

**NOMINATION OF HISTORIC BUILDING, STRUCTURE, SITE, OR OBJECT  
PHILADELPHIA REGISTER OF HISTORIC PLACES  
PHILADELPHIA HISTORICAL COMMISSION**

**SUBMIT ALL ATTACHED MATERIALS ON PAPER AND IN ELECTRONIC FORM ON CD (MS WORD FORMAT)**

**1. ADDRESS OF HISTORIC RESOURCE** (must comply with a Board of Revision of Taxes address)

Street address: **500-10 S. Broad St.**

Postal code: **19146**

Councilmanic District: **2<sup>nd</sup> District**

**2. NAME OF HISTORIC RESOURCE**

Historic Name: **District Health Center 1**

Common Name: **Health Center 1**

**3. TYPE OF HISTORIC RESOURCE**

Building

Structure

Site

Object

**4. PROPERTY INFORMATION**

Condition:  excellent  good  fair  poor  ruins

Occupancy:  occupied  vacant  under construction  unknown

Current use: **Public health facility (clinic, office, and labs)**

**5. BOUNDARY DESCRIPTION**

**SEE ATTACHED**

**6. DESCRIPTION**

**SEE ATTACHED**

**7. SIGNIFICANCE**

Period of Significance (from year to year): **1959-present**

Date(s) of construction and/or alteration: **1959-1960**

Architect, engineer, and/or designer: **Newcomb Montgomery and Robert Bishop**

Builder, contractor, and/or artisan:

Original owner: **City of Philadelphia**

Other significant persons:

**CRITERIA FOR DESIGNATION:**

The historic resource satisfies the following criteria for designation (check all that apply):

- (a) Has significant character, interest or value as part of the development, heritage or cultural characteristics of the City, Commonwealth or Nation or is associated with the life of a person significant in the past; or,
- (b) Is associated with an event of importance to the history of the City, Commonwealth or Nation; or,
- (c) Reflects the environment in an era characterized by a distinctive architectural style; or,
- (d) Embodies distinguishing characteristics of an architectural style or engineering specimen; or,
- (e) Is the work of a designer, architect, landscape architect or designer, or engineer whose work has significantly influenced the historical, architectural, economic, social, or cultural development of the City, Commonwealth or Nation; or,
- (f) Contains elements of design, detail, materials or craftsmanship which represent a significant innovation; or,
- (g) Is part of or related to a square, park or other distinctive area which should be preserved according to an historic, cultural or architectural motif; or,
- (h) Owing to its unique location or singular physical characteristic, represents an established and familiar visual feature of the neighborhood, community or City; or,
- (i) Has yielded, or may be likely to yield, information important in pre-history or history; or
- (j) Exemplifies the cultural, political, economic, social or historical heritage of the community.

**8. MAJOR BIBLIOGRAPHICAL REFERENCES**

**SEE ATTACHED**

**9. NOMINATOR**

Name with Title: **Libbie Hawes (Consultant) and Shannon Barg (Intern)** Email: [patrick@preservationalliance.com](mailto:patrick@preservationalliance.com)

Organization: **Preservation Alliance for Greater Philadelphia**

Date: **July 18, 2017**

Street Address: **1608 Walnut St, Suite 804**

Telephone: **215-546-1146**

City, State, and Postal Code: **Philadelphia, PA 19103**

Nominator  is  is not the property owner.

**PHC USE ONLY**

Date of Receipt: July 18, 2017

Correct-Complete  Incorrect-Incomplete

Date: August 4, 2017

Date of Notice Issuance: August 7, 2017

Property Owner at Time of Notice

Name: Philadelphia Authority for Industrial Development

Address: 1500 Market Street, Suite 2600 West

City: Philadelphia State: PA Postal Code: 19102

Date(s) Reviewed by the Committee on Historic Designation: \_\_\_\_\_

Date(s) Reviewed by the Historical Commission: \_\_\_\_\_

Date of Final Action: \_\_\_\_\_

Designated  Rejected



## 5. Boundary Description

Beginning at the southwest corner of the intersection of South Broad Street and Lombard Street and running south along South Broad Street 200 feet to a point; thence running west along the property line of 512 South Broad Street 198 feet to a point; thence running north 200 feet along the property line of 1422 Lombard Street; thence running east along Lombard Street 198 feet to the beginning point of the southwest corner of South Broad Street and Lombard Street.

## 6. Description

Philadelphia's District Health Center 1 is a distinctive and intact example of Mid-century Modern architectural design. The details of this stylized low-rise building give it an iconic space-age appearance. The building is characterized by its bold but clean geometry, articulated by horizontal lines and modular materials with eye catching color and texture (Figure 1). The massing of the building is modest at only three stories, and appears to be top heavy due to overhanging upper floors. The confident shapes and rounded corners of the upper floors are emphasized by an inset base. The first floor is organized in formal bays of nine feet, marked by square cast concrete columns set at an angle so that an exposed chamfered corner projects beyond the curtain wall (Figures 2A and 2B).

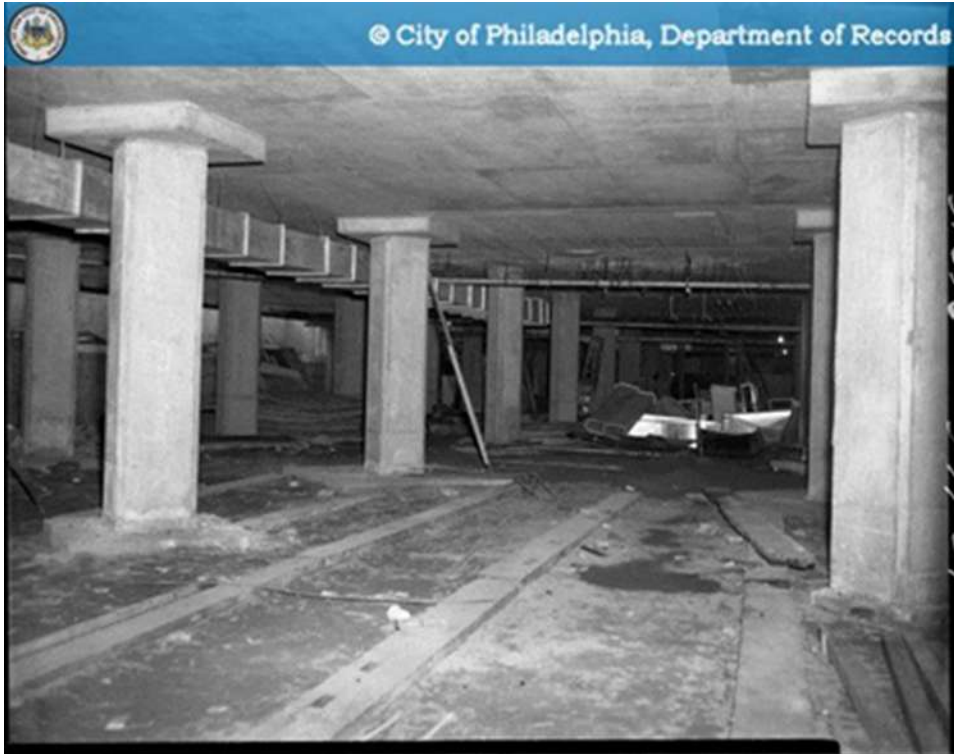
The building's concrete structural system mirrors the intended organization of space inside the building (Figure 3). Between the columns, a wall of opaque teal and clear glass blocks are arranged in a mosaic mural (Figures 4A and 4B). Banks of plate glass windows divided by aluminum frames interrupt the mosaic bays to off-set the entrances. Each elevation of the first floor is organized differently depending on user traffic and site context. At the north, facing Lombard Street, the façade arrangement is symmetrical with the public entrance centered and further inset from the exterior walls. Three bays of glass block at each corner of the north elevation flank four bays of plate glass windows (Figure 5). The original metal sign, made up of dimensional letters in a clean block font tied together by horizontal lines, is affixed to the windows to indicate the health center entrance (Figure 6). Two round, bulky and freestanding concrete columns are set symmetrically on either side of the entrance to support the overhanging stories above.



**Figure 1:** District Health Center 1, looking southwest (Lindsey Allen, Alison Haley, Libbie Hawes, Yaritza Hernandez, Crystal Medler, Tiffani Simple and Natalie Weinberger, "District Health Center Number One: Integrated Project Dossier." Site Analysis Report, University of Pennsylvania, 2009; *all contemporary images are provided courtesy the authors of this report, unless otherwise noted*)



**Figures 2A, 2B:** Chamfered corner showing rounded masonry from ground level



**Figure 3:** District Health Center 1 during construction, revealing concrete columns of interior structural system, March 19, 1959 (PhillyHistory.org, Philadelphia Department of Records).



**Figures 4A, 4B:** Street view and close up of glass block wall mosaic (l to r)



**Figure 5:** Composite of Lombard Street (north) elevation



**Figure 6:** Sign at Lombard Street entrance



**Figure 7:** Composite of Broad Street (east) elevation

At the east, Broad Street facing facade, four bays of plate glass windows are flanked by one bay of glass block mosaic at each corner (Figure 7). A hefty revolving door provides entry to the lobby of the health center's administrative offices and laboratory (Figure 8). A single round, broad and freestanding column is placed asymmetrically to the left of the revolving door. Another original sign is featured at this entrance (Figure 9). Through the windows, bright red glazed brick accent walls are visible in the lobby. On the interior, there is an exposed stair adjacent to an elevator shaft also clad in red brick, providing access to the second and third floors.

The south and west elevations do not receive public traffic and therefore are constructed entirely of the nine foot bays of glass block curtain walls divided by square columns. At the south elevation, two round, bulky and freestanding columns are symmetrically placed to support the overhanging floors above (Figure 10). A singular column of the same size is located asymmetrically at the west elevation (Figure 11). The south and west elevations have spherical exterior lights regularly placed in the overhanging soffit.

Wide horizontal bands of teal glazed brick and ribbon windows with aluminum frames articulate the exterior elevations at the second and third floor. These materials wrap around the curved corners of the building in a striking fashion. The second and third story window heights are graduated, giving the illusion that the third floor is taller than the second. The windows in both ribbons are arranged in a tripartite pattern, with one larger window between two narrow casement windows. Curved windows are incorporated to follow the rounded corners without disruption by masonry (Figure 12).





**Figure 8:** Revolving door at Broad Street entrance (east elevation)



**Figure 9:** Sign at the Broad Street entrance; red glazed brick and floating stair visible in background (east elevation)



**Figure 10:** South elevation



**Figure 11:** West elevation

The soffit has a deep overhang that extends a canopy off the flat roof and is finished by a smooth and wide cornice clad in aluminum (Figure 12). Setback from the edges of the roof, a futuristic pilot house in cast concrete with trapezoidal windows creates a skylight into the building's atrium (Figure 13).



**Figure 12:** Rounded corners with curved masonry and windows, looking south. Soffit extends a canopy, finished with aluminum.



**Figure 13:** Roof detail with trapezoidal windows create skylight into atrium

## 7. Statement of Significance

District Health Center 1, located at the southwest corner of South Broad Street and Lombard Street in Philadelphia, is a significant historic property under the following criteria outlined in the Philadelphia Code, Section 14-1004(1):

- (a) Has significant character, interest or value as part of the development, heritage or cultural characteristics of the City, Commonwealth or Nation or is associated with the life of a person significant in the past;
- (c) Reflects the environment in an era characterized by a distinctive architectural style;
- (d) Embodies distinguishing characteristics of an architectural style or engineering specimen;
- (e) Is the work of a designer, architect, landscape architect or designer, or engineer whose work has significantly influenced the historical, architectural, economic, social, or cultural development of the City, Commonwealth, or Nation;
- (h) Owing to its unique location or singular physical characteristic, represents an established and familiar visual feature of the neighborhood, community, or City;
- (j) Exemplifies the cultural, political, economic, social or historical heritage of the community.

District Health Center 1, completed in 1960, embodies key characteristics and unique features reflective of mid-20<sup>th</sup> century Modernist design (c) (d). The architects, Newcomb Montgomery and Robert Bishop, were prominent practitioners in the 1950s and early 1960s, devoting much of their work to socially conscious projects and design in and around Philadelphia (e). Located at a prominent downtown intersection, the iconic building contributes to the collection of familiar

visual features along the Avenue of the Arts/S. Broad St corridor (h). Lastly, District Health Center 1 exemplifies the mid-20th century decentralization of public health, an improved pivot in the political and social heritage of Philadelphia (a) (j).

### **Criteria (a) & (j): The Decentralization of Public Health in Philadelphia, 1940-1960**

District Health Center 1 is broadly representative of advancements in the city's public health policy in the mid-20th century. At a time of transition, the building was designed to be the central hub to a new network of neighborhood health clinics serving the entire city. Remarkably, more than 50 years later, the building today retains this original use as a clinic, central office and laboratory for Philadelphia's Department of Public Health.

Reform of Philadelphia's municipal government in the 1940s and 50s led to reorganization of the dissemination of health services to city residents. Ten such neighborhood health clinics were constructed through the 1950s to provide more immediate local services (Figures 14A and 14B; 15A and 15B). District Health Center 1, completed in 1960, was intended to be the nucleus of the new system of satellite clinics (Figures 16A and 16B). A number of these health clinics are still operating at their original location and facility. All are listed as medical clinics with dental care facilities. A manifestation of the progressive health care reform of the 1940s and 1950s, these centers still serve Philadelphia today, a testament to the planning and ambitions of the system's mid-20<sup>th</sup> century overseers.

By the 1940s, the City of Philadelphia was preparing to make wholesale reforms in public policy. One of the biggest areas of concern was the city's Bureau of Health and public health care services. At the time, Philadelphia's two central public hospitals, St. Agnes located at 1900



**Figure 14A:** District Health Center 3, 4217 Chester Ave., under construction, November 10, 1959 (PhillyHistory.org, Philadelphia Department of Records)



**Figure 14B:** District Health Center 3 newly completed, June 30, 1960 (PhillyHistory.org, Philadelphia Department of Records)



**Figure 15A:** District Health Center 6, 415 W. Girard Avenue (demolished; PhillyHistory.org, Philadelphia Department of Records)



**Figure 15B:** Alternate view, District Health Center Number 6 (PhillyHistory.org, Philadelphia Department of Records)



**Figure 16A:** District Health Center 1, looking south down Broad St, c.1960 (Philadelphia Architects and Buildings Database, [www.philadelphiabuildings.org](http://www.philadelphiabuildings.org))



**Figure 16B:** District Health Center 1, c. 1960, looking southwest (PhillyHistory.org, Philadelphia Department of Records)



South Broad Street and Methodist located at 2301 South Broad Street, were insufficient in serving the healthcare needs of the city's population. In an early effort to address these inadequacies, improvised clinics were set up in schools, churches, settlement houses and storefronts.<sup>1</sup> These clinics primarily focused on child hygiene, dental care and communicable disease control.

In 1942, the first "consolidated health center" was opened in an adapted police station at 20th and Berks Streets. This center was intended to serve all the health needs of the neighborhoods of North Philadelphia.<sup>2</sup> Consolidated health centers continued to open in adapted buildings throughout the 1940s. This initiative served as a prelude to the system of ten neighborhood health clinics eventually planned to serve the city's neighborhoods.

In pursuit of reformed public health services, the Health and Welfare Council of Philadelphia conducted a city-wide public health survey in 1949. The findings were reported to the Bureau of Health and the nascent Philadelphia City Planning Commission.<sup>3</sup> This comprehensive survey was intended "(1) to afford information and guidance for the City in its program of District Health Centers," and "(2) to study and make recommendations respecting the administrative functions and operations of the Department of Public Health."<sup>4</sup> Co-directors Carl E. Buck, P.H., Professor of Public Health Practice, University of Michigan, and Roscoe P. Kandle, M.D., M.P.H., Field Director, American Public Health Association, had a goal to identify the most

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<sup>1</sup> Philadelphia Bureau of Health Annual Report 1947, 111, 80.3, Philadelphia City Archives. Department of Public Health Records

<sup>2</sup> Philadelphia Bureau of Health Annual Report 1942, 54, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>3</sup> The Philadelphia Planning Commission was established in 1942 as part of a broad reform initiative.

<sup>4</sup> Philadelphia Public Health Survey 1949, v, 80.9, Department of Public Health Records, Philadelphia City Archives.

significant health problems in order of their local importance in the city and determine their relationship to the broader population.<sup>5</sup>

In their report, the directors describe the guidelines for planning the District Health Centers: Each should be “a facility with varying amounts of medical care and preventative services..to serve local people,..supplement hospital care,” and “..a facility to be used for the teaching of preventative [care]..to medical and other professional students.”<sup>6</sup> The survey provided the data that was the basis for the program of the district health center network. The following specific description was included for the future location of District Health Center 1, planned to operate as the hub of the system in Center City:

This is a heavily populated district with significant public health problems. Service here will reap rapid and enduring rewards. In spite of the dense population and size of the district, it is believed that a center as proposed can serve a high percentage of the people, directly because of the adequate transportation facilities. The center here should be large and include as many other government and voluntary services as possible. The opportunities to link health with the social and recreation services is unusual and worthy of serious study and action. In point of volume of service, this center may exceed all the others and be a very busy institution with a large staff. St. Agnes and Methodist Hospitals should intimately be linked with the center and Mount Sinai Hospital should be closely associated. The functional health center will therefore be several facilities but the health center building itself will also probably be the largest in the city.<sup>7</sup>

According to the plan, the city was divided into health districts of 150,000 to 200,000 people with the intention to establish a District Health Center in each area. With a loan of \$775,000

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<sup>5</sup> Philadelphia Bureau of Health Annual Report 1949, 3, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>6</sup> Ibid, 173.

<sup>7</sup> Ibid, 191-2.

from the city, the Bureau of Health acquired seven properties to adapt, reconstruct, or build facilities for the District Health Center Program.<sup>8</sup>

The program continued to advance as the new city charter was being drafted. Another consolidated center was opened in 1949 at 3200 Frankford Avenue, in a building “completely reconstructed” for health center use.<sup>9</sup> In 1950, the Bureau of Health created within their structure a Division of Health Center Administration to oversee the rapidly expanding program.<sup>10</sup> During this year, two pilot centers were opened, one in West Philadelphia, at 41st and Haverford Avenue, and one in Manayunk, at 4401 Main Street.<sup>11</sup> The operations in all four preliminary centers were used as an opportunity to carry out trials of administrative and organizational goals identified by the 1949 Public Health Survey. The results of these observations would be put to use in the programs for reconstruction of existing facilities and new designs for future District Health Centers.

The electors of the City of Philadelphia adopted the Philadelphia Home Rule Charter on April 17, 1951. The charter authorized the Department of Public Health and the official decentralization of the city’s health services.<sup>12</sup> In accordance with the core principles of the Home Rule Charter, the mayor was empowered to appoint the members of the Board of Health, but the qualifications and composition of the board was stipulated by the charter.<sup>13</sup> This group was put together throughout 1951. Another new pilot District Health Center was opened at 4600

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<sup>8</sup> Philadelphia Bureau of Health Annual Report 1949, 3, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>9</sup> Ibid, 4.

<sup>10</sup> Philadelphia Bureau of Health Annual Report 1950, 4, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>11</sup> Ibid, 131.

<sup>12</sup> Philadelphia Home Rule Charter, Article 3-100:d.

<sup>13</sup> Ibid, Articles 3-207 and 3-901.

Paul Street in the Frankford area of Philadelphia during this year.<sup>14</sup> The reformed administration also established a division of generalized public health nursing in 1951.

At their first meeting in 1952, the newly appointed members of the Board of Health expressed a major concern with determining plans for development of District Health Center policy.<sup>15</sup> Commissioner of Health, James P. Dixon, recommended that the Board of Health and Department of Welfare jointly appoint a technical advisory committee to study and prepare recommendations on the future development of the program. In addition, a citizen's committee was commissioned to provide public feedback on health center services.<sup>16</sup> The Fife-Hamill Memorial Health Center located at South 7th Street and Delancey Street was designated as the operational unit to perform the department's service functions.<sup>17</sup> The Department of Public Health reported "a progressive growth in the understanding of the concept of health district operations and responsibilities."<sup>18</sup> The Board set to work creating guiding criteria for prospective District Health Centers, explaining, "The health center itself has been carefully considered as to structure, capacity and special allotments relating to the public, administration, technical and educational facilities of a local health department."<sup>19</sup> The Board went on to describe future growth, specifically citing the hub of the program, to be constructed: "During the following years of this program, there are projected plans for the constructions of other health centers including a model type health center located in Center City and housed jointly in a building which will

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<sup>14</sup> "Consolidated health centers" were officially renamed "District Health Centers" with the new administration of the Department of Public Health.

<sup>15</sup> Philadelphia Board of Health Minutes, February 27, 1952, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>16</sup> Philadelphia Department of Public Health Annual Report 1952, 5, 80.3, Department of Public Health Records, Philadelphia City Archives.

<sup>17</sup> *Ibid*, 6.

<sup>18</sup> *Ibid*, 54.

<sup>19</sup> *Ibid*, 55.

include also the health administrative offices of the Department of Public Health and the City Laboratory.” Existing facilities that needed upgrades were also planned, with “tentative approval of capital improvements for existing operational health centers [which] lack requisite space allocations..for efficient and expanding operations.”<sup>20</sup>

During the subsequent years, the Board of Public Health administered plans to bring updated district health centers to serve the neighborhoods defined by the comprehensive 1949 Public Health Survey. Much of the reconstruction of established facilities and construction of newly designed health centers took place in the 1950s. The clinic at Broad and Lombard Streets was planned to accommodate the administrative, training, library and laboratory needs of the entire system. A particular focus of health reform at the time of its opening was regulation for citywide tuberculosis screening, intended to take place at this clinic. Following this model to address communicable disease, today the clinic’s main focus is sexually transmitted diseases and walk-in HIV testing. Laboratory processes and administrative management are still conducted for the all of the clinics citywide at this location. Of all the health clinics still in use today, District Health Center 1 is still the only one with a focus beyond general care. All the other clinics cover general medical and dental care, but Health Center 1 remains the city’s dedicated walk-in clinic for treatment of sexually transmitted infections, including testing, counseling and referral.

The endeavor to decentralize Philadelphia's public health system came to culmination with the opening of District Health Center 1 at Broad and Lombard Streets in Center City in 1960.<sup>21</sup> The research and data found by the 1949 Public Health Survey prescribed a decentralized system where the needs of a neighborhood community could be effectively served by the city’s

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<sup>20</sup> Ibid, 56.

<sup>21</sup> The locations and buildings included in the District Health Center program have continued to change with further construction and reconstruction as well as center closures though the present.

resources. In a “Philadelphia Health Bulletin” published by the city in 1950, the Bureau of Health articulated the reform philosophy that precipitated the systemic changes to public health services, “The public health needs of Philadelphia are best met by a combination of services on a neighborhood basis.”<sup>22</sup> With the establishment of a system of nine neighborhood satellite clinics and a central hub at the Broad and Lombard location, the District Health Center program effectively addressed public health policy issues determined by the 1949 Public Health Survey and fulfilled the mandates of policy change required by the 1951 Philadelphia Home Rule Charter.

### **Criteria (c), (d) & (e): Montgomery & Bishop’s Socially Conscious Modernism**

District Health Center 1 is an exceptional example of Mid-century Modern architectural design. It is likewise a signature work of noted Philadelphia architects Newcomb Montgomery and Robert Bishop. Montgomery and Bishop worked on many projects informed by social concerns, experience which prepared them for their task of designing District Health Center 1. At the time, it was common for the city to contract prominent architects to design public buildings. Montgomery and Bishop had likewise completed almost all of their prior projects within the Philadelphia area, giving them a good understanding of the needs of the region and its people. Notable housing projects include Greenbelt Knoll (1952-1957), a residential development in northeast Philadelphia featuring eighteen individual single-family homes, designed in consultation with Louis Kahn, Harry Duncan, and Margaret Lancaster Duncan (Figures 17A, 17B); and the Liddonfield Housing Project for the Philadelphia Housing Authority (1953, since demolished). Greenbelt Knoll remains occupied today and is listed on both the Philadelphia Register of Historic Places and National Register of Historic Places as a Historic District.

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<sup>22</sup> Philadelphia Health Bulletin 1950, 8, 80.3, Department of Public Health Records, Philadelphia City Archives.



**Figure 17A:** A typical residence at Greenbelt Knoll, c. 1957, Montgomery and Bishop (with Louis Kahn, Harry Duncan, and Margaret Duncan; Philadelphia Architects and Buildings Database, [www.philadelphiabuildings.org](http://www.philadelphiabuildings.org))



**Figure 17B:** Montgomery and Bishop (second and third from left) reviewing designs for Greenbelt Knoll; Kahn is at far left (Philadelphia Architects and Buildings Database, [www.philadelphiabuildings.org](http://www.philadelphiabuildings.org))



**Figure 18A:** Wynnefield Branch Library for the Free Library of Philadelphia, c. 1963, Montgomery and Bishop (Philadelphia Architects and Buildings Database, [www.philadelphiabuildings.org](http://www.philadelphiabuildings.org))



**Figure 18B:** Interior of Wynnefield Branch Library for the Free Library of Philadelphia, c. 1963, Montgomery and Bishop (Philadelphia Architects and Buildings Database, [www.philadelphiabuildings.org](http://www.philadelphiabuildings.org))



Notable public projects include the Lovett Memorial Library (1958-59) and Wynnefield Branch Library (1961-63, Figures 18A, 18B) for the Free Library of Philadelphia, both still operating today.

Like much of Montgomery and Bishop's work, District Health Center 1 exhibits a futuristic style, one that reflects progressive postwar optimism and a wave of local municipal reform. The futuristic style of the building is a direct representation of the change and excitement of the 1950s, a decade which included the first appearance of color television, the first US satellite, and the first selection of astronauts for the U.S. space program. The modern aesthetic is further expressed by novel uses of building materials in both the structure of the building and its exterior finishes and details. Architects Montgomery and Bishop were particularly interested in the innovative organization of space to suit the building's complex program, which responded to requirements defined by the 1949 Public Health Survey. The building's distinctive mid-century style is likewise an important contribution to the urban streetscape of South Broad Street, a historic and contemporary focal point of the arts in Philadelphia.

The modern impulses of District Health Center 1 are most apparent in its form. A synthesis of geometry and curves, the exaggerated bold shapes are emphasized by horizontal lines and inset base. The ribbon windows and space-age pilot house skylight transform the building into an icon of science fiction. At night, light glows through the glass block mosaics and ribbon windows, reinforcing the futuristic feel of the design (Figure 19).

Montgomery and Bishop intentionally designed District Health Center 1 with a modern aesthetic, making use of materials new to architectural design in the mid-century period. The futuristic character of the building is underscored by the use of exposed modular building materials and all the latest building technologies at the time. The structure of the building

employed site-cast concrete framing. Walls of plate glass for transparency at entrances were combined with glass block for privacy. Traditional brick masonry was made vibrant with teal and red glazes. Aluminum frames contrast the sleek glass and masonry.



**Figure 19:** Glass block wall mosaic at the building's northeast corner; note the building's distinctive interior light/nighttime glow

These practical yet decorative building materials and pioneering technologies are iconic markers of the Mid-century Modern period. One of the defining characteristics of the era is the relation of form and function. The function of Health Center 1 is focused on providing an effective space for doctors to work and for patients to be assisted. The form of the building follows this essential function, with three floors; one for medical services, one for the library, and one for the laboratory. The rounded geometries of the building create a softer view which is both appealing to the eye and calming to the patient as they approach the building. This also relates to the unique colors and materials of the building. The mid-century period, residential

architecture in particular, is also sometimes noted for its emphasis on the needs of the average American family. The health center was designed to meet those needs via a public facility.

In a statement introducing the design, Montgomery and Bishop explained their intent to “integrate into an organic and unified whole the several different structural systems” required by the building’s program.<sup>23</sup> District Health Center 1 houses three distinct programmatic functions essential to the business of the Department of Public Health: a public health clinic; administrative offices for the network of clinics; and a medical laboratory serving the entire system. The building was designed to house these operations on three separate floors, with separate entrances for public and municipal traffic.

The clinic, with a public entrance on Lombard Street, operates on the first floor with examination cubicles, radiology lab, nurses and doctor’s offices, and record keeping incorporated into the design. Additionally, the first floor contains an auditorium and classrooms, which serve as training spaces for the Department of Public Health. The second floor houses the administrative offices, including a research library, in a ring around an open center, looking down over the first floor clinic, with access through a private entrance on Broad Street. On the third floor, laboratories operate to process medical tests from the clinics across the city. Although some rearrangement has occurred, the building’s continued use following this original and acutely designed program is fundamental to its significance.

### **Criterion (h): A Work of Art Along the Avenue (of the Arts)**

Sited at the central intersection of Broad and Lombard Streets, the building is a city and neighborhood landmark. It stands out among the rest of its neighboring buildings as it is instantly recognizable, but also fits perfectly within its location as an architectural art piece, one defined

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<sup>23</sup> Allen, Haley, Hawes, et al. “District Health Center Number One: Integrated Project Dossier,” 2009.

by its unique form, colors and materials. The building has an iconic period character and human scale fast losing representation along the highly-developed Avenue of the Arts. On South Broad Street, historic architecture mixes with new construction, public, private, commercial and residential. While many turn of the century buildings along Broad Street have enjoyed a revival of preservation efforts in recent years, representations of significant buildings from the recent past are underappreciated and subsequently under threat of redevelopment. In recent years, the City has solicited proposals for renovation or replacement of existing District Health Centers.<sup>24</sup> There are broad ambitions to potentially expand or relocate programs, make facilities more energy efficient, and establish more privacy to comply with modern HIPAA laws. Just last year, District Health Center 2 and its neighboring South Philadelphia Branch library (at Broad at Morris Sts.) were demolished and replaced with an integrated facility designed by VSBA Architects and Planners.<sup>25</sup>

For its part, District Health Center 1 is well positioned for renovation or adaptive reuse. The exterior of the building retains its key features and ornament, and its distinctive design invites a number of uses. It is important to protect the variety of architecture on this arterial streetscape where the art and architecture of Philadelphia are on full display. Standing alongside the University of the Arts, Academy of Music, and the Kimmel Center, among others, District Health Center 1 is a resource that strengthens the diversity of Philadelphia's contemporary urban fabric. Along a corridor devoted to creative pursuits, the building is itself a work of architectural art. With its unique materials, curved geometries, playful colors, and futuristic roof feature, the building manages to stand out while also blending in.

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<sup>24</sup> Bolender Architects. Renovations to Health Center #2, #3, #9. <http://www.bolenderarchitects.com/institutional.html>.

<sup>25</sup> District Health Center 10 (designed by Norman Rice) and the Northeast Regional Branch library at 2228-30 Cottman Ave. is another notable pairing. Both are appropriate candidates for inclusion on the Philadelphia Register of Historic Places.

In summation, District Health Center 1 satisfies six criteria of the Philadelphia Code. The building was completed in 1960 and is representative of the Mid-century Modern period (c) (d). Architects Newcomb Montgomery and Robert Bishop were prominent local practitioners, whose portfolio is emphasized by public works and emerging social concerns (e). The building is located on the Avenue of the Arts, at the prominent intersection of Broad and Lombard Streets, and relates to the artistic values of the corridor (h). Lastly, District Health Center 1 is a physical representation of the mid-twentieth century decentralization of public health in Philadelphia, an important moment in the evolution of Philadelphia's political and social development (a) (j).

## **8. Major Bibliographical References**

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