ABSTRACT

Title of Thesis: FROM HARM TO HOPE: REIMAGINING AN ABANDONED ASYLUM AS A SPACE OF REFLECTION, REJUVENATION, AND REJOICE

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The Crownsville State Hospital opened in 1913 as the first and only mental institution in the state of Maryland to serve the Black community. After 91 years of operation rife with neglect, abuse, exploitation, and other acts of inhumanity, the hospital closed and has laid virtually abandoned since. In this thesis, I will propose ways of reactivating Crownsville's historic campus through acknowledging the property's horrific past, by providing support and amenities to the region's most vulnerable individuals, and by creating space to celebrate the identity of communities who were historically persecuted on the grounds. I will explore the Crownsville campus through the lens of a cultural landscape, and attempt to balance the preservation of existing assets with the development of new community features.

FROM HARM TO HOPE:
REIMAGINING AN ABANDONED ASYLUM AS A SPACE OF REMEMBRANCE, REFLECTION, AND REJUVENATION

By

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“Design is never neutral; It heals or it hurts”

- Sierra Bainbridge, MASS Design

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INTRODUCTION

When extreme trauma occurs, it leaves an indelible stain on the landscape. Injustice endures in collective memory, and a place is forever altered. The horrors inflicted upon people with disabilities and the Black community at the Crownsville Hospital are documented, inhumane, and have lasting impacts. In a time before civil rights were codified and upheld, racism and disregard for human rights blended to create an atmosphere of fear and pain in this place. These feelings haunt the landscape to this day, an apparition which reminds visitors that history does not just live in dusty books and bygone years. History is omnipresent. For this reason, Crownsville is largely banished from the public eye, seen as a shameful place too taboo to prosper. For nearly a century, the stories of Crownsville have been intentionally hidden. But now, records are leaking. The hospital grounds have a traumatic past, where people with disability and the Black community have borne the brunt of unethical treatment and collective pain. While shocking for many and uncomfortable for all, these stories need to be heard.

There are many stories to be told from this space, but I want to refrain from Crownsville being yet another tale of historic abuse that the Black community and people with disability are forced to shoulder. Fortunately, Crownsville's story isn't over, and on these grounds, there is a unique opportunity to continue its narrative; From a story of hardship to a story that learns from its mistakes, a story where the arc of justice prevails, a story that leaves visitors feeling optimistic. Though Crownsville's past cannot be changed, the symphony of this space could possibly end on a note of hope. We have the choice and the opportunity to ask ourselves: what will be the legacy of Crownsville?

I want to help write a story where the grounds of Crownsville Hospital will serve as an example of the resiliency and power of the Black community and people with disability. There will be a transformation from a place of shame, to a place of learning, understanding, and vitality. A transformation from a place of profound harm to a place of profound hope. The painful past of this place will be remembered, and it can be harnessed to provoke change. While historically silencing and neglecting those who are most vulnerable, Crownsville could soon serve as a refuge of growth and rehabilitation for these same people.

In this project, I aim to do many things. Most importantly, I aim to bring justice to those who suffer with the Asylum's history, and I aim to transform the grounds into a place of respite and hope for the community members who need it most. Additionally, I aim to honor the physical landscape as a piece of local heritage, to revive the space with new energy and vitality, to instigate interactions between people who normally would not mingle, to provide the black community with a cultural center as an atonement for historic injustices, and to provide recreation and growth opportunities that are available and accessible to all. Critically, re-envisioning the Crownsville hospital is not the erasure of a dirty secret, but it also is not solely the illumination of a traumatic past – it is the transformation of a space that will be designated for rebirth, exemplified by the hospital's transition from a place of despair to a place of hope.

I find it best to check my intentions upfront; I am an able-bodied white man offering a design proposal for a space of immense suffering to the Black and disabled communities. The ideas provided in this thesis are simply that: ideas. The short thesis timeline, the scale of this property, and the huge number of interest groups who've been eager to dip their fingers into Crownsville's pot of gold for the past decade make community input on this small project a

daunting task. I've researched plans and desires of as many groups as I could – from the Anne Arundel County Executive's office to local activist groups like Friends of the Crownsville Patient Cemetery, from longtime community members to design professionals. Real, active, documented input from the community would be needed if action was actually planned with the Crownsville site. The ideas proposed in this thesis are one block in the foundation of change, offering a vision to excite and engage those who can carry the torch further.



Figure 1 - Crownsville Hospital main campus today (Flickr)

HISTORY

Certain societal and structural themes have haunted the Crownsville Hospital since its inception. To this day, mental health in the United States continues to be denied the attention and funding it craves. Unsurprisingly, things were significantly worse than present in the early 1900s. Mental institutions across the nation struggled with a lack of funding, overcrowding, staff shortages, and lack of understanding of the mentally ill. Where infrastructure failed, people suffered. American nurse and investigative journalist Dorothea Dix published her groundbreaking exposé on the horrid conditions of Massachusetts' mental health facilities more than seventy years BEFORE Crownsville opened its doors. Yet, things remained much the same until the Civil Rights Movement in the 1960s and the publication of Ken Kesey's *One Flew Over the Cuckoo's Nest* in 1962 (Tong, 2016).

When examining the case of Crownsville Hospital, however, intersectionality cannot be ignored. The era of Jim Crow was a dreadful and dangerous time for Black Americans, particularly in southern states. Following the civil war and the end of the southern reconstruction age in the late 1870s, segregation, racial injustice, and violence shrouded the United States until the beginning of the Civil Rights Movement in the 1950s. Blatant, pervasive racism during these decades was the norm in many states across the country, including Maryland. During these times, oppression was thrust upon Black Americans, and injustices were thrust upon people with disabilities. Meanwhile, the intersection of injustices experienced by Black Americans with disabilities was shameful.

The story of Crownsville Hospital begins as a story of this intersectional injustice. By excavating and understanding this foundation, I seek to tell stories which have been

intentionally erased, and I seek to understand how they impact the stories of today. I seek to use these stories as motivation for creating a timeline where the story of Crownsville does not end solely as a story of injustice.

ESTABLISHMENT

The Maryland Lunacy Commission, the overseeing body in control of state mental health facilities, asserted the need for mental health institutions to be segregated in 1888, just two years after it was formed in 1886. By segregating institutions, these facilities would align with the rest of public services in the state at the time. After years of debate, the Maryland General Assembly granted the funds to begin the process of acquiring land, constructing, and equipping the *Hospital for the Negro Insane of Maryland* in April of 1910 (Tai 2019).

In December of the same year, the board purchased the Boswell-Garrett-Hatch farm plots as the site for the future hospital (Tai 2019). This 560-acre property was chosen for a few reasons. The farms sit at less than four miles from the geographic center of the state of Maryland. Additionally, the proximity to state capital Annapolis and the WB&A railroad assures swift, simple access to the rest of the state.

The agrarian nature of the property was of equal importance and was vital to the hospital's economic viability. Around the turn of the 20th century, it was popularly believed that physical labor and exertion aided in curing mental illness (Stuckey, 2017). Patients would be instructed to work the fields during their time at the hospital, farming much of the food consumed and even producing enough for export. Much of the original property contained wet bottomlands which were suitable for growing willow (Tai, 2019). Willow branches were used to

weave baskets, a simple and valuable item which even heavily handicapped patients could produce from growth to harvest to production. As we could expect from this time period, the agrarian labor and basket fabrication was forced, and the profit reaped was not shared with laborers.

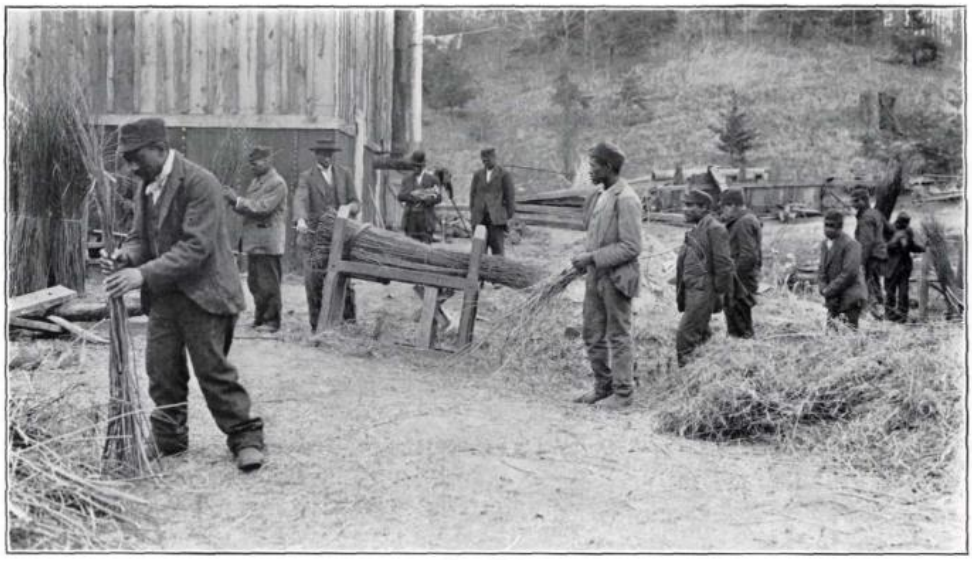


Figure 2 – Patients constructing Crownsville Hospital (Baltimore Sun Archives)

Construction of the facility in 1911 abided by the same ideology of labor therapy. Twelve black patients were transported from Spring Grove Hospital in nearby Catonsville, and they began the arduous process of excavating and grading the farmland for the construction of buildings (PATIENTS, 1912). By the end of 1911, seventy-three patients from across the state had been committed to Crownsville. Brick by brick, these men were building the facility that would soon be used to house them. In the first year of construction, there were three discharges and one death. It is worth noting that in an effort to avoid backlash, excess scrutiny, and stigma around the word “insane”, the *Hospital for the Negro Insane of Maryland* was

renamed *Crownsville State Hospital* during this year (State of Maryland Lunacy Commission, 1912).

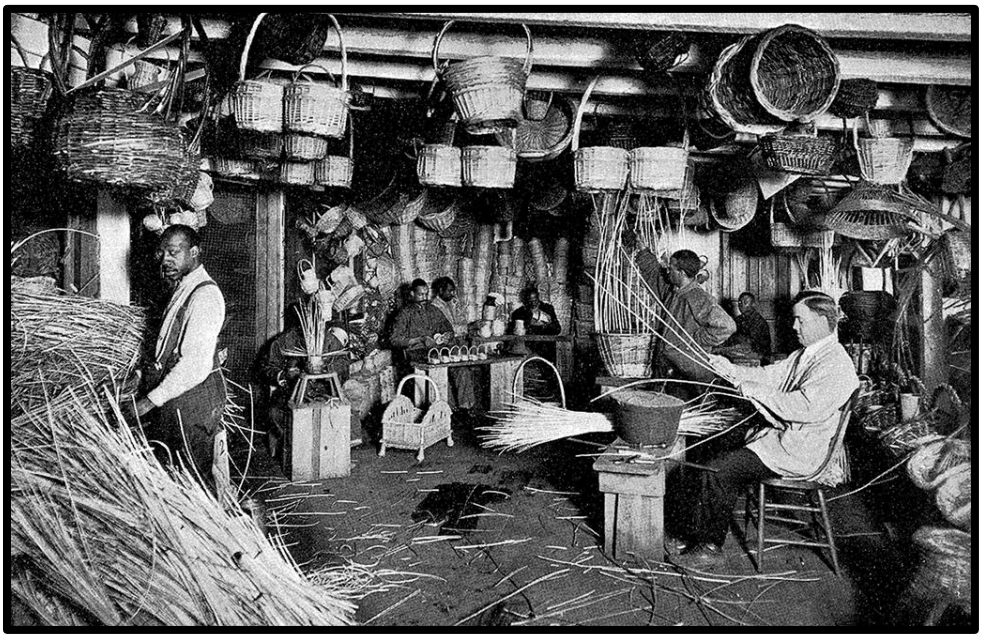


Figure 3 - Patients weaving willow baskets (Baltimore Sun Archives)

Hospital design and size were carefully selected. The core cluster of buildings, still present today, was meant to house all initial patients. Originally the hospital's maximum capacity was 560 patients – one for every acre of the property. It was decided that a cottage-based design, with multiple separated wards and separate buildings, would be employed as an effective means of controlling, isolating, and caring for different types of patients (Tai 2019). In May of 1913, construction was completed and the hospital officially opened its doors to the public.

EARLY OPERATING YEARS

Lack of funding, staff shortages, and overcrowding were the daily reality of Crownsville Hospital before the 1960s. The patient per doctor ratio fluctuated as time progressed, with records indicating 256 patients to 1 doctor in 1920, and 208:1 in 1947 (Coole, 1947). Staff attendants, or caretakers, were also stretched unworkably thin. In that day, the acceptable ratio of staff members was about 8 patients for every caretaker. Crownsville clocked in at 14:1 in 1920, and 27:1 in 1945 (Coole, 1947). Staff turnover was higher than 50% per year, because employees worked 11 hour shifts for less than $54 per month with no benefits (Tai, 2019). Many chose instead to work in prisons, which paid over three times as much for shorter shifts and included retirement benefits (TURNOVER, 1936).

Finding white staff who were willing to serve black patients under these conditions was incredibly challenging, and difficulties were only exacerbated by worker shortages during World War II. It was this critical shortage that pushed management to integrate the staff in 1948, hiring their first black staff member. In addition to lowering the quality of care for patients, fewer staff meant higher stress, less supervision, and desperation for workers. Staff members often had questionable backgrounds, many of whom had spent time in prison. Highlighting all of these circumstances, 1923 saw the high-profile murder of a patient at the hands of a formerly-incarcerated staff-member (Stuckey, 2017). To the distress of Maryland's black community, the staff member was acquitted of any charges. During these early years, the hospital struggled with extreme rates of tuberculosis. Conditions were so poor that 21% of patients died in 1923, most from tuberculosis (Stuckey, 2017).

Staffing issues were exacerbated by a ballooning number of patients, particularly in the 1940s and 50s. Initially built to house 560 patients, the actual patient count breezed past that projection about a decade after doors opened. Expansion projects were constant to keep up with housing needs, and especially large projects were undertaken from 1925-1936 and 1948-1958 (Tai 2019). However, housing simply could not keep up with demand. Reports started swirling about serious overcrowding in the late 1930s, when journalists and family members of patients began leaking how people were sleeping in public areas, unventilated basements, and in attics. Crownsville was officially 30% over capacity in 1939. By comparison, two local white-only mental institutions were about 11% over capacity (RELIEF, 1939). By 1947, the facility was so overcrowded that the 1,662 patients were only served by 1,045 beds. The hospital reached its historical peak capacity in 1955 with a horrifying 2,719 patients (Tai, 2019). In the late 1950s, a new warden took control of the hospital, and began releasing hundreds of patients who had been wrongly institutionalized.

While numbers are jarring, eyewitness and personal accounts reveal the devastation and disturbing reality of black patients at Crownsville hospital. Many of these accounts are graphic and upsetting. To set the stage, neurological research was in its infancy in the early 1900s. Practices we now consider barbaric and grossly unethical were seen as medical breakthroughs and routine procedures undertaken in the name of progress, discovery, and science. Across the nation, professionals were seeking radical cures for what we now know as epilepsy, schizophrenia, depression, cerebral palsy, dementia, Post Traumatic Stress Disorder, insomnia, homosexuality, general cognitive dysfunction, and even for dispositions like nervousness or lethargy.

During the 1940s, many well-documented medical procedures were common. Electroshock therapy was used to treat a wide range of mental ailments from schizophrenia to depression to homosexuality. Hydro therapy referred to a whole suite of barbaric practices rooted in water which could last anywhere from hours to days at a time (Harmon, 2009). The dreaded lobotomy pierced the brain, usually through the eye socket, severing connections between the prefrontal cortex and thalamus (Garnett, 2019). Less common practices also emerged at this time and were employed at Crownsville. Certain patients were intentionally infected with malaria to cure paresis, a dementia-like condition caused by syphilitic inflammation of the brain. On the chance that patients survived the disease, they were cured because malarial fever spikes are so dangerously high that they kill the bacteria responsible for syphilis (Gambino, 2015). Insulin shock therapy was used to treat schizophrenia, and consisted of daily injections with huge amounts of insulin to induce comas over a period of weeks (Wright-Mendoza, 2018). Heavy sedation was used on patients who were particularly unruly, or as a way to numb the effects of their conditions.

As previously stated, these barbaric, dehumanizing procedures were performed on people with cognitive disabilities across the country. They were not exclusive to Crownsville. The brutality of their nature calls into question the perspectives of a class of doctors and administrators. Could they possibly see patients as human, as equals, while performing such destructive practices? The answer is fairly clear. The magnitude of the atrocities at Crownsville begin to take shape when attitudes towards the cognitively impaired are overlaid with white attitudes towards black Americans in the Jim Crow south. Simply put, this intersectional power imbalance likely bred an attitude amongst officials and administrators that Crownsville patients

were sub-human. Black mental patients had no rights, were ripe for experimentation, and were not asked for consent. They were completely helpless to the powerful hand of white politicians, doctors, and professionals. Every minute within the old hospital walls paints a picture of a life lived in fear.

PERSONAL ACCOUNTS

First-person accounts of Crownsville hospital before 1960 depict a traumatizing, horrible place. In 1925, patient Bertell Edelin wrote to the Baltimore Sun following the murder of a fellow patient, claiming that he was threatened, beaten, and served “wretchedly poor food”. He wrote that “This place is worse than slavery and we are treated like beasts” (INMATES, 1925).



Figure 4 - Crownsville's overcrowded quarters. Patients sleeping on the floor. (Baltimore Sun Archives)

Four years later, statistics were released that only 55 patients were discharged in 1929, while 92 patients had died. As issues with overcrowding emerged and financial troubles tanked even further, quality of life plummeted. A report stated that permanent nudity was common among male patients, despite the hospital being fully co-ed and age-integrated, because the hospital didn't have the funds for clothes (Wood, 2013). By the late 1940s, lobotomies were routinely used as a solution to control patient behavior in this overcrowded, understaffed environment. 33 Lobotomies were performed in 1948, but the practice was stopped entirely in 1954 (Osborn, 2009). In the same year, an account details that a floor with 96 female patients contained 26 beds, 3 toilets, and 1 bath. Unsurprisingly, death rates were high, contributing to the pervasive rumor that those committed were more likely to die than be discharged.

One of the most thorough accounts of life at Crownsville hospital comes from a surprising place, New York Times best-seller The Immortal Life of Henrietta Lacks. It is a wildly-popular work of non-fiction about a black woman from Baltimore, Henrietta Lacks, who's cancerous cell line is used in research across the globe. Henrietta's daughter, Elsie Lacks, was committed to Crownsville Hospital in 1951 at the age of 11 on account that she was deaf, epileptic, and severely mentally handicapped (Skloot, 2010, p. 268-274). She died in Crownsville at the age of 15, three years after the passing of her mother. The novel's author, Rebecca Skloot, stated that:

"Patients were locked in poorly ventilated cell blocks with drains on the floor instead of toilets. Black men, women, and children suffering from dementia and tuberculosis to 'nervousness', 'lack of self-confidence', and epilepsy were packed into every conceivable space, including windowless basement rooms and barred-in porches. When they had beds, they usually slept two or more on a twin mattress, lying head to foot, forced to crawl across a sea of sleeping bodies to reach their beds. Inmates weren't separated by age or sex, and often included sex offenders. There were riots and homemade weapons. Unruly patients were tied to their beds or secluded in locked rooms." (2010, p. 275)



Figure 5 - Crownsville Older Girl's Room, 1955. Highly crowded conditions. (Baltimore Sun Archives)

Generally speaking, eye-witness accounts and public reports from the hospital are sparse and not easily accessible. Crownsville staff were meticulous in record-keeping during its

first two decades of operation, but by the early 1930s reporting began to deteriorate rapidly. Records are sparse through the 1930s and 40s, and virtually stop altogether in the 1950s. We can speculate reasons for this, including a lack of detailed record-keeping at the hand of overworked staff, potential erasure of unethical medical experimentation, and asbestos contamination of files resulting in document destruction (Skloot, 2010).

LATER YEARS AND TODAY

After the incomprehensible horror of the 1950s, national sentiment about mental institutions began to shift towards outpatient psychiatric care. Patient numbers sharply declined, and in 1963 the hospital's patients were racially integrated – only one year before it was mandated by the passage of the Civil Rights Act. This marked a profound shift in the operations and structure of the state hospital system. Instead of moving black patients to

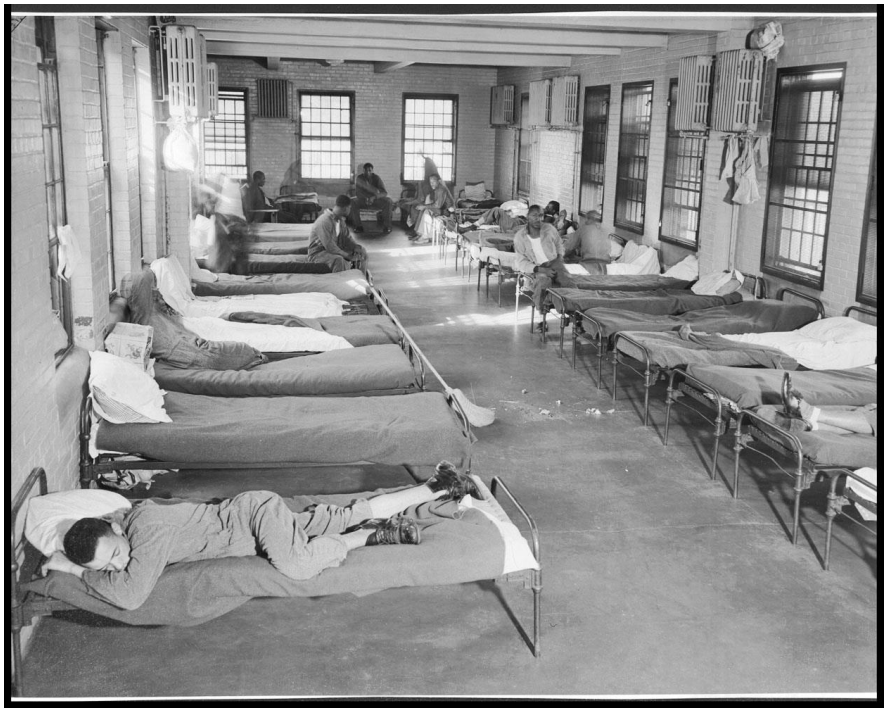


Figure 6 - Patient Sleeping at Crownsville (Baltimore Sun Archives)

Crownsville from across the state, hospitals served as regional districts, with Crownsville collecting patients primarily from southern Maryland (Anne Arundel, Calvert, Charles, and St Mary's counties). Patient numbers steadily declined as mental healthcare continued to strengthen focus on outpatient care, until the final 200 patients were relocated on June 30th, 2004 when the hospital closed its doors permanently (Knight, 2004).

Since that day, the vast majority of Crownsville hospital lies abandoned. About three quarters of the 69 buildings on campus are vacant and require serious renovation (Reichart). The remainder of buildings are occupied by a variety of nonprofits, who reportedly are charged just $1 per year for their leases. The Maryland Department of Health, who owned the property until 2022, sunk nearly 20 million dollars into property upkeep while making virtually nothing in return (Reichart). While the state did not maintain building interiors and only upkept the facades of a few select structures, they maintained the grounds and employed security guards in order to prevent illicit activity and trespassing on state grounds. For this reason, in June 2022 the Crownsville Hospital property was sold to Anne Arundel County for, again, just $1. MDH was eager to rid themselves of maintenance charges, and Anne Arundel County Executive Steuart Pittman had bold plans of transforming Crownsville into a community health hub (Domen, 2021).

County executive Steuart Pittman is not the only person with great interest in the Crownsville site. For the past ten years, a variety of plans have been proposed for redevelopment. They range from small implementations, like the *Friends of the Crownsville Patient Cemetery*'s "Say My Name" memorial in the cemetery, to massive-scale developments. In 2017, the Annapolis Seahawks lacrosse team proposed flattening much of the property and

building a state-of-the-art sports complex with dozens of fields (Cook, 2017). Community outcry and sheer impracticality prevented this idea from moving forward, but this example highlights the great community interest in utilizing this incredible property.



Figure 7 - Crownsville Hospital today (Xavier Scarillo)

ASYLUM CASE STUDIES

Crownsville did not operate in a vacuum. Hundreds of asylums across the country closed in the latter half of the 20th century across the globe. Most still lie untouched, in ruins. Their architectural character and completeness excite historic preservationists, governments, and developers alike, and some have undergone dramatic adaptive reuse projects to transform their purpose. The layout and character of old asylums often lends itself to reuse as prisons or retirement compounds. However, many have been adapted in more creative and innovative ways. I aim to explore these examples to glean opportunities applicable to Crownsville.

THE RIDGES, ATHENS, OHIO

In southeast Ohio along the banks of the Hocking River, the *Athens Lunatic Asylum* opened in 1874. Modeled after state-of-the-art establishments in Pennsylvania, New York, and Illinois, this asylum operated for over a century, officially closing its doors in 1993 (Ohio University, nd). Athens is in a relatively rural swath of the state, and the asylum benefitted from over 1000 acres of stunning forested hills, carved by valleys and dotted with natural springs. In 1867, well before the asylum was opened to the public, the property's gardens were designed by Herman Haerlin, a German immigrant, to take advantage of the scenery and provide recreation opportunities for patients (Ziff, 2012, p. 127). He painted the vast landscape with trails, gardens, ponds, orchards, greenhouses, and other outdoor activities to engage and occupy patients. Haerlin was highly influenced by Frederick Law Olmsted's cutting-edge philosophy that naturalistic landscapes have healing power over the human psyche, and what



Figure 8 - The Ridges main building (Ohio University)

better place to apply this ideology than at a healing institution. Haerlin designed the expansive property, and George Link, constructed, maintained, and oversaw the landscape for 32 years (Ziff, 2012, p. 130).

When the hospital closed in 1993, 700 acres were transferred to neighboring Ohio University. Currently, most of the historic buildings concentrated in the main complex have been restored by the university, and they now contain an art museum, an auditorium, faculty offices, classrooms, and science labs (Woodward, 2021-A). I believe that the most admirable success of this



Figure 9 - The Ridges outdoor education center (Ohio University)

restoration project, though, is the preservation of over 500 acres of woodlands to be used by the university as "grounds for recreation, learning and research" (Woodward, 2021-B). This outdoor "living laboratory" is used by students studying biological and environmental sciences. From a preservation and heritage perspective, this landscape of forested hills and ridges was one of the most iconic assets of the property. Conserving the natural space while simultaneously adapting its use to outdoor education was a brilliant strategy that solidifies a local identity, enriches residents, and provides ample opportunities for recreation.

RICHARDSON OLMSTED CAMPUS, BUFFALO, NEW YORK

Less than 50 years after Buffalo was incorporated as a city, the *Buffalo State Asylum for the Insane* opened to psychiatric patients in 1880. The city was selected by the New York Legislature to house a mental institution that would serve the western section of the state. Frederick Law Olmsted, who had just completed the city's entire park system, was asked by the legislature to design the landscape of the 203-acre campus. Olmsted agreed, and recommended his neighbor, budding architect H.H. Richardson, design the buildings (ROC, nd). Mirroring the Crownsville hospital's population trends, occupancy at the Buffalo Asylum bloomed to reach a peak of 2,766 patients in the 1950s, then quickly declined in the 1960s and onwards. The easternmost wing of the hospital was demolished in 1968 to make room for modern health facilities, and the last patients were transferred from the old structure into adjacent newer facilities in 1974. Portions of the historic structure continued to be used as

management headquarters until the 1990s, when the entire complex was sealed and left vacant (ROC, nd).

The buildings had been designated as a National Historic Landmark in 1986, making the gargantuan structure economically viable for preservationists. In 2004 a plan was hatched for renewal of the campus, and following emergency stabilizations of the building in the late 2000s, the campus's South Lawn was restored to its "Olmstedian glory" in 2013 (ROC, nd).



Figure 11 - Hotel room in the Richardson Olmsted Campus (ArchDaily)



Figure 10 - Richardson Olmsted Campus main entrance (ArchDaily)

By 2016, three of the most iconic center buildings had been successfully transformed into a luxury boutique hotel, event space, and conference center (Goody Clancy, nd).

Numerous accolades have been awarded to Goody Clancy, the project's architects and preservationists, and Andropogon, the project's landscape architect team, for their revitalization work on this project. I think this project should be celebrated for its aesthetic preservation of exterior structures and landscape, while simultaneously undergoing a rigorous and daunting adaptive reuse campaign on interiors. The new and unique function of the complex is inspiring, and the adjustments to
exterior physical structures add a contemporary flair.

SAINT ELIZABETH'S, WASHINGTON, DC

The Government Hospital for the Insane was founded in 1852 as a mental institution to serve the army, navy, and local Washington DC residents. After briefly switching gears to function as an impromptu Civil War hospital, its intended function as a mental hospital has continued to this day (St Elizabeths East, nd-A). While it was initially built to house a staggering 7,000 individuals, today only the East Campus remains as a mental health facility, caring for just a couple hundred patients at a time. In the past few decades, there has been great interest by DC government to transform hundreds of acres of Saint Elizabeth's property into something different, and in 2007 the US Department of Homeland Security announced that it would spend over 4 billion dollars to relocate to Saint Elizabeth's west campus (St Elizabeths East, nd-A).



Figure 12 - Saint Elizabeth's (Quill Architects)

Despite outrage from the community and preservationists alike, the government proceeded to bulldoze much of the land and construct a state-of-the-art 4.5 million square foot building.

In their own words, the developers of the new Saint Elizabeth's campus will be creating "a unique place to cultivate globally-significant economic opportunities in security, including critical infrastructure, energy, and sustainable technologies and practices – a place where our nation's brightest minds can think, create, educate, and live." (St Elizabeths East, nd-B). The project has come under fire as a blatant gentrification effort by the DC government to produce turnover in a region which has seen little growth in the past few decades. The DC government denies these claims, but continues to green-light plans for glass high-rises, food truck parking, and large public plazas east of the Anacostia river.



Figure 13 - Willsmere Entrance (Willsmere)

WILLSMERE, MELBOURNE, AUSTRALIA

Situated on a stately bluff overlooking the Yarra River and burgeoning city Melbourne, the *Kew Lunatic Asylum* acted as the primary mental institution for the colony of Victoria in British Australia. In 1872, after fifteen years of construction, the asylum began accepting patients. The enormous complex prided itself on "portraying Melbourne as a civilized and benevolent city whilst avoiding the jail-like appearance of other asylums" (Willsmere, nd). It achieved this by employing maze-like courtyards, ha-ha walls, and extensive landscaping to wall-in patients. However, it softened this harsh reality with attractive, elegant French architecture. Despite its polished appearance, the asylum suffered from overcrowding, poor sanitation, mismanagement, and disease during its 117-year occupation. After outcries that the hospital was outdated, Kew was sold to the city of Melbourne to be renovated into condos in 1988 (Willsmere, nd). With this transition, it was officially renamed "Willsmere".

Critics argue that Willsmere fails as a historic preservation and adaptive reuse project because it fails to reckon with its difficult past. The project is registered as a heritage development because the structures which stand today are fully restored to their original appearance. Despite benefitting from the complex's historical significance, "the most striking element of Willsmere in its present state is the deliberate detachment from its original purpose" (Logan & Reeves, 2009, p. 257). It can be argued that the historical delineation of Willsmere without any elaboration whatsoever renders the space meaningless. The fact that Willsmere is now essentially a gated community is a distinctly privileged slap-in-the-face to those who had their rights stripped away upon entry less than a century ago. Naturally, Willsmere is seen by many as "haunted by a history of the horror, cruelty, fear and misery of both mental illness itself and the often-inhumane treatments associated throughout the nineteenth and twentieth century" indicating that lack of historical acknowledgment cannot extinguish popular lore (Logan & Reeves, 2009, p.250).

MEMORIAL CASE STUDIES

Providing a place to process and reflect upon the historical trauma of Crownsville is imperative, and it is a cornerstone of this thesis design. Memorials are popping up across the United States as historically marginalized voices gain the ability to tell their story. Two memorials dedicated to Black and Indigenous people caught my attention the most.

NATIONAL MEMORIAL FOR PEACE AND JUSTICE

This memorial is designed as a call to action, where we assess our relationship to the past and are forced to reckon with it. Situated in the heart of the American South, this memorial, often referred to as The Lynching Memorial, establishes a conversation about racism and past actions on the same soil that these crimes occurred. In direct eyeshot of Montgomery Alabama's government buildings, MASS Design constructed a hilltop pavilion containing 700+ large blocks inscribed with the counties where unprosecuted lynching murders occurred and with the names of victims. These blocks hang above visitors to the pavilion, their symbolism very clear. Outside the building, a copy of all the blocks are laid on an open patio (*Figure 14)*. These blocks are meant to be picked up and formally laid at their corresponding county government's seat. This would be an act of visually claiming responsibility for their county's history of neglect and perpetration of violence against the Black community. As blocks are claimed and taken home, one by one, the patio reveals itself to be available for

demonstrations, performance, and further activism. This is a living memorial, and it reminds us that being comfortable with discomfort is part of the process of reckoning with past injustice.

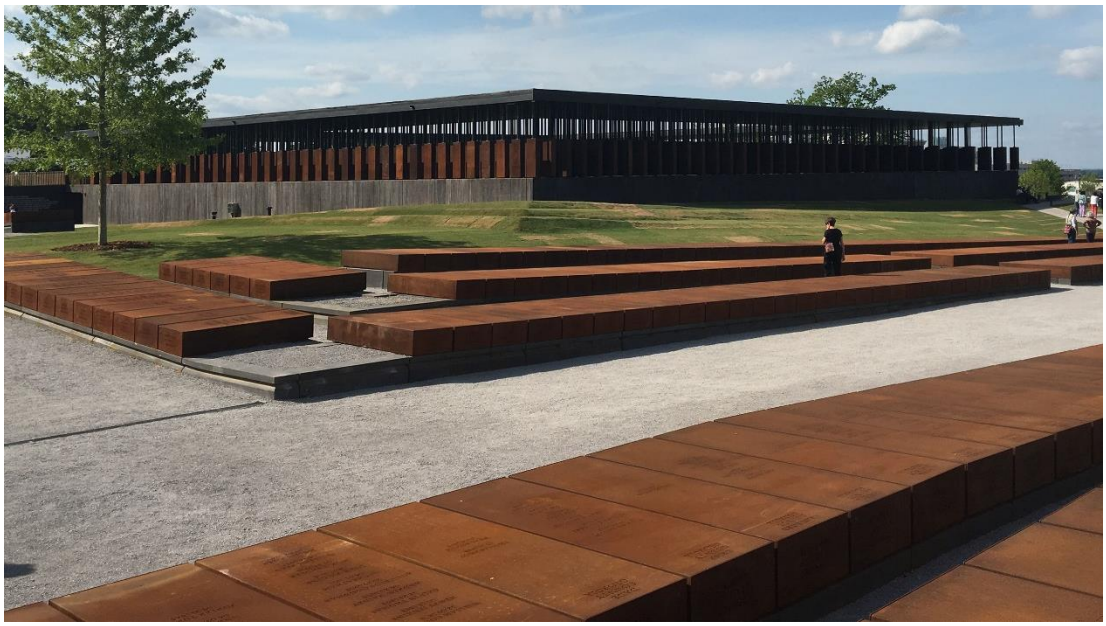


Figure 14 - National Memorial for Peace and Justice outdoor plaza and symbolic blocks. (MASS Design)

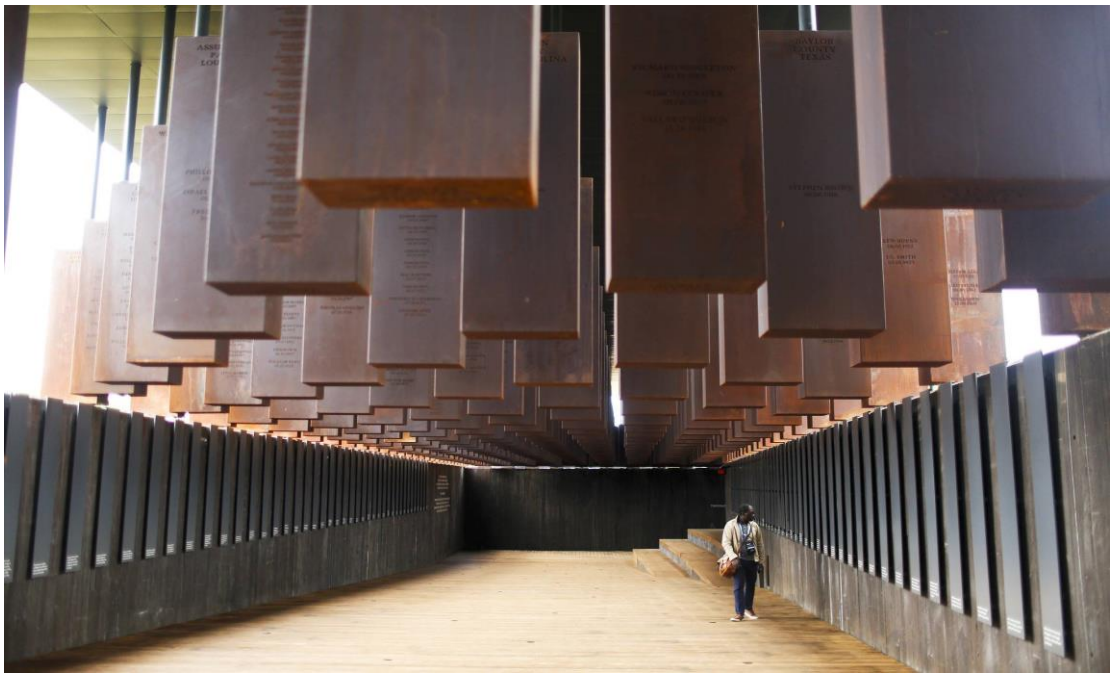


Figure 15 - National Memorial for Peace and Justice interior (MASS Design)

HISTORIC FORT SNELLING AT BDOTE

In the twin cities, a civil-war era military base named Fort Snelling sits atop a bluff overlooking the intersection of the Minnesota and Mississippi rivers. To the Dakota people, the junction of two rivers is known as a Bdote, and it holds strong spiritual value. This special Bdote, at the meeting of the two most powerful rivers in their world, is called *Maka Cokaya Kin*: The Center of the World. Here, at Fort Snelling, 1700 Dakota people were held in a concentration camp. They were held captive, wiped of their culture, and chieftains were killed at their most sacred of spaces. A local landscape architecture firm, TEN x TEN Studio, worked closely with indigenous communities to craft a dignified memorial space to occupy their holiest space. By listening, hearing the community's values, and investing time into this place, they gained a profound respect for the nature that is held here. They have crafted a design which encourages people to move through the landscape, appreciate its innate ecology, reflect on actions of the past, and help build a relationship with the land.

The Bdote at Fort Snelling is an introspective, reflective counterpart to the vocal, confrontational approach at the Memorial for Peace and Justice. Both ends of a design spectrum are represented here, highlighting that there is no consensus on how these types of memorials are approached. Historic injustice is processed differently by each individual – we all heal differently. Therefore, it might be best to consider a multi-dimensional approach to the healing landscape at Crownsville.



Figure 17 - Memorial at the Bdote, designed for introspection (TEN x TEN Studio)



Figure 16 - Memorial at the Bdote, reconnecting with nature in the shadow of Minneapolis (TEN x TEN Studio)

VILLAGE CASE STUDIES

In order to buoy the extreme cost of renovating asbestos-filled, decrepit historic structures, new developments could be built to provide a constant stream of revenue. If built to intentionally bring energy and vitality to the Crownsville region, it could electrify the space and transform it into a hub of activity. As previously discussed, a cultural center and memorial will be opened, and visitors will begin to appear at Crownsville. To serve these visitors, amenities should be provided.

However, my vision of Crownsville isn't about constructing a tourist destination. Serving the local community and overserving vulnerable populations is one of the main intentions of this project. It is possible to create a place where people live, work, shop, relax, and socialize. While some of these amenities may also serve visitors, they are meant to sustain the people residing in the direct vicinity and other local community members. There are many examples of developments which act as a village while still attracting visitors. Two local examples follow.

MOSAIC DISTRICT

The Mosaic District is a 45-acre mixed-use development containing 500,000 square feet of ground floor retail space, a movie theater, 2 acres of public park, 1004 multifamily rental units, 112 townhomes, a 148-room hotel and 72,750 square feet office space (Fairfax, nd). Completed in 2018, this development has succeeded in creating a vibrant space that serves as an activity hub for the surrounding residential areas. Though residences are classified as luxury, the atmosphere is filled with a diversity of people who enjoy a variety of restaurants, shops,

and activities geared towards middle-class Americans. Projects are underway to expand this development, and to connect it to the DC metro system via shuttle service.

ANNAPOLIS TOWNE CENTER

Opened in 2008 and expanded in 2013, the Annapolis Towne Center is a 30-acre mixed-use development just outside of downtown Annapolis that contains upscale boutiques, big box stores, restaurants, and high-end condos. Aesthetically, this area succeeds in creating a beautiful space. However, I don't believe it is practical as a "town center" nor does it sustain the vibrancy needed to attract visitors. Absurdly wide avenues and comically tall condominiums feel quite out of place in the Annapolis setting. Stores generally cater to a wealthy demographic. The luxury furniture stores and boutique apparel shops that dot the streets are typically empty because of their small audience. By comparison, sports-bars, barber shops, cafes, corner stores, and gyms appeal to everyone and would draw energy to the space. Car-centric design is not cutting-edge, and rights-of-way devours any functional spaces for exploration, relaxation, or enjoyment. People don't park their car and walk around here, instead they park near the store they're visiting and then leave when they're finished. I believe this space showcases opportunities for improvement.

SITE INVENTORY

The single thing that turned this project from a little idea into a full-blown thesis was one site visit. The sprawling 532-acre campus is, simply put, breathtaking. Clusters of beguiling, brick buildings draped in ivy rise from gentle green hills and sprawling open fields. The canvas is edged by strong trees, hiding behind them steep slopes leading to wooded bottomlands. While buildings are minimally maintained, with most effort going towards the main cluster's exterior appearance, the grounds have been meticulously manicured for two decades. Mature magnolias and weeping cherries paint color across the campus, with trailing scents tickling visitors by surprise. Dilapidated buildings and lore of the past certainly infuse a mysterious charm to what remains of the Crownsville Hospital, the magnetism of this site is what really inspired this project.



Figure 18 - Mature magnolia tree on Crownsville main campus (author's work)



Figure 19 - Landscape of Crownsville Hospital property. Open fields, dotted with trees and historic structures (author's work)

REGIONAL INVENTORY

The Crownsville Hospital is a large property bound by a few major roadways. Major highway I-97 defines the western edge of the property as it connects Baltimore and Annapolis. To the northeast, Generals Highway, which rides the ridge of highest ground between the Severn and South Rivers, defines the property's boundary. To the east and south, the boundary is relatively arbitrary, cutting through forested hills and valleys and abutting against mostly private residential property.

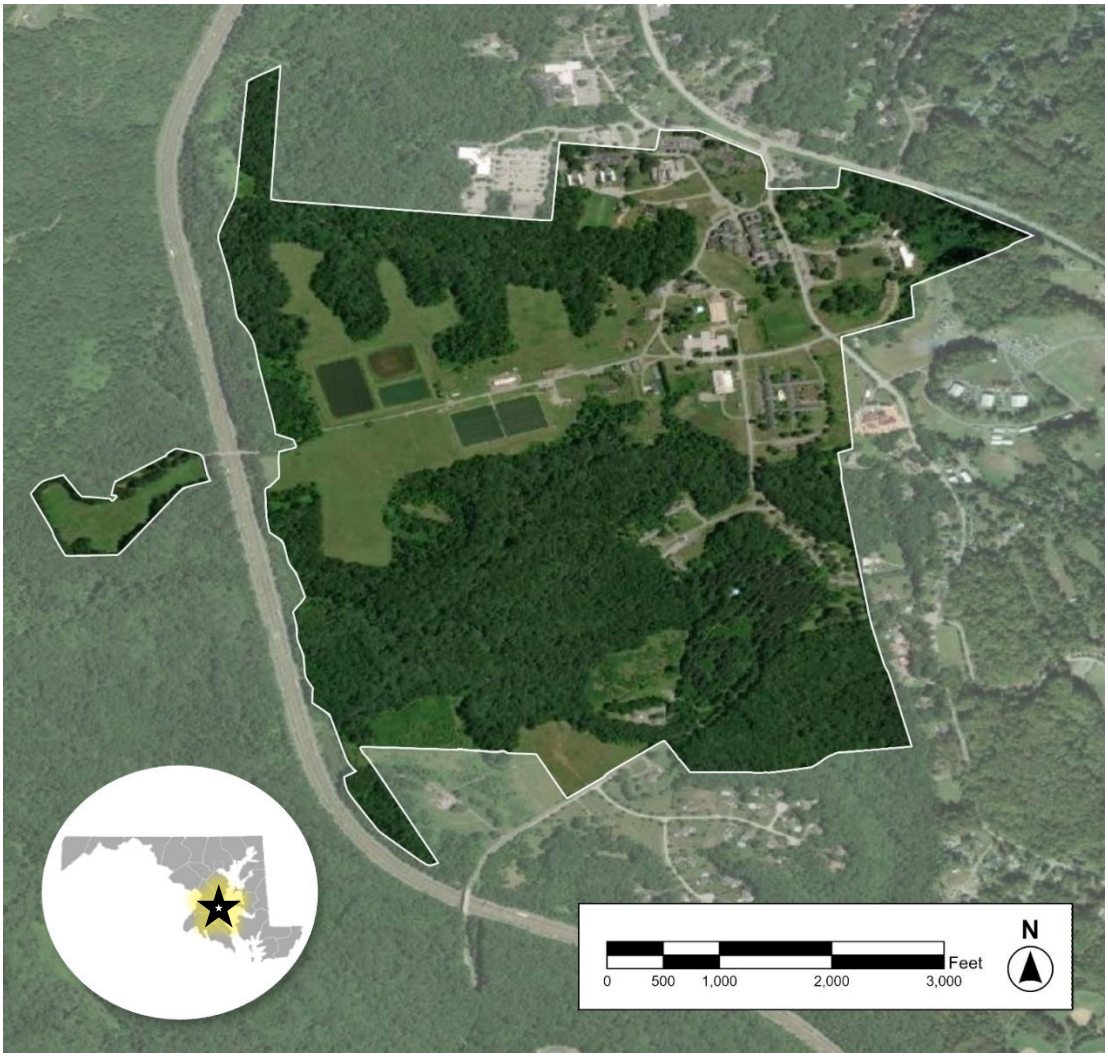


Figure 20 - Satellite image of the Crownsville Hospital property. (author's work)

As the crow flies, the campus is situated a mere 7 miles from downtown Annapolis, 18 miles from the Baltimore inner harbor, and 25 miles from the Washington Monument in DC. Despite this close proximity to major metropolitan hubs, Crownsville retains a rural feel and has equivalent infrastructure. Bus routes are found in neighboring Annapolis, but do not extend as far north as Crownsville. Cars are currently the only way to access the Crownsville campus. Entry can be made by entering through Generals Highway and Crownsville Road on the property's northeast edge.

ZONING

Almost the entirety of the Crownsville Property is zoned as Rural Agricultural land, which is intended to preserve agricultural land in the county and keep density very low (Anne Arundel County, nd). The landscape currently reflects this intention, as it was used for agriculture during the Asylum era. Some of this zoning would need to be changed if development efforts were made in any region of the property. However, not everything on the property can – or should – be developed. While all the forested lands on the property are part of Anne Arundel County's Green Infrastructure Network, only a small percentage of the land is under permanent environmental easement where development is forbidden (*Figure 21*). These easements are near the west of the property and cover bottomlands that connect to adjacent Bacon Ridge Natural Area. By-and-large, the central region of Anne Arundel County is heavily forested compared to the rest of the county. This forested area starts in Crofton to the west and Davidsonville to the south, sweeping across a network of ridges and valleys, covering Crownsville, and reaching the south shore of the Severn River. It makes sense to retain the

forested character of this land in an effort to keep continuity with this valuable green infrastructure hub.

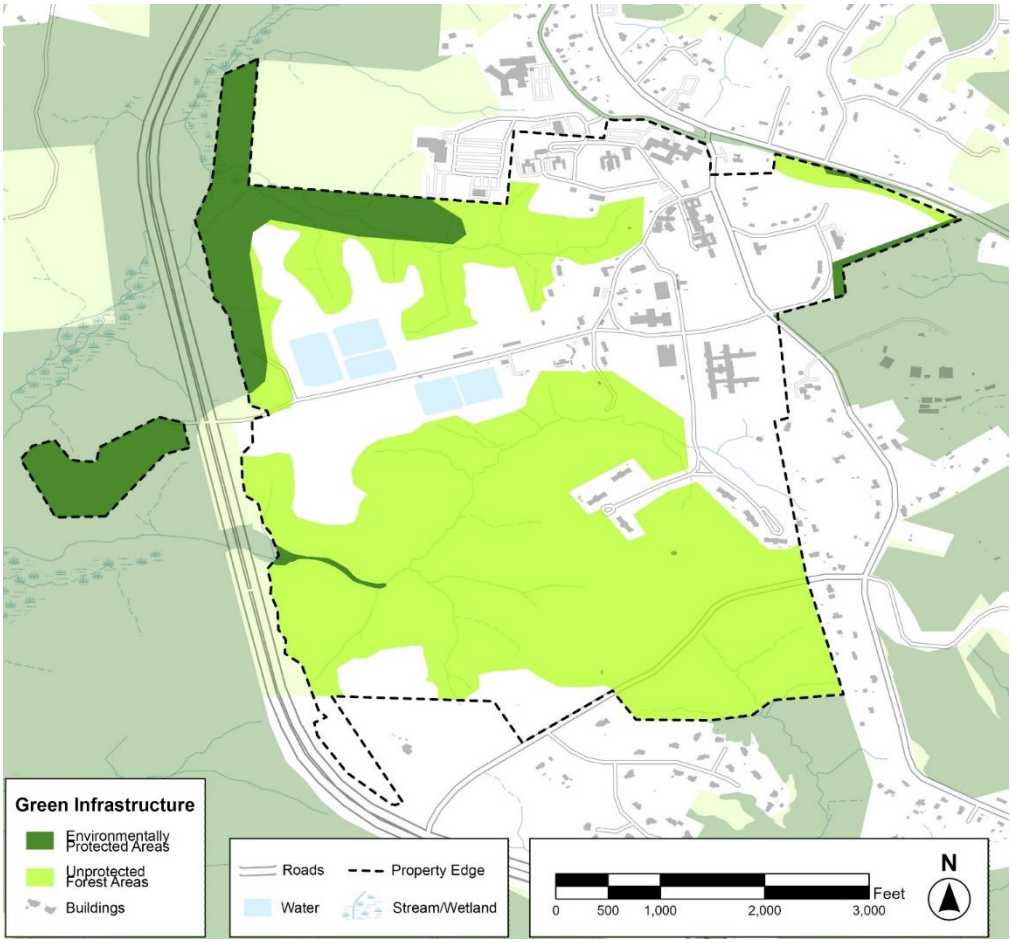


Figure 21 - Green Infrastructure of the Crownsville Hospital Property (author's work)

ENVIRONMENTAL

Crownsville is located in USDA Ecoregion 65n, the Chesapeake Rolling Coastal Plain, which is a subdivision of the Southeastern Plains region, which is part of the Eastern Temperate Forest ecotype. It is largely a hilly upland area, dissected by steep stream ravines. Bottomlands can be swampy, and soils are slightly nutrient-poor. Oak-Hickory-Pine forests dominate the

undisturbed landscapes (Woods, 1999). As with much of the Eastern Temperate Forest, it experiences a humid subtropical climate characterized by hot, humid summers with all winter month temperatures averaging above freezing. According to the 2010 USDA Hardiness Zones, it lies in zone 7b while bordering zone 7a. As the climate warms, we can expect this space to become solidly 7b. Winter winds typically blow from the northwest, while summer breezes come from the southeast. The northernmost edge of the property lies on the dividing ridge between the Severn River and South River watersheds, with the entire property draining into Bacon Ridge Creek to the west and subsequently into the South River.

Crownsville's topography is characteristic of the Chesapeake Rolling Coastal Plain, with relatively flat uplands carved by drainage ravines. The property's central upland is mostly between 120-130ft elevation, rising slightly to the east, while the southern upland is less flat and peaks at about 180ft elevation. Both existing stream ravines start at about 80ft elevation near the east of campus, and work their way down to about 50ft elevation at the western edge before dropping into the bottomlands of Bacon Ridge Natural Area. For a topographic map, see Figure 30. Fields and forests dominate the landscape, with the latter occupying most of the southern hill and all steep terrain around the ravines.

BUILDINGS & CONTEXT

Sixty-nine buildings and foundations are found on Crownsville's Property. Most of these structures are in the northeast of the property, with most intact historic buildings clustered far to the northeast. Many of the structures near the center of the property have been reduced to

ruins or to their foundations. Only 13 of these total buildings are on the Maryland Historic Registry, and they comprise the majority of buildings in the original historic cluster constructed in the early 1900s (Comer, 2022). 5 of these 13 buildings are individually constructed wings of the largest historic building. Of the three buildings in the main complex, they possess an estimated 250,000sqft of floor space – nearly two-thirds of which is in the one main building.

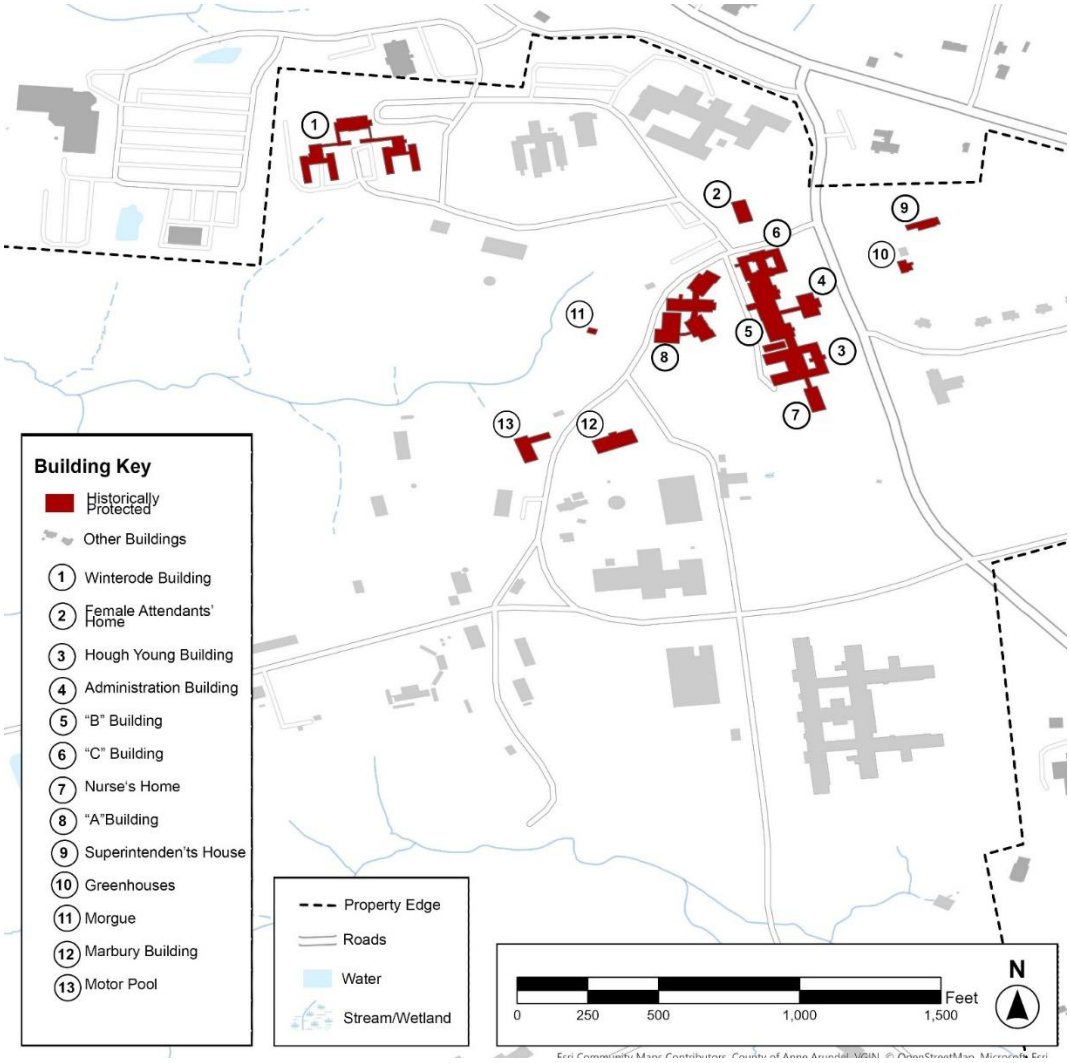


Figure 22 - Crownsville Hospital buildings registered in the Maryland Historic Trust (author's work)



Figure 23 - Female Attendant's Home (author's work)



Figure 24 - Winterode Building (author's work)



Figure 25 - Non-historic, overgrown building at Crownsville (author's work)



Figure 26 - Building at Crownsville, reduced to a foundation (author's work)



Figure 27 - "A" Building (Tim Pruss)

OCCUPANCY AND SURROUNDINGS

The Crownsville Hospital area hosts a very unique mix of nonprofits, businesses, and land uses. The hospital property itself holds the Anne Arundel County Food Bank, Gaudenzia addiction treatment and rehabilitation services, Hope House rehabilitation, a handful of recreational soccer fields, and a water treatment facility. Directly adjacent to the property is the Fairfield Nursing and Rehabilitation center, Chrysalis House recovery center, Play and Learn Daycare, offices of the Maryland Historical Trust, a host of other small government departments, St Paul's Anglican Church, Indian Creek school, Bacon Ridge natural area, Lures bar and grill, and the Anne Arundel County Fairgrounds.

Due to the lower population density of this central-county region than adjacent regions, there are relatively few services offered close to the Crownsville campus. Though the Indian Creek Private School, serving pre-k through grade 12, is just to the property's east, there are no public schools in direct vicinity. The only exceptions would be South Shore Elementary School, sitting just under a mile north, and Rolling Knolls Elementary School, sitting about three miles south.

VISION & GOALS

My vision for the future of Crownsville is two-part. First, in order to move forward, Crownsville needs to formally recognize its traumatic past. Space must be designated to tell this story, to humanize the victims of injustice, to provide space for individual reflection on these past actions, and to celebrate the resilience of the Black and disabled communities. By converting a piece of historic building to a museum, the story of Crownsville's past will be told on the grounds where it occurred. Artifacts, personal accounts, and historical data will be shown to visitors, and at the end of the journey they will be released to a multifaceted outdoor space. This space, acting as a memorial, will use the landform to portray the progress we've achieved while acknowledging the losses we've endured. It will act as a place of group-based reflection directly after learning of Crownsville's horrible truths, but it will attempt to speak to the resilience of people and hope for the future. Additionally, a center for Black Heritage and Culture will be created on the grounds, serving as a center for art, education, justice, and regional connection.

The second piece of this vision for Crownsville seeks to create a space that turns the history of the Crownsville Hospital on its head; Crownsville will provide refuge for society's most vulnerable by offering places to heal, to reflect, and to grow. Once proving to be a place where the marginalized were stripped of their humanity, the Crownsville region has already regrown on its own as a harbor for vulnerable people – particularly those recovering from substance abuse. This poetic transition happened organically, and I want to capitalize on it while casting the net wider. In addition to providing services for people transitioning their lifestyle away from substance abuse and physical abuse, providing a network and transitional

housing for immigrants or those reintegrating after detention should be considered. Concentrating housing and services is important, but the most important aspect of Crownsville will be the access to natural amenities. Places for recreation, exercise, reflection, and exposure to nature are proven to decrease stress and promote resilience (Ulrich, 1991), and people in transitionary periods would benefit the most from such amenities.

GOALS

Goal 1: Build understanding of the past

It goes without saying that this project is about reckoning with Crownsville's history. This will be advanced through memorial spaces, a center for black culture and heritage, and the preservation of existing landscape typologies.

Goal 2: Concentrate similar facilities

Currently, Crownsville is dotted with disjointed nonprofits, random semi-maintained sports fields, and has no coherent thread of usage. This incoherence creates a sense that the space is unimportant, and that people occupying the space are, through extension, less important. By concentrating spaces which serve similar purposes, the property becomes easily legible, accessible, and its purpose becomes clearer.

Goal 3: Design for the most vulnerable

Creating integrated spaces which cater to vulnerable people and people in transitionary periods is critical to this design. This means providing space for the existing nonprofits in the area, and

potentially creating space for even more. Easy, safe, ensured access to natural amenities like walking trails, therapeutic gardens, sports fields, and other spaces is equally as important.

Goal 4: Create energy and vitality by attracting non-vulnerable people

This might sound counter-intuitive, but there is a reason behind this. As Crownsville currently stands, it is a hodgepodge, unplanned mix of nonprofits that hold a large number of struggling people in an isolated location. In the community, it has become a place for *those people*. It is a place forgotten by the ordinary locals, which only supports the existing stigmas against people experiencing hardship or transition. I want to counteract this, and it can be done by bringing non-vulnerable people to share the same space. Sports fields, community gardens, walking paths, restaurants, businesses, performances, and many other things can attract a wide variety of people. In large part, Goal 4 is to create a landscape that allows for Goal 5.

Goal 5: Create cross-over experiences

Partly due to the disjointed current state, and also due to the amount of diverse programming I'm attempting to squish into this 500-acre property, there are going to be a variety of situations where people who don't normally interact will come across one another. This is intentional, and should be celebrated. Today, it is far too easy to fall into our comfortable communities and tune out the rest of the world. I want to design Crownsville in a manner that humanizes people of all walks of life, where different life-paths, identities, and situations come face-to-face. For example, if a mother has dropped her son off at soccer practice for an hour, I want for her to be able to walk into the adjacent Black Cultural Arts center and sign him up for a summer camp. If an elderly person is sitting in their room in an assisted living facility, I want them to feel joy listening to children laugh and play at the adjacent sports field. If a refugee in

transitional housing fills a position at the property's Food Bank, I want them to meet the people who are dropping off food. These encounters build understanding and build community.

SITE ANALYSIS & OBSERVATIONS

First and foremost, two of the most stunning attributes of Crownsville are its open, rolling fields and its imposing, historic buildings. Only 10 of the buildings are designated as historically important, and most of them are in or near a centralized compound on the northeast of the property. These buildings cannot be demolished, and should be repurposed for a different use than their original. Additionally, the historic water tower in the center of the property (*Figure 31)*, the power station to the north (*Figure 28)*, and the large Meyer Building on the south of campus are very attractive, and should be refurbished. The water tower could be used as a wayfinding and placemaking icon, the power station could be transformed into an artist studio or performance space, and the Meyer building could be used as an in-patient health facility.

Regarding Crownsville's fields and landscape, these features are heritage aspects similar to the buildings. While the wooded ravines are simply too steep for development, the flat open fields should be preserved for their naturalistic appeal and historic importance. Furthermore, the property is zoned as a rural/agricultural space, so disrupting the current setting would be difficult anyway. Aligning with this perspective on the



Figure 28 - Boiler plant, power station (author's work)

heritage landscape, current density patterns are in a gradient – with the highest density of buildings along General's Highway to the property's northeast disintegrating to fully unaltered nature in the southwest. This gradient should be upheld.

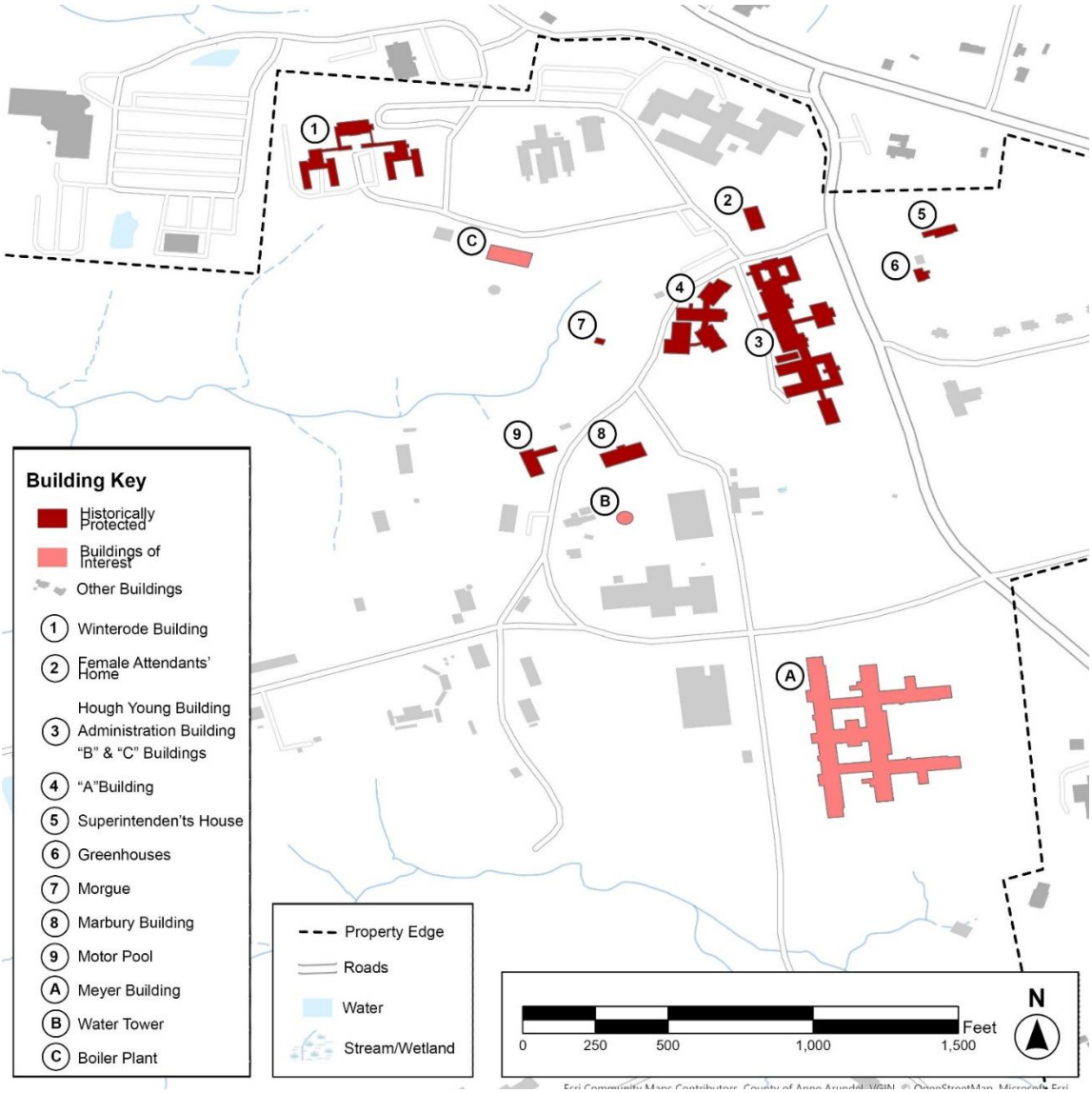


Figure 29 - Existing buildings of interest at the Crownsville Hospital (author's work)

There are a handful of high elevation points across the grounds that provide expansive views towards the property's center. Illustrated in the graphic, these peaks can be programmed as places of rest, or some other appropriate use.

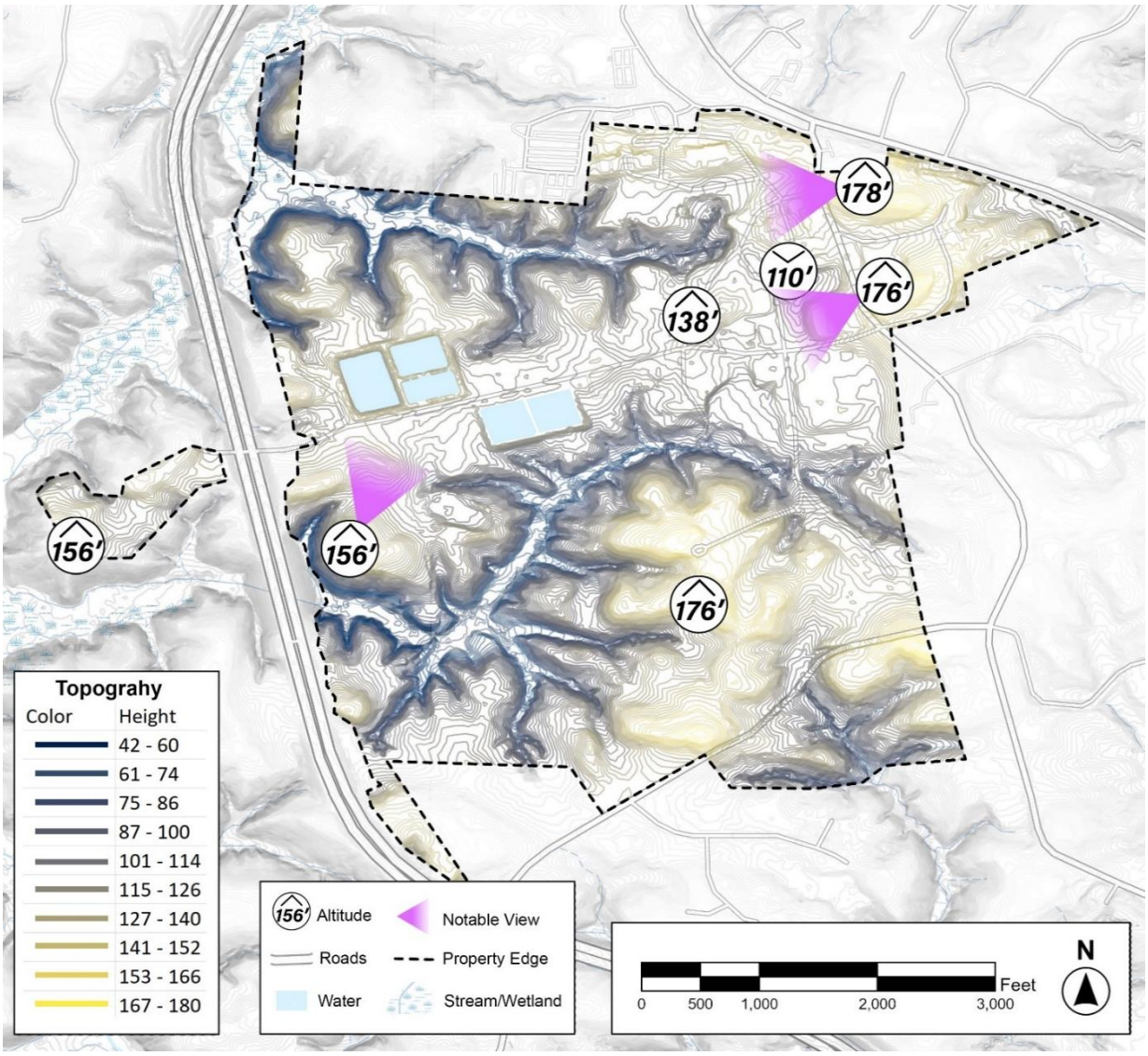


Figure 30 - Topographic map of the Crownsville Hospital property, with high and low elevation points marked. Notable viewsheds are marked (author's work)

Crownsville is very disconnected and isolated from its surroundings, despite close proximity to large urban cores. Notably, it sits less than 4 miles from the major commercial and

medical core of Annapolis, but there is no way to access it without a car. There are no forms of public transit along Generals Highway, and none remotely close to the property. If the new Crownsville aims to cater to vulnerable people who may not have personal transportation, a shuttle service needs to be established which connects Crownsville to the urban core of Annapolis via Generals Highway at a bare minimum.

Interestingly, a major bike and pedestrian path is being planned along Generals Highway (*Figure 32*). This will mirror and connect with the highly-trafficked B&A trail on the adjacent peninsula. It will pass through the Crownsville property briefly, and it acts as an amazing resource for access and recreation. It should be expanded upon.

The south side of the Crownsville property is physically disconnected from the rest of the space by a deep ravine. On the other side this ravine, though, is a wooded hilltop that has only been lightly developed. It is a great opportunity for programming that is not entirely related to the rest of Crownsville, but could still benefit from the outdoor amenities or cultural resources. For example, it could be used as a summer camp, outdoor education center, or even a livestock farm.



Figure 31 - Existing field at Crownsville Hospital, historic water tower visible (author's work)

There is a cemetery on the Crownsville property where over 1700 patients are buried nameless and in groups. The cemetery is incredibly isolated on a small strip of hillside across I-97 from the rest of the property, where it is only accessible via a thin highway bridge or via a multi-mile hike through neighboring Bacon Ridge Natural Area. Though Crownsville should maintain its pastoral appeal, particularly in the property's western expanses, it is important for people with disability to have the opportunity to access the cemetery by vehicle. This could mean by road, or it could mean by a vehicle-accessible pathway.

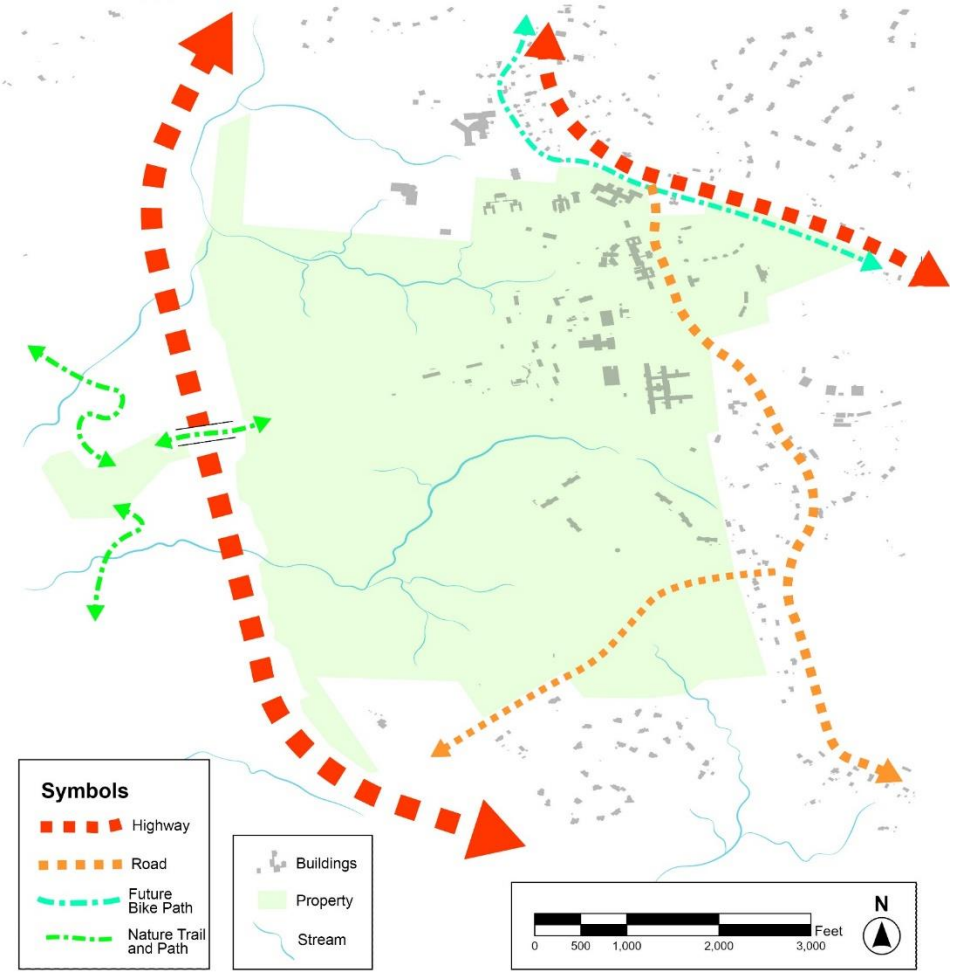


Figure 32 - Access to the Crownsville property, including proposed multi-use path along Generals Highway in the northeast (author's work)

DESIGN PLAN

REGIONAL MAP

In reimagining the entire 523 acres of Crownsville Hospital, I have split the space into three larger chunks: Crown Village with about 80 acres, an EcoRetreat with about 80 acres, and a large Heritage Park which contains the remaining 360 acres.

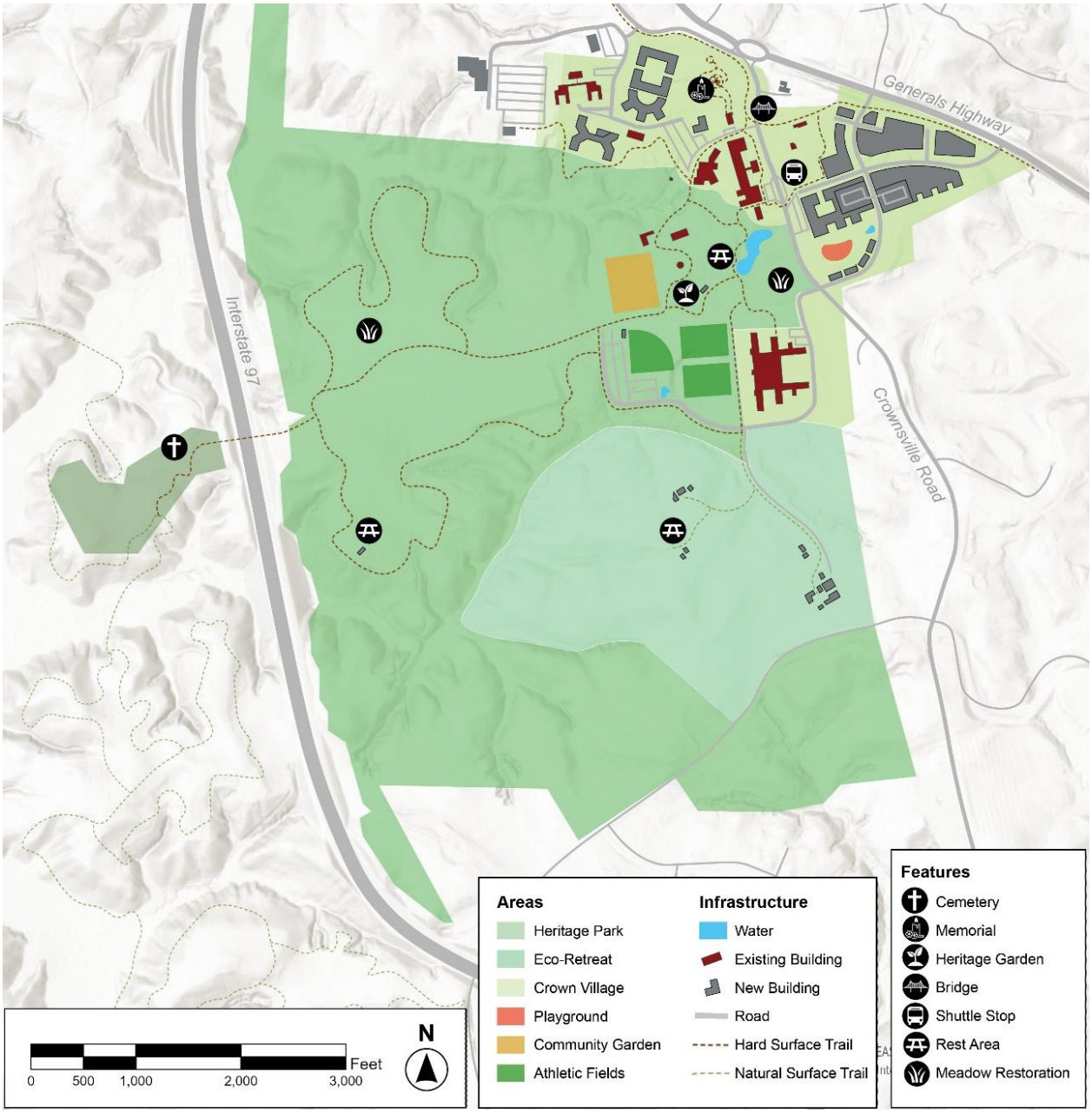


Figure 33 – Regional Map of a reimagined Crownsville property (author's work)

Crown Village, situated to the property's northeast, contains the vast majority of all activity and development which will happen at Crownsville. This space is meant to be a concentrated hub of activity, overserving vulnerable communities with a wide array of services and attracting people to utilize the outdoor amenities of the Heritage Park. The Heritage Park, directly adjacent to Crown Village, is a distillation of Crownsville's unique landscape attributes. While acknowledging the history of this land, it still provides relevant natural amenities to be used by residents of Crown Village and the community at large. Both Crown Village and the Heritage Gardens will be discussed in greater detail in the following section.

The EcoRetreat sits on the property's south hills, physically isolated from the rest of the space by a deep ravine. Largely forested to this day, I propose this space be used as an environmental learning center. A smattering of cabins could be built across the eco-campus, containing classrooms, bunks, and other essentials for school trips or summer camps. The EcoRetreat's acreage mimics that of other local outdoor learning spaces like Arlington Echo. While Arlington Echo is waterfront and is more river-focused, the EcoRetreat could be more focused on forests, agriculture, or even local history. Easy access to the neighboring Heritage Park and the Black Cultural Center provides opportunities for diverse programming activities and diverse connections.

As visible in the Regional Map (*Figure 33)*, the density of buildings and activity decreases considerably towards the west and southwest of the Crownsville Property. A complex network of hard-surface walking trails offers exercise and recreation opportunities in a natural landscape to community members. The looping, interconnected nature of the trails allows for different lengths to be pieced together. There are clear paths providing a 3-mile loop, 1-mile

loop, and half-mile loop, but different combinations can be used to achieve virtually any length desired. Walking trails connect the Heritage Park and Crown Village, they connect to the future multi-use path down Generals Highway, and they connect to the natural-surface trails of Bacon Ridge to the property's west.

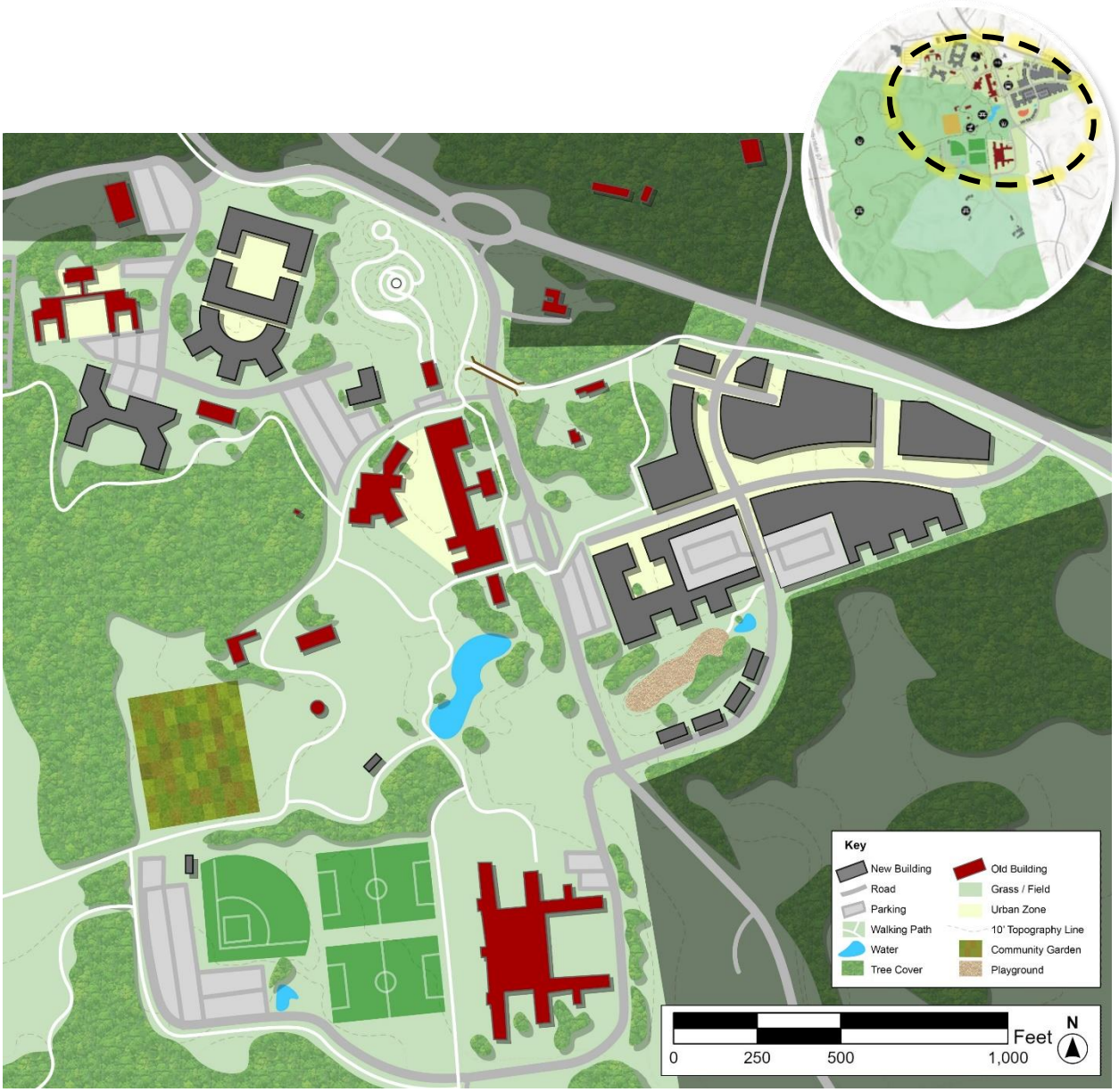


Figure 34 - Map of the Crownsville property's northeast corner, with new buildings differentiated by color (author's work)

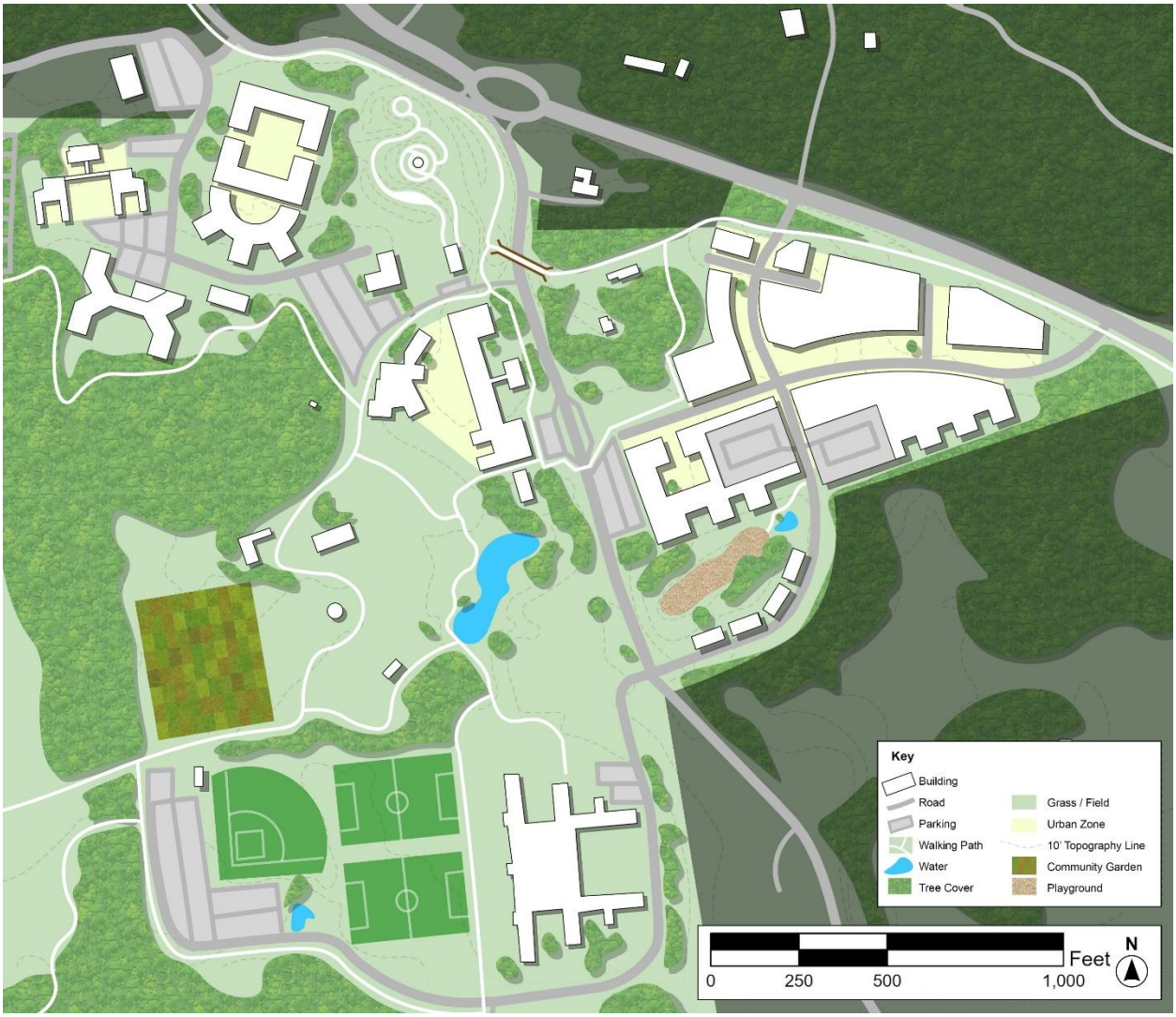


Figure 35 - Map of the Crownsville property's northeast corner, with all buildings represented the same (author's work)

CROWN VILLAGE

As previously stated, Crown Village is situated on the property's northeast end, near the main entrance and exit at Generals Highway. This space houses most of the historic buildings, including the original campus, and will be served by multiple new multi-use structures as well.

To the property's east end, wedged between Crownsville Road and Generals Highway, is a 32-acre chunk of land. It is semi-developed, with large swaths of open land, much of which

has been overtaken by invasive vines. Given the proximity to the main access roads and to the historic campus, yet clearly separated from that campus by Crownsville Road, I propose a new village-like development named *Village Crossing.* This proposed development-has been designed to achieve the following goals: to serve community members in need, to build more energy and vitality within the community, and to provide greater interaction between different types of people throughout the region. New multi-use structures, no more than 4 floors high and echoing the character of the hospital campus's original brick buildings, will bring a new communal vitality to this suburban neighborhood. A proposed shuttle stop will connect this part of Crownsville to downtown Annapolis, and walking trails will permeate the space to allow easy access for all. Food, shops, services, healthcare, nonprofits, permanent housing, and temporary housing options will establish a strong mix of uses that will serve vulnerable people while attracting a diversity of local and regional community members.

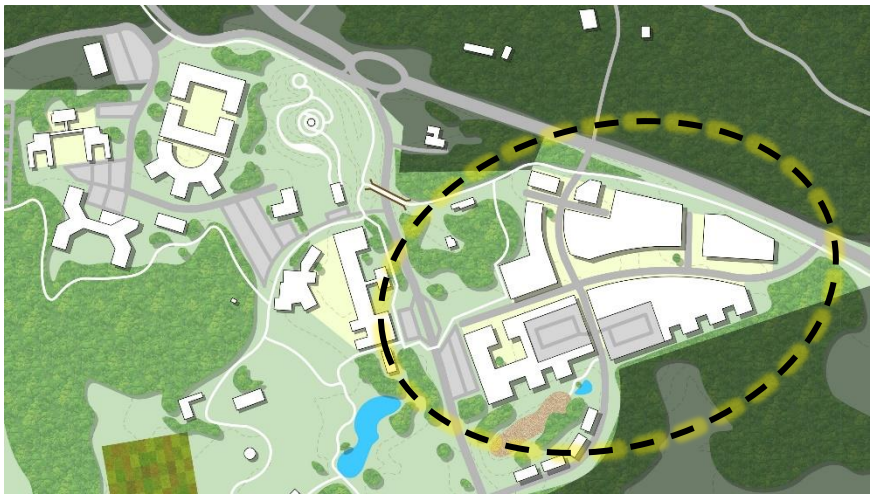


Figure 36 - Village Crossing region of Crown Village (author's work)

Directly to *Village Crossing*'s west, I propose the creation of a new *Center for African American Arts and Culture*, which would be housed in the original historic hospital buildings. As previously discussed in the project goals, this will be a center for art, education, activism, and regional connection. The center will occupy the main historic campus for a few reasons.

Because I am uncomfortable with the idea of situating permanent residences or medical facilities within these abandoned buildings that are so fraught with a history of abuse and disenfranchisement, I have chosen to repurpose them with a focus on translating the past and actively engaging the future through art. Spaces like offices, classrooms, and performance venues will offer an appropriate preservation and reuse. The massive amount of space, over 250,000 square feet, could be repurposed for research and historic interpretation, for archives and exhibition space of valuable artifacts, and for artist space and craft-makers. In keeping with this project's running thread of restorative justice, this proposed programming will be the most poetic action for profoundly altering and honoring the legacy of Crownsville.

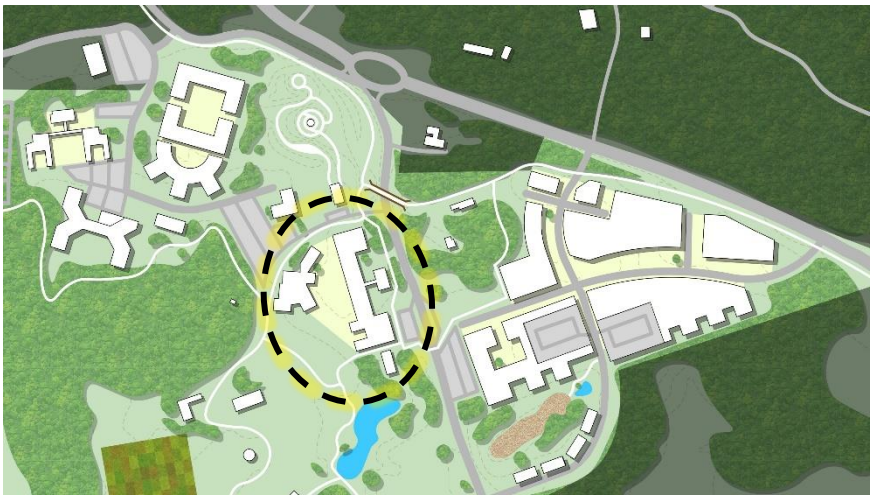


Figure 37 - Center for African American Arts & Culture, located in the original buildings of the Crownsville Hospital (author's work)

Within the walls of these buildings, members of Maryland's Black population and the disability communities were isolated and forgotten. One century later, these same groups could occupy these same grounds and create a place where their community can join together and be celebrated. If the reins of change are given to groups that were historical victims of injustice, they can create a new legacy of ownership and empowerment at Crownsville.

Just to the north of the compound of buildings that will be used for the *Center for African American Arts and Culture*, a memorial site will honor past hospital inhabitants and establish a prominent landscape presence that represents a future of hope and optimism. The commemorative landscape will be situated directly next to the main entrance of the Crownsville Campus and will establish a comfortable means of exploration for curious visitors. This memorial is meant to guide visitors through Crownsville Hospital's history, while still inspiring hope through an understanding that the arc of justice always prevails. Details of the memorial will be discussed in the Key Design Feature section.

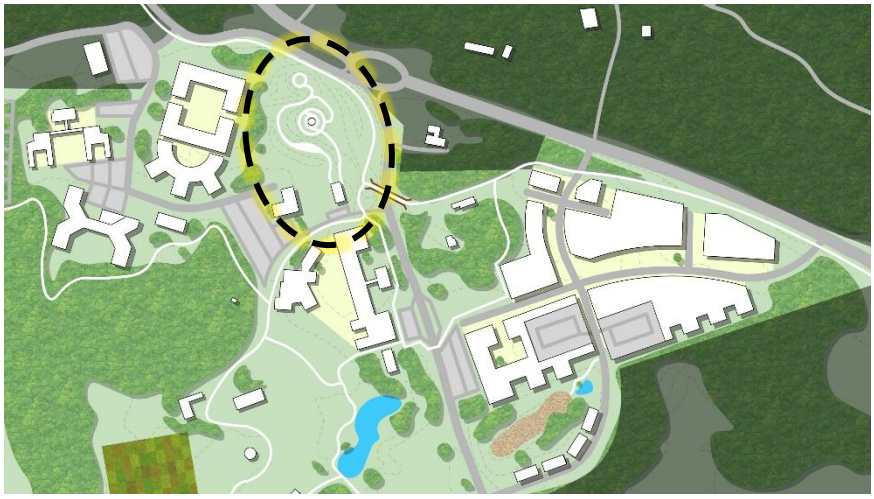


Figure 38 - Crownsville Memorial Space (author's work)

HERITAGE PARK

The Heritage Park is the largest allotment of the Crownsville Property, and is meant to be a natural space for recreation, community-building, and personal restoration. Most of the land in this park is undeveloped, and it is meant to be preserved this way. The existing rural landscape at Crownsville is a key cultural asset which builds the character and narrative of the space. The park is crisscrossed with walking paths, and most of the non-wooded areas on the

property will be restored as native fields. In addition to building biodiversity and creating beauty, this act will amplify the restorative capability of this park on guests' overall wellbeing.

The Heritage Gardens, the space directly to the southwest of the Cultural Center and Crown Village, will be discussed in detail in the Key Design Features section. An unexpected attribute of the Heritage Park is a small sports compound. Currently, there are three soccer fields scattered haphazardly around the entire Crownsville Property. They are disjointed, randomly placed, and poorly-maintained. By concentrating these fields, I hope to yet again concentrate the space's energy and activity. Close proximity to the Cultural Center and Crown Village also provides the opportunity for key cross-over experiences – one of my main objectives.



Figure 39 – The Heritage Park, found near the property's geographic center and easily accessible to the neighboring village (author's work)

KEY DESIGN FEATURES

ENTRYWAY

If Crownsville is set to grow in size and increase usage, a new traffic pattern needs to be devised. Currently there is a pair of stoplights which already cause heavy delays in all directions during peak hours. Instead, a traffic circle could handle volume smoother and direct vehicles in all directions without the need for a stoplight.

The current hill which overlooks the traffic intersection of Generals Highway will be built-up and mounded higher as a way to create privacy for the memorial and insulate from ambient road noise. When this hill is built, it creates two mounds on opposite sides of Crownsville Road. The new multi-use path that will run parallel to Generals Highway will need to cross Crownsville Road, and a traditional crosswalk could be dangerous for pedestrians given the high volume of traffic along the road. Instead, I propose a pedestrian bridge which connects the two mounds. In addition to improving safety, it creates a unique pedestrian experience, and acts as a defined gateway for vehicles entering the Crownsville complex from Generals Highway.

Crossing under the bridge can be equated to crossing a threshold into a heritage space. The bridge could also be used as a wayfinding or placemaking device, and local artists can be involved in the design process. The viewpoint of visitors who are about to cross the gateway is striking, where they look directly at the main historic building. As they progress through the gateway, the rest of the historic complex reveals itself. Similarly, leaving Crownsville and leaving

the village can be seen as passing under the bridge. It is these definitions of spaces which help to build local identity.

Also aiming to build local identity, the multi-use path which will snake around the hill along the roadway will be separated from the street. A brick retaining wall, built from reclaimed bricks of deconstructed buildings, will hold back the rising hill. This wall is an opportunity for local artists, students, or community members to create a mural. Right at the entrance to Crownsville, this piece of art can establish a tone that carries through the Crownsville complex.

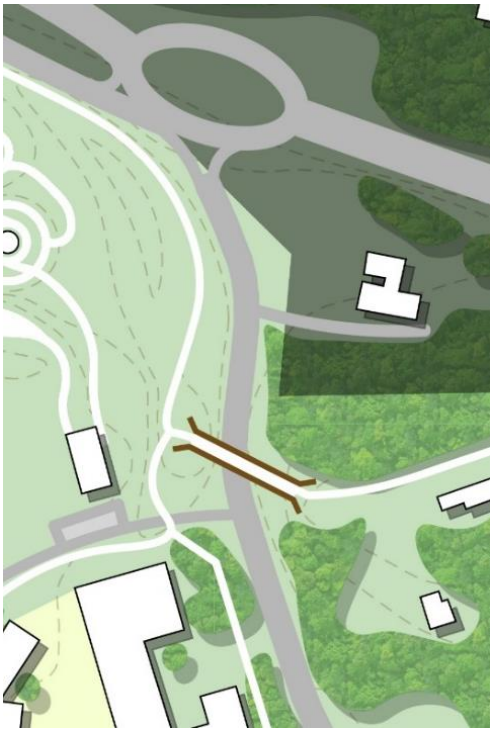




Figure 40 - View of the main entryway to the Crownsville Campus, entering by driving south on Crownsville road from Generals Highway. The entry region can be seen in plan view at the top-right (author's work)

MEMORIAL

The memorial is meant to be the location where the most important revelation is had on the entire Crownsville property: the revelation that in regards to justice, we've made progress and there is hope for the future. As I have stated before, I do not want guests to walk away from their experiences at Crownsville feeling solely sadness or anger. My reimagined version of the Crownsville asylum is not meant to stand as yet another historical injustice for the Black and the disability communities. While it is important to understand the history, it is possible to reflect on the past from our current position and see the strides that have been made in the direction of justice. In my vision, a vibrant center of Black culture and vitality now occupies the same walls which had confined and harmed Black Americans. Here, a strong juxtaposition is made. Progress has been made in regards to human rights, visibility, and power. Black Americans across the country are able to reclaim their heritage and form an amalgamated identity that integrates their ancestry with the modern world. I encourage guests to realize this, and to understand that the future can hold many great things. Through a simple design, and through a guided experience, I believe this is possible.

As guests exit a guided museum which has taken them through a linearly-told history of Crownsville, they will have the option to enter the outdoor memorial space. Here, there is another curated set of linear experiences (Figure 41). If they walk down the pathway, they enter a lowered space which opens into a small patio, wedged between seat-walls made of reclaimed brick. This open space offers the chance to connect and gather with people around – a group-based way to process the information just received about Crownsville's traumatic history. The pathway continues and ascends around the large, central, terraced mound. Guests



Figure 41 - Site plan of the Memorial space, with guest experience detailed (author's work)

will have the chance to explore an alcove for resting, but eventually they will ascend until they finally reach the top of the mound. Completion of the ascent to a hilltop lookout instills a sense of achievement and power. A flat, circular expanse greets guests, with benches around the outside that face inwards towards a tall spiral monument. The sculpture is meant to inspire hope, and be visible from around the property. At the base of the circular monument, people have left offerings of flower petals and other trinkets. This peak of the monument rests on a tall hill, and guests have a view over much of the Crownsville property. They can look over the historic buildings, across the fields, and into the woods. Having arrived at the peak, symbolically



Figure 42 - View of the Memorial space, gathering area, and the Monument directly after leaving the museum. The location of the memorial space is represented in the top-left. It is in the property's northeast (author's work)

they have a chance to appreciate where they currently stand. They can see where they came from down below, and understand the uphill struggle it took to arrive where they are now. The symbolism of our current state of social justice is clear in this context. Guests can choose to linger if they like, and then leave descending down towards the museum where they began.

The architectural style of both the mound and the central sculpture are intended to mimic traditional African and African-American forms pervasive through art and architecture. While mimicking the work of Charles Jencks, the terraced mound also is reminiscent of the terraced architectural structure of the National Museum of African American History and Culture in Washington DC. The museum itself took inspiration from traditional Nigerian sculpture. The central double-helix spiral sculpture which reaches to the heavens – and the intertwined spiral pathway design – also mimic a traditional African form. Found in different art media across west and central Africa, it was initially inspired by the Reunification Monument in Cameroon.

An integral attribute to the memorial is spaces for gathering. The memorial will be a living space, steeped in symbolism and a platform of visibility for those who seek it. While the high ground can be used for activism, protests, art, and other performance, lower patios can be used for gathering, celebration, and other group connections. Libation and Activism are key components of black American culture, and they have been accommodated in this space.

WILLOW LANDING

While the memorial stands as a triumphant earthen monument with only a few moments for reflection, Crownsville needs a designated space that allows visitors to take their time and think. After all, as discussed with the memorial precedents, we don't all heal the same way. There is much to reflect upon while visiting Crownsville – How could the things that happened here be done in good faith? Have we really progressed all that much since then? What are we doing today that will be reflected upon poorly in a hundred years' time? How do I fit into all this?

Willow Landing is meant to be that space of reflection. Sitting at the lowest elevation on site (aside from the steep, forested ravines), Willow Landing is a small bend that protrudes into a permanent 1.5-acre pond. Guests will descend from wherever they arrive to a place of rest. The act of descending is steeped in deep psychosocial symbolism, evoking a sense of impending safety, protection, and respite. Dramatic weeping willow trees line the pond, a reminder of the property's history as a willow farm and of the basket-weaving days. Their wistful, contemplative, even melancholic mood is exactly the feeling I aim to imbue into visitors. Guests will sit on the grass or along yet another retaining wall of recycled brick, and they will watch the serene reflection of draping willow leaves skim the water. Opposite where they sit, a steep hill has been fully restored as a meadow, full of seasonal wildflowers, dotted with birds and butterflies. The sounds of the creatures, the soft smell of water, and the caress of gentle breezes can help to soothe guests lost in thought, or help heal guests suffering from a variety of stresses. This is a place for guests to find peace.

The pond and Willow Landing are situated directly at the intersection of the two main axes of the Crownsville property. The north-south axis of movement from the monument, cultural center, and Meyer building intersects with the east-west axis of movement that carries visitors directly across the fields in one straight line. Symbolically, this means that the center for introspection and reflection is at the literal center of Crownsville. If visitors turn from the pond, they will see the spire from the memorial space through a gap in the Cultural Center buildings – a symbol that hope and triumph are within reach even at the lowest of places.

While most of this symbolism has been directed to cope with the traumatic history of Crownsville, it should also be used as an amenity of locals who are undergoing extreme stress. Crown Village is dedicated to individuals in transitional times of their life, and Willow Landing offers them an opportunity to reflect on where they came from, where they're going, and what





Figure 43 - View of Willow Landing from across the pond. Retaining walls made of recycled brick offer seating, and the entire space has a direct view of the Memorial's hopeful monument. The location of Willow Landing is to the top-right (author's work)

their intentions should be. As previously stated, these people will benefit the most from the stress-reduction qualities of the natural environment on the human psyche.

HERITAGE GARDENS

To align with telling the story of Crownsville, reclaiming Black agricultural heritage, and preserving the physical landscape, part of the grounds needs to be restored in a way that harkens to their historic usage and connects with a local Black agricultural heritage identity. The way I plan to do this is by designating a piece of land as a “Heritage Garden”, essentially a distilled space of rural character with heritage elements that provides natural amenities. For example, willow was historically grown and weaved into baskets by patients, and vegetables like potatoes, corn, cabbage, and peas were grown to sustain patients (31). Willow could be grown again and used by the art studios in the Black Cultural Arts Center, and vegetables could be grown to support the local food bank. A community garden, where local people can sign up for individual garden plots, would function as a community asset while taking advantage of ample space and agricultural roots.

The current confines of this heritage garden contain a few run-down buildings, which I propose should be demolished to enhance the agricultural and field-dominated character of the landscape. All of these buildings were constructed in the later years of Crownsville’s asylum history, and disrupt the original character. I propose that the historic water tower remain as a unique landmark and a wayfinding device.

I also propose that a red wooden barn be constructed, as they are integral to the local agricultural vernacular landscape, and hold strong historical ties to black-heavy agricultural communities particularly in southern Maryland. They were originally used as tobacco-drying sheds, and there are records of a barn existing on the property during the early 1910s. This barn would function as the epicenter of activity in the heritage garden. It could be used to store and dry crops, namely willow, or to serve the adjacent community garden. It could also be used as a gathering place or outdoor education hub.

Critically important to the project's historical storytelling capability and outdoor amenities, the heritage gardens will be located at the center of the property. The heritage garden space will be crisscrossed by walking paths, carrying people from all adjacent facilities –



Figure 44 - View of the Heritage Gardens, looking west from Willow Landing. The existing rural character of the land is captured and preserved here. (author's work)

such as the sports fields, cultural complex, and neighboring Crown Village – through the heritage landscape recreation and building connection to the land.

CEMETERY

Isolated from the rest of the Crownsville complex by I-97, the cemetery is innately quiet, secluded, and peaceful. A calm atmosphere should be maintained, even as access is opened up to the rest of the property. In all honesty, I don't propose anything groundbreaking at this specific site. Local activist group *Friends of the Crownsville Patient Cemetery* is raising funds for a memorial wall which states the names of the 1700+ patients buried on the site's northern hill. Illumination of the names is critical to telling their stories and humanizing their lives.

I propose that a granite slab carved with names acts as a retaining wall, and should be located close to the bridge's entryway, grabbing the attention of visitors. This way, guests will immediately understand the space they're entering. A plaque or sign explaining the location should also be easily visible. Sometimes signage is the best way to define and acknowledge uncomfortable truths. It should be stated somewhere that visitors "are standing on bodies", as a means of demanding respect and creating a personal connection with the deceased. There is a large existing wooden cross at the beginning of the burial site which should be preserved and maintained (*Figure 45)*. Most descendants, mourners, and visitors of deceased patients are of the Christian faith, and it has great symbolic value to this community.

A patchwork stone pathway will carry visitors through the space, and will connect with the existing paths of Bacon Ridge Natural Area. The intersection of these paths should also have

signage on display, so visitors from other access-points behave in an appropriate manner. An open field, the grass should be either regularly mowed or converted to native wildflower fields. The accessway over the I-97 bridge, like the rest of the Heritage Park, will be closed from dawn to dusk as a way to prevent vandalism of this sacred site.



Figure 45 - Wooden cross at the Crownsville burial site, to be preserved (Friends of the Crownsville Patient Cemetery)



Figure 46 - Proposed Crownsville patient cemetery space with "Say My Name" memorial (author's work)

CONCLUSION

To conclude, the ideas in this thesis project attempt to establish some form of restorative justice within the walls of Crownsville's abandoned asylum. Though it was once a space where the Black community and people with disability were persecuted, there is an opportunity to add another chapter to Crownsville's history where these same communities are in control of their own future. By opening a conversation about Crownsville's past, providing refuge for society's most vulnerable, celebrating the resilience of the Black and disability communities, and by offering places to reflect, heal and grow, the Crownsville Hospital could be reimagined in an innovative way. No longer a place of pain and shame, it can become a place of hope, perseverance, and rebirth.

I envision the next steps of this project being the formal involvement of Crownsville community members. My biggest hope for this project is that it inspires people to take the Crownsville property seriously, and to see the incredible potential which lies here. I know I'm not alone, and many people see a huge opportunity with this property. This project could act as a template for local change, where community members are consulted for their needs and their aspirations. The eventual advancement of this project – or another project backed by vocal community members – to the County Executive is the second step. Anne Arundel county owns the property as of 2022, and County Executive Steuart Pittman is the agent of change here.

Finally, I'd like to acknowledge that the scale of thinking in this project is broad. Many of the aspect of this thesis project could have been singular theses themselves – the memorial, the village, the entire heritage park, or other features. The big ideas, far-fetched planning, and idealistic view of the future is meant to inspire real, actionable change. There is a reason why

the vast majority of asylums across the world lie abandoned: coming to grips with historic injustices is difficult. Uncomfortable realities demand confrontation, and reckoning with them head-on can be scary – for the descendants of the marginalized as well as for the descendants of injustice's perpetrators. There are very few roadmaps for navigating the situation where Crownsville has found itself, but that doesn't mean the situation is unique. Posing these tough questions about injustice, resiliency, and growth is a sticky topic, with far-reaching implications. Adding to the conversation from a landscape perspective, I ask myself what a built environment for healing looks like in the context of historical trauma. Every opinion formed, every conversation had, and every design drafted gets us closer to answering that question.

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