United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

DRAFT

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 Mott Haven Health Center

other names/site number

name of related multiple property listing N/A

2. Location

street & number 349 East 140th Street ☐ not for publication

city or town Bronx ☐ vicinity

state New York code NY county Bronx code 005 zip code 10454

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 __X__ local

Signature of certifying official/Title Date

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

Mott Haven Health Center | Bronx County, NY
Name of Property | County and State

5. Classification

Ownership of Property
(Check as many boxes as apply.)

	private
X	public - Local
	public - State
	public - Federal

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

X	building(s)
	district
	site
	structure
	object

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

Contributing	Noncontributing	
1	0	buildings
		sites
		structures
		objects
1	0	**Total**

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

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions.)

HEALTH CARE / clinic

Current Functions
(Enter categories from instructions.)

VACANT / NOT IN USE

7. Description

Architectural Classification
(Enter categories from instructions.)

MODERN MOVEMENT / Modern Classical

Materials
(Enter categories from instructions.)

foundation: CONCRETE
walls: BRICK
roof: ASPHALT
other: STONE/Limestone
METAL/Bronze

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

The Mott Haven Health Center is a former health clinic that was constructed between 1935 and 1937 in the Mott Haven neighborhood of the South Bronx, Bronx County, New York. The building, located at 349 East 140th Street on a mid-block site between Alexander and Willis Avenues, was constructed by the City of New York as part of a New Deal-era campaign to build district health centers across the five boroughs.

The Mott Haven Health Center was designed by architect William H. Gompert and Kenneth M. Murchison in a Modern Classical style. The three-story, T-shaped building is massed with a two-story streetwall façade and a smaller, setback third story topped by a large, hipped skylight. The façade is symmetrically organized around a central entrance and is clad with buff brick and trimmed with limestone and bronze. The building features stylized classical details such as engaged fluted columns with Greek key motifs at the entry, geometric bronze grilles, bronze spandrels each adorned with a caduceus (a winged staff with two snakes coiled around it) at the outer bays, and a simplified limestone entablature. At the interior, the building retains its historic vestibule and lobby, which feature chevron-patterned terrazzo floors, glazed-tile walls, and plaster ceilings. At the third floor, the building also retains its historic light therapy room, a double-height space in which sunlight was used to treat certain types of tuberculosis. Although the building has been vacant for over a decade and is in a deteriorated condition it retains its architectural integrity to a high degree.

Narrative Description

Location

Mott Haven is a neighborhood in the South Bronx bounded by East 149th Street to the north, the Bronx River to the west, the Bronx Kill to the south, and Bruckner Boulevard to the east. The Mott Haven Health Center is located on the north side of East 140th Street, which is a dead-end street that extends part way into the block from Alexander Avenue. The former eastern portion of East 140th Street, near Willis Avenue, was de-mapped in the 1960s and is now occupied by a playground and pedestrian walkway.

The building's surrounding neighborhood consists of a mixture of residential, commercial, and institutional uses. To its immediate west, the Mott Haven Health Center is bordered by the Mott Haven Historic District (NRHP 1980), which includes late-nineteenth-century brick and wood-frame rowhouses on East 140th Street, Alexander Avenue, and East 141st Street. The historic district also includes the former Alexander Avenue Baptist Church (now known as the Tercera Iglesia Bautista or Third Baptist Church) at the southeast corner of Alexander Avenue and East 141st Street, which is a modified Romanesque-style church designed by Ward & Davis and built in 1900-1902. A discontiguous section of the Mott Haven Historic District is located to the east, across Willis Avenue.

To its immediate north, the Mott Haven Health Center is bordered by Alexander Alley, a city-owned park established in the 1930s and named after a family of early nineteenth century local landowners and developers, and a New Law tenement from the late 1920s at 348-358 East 141st Street.

The eastern end of the block, as well as the blocks north of East 141st Street, consist of buildings and landscapes developed in the 1960s. This includes the Mott Haven Houses, a New York City Housing Authority (NYCHA)-built and federally financed public housing project, designed by Horace Ginsbern & Associates and Silverman and Cika and completed in 1965, with twenty- and twenty-one-story brick-clad high-rise towers that extend over several blocks between East 139th and East 143rd Streets, and Alexander and Willis Avenues. One of the development's high-rise towers is located at the southwest corner of Willis Avenue and West 141st Street, on the same block as the Mott Haven Health Center.

The rest of the block surrounding the Mott Haven Health Center includes P.S. 49 (The Willis Avenue School) and an adjoining playground, which were developed in tandem with the Mott Haven Houses. P.S. 49, which is NR-Eligible, is a post-war Modern-style elementary school designed by Arthur G. Paletta and built in 1966. The Willis Playground (formerly known as the P.S. 49 Playground) is a large recreational area that was opened in 1967 with basketball courts, a large blacktop, and a playground, and extends from East 139th to East 141st Street (over the former roadbed of East 140th Street).

Other National Register-listed properties in Mott Haven include St. Ann's Church (NRHP 1980) at 295 St. Ann's Avenue, a Gothic-style church built in 1840; C. Rieger's Sons Factory (NRHP 2004) at 450-452 East 148th Street, a Richardsonian Romanesque-style manufacturing and storage building built in 1906; the Hertlein & Schlatter Silk Trimmings Factory (NRHP 2001) at 454-464 East 148th Street, a factory building built in 1887 with later additions; and the Dollar Savings Bank (NRHP 2011) at 2792 Third Avenue, a Classical Revival-style bank designed by Renwick, Aspinwall & Tucker and built in 1926.

Exterior

The Mott Haven Health Center is located on a square-shaped lot with 100 feet of frontage on East 140th Street. The T-shaped, reinforced-concrete building is massed to provide ample light and air to the spaces within and includes a two-story streetwall façade, a smaller setback third story for the light therapy room, and a one-story rear wing surrounded by a basement-level areaway. The building is designed in the Modern Classical style, which merges elements of classicism in its organization, proportion, ornamentation, and materials, and modernism in its simplified, and sometimes stylized, architectural expression.

The building's two-story streetwall façade is symmetrically arranged around a central monumental entrance and marked by simply articulated limestone piers. The wide, central section of the façade is clad in buff brick laid in running bond, trimmed with limestone, and fenestrated with single window openings. The building's two end bays are organized with tripartite windows and are finished in metal. The building sits on a granite water table and the streetwall façade is capped by a limestone cornice and parapet.

The building's central entrance is flanked by tall, engaged limestone columns that are fluted and capped with a stylized capital with a Greek key motif. Within this, the entrance consists of a simple limestone enframement with a large limestone frieze (now covered with plywood and a non-historic canvas canopy) as well as historic polished bronze-and-glass double doors with a decorative grille and plaque at the transom, both covered by a non-historic metal roll-down gate. The projecting limestone enframement extends to the paired windows directly above the entrance, providing additional attention to the building's focal point. Above the entrance is a metal flagpole that was installed sometime between the building's opening in 1937 and 1978.

At the first story, the entrance is flanked by two small windows that allow light into the interior vestibule. Beyond this, the entrance is flanked by three bays of single square-headed window openings with projecting limestone sills.

The building's metal-clad end bays are vertically organized with double-height painted bronze mullions separating the windows, which are grouped in a tripartite configuration at each story. Painted, bronze spandrels, each with a decorative caduceus (a winged staff with two snakes coiled around it) are located between the first and second stories. Below the first-story windows the original spandrel has been replaced with non-historic tile infill. The west end bay includes an entrance, now covered with a non-historic metal roll-down gate, that provides access to the interior basement level and the rear areaway.

All of the windows are replacement one-over-one double-hung sash and all are now covered by security screens, some with projecting spaces for window air conditioners. Additionally, most of the brick and limestone at the first story is now covered with a mural and graffiti.

The two-story streetwall façade is capped by a limestone frieze that reads "DEPARTMENT OF HEALTH CITY OF NEW YORK" and a simple projecting limestone cornice. Above the cornice is a parapet into which the limestone piers extend from below. The parapet has been rebuilt and is clad in non-historic buff brick that matches the historic and is capped with limestone coping. Originally, the parapet featured bronze grilles that reflected the organization of the bays below.

The third story, which originally functioned as the health center's light therapy room, is set back from, and is narrower than, the primary façade. The setback massing allowed for maximum allowance of light into the room as well as access to the third-story terrace. This level is clad in buff brick and is organized with a slightly projecting center pavilion with a tripartite opening including a door flanked by two window openings. The outer bays have two additional single window openings, each topped by simple limestone plaques. The third story is capped by a brick soldier course, a stepped parapet with a limestone plaque, and limestone coping.

The east (side) and north (rear) elevations are visible from public park spaces, and the west (side) elevation is partially visible from the sidewalk through a narrow passage between the building and adjacent rowhouse. At the side elevations, the buff-brick cladding and limestone frieze return at the corners and then are finished with stucco. Part of the east elevation, which abuts Willis Playground, is now covered by a mural painted by the artist Virginia Ayress M. in 2019. Beyond this point, the building sets back by twelve feet at the east, west, and north elevations, which extend below grade into a sunken basement areaway. These elevations are simply designed with buff brick and a combination of single, paired, and triple window openings. As at the façade, these windows are replacements and now covered with non-historic security screens. At the rear of the first story there is a historic metal bridge that provides access between the building to the public pocket park at East 141st Street, as well as a metal exterior stair to the basement level below.

The building has terraces at the second and third stories, and a roof above the third story. The second-story rear terrace has two skylights and a small bulkhead that was originally used as a fan room. The third-story terrace wraps around the front of the building and includes two skylights along the building face that are now covered with tar paper. The third-story roof features at large, T-shaped skylight that originally provided sunlight into the light therapy room below. The hipped skylight sits upon an exposed red brick base which was likely originally

clad with sheet copper sheathing. While the thin steel frame of the original skylight partially remains, the skylight glazing has been removed and is now covered with plywood and rolled roofing. To the immediate west of the skylight is a tall boiler flue that is clad in buff brick. At the northern edge of the roof is an elevator and a stair bulkhead, both clad in buff brick.

Interior

The building is accessed through a small vestibule that leads to a larger central lobby. Both spaces are finished with vertically laid, tan glazed architectural terra cotta with horizontally grooved baseboards of black glazed terra cotta and a crown molding in tan glazed terra-cotta. A picture rail extends across both spaces. The floors in the vestibule and lobby are finished with terrazzo laid in a chevron pattern with contrasting light and dark gray colors.

The vestibule features two deeply set, glazed terra-cotta-clad window openings at either side of the entrance doors. Its ceiling is flat plaster and features an elaborate, bronze pendant light fixture with geometric shapes and curved fins. A non-historic sprinkler line has been added at the ceiling.

The lobby is accessed from the vestibule through a triple doorway with transoms; no doors or windows remain within this opening. The lobby is symmetrically organized with an elevator at its north end, two discrete stairs at its northeast and northwest corners, and a series of other openings that lead to the former exam and clinic spaces on the first floor. The northern openings, including the stairs, are framed with tall, black glazed terra-cotta surrounds, while the openings at the south end of the lobby are shorter, with light-colored metal door frames. At its western wall, the lobby features a built-in, glazed terra-cotta-clad reception desk with a black marble top. The east and west walls also feature decorative bronze grilles at the lower and upper sections of the walls. The ceilings are plaster and now covered with acoustical panels and non-historic hung lighting fixtures. Modifications to the space include the installation of non-historic fixtures including a sign box on the east wall, a fire alarm system, sprinkler lines at the ceiling, and exposed conduits throughout.

The building's vertical circulation is centralized around the lobby. The elevator at the north end of the lobby is simply designed with a painted metal frame and flat-metal doors. The east stair has two openings into the lobby, one leading to the basement, and one leading to the upper floors and the roof. The west stair has a single opening that leads to the upper floors. Both stairs are U-shaped and have horizontally laid tan glazed architectural terra cotta wainscot with wood handrails and plaster upper walls. The stairs consist of gray pre-cast terrazzo treads, black metal risers, and molded black metal wall stringers.

The first floor consists of a combination of historic and non-historic partitions and finishes, some of which reflect the building's original functional quadrants (venereal disease services in the southeast corner, tuberculosis and x-ray services in the northeast corner, maternity and infant welfare in the northwest corner, and dental and oral hygiene in the southwest corner). These spaces are largely finished with plaster walls and ceilings that are partially obscured in some areas by acoustical wall panels and dropped ceilings. Some historic utilitarian metal doors and door frames remain. The floors are concrete throughout.

The southeast quadrant of the first floor (originally venereal disease services) is organized into a central waiting area with historic partitioned exam rooms along the south side of the space and non-historic partitions on the

north and east sides of the space. The northeast quadrant of the first floor (originally tuberculosis and x-ray) retains some historic metal partitions along the north wall with panelized designs and moldings. Other spaces have plaster finishes, some with chair rails. The northwest quadrant of the first floor (originally maternity and infant welfare) is a large open space divided by several large columns. Part of the space has been partitioned off and now acts as a corridor that leads to the rear exit. A square-shaped skylight over this section of the building has collapsed into the building. The southwest quadrant of the first floor (originally dental and oral hygiene) retains no historic partitions.

The second floor has a roughly T-shaped corridor which leads to several historic partitioned rooms. The rooms facing East 140th Street, originally used as offices, are larger, while the spaces along the west and east sides of the building, originally used as exam and nursing rooms, are smaller. Both the corridor and the rooms are finished with plaster walls with a vinyl baseboard, plaster ceilings, and vinyl tile floors. The former offices also have columns, concrete ceiling beams, and picture rails.

The third floor consists of a large open space that originally functioned as a light therapy room for the treatment of certain types of tuberculosis. The central portion of the room is a double-height space topped by a large skylight. The room is flanked by small, partitioned rooms (originally used for treatments) to the east and west. Additional rooms were added in the 1970s along the south wall. The space is finished with plaster walls with a picture rail and vinyl tile floors. Four original pendant globe light fixtures remain within the skylit space as well as within the various treatment rooms. Modifications to the space include the addition of non-historic sprinkler systems, HVAC systems, and non-historic lighting and fans.

The basement of the building is currently inaccessible due to severe flooding.

Integrity

The Mott Haven Health Center maintains a high level of architectural integrity. Although it has been vacant for many years and is in a deteriorated condition, the building retains many character-defining features including its Modern Classical design, with its symmetrical, buff brick and limestone-clad façade, classically inspired fluted columns, and bronze decorative details. Its style and strong civic presence clearly identify the building as a health clinic that was built by the City of New York during the New Deal era. Additionally, at the interior, the building retains its original vestibule and lobby with glazed architectural terra-cotta walls, bronze, and terrazzo finishes, as well as its original elevator and stairs. Although the spaces surrounding the lobby and circulation core have been altered over the years, elements of the original plan's four functional quadrants still survive. The upper-floor spaces also retain a high level of integrity in their plan and organization. The second floor retains its original corridor configuration with partitioned offices and exam rooms and the third floor features a largely intact, double-height light therapy room, which reflects the history of the treatment of tuberculosis in the 1930s.

Mott Haven Health Center Bronx County, NY
Name of Property County and State

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.)

- [X] 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.
- [X] 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.)

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.

Areas of Significance
(Enter categories from instructions.)

HEALTH CARE
SOCIAL HISTORY
ARCHITECTURE

Period of Significance
1935-1978

Significant Dates
1937

Significant Person
(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder
William H. Gompert (architect)
Kenneth M. Murchison (architect)

Period of Significance (justification)

The period of significance extends from the construction of the building in 1935-1937 as the Mott Haven Health Center through 1978, when the city closed the Lincoln Detox People's Program at Lincoln Hospital. Although an alternative drug treatment program continued to operate within the building after 1978, this date marks the end of the formative phase of the radical acupuncture-based treatment program.

Criteria Considerations (explanation, if necessary)

Statement of Significance Summary Paragraph
(Provide a summary paragraph that includes level of significance and applicable criteria.)

The Mott Haven Health Center is a New York City-built and operated former health clinic located in the Mott Haven neighborhood of the Bronx, Bronx County, New York. The period of significance for the property is 1935 to 1978, the years that it operated as the Mott Haven Health Center and, in later years, as the Lincoln Detox People's Program. Overall, the building retains a high level of architectural integrity.

It is **locally significant** under **Criterion A** in the areas of *Health Care* and *Social History* as a representative example of the neighborhood health center movement, which emerged in the early twentieth century as a way to decentralize public health apparatuses and address the health needs of specific geographic areas. The building is also representative of New York City's efforts to establish its own neighborhood health center program during the late 1920s and 1930s. The city's health center program was developed by New York City Health Department officials in tandem with philanthropic and research groups, and aimed to reduce mortality and morbidity rates, especially in the city's densely populated tenement districts, including Mott Haven. Although the city planned to build thirty health centers by 1945, covering each of the city's thirty health districts, only fourteen were built before the country entered World War II. These fourteen buildings were financed with the assistance of the Public Works Administration (PWA), a federal program that sought to reduce unemployment during the Great Depression.

The building is also significant in these areas for its history as the Lincoln Detox People's Program, a drug rehabilitation program established in the early 1970s by a group of revolutionary doctors and community organizers. In the decades after World War II, Mott Haven experienced urban decline brought on by state and capital disinvestment and increasing levels of poverty, crime, and drug addiction. At the time, drug addicts faced rampant stigmatization and discrimination by medical professionals and law enforcement, who viewed illegal drug use primarily as deviant criminal behavior rather than a health issue. Local activists such as the Puerto Rican nationalist Young Lords Party and the Black Panther Party objected to these classist and racist views and began to wage a campaign against Lincoln Hospital, a large full-service public hospital on East 149th Street, which they claimed offered subpar health care to its minority community. In an effort to bring about radical societal change and increased awareness of health care as a core civil right, they organized protests and occupations of the hospital. This culminated in the creation of their own drug detoxification program, which allowed the community to exert control over its own health care choices and outcomes. The program, initially run out of Lincoln Hospital and then located in the former Mott Haven Health Center, was notable for creating national recognition of acupuncture—a natural, chemical-free healing option—as an accepted drug addiction therapy.

The property is also **locally significant** under **Criterion C** in the area of *Architecture* as an intact, representative example of a federally financed and city-built healthcare building from the 1930s. Designed by architect William H. Gompert and Kenneth M. Murchison in a Modern Classical style and built from 1935 to 1937, the three-story building reflects new ideas about healthcare, neighborhood planning, and social issues. The exterior design fused a modern sensibility with classical forms and featured a symmetrical buff-brick and limestone façade with stylized ornament including bronze grilles and spandrels with medical iconography.

Initially designed in 1931, the Mott Haven plan also helped established the typical spatial arrangement for the future health centers. At the interior, the building was organized into functional quadrants that reflected the city's focus on specific types of preventative care (i.e. maternity and infant care, and dental services) and sicknesses (i.e. tuberculosis and venereal services). The third story's double-height light therapy room, which features a large, hipped skylight also reflects early twentieth century advancements in the treatment of certain types of tuberculosis. Exposure to natural light, it was discovered, could eradicate disease-causing microbes and led to the construction of extensively glazed interior rooms such as the one at the Mott Haven Health Center.

Narrative Statement of Significance

The development of Mott Haven

Mott Haven is located in the southwestern section of the Bronx and is bordered by East 149th Street to the north, Bruckner Boulevard to the east, and the Bronx Kill and Harlem River to the south and west. Prior to the nineteenth century, the neighborhood was considered part of Morrisania, a Westchester County township named after Richard and Lewis Morris who in 1670 purchased the land from an early Scandinavian settler named Jonas Bronck.

In the 1840s, Jordan L. Mott (1798-1866), inventor of the coal-burning stove, bought a large tract of land in the southwestern part of Morrisania and established the Mott Haven Iron Works on the Harlem River at Third Avenue and 134th Street. By 1850, the area was known as Mott Haven and included a large waterfront industrial site and a small village that was established by Mott and eventually incorporated into the village of Morrisania.[1] Trade was significantly aided when, in 1858, the New York Central Railroad extended its Harlem Line over a new railroad bridge into Westchester and established a station at West 138th Street, near Mott's ironworks. While the area west of Morris Avenue (or the Old Boston Post Road) developed with industry and residences, the eastern sections of Morrisania remained largely rural into the middle of the nineteenth century.

With its significant connection to, and reliance on, New York City, discussions in favor of annexing the southern Westchester region into the City and County of New York gained traction in the early 1870s. In 1874, by act of the New York State legislature, nearly 7,000 acres west of the Bronx River were added to the municipal boundary, including the towns of Morrisania, which included Mott Haven, as well as King's Bridge and West Farms.[2] The remaining areas east of the Bronx River that comprise the present-day borough were annexed in 1895, and in 1898 the whole annexed area officially became the Borough of the Bronx.

Over the course of the second half of the nineteenth century, additional connections were made between Manhattan and the South Bronx. This included several new bridges over the Harlem River, the Morrisania & Fordham Horse Railroad, which traversed Third Avenue by 1880, and the elevated Third Avenue Line, which was built in 1886-87 by the Suburban Rapid Transit Company and followed a mid-block path, between Alexander and Willis Avenues, north to East 145th Street.[3] After the elevated line was constructed, Mott

[1] Mott's iron factory remained in Mott Haven until 1902, at which point it moved to Trenton, New Jersey.
[2] "Annexation," *New York Times*, November 6, 1873.
[3] This line was later absorbed by the Interborough Rapid Transit Company in 1904.

Haven's inland area became a fashionable enclave known as the "North Side," with speculatively built rowhouses designed in neo-Grec, Queen Anne, Renaissance Revival, and Flemish Revival styles.[4] The neighborhood's significant upper-middle-class Irish presence led to the designation of Alexander Avenue as the "Irish Fifth Avenue."[5]

The block on which the Mott Haven Health Center would eventually be built was, by the 1880s, largely occupied by frame and brick dwellings. While other areas of Mott Haven developed into rows of brick rowhouses and tenements, these blocks may have developed more slowly due to the railroad tracks—the Third Avenue Elevated—that bisected the block between Alexander and Willis Avenues. In 1905, the City of New York purchased a 150-foot-wide lot on the north side of East 140th Street (the eventual site of the Mott Haven Health Center), which included a freestanding three-story Italianate house that it converted into a public school, known as P.S. 22.[6]

In the 1910s and 1920s, the South Bronx continued to rapidly urbanize with the introduction of new subway lines. In Mott Haven this included the IRT White Plains Road Line (built 1905) which ran along East 149th Street and the IRT Pelham Line (built 1918), which followed East 138th Street. Over the course of the first few decades of the twentieth century, the eastern section of Mott Haven developed into a dense neighborhood of rowhouses and tenements, many of which housed workers in the abutting waterfront industrial areas. The population was largely white, and roughly half were foreign-born, hailing from countries such as Ireland, Germany, Italy, and Russia.[7]

After World War II, the South Bronx experienced a period of urban decline brought on by state and capital disinvestment and increasing levels of poverty, crime, and drug addiction. In 1955, the Third Avenue Elevated tracks below 149th Street were closed and torn down after residents and business owners along Third Avenue in Manhattan complained about the noise and lack of sunlight. Its removal left certain areas of Mott Haven and other neighborhoods increasingly isolated from Manhattan. As many buildings were abandoned or demolished due to absent or neglectful owners, the neighborhood deteriorated as the remaining tenements fell into levels of increased disrepair and others became victims of arson. During this period, the city used federal funds to demolish large swaths of areas labeled as "slums" and built many new public housing projects including the Lester Patterson Houses (Morrisania Project Associates, 1950), the Mill Brook Houses (Chapman, Evans & Delehanty, 1959), the E. Robert Moore Houses (Edelbaum & Webster, 1964, NRHP 2025), and the John Purroy Mitchel Houses (Greenburg & Ames, 1966). Coinciding with the dramatic urban changes, Mott Haven's population also shifted in the 1960s and 1970s to become largely Spanish-speaking Puerto Rican and African American.

[4] For more on the late-nineteenth-century residential development of Mott Haven, see Suzanne J. Wilson, "Mott Haven Historic District," National Register of Historic Places Nomination Form (Washington, DC: U.S. Department of the Interior, National Park Service, 1979).
[5] Wilson, "Mott Haven Historic District," section 8, pg. 3.
[6] New York City Board of Education, *New York City Board of Education, Bureau of Finance, Annual Financial and Statistical Report, 1906-1908* (New York: NYC Board of Education, ca. 1908), 89.
[7] New York City Landmarks Preservation Commission, "Mott Haven East Historic District," (New York: Landmarks Preservation Commission, 1994), 16.

In the mid-1960s, the block on which the Mott Haven Health Center was built was dramatically altered by these urban renewal policies. The construction of the Mott Haven Houses (Horace Ginsbern & Associates and Silverman and Cika, 1965), a high-rise public housing project that extends between East 139th and East 143rd Streets, involved the demolition of dozens of street-facing dwellings in favor of a towers-in-the-park scheme. Additionally, as part of the larger project, a new Modern-style elementary school named P.S. 49 (Arthur G. Paletta, 1966) was built along Willis Avenue and its adjoining playgrounds and recreational spaces were extended over the roadbed of East 140th Street, which was officially removed from the city map.

Later years saw efforts to rehabilitate tenements and build new affordable apartments in Mott Haven under the Model Cities program (1969-1974), which was an attempt to carry out comprehensive, locally developed plans that addressed the physical, social, educational, and health needs of urban neighborhoods. It also saw attempts to preserve the existing housing stock through the local landmark designation by the New Yok City Landmarks Preservation Commission of properties such as the Mott Haven Historic District (designated 1969, expanded 1994, NRHP 1980) and the Bertine Block Historic District (designated 1994). In 2020, the neighborhood residents identified as Hispanic or Latino (68 percent), followed by Black or African American (25 percent).[8]

Public healthcare in New York City before 1930

In 1805, New York's first Board of Health was created to combat the yellow fever epidemics that periodically devastated the city. Although it collected statistical accounts of mortalities due to yellow fever, the board did little during these and other outbreaks except to react to the crisis, moving patients to isolated hospitals and evacuating residents from areas where the disease had struck.[9]

In the early nineteenth century, the city's healthcare work was primarily undertaken at municipal hospitals like Bellevue Hospital (formally named in 1824) and by various reform and welfare organizations such as the Association for Improving the Condition of the Poor (AICP), which was founded in 1843. Both the municipal hospitals and the charitable agencies mostly treated the non-paying poor who could not, like wealthier city residents, afford to be treated at home or in private hospitals. Notably, hospitals at this time had little to do with medical practice and were mostly focused on tending to the sick rather than curing them.[10]

As the population of New York City swelled in the mid-nineteenth century, concern grew around the living conditions of the poor, who were often residing in cramped, poorly ventilated tenements. In the 1840s and 1850s, charitable groups began to call for new building regulations that would protect the poor and for the state legislature to establish a health department to oversee the city's public health apparatus. The first public health bill proposing such a department was introduced in 1859, but it wasn't until 1866 that the state legislature created the Metropolitan Board of Health. This body, which had the power to dispatch sanitary inspectors to

[8] These statistics are cited in New York City Landmarks Preservation Commission, "Samuel Gompers Industrial High School," (New York: Landmarks Preservation Commission, 2022), 9.
[9] Marian Moser Jones, *Protecting Public Health in New York City: 200 Years of Leadership: 1805-2005* (New York, NY: Bureau of Communications, New York City Department of Health and Mental Hygiene, 2005), 4, 6, accessed March 27, 2024: https://www.nyc.gov/assets/doh/downloads/pdf/bicentennial/historical-booklet.pdf.
[10] For a more general history of hospital systems during this period, see Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, 2nd edition (Basic Books, 2017), 145-146.

curb the spread of diseases such as cholera, was more powerful than any other local public health body in the United States.[11] Members of the board, in coordination with the AICP, also played a role in bringing about the first Tenement House Act of 1867, which required certain levels of ventilation, water closets or privies, and some form of fire escapes in tenement buildings.

In 1870, "Boss" William Tweed, head of Tammany Hall, the political machine of the Democratic Party in New York City, transferred control of the city's health matters from the state to the city with the creation of a new Health Department with a mayor-appointed Board of Health to oversee it. This was, notably, separate from the Department of Public Charities and Correction, which ran the city's municipal hospital and asylum system.

By the turn of the century, the Health Department radically changed its approach to public health. While in the past, the department had been focused upon the environment (garbage, sewage, nuisances, and major epidemic diseases), the new science of bacteriology, which identified microorganisms that caused disease, shifted its focus to the individual and the causation and prevention of communicable diseases.[12] With the advent of germ theory, the agency began to focus on discovering cases throughout the population, utilizing large-scale educational campaigns, instituting home and school visitations, producing and distributing free vaccinations, and building diagnostic laboratories.[13] Many of these new programs were the result of coordination with charitable and private research groups, such as the Henry Street Settlement, the AICP, and the Russell Sage Institute, which lobbied for the Department of Health to focus more on preventative care for the city's rapidly increasing population. These changes also mirrored advancements at the city's hospitals which, between roughly 1870 and 1910, began to adopt medical education and scientific medical practice as their primary mission.

During the early twentieth century, the Department of Health sought to professionalize and modernize the practice of public health care in the city. In addition to the creation of new internal bureaucracies, the Department of Health instituted new working relationships with medical societies, newspapers, voluntary health and welfare groups, and the Department of Education.[14] By late 1920s, the Department of Health included a Bureau of Health Education, a Bureau of Industrial and Adult Hygiene, a Bureau of Child Hygiene, a Bureau of Food and Drugs, a Bureau of Nursing, a Bureau of Preventative Diseases, and a Field Medical Bureau, among others. As in other cities, New York faced the challenge of how to coordinate the services offered by each of these bureaus—both in the distribution of staff and the actual delivery of the services to city residents—in the most effective manner.

The neighborhood health center movement in the United States

In the 1910s, a movement for a new system of health care organization began to gain traction in medical and philanthropic circles. Concerned that too many policy and administration decisions were being made within centralized bureaus, far from residents and field workers, progressive public health officials and researchers

[11] Jones, 15.
[12] John Duffy, *A History of Public Health in New York City: 1866-1966* (New York: Russell Sage Foundation, 1974), 238.
[13] Duffy, 238.
[14] Duffy, 307.

began to argue for localized health centers that could provide preventative care within a particular geographic area. These new health centers, it was believed, could coordinate health department programs and local voluntary agencies within a neighborhood and act as an auxiliary to private practitioners.

Closely aligned with other Progressive Era policies aimed at general social reform, particularly the uplift of the poor, the concept and construction of health centers was largely focused on low-income, immigrant-populated neighborhoods of major urban centers as well as far-flung rural areas where health care was thinly distributed. In cities, the appeal of the neighborhood health center lay in its ability to coordinate hitherto separated agencies, facilities, and services into a single location. The creation of district-level case workers, it was hoped, would also help to eliminate the duplication of time and effort when the various agencies would send representatives to the same individuals.[15] Furthermore, the concept of the neighborhood health center acknowledged that the best way to approach foreign-born immigrants was on their own ground and, ideally, in their own language, something a hyper-local health center might be able to provide.

The development of the neighborhood health center was, to some extent, an outgrowth of the settlement house movement, which was developed in the 1860s by British social reformers who sought to improve the living conditions of the urban poor. As opposed to dispensing charity, proponents of the settlement house movement sought to nurture individual growth, promote community values, and assist local organizations. In America, early settlements included the University Settlement House at 184 Eldridge Street in New York (the first in the United States, NRHP 1986), the College Settlement at 95 Rivington Street in New York (1889, run entirely by college women), Jane Addams's Hull House in Chicago (1889, NRHP 1966), and Lillian Wald's Henry Street Settlement at 263-67 Henry Street in in New York (1893, NRHP 1974). Many of these settlements became places where poor—often foreign-born, city dwellers—could receive medical assistance and education. Acting as de facto neighborhood centers, the operation of settlement houses offered a model of how various services could be distributed on a district-wide basis.

Some early attempts at providing neighborhood-based medical care represented a transition from the settlement idea to the narrower district health center concept.[16] These include the Irene Kaufman Settlement Health Center (demolished), which opened in 1907 in Pittsburgh, PA, and the Blossom Street Health Center, which was opened in 1916 in Boston's West End. During the 1910s, a variety of district health center programs emerged across the United States in places such as New York, Cincinnati, Milwaukee, Philadelphia, and Los Angeles, representing a range of geographic extents, building sizes, partnerships, and goals.[17]

Although World War I temporarily paused the expansion of the health center movement in the United States, the conflict made clear the importance of coordinated health systems and gave impetus to the growth of health centers after the war. In 1920, the Red Cross reported that there were seventy-two health centers in forty-nine

[15] George Rosen, "Public Health: Then and Now. The First Neighborhood Health Center Movement—Its Rise and Fall," *American Journal of Public Health* 61, no. 8 (August 1971): 1623-1624.
[16] Ira V. Hiscock, "The Development of Neighborhood Health Services in the United States," *The Millbank Memorial Fund Quarterly* 13, no. 1 (January 1935): 33-35.
[17] For more about the country's first health centers, see Rosen, 1625-1629.

communities, with seven cities having more than one center.[18] Additionally, the Red Cross noted, another thirty-three centers were being proposed or planned in twenty-eight other communities. By 1930, the White House Conference on Child Health and Protection determined that there were 1,511 major and minor health centers distributed throughout the country.[19] Of the total, 725 were directed by non-official agencies, 729 by county or municipal departments of health, and a small number by the American Red Cross, various hospitals, and other groups.

Although the health center movement continued to expand in the 1930s as New Deal-era state and federal money poured into building and health programs across the country, the movement began to decline after 1940. According to author George Rosen, this is largely because the original reason for their existence—that is, to aid the urban poor, particularly immigrants—changed dramatically after the United States adopted restrictive immigration legislation in the early and mid-1920s. Furthermore, while immigration began to slow, foreign-born immigrants were increasingly adapting to American life and moving up the economic ladder. Once that happened, they often moved out of dense urban areas and into suburban areas where they began to use private health care. "This tendency," Rosen wrote in the *American Journal of Public Health*, "was reinforced by the limited nature of the services provided in most local health centers."[20] In their focus on preventative care rather than curative care, Rosen explained, the local health centers lost clientele as patients increasingly turned to private practice for immunization and well-child care. Additionally, the treatment of tuberculosis and venereal disease changed significantly after antibiotics became widely available in the late 1940s. Other factors that likely played a role in the decline of the health centers include resistance from physicians who feared losing patients to the health centers, the rise of health insurance, political and administrative infighting, and the difficulties faced by district offices in developing a rapport with the community. "Thus, despite the often expressed aim of involving the local population in the neighborhood health program," Rosen wrote, "this goal was hardly realized and remained more of a pious intention."[21]

In the 1960s, a new health center movement emerged in tandem with federal anti-poverty and social justice initiatives begun under President Lyndon Johnson's Great Society program. In 1965, the nation's first Community Health Centers were launched with funding from the Office of Economic Opportunity (OEO).[22] These new, federally funded health centers sought to deliver primary care to poor and underserved communities, much as the earlier health care centers had done. Unlike the earlier health care centers, however, the new ones were empowered with patient-majority governing boards that directed the health services and economic development opportunities for their minority communities. In subsequent decades, the program was calibrated to the shifting health policy landscape, and it expanded and contracted with the political ideology of various administrations.[23] In 2010, President Barack Obama's signature Patient Protection and Affordable Care Act (ACA) permanently authorized the Community Health Centers program.

[18] Rosen, 1629.
[19] Hiscock, 50.
[20] Rosen, 1633.
[21] Rosen, 1634.
[22] These were original called Neighborhood Health Centers.
[23] Anna Erikson, "A Policy History of the Community Health Centers Program: 1965-2012," University of Michigan, accessed March 28, 2024: https://public.websites.umich.edu/~baileymj/CHC_history.pdf.

New York City's District Health Center Program

In New York, the idea of health districts, each with their own dedicated health center, was introduced in 1914 by Dr. Sigismund Goldwater, who was then the city's Health Commissioner. In January 1915, the Health Department opened Health District No. 1 on the Lower East Side, with a staff that included one district inspector and three nurses, serving a population of roughly 30,000 immigrants.[24] This experimental center was so successful that the project was extended by Dr. Haven Emerson (Health Commissioner from 1915-1917) to Queens, where four health districts were opened in 1916 but then quickly closed with the country's entrance into World War I. During the war, however, other health centers were opened by charitable groups including the AICP's Mulberry Health Center (1918), the Judson Health Center (1920), which was affiliated with the Baptist Judson Memorial Church, and the American Red Cross's East Harlem Health Center (1920).

In 1924, a new demonstration health center, meant to illustrate the possibilities of cooperation between the municipal health administration and the health services of various official and voluntary agencies, was planned for the Bellevue and Yorkville neighborhoods on Manhattan's east side. Financed by the Milbank Memorial Fund and operated under the leadership of the Department of Health, the Bellevue-Yorkville Health Building was opened in 1926 at 325 East 38th Street in a former public bath house that had been erected by Elizabeth Millbank Anderson, the backer of the Millbank Memorial Fund, in 1904.[25] The neighborhood was chosen for its crowded population, its birth and mortality rates, and for its close proximity to other hospitals, dispensaries, and public health intuitions. At its dedication, Dr. Emerson, then director of the Institute of Sanitary Science at Columbia University, lauded the project's goal of using the family or household unit as a way "to attack indifference, ignorance and neglect of health."[26]

In 1929, the movement to build neighborhood health centers in New York City picked up steam when Dr. Shirley W. Wynne (1882-1942) was appointed as Health Commissioner by Mayor Jimmy Walker. That year, Wynne established a Committee on Neighborhood Health Development, composed of twenty-five representatives of health, medical, and welfare organizations, who studied the city's morbidity and mortality data and created a plan for district health service to be organized around populations of roughly 200,000.[27] The local centers, as planned by the committee, were to include baby health stations, visiting nurse services, dental clinics, maternity service, nutrition service, a clinic for the detection of tuberculosis, and other clinical subdivisions. The committee also suggested certain locations where they thought there was a pressing need for district health services including in Manhattan, Columbus Circle, Chelsea, the Lower East Side, and North Harlem; in Brooklyn, Williamsburg-Greenpoint and Brownsville-East New York; and in Queens, Long Island City-Astoria.

[24] Jones, 26.
[25] "Milbank Fund Tries to Add 20 Years to Life," *New York Herald Tribune*, September 29, 1924; "Huge Sum Set Aside for Health Tests Here to See Whether 20 Years May Be Added to Life," *New York Times*, September 29, 1924; "East Side Opens Model Health Center Tuesday," *New York Herald Tribune*, November 26, 1926.
[26] Hiscock, 39. The Bellevue-Yorkville Health Building was formally taken over by the Health Department in 1934.
[27] Duffy, 314.

Mayor Walker threw his support behind the committee's recommendations and agreed "to do everything within his power to support a movement to establish twenty such centers throughout the city."[28] In February 1930, the city announced a plan to build a slightly smaller group of sixteen health centers over the next four years. This was only a fraction, of course, of the city's thirty health center districts, which were each expected to get their own health center. The cost of the building campaign was expected to require an appropriation of $4 million, with each center costing roughly $250,000 to build and $6,500 to operate annually.[29] "With these announcements," Wynne later recounted, the city passed out of "an experimental stage" and into "the way of health centers."[30]

The first of the city's new health centers was established in an existing building at 108 West 136th Street (demolished) in Harlem in May 1930.[31] Located in leased space, the health center provided city services as well as those of organizations such as the Harlem Tuberculosis and Health Association and the Henry St. Visiting Nurse Service. The building housed a prenatal clinic, a baby health station, a pre-school age clinic, a dental clinic, the branch office for the district of the Bureau of Preventable Disease, the office of the district supervising nurse, a tuberculosis diagnostic station, and a venereal disease station.

By 1931, the city's new health center building program took on additional urgency as the Depression left many New Yorkers out of work. In addition to providing desperately needed health services, it was hoped that the building program could also provide a much-needed source of employment. That year, the city began to seek out and purchase sites across the boroughs and it announced that the first purpose-built health center would be located in the Mott Haven section of the Bronx, a largely white, working-class district with Irish, Italian, and Russian immigrants.[32] Soon, additional locations were announced for other areas including Williamsburg-Greenpoint in Brooklyn, Astoria-Long Island City in Queens, and St. George in Staten Island.[33] The program developed slowly, however, likely due to a lack of available funds.

With the creation of the Public Works Administration (PWA)—a large-scale public construction agency that was established in 1933 as part of President Franklin D. Roosevelt's New Deal—the program gained steam. That year, the new mayor, John O'Brien, who replaced Mayor Walker after he resigned due to a scandal, applied for federal loans for the Mott Haven Health Center, which was expected to provide 12,200 worker-days of employment or, in other words, employ an average of fifty workers daily for a period of twelve months.[34] Mayor Fiorella LaGuardia, who succeeded O'Brien as mayor in 1934, leveraged the federal system further by getting PWA grants, in addition to loans, for the district health centers making it "the largest health construction

[28] "Walker Promises to Aid District Health Centers," *New York Health Tribune*, October 31, 1929; "20 Health Centres Pledged by Mayor," *New York Times*, October 31, 1929.
[29] "16 Health Centers Costing $4,000,000 Plan of City," *New York Herald Tribune*, February 7, 1930.
[30] Shirley W. Wynne, "Neighborhood Health Development in the City of New York," *Milbank Memorial Fund Quarterly Bulletin* 9, no. 2 (April 1931): 37.
[31] "Health Center Planned for N.Y. Harlem District," *New Journal & Guide*, November 2, 1929; "City Health Center Opened in Harlem," *The Chicago Defender*, May 31, 1930; "Harlem Gets Health Center," *New Journal and Guide*, May 31, 1930.
[32] "Bronx Health Centre to Serve a Wide Area," *New York Times*, February 9, 1931.
[33] "News Digest," *Milbank Memorial Fund Quarterly Bulletin* 9, no. 4 (October 1931): 207.
[34] "O'Brien Seeks Federal Loans for 20 Projects," *New York Herald Tribune*, October 27, 1933; "Loan Asked to Build City Health Centre," *New York Times*, October 27, 1933.

project ever undertaken by any U.S. city."[35] The health centers, it was predicted, would continue "to be built at intervals until they become as familiar neighborhood institutions as fire and police precinct stations."[36]

In 1931, typical health center building plans were created with the input of the Committee on Neighborhood Health Development and various architects submitted model plans (unrealized) to the Department of Health. Ultimately, it was the plans for the Mott Haven Health Center, designed by William H. Gompert and Kenneth M. Murchison in 1931 (not built until 1935-37), that helped establish the typical spatial arrangement for the future health centers.[37] With that health center, the architects created a plan that organized the building's primary functions into quadrants focused into clinical specialties with the upper floors dedicated to offices, consultation and exam rooms, nursing rooms, and other specialized rooms.

By 1935, a uniform building program for the health centers was established by architect Henry C. Pelton in anticipation of the beginning of the construction program, which was significantly delayed due to the Depression.With the goal of making the buildings "more effective and economical through the coordination within each district of all health activities, both public and private," the guidelines called for the first group of buildings to be located on extensive, city-owned sites.[38] As Health Commissioner John L. Rice later explained, the buildings were intended to be two or three stories in height and "designed to create a welcome, intimate atmosphere, as far removed from the traditional formidable 'institutional' type of building as possible."[39]

Pelton's building guidelines expanded upon on the program already established with the Mott Haven Health Center design.[40] While each building's architect was given flexibility in its exterior architectural style—these ranged from classical and revival styles to Moderne—the interiors became highly standardized, efficient spaces that reflected the requirements of a modern, technological, and collaborative facility.[41] At the basement, the guidelines called for an auditorium with seating capacity up to 200 and folding partitions to divide it into sections. On the first floor, each health center was given an entrance lobby with an information desk, an elevator, stairs, and four functional quadrants that provided architectural isolation between dental and oral hygiene, maternity and infant welfare, tuberculosis and X-ray, and venereal disease services. The second floor was reserved for the offices of the District Health Officer, administration and waiting rooms, conference rooms, staff and nurses' rooms, and spaces for health education. The requirements of the third floor varied greatly for each building. While the Mott Haven Health Center received a tuberculosis treatment room, Pelton's guidelines

[35] Jones, 36; "City Approves $9,124,170 New P.W.A. Grants," *New York Herald Tribune*, October 6, 1934.
[36] Allen Raymond, "Survey Reveals Disease Breeds Geographically," *New York Herald Tribune*, March 3, 1935.
[37] See Jessica Fletcher, "Born with a Silver Spoon: Municipal District Health Centers and Harem's Working-Class Families in the Inter-War Period," in "A Municipal Modernity: Women, Architecture, and Public Health in Working-Class New York, 1913-1950" (PhD diss., City University New York, 2024), chapter excerpt courtesy of author, pgs. 20-21.
[38] New York City Department of Health Committee on Neighborhood Health Development, *Report [on] District Health Center Buildings* (New York: January 14, 1935). Within this book is a document authored by architect Henry C. Pelton titled "District Health Center Buildings for the Department of Health—City of New York" that describes the program requirements of the district health centers.
[39] "City Beginning to Decentralize Its Health Work," *New York Herald Tribune*, June 20, 1937.
[40] Although the 1931 Mott Haven Health Center design moderately deviated from Pelton's uniform program, it was later decided to avoid extensive design changes at the building so as not to have to seek re-authorization by the Public Works Administration.
[41] For more on the design of modern hospitals, see Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017).

called for the use to be determined by interested consulting groups and to be used for the activities of cooperative agencies, charity organizations, educational groups, nurseries, and other correlated social service functions. Provisions should be made, Pelton wrote, for additional floors to be added to the structures in the future, which could potentially be used as exhibition space or labs.

While the types of medical services being offered in the health centers were meant to address the health needs of various neighborhoods, they clearly also represented an agenda on the part of the city. Each of the services—maternal and infant care, dental, tuberculosis and venereal services—were closely associated with the poor, and especially immigrant and minority populations, over whom the city sought to exert some level of control.[42] Tuberculosis and venereal services, in particular, became "public" diseases, which were viewed as threats to the economy and vitality of the city and thus seen as a government responsibility. Although city officials' efforts to control the diseases were framed in terms of the economic and cultural factors that led to endemic poor health, it was also true that entrenched prejudice, residential segregation and persistent ideas of hereditarianism, and the belief in racial susceptibility to disease conditioned much of the medical treatment received at the health centers.[43] This bureaucratic authority—in the form of a white, male-dominated health-care delivery system—also extended to women's bodies, their pregnancies, and their children. Non-white mothers were further stigmatized by health care providers who perceived them as ignorant, immoral, and in need of Anglo and middle-class instruction in how to care for their children.[44] Despite being portrayed to the public as a means of overall population health, the health center program explicitly targeted certain communities that were seen as liabilities.

Each health center dedication ceremony was followed by extensive press coverage that was coordinated as part of a Department of Health campaign to enlist the media to inform the public about the health centers. "It was felt that press acceptance of the district program could be obtained only if the new buildings, with their inherent potentialities for the health of the people, were woven into an interesting, coherent news story at the respective dedication ceremonies," the department explained in 1937.[45] In addition to getting press attention, officials hoped that the media blitz would also help to establish a connection with the local community. Each building opening, the department wrote, "readily presented the opportunity for an intensive, continuing campaign in the metropolitan and local press to stimulate community participation in the district program."[46]

The city's purpose-built, pre-war district health centers included (in chronological order, by opening date):

[42] For more on the intersection of health care and immigrant history, see Alan M. Kraut, "Foreign Bodies: The Perennial Negotiation over Health and Culture in a Nation of Immigrants," *Journal of American Ethnic History* 23, no. 2 (Winter 2004): 3-22.
[43] Fletcher, "A Municipal Modernity," chapter 4, pg. 7.
[44] Tanya Hart, "Constructing Syphilis and Black Motherhood: Maternal Health Care for Women of African Descent in New York's Columbus Hill, 1915-1930," *Women, Gender, and Families of Color* 1, no. 1 (Spring 2013), 2. For more on the heath care experiences of poor, working-class women in New York City, see Tanya Hart, *Health in the City: Race, Poverty, and the Negotiation of Women's Health in New York City, 1915-1930* (New York: New York University Press, 2015); Fletcher, "Born with a Silver Spoon," chapter 4, pg. 1.
[45] New York City Department of Health, Committee on Arrangements for Health Center Building Openings, *Work of the Committee for the Year 1937* (New York, 1938), 4.
[46] NYC Department of Health, *Work of the Committee for the Year 1937*, 4.

- East Harlem (June 1937)
  - Located at 158-164 East 114th Street, Manhattan
  - Designed by Henry C. Pelton in a Classical Modern style with a buff brick-clad façade and limestone trim
  - Includes a two-story rooftop addition built 1951-52
  - Part of the East Harlem Historic District (NRHP 2019)
- Mott Haven (June 1937)
  - Located at 349 East 140th Street, Bronx
  - Designed by William H. Gompert and Kenneth M. Murchison in a Classical Modern style with buff brick-clad façade and limestone and bronze trim
- Lower West Side/Chelsea (July 1937)
  - Located at 303 Ninth Avenue, Manhattan
  - Designed by Carl. F. Grieshaber in an Art Deco style with tan brick-clad façade and black granite and limestone trim
- Williamsburg-Greenpoint (July 1937)
  - Located at 151-157 Maujer Street, Brooklyn
  - Designed by Henry C. Pelton in a Classical Modern style with tan brick-clad façade and limestone trim
- Richmond/St. George (August 1937)
  - Located at 51-63 Stuyvesant Place, Staten Island
  - Designed by Henry C. Pelton in a Classical Modern style with tan brick-clad façade and limestone trim
- Astoria-Long Island City (August 1937)
  - Located at 12-26 31st Avenue, Queens
  - Designed by Clay & Corrigill in the Renaissance Revival style with red brick and limestone-clad façades
  - Determined eligible for NRHP listing (2019)
- Red Hook-Gowanus (September 1937)
  - Located at 248-250 Baltic Street, Brooklyn
  - Designed by Louise E. Jallade in an Art Deco style with a limestone-clad façade
  - Part of the Cobble Hill Historic District, NRHP 1976
- Central Harlem (October 1937)
  - Located at 2238 Fifth Avenue, Manhattan
  - Designed by Hobart B. Upjohn & Otto F. Langmann in a Colonial Revival style with red brick-clad façades with limestone trim

- Kips Bay-Yorkville (December 1937)
    - Located at 411 East 69th Street, Manhattan (demolished)
    - Designed by Henry C. Pelton in a Moderne style with a light-colored brick-clad façade with a black-granite entrance surround and a horizontal fenestration pattern on the upper stories
- Washington Heights-Riverside (July 1939)
    - Located at 600 West 168th Street, Manhattan
    - Operated as a health and teaching center
    - Designed by James Gamble Rogers in an Art Deco style with buff brick-clad façades and limestone trim
- Lower East Side (July 1939)
    - Located at 341 East 25th Street, Manhattan
    - Designed by Clay & Corrigill in a simplified Colonial Revival style with red brick-clad façades and limestone trim
- Corona (September 1940)
    - Located at 34-35 Junction Boulevard, Queens
    - Designed by Hobart B. Upjohn in a Modern Classical style with a tan brick-clad façade and limestone trim
- Fort Greene (December 1940)
    - Located at 295 Flatbush Avenue Extension, Brooklyn
    - Designed by James Gamble Rogers in a Modern style with black and red brick-clad façades with limestone trim and horizontal ribbon windows
- Tremont (January 1941)
    - Located at 1826 Arthur Avenue, Bronx
    - Designed by Eggers & Higgins in a Modern Classical style with a tan brick-clad façade and limestone trim

Despite plans to build thirty health centers by 1945, the country's entry into World War II and its new focus on national defense led to the suspension of the building program.[47] After World War II, only a small number of additional health centers were constructed including Sunset Park (1952, 514 49th Street) and Bedford (1956, 485 Throop Avenue) in Brooklyn, as well as Morrisania (ca. 1952, 1309 Fulton Avenue) in the Bronx.

In 1966, Mayor John Lindsay reorganized much of the city government into "superagencies," bringing the Health Department, Department of Hospitals, the Community Mental Health Board, and the city Medical Examiner's Office under the aegis of a single Health Services Administration.[48] However, spiraling costs, budget deficits, deteriorating buildings, extensive red tape, and staff retention problems left the Health

[47] "Health Center Dedicated, Last for Some Time," *New York Times*, December 20, 1940.
[48] Jones, 50.

Department, once the "model for health departments over the world," according to the *New York Times*, "at the lowest point in its history."[49]

In 1969, the city's public hospitals and clinics became part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation established by the New York State Legislature. Although some neighborhood health centers were closed or converted to new uses, many continue to be operated by HHC or other private health organizations as neighborhood health centers.

The Mott Haven District Health Center

The Mott Haven Health Center, first announced in February 1931, was meant to serve an area of roughly 2,500 acres extending between the Harlem and Bronx Rivers on the east and west, and from the East River on the south to 161st Street on the north.[50] The site chosen for new building was roughly in the middle of Mott Haven, on a Board of Education-owned property on East 140th Street that included an elementary school within a nineteenth-century former residence.

Although it was designed in 1931 by William H. Gompert (1875-1946) and Kenneth Murchison (1872-1938) and approved by the Art Commission in March of that year, it wasn't until November 1934 that federal funds, including $185,000 for the construction of the building, were approved by the city and the PWA. Gompert was born in New York City and educated in Brooklyn at Adelphi Academy. He established his own architectural firm in 1906, designing commercial and institutional structures, and was appointed as the Architect and Superintendent of School Buildings for the Board of Education in 1924.[51] In that position, Gompert oversaw the construction of over 170 schools in a variety of styles including Collegiate Gothic, Georgian Revival, and Spanish Colonial before resigning in 1927. Murchison was a École des Beaux-Arts-trained architect who opened his own office in 1902, after which he gained numerous commissions for clubs, banks, apartment houses, major railroad stations in Hoboken, Scranton, Baltimore, Havana, and the Beaux-Arts Apartments (with Raymond Hood, 1930), which became his residence.[52] By early 1930, Gompert became an associate in Murchison's architectural firm.[53] In 1931, Gompert and Murchison, referred to as associates, were selected as the architects of the U.S. Marine Hospital in Stapleton, Staten Island (with Tachau & Vought, 1933-36).[54]

Gompert and Murchison's design for the Mott Haven Health Center merged modern and classical architectural influences into its modest façade. With its symmetry, classical features such as piers, engaged fluted columns, and prominent cornice, the building clearly identified as an institution, yet the façade's simplicity, planar surfaces, and stylized ornament also reflected the influence of a modernizing world and the state-of-the-art program and equipment located within. Clad in buff brick and trimmed with limestone and metal, the building

[49] Martin Tolchin, "Health Department Fights for Its Life," *New York Times*, May 22, 1967.
[50] "Bronx Health Centre to Serve a Wide Area."
[51] NYC Landmarks Preservation Commission, "Samuel Gompers Industrial High School," 9, 10-11; "W.H. Gompert, 71, School Architect," *New York Times*, May 21, 1946.
[52] "Murchison, Kenneth M., Jr.," North Carolina Architects & Builders, A Biographical Dictionary, accessed April 2, 2024: https://ncarchitects.lib.ncsu.edu/people/P000344 ; "K.M. Murchison Services Will Be Held Today," *New York Herald Tribune*, December 17, 1938.
[53] "Builders' Responsibility," *Christian Science Monitor*, January 7, 1930.
[54] "Get Hospital Job," *Daily News*, March 27, 1931.

featured a monumental central portal, geometrically inspired bronze grilles, bronze spandrels with medical iconography—specifically a caduceus, or a winged staff with two snakes coiled around it—at the outer bays, and a simplified limestone entablature. Some of this simplified detail was the result of the Art Commission's review process. Correspondence between Murchison and Everett Waid, a prominent New York architect and member of the Art Commission, shows that Waid requested that the classical design (which originally featured urns at the entrance, fluted piers, and more extensive carved lettering at the fascia) be treated in a simpler, and therefore more modern, way.[55]

At its interior, the building offered public spaces with modest decorative treatments including glazed architectural terra-cotta walls manufactured by the Federal Seaboard Terra Cotta Corporation of Perth Amboy, N.J., bronze light fixtures and grilles, and chevron-patterned terrazzo floors. Otherwise, the building was completed with simple finishes (plaster walls and ceilings, vinyl tile floors) that reflected modern medical requirements for sanitary spaces. At the first floor, the building's central lobby was surrounded by four functional quadrants: dental and oral hygiene in the southwest corner, maternity and infant welfare in the northwest corner, tuberculosis and X-ray in the northeast corner, and venereal disease services in the southeast corner. The second floor contained a variety of offices, consultation and exam rooms, and nursing rooms in a variety of sizes.

Although later health centers would use the third floor for flexible, community-oriented spaces, at the Mott Haven Health Center, the third floor was used as a light therapy room for the treatment of tuberculosis, a contagious disease that was the leading cause of death during the nineteenth and early twentieth centuries. The discovery of the therapeutic properties of ultra-violet light, which could eradicate disease-causing microbes, occurred in the early years of the twentieth century and became a preferred method of treating tuberculosis of the bones, joints, and skin.[56] By the 1920s, natural sun therapy, or heliotherapy, was a popular and respected treatment that was often used in hospitals and sanitoriums across Europe and America in the form of porches, balconies, and extensively glazed interior rooms. At the Mott Haven Health Center the light therapy room took the form of a double-height space with a large, hipped metal skylight that was equipped with Vitaglass, a transparent window glass that allowed ultraviolet radiation to penetrate.[57]

While the basement level contained typical uses such as a boiler room and storage, it also contained a telephone service, nurses retiring room, offices, as well as a large unassigned space that was, as described by Commissioner Rice in 1935, meant to be used as a conference room and as an auditorium for health education and advice to mothers.[58]

[55] Kenneth Murchison to Everett Waid, May 21, 1931, Mott Haven Health Center, Bronx, 1773J, Public Design Commission Archives, New York.
[56] RA Hobday, "Sunlight Therapy and Solar Architecture," *Medical History* 42 (1997): 455.
[57] Kisacky, *Rise of the Modern Hospital*, 267-268. Vitaglass was discovered at Columbia University in the late 1920s. This type of treatment largely disappeared after antibiotics were discovered in the 1940s and after the dangers of excessive sun exposure were discovered.
[58] Commissioner John L. Rice to Paul Windels, June 21, 1935, Health Commissioners records, 1928-1991; REC 0050; John L. Rice, 1934-1942; Series 1; Subseries 6; Box 2.218; Folder 7; Municipal Archives, City of New York.

Contracts for the new building were executed and approved in the spring of 1935 and demolition of the existing buildings on the site began in May.[59] In June 1935, a cornerstone laying ceremony was held with Mayor LaGuardia, Health Commissioner John L. Rice, and Bronx County Medical Society president Dr. David Greenberg in attendance. At the ceremony, LaGuardia insisted that the creation of the health centers was just one part of his larger plan to eliminate the scourge of sickness hastened by the city's old-law tenements.[60] Indeed, with one of the oldest tenement districts in the Bronx and significantly worse-than-average mortality rates compared to the rest of the borough, Mott Haven's need for a health center was seen as urgent.[61] In a nod to continuing opposition from private physicians, who feared losing patients, it was noted that the health center would be primarily educational rather than clinical and would be supported by advisory committees of local physicians and citizens. "Today we are putting down into the soil of New York City, the roots of a building that will be the center of a health progress for Mott Haven," said Dr. Rice at the ceremony. "It will stand for united effort…will bring the Health Department intimately in touch with the people," and will become "a builder of health."[62]

The Mott Haven Health Center was dedicated in June 1937 with a three-day celebration including a luncheon for 2,500 guests, a mothers' program in which fifty babies received silver spoons outfitted with a miniature seal of the City of New York, and an official opening ceremony at which Rice called it an institution "for friendship, unity of endeavor and service."[63] Almost immediately, the health center began to offer its preventative health services as well as a series of health talks, exhibitions, and educational campaigns on a vast range of subjects.

Drug treatment, acupuncture & the Lincoln Detox People's Program

By the late 1960s, New York City was facing increasing rates of drug use and drug addiction, with estimates of some 100,000 narcotics users in the city.[64] In addition to establishing an Addiction Services Agency (ASA) in 1967, the city began to increase its efforts in rehabilitation and education. At the Mott Haven Health Center, the ASA created a Juvenile Evaluation and Prevention Unit in 1968 to train public school teachers to recognize "pre-addict behavior" so that they could refer them to the health center before they became addicts.[65]

Illegal drug use and addiction had long been considered a "character disorder" by the scientific community, which saw it as one of several deviant behaviors linked to the minority poor.[66] This perspective created an

[59] New York City Department of Health, *Program for the Construction of District Health Center Buildings and Sub-Stations* (New York: June 1936), 8.
[60] "Mayor Lays Cornerstone for Bronx Health Center," *New York Herald Tribune*, June 16, 1935.
[61] "Mott Haven District, With General Mortality Rate of 9.14 Per Thousand, Highest in Bronx," *Bronx Home News*, February 13, 1935 in New York City Department of Health, *Mott Haven Health Center, The Bronx, 1935-1937: Scrapbook of Newspaper Clippings* (1937); "Health Center at Mott Haven to be Dedicated," *New York Tribune*, June 16, 1935 in NYC Department of Health, *Scrapbook of Newspaper Clippings*.
[62] "Cornerstone for Health Center Laid; Mayor Tells of Plans Awaiting Funds," *Bronx Home News*, June 19, 1935 in NYC Department of Health, *Scrapbook of Newspaper Clippings*.
[63] "Health Center is Ready," *New York Times*, June 27, 1937; "Health Board Dedicates New Mott Haven Center," *New York Herald Tribune*, June 30, 1937; "New Health Center Opened in the Bronx," *New York Times*, June 30, 1937.
[64] "100,000 Addicts Reported in City," *New York Times*, December 14, 1967.
[65] "2.7% of Addicts Under Care," *New York Times*, February 26, 1968.
[66] Maureen Mahoney, "Fighting 'Addiction': African-American and Hispanic Activism and New York City's Illegal Drug Policies, 1946-1999 (Ph.D. diss., University of Wisconsin-Madison, 2011), 5-6.

often-contentious relationship between medical experts and minority groups, who did not wish to be stigmatized for what they perceived as larger systemic injustices. Thus, during the 1960s and 1970s, African American and Hispanic activists across the city sought to achieve a level of self-determination, or community control, over their interactions with medical professionals as well as law enforcement. "Intimately bound up with the problem of healthcare in the South Bronx was that of drug addiction," explains historian Rachel Pagones, "and those activists who began focusing on it believed the only way to get at the root of addiction was to rid society of poverty, racism and sexism—and the resultant exploitation and alienation of entire classes of people—through socialist revolution." [67]

These views were closely aligned with the larger, national civil rights movement battling systemic and structural racism. The 1960s saw the passage of several far-reaching pieces of health care legislation including the Civil Rights Act of 1964, which prevented discrimination in federally funded hospitals and other health care facilities, the passage of Medicare and Medicaid in 1965, and, that same year, the creation of a new health center movement, focused on delivering primary care to the poor. Nevertheless, economic and racial disparities persisted in health care access and affordability. In 1966, Dr. Martin Luther King Jr. denounced what he saw as medical apartheid, noting that, "Of all the inequalities that exist, the injustice in health care is the most shocking and inhuman."[68] Thus, civil rights organizations such as the Black Panthers and the National Association for the Advancement of Colored People (NAACP) continued to make access to healthcare for African Americans a focus of their efforts, fighting segregation and lobbying for improved care.[69]

In New York City, however, many Latino and Black youths faced pervasive racist, classist, and xenophobic oppression and began demanding bold action to bring about radical societal change. Since World War II, Mott Haven had changed dramatically, with reduced connectivity to the rest of the city, decaying building stock, rapid urban renewal, and a shifting population. As a result of persistent racial inequality after the passage of several national civil rights acts, radical groups surged to fill the void in calling for equality and resources for African Americans, Puerto Ricans, and other communities of color. These groups proliferated in the South Bronx, as well as other depressed parts of the city, such as East Harlem and areas of Brooklyn.

In 1970, a group of activists formed to demand changes at Lincoln Hospital, a large full-service public hospital on East 149th Street that struggled to meet the basic health needs of the low-income neighborhood and was locally referred to as the "butcher shop." The three groups at the helm of the effort included the Puerto Rican nationalist Young Lords Party, Think Lincoln, and the Health Revolutionary Unity Movement (HRUM), which included Puerto Rican and white community activists, the Black Panther Party, a range of non-professional and professional hospital workers, and a phalanx of former drug addicts. In June 1970, the groups held marches and

[67] Rachel Pagones, *Acupuncture as Revolution: Suffering, Liberation, and Love* (London: Brevis Press, 2021), 49.
[68] Martin Luther King, Jr. quoted in Vann R. Newkirk II, "The Fight for Health Care Has Always Been About Civil Rights," *The Atlantic*, June 27, 2017, accessed July 23, 2024: https://www.theatlantic.com/politics/archive/2017/06/the-fight-for-health-care-is-really-all-about-civil-rights/531855/.
[69] Thomas J. War, Jr., "Health Care Was Central to the Civil Rights Movement," *Washington Post*, January 28, 2021, accessed July 23, 2024: https://www.washingtonpost.com/outlook/2021/01/28/health-care-was-central-civil-rights-movement/#.

rallies at the hospital and in July, they successfully occupied the old nurses' residence, raising banners that read "Welcome to the People's Hospital."[70] The occupation ended without violence or arrests.

In November 1970, the activists occupied the hospital again, and this time demanded that the hospital create a drug treatment program including a new 100-bed detoxification unit to be controlled by community members, including those struggling with addiction.[71] In response, in January 1971, the state awarded a seven-figure grant to fund a drug detoxication program at Lincoln. The sixth floor of a Lincoln Hospital administration building was transformed into an ad-hoc detoxification unit, and several drug addicts began treatment with methadone.

The new program began with methadone treatment but quickly expanded to include acupuncture as an alternative addiction treatment. The use of acupuncture was, as Rachel Pagones has written, a response to the immense problem of heroin addiction, which many activists believed to be a government-backed, colonial effort to perpetuate the heroin trade and pacify "ghetto inhabitants" during and after the Vietnam War.[72] Many young men returning from Vietnam addicted to heroin were treated as criminals with little thought given to their rehabilitation. While maintenance through methadone, a synthetic opioid, helped to legally wean addicts off heroin, it was also addictive and led to overdose deaths. Over time, skepticism of government-sponsored drug-treatment clinics that used methadone grew and activists began to fear that it was yet another form of state control.[73] Chinese medicine, especially acupuncture, offered natural, chemical-free healing options. The use of acupuncture was also, notably, perceived in political terms due to its association with socialism and its oppositional force against capitalism and the seemingly complicit pharmaceutical industry.[74]

Soon after the detox program was established at Lincoln Hospital, it expanded into a satellite clinic in the former Mott Haven Health Center at 349 East 140th Street, which became known as the Lincoln Detox People's Program.[75] Among the leaders of the detox program were Michael Smith, a white psychiatrist at Lincoln Hospital, and Mutulu Shakur, a member of the Black nationalist group Republic of New Afrika (and the stepfather of actor and rapper Tupac Shakur), among others.[76] Together, Smith and Shakur helped to bring national recognition to acupuncture as a drug addiction therapy and they taught acupuncture methods to other doctors and community activists. The detox program became known for having pioneered a method of acupuncture that only used points in the ear to ease addiction. The program also included classes that introduced patients to political revolutionary ideas as part of their therapy.

In 1973 the state stopped funding the drug program and the city took over financing its activities. By the late 1970s, the City of New York, which was the parent of Lincoln Hospital and its offshoots, began to question the

[70] Pagones, 50-53.
[71] Pagones, 56.
[72] Pagones, 58.
[73] Susan M. Reverby, *Co-Conspirator for Justice: The Revolutionary Life of Dr. Alan Berkman* (University of North Carolina Press, 2020), 91.
[74] Pagones 66. The use of acupuncture was also being publicized more widely in articles such as "Hong Kong Doctors Use Acupuncture to Relieve Addicts' Withdrawal Symptoms," *New York Times*, April 5, 1973.
[75] In 1970, alteration plans were filed with the Department of Buildings for interior partition changes however it is unknown if this is related to the Lincoln Detox program. See Alteration 164-70, which was completed on September 20, 1973 according to the Certificate of Occupancy.
[76] Pagones 109.

collective's financial management and its quasi-autonomous operational arrangement. One of the loudest opponents was legislator Charles (Chuck) E. Schumer, then a Brooklyn Democratic Assemblymember, who accused NYC Health and Hospitals Corporation of protecting what he called "a ripoff drug-treatment program" rife with no-show jobs, overbilling, and management failures.[77]

On November 28, 1978, Mayor Ed Koch closed the clinic at Lincoln Hospital, leaving only the satellite clinic on East 140th Street.[78] The program's organizers objected to the abrupt closing, noting that they were being scapegoated for medical and administrative failures that, they claimed, were always the responsibility of Health and Hospitals.[79] While the city publicly cited these reasons for the program's closure, it is also likely that it was closed due to officials' fears of radicalism in the Black and Puerto Rican communities. Although staff members, volunteers, and patients protested outside of Lincoln Hospital, bearing signs reading "Hands off Lincoln Detox," the program remained closed, and the clinic workers were reassigned within the city hospital system.

Despite the closure, the program lived on at 349 East 140th Street under the aegis of the NYC Health and Hospitals Corporation. Although it remained affiliated with Lincoln Hospital, after this it became less directly associated with the original Lincoln Detox program, the creation of which remains an important touchstone in the history of political movements in New York City and the history of acupuncture treatment as an alternative treatment to drug addiction.

Later History

Eventually, the detox program at the former Mott Haven Health Center was renamed the Substance Abuse Division of the Department of Psychiatry of the Lincoln Methadone & Mental Health Center, a division of NYC Health and Hospitals Corporation. The program was helmed by Smith, who in 1985, founded the National Acupuncture Detoxification Association (NADA) and formalized the NADA protocol. In the 1990s, it was renamed the Lincoln Recovery Center and in 2002, the program came under the jurisdiction of the newly renamed Department of Health and Mental Hygiene.[80] In 2011, Lincoln Hospital administrators relocated the center from the building to the basement of the Segundo Ruiz Treatment Center half a mile away.[81] The former Mott Haven Health Center was left vacant.

Over the years, recognition of the significance of the Lincoln Detox program to the field of acupuncture, drug treatment, and the history of the South Bronx has been explored in articles, books, and films. Most recently, in

[77] Ronald Sullivan, "Bronx Drug Program Called a 'Ripoff,'" *New York Times*, November 28, 1978.
[78] Pagones, 119; "Countercharges by Lincoln Drug Unit," *New York Times*, Nov 30, 1978.
[79] "Drug Clinic Shut; Hospital Picketed," *Newsday*, November 30, 1978. "Countercharges by Lincoln Drug Unit."
[80] Olga Khazan, "How Racism Gave Rise to Acupuncture for Addiction Treatment," *The Atlantic*, August 3, 2018, accessed April 2, 2024: https://www.theatlantic.com/health/archive/2018/08/acupuncture-heroin-addiction/566393/; Eana Meng, "Dr. Mutulu Shakur and the Lincoln Detox Center," Of Pat and Parcel, February 20, 2020, accessed April 2, 2024: https://www.ofpartandparcel.com/blog-2/dr-mutulu-shakur-and-the-lincoln-detox-center#_ftn16.
[81] Georgia Gee, "Bronx Acupuncture Center for Addiction Fighting to Survive," *The Bronx Ink*, October 15, 2019, accessed April 2, 2024: *http://bronxink.org/2019/10/15/28640-bronx-acupuncture-center-for-addiction-fighting-to-survive/*.

2021, a documentary by Canadian filmmaker Mia Donovan called *Dope Is Death* told the story of the detox program and the people who were involved in its creation.[82]

In 2013, South Bronx Unite, a community organization committed to bringing together neighborhood residents, local groups, and academic institutions to protect the social, environmental, and economic future of Mott Haven and Port Morris, began to explore the possibility of adaptively reusing the vacant building. In 2015, the group joined with other community organizations to form and incorporate a community land trust, the Port Morris-Mott Haven Community Land Stewards, Inc., a non-profit whose mission is to ensure community stewardship of the land and promote a more egalitarian society within the Bronx.[83] Eventually, through a series of community discussions, undertaken with the Spitzer School of Architecture (City College of New York), it was determined that the building should be converted into a community-run space for health, education and the arts and called the H.E.ARTS Community Center.[84] Thus, it is expected that the new community center, once rehabilitated, will include many of the building's historic uses, such as health and social services, and now cultural resources as well, for its immediate neighborhood.

[82] Erin Blakemore, "Film recounts the birth of a radical Bronx clinic that used acupuncture to help people break drug dependence," *The Washington* Post, June 5, 2021, accessed April 2, 2024: https://www.washingtonpost.com/health/lincoln-detox-acudetox-dope-is-death/2021/06/04/e3e93ee8-c3cd-11eb-9a8d-f95d7724967c_story.html.
[83] For more on community land trusts in the Bronx, see Bronx Borough President Ruben Diaz, Jr., "Community Land Trust Report," December 2020, accessed April 2, 2024: https://bronxboropres.nyc.gov/wp-content/uploads/2020/12/bxbp-clt-report.pdf.
[84] Bagchee Architects, "H.E.ARTS Community Center," accessed April 2, 2024: https://bagcheearchitects.com/portfolio/020-hearts/; Nandini Bagchee, "Design and Advocacy in the South Bronx," Urban Omnibus, May 3, 2014, accessed April 2, 2024: https://urbanomnibus.net/2017/05/hearts-studio/.

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Previous documentation on file (NPS):

__X__ 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: _____

Historic Resources Survey Number (if assigned):

10. Geographical Data

Acreage of Property 0.23 acres
(Do not include previously listed resource acreage.)

Latitude/Longitude Coordinates

Datum if other than WGS84:_____
(enter coordinates to 6 decimal places)

1. Latitude: 40.811243 Longitude: -73.923324

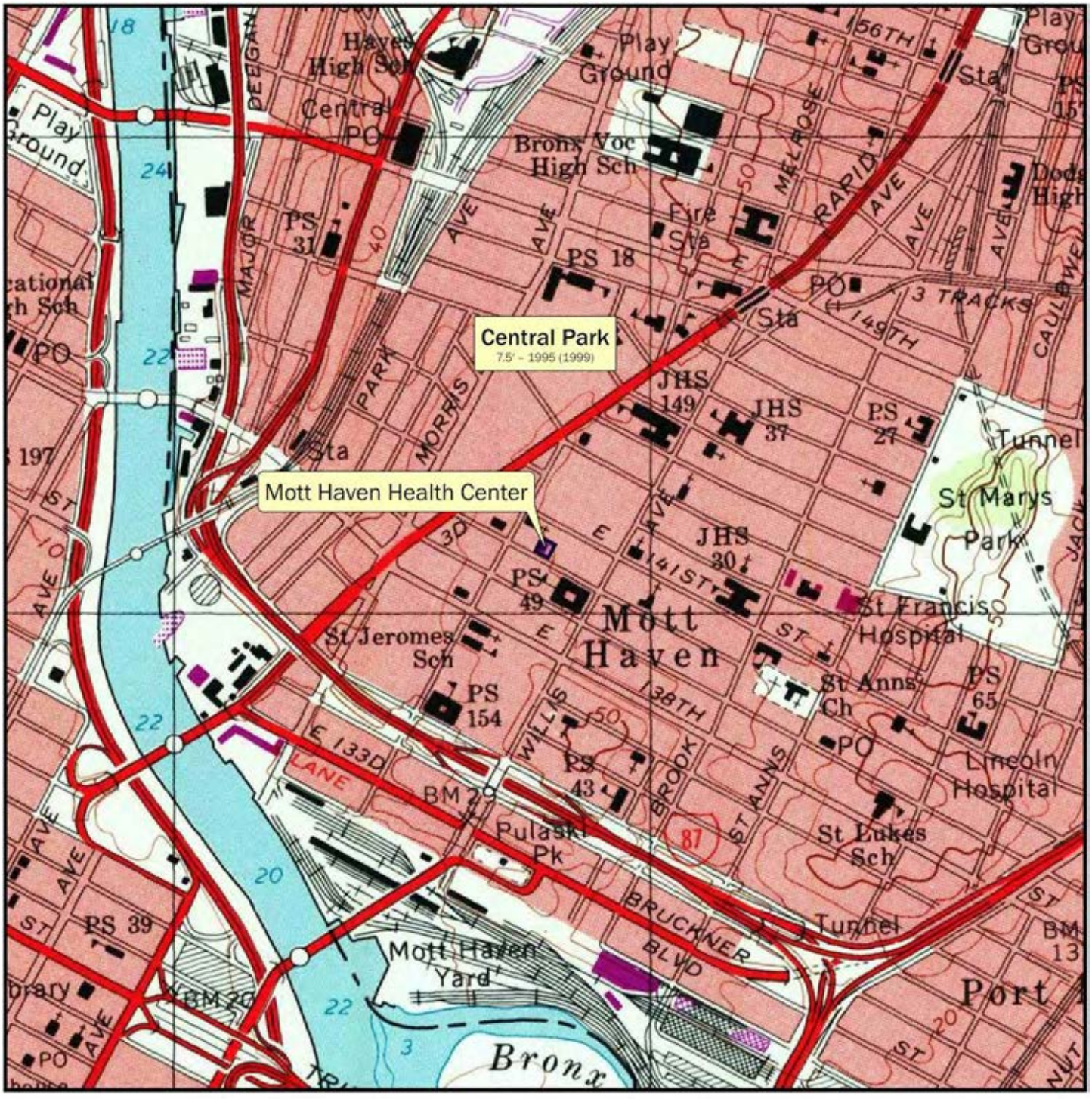
Verbal Boundary Description (Describe the boundaries of the property.)

The boundary is indicated by a heavy line on the enclosed map with scale.

Boundary Justification (Explain why the boundaries were selected.)

The boundary encompasses the entire health center and reflects the boundary of the property during the period of significance.

Mott Haven Health Center Bronx County, NY
Name of Property County and State



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Mott Haven Health Center

New York State Parks, Recreation and Historic Preservation

Projection: WGS 1984 UTM Zone 18N

Mapped 06/30/2025 by Matthew W. Shepherd, NYSHPO

Mott Haven Health Center Bronx County, NY
Name of Property County and State

1:1,200
0 50 100 ft

Nomination Boundary (0.23 ac)

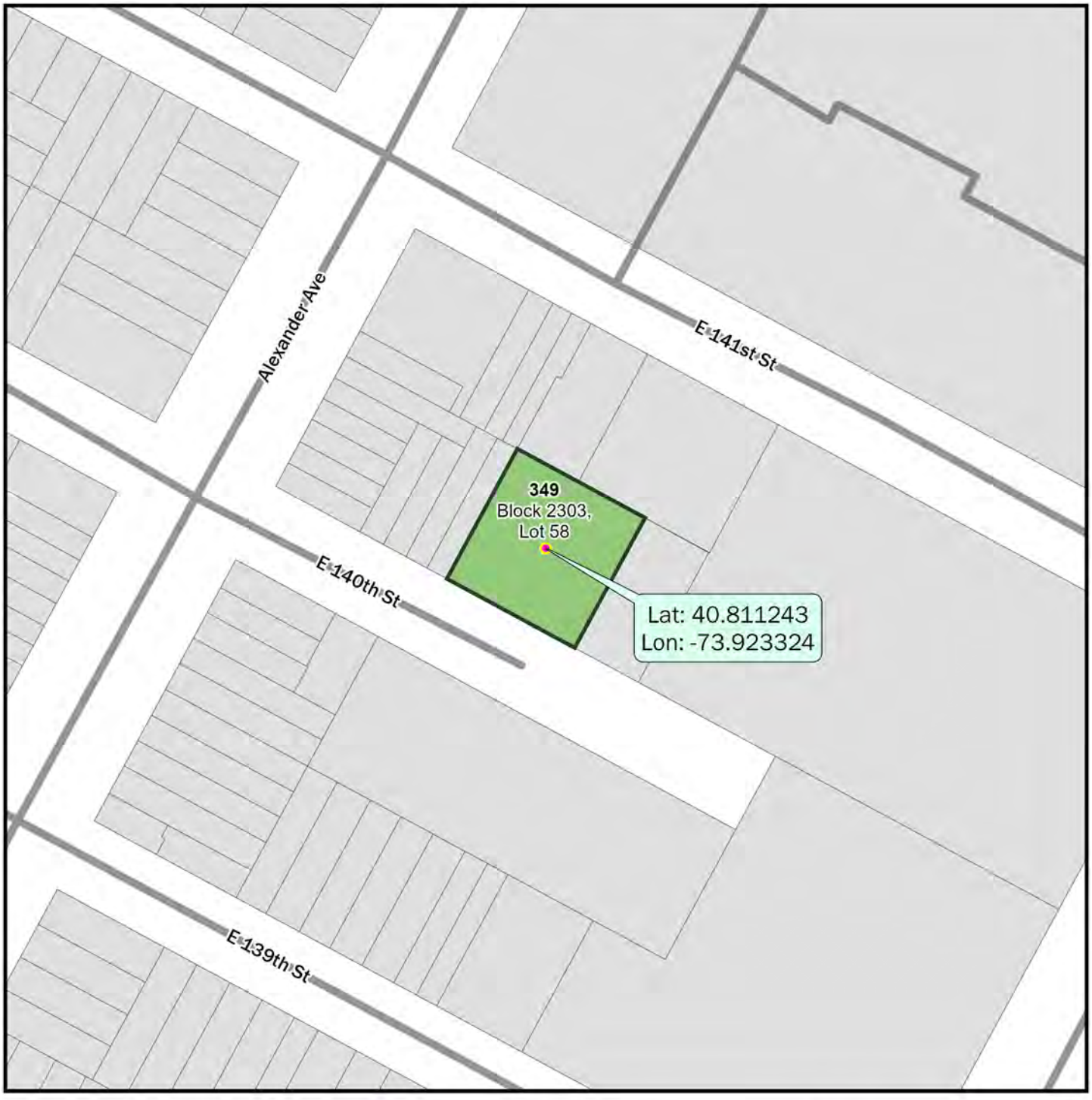
New York State Parks, Recreation and Historic Preservation

Projection: WGS 1984 UTM Zone 18N

New York State Orthoimagery Year: 2023

Mapped 06/30/2025 by Matthew W. Shepherd, NYSHPO

Mott Haven Health Center Bronx County, NY
Name of Property County and State



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Nomination Boundary (0.23 ac)
Tax Parcels

New York State Parks, Recreation and Historic Preservation

Projection: WGS 1984 UTM Zone 18N
Bronx County Parcel Year: 2024
Mapped 06/30/2025 by Matthew W. Shepherd, NYSHPO

Mott Haven Health Center Bronx County, NY
Name of Property County and State

11. Form Prepared By

name/title Lindsay Peterson

organization Higgins Quasebarth & Partners date May 2025

street & number 11 Hanover Square, 16th Floor telephone 212-274-9468

city or town New York state NY zip code 10005

e-mail peterson@hqpreservation.com

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.

  A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Continuation Sheets**

- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Figures

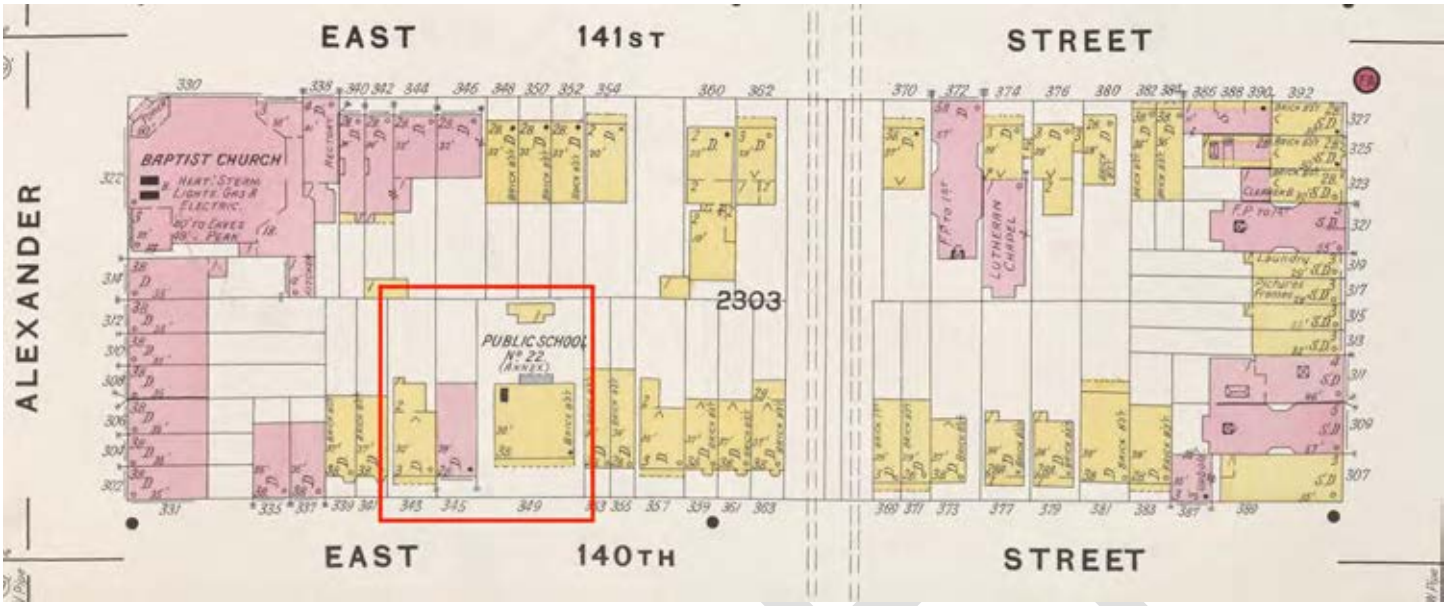

Figure 1: 1908 Sanborn map showing the buildings previously on the site of the Mott Haven Health Center. These buildings were demolished under in 1935. (Lionel Pincus and Princess Firyal Map Division, New York Public Library)

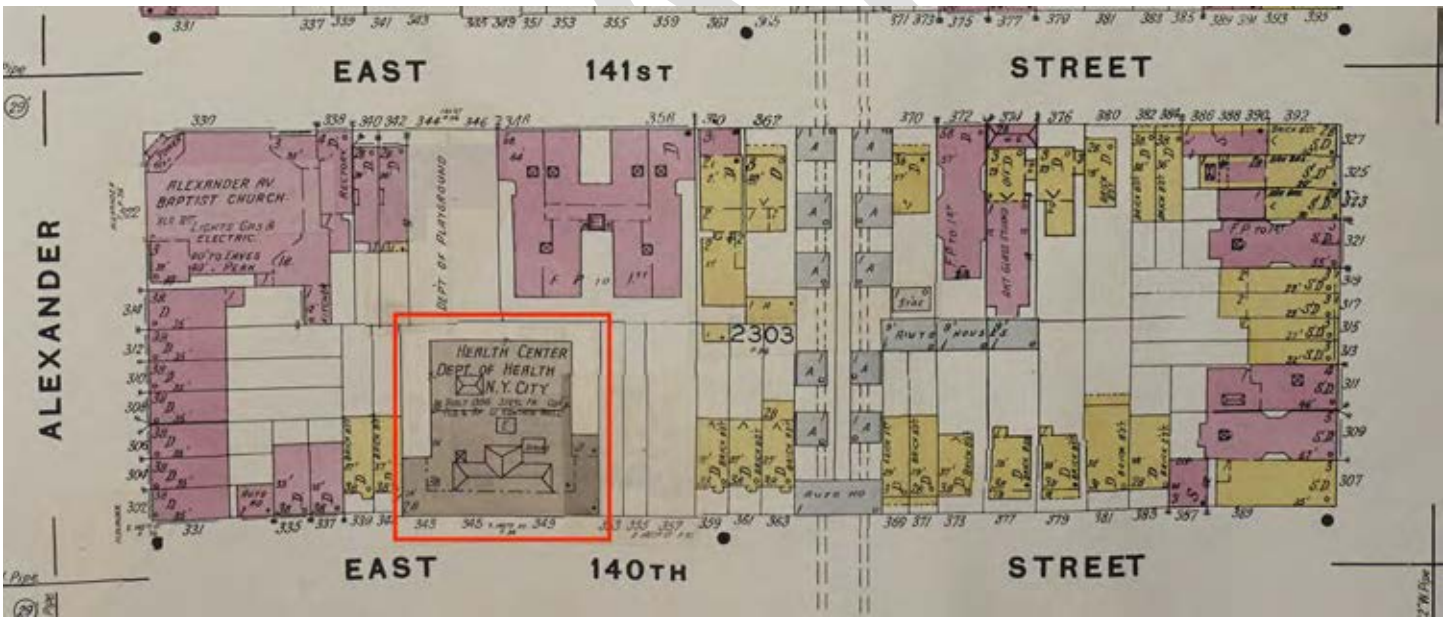

Figure 2: 1946 Sanborn map showing Mott Haven Health Center.
(Sanborn Fire Insurance Maps, Library of Congress Geography and Map Division)

Figure 3: 2023 NYCityMap showing the complex and its existing context.
(NYCityMap - http://maps.nyc.gov/doitt/nycitymap/)

Figure 4: Map of the Health Department Building Program showing new district health centers in the city's thirty health districts. (NYC Department of Health, *Building Program as Related to the Master Plan for the City of New York,* March 1939)

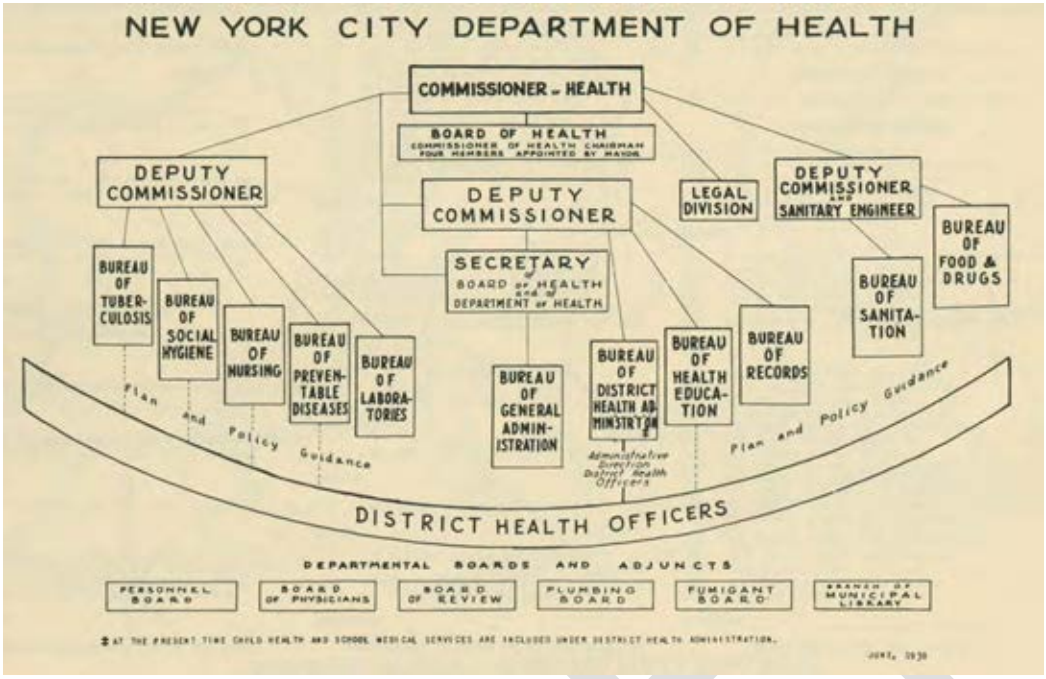

Figure 5: Diagram of the NYC Department of Health organizational flow chart showing the role of the district health officers in dispensing care and education from various bureaus.
(NYC Department of Health, *Work of the Committee for the Year 1937*)

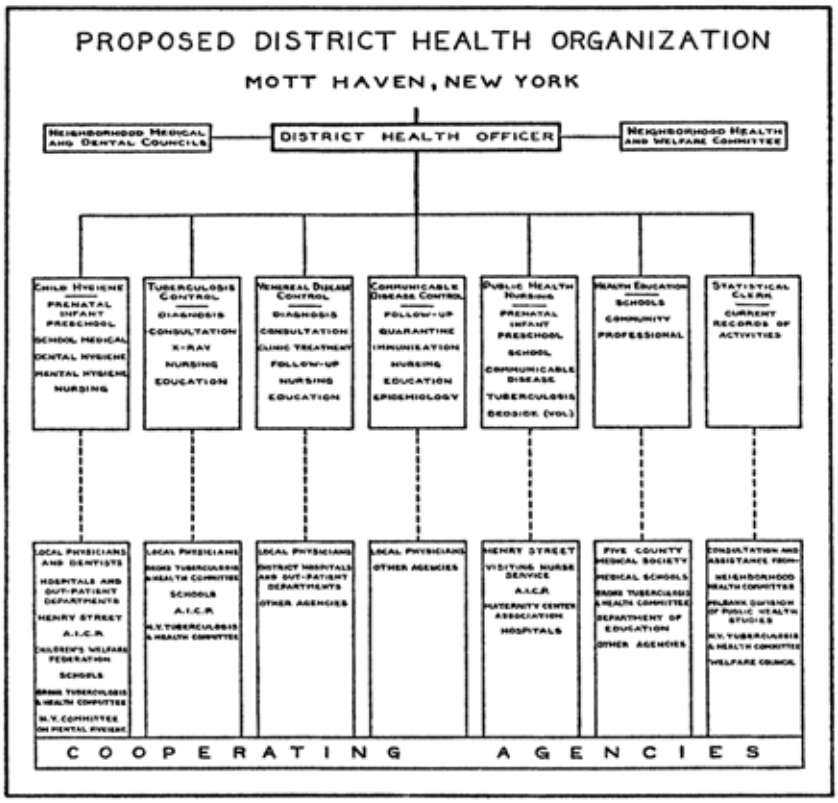

Figure 5: Diagram of the proposed district health organization for Mott Haven.
("District Health Administration in New York City," *Milbank Memorial Fund Quarterly Bulletin* 11, no.3 (July 1933): 216)

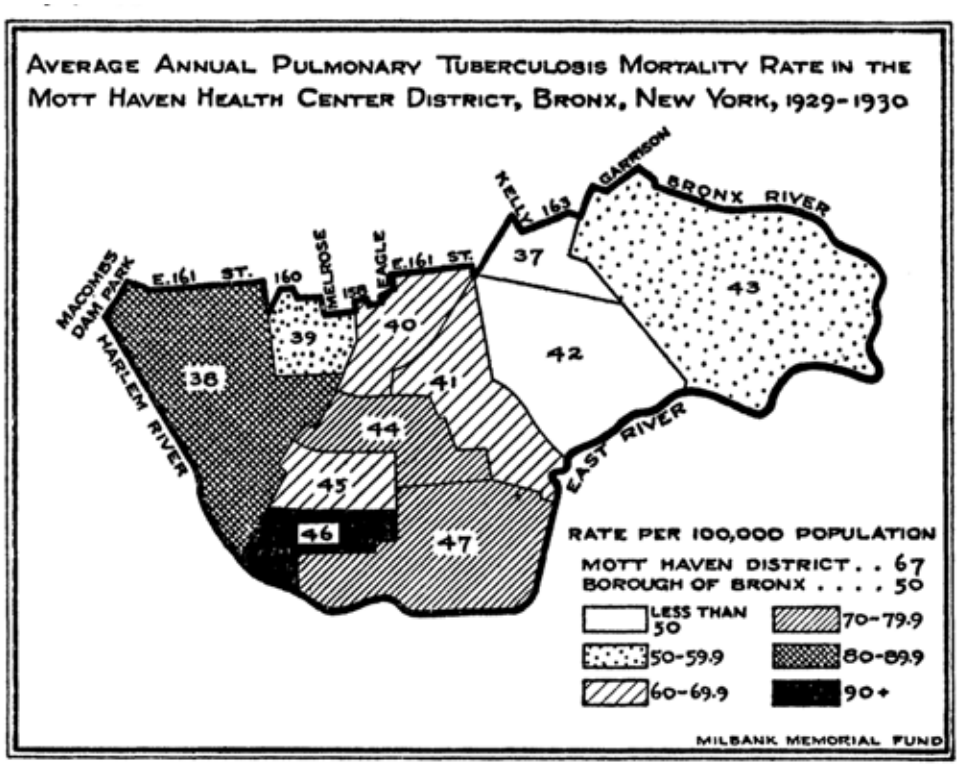

Figure 5: Diagram showing the annual mortality rate from pulmonary tuberculosis in the Mott Haven Health Center district from 1929-1930. ("District Health Administration in New York City," *Milbank Memorial Fund Quarterly Bulletin* 11, no.3 (July 1933): 215)

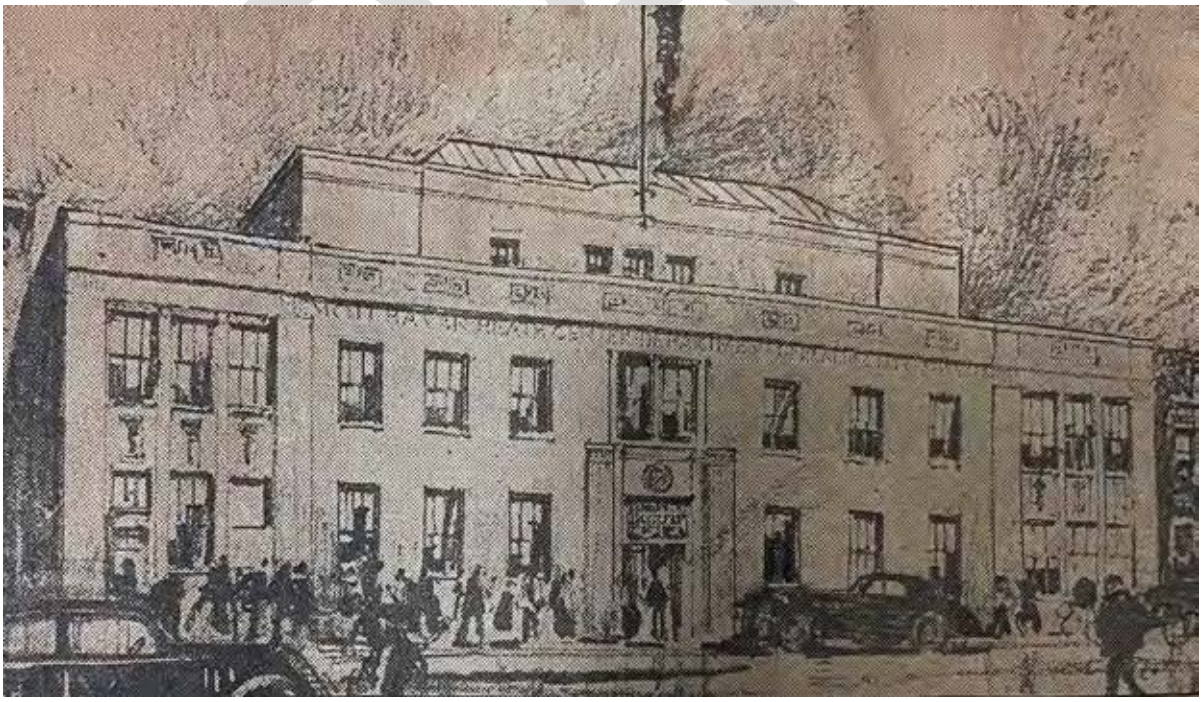

Figure 6: 1935 rendering of the proposed Mott Haven Health Center.
(*The Home News* via *Mott Haven Health Center, The Bronx, 1935-1937: Scrapbook of Newspaper Clippings*)

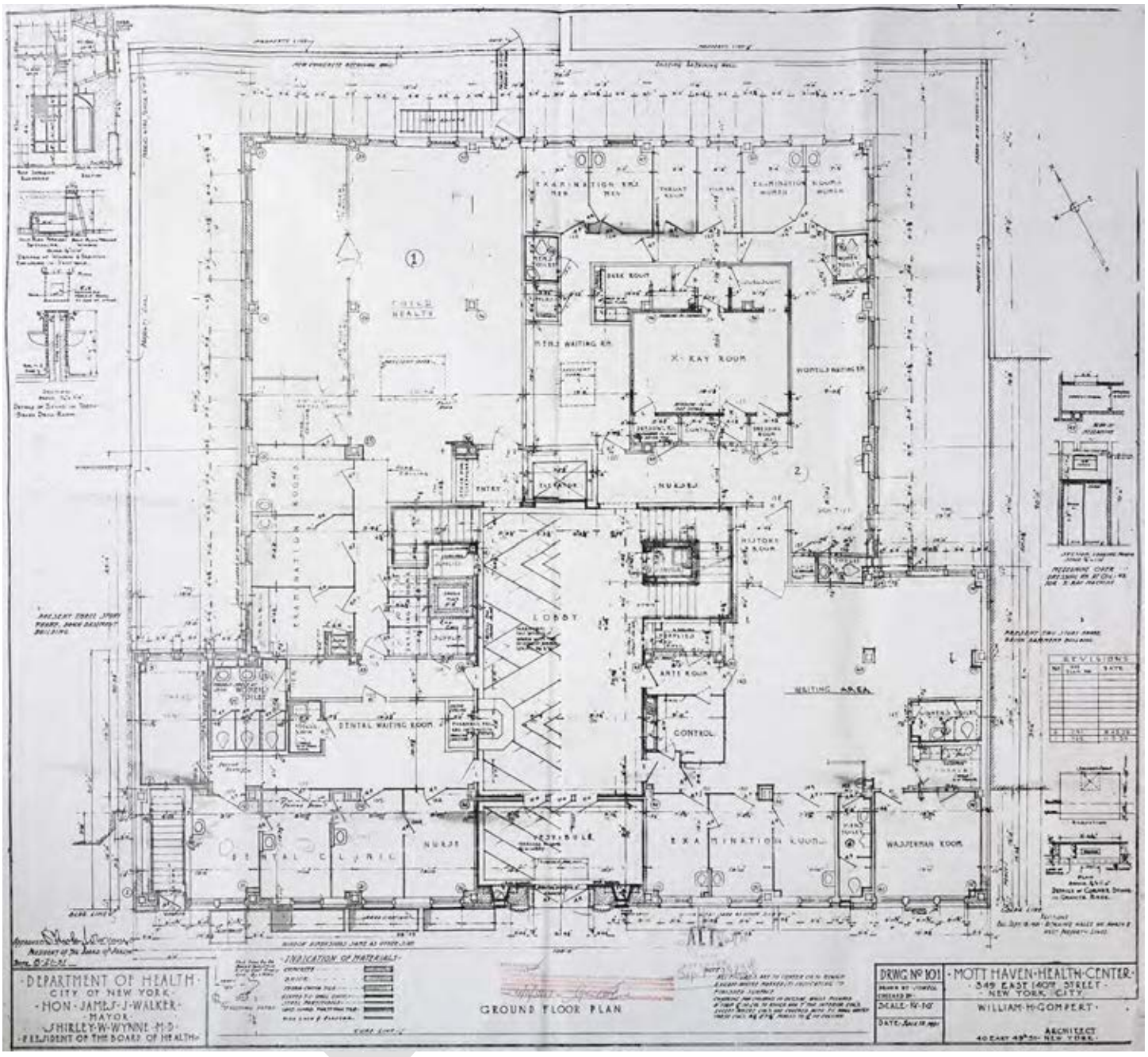

Figure 7: 1931 ground floor plan. (Bronx Department of Buildings)

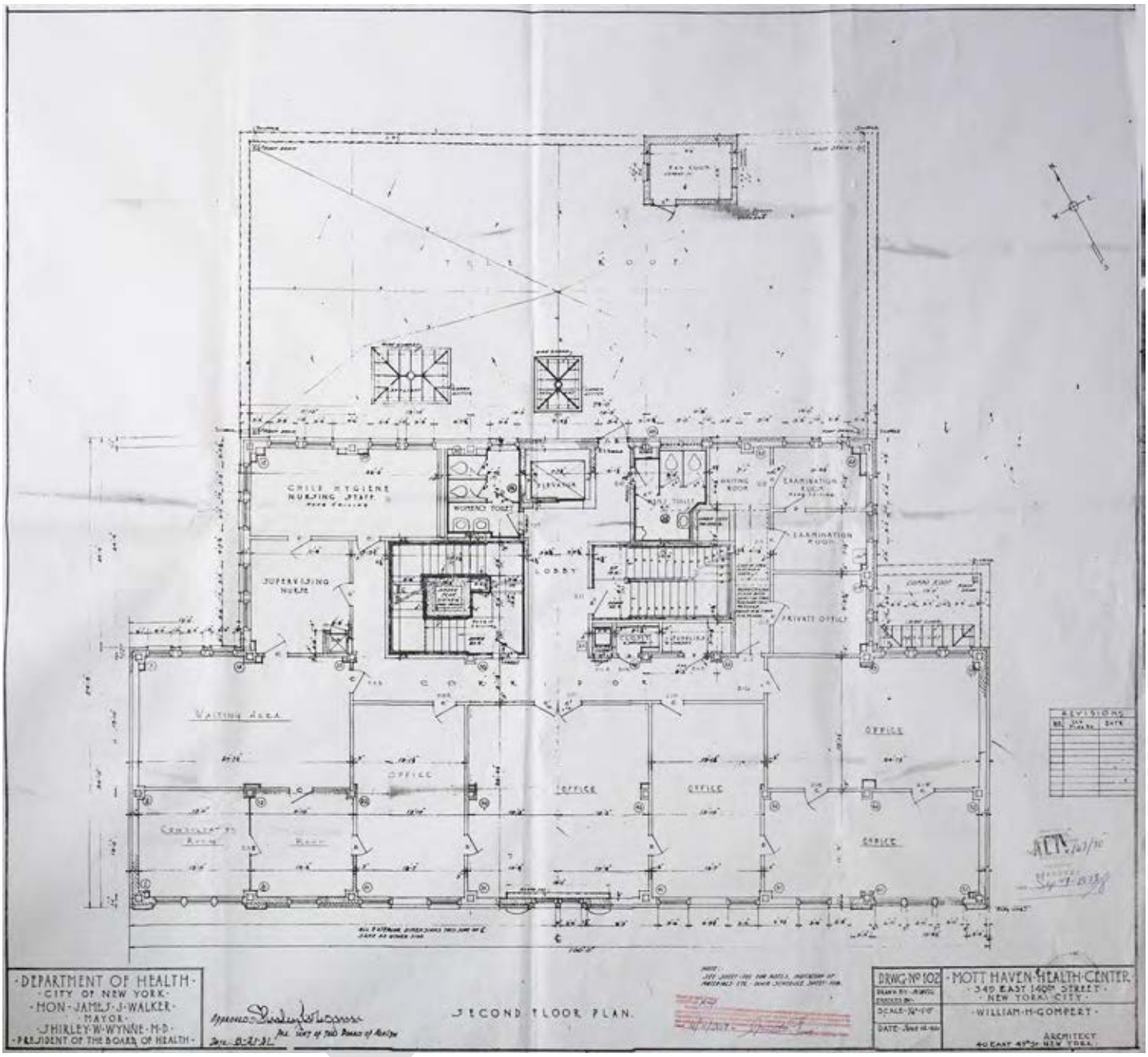

Figure 8: 1931 second floor plan. (Bronx Department of Buildings)

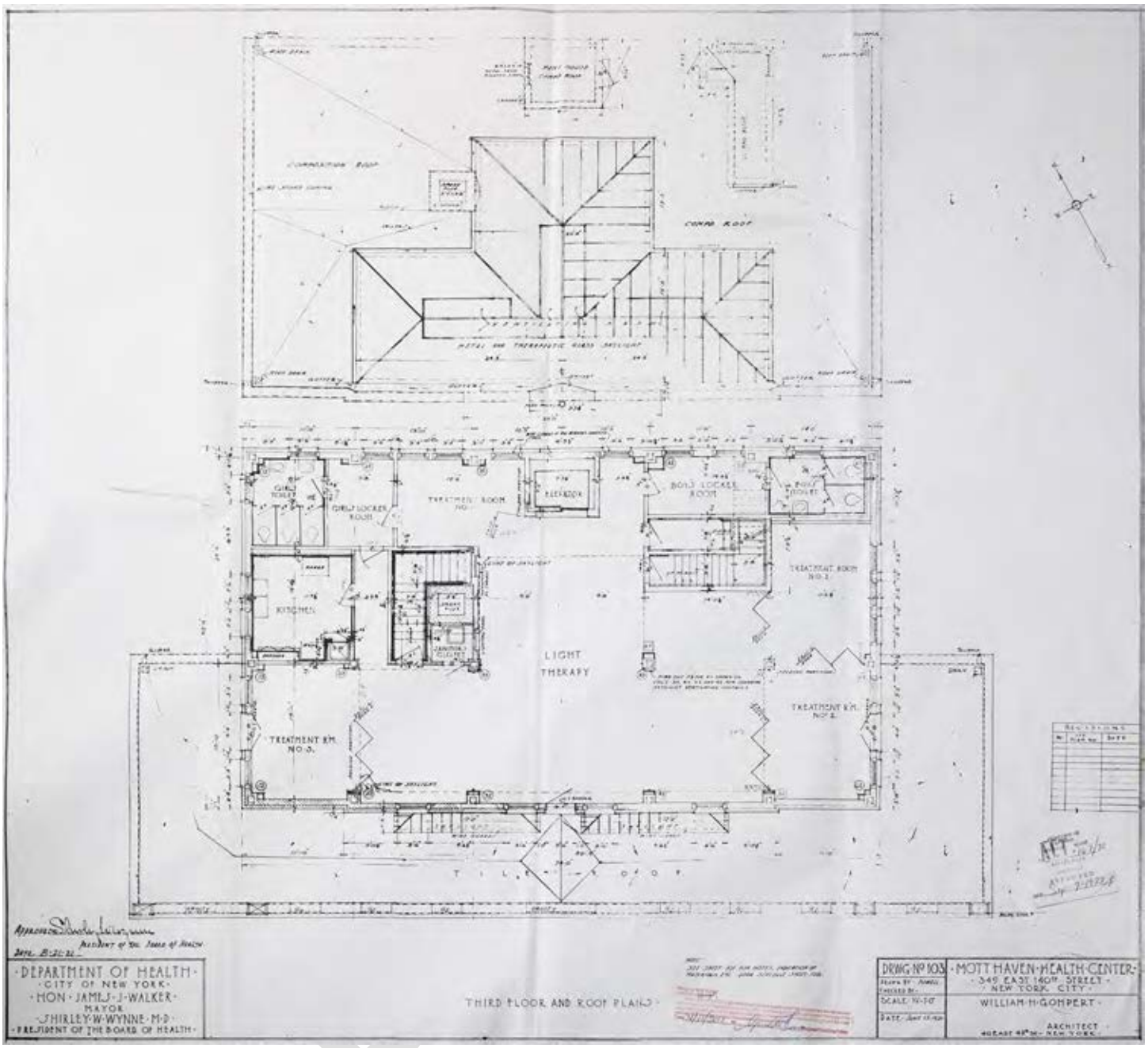

Figure 9: 1931 third floor and roof plan showing the light therapy room and rooftop skylight. (Bronx Department of Buildings)

Figure 10: View of Mayor LaGuardia laying the cornerstone of the Mott Haven Health Center in June 1935. (*The Home News* via *Mott Haven Health Center, The Bronx, 1935-1937: Scrapbook of Newspaper Clippings*)

Figure 11: 1936 view of the health center under construction. (*Program for the Construction of District Health Center Buildings and Sub-Stations*)

Figure 12: Ca. 1937 view of the completed health center looking northwest. (NYC Municipal Archives)

Figure 13: Ca. 1937 view of the completed health center. (NYC Municipal Archives)

Figure 14: Ca. 1937 view of the completed health center. (NYC Municipal Archives)

Figures 15: 1939 view of the lobby showing the glazed architectural terra-cotta walls and chevron-patterned terrazzo floors. (NYC Municipal Archives)

Figures 16: Health Commissioner Rice at the baby spoon presentation at the Mott Haven Health Center, 1937. (New York City Department of Health, *Work of the Committee for the Year 1937*)

Figure 17: 1978 view of the building after it had become the Lincoln Detox People's Program. (*New York Times* via Atlas Obscura)

Figure 18: Ca. 1985 tax photograph of the building when it was known as the Substance Abuse Division of the Department of Psychiatry of the Lincoln Methadone & Mental Health Center. (NYC Municipal Archives)

Figure 19: 2014 aerial view of the Mott Haven Health Center. (Google)

Mott Haven Health Center Bronx County, NY
Name of Property County and State

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Mott Haven Health Center
City or Vicinity: Bronx
County: Bronx State: NY
Photographer: Lindsay Peterson
Date Photographed: 2023

Description of Photograph(s) and number:

01 Overall view of the building's two-story streetwall façade which is clad in buff brick and limestone and symmetrically arranged around a central monumental entrance.

02 Overall view looking northwest.

03 Detail view of the building's central entrance, which is flanked by tall, engaged limestone columns that are fluted and capped with a stylized capital with a Greek key motif. Behind the roll-down gate and plywood are historic bronze-and-glass double doors with a decorative grille and plaque at the transom.

04 Detail view of the bronze spandrels featuring decorative caducei at the building's end bays.

05 Detail view of the building's limestone frieze that reads "DEPARTMENT OF HEALTH CITY OF NEW YORK."

06 Overall view of the building's east elevation showing the various setbacks.

07 Overall view of the rear elevation from Alexander Alley, a city-owned park that faces onto East 141st Street.

08 View of the third-story terrace at the south elevation, looking east.

09 Overall view of the roof including a buff-brick clad chimney flue and a large, T-shaped skylight which originally provided sunlight into the light therapy room below.

10 Overall view of the entry vestibule looking southwest.

11 Overall view of the lobby looking north. The lobby is symmetrically organized with an elevator at its north end, two discrete stairs at its northeast and northwest corners.

12 View of the west wall of the lobby showing the historic built-in, glazed terra-cotta-clad reception desk with a black marble top. The upper portion of the east and west walls feature decorative bronze grilles.

13 View of the open stair at the northwestern corner of the lobby. The stair features glazed terra-cotta wainscotting.

14 View of the second-floor corridor, looking west.

15 View of a second-floor former office space looking southeast.

16 View of third-floor former light therapy room. The central portion of the room is a double-height space topped by a large skylight.

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