

MARYLAND HISTORICAL TRUST
DETERMINATION OF ELIGIBILITY FORM

NR Eligible: yes
no

Property Name: Madison Park Medical Center Inventory Number: B-1379-6
Address: 920 W. North Avenue Historic district: yes no
City: Baltimore Zip Code: 21217 County: Baltimore City
USGS Quadrangle(s): Baltimore West
Property Owner: Mercy Medical Center Inc. Tax Account ID Number: 13093427002
Tax Map Parcel Number(s): _____ Tax Map Number: _____
Project: Baltimore and Potomac Tunnel Project Agency: FRA
Agency Prepared By: RK&K, LLP
Preparer's Name: Nicole Diehlmann, Meghan White & Laura van Opstal Date Prepared: 2/8/2022
Documentation is presented in: Project review and compliance files
Preparer's Eligibility Recommendation: Eligibility recommended Eligibility not recommended
Criteria: A B C D Considerations: A B C D E F G
Complete if the property is a contributing or non-contributing resource to a NR district/property:
Name of the District/Property: _____
Inventory Number: _____ Eligible: yes no Listed: yes no
Site visit by MHT Staff yes no Name: _____ Date: _____

Description of Property and Justification: *(Please attach map and photo)*

The Madison Park Medical Center, later owned by the Mercy Medical Center, is within the Reservoir Hill Historic District, which was listed on the National Register of Historic Places (NRHP) in 2004 under Criteria A and C for its significant association with European Ethnic Heritage, primarily Jewish immigrants from Germany and Eastern Europe, and for its distinctive late nineteenth and early twentieth century architecture. The district's period of significance spans 1790 to 1941. The NRHP nomination states that 920 W. North Avenue is not a contributing building to the district. The building was constructed outside of the period of significance for the district and is not associated with Jewish European immigrants. The following provides an individual evaluation for NRHP eligibility.

LOCATION/SETTING

The approximately 0.57-acre irregularly shaped lot at 920 W. North Avenue contains a 1970 former medical center building. The lot is at the northeast corner of W. North Avenue and Eutaw Place and is bounded by 2205 Eutaw Place to the northwest and Jordan Street to the northeast. It is set in a mixed-use area with commercial buildings along W. North Avenue and residential buildings along Eutaw Place and Jordan Street. The ground slopes northwest to southeast along Eutaw Place, creating a bank into

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which the building is set. A driveway at the northwest corner of the lot provides access to a rooftop parking lot. The roughly U-shaped building is bordered by a concrete sidewalk on the southwest, southeast, and northeast sides. A depressed courtyard is accessed via concrete steps from the concrete sidewalk north of W. North Avenue. The concrete courtyard contains evenly spaced, circular raised planting beds, most of which contain trees. Between the southeast sidewalk and courtyard is a sloping landscaped area with overgrown vegetation.

PROPERTY DESCRIPTION

The one-story, Brutalist-style, concrete commercial building is roughly U-shaped with curving walls at the southeast and southwest elevations. It is clad in running-bond brick and has a flat asphalt roof. The roof's northwest portion was once used for vehicular parking. Brick parapets border the parking lot on all sides except the off-centered vehicular entrance at the southwest side. The walls on either side curve at the vehicular entrance. Two tall bollards with two metal chains and signs between them block the entrance from vehicular traffic. Part of the northwest parapet is topped with a metal chain-link fence. Three tall, metal poles with projecting rectangular light fixtures are along the northwest side of the parking lot, which also has a brick roof access enclosure on the northeast side. Since the building is set into ground that slopes to the southeast, only the full height of the building is exposed on the W. North Avenue and Jordan Street elevations.

The southeast façade described here, encompasses all walls facing the depressed, irregularly shaped concrete courtyard, which is partially enveloped by the building on three sides. The façade consists of various entrances that once led to individual medical suites. The northeast elevation facing the courtyard has two irregularly sized bays covered with corrugated metal roll-up doors. The southeast elevation facing the courtyard has evenly spaced recessed bays for each suite, with all openings covered by wood boards or metal roll-up doors. The southwest elevation facing the courtyard consists of a two-bay, recessed section to the north and a projecting section with four bays to the south, both with curving walls; this elevation's fenestration consists of several boarded-up openings. Above the projecting section is a sign with green three-dimensional backlit letters reading "Total Health Care" and a graphic illustration of a tree set within a yellow circle. The walls curve toward each recessed opening facing the courtyard. At the north corner of the courtyard is a narrow hallway with stairs that lead to the rooftop parking lot. At the intersection of W. North Avenue and Jordan Street the southwest elevation is recessed, creating a dog leg with one suite with a recessed entrance covered by a metal roll-up door and topped by an empty sign board; the dog-leg area has curved walls. Google Street View imagery from October 2020 indicates this entrance had a single glass-and-metal door flanked by vertical, single-pane windows. Similar fenestration appeared in other openings that are now covered over (Google 2020). It is assumed that these features remain in place under the roll-up doors or wooden boards. The southeast elevation of the dog-leg area fronting W. North Avenue has no fenestration, but white three-dimensional letters reading "MADISON PARK MEDICAL CENTER" are on the wall at the southeast corner. At the western end of the façade, facing W. North Avenue at the corner of Eutaw Place, is a small area with curved walls at each end and no fenestration.

The northeast elevation fronts Jordan Street, which is a narrow alley. The exterior wall curves from W. North Avenue to Jordan Street and contains unevenly spaced small louvered vents. There are two pedestrian entrances. One is secured by a single metal door protected with a full-length metal mesh security door. The other is boarded up, but Google Street View imagery from November 2020 indicates it also had single metal door protected with a full-length metal mesh security door (Google 2020).

The northwest elevation abuts the property at 2205 Eutaw Place. The southwest elevation fronting Eutaw Place lacks fenestration. At the north side is a driveway from Eutaw Place that leads to the roof, including the former parking lot.

The interior of the building was not accessible at the time of survey, but according to a 1971 Sanborn map, the interior was divided into eight irregularly sized suites (Sanborn 1971).

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HISTORIC CONTEXT

Reservoir Hill and Old West Baltimore

The Reservoir Hill neighborhood on the north side of W. North Avenue began to develop in the late nineteenth century as a residential rowhouse community. After annexation into Baltimore City in 1889, development in the area increased until the neighborhood was built out by the 1930s. The predominant housing type is two- and three-story rowhouses, but some detached single-family houses, duplexes, and apartment buildings are also present. These buildings were constructed in a variety of late nineteenth- and early twentieth-century styles, including Queen Anne, Second Empire, Romanesque Revival, Colonial Revival, and Tudor Revival styles. Apartment buildings in the neighborhood ranged in height from three to fourteen stories. The neighborhood was predominately Jewish in the early twentieth century and included two synagogues. After World War II, many white residents left Reservoir Hill to relocate in newer suburban neighborhoods. Larger houses were converted to apartments, creating new and more affordable housing opportunities in the neighborhood for Baltimore’s African American residents (Shoken 2004, 8.7-8.9).

The Old West Baltimore neighborhood, southwest of Reservoir Hill on the south side of W. North Avenue, also experienced this pattern of demographic change, but on a much earlier timeline. Old West Baltimore was established after the Civil War as a suburb of the rapidly growing city and was primarily occupied by white German immigrants, with some African Americans living in smaller houses along alleys. Prior to the 1910s, the population of the neighborhood was largely segregated white, with many areas enforcing segregation through deed restrictions, local legislation, and intimidation by existing residents. By the early twentieth century, the area was built out and could not compete with the detached, single-family houses and modern amenities found in new residential suburbs that were easily accessible to downtown by new electric streetcars. This reduced demand for housing in Old West Baltimore provided an opportunity for African American households to move into previously segregated neighborhoods (Diehlmann 2021, 8.0-8.1).

The population shift was rapid and often fraught with racial strife as the remaining white residents fought the arrival of new African American residents. Passage of a series of segregated housing ordinances beginning in 1910 attempted to keep the area segregated, but African American attorneys fought to overturn the ordinances. Despite ultimately being ruled illegal by the Supreme Court in 1917, the segregated housing ordinances had a lasting impact on where African Americans in the city lived. Existing black neighborhoods remained occupied by black residents, and white residents sought other methods, such as racially restrictive covenants in property deeds, to maintain segregated white neighborhoods. African American residents simply had very few housing options within the region, and Old West Baltimore was the neighborhood of choice. By 1904, half of the city’s African American population was living in Old West Baltimore. It was a diverse neighborhood housing maids, chauffeurs, cooks, and laborers, as well as professionals such as dentists, physicians, attorneys, and schoolteachers. The wealthier professional residents tended to live in the northern part of the district in the large three-story rowhouses along the major streets like Druid Hill Avenue and McCulloh Street, while the working class lived in smaller houses like those on Etting Street. The most disadvantaged residents lived in the alley houses in the centers of the blocks. This concentration of African American residents, particularly affluent and well-educated professionals, resulted in Old West Baltimore’s development as the city’s premier African American neighborhood (Diehlmann 2021, 8.0-8.1).

By 1940, there were 60,000 African Americans living in the district, comprising 93.5 percent of its population. As more African American men and women moved to the city to work defense jobs during World War II, the district experienced severe overcrowding, mostly because segregation limited their housing options elsewhere in the city. This prompted many owners and landlords to convert formerly single-family houses to multiple apartments. Housing vacancies for units open to African American occupancy shrank from 0.8 percent to 0.1 percent between January 1941 to November 1941. In response to this housing shortage,

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African American residents began to move into blocks at the western, northern, and southern edges of the district, including into Reservoir Hill, but were occasionally met with violence and vandalism by white neighbors. Even more changes came to the west side of Baltimore following the US Supreme Court’s 1948 decision in Shelley v. Kraemer, a landmark decision that ended the legal enforcement of racially restrictive covenants. This decision significantly expanded access to new housing opportunities for African American households that could afford the cost of new homes. This resulted in the wealthiest African American households leaving the district, but many of the middle- and working-class residents continued to live in Old West Baltimore, as well as in the newly accessible surrounding areas like Reservoir Hill. The Fair Housing Act of 1968 gave African Americans even greater access to new housing throughout the city and beyond. Middle class families began leaving Old West Baltimore and the surrounding areas, while working-class African American residents remained (Diehlmann 2021, 8.0-8.1).

In the 1960s, the city designated several urban renewal areas to promote redevelopment within the larger West Baltimore area, including Upton, Harlem Park, and Madison-Park North. Urban renewal areas have an established plan to implement redevelopment goals, and they typically allow for property acquisition by the local government, permit land use and zoning changes, and provide design standards for the area. Mid- to late twentieth-century urban renewal plans often resulted in widespread demolition of existing buildings and displacement of residents. The timing between demolition and redevelopment was often prolonged, leading existing residents and businesses to move to new locations outside of the urban renewal area. Many urban renewal projects disproportionately displaced African American residences and businesses, destroying long-standing communities, such as that seen in the Upton section of Old West Baltimore (Pousson and Diehlmann 2019, 90, 97-8, 129; Diehlmann 2021, 8.0-8.1).

Portions of Old West Baltimore and Reservoir Hill were approved as part of the Madison-Park North urban renewal area in 1963, opening the area to redevelopment. There was much resistance from Reservoir Hill and Bolton Hill residents, who tried to halt the plan, fearing the loss of their properties (The Sun 1963, 34). Acquisition of properties for the first phase of demolition in the 120-acre area began in 1964, on the north side of North Avenue between Mount Royal Terrace and Linden Avenue. The area was cleared for construction of a new shopping center, but development of the property took several years (The Sun 1964, 25).

Property History

The 900 block of W. North Avenue contained brick rowhouses and shops in the late nineteenth century. By the mid-twentieth century the single-family residences had been converted to shops and apartments (Sanborn Map Company 1890, 1953). In 1967, Madison Park Medical Center Inc. and the Mayor and City Council of Baltimore, acting through the Baltimore Urban Renewal and Housing Agency (BURHA), created an agreement to redevelop the property, designated as lot 8, as part of the city’s Madison-Park North urban renewal area. The agreement stated that the city would demolish or remove all buildings and structures at no cost to the developer and would pave and resurface the streets and utilities to the property. Restrictions of use were made to the property, mainly, that the property must comply with the uses specified in the Madison-Park North Urban Renewal Plan and that the use or occupancy of the property could not discriminate against people on the basis of race, color, creed, or national origin. As part of the agreement, Madison Park Medical Center Inc. purchased the property from the city for \$41,500 (MSA BCLR 2228/54).

The agreement between Madison Park Professional Center Inc. and the city included stipulations requiring the developer to confer with BURHA on the functional and aesthetic aspects of the building design and receive approval. Design requirements included a minimum of 25 percent of the property not covered by buildings and structures be landscaped, a maximum building height of 60 feet, a maximum gross floor area square footage of one-and-one-half times the square footage of the property, and specific requirements for paved, off-street parking and signage (MSA BCLR 2228/54). These requirements are expressed in the building design with the large, landscaped courtyard, rooftop parking, and individual signage above each suite. A directory sign was placed near the steps to the courtyard, but that was removed circa 2020.

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In 1968, the Sun announced the plan for the Madison Park Medical Center. Formulated by nine African American Baltimore physicians, the center was planned to have suites for eight doctors, two dentists, a medical laboratory, and an ethical pharmacy (The Sun 1968, D22). Between 1968 and 1969, the property was conveyed to Madison Park Professional Center Inc. in three transactions: from Maye Black, William C. Black, and Ruth M. Black; from Ruth Polaroff; and the Mayor and City Council (MSA BCLR 2323/143, 2356/331, 2499/55). On April 18, 1970, 11 physicians and a laboratory signed 10 or 20-year leases for suites in the center, and the property opened shortly thereafter (MSA BCLR 2630/490, 2630/508, 2630/526, 2630/544, 2630/562, 2630/580, 2630/58, 2630/616, 2631/1, 2631/19). Aerial photographs show that the building was extant by 1971 (Historic Aerials 1971).

African American Medical Centers in Baltimore

The Madison Park Medical Center was the second of three African American medical centers established in Baltimore between 1968 and 1972. The first was the Garwyn Medical Center at 2300 Garrison Boulevard in the Mont Alto Neighborhood (B-5074), established by Dr. Shirley R. Clinton and five other Baltimore physicians in 1968. The Contemporary-style building is set in a leafy suburban neighborhood containing single-family residences and rowhouses. The third was the Village Medical Center at 4200 Edmondson Avenue in the Edmondson Village Historic District (B-5109), headed by Dr. Emerson Walden, president of the National Medical Association. This building was designed in the Colonial Revival style, in keeping with the overall design of Edmondson Village. Both Edmondson Village and Mont Alto experienced a large influx of middle-class black residents after World War II. Edmondson Village shifted from housing a majority of white residents to nearly 100% African American residents between 1960 and 1970 (Pousson and Diehlmann 2019, 94). Both the Garwyn and Village Medical Centers continue to operate as medical centers. While these properties are within surveyed districts with MHT inventory numbers assigned, no individual documentation or evaluations of NRHP eligibility are available.

Doctors from the Madison Park Medical Center, in addition to those at the Garwyn Medical Center and nurses from the Licensed Practical Nurses Association of the Maryland League of Nursing, were members of the newly organized, all-African American Community Health Council of Maryland. The council identified health problems across the state, specifically concerning access to healthcare by low-income African American residents. Additionally, they noted that African American men and women represented a small, disproportionate share of the state's health providers, despite being available and experienced in such work. In light of these disparities, the goal of the Community Health Council was to offer "constructive contributions in the planning and the implementation of new patterns for the provision of healthcare" and to ensure "the involvement and participation of the consumer and those health providers who have the expertise to deal with the problem" (Afro-American 1969, 19).

The Madison Park Medical Center was headed by Dr. H. Garland Chissell, who practiced family medicine in West Baltimore (Black Enterprise 1972, 27-28; The Sun 1991, 26.) The three centers worked together to form a professional association contracted with the State of Maryland to treat needy patients under Title XIX of the MEDICAID program, bringing those patients out of hospital emergency rooms and into a more personal doctor-patient relationship. According to Dr. Chissell, this lowered healthcare costs but provided higher-quality patient care. Onsite laboratory equipment and x-ray facilities and access to other physicians through the professional association allowed for improved, faster care options. The centers also provided a comprehensive prepaid insurance plan to help reduce cost of care rather than patients paying on a fee-for-service basis. Doctors in the group also benefitted from shared overhead expenses (Black Enterprise 1972, 28). Achieving adequate and equitable healthcare had long been a goal of civil rights activists working in the city, beginning with efforts to control contagious diseases such as tuberculosis in the late nineteenth century. The establishment of African American-owned local medical centers represents the culmination of those advocacy efforts to provide appropriate care for African American city residents. The Madison Park Medical Center is notable in that it was constructed near the traditional center of Baltimore's African American population, while the other two centers were

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constructed in pre–World War II suburban areas with a postwar African American population (Pousson and Diehlmann 2019, 62-63).

The doctors’ offices at the Madison Park Medical Center offered a range of services, including dentistry, family medicine, obstetrics and gynecology, surgery, urology, and pediatrics to the residents of the surrounding area and beyond. As a provider of a diverse suite of medical services at the community level, the center’s focus was on the low-income and African American population of the neighborhood, a demographic that was previously underserved.

The 11 physicians with original leases in the Madison Park Medical Center represented some of the most distinguished African American members of Baltimore’s medical community. At least seven served in the armed forces: Doctors Raymond L. Gray, H. Garland Chissell, Claude D. Hill, Archie Robinson Jr., Benjamin J. Kimbers Jr., Oakley H. Saunders, and Ralph M. Howard (The Baltimore Sun 2015, A14; The Sun 1991, 26; The Sun 1998, 20; The Sun 1994, 13; The Sun 2007, B6; The Baltimore Sun 2009, A14; The Baltimore Sun 2008, B6). Many held leadership positions at nearby hospitals and other medical institutions over several decades. Dr. Chissell served as chief of staff at Provident Hospital, one of the first African American medical facilities in Baltimore, from 1958 to 1972 (The Sun 1991, 26). Dr. Hill, who practiced obstetrics and gynecology, was president of the medical staffs at Provident Hospital in 1966 and Bon Secours Hospital in 1985 (The Sun 1998, 20). He was also the first African American professor to teach obstetrics and gynecology to the medical schools at the University of Maryland, from 1963 to 1971, and at Johns Hopkins University, from 1973 to 1979 (The Sun 1998, 20). Dr. Robinson, a surgeon, also served as president of the medical staff at Provident Hospital and was chief of surgery at the hospital (The Sun 1994, 13). Dr. Saunders, a pediatrician, became president of the medical staff at Provident Hospital after joining in 1972 (The Baltimore Sun 2009, A14). Urologist Dr. Howard served as the first African American chief of urology at the University of Maryland Medical Center. In 1971, he became the second African American in Maryland certified by the American Board of Urology. He served as chief of urology at Provident Hospital (The Baltimore Sun 2008, B6). In 1979, Dr. John T. Chissell, who practiced family medicine with Dr. H. Garland Chissell, his brother, was unanimously elected president of the Maryland Academy of General Practice, which was, at the time, the highest elected office in any predominantly white medical organization in the state held by a minority (The Sun 1970, 48).

Several of the doctors were also active in their communities beyond their medical practices. Dr. Saunders was a community activist who served on several health councils and, as a member of the Community Action Agency in the 1960s, helped implement Project Head Start, a federal program to provide comprehensive early childhood education, in Baltimore’s neighborhoods (The Baltimore Sun 2009, A14). Dr. Robinson acted as deputy chief physician for the Baltimore Police Department for more than two decades (The Sun 1994, 13). Dr. Hill was a member of the Baltimore Urban League, founded in 1924 to provide resources to help the African American community fully participate in “the economic and social mainstream” (The Sun 1998, 20; Greater Baltimore Urban League, n.d.). Dr. Gray, who practiced dentistry, worked with the Baltimore City Health Department to provide dental services to elementary school students in the southwest section of the city (The Baltimore Sun 2015, A14).

Brutalism and Urban Renewal

After World War II, new Modernist architectural designs became popular, including buildings constructed on a monumental scale, particularly those used for public and institutional functions. One of the most notable of these postwar styles was Brutalism. The name Brutalism is derived from the French term “beton brut,” meaning rough concrete, the material most commonly associated with the style; however, other masonry materials, such as brick, were also used in Brutalist buildings. Defining characteristics of the style include an emphasis on mass and solidity; lack of applied decoration; minimal use of windows; rough, unfinished surfaces; and irregular massing. Brutalist buildings often incorporate large courtyards or plazas dominated by hardscape elements with minimal landscaping. Brutalist buildings also tend to be placed apart from their surroundings, often with fenestration placed away from the surrounding streetscape (Bezirdjian and McDonald 2014, 45-6).

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The rise of Brutalism coincided with new postwar social movements, including the desire to address unsanitary urban conditions with new development, an effort broadly known as urban renewal. In the United States, the federal government offered loans “to acquire and clear dense slum areas” (Campagna 2020, 26). While predominantly used for housing, urban renewal funds were also used for commercial and institutional projects. In cities throughout the country, existing buildings, and sometimes whole neighborhoods, were demolished and replaced with new buildings. One of the styles most closely associated with new buildings constructed under urban renewal projects was Brutalism. The style can be found in a variety of properties, including residential, commercial, government, and institutional buildings.

Architectural Design of the Madison Park Medical Center

In 1972, the journal Black Enterprise noted “the healthy image of black development” inspired by Baltimore’s three African American-owned medical centers, adding that the Madison Park Medical Center earned recognition for its architecture (Black Enterprise 1972, 28). The Madison Park Medical Center was designed by the Baltimore architectural firm Tatar and Kelly, established in 1961 by Seymour M. Tatar and W. Boulton Kelly Jr. They were known for their Modern minimalist residential designs that emphasized lightness and transparency, but also used industrialized materials and construction methods. Many had the appearance of a flat-roofed glass box, like the house they designed at 1807 South Road in Mount Washington for Dr. Joseph Seitchik; however, their institutional designs were often more Brutalist in style, like the Towson Branch of the Baltimore County Library System. Tatar and Kelly originally had offices at 2203 N. Charles Street but moved to 520 Light Street in Baltimore in 1962. The firm designed the Maryland State Pavilion at the New York World’s Fair, for which they received an honorable mention award from the New York Chapter of the American Institute of Architects. They also designed the monumental Waxter Center at 1000 Cathedral Street in downtown Baltimore; the Twin Ridge Apartments in Bare Hills, Baltimore County; the United States Post Office on East Fayette Street in Baltimore; and the Steuart Hill Elementary School in southwest Baltimore at Lombard and Mount Streets. The firm also designed the dome enclosing the courtyard at the early-twentieth-century Baltimore Museum of Art and remodeled a Cape Cod-type caretaker’s cottage on the Green Spring Valley estate of William B. Alexander in a Modernist style. By 1970, the firm moved to space within the Park Plaza on Charles Street at Madison that they had remodeled. The firm dissolved in 1974 and Kelly’s successor firm was referred to as Kelly and Associates (Diehlmann 2021, 8.3; The Baltimore Sun 2012).

Despite his Modernist designs, Boulton Kelly also had an affinity for historic preservation. He was the first chairman of the Baltimore City Commission for Historical and Architectural Preservation (CHAP), when it was created in 1964. He was also a founding member of Baltimore Heritage, a citywide nonprofit advocacy organization. In 1966, Kelly, who earned a degree in Architecture from Harvard University, became president of the Baltimore Chapter of the American Institute of Architects, the youngest architect to hold the post (Diehlmann 2021, 8.3). One year later, he helped the Bolton Hill (B-64) neighborhood in Baltimore achieve local historic district status. Kelly was also involved in establishing the Baltimore County Historical Trust in 1979 (The Baltimore Sun 2012).

Recent and Present Use

In 1996, the Madison Park Professional Center Inc. conveyed the property to L&L Property Enterprises Inc. (MSA BCLR 5569/229). L&L Property Enterprises, LLC conveyed a forty percent interest in the property to Mercy Medical Center in 1999 (MSA BCLR 9097/262) and the remaining sixty percent in 2012 (MSA BCLR 14839/385). Mercy continued to operate the facility until at least 2020, but as of 2021, the property is vacant and no longer in use.

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ELIGIBILITY DETERMINATION

The Madison Park Professional Center was evaluated for significance under the NRHP Criteria A, B, and C. The resource was not evaluated for eligibility under Criterion D.

The Madison Park Medical Center is recommended eligible under Criterion A as part of the National Register Multiple Property Documentation Form Civil Rights in Baltimore, Maryland: 1831-1976 as a property associated with community groups and institutions. The Madison Park Medical Center was the second of three African American medical centers established in Baltimore between 1968 and 1972. As a provider of a diverse suite of medical services at the community level, the center’s focus was on the low-income and African American population of the neighborhood. The leadership and tenancy of the center were well-respected, accomplished, and highly skilled African American physicians. The establishment of Madison Park Medical Center represents the successful culmination of long-running advocacy efforts to secure high-quality and affordable healthcare for African American Baltimore City residents. In addition, it is notable that the Madison Park Medical Center was part of an urban renewal project that benefited African American residents, when many other urban renewal projects displaced African American residents and institutions. Because of this close and significant association with the Civil Rights Movement, the Madison Park Medical Center is recommended eligible under Criterion A at the local level in the areas of health/medicine and African American ethnic heritage as a representative example of a community-based health center providing services to the African American community.

The Madison Park Medical Center is recommended not eligible under Criterion B. Although the leadership and tenants of the center were highly distinguished African American physicians who held various positions of power and prestige in Baltimore, the Madison Park Medical Center does not reflect their success in those roles. Their significant professional achievements appear to have been demonstrated and largely carried out at other establishments.

The Madison Park Medical Center is a modest Brutalist-style building designed by noted local architects Tatar and Kelly. While it is not the most highly praised example of the firm’s Brutalist-style work, an accolade that would go to the monumental Waxter Center, the Madison Park Medical Center is an excellent representation of the firm’s application of the Brutalist style in a modestly sized building. Key features seen at the Waxter Center, such as large expanses of brick, curving walls, and landscaped plazas are applied successfully at smaller scale at the Madison Park Medical Center. The property presents an expressive geometric form through its curvilinear brick walls. The design exhibits elements of the Brutalist style through its emphasis a singular, solid mass; lack of applied decoration; minimization of windows through deep insets in the exterior walls; and integration of the building with a landscaped plaza. The property is an example of the architectural firm applying the Brutalist style to meet the design requirements of the urban renewal area, the constraints of the site, and the medical center’s needs. The firm’s use of brick, a material common in their work, and the small scale of the building are distinctive applications of the Brutalist style, which was typically more monumental in scale. Therefore, the Madison Park Medical Center is recommended eligible under Criterion C as a representative example of a modestly scaled Brutalist building designed by the architectural firm of Tatar and Kelly.

The property was evaluated under Criteria Consideration G at the local level because the period of significance for the Madison Park Medical Center under Criterion A extends within the past 50 years. Although the Garwyn and Village Medical Centers have not been individually evaluated for NRHP eligibility, they, along with the Madison Park Medical Center, collectively represent the late twentieth-century rise of African American-founded community-based medical centers that filled a necessary healthcare need for African American residents of Baltimore. Unlike the Garwyn and Village Medical Centers, which may have served more middle-class patients due to their locations, the Madison Park Medical Center focused on the low-income population near the traditionally African American neighborhood of Old West Baltimore. In addition, the founders used an urban renewal area to establish the center and benefit the African American community. The facility continued to serve its original purpose of providing

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medical care to local residents until 2020. The context Civil Rights in Baltimore, Maryland: 1831-1976 provides a historical perspective on a multitude of activities and issues of importance to civil rights leaders, including the need for equitable healthcare facilities for African Americans. In this context, the establishment of the Madison Park Medical Center is exceptionally significant at the local level for its successful use of an urban renewal area to achieve a long-desired community need. Therefore, the Madison Park Medical Center is significant under Criterion A beyond 1971 (the 50-year mark) by applying Criteria Consideration G. In summary, the Madison Park Medical Center is recommended eligible under Criterion A, including by applying Criteria Consideration G, and under Criterion C.

Period of Significance

The period of significance for 920 W. North Avenue under Criterion A begins in 1970 when the center was established and continues until 1996 when it was sold by the original owners.

The period of significance under Criterion C is 1970, when the building was constructed.

Integrity

The property retains its integrity of location, setting, design, materials, workmanship, association and feeling. The building remains in its original location. The setting along the busy W. North Avenue corridor also remains. The original Tatar and Kelly Brutalist design is intact with curving walls surrounding a central sunken courtyard landscaped with trees. The rooftop parking lot remains, as do the original suite entrance locations. The majority of original building materials remain. While some suite entrances are boarded up and may have replacement doors and windows and some signage has been replaced, the character defining features of the entrances remain, most notably the curved side walls. The property still exhibits the original workmanship. The property also retains integrity of association and feeling, and until recently still operated as a neighborhood medical facility.

BOUNDARY

The boundary for the property encompasses 0.57 acres and is confined to the current property tax parcel, which is found on Baltimore City Tax Map 13, Block 3427, Lot 002 (2020). The property boundary has not changed since the Madison Park Medical Center building was originally constructed, and does not include the sidewalks, which are part of the public right of way.

REFERENCES

Afro-American. 1969. "Doctors Organize to Assist Deprived." September 13, 1969, 19.

The Baltimore Sun. 1998. "Dr. Claude D. Hill Jr., 74, obstetrician-gynecologist." October 20, 1998, 20.

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MARYLAND HISTORICAL TRUST REVIEW

Eligibility recommended _____

Eligibility not recommended _____

Criteria: A B C D **Considerations:** A B C D E F G

MHT Comments:

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Date

Reviewer, National Register Program

Date

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MARYLAND HISTORICAL TRUST REVIEW

Eligibility recommended _____

Eligibility not recommended _____

Criteria: A B C D Considerations: A B C D E F G

MHT Comments:

Reviewer, Office of Preservation Services

Date

Reviewer, National Register Program

Date

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MARYLAND HISTORICAL TRUST REVIEW

Eligibility recommended _____

Eligibility not recommended _____

Criteria: A B C D Considerations: A B C D E F G

MHT Comments:

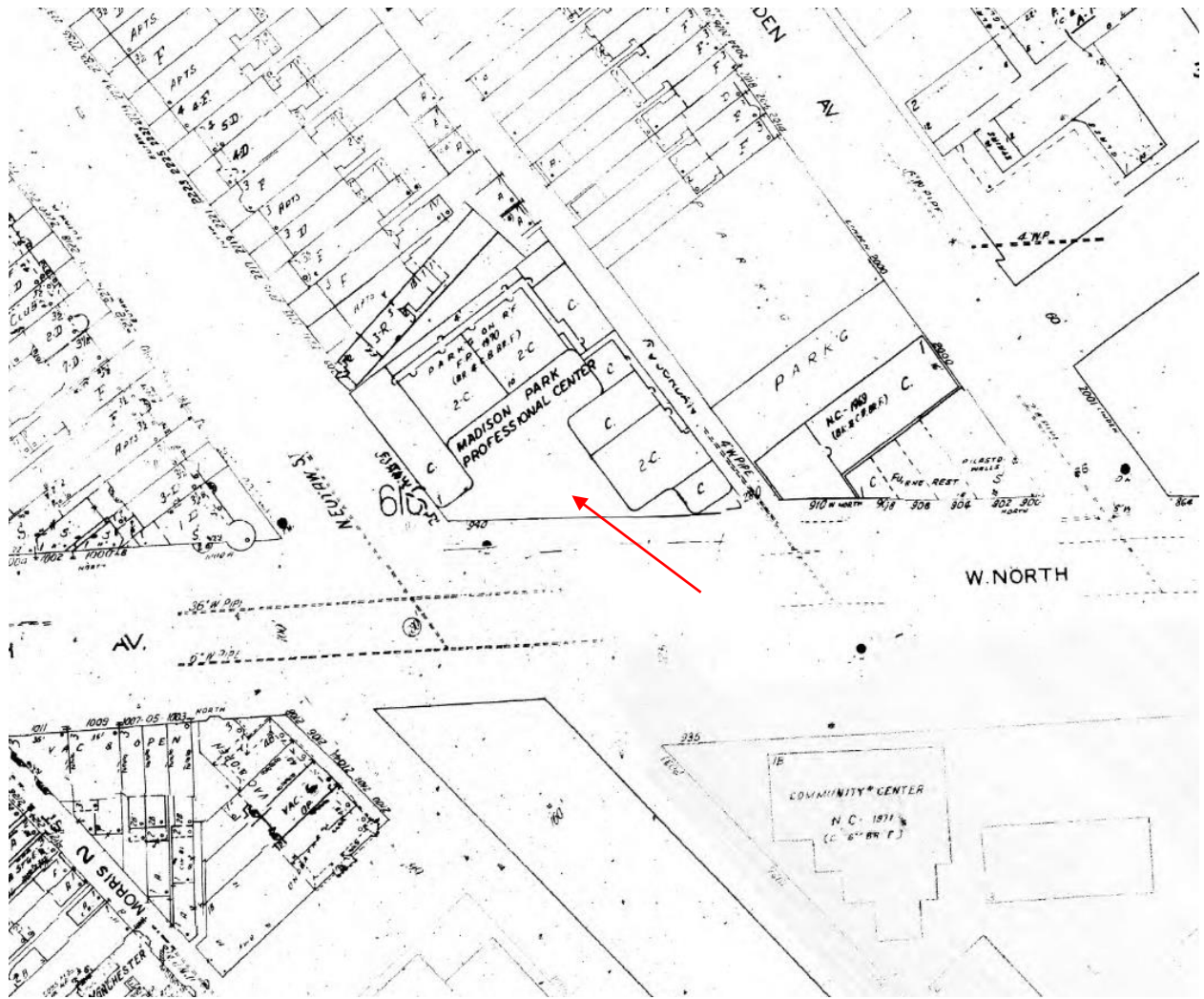
Reviewer, Office of Preservation Services

Date

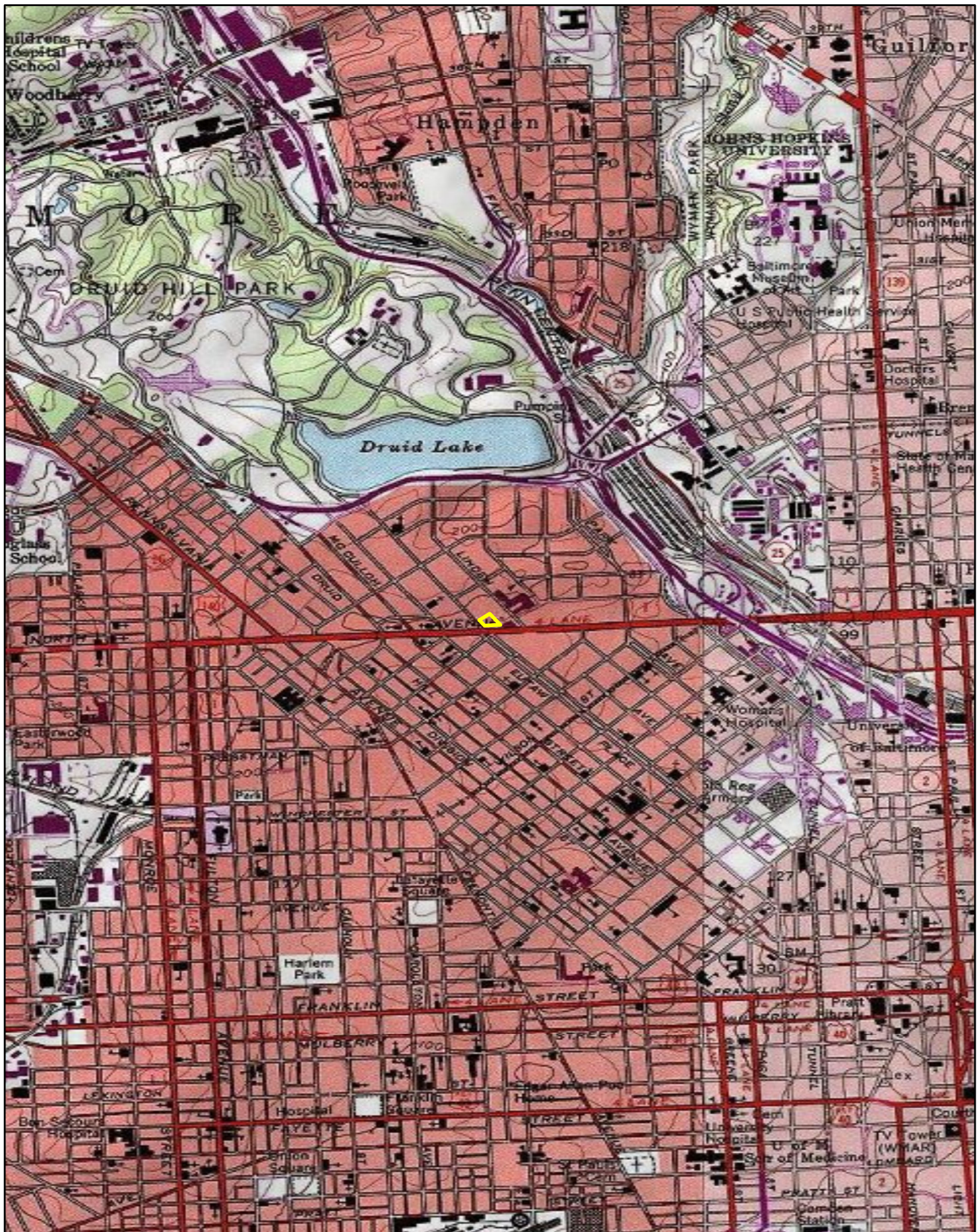
Reviewer, National Register Program

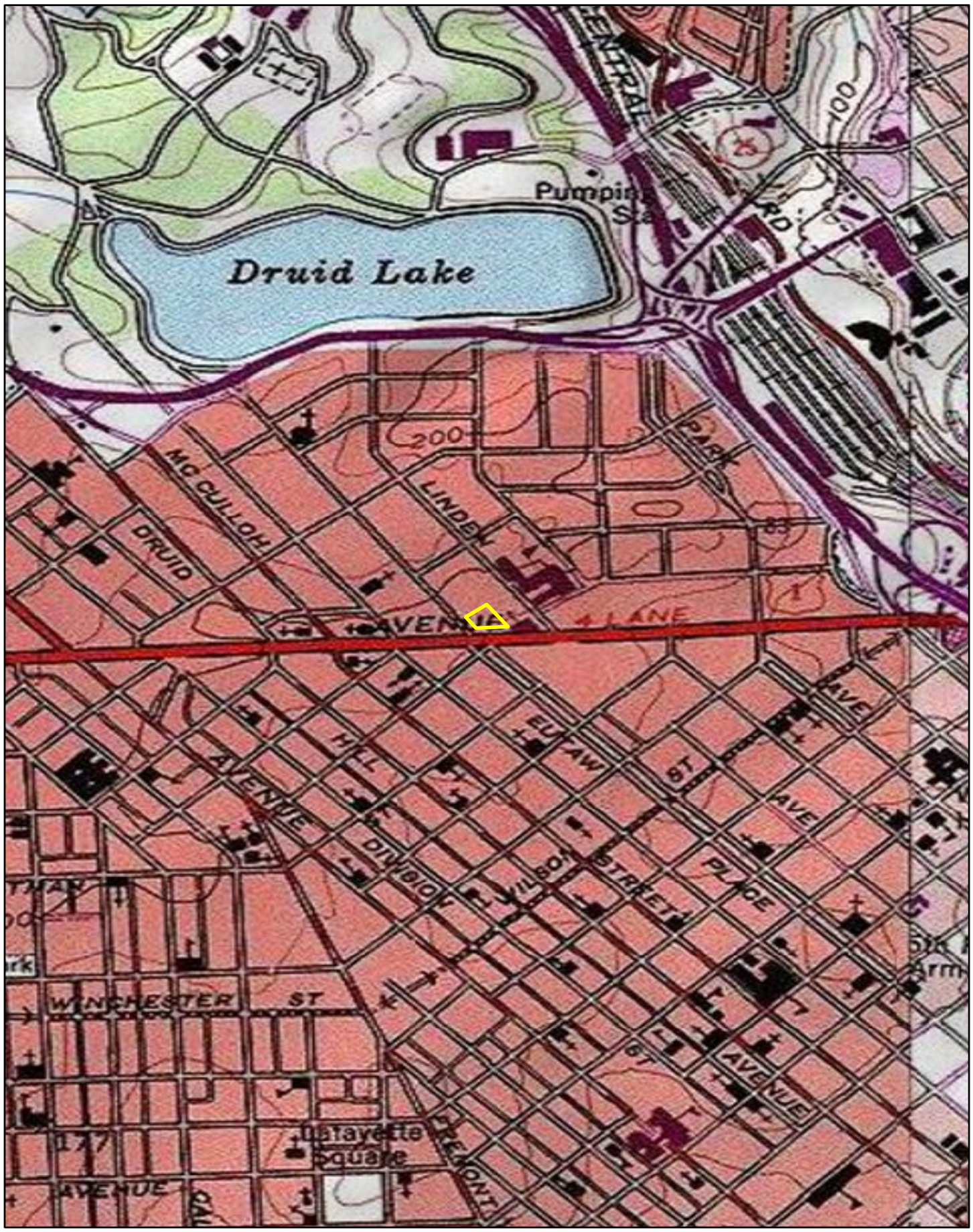
Date

B-1379-6
Madison Park Medical Center
920 W. North Avenue
Baltimore, Maryland



Historic Image 1: 1971 Sanborn map depicting the office suites at Madison Park Medical Center.
Image Credit: Sanborn Map Company, Vol. 6, Sheet 618. 1971.







Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 1 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 1: 920 W. North Avenue, Southwest Elevation and Southeast Façade, Looking Northeast



Photo 2: Southeast Elevation from W. North Avenue, Looking Northwest

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 2 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217

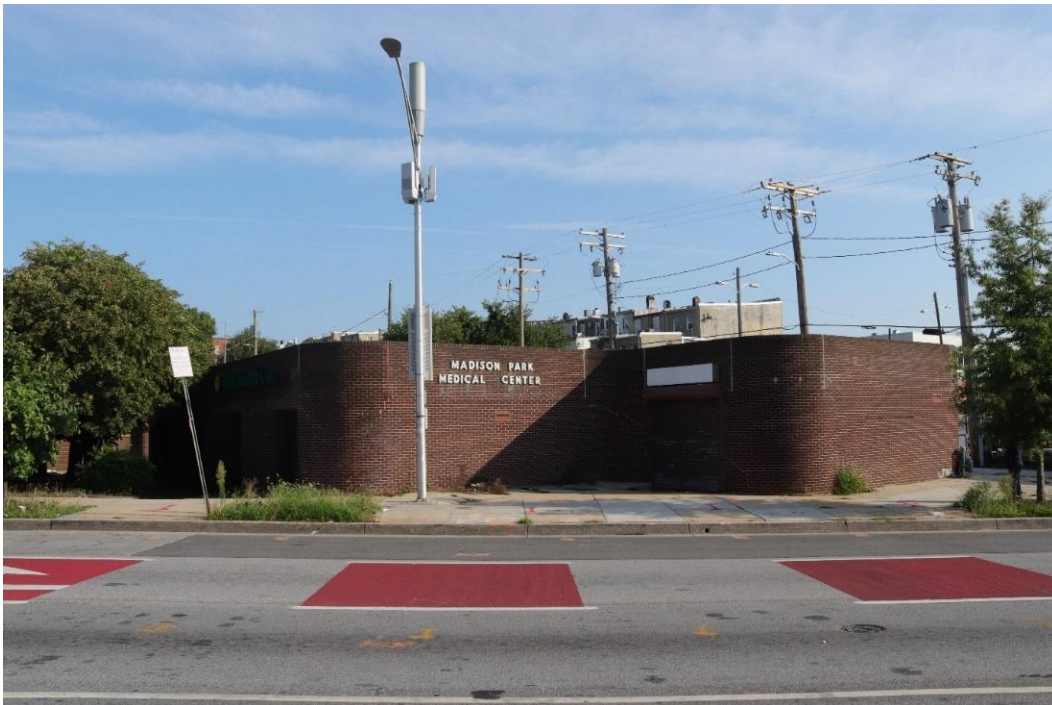


Photo 3: Detail of Southeast Elevation from W. North Avenue, Looking North



Photo 4: Southeast Elevation and Courtyard from W. North Avenue, Looking North

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

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Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 5: Southeast Elevation Facing the Courtyard, Looking Northwest



Photo 6: Southwest Elevation Facing the Courtyard, Looking Northeast

**Maryland Historical Trust
Maryland Inventory of
Historic Properties Form**

Inventory No. B-1379-6

Page 4 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 7: Southwest and Southeast Elevations Facing the Courtyard, Looking Northwest

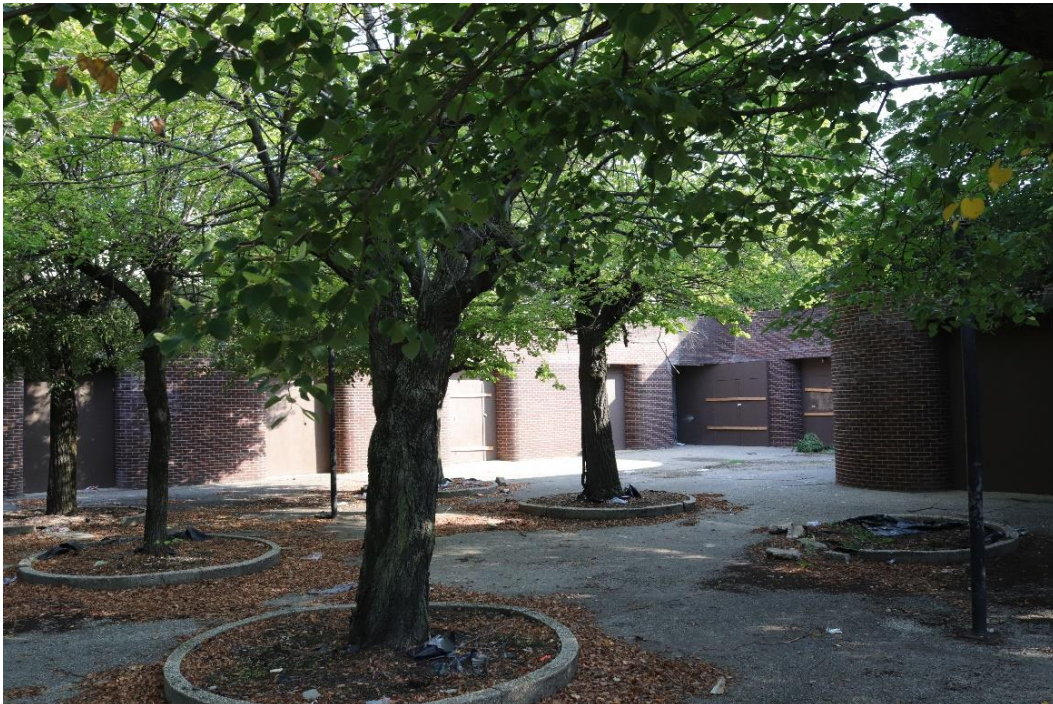


Photo 8: Southeast and Southwest Elevations Facing the Courtyard, Looking Northeast

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

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Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 9: Southeast and Southwest Elevations Facing the Courtyard, Looking Northwest



Photo 10: Southeast and Northeast Elevations, Looking Northwest

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 6 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 11: Northwest and Northeast Elevations, Looking Southeast



Photo 12: Northwest Elevation from Driveway, Looking Northeast

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 7 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217



Photo 13: Parking Lot on Top of Building, Looking Northeast



Photo 14: Parking Lot and Southwest Elevation, Looking Southeast

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 8 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217

PHOTO LOG

Name of Property: Madison Park Medical Center

Name of Photographer: Nicole A. Diehlmann

Date of Photograph: August 24, 2021

Location of Original Digital File: MD SHPO

Photographs inserted on continuation sheets.

Photo 1 of 14:

920 W. North Avenue, Southwest Elevation and Southeast Façade, Looking Northeast

B-1379-6_2021-08-24_001.tif

Photo 2 of 14:

Southeast Elevation from W. North Avenue, Looking Northwest

B-1379-6_2021-08-24_002.tif

Photo 3 of 14:

Detail of Southeast Elevation from W. North Avenue, Looking North

B-1379-6_2021-08-24_003.tif

Photo 4 of 14:

Photo 4: Southeast Elevation and Courtyard from W. North Avenue, Looking North

B-1379-6_2021-08-24_004.tif

Photo 5 of 14:

Southeast Elevation Facing the Courtyard, Looking Northwest

B-1379-6_2021-08-24_005.tif

Photo 6 of 14:

Southwest Elevation Facing the Courtyard, Looking Northeast

B-1379-6_2021-08-24_006.tif

Photo 7 of 14:

Southwest and Southeast Elevations Facing the Courtyard, Looking Northwest

B-1379-6_2021-08-24_007.tif

Photo 8 of 14:

Southeast and Southwest Elevations Facing the Courtyard, Looking Northeast

B-1379-6_2021-08-24_008.tif

Maryland Historical Trust Maryland Inventory of Historic Properties Form

Inventory No. B-1379-6

Page 9 of 9

Name of Property: Madison Park Medical Center

Location: 920 W. North Avenue, Baltimore, MD 21217

Photo 9 of 14:

Southeast and Southwest Elevations Facing the Courtyard, Looking Northwest

B-1379-6_2021-08-24_009.tif

Photo 10 of 14:

Southeast and Northeast Elevations, Looking Northwest

B-1379-6_2021-08-24_010.tif

Photo 11 of 14:

Northwest and Northeast Elevations, Looking Southeast

B-1379-6_2021-08-24_011.tif

Photo 12 of 14:

Northwest Elevation from Driveway, Looking Northeast

B-1379-6_2021-08-24_012.tif

Photo 13 of 14:

Parking Lot on Top of Building, Looking Northeast

B-1379-6_2021-08-24_013.tif

Photo 14 of 14:

Parking Lot and Southwest Elevation, Looking Southeast

B-1379-6_2021-08-24_014.tif