupied these spaces, the configuration of the individual offices have been modified over the years; however, the general configuration of a typical medical office has been retained with a public reception/waiting area at the front with smaller, private exam and treatment rooms, labs, and office spaces beyond off of a secondary corridor. The only intact area that originally served as a "colored waiting" area is located on the third floor. All of the other segregated waiting rooms identified on the original plan have been reconfigured for a new use or incorporated into an adjacent space. Finishes throughout the building continue to consist of vinyl composition tile flooring and dropped acoustical-tile ceilings that characterize the building as a mid-twentieth century medical office building with modern, durable and sanitary surfaces. The pharmacy space on the first floor was converted to a doctor's office after the pharmacy closed in the 1970s. The basement, accessible from the interior first floor from the western vestibule via a staircase, provided additional space for mechanical equipment and storage. The basement is built of concrete floors and cinder block walls that have been unaltered since construction.

The exterior form, features, and materials of the 1957 International Style building with its 1967 addition remain intact and clearly convey the period in which this mid-twentieth century office building was constructed in the midst of two historically segregated residential neighborhoods during the twilight years of Jim Crow. While today only one of the "colored waiting" areas remains intact in plan (although not function) and the doctors' office suites have been remodeled, the original public spaces – including the entrance vestibules, two staircases, central corridor and elevator – as well as the general layout of the offices remain intact and convey the building's historic function as a medical office building. The interior finishes of the main building, with

³ The current interior plans are attached hereto as Appendix B.

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their emphasis on durability and sanitation as well as the use of stainless steel in the sleek detailing of the stair railing and elevator surround, reflect the focus of the International Style and healthcare design on function and modern materials.

The Doctors Building Annex (108 Holbrook Street) 1960 Contributing Building

At the rear of the main building at 990 Main stands the annex at 108 Holbrook Street, a 40-foot by 90-foot split-level office building constructed in 1960.⁴ The design of the annex follows the similar unadorned International Style of 990 Main Street. Located at the lower end of the sloped site, the building is an eleven-bay, two-story, rectangular building constructed of cinder block with a flat roof and clad in brick veneer in a stretcher bond pattern. The smooth brick exterior is accented by four-light awning aluminum window sash arranged in horizontal bands on the front elevation facing Holbrook Street. Cast concrete trim surrounds each group of windows. The main entrances on the two-story Holbrook Street façade are situated within two evenly spaced two-bay aluminum and glass vestibules. The single-leaf wood doors are capped by single-light transoms. Aluminum letters that spell “Doctors Building” and the address are centrally mounted on the exterior wall surface between the first and second floors of the Holbrook Street facade. The one-story rear elevation, which is located on the upper level due to the grade of the site, is divided into three sections. Single-leaf metal doors situated beneath cast-concrete slab awnings are centered on each section. The entrances and the flanking aluminum awning windows are grouped on each section by cast-concrete trim.

Due to the slope of the site, the 1960 annex building originally featured independent office suites on the first and second floors that were accessed by individual entrances on each level with no internal connections between the suites or floor levels. Each office suite consisted of the public reception/waiting area at the front with a receptionist’s window or service counter. The private spaces of the exam and operating rooms, consultation rooms, and offices for the physicians were clustered beyond and accessed from a secondary corridor. Unlike 990 Main, which had been constructed in 1957, the 1960 annex building did not feature racially segregated waiting rooms, but was fully accessible by whites and African Americans alike. As in the 990 Main building, dropped acoustical-tile ceilings and vinyl composition tile flooring can be found throughout the building. City records show interior offices in the annex building were reconfigured at fairly regular intervals in 1971 and in the 1980s.⁵ Currently, several of the original office suites are combined by removing a partition wall separating the offices and exam rooms in the private area at the rear and some of these rooms have been slightly reconfigured; however, the public area of the original reception/waiting areas at the front of each suite remain intact.

Utility Shed 1957-1960 Contributing Building

A one-story utility shed stands in the parking lot at the rear of the main building at 990 Main Street. This masonry building is square in form with an asphalt-shingled gable roof. The unadorned utility building is clad in brick veneer to match the two buildings on the property.

⁴ “Building Lag Shows No Sign of Picking Up,” 1–2.; The City of Danville Inspections Division archives, 990 Main Street file

⁵ The City of Danville Inspections Division archives, 990 Main Street and 108 Holbrook Street files; Cornett, Cornett Interview.

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This secondary building appears to have been constructed between 1957 and 1960 in association with the construction of the two office buildings.

Statement of Integrity

The Doctors Building property retains integrity of location and setting as it continues to occupy its original site at the intersection of Main and Holbrook streets surrounded by the mid-nineteenth to mid-twentieth century residential neighborhoods of the Old West End (Danville Historic District, NRHP 1973) and the Holbrook-Ross Historic District (NRHP 1997). Designed in 1957 and 1960 in the International Style that became synonymous with progressive and efficient healthcare following World War II, the buildings retain integrity of association and feeling as mid-twentieth century medical office buildings. The International Style buildings retain integrity of design, workmanship and materials in their simple forms clad in brick veneer with a flat roof, stylized aluminum lettering, and minimal cast-concrete detailing in the horizontal belt courses, grouped window surrounds, and austere entrance porticoes. The interior plans retain their design as a medical office building with entrance vestibules and circulation core of stairs, elevators and double-loaded corridors flanked by office suites in the main building at 990 Main Street and the individually-accessed, independent suites in the annex building at 108 Holbrook Street. The medical office suites in both buildings reflect their function as doctor's offices as they retain the general design of a public reception area with patient waiting room at the front and the private functions of exam or operating rooms and physician's offices beyond in clusters of small rooms off an internal corridor. The interior finishes of vinyl-composition tile flooring and dropped acoustical-tile ceilings that provide a clean and comfortable environment for healthcare continue to characterize the interior with an emphasis on durability and easy-to-clean, sanitary surfaces. While the physician's offices and exam rooms, as well as the segregated waiting rooms of 990 Main Street, have been altered over the years with changing tenants and healthcare practices, the primary public spaces remain intact, as well as the floor and ceiling finishes, and the buildings continue to convey their function and design as mid-twentieth century, International Style medical office buildings.

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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.

Criteria Considerations

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

- 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

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Areas of Significance

(Enter categories from instructions.)

ARCHITECTURE

HEALTH/MEDICINE

SOCIAL HISTORY

Period of Significance

1957 - 1967

Significant Dates

1960

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Anderson, Lanier (P.L.) (Builder/Contractor)

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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

Built in a time of dramatic architectural, medical, and social change in the mid-twentieth-century, the International Style Doctors Building complex in Danville, Virginia, is eligible for listing in the National Register under Criterion A with significance on the local level in the areas of Social History and Health/Medicine. The property also is eligible under Criterion C at the local level in the area of Architecture. Constructed in 1957 and 1960 by the premiere Danville builder Lanier (P.L.) Anderson, the International Style buildings are collectively a local landmark of the post-World War II changes in medical care and clinic design. The social history of the Doctors Building complex is embedded in its prominent location at the corner of Main and Holbrook streets, where it is in direct conversation with two prominent historic neighborhoods. These neighborhoods are the Holbrook-Ross Street Historic District (NRHP 1997), a historically African American professional community, and the Old West End (Danville Historic District; NRHP 1973), which includes Danville's Millionaire's Row as well as the Sutherlin Mansion, known as the last capital of the Confederacy. The evolution of the Doctors Building from a segregated to fully-integrated medical office building illustrates monumental transitions and key departures from the traditional South, in which Jim Crow segregation was justified as being "separate but equal," towards more modern conceptions of integration and expanded access to healthcare. As a local landmark of architectural, medical, and social history, the Doctors Building is a piece of the broader narrative of health and community in Danville, within the larger context of southside Virginia. The period of significance for the property begins in 1957, with the initial construction of the main Doctors Building at 990 Main Street, followed by the 1960 construction of the annex building, and ends in 1967, with the construction of an addition to the main building at 990 Main Street that completed the complex.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

Historical Background

The Doctors Building was constructed in 1957 by a group of local doctors on a site once owned by Armstead Brown Chambers, a local tobacconist in the 1850s. After Chambers' death, the site was auctioned off for further development in 1879. According to a local newspaper account, a group of freedmen in the nearby Holbrook-Ross neighborhood had planned on building a church on the site but the group was outbid at the auction for the property by a white tobacconist, Thomas Jefferson Patrick. Patrick later divided and sold the land to two other local tobacconists and manufacturers, Charles Conrad and James Pritchett. In the 1880s, Conrad and Pritchett built a large Queen Anne residence on the site to complement Danville's fashionable "Millionaires Row," an impressive swath of tobacconists' homes that line Main Street just south of the downtown area. After Conrad's early death in the 1890s, his property was sold to Richard Louis Dibrell, the founder of the internationally renowned tobacco processing and brokerage firm of Dibrell Brothers. When Richard Dibrell died in 1920, he left the Queen Anne house to his widow, Mary Boyd Dibrell.

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After the death of Mary Dibrell in 1955, her heirs sold the house to a private doctor's group. Incorporated as the Doctors Building, Inc., this group of nine doctors razed the Dibrell residence soon after the sale to make way for a "modern and functional building" that would include various offices for their private practices and a pharmacy.⁶ The founding doctors involved in the purchase and construction of the Doctors Building were John Clare, Fred Cornett, W. E. Dickerson, Charles Easley, Walter Fitzgerald, Clifford Gaddy, Charles Wilson, H. A. Wiseman, and John Marsella.⁷ These doctors offered a variety of services from oral surgery to ophthalmology and each had his own practice, originally with racially segregated waiting rooms, as noted on the original plans, while exam rooms and private offices were not identified as segregated. Until the 1970s, the group also shared the first floor of the Doctors Building with the Professional Pharmacy, a company that first advertised their new location at 990 Main Street as "modern in every detail" with service that was "prompt, courteous, and efficient."⁸

The Doctors Office property continued to operate as a medical office complex for more than sixty years. The property was sold in 1988 to Fred B. Cornett, an oral surgeon and one of the original founders of the medical office complex. In 1999 the property was sold to Samuel Kushner, who, after the building's gradual decline, sold the property to its present owner in 2018. The three remaining physicians vacated the building early the next year. Until 2019, the building's sole function had been as a healthcare facility. Though vacant today, there are plans for redevelopment of the building.

Criterion A: Social History – The Doctors Building and Racial Integration in Danville

Located at the juncture of the prominent and racially-segregated neighborhoods of the Old West End (white) and Holbrook Street (black), the Doctors Building represents the transition from the Jim Crow era of legally-sanctioned segregation under the "separate but equal" rationale to a fully-integrated facility following the Civil Rights Act of 1964 and its enforcement through Title 6 and the implementation of the Medicare program in 1965. Despite being surrounded by Victorian-era houses along Main Street, known as Danville's Millionaires Row, the Doctors Building reflects a key departure from the Old South values based on white tobacco wealth and white supremacy. Built in the waning years of Jim Crow segregation in the late 1950s and early 1960s, the Doctors Building directly participated in the transition from segregation to integration in healthcare and was in fact a pioneer in Danville in providing access to both black and white residents. In its first three years of use, 990 Main's segregated waiting rooms fell in line with the accepted practice of racial segregation, which was even tolerated in publicly funded facilities under the "separate but equal" provision of the Hill-Burton Act. According to David Barton Smith, author of *The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America's Health Care System*, it was commonplace for doctor's offices to have segregated waiting rooms during this time. While exam rooms may not have been segregated, due to the

⁶ Old West End Neighborhood Association, "The Pritchett and Conrad/Dibrell Mansions"; "New Doctors Building Cost Is \$230,000," 1.

⁷ "Old Dibrell Home to Be Razed for Doctors Building," 18.

⁸ "The Professional Pharmacy," 11.

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additional cost of this duplication, the African American patients were often only seen after the white patients. Smith explains that, in spite of the intention of the Hill-Burton Act to improve medical facilities without discrimination, it was not until the introduction of the Medicare program in 1965 that the federal government had the leverage to enforce Title VI of the Civil Rights Act and require integration of medical facilities. Unlike the vaguer *Brown v. Board of Education* directive “with all deliberate speed” for the integration of schools, Medicare required immediate and full integration for medical facilities to participate in the reimbursement program.⁹

Despite having segregated waiting rooms in its early years, the Doctors Building was one of only a few public buildings on Main Street that black residents could freely enter. The separate waiting rooms, however, were the only form of segregation at the Doctors Building as there was not a hierarchy in the entrances (i.e. front and rear). The two entrances each faced a street accessed by either sidewalk or parking lot and the interior stairs were also equally accessible and articulated. In more traditionally segregated buildings that served both whites and blacks, the races would often be kept apart through the practice of “partitioning” that used separate entrances and stairs with African Americans relegated to the lower-quality spaces at the rear of the building.¹⁰ The contemporaneous Medical Arts Building, constructed in 1957 on South Main Street (demolished), also featured segregated waiting rooms according to plans on file at the City of Danville Engineering Department. Traditionally, whites-only establishments occupied Main Street, the arterial road of Danville’s historic core that runs south from the Dan River through the center of the commercial downtown and the residential neighborhood of Old West End. Earl Rainey, a local African-American business owner on nearby Spring Street, recalled in 2017 (at age 90) how blacks were not allowed to sit down in the white-owned restaurants on Main Street but were served out of side windows instead.¹¹

So exclusive was Main Street, churches, commercial buildings and residences that did not serve the perceived prominence of Danville’s Anglo-Protestant residents were often placed on side streets off from Main, such as Holbrook Street, where the African American professional neighborhood of Holbrook-Ross developed, or Sutherlin Avenue, where the Jewish Temple Beth Sholom was set back a block from Danville’s Main Street. Just to the west of the commercial district along Main Street and north of the Doctors Building, the area of North Union, Spring, and Holbrook streets developed during the first half of the twentieth century as the commercial, social and institutional center for the African-American community in Danville. The ca. 1880 Merritt Building at 224-226 North Union Street provided offices for black doctors and dentists above the Washington-Douglas Drug Store on the first floor with the masonic meeting room on the third floor.¹² The 1957 Doctors Building, however, disrupted this Anglo-Protestant pattern and line of segregation by broadening access to Main Street for all Danvillians.

⁹ Andrews, “1965: The Year that Brought Civil Rights to the National’s Hospitals”

¹⁰ Weyeneth, “The Architecture of Racial Segregation: The Challenges of Preserving the Problematical Past.” 2005,36-38.

¹¹ Edmunds, 2017

¹² “Danville, Virginia Celebrates History as Mecca for Black Business,” 2019

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Although the Doctors Building served both African American and white patients, for much of its history, only white doctors worked at the building. Many of the black doctors provided services at the exclusively black Winslow Hospital in the neighborhood of Almagro. From its construction in 1940 until its integration in 1972, Winslow Hospital offered healthcare services to black Danvillians, who had been excluded from general medical services including pediatric care and treatment for occupational injuries. In the 1950s, it had considerably fewer beds than the whites-only Memorial Hospital on Main Street, with 45 beds, compared to Memorial Hospital's 270. In providing integrated services by the 1960s, the Doctors Building helped—in a small but important way—to ameliorate the racial disparity in healthcare in Danville.¹³

At the same time the doctors group was designing the annex at 108 Holbrook Street, Danville's first civil rights protests began in 1960.¹⁴ The main demonstrations occurred across the street from the Doctors Building at the Sutherlin Mansion, the former home of William T. Sutherlin. Sutherlin was a renowned nineteenth-century tobacco tycoon and mayor of Danville who had hosted Confederate President Jefferson Davis in the waning days of the Confederacy in April of 1865. Sutherlin's home eventually was saved from demolition in 1916 and turned into Danville's whites-only public library. Given its Civil War legacy and identity with Jim Crow segregation and unequal access to public facilities, the Sutherlin Mansion became the focus of some of Danville's first civil rights protests in April 1960. That spring, several African American high school students requested access to the library at the Sutherlin house, citing the inadequacy of Grasty Library, the "separate and unequal" public library in the Holbrook-Ross neighborhood. After white librarians refused to allow the black students to use the library, the students staged a sit-in that was backed by the local chapter of the National Association for the Advancement of Colored People (NAACP).¹⁵ Rather than integrate, the library closed to the entire community over the summer and fall of 1960.¹⁶ After more than a year of petitions and referendums, an Omnibus Integration suit was filed against the City in 1962 requesting integration of "teacher assignments, all city employment, all public buildings, public housing projects, the Memorial Hospital, cemeteries, the City Armory and the City Nursing Home." This suit, however, was later dropped as local Civil Rights activists turned to demonstrations beginning in 1963.¹⁷

At the same time, the first sit-ins by blacks at restaurants were held in nearby Greensboro, North Carolina (only 50 miles south of Danville on Route 29) in 1960 that spurred a national wave of non-violent demonstrations. More significant for the integration of medical facilities, the NAACP Legal Defense Fund filed a suit in 1962 on behalf of Dr. George Simpkins, a local Greensboro dentist and civil rights activists for the right to equal privileges at two privately-owned white hospitals. The landmark case of *Simpkins v Moses H. Cone Memorial Hospital (1963)* is referred to as the *Brown v. Board of Education* decision for hospitals as the US Circuit

¹³ Danville, Virginia City Directory," 1955, xiv; "Leaders in Relief" <http://www.danville-va.gov/CivicAlerts.aspx?AID=38&ARC=96>

¹⁴ Many of Danville's civil rights protests began in the spring of 1960 at the same time as the annex's design and construction. <http://www.vcdh.virginia.edu/cslk/danville/>

¹⁵ "Council Limits Use of Main Library and Parks to Head Off Further Negro Demonstrations," 1.

¹⁶ "Council Votes to Close Library System at Close of Day Friday," 1.

¹⁷ Powell, 1968:17

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Court of Appeals Fourth District agreed that the use of Federal funds for “separate but equal” medical facilities was discriminatory and unconstitutional under the Fifth and Fourteenth Amendments. While it is not known whether the proximity of the Danville protests at the Sutherlin Mansion influenced the doctor’s group or they recognized the far-reaching impact of the legal victory in nearby Greensboro on the integration of hospitals, they quickly adapted with the times. The 1960 annex designs did not include segregated waiting rooms for white and black patients as the 1957 main building had. The Doctors Building’s modern design was progressive in this respect as it anticipated the Civil Rights Act of 1964 by providing equal access without racial discrimination well before the integration of Danville public libraries (1963), the public hospital (1965), and the public schools (1969).

Moreover, places such as the Doctors Building are important as tangible representatives of discriminatory spaces that once were ubiquitous but quickly forgotten or removed after integration became legally required. Robert Wyeneth notes:

Racial segregation was established architecturally in two major ways: through architectural isolation and through architectural partitioning. Architectural isolation represented the enterprise of constructing and maintaining places that kept whites and blacks apart, isolated from one another. Architectural partitioning represented the effort to segregate within facilities that were shared by the races.¹⁸

Architectural historians have studied an array of landscapes and buildings that represent these practices. Dell Upton’s groundbreaking fieldwork, among others, documented the hierarchical spaces of Virginia’s antebellum plantations, with carefully designed publicly-facing spaces differing from private spaces in terms of spatial relationships, types and quality of material finishes, and uses. Researchers from the University of Mary Washington documented that this extended to dwellings for enslaved workers. The project included both archival research as well as field investigations. Dwellings closer to the plantation’s main house were typically of higher quality construction while those in remote areas were much more utilitarian. Regardless of location or quality, dwellings for enslaved persons was understood not to belong to the inhabitant, but rather to the plantation owner. Even in these cases, however, enslaved people created private spaces, such as small cache holders secreted beneath floor boards where extra food, other provisions, and occasionally weapons could be stored.¹⁹

More recently, Louis Nelson at the University of Virginia has similarly studied the buildings along the university’s renowned Lawn, all the product of Thomas Jefferson’s architectural vision. His project included careful examination of Jefferson’s correspondence and drawings, along with field investigation of the pavilions themselves and comparison with other places designed by Jefferson (notably Monticello). Nelson has ascertained the many ways that Jefferson sought to keep enslaved workers invisible from whites through use of devices such as dumb

¹⁸ Wyeneth, p. 13.

¹⁹ Douglas W. Sanford and Dennis J. Pogue, “Measuring the Social, Spatial, and Temporal Dimensions of Virginia Slave Housing,” Vernacular Architecture Newsletter, No. 122 (Winter 2009), 1-8.

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waiters and revolving doors, as well as spatial arrangements that minimized occasions for whites and enslaved African Americans to cross paths.²⁰

Another recent example of a building's historically segregated design being brought to light is the U.S. Post Office and Courthouse in Harrisonburg, Virginia. Researchers examined original construction correspondence and drawings to determine that the federal building was designed to accommodate Virginia's segregation laws. Discrimination against African American federal employees had been routine since 1913, when Woodrow Wilson's administration claimed that segregation improved "efficiency," presumably by limiting contact and potential conflict. Completed in 1940, the post office and courthouse building has three public entrances and lobbies, none of which were labeled on drawings as specifically for one race or another to use. A 1939 letter referred to "efficiency," however, in adding more lavatories on the second floor. Lavatories were among the most strictly segregated spaces in Jim Crow Virginia. Additionally, each jury room had two lavatories which today might be assumed to be assigned for women's and men's use. But when the building was constructed, women were not permitted to serve on juries while African American men could. Researchers thus inferred that provision of two lavatories for each jury room may have been related to separate races rather than sexes.²¹

While the 1957 Doctors' Building was initially designed with segregated waiting rooms, it is important to note that there were no other separate accommodations for racial segregation in the building. Unlike most buildings constructed before and during the Jim Crow-era of "separate but equal" segregation, particularly those along Main Street in Danville, blacks had equal access to the building and the offices within. The two entrances – facing the sidewalk and the parking lot – were equal in terms of prominence and access. With the proliferation of automobiles in the 1950s, the rear entrance from the parking lot was viewed as a convenience rather than a second-tier or service entrance that had often been relegated to black patrons who were not allowed to use the front entrance. Likewise, the two sets of stairs were of the same design and level of articulation with no distinction of implied hierarchy or restrictions in use. With the exception of one doctor's office suite, where the segregated waiting room was accessed directly off the main corridor, black patients entered the individual doctors' offices through the same entrance as the white patients before proceeding to their separate waiting area. Finally, even though the "colored" waiting rooms were clearly indicated on the original plans, there were no provisions for segregated toilets. While it is not known if the practice of seeing black patients at separate times was used to accomplish racial segregation, the equally-accessible design of the Doctors' Building was progressive as it limited the partitioning of races within the building during a time of strong resistance to integration in Virginia.

Both the Doctors Building and the U.S. Post Office and Courthouse in Harrisonburg represent the ultimately ephemeral nature of racially segregated building spaces, as often segregation

²⁰ Louis P. Nelson, "The Architecture of Democracy in a Landscape of Slavery," April 29, 2020, available online at <https://www.arch.virginia.edu/alumni/virtualcommunity>.

²¹ Sherry Frear and Barbara C. Frederick, *United States Post Office and Court House*, National Register of Historic Places nomination, June 2018, on file at the Department of Historic Resources, Richmond, VA, and the National Park Service, Washington DC., p. 26-29.

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practices were as much dictated by unwritten social custom as by local, state, or federal laws. Written documentation is scant and changes to physical spaces since 1970 often have erased or obscured a space's historic use. That the Doctors Building retains a space once labeled as "colored waiting" is quite remarkable and offers an important example of a design practice since abandoned.

Criterion A: Health/Medicine - Progressive Healthcare, the Medical Office Building and the International Style

The practice of healthcare grew dramatically after World War II as the population increased in general and medicine became more specialized with many advances in technology and practice coming out of the war experience. The design of healthcare facilities had been evolving since the early-twentieth century, however, the construction of new facilities was interrupted by the Great Depression. Just prior to World War II, hospital design emerged as a specialty in the field of architecture in the 1940s.²²

Following World War II, the Hill-Burton Hospital Survey and Construction Act of 1946 fueled a tremendous boom in the design and construction of public healthcare facilities. With nearly \$3.7 billion in federal funds given out to localities across the United States between 1947 and 1974, the Hill-Burton Act supplemented total costs for new hospital and public healthcare facility construction.²³ The Hill-Burton Act offered matching federal funds to localities for health facility construction and related expenses if these localities constructed their facilities according to certain specifications and minimum standards.²⁴ These specifications included the appropriate number, location and size of patient rooms; the types and locations of support services such as nurses' stations, bathrooms and supply pantries; durable and easy-to-clean surfaces to meet sanitary requirements; structural and mechanical requirements; and provisions for the efficient incorporation of specialized medical services and procedures.²⁵ The Hill-Burton Act also recommended that new facilities be located in a residential area for easier access and required that facilities agree to provide care to people who were unable to pay.

Although the Hill-Burton Act was the first legislation that included a provision to eliminate racial discrimination, political pressure added a clause that allowed for this to be accomplished through "separate but equal" facilities. In spite of this shortcoming, the legislation spurred the development of new and progressive facilities that not only treated illnesses, but also worked towards preventive care in new and sleek professional buildings.²⁶

With the mid-century rise in popularity of the International Style, it quickly became best associated with conveying the modernity and progressiveness of facilities that the Hill-Burton

²² Destefano, 2019: 33.

²³ Quadagno, "Promoting Civil Rights through the Welfare State," 74.

²⁴ Grunden and Hagood, 2012:21-232

²⁵ Destefano, 2019:33.

²⁶ Stevens, *In Sickness and In Wealth: American Hospitals in the Twentieth Century*, 216-19.

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Act hoped to make a reality. As the International Style was paired with federal funds that encouraged the construction of state-of-the art health facilities, the Hill-Burton Act inadvertently married the values of functionality, scientific progress, and efficient care to this Modern architectural style. As modern medicine became increasingly in demand and expected by a growing middle class after World War II, medical facilities expanded across the nation as well as in Danville. A small but bustling city in the prewar era, Danville grew rapidly throughout the 1950s because of natural population growth and through the city's annexation of highly populated areas of the surrounding Pittsylvania County. By annexing the whites-populated textile village of Schoolfield, as well as a historically African American town known as Almagro in the 1950s, Danville's population swelled from just above 30,000 in 1940 to over 45,000 by 1960.²⁷ The city kept up with demand for expanded services, despite the age of some of its main medical facilities, such as the whites-only Memorial Hospital on South Main Street. Built in 1926 as "the Home for the Sick," Danville's Memorial Hospital constructed a large addition in 1953 utilizing public funds from the Hill-Burton Act.²⁸ The new International Style addition served over 270 patients with "the most modern equipment," making the hospital, as the 1955 city directory boasted, "one of the most up to date in this part of the country."²⁹ In addition to the expansion and improvement of its facilities, Memorial Hospital recruited doctors to serve Danville's growing population and demand for modern medical care in the 1950s. With only 57 doctors serving Danville in 1948, their number grew steadily to 71 in 1955 and 81 medical professionals were in the area by 1960.³⁰

Many of these doctors did rounds at Memorial Hospital and kept private practices in downtown locations such as the Masonic Temple, built in 1921 at 105 South Union Street and the Arcade Building, built in 1912 at 520 Main Street.³¹ Both the Masonic Temple and the Arcade Building, however, were not solely dedicated to physicians or dentists, and included a myriad of other professional and commercial services. With the expansion of the Danville Memorial Hospital in 1953, many of the doctors relocated their offices to be closer to the hospital to keep up with the growing demand for medical services. Dedicated satellite medical offices, such as the Doctors Building, emerged as a new building type to keep up with the growing demand for services. In 1957, the same year the Doctors Building was built, a new "Medical Arts Building" was constructed at 139 South Main Street, adjacent to Memorial Hospital. Situated just blocks away from Memorial Hospital, both the Medical Arts Building and the Doctors Building were similar in design as well as use. Unlike the earlier Arcade Building and the Masonic Temple, which were firmly rooted in downtown in 1910s and 1920s Neo-Classical and Art Deco styles, these mid-century medical office buildings embraced the simplicity of the International Style. Other satellite medical facilities around the expanded Memorial Hospital followed, including the 1961 Nurses' Dormitory addition at the rear of the hospital, a medical office and classroom building at

²⁷ U.S. Census Bureau., "Danville, Virginia Population Density, 1940. Prepared by Social Explorer.;" U.S. Census Bureau., "Danville, Virginia Population Density, 1960. Prepared by Social Explorer."

²⁸ "Hospital Plan is Announced From Richmond," *The Bee*, September 13, 1950.; Hairston, *A Brief History of Danville, Virginia, 1728-1954.*, 67; Liepe, "Danville Hospitals."

²⁹ "Danville, Virginia City Directory," 1955, xiv.

³⁰ "Danville, Virginia City Directory," 1948; "Danville, Virginia City Directory," 1955; "Danville, Virginia City Directory," 1960.

³¹ Cornett, Cornett Interview.

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137 S. Main Street (built 1965, expanded 1973 on site of the Medical Arts Building), the 1967 Counseling and Psychological Services building at 1045 Main Street, the 1968 Southside Urology and Nephrology Clinic at 1040 Main Street, and the 1974 Holbrook Medical Associates building at 101 Holbrook Street – all of which remain standing in the area around the hospital. Beginning with the 1965 construction of the medical office and school building that replaced the medical Arts Building at 137 S. Main Street, the design of these buildings shifted from the sleek and progressive International style of the mid-century period following World War II to a more traditional, albeit stripped interpretation, of the Colonial Revival and later post-Modern contemporary styles. Today, however, the Medical Arts Building is no longer standing, leaving the 1957 International-style Doctors Building as the earliest medical professional building representing this new building type and approach to the design of healthcare facilities at the turn of the century.

It was no accident that the International Style became a favored style of mid-twentieth century health facilities like the Doctors Building. Although built with private funds, the Doctors Building in Danville shares similarities with public facilities built with Hill-Burton funds. For instance, the Doctors Building was built at the intersection of two residential communities, Holbrook-Ross and the Old West End, a choice location “ideal for their clients.”³² The location was also well in line with typical placements of Hill-Burton facilities in residential neighborhoods. The Doctors Building’s architectural design in the International Style and location in a residential area demonstrates the powerful, albeit sometimes indirect, effect that the Hill-Burton Act had on health facilities in the United States after World War II.

Criterion C: Architecture – The International Style

The International Style appeared in Virginia architecture mainly between 1932 and 1960 and was characterized by a streamlined form that resisted identification with a particular person, place or country.³³ Key elements of the International Style included a smooth exterior, flat roof, and geometric design with horizontal massing.³⁴ Highlighting functionality rather than sentimentality, the International Style offered simple, geometric forms that could evoke ideas of modernity and professional distinction.

In its architectural style, the Doctors Building distinguished itself from its more traditional neighbors, such as the Sutherlin Mansion, which had embraced sentiment, celebrating wealth and social power through elaborate styles. Departing from these solidly residential, ornate neighbors, the Doctors Building’s design represented new ideas about healthcare and the design of healthcare facilities. Through its unadorned International Style, the Doctors Building aimed to be “dignified and well-balanced” as well as functional and efficient, reassuring patients that the care they received within these facilities would be scientifically progressive and rendered by skilled professionals.³⁵ The Doctors Building embraced the minimalist International Style and attitude

³² Cornett, Cornett Interview

³³ Trancik, *Finding Lost Space*, 23–25.

³⁴ Bezirdjian and McDonald, “New Dominion Virginia, Architectural Style Guide,” 31.

³⁵ Cronin, M.D., “Rehabilitation Facilities and the Hill-Burton Amendments,” 7–8.

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that would come to dominate healthcare architecture in the United States beginning in the 1950s.³⁶ While the form of the Doctors Building maintained the integrity and scale of the residential neighborhood—with its three-storied main building and similar setback from the street—its location within a traditional residential neighborhood reflected a new direction for commercial development as proposed in the city’s new comprehensive plan (adopted August 10, 1956). This pioneering change in development patterns was prompted by the International-style expansion of Memorial Hospital on South Main Street as well as the proliferation of automobiles after World War II and the need for on-site parking. With professionalism and functionality at the forefront of the Doctors Building’s design, the building was, and continues to be, a landmark of a mid-twentieth century architectural turn in healthcare facilities.

In addition to the 1953 expansion of Memorial Hospital and the 1957 Doctors Building, the impact of the International style on the design of new medical facilities following World War II is evident in the design of the Medical Arts Building at 139 South Main Street. Although no longer standing, permit drawings on file at the City of Danville Engineering Department depict the International Style design of this 1957 medical office building as being very similar to that of the Doctors Building in terms of its design, materials and plan as well as its use as a private medical office building which included segregated waiting rooms). Unlike the earlier Arcade Building and the Masonic Temple, which were firmly rooted in the early-twentieth century Neo-Classical and Art Deco styles that characterized the traditional commercial core of downtown, these mid-century medical office buildings embraced the simplicity of the International Style that relied more on the use of materials than ornate detailing. Although not an office building, the Modern Pharmacy, , built in 1956 at 155 South Main Street, also reflected the influence of the International style with its one-story, simple brick-veneer form featuring large, canted-glass storefront windows and an aluminum-canopy. As other satellite medical facilities developed in the area around the expanded Memorial Hospital, only the 1961 Nurses’ Dormitory addition at the rear of the hospital continued the use of the International style in its design. This five-story, brick-veneer building features simple massing emphasized by the concrete banding at the belt courses and cornice line. The central entrance bay projects slightly and is further accentuated by cast-concrete pilasters, spandrel panels below the triple window, and an aluminum canopy with triangular concrete supports. In contrast, the 1965 medical office and classroom building at 137 South Main Street (with 1973 addition) and the 1967 Counseling and Psychological Services building at 1045 Main Street exhibit a return to the more traditional aesthetics with Colonial Revival style detailing in the classical cornice and entrance surrounds or porticoes that accent the simple massing of their red-brick forms. By the late 1960s and 1970s, new medical office buildings along Main Street near the hospital, such as the 1968 Southside Urology and Nephrology Clinic at 1040 Main Street and the 1974 Holbrook Medical Associates building at 101 Holbrook Street, reflect the more contemporary styles of the last quarter of the twentieth century with their low, one-story profile with mansard roof and lack of detailing. Within this context, the 1957 Doctors Building survives as a rare example of a mid-century medical office building privately developed near the hospital in Danville that was designed in the International Style to promote a progressive approach to efficient and accessible healthcare.

³⁶ Verderber and Fine, *Healthcare Architecture in an Era of Radical Transformation*, 18, 22.

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Summary

Since its 1957 construction, the Doctors Building has occupied a pivotal location in Danville’s geography and history. Located across Main Street from the Sutherlin Mansion—where the last cabinet meeting of the Confederacy was held in April 1865—and at the entrance to the historically black professional neighborhood of Holbrook-Ross, the Doctors Building offers a fuller narrative of Danville, Virginia, that includes the history of civil rights and the post-World War II expansion of public health and medical care. The Doctors Building complex is also one of Danville’s last remaining examples of mid-twentieth century professional buildings in the International Style and thus contributes to Danville’s and Virginia’s mid-twentieth century architectural history. With its original 1957 design of the main building progressing from segregated waiting rooms to full integration in the 1960 annex building, the history of the Doctors Building showcases monumental transitions and key departures from the traditional South towards more modern conceptions of integration and expanded access to healthcare. While the Doctors Building’s modernist turn is not unique to Danville, the property is vital to understanding a fuller history of health and community in the city of Danville and the commonwealth of Virginia.

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9. Major Bibliographical References

Acknowledgements

The discussion in Section 8 of research and documentation to date of buildings in Virginia that demonstrate racial segregation of spaces through the practice of isolation and partitioning was provided by Lena Sweeten McDonald, National/State Register Historian with the Virginia Department of Historic Resources, and provides a valuable context for the Doctors' Building in Danville.

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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 # _____
 recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: Virginia Department of Historic Resources, Richmond; City of Danville

Historic Resources Survey Number (if assigned): DHR No. 108-0056-0161

10. Geographical Data

Doctors Building
Name of Property

City of Danville, VA
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Acreage of Property 1.41

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

- | | |
|------------------------|-----------------------|
| 1. Latitude: 36.581668 | Longitude: -79.401382 |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

Or

UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

- | | | |
|----------|-----------|-----------|
| 1. Zone: | Easting: | Northing: |
| 2. Zone: | Easting: | Northing: |
| 3. Zone: | Easting: | Northing: |
| 4. Zone: | Easting : | Northing: |

Verbal Boundary Description (Describe the boundaries of the property.)

The historic boundary corresponds to the lot lines of the property when the Doctors Building was initially constructed between 1957 and 1960. The true and correct historic boundary is shown on the attached Location Map and Sketch Map/Photo Key.

Boundary Justification (Explain why the boundaries were selected.)

The boundaries include the 1957 main office building (990 Main Street), the 1960 annex building (108 Holbrook Street), and the ca. 1957-1960 utility shed that historically functioned together as the Doctors Building. Thus the historic boundary encompasses all known historic resources as well as the property's historic setting.

11. Form Prepared By

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Doctors Building
Name of Property

City of Danville, VA
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organization: Storied Capital
street & number: 917 W. Main Street
city or town: Danville state: Virginia zip code: 24541
e-mail: ina@storiedcapital.org
telephone: 703 470 1121
date: 10/7/2019

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Doctors Building

City or Vicinity: Danville

County: N/A

State: Virginia

Photographers: Katie Gutshall, Ina Dixon, Adam Vaught

Doctors Building
Name of Property

City of Danville, VA
County and State

Date Photographed: January and June 2019

1 of 15

View: Doctors Building site at the corner of Holbrook and Main Streets, view north
Filename: VA_Danville_DoctorsBuilding_0001.jpg

2 of 15

View: West side of 990 Main, view NE
Filename: VA_Danville_DoctorsBuilding_0002.jpg
close side view of 990 Main western entrance

3 of 15

View: Western 990 Main entrance concrete portico and aluminum “Doctors Building” sign, view NE
Filename: VA_Danville_DoctorsBuilding_0003.jpg

4 of 15

View: South side of 990 Main, view west
Filename: VA_Danville_DoctorsBuilding_0004.jpg
990 Main eastern concrete portico entrance on Chambers Street

5 of 15

View: North side of 990 Main and parking lot next to Annex at 108 Holbrook, view SE
Filename: VA_Danville_DoctorsBuilding_0005.jpg
990 Main eastern elevation on Chambers Street

6 of 15

View: East side of 990 Main, view south
Filename: VA_Danville_DoctorsBuilding_0006.jpg

7 of 15

View: 990 Main 1st floor lobby featuring original stainless-steel elevator with a curved surround, view SW
Filename: VA_Danville_DoctorsBuilding_0007.jpg

8 of 15

View: 990 Main, stair hall adjacent to elevator lobby, view SW
Filename: VA_Danville_DoctorsBuilding_0008.jpg

9 of 15

View: 990 Main 1st floor western office interior, view east
Filename: VA_Danville_DoctorsBuilding_0009.jpg

10 of 15

View: 108 Holbrook Annex, exterior Holbrook Street view of west-facing elevation, view NE

Doctors Building
Name of Property

City of Danville, VA
County and State

Filename: VA_Danville_DoctorsBuilding_0010.jpg

11 of 15

View: exterior Holbrook Street view of south-facing elevation, view NW

Filename: VA_Danville_DoctorsBuilding_0011.jpg

12 of 15

View: exterior Holbrook Street view of east-facing elevation, view west

Filename: VA_Danville_DoctorsBuilding_0012.jpg

108 Holbrook Annex, exterior Chambers Street view of east-facing elevation

13 of 15

View: 108 Holbrook annex office interior, view NW

Filename: VA_Danville_DoctorsBuilding_0013.jpg

108 Holbrook Annex, exterior Holbrook Street entrances with two-bay aluminum and glass vestibules

14 of 15

View: 990 Main 2nd floor office interior, view NE

Filename: VA_Danville_DoctorsBuilding_0014.jpg

108 Holbrook Annex, exterior Holbrook Street entrances with two-bay aluminum and glass vestibules side view

15 of 15

View: Non-contributing brick utility shed on Chambers Street, view NE

Filename: VA_Danville_DoctorsBuilding_0015.jpg

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 100 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.

Legend

LOCATION MAP

Doctors Building
City of Danville, VA
VDHR ID # 108-5703

Latitude: 36.581668°
Longitude: -79.401382°

WGS84
Map Source: VCRIS



Feet

0 50 100 150 200

1:2,257 / 1"=188 Feet

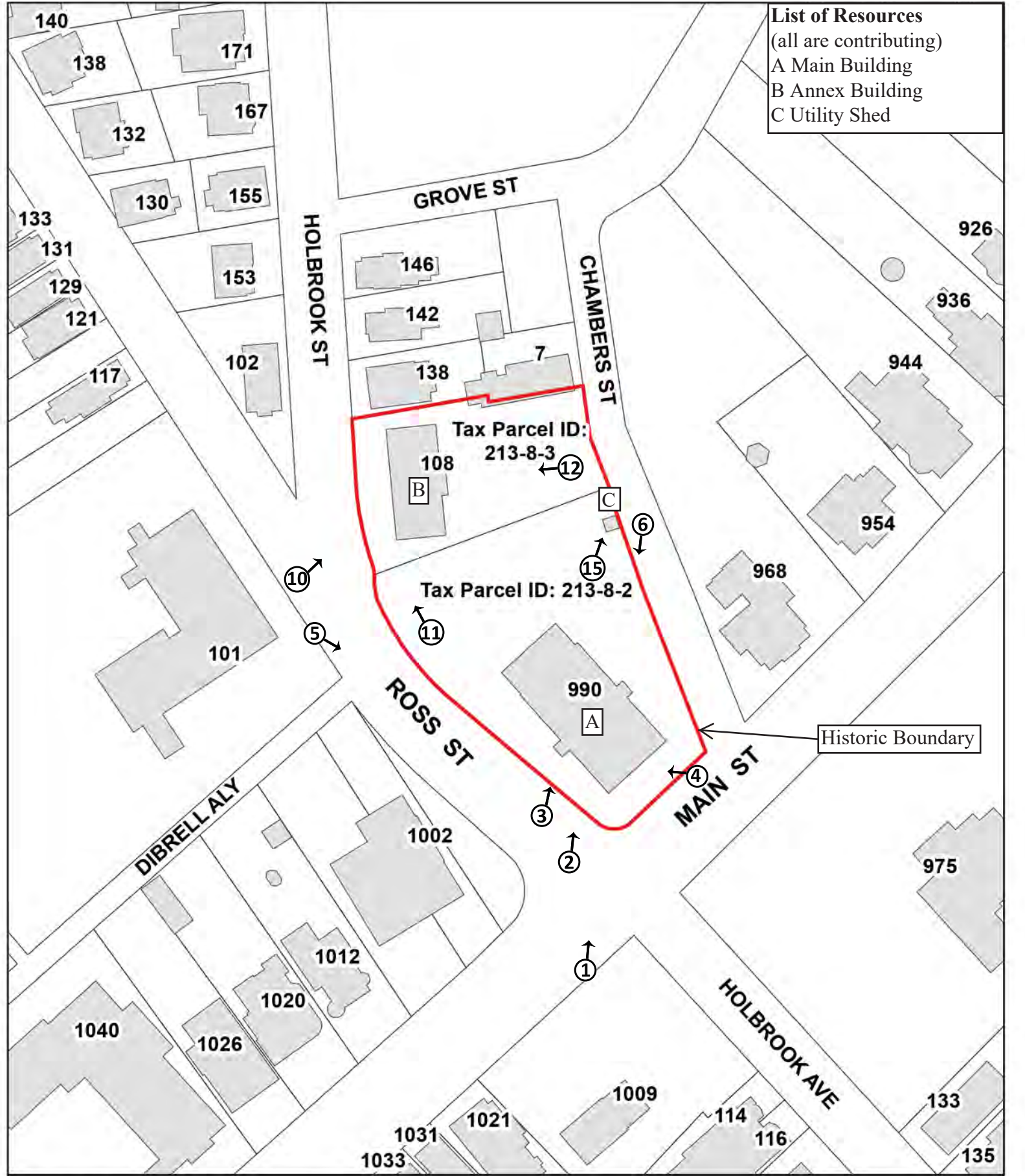
Title: Doctors Building

Date: 9/29/2019

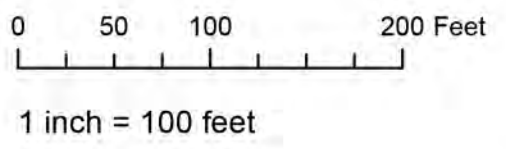
DISCLAIMER: Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions. The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

Notice if AE sites: Locations of archaeological sites may be sensitive the National Historic Preservation Act (NHPA), and the Archaeological Resources Protection Act (ARPA) and Code of Virginia §2.2-3705.7 (10). Release of precise locations may threaten archaeological sites and historic resources.

- List of Resources**
 (all are contributing)
 A Main Building
 B Annex Building
 C Utility Shed



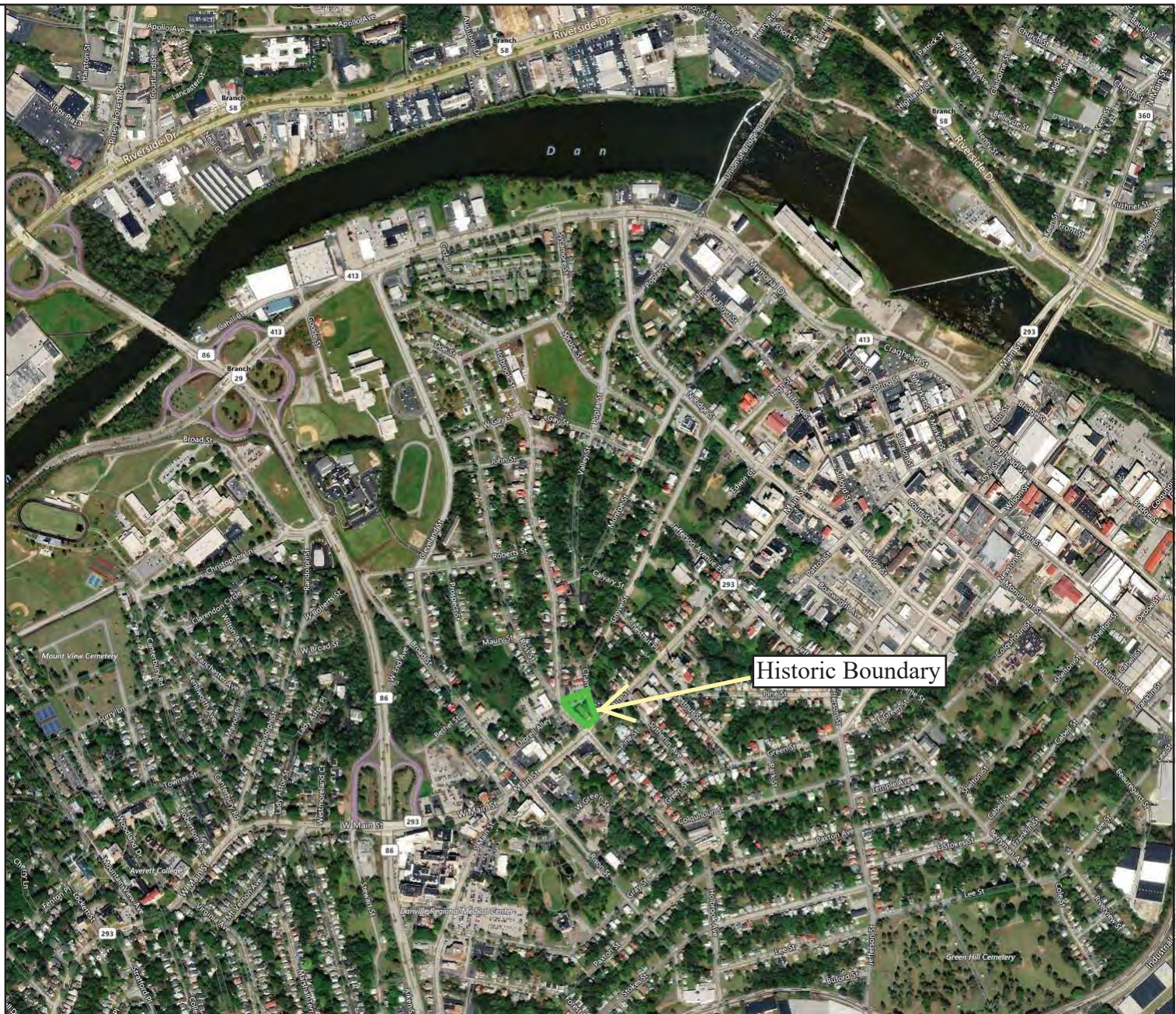
Sketch Map + Photo Key (Exterior Views)
Doctors Building
 VDHR ID # 108-0056-0161/ 108-5703
 990 Main Street and 108 Holbrook Street
 City of Danville, VA



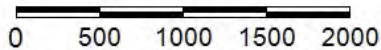


AERIAL VIEW - Vicinity

Doctors Building
City of Danville, VA
DHR No. 108-5703



Feet



1:18,056 / 1"=1,505 Feet

Title:

Date: 1/6/2020

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