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NRHP - 9-22-03

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NPS Form 10-900

OMB No. 1024-0018

United States Department of the Interior  
National Park Service

### NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. 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 entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

#### 1. Name of Property

historic name: Burrell Memorial Hospital

other names/site number: BRBH Burrell Center / VDHR # 128-5863

#### 2. Location

street & number 611 McDowell Street not for publication  
city or town Roanoke vicinity  
state Virginia code VA county \_\_\_\_\_ code \_\_\_\_\_ Zip 24016

#### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, 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 \_\_\_\_\_ nationally \_\_\_\_\_ statewide X locally. ( \_\_\_\_\_ See continuation sheet for additional comments.)

 5/26/03  
Signature of certifying official \_\_\_\_\_ Date \_\_\_\_\_  
Virginia Department of Historic Resources  
State or Federal agency and bureau \_\_\_\_\_

In my opinion, the property X meets \_\_\_\_\_ does not meet the National Register criteria. ( \_\_\_\_\_ See continuation sheet for additional comments.)

Signature of commenting or other official \_\_\_\_\_ Date \_\_\_\_\_  
State or Federal agency and bureau \_\_\_\_\_

#### 4. National Park Service Certification

I, hereby certify that this property is: \_\_\_\_\_ other (explain): \_\_\_\_\_  
\_\_\_\_\_ entered in the National Register  
\_\_\_\_\_ See continuation sheet.  
\_\_\_\_\_ determined eligible for the National Register  
\_\_\_\_\_ See continuation sheet. Signature of Keeper  
\_\_\_\_\_ determined not eligible for the National Register  
\_\_\_\_\_ removed from the National Register Date of Action



**7. Description**

**Architectural Classification** (Enter categories from instructions)

International

**Materials** (Enter categories from instructions)

foundation concrete

roof concrete, rubber

walls concrete, brick

other \_\_\_\_\_

**Narrative Description** (Describe the historic and current condition of the property on one or more continuation sheets.)

**8. Statement of Significance**

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

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

**Criteria Considerations** (Mark "X" in all the boxes that apply.)

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

**Areas of Significance** (Enter categories from instructions)

Health/Medicine

Ethnic Heritage: African American

Architecture  
Period of Significance 1953-1965

Significant Dates 1953-1955  
1965

Significant Person (Complete if Criterion B is marked above)

Cultural Affiliation African American

Architect/Builder Harvey E. Hannaford (Samuel Hannaford @ Son)  
Stone and Thompson

Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)

**9. Major Bibliographical References**

**Bibliography**

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

**Previous documentation on file (NPS)**

preliminary determination of individual listing (36 CFR 67) has been requested.

previously listed in the National Register

previously determined eligible by the National Register

designated a National Historic Landmark

recorded by Historic American Buildings Survey # \_\_\_\_\_

recorded by Historic American Engineering Record # \_\_\_\_\_

**Primary Location of Additional Data**

State Historic Preservation Office

Other State agency

Federal agency

Local government

University

Other

Name of repository: Harrison Museum of African American Culture, Roanoke, VA

**10. Geographical Data**

Acreage of Property approximately 3.8 acres

UTM References (Place additional UTM references on a continuation sheet)

Zone Easting Northing Zone Easting Northing

1 17 592120 4126520 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

See continuation sheet.

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

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**11. Form Prepared By**

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name/title: Alison Stone Blanton and Dinah Ferrance

Organization: Hill Studio, P.C. date 1/10/03

street & number: 120 West Campbell Avenue telephone 540-342-5263

city or town Roanoke state VA zip code 24011

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**Additional Documentation**

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Submit the following items with the completed form:

**Continuation Sheets**

**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.

**Photographs**

Representative black and white photographs of the property.

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

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**Property Owner**

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(Complete this item at the request of the SHPO or FPO.)

name Blue Ridge Behavioral Healthcare/Burrell Center, L.P.

street & number 1010 First Union Building, 213 S. Jefferson Street telephone 540-982-1317

city or town Roanoke state VA zip code 24011

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**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

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**7. Summary Description:**

The Burrell Memorial Hospital sits on 3.8 acres at the northeast corner of McDowell Avenue and 7<sup>th</sup> Street, immediately south of Orange Avenue (U.S. Route 460) in the northwest section of Roanoke, Virginia. The hospital is located on the site of the former Allegheny Institute, which was built in the 1890s and renovated as the Burrell Memorial Hospital in 1919. The current 73,000 square foot, four-story building was constructed in 1953-1955 and stands as the only building on the site, which stands at the crest of a hill. The building sits along the western edge of the property with a three-quarter acre courtyard on the southeast (front) corner. Trees line the courtyard and driveway. Surrounding properties are single-family residential dwellings dating from the late 19<sup>th</sup> to the early 20<sup>th</sup> century.

The building, constructed in 1953-1955, was designed in the International Style by the Cincinnati architect Haryey E. Hannaford of Samuel Hannaford & Son and the local Roanoke firm of Stone and Thompson (Wells:179,434). The four-story building is "T"-shaped in footprint with three wings extending from a central elevator core. The building is constructed of brick with a flat roof with minimal concrete coping. Visual interest comes from the vertical core section at the intersection of the three wings with its curved form and the projecting concrete sunshades that extend across the windows of the front two wings. The ribbon windows, which are aluminum sash with 1/1 lights, feature simple limestone surrounds. The entrance, which is offset to the east of the central core, has been altered and features an aluminum-and-glass storefront with sliding doors. The original marquee was replaced in the late 1980s with a canvas awning extending over the driveway. A one-story wing is located at the end of the south wing and originally served as the emergency wing. Today it operates as a medical clinic. Two interior staircases on the west and east wings are evident by their projection above the roofline and the vertical expanse of glass block. Exterior stair towers were added to the end of the south and west wings in the 1980s. The simple lines and minimal ornamentation emphasize the horizontal quality of the building and reflect the influence of the International Style of the period following World War II.

The interior plan features a small entrance lobby, an elevator lobby on each floor with nurses' station, and double-loaded corridors with patient rooms. Double-leaf doors separate the elevator lobby from the wings on each floor. In addition to the lobby, the first floor features a wood-paneled boardroom, a cafeteria, kitchen and the clinic (original emergency room) wing at the

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south end. The operating ward and maternity ward were located in the west wing of the 2<sup>nd</sup> and 3<sup>rd</sup> floors. There is no west wing on the 4<sup>th</sup> floor. Original interior finishes included terrazzo floors, plaster walls and ceilings (with applied acoustical tile) and a glazed structural tile wainscoting in the corridors. Doors are flush wood with hollow metal frames. Wood paneled walls distinguished the lobby and boardroom.

In the 1980s, the Burrell Memorial Hospital was renovated for use as an adult care facility. A number of alterations were made in both 1981 and 1989. The marquee on the front entrance was removed and replaced with a canvas awning and the original double-leaf entry doors were replaced with a sliding glass door. Exterior stair towers were added for code compliance at the end of the south and west wings. With this addition, windows on these elevations were either infilled or converted to door openings. The interior plan was also changed to accommodate access to these exits. Also on the interior, changes were made to the room configurations -- converting multiple-bed rooms to single and vice-versa as well as adding private toilets to some rooms. The corridors remain intact, although door openings have been changed to accommodate the new room configurations. The double-leaf doorways separating the corridors were enlarged and the doors replaced. The lobby area was altered with the introduction of a new wall along the north side and the removal or covering of all interior finishes. The operating and maternity wards on the 2<sup>nd</sup> and 3<sup>rd</sup> floors were also reconfigured. The terrazzo floors have been covered with either carpeting or vinyl tile in most locations. The structural tile wainscoting has been painted and patched over in the location where doors were infilled. The original acoustical tile and plaster ceilings have been removed and replaced with a suspended acoustical tile ceiling. The boardroom remains intact with its paneled woodwork. The exterior grounds also remain intact.

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## 8. Statement of Significance

### *Summary Statement of Significance:*

Burrell Memorial Hospital was constructed in 1953-1955 in Roanoke, Virginia as the first institution in southwestern Virginia built expressly for the medical care of African Americans. The history of the hospital began in 1914 with the formation of the Burrell Memorial Hospital Association with the express purpose of establishing a hospital for the 11,000 African Americans in the Roanoke area who could not seek treatment in the area's white medical facilities. The first Burrell Memorial Hospital opened in 1915 as a 10-bed facility in a 2-story frame house at 311 Henry Street in the Gainesboro neighborhood of Roanoke. As the hospital grew, it moved to an abandoned school building on the site of the current building and eventually constructed its present facility in 1953-1955. In addition to the medical care it provided, the institution also trained black nurses with the formation of the Burrell Training School for Nurses in 1925. Burrell Memorial Hospital remained a prominent black institution until 1965 when the Civil Rights Act mandated the desegregation of hospital facilities. In 1979 the hospital closed and the building was converted to a nursing home facility.

As the only surviving physical manifestation of the nearly half-century effort to provide medical care for the African-American community, the Burrell Memorial Hospital is eligible for listing under the exception criteria (Criteria Consideration G) of less than 50 years of age based on its exceptional significance as the only African-American medical facility in Roanoke from 1955 to 1965, when the Civil Rights Act led to the desegregation of hospitals and other public institutions. The Burrell Memorial Hospital is eligible under Criterion A in the areas of Health/Medicine and African-American Heritage with a period of significance from 1953-1965. Designed by the Cincinnati architect Harvey E. Hannaford (Samuel Hannaford & Son) and the local Roanoke firm of Stone and Thompson, Burrell is also significant under Criterion C as a good example of hospital design in the International Style typical in the 1950's.

### *Historical Background:*

In the early 1900's, Roanoke was a rowdy young town, filling with workers who had come to work for the Norfolk and Western Railway (Hart: 121). Many of the area's blacks were skilled laborers so, they too, were able to take advantage of the opportunities the railroad offered. However, Roanoke was a town divided by racial segregation and, as the town grew, two separate sets of institutions developed, albeit the black community was often behind the white in this

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regard due to the limited financial resources of that segment of the population. This was true of hospital care too. The first (white) charitable hospital in Roanoke, the King's Daughter's Home for Sick, a converted residence with six beds, had been established in 1890 or 1892 (Hart: 4). It was followed in 1900 by the Roanoke Hospital, which had sixteen charity beds, a number of private rooms, an operating room, dining room, head nurse's room, an office and a parlor. (Hart: 5) The African-American citizens of the area, however, could not take advantage of these medical facilities. During this time, "Black doctors in the Roanoke Valley struggled to find adequate facilities in which to care for their patients. The talented doctors often practiced in cramped rooms in houses and were frustrated by the limitations of performing major surgery with rudimentary utensils, unsanitary conditions, no sterilization equipment and inadequate lighting" (Hart: 121).

By 1913, there were ten black doctors in Roanoke, none of whom had surgical privileges in the local white hospitals (Shareef: 47). In 1914, three of Roanoke's black doctors – Dr. Lylburn C. Downing, Dr. S. F. Williman, and Dr. James H. Roberts – who had performed the first recorded major surgical operation by black doctors in southwestern Virginia on November 5, 1913 - decided that it was time for a change. They met at the home of the prominent black physician Dr. Issac David Burrell to discuss developing a hospital. Their first efforts resulted in the establishment of the Medley Hospital in 1914, which was nothing more than a two-room rented flat owned by Dr. Samuel Medley. There were two beds, an operating room and a sterilizing room. Six doctors admitted patients to the hospital. The facility soon grew to 12 beds, taking over the entire house and displacing the Medley family. To accommodate the ever-burgeoning need, the doctors soon bought a wooden, two-story house at 311 Henry Street, which they renovated and donated to the newly formed Burrell Memorial Hospital Association. The hospital was to be run as a not-for-profit institution for the care of the black community, and it opened on March 18, 1915 (Hart 122). The charter for the hospital listed the Women's Auxiliary and Drs. John. B. Claytor (Sr.), Jerry S. Cooper, S.F. Williman, Lylburn C. Downing, and James H. Roberts as supporters (Baratta: 7).

The new hospital on Henry Street was a marked improvement over the Medley Hospital. It contained ten beds and was described as having many modern conveniences such as steam heating. A minor operating room was on the first floor, and a major operating room was on the second. In addition to the operating room on each floor, the first floor of the hospital contained a spacious reception room, linen and supply closets, and a kitchen, while the second floor contained three wards, a bathroom and

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nursing quarters. The hospital received the endorsement of the Roanoke Academy of Medicine and the Board of Charities (Shareef: 48). Dr. Lylburn C. Downing, who had been the first African-American physician accepted as a member of the Roanoke Medical Society (Hart:122), became the first superintendent of the Hospital. He remained the superintendent at Burrell Memorial Hospital until 1947. (Shareef: 49). Dr. S.F. Williman became the first president, Dr. J.H. Roberts the first vice president and secretary, Dr. J. B. Claytor the first treasurer, Dr. J..S Cooper the first assistant manager, and Daisy Schley, R.N., was the first superintendent of nurses. (Shareef: 48, Smith: 3).

Dr. Issac Burrell, for whom the Hospital Association and the Hospital were named, had been one of the doctors involved in initial efforts to develop hospital facilities for the black community. He had come to Roanoke immediately after receiving his medical degree in 1893 from Leonard Medical College of Shaw University in Raleigh, N.C. (Hart: 122, Shareef: 41) Until 1906, he was one of only two African-American doctors listed in the City directories. (Barratta: 3) In addition to being a doctor, he was a druggist. He founded the Burrell Pharmacy, which was the first black drug store in southwestern Virginia. An 1897 Richmond, Virginia newspaper described the pharmacy as the "largest and best stocked drug store in the state owned by a colored man." (Shareef: 41). It is ironic that Dr. Burrell's death became an illustration of the need for the local black hospital that he and others were working to create. In 1914, in the midst of the efforts to develop hospital facilities, Dr. Burrell developed gallstone problems. Local treatment was not an option, so he was forced to travel by train on a cot in a baggage car to Freedman's Hospital in Washington, DC. He died following surgery for the gallstones and was returned to Roanoke for burial. (Shareef: 41) The heart-wrenching circumstances of his having to travel so far away for care, even though he himself was a physician, served as a catalyst speeding the movement to ensure that such a situation would not happen again for another black person (Bishop).

After the flu epidemic of 1919, the need for an expanded hospital facility for African Americans was recognized, and the Roanoke City Council approved the lease of the abandoned Allegheny Institute to the Burrell Memorial Hospital Association. The lease agreement included the provision that Burrell Memorial Hospital would maintain at least five beds to care for indigent black patients for the City, free of charge (Hart: 122). This three-story brick building, originally built as the Rorer Hotel in 1883, was located on a five-acre tract on the northwest corner of McDowell Avenue and Park Street (currently 7<sup>th</sup> Street). Located on a hill, the building was

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ideal for a hospital, with its numerous windows and a large wraparound porch. The building consisted of 40 rooms, which provided space for 50 patient beds. The Burrell Memorial Hospital Association raised \$25,000 to renovate the building and install an elevator. The facility became the first African-American hospital to earn full approval of the American Board of Surgeons (Hart: 122-123). The Burrell Memorial Hospital Association, since its earliest times, had been committed to training black nurses. In 1925, when the Burrell Training School for Nurses finally attained accreditation it was notable because, at that time, the board of Nurse Examiners in most southern states did not grant accreditation to black training schools. The school closed in 1934. (Hart: 123)

The mid to late 1930's were dynamic times for Burrell. In 1935, the six black doctors on the active staff could call on 20 white doctors as consultants. The staff was an all-graduate one, and they participated in many community services. These included offering an outpatient department, a dental clinic, a prenatal clinic, and baby clinics. Further, staff taught home nursing classes at the local YMCA, gave lectures to the county Red Cross units and participated in other public health programs (Hart:124). In 1939, in step with a national trend, Burrell joined with local white hospitals, including Jefferson, Lewis-Gale, Roanoke, Shenandoah and Gill, in the Hospital Service Association of Roanoke. This was a hospitalization plan that would, in return for a monthly fee, provide up to 21 days of free care at the hospitals. (Hart: 125)

The 1930's were also the time the hospital's financial troubles began in earnest. Throughout its history, Burrell Memorial Hospital remained committed to providing healthcare for the underserved and indigent. Beginning in the economically depressed times of the 1930's, this created a major challenge for the hospital because it meant that the hospital depended on its patients, many of whom were quite poor, to pay their bills. Further, in 1939, where Burrell had been delivering 25% of the African American births in the city, now Burrell was being required to handle "50 % of the prenatal care and 30% of all sickness for an almost exclusively black patient population that possessed only three percent of the wealth of the community. In 1938, only seven percent of the patients were full-pay (Hart: 125). The economic hardship faced by the hospital as it strove to serve the poor is a theme that would reoccur throughout the remainder of the hospital's existence.

Despite financial difficulties, Burrell Memorial Hospital continued to set ever-higher standards. A full-time registered dietitian, a social worker, and a registered medical technician joined the hospital staff. In 1947, when Dr. Downing stepped down as superintendent, it became the first hospital directed by a member of the American College of Hospital Administrators. (Hart: 125)

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The new administrator, James H. Lewis, immediately began making plans to build a new facility. The hospital had outgrown its capacity, regularly housing 70 patients in a space designed for 38. In 1950, the citizens of the Roanoke Valley pledged \$2.1 million to the Hospital Development Fund to finance the construction of two new hospitals: Roanoke Memorial (white) and Burrell (black). The Cincinnati architect Harvey E. Hannaford of Samuel Hannaford & Son joined the local firm of Stone and Thompson to design plans for Burrell (Wells, 179, 434). Construction of the new Burrell Memorial Hospital began in 1953. The new, 80-bed hospital was built next to the existing building (which was eventually torn down). Although the hospital's continuing financial troubles threatened the project, the cornerstone-laying ceremony for the \$1.6 million hospital was held on May 16, 1954, and the hospital opened on July 31, 1955.

Well known for his hospital work, Harvey E. Hannaford also worked with local architects on the design for the Richmond Memorial Hospital in 1955 with Baskervill & Son, and the Lynchburg Memorial Hospital with Pendleton S. Clark in 1954-55. Using elements of the International Style, Burrell's design speaks to the sleek, minimalist tastes of the time, as well as a keen interest in construction and materials using functional yet aesthetic combinations of concrete, brick, aluminum, and glass. Virtually unaltered on its exterior, Burrell stands as an excellent example of this style and its use in Roanoke in the mid-20<sup>th</sup> century.

Internally, the hospital building was everything a small modern hospital of the time could be. The ground floor boasted a loading dock, a shop, a large central storeroom, the morgue, multiple specialty storage rooms, shower and locker rooms and more, all to help ease the logistics of running a hospital. In addition to the main entrance and waiting space, the first floor contained an outpatient clinic area, the emergency room and waiting area, the admitting area, treatment and therapy rooms, the kitchen and dishwashing room, administrative offices, board room, and multiple specialty spaces such as a dark room, stretcher alcoves and x-ray file storage. (In fact, such specialty spaces were spread throughout the hospital.) The main rooms on the second floor consisted of operating rooms and patient rooms, while the third floor held the delivery room, nursery, father's waiting room, and other spaces connected with childbirth. The fourth floor contained patient rooms and associated areas.

The new hospital's first patient was Harry Brown, who received an emergency appendectomy. In August of 1955, the hospital's first month of operation, 286 patients were admitted, 43 babies delivered, and 7,817 meals were served. By the end of the year, 1,363 people were treated in the

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outpatient and emergency departments. (Hart:125-6)

Significant events during the first years of operation of the newly constructed hospital included a 1956 reorganization of the outpatient and emergency services departments. The purpose was to improve services. The outpatient clinics that were created, which included ear, eye, nose and throat, obstetrical and dental care, were set up to serve only the medically indigent. Emergency services were organized to offer 24 hour, 365-day emergency care. (Hart: 126)

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While the new hospital building provided vastly improved conditions, it still continued to struggle financially. In addition, events of the 1960's would add tremendously to the financial burdens of operating the hospital, and eventually resulted in the hospital's demise. One author described the situation very eloquently (Hart: 127):

In the early 1960's, Burrell suffered from low occupancy, staff losses, lack of accreditation, and other problems. The hospital searched for direction amidst a changing landscape in the valley below and an even broader change in the way people lived. The world was changing from black and white divides to a time of integration. This would prove to be the most difficult crossroad of the century for a hospital that rose out of necessity in the old world to one that had to adapt quickly in the new world.

The hospital was rocked to its foundation in the wake of the 1965 enactment of Medicare laws and Civil Rights acts. Patients chose to go to other area hospitals that had opened their doors to African-Americans or their doctors chose to send them to the other facilities.

The board and staff of the hospital were integrated, and white patients were seen at the hospital. However, this fact did not offset the loss of the black patients. Many white doctors were reluctant to admit their patients to the hospital, and the white patients themselves were reluctant to come to Burrell. The resultant lack of patients created a cascade of other effects. The hospital no longer met the American Medical Association's standards for an intern program, so its clinics were forced to shut down. The last full-time administrator left in 1967, and emergency room service was suspended in the summer of 1967 because of a scarcity of in-house physicians. (Hart: 127) In 1968, in response to a special 1967 Community Services Study Committee, Burrell Memorial Hospital affiliated with Community Hospital in a special program that allowed Community

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Hospital to give administrative assistance. This arrangement lasted until 1971, and resulted in bringing Burrell out of debt. In addition, a number of physical improvements were made to the building, such as painting, replacing hallway flooring, installing a new heating system, and repairing equipment. Other improvements included the doubling of the number of registered nurses, supervision of lab facilities by Community Hospital pathologists, and the opening of several outpatient clinics. In 1969, the partnership program brought, for the first time since 1964, accreditation from the Joint Commission on Accreditation of Hospitals. (Hart: 128-129) In June, 1970, the hospital announced plans to open an extended care facility. This new unit was intended for people who needed long-term care and highly specialized nursing services. The fourth floor, which had been unused for several years, was renovated to accommodate this new facility, and contained 30 beds.

When the partnership with Community Hospital ended in 1971, Burrell Memorial Hospital was once again exposed to the buffet of the racial and economic challenges it had struggled with for years. Between this time and 1978, to try to counter these forces, a number of survival tactics were tried. Some of these were public education campaigns such as a 1971 membership drive that was designed to get across to the community that Burrell wasn't what it had been 15 years before, and was, in fact, a quality facility available to all people (Hart: 129-130). Others attempts involved opening various clinics and programs, including a twenty-bed inpatient mental health unit, an emergency service unit, an abortion clinic, and a speech and language program. (Hart: 130) In an era when small hospitals, in general, were having difficulties, none of these efforts proved effective, and on September 19, 1978, Burrell Memorial Hospital announced it would no longer operate as a full service general hospital. Instead, it would spend \$995,000 to build a nursing home addition to the east wing of the hospital and turn the hospital building into a home for adults (Hart: 132).

“The issue of race and segregation had brought about the need for, and development of, Burrell Memorial Hospital. In the end, the issue of race – the end of segregation that enabled African Americans to have access to the advanced resources of the formerly white hospitals – led to the closure of Burrell Memorial Hospital” (Bishop).

The Burrell Home for Adults opened in 1979. In 1980, Burrell was purchased by the Roanoke Hospital Association, which owned a number of other healthcare facilities in the Roanoke vicinity (Poindexter and Sturgeon: A7). (Roanoke Hospital Association became the Carilion

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Health System in 1988.) In 1990, a new 90-bed intermediate care unit was opened and the name was changed to Burrell Nursing Center. A 15-bed special care unit was added in December 1991 that provided complex care such as ventilator support and total parenteral nutrition (Hart: 133). A 1999 history of Carilion Health System described the facility as offering "state of the art services and accommodations, serving an increasingly complex mix of residents, including those who are ventilator-dependent. The facility offers Medicaid specialized care, skilled care and intermediate care, along with on-site physical, occupational and speech therapy" (Hart, 133).

In the long run though, the Burrell Nursing Center encountered the same economic challenges as the hospital had. On September 21, 2001, Carilion announced that the Nursing Center would be closed. It had too few residents to operate efficiently as a nursing home and was losing \$1.5 million a year. (Sturgeon: Burrell, A7) Carilion indicated that while it is not averse to operating some of its facilities in the red, it felt that since there are many nursing homes in the area, the money could be spent more effectively elsewhere. (Sturgeon: Group, B8).

Even in its form as the Burrell Nursing Center, the Burrell facility retained strong ties to the surrounding African-American community. This is demonstrated by the fact that at its demise, the patient load was a 50/50 proportion of blacks to whites (Hart: 134) and the majority of Advisory Board Members were African-American. Several predominantly black churches regularly provided worship opportunities and programs for the residents. Additionally, until the time of closing in early 2002, a number of predominantly African-American organizations routinely met there, including the Executive Committee of the NAACP, the Roanoke Black Nurses Association, the Roanoke Neighborhood Development Corporation and other groups (Bishop).

Prior to closing the Burrell Nursing Center, Carilion found a new tenant for the building; Blue Ridge Behavioral Healthcare, a publicly funded mental health services organization that assists 12,000 people with mental disabilities per year. Blue Ridge Behavioral Healthcare is expected to open its new facility in 2004.

The previous sections of this narrative have demonstrated how, for the last ninety years, the Burrell facility has served as an important institution in the black community. The fact that it remained viable over such a long period of time, despite serious financial challenges, attests to its

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value in the eyes of the community. The Burrell facility also carries symbolic importance, especially to the black community. None of the other buildings that housed the Burrell Memorial Hospital still exist and, therefore, it is the only physical remainder of an institution that developed in what once was a thriving downtown black neighborhood. That neighborhood was subject to renewal and redevelopment projects between 1955 and 1980. These projects resulted in 1,600 homes, 200 businesses and 24 churches being demolished. (Poindexter and Sturgeon, A7) The consequence of this was the unraveling of the fabric of the black community in these sections of the city. For this reason, the Burrell building represents one of the few remaining links to that community of the past, and there is much emotion attached to it. The Burrell facility is, quite simply, a significant part of the black community's story as it strived to overcome the inequalities of segregation by training their own people, providing their own services, and building their own institutions.

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Roanoke, VA

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National Park Service**

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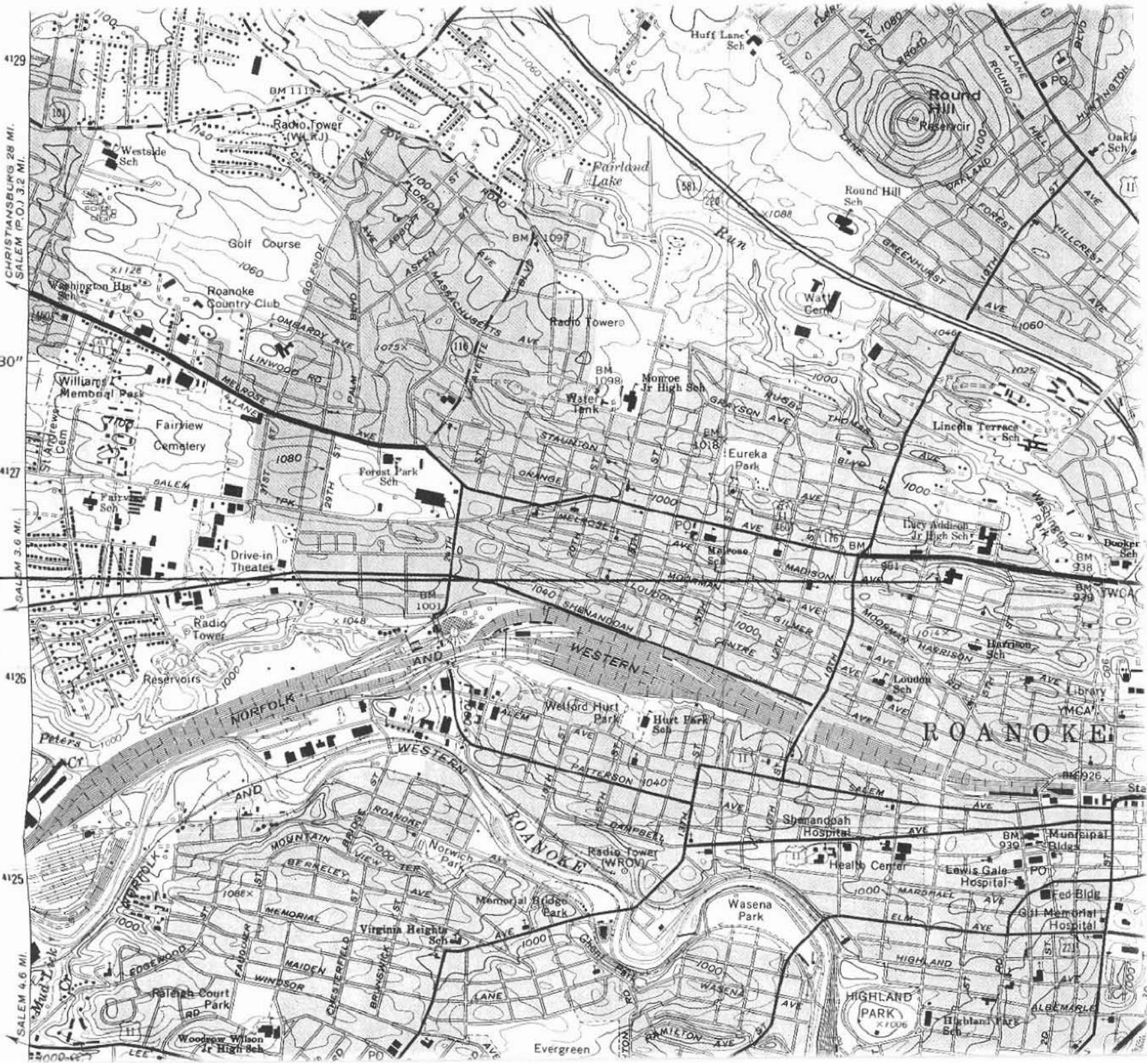
**10. Geographical Data**

*Verbal Boundary Description:*

The boundaries for the Burrell Memorial Hospital include the tax parcel 2120701 as shown on the attached City of Roanoke tax map.

*Boundary Justification:*

The boundaries for the Burrell Memorial Hospital include the hospital building, the parking lots and the grounds and comprise the entire property associated with the hospital.



CHRISTIANSBURG 28 MI.  
SALEM (P.O.) 3.2 MI.  
SALEM 3.6 MI.  
SALEM 4.6 MI.

17°30"

4127

4126

4125

Roanoke  
QUAD  
Burrell  
Memorial  
Hospital  
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ROANOKE