Historic Fort Steilacoom

The Legacy of Fort Steilacoom

By Steve Dunkelberger

he land encompassed by Fort Steilacoom Park has served many uses. The Steilacoom Tribe hunted on this prairie land for centuries before a soft-spoken Englishman came to settle the 640 acre area in 1844. Joseph Thomas Heath was a tenant farmer of the Puget Sound Agricultural Co., a subsidiary of the Hudson's Bay Co. which had a trading post at Fort Nisqually near present-day DuPont. He worked the land for five year but died on March 7, 1849. His house was located in what is now the middle of Western State Hospital.

The U.S. Army leased the land from the British company and created Fort Steilacoom in 1849 to protect the tide of settlers from the nearby tribes and strengthen American claims. The soldiers lived on what is now the hospital grounds while farm animals grazed in the open fields nearby.

The fort sheltered refugees from around Pierce County during the Indian War of 1855-56, even though the fort had nothing more than a picket fence and a few guns to hold off any such attack, which never came anyway.

The fort, parts of which remain today as a museum, was handed to the Washington Territorial militia in 1861 when the federal soldiers left to fight in the Civil War. The militia volunteers occupied the fort until it closed in 1868.

In 1870, the territorial legislature paid \$850 for the 25 or more military buildings for use as an "insane asylum," and four years Congress donated over 370 acres of the surrounding land for this purpose.

The most notable of the hospital's early superintendents was Dr. John Waughop who, between 1880 and 1887, planted many of the rare trees that still line the hospital campus and nearby hillside. The much walked around lake in Fort Steilacoom Park bears his name.

The open field near the hospital was used for vegetables, strawberries, milk cows, chickens, pigs and other essentials to feed mental patients between the turn of the century and the 1960s. The hospital farm provided patients with constructive activities, as part of their mental therapy. One note for the record books includes "Steilacoom Prilly Holstein Blossom," a milk cow that produced 258,210 pounds of milk during her lifetime between 1921-38 at the farm. The amount was a world record at the time.

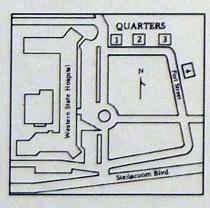
The 1,737-foot stone and mortar wall running along Steilacoom Boulevard and bordering Fort Steilacoom Park was built by patients and hospital employees in 1916.

Part of the hospital farmland became a county park in the 1970s. Some of the hospital buildings, including the barns, remain a legacy of the patient-run farm. Fort Steilacoom Park has fields for soccer, softball and baseball. Walkers, bikers, runners and kiters can also be readily found even during the worst of weather.

Pierce College, then called Fort Steilacoom Community College, came to the former farmland turned hospital in 1971.

Celebrate the past as we welcome the year 2000 and beyond!

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Fort Steilacoom becomes Western State Hospital

by Hilda Skott

The following story is an excerpt from Hilda's 32 page monograph, From Camas Lilies to Prilly Blossom, which is available at the Fort Steilacoom Sutler's Store.

here woolly sheep once grazed across grassy pastures, Western State Hospital now stands. The hospital today, its solid brick buildings rising among native firs and flowering ornamentals, looks like a college campus. This transformation has its roots in the days of the first white settlements in the northwest.

Fort Steilacoom's Last Day

Fort Steilacoom operated as a military outpost, supply depot, and refuge from 1849 to 1868. During the Indian Wars of 1855-56, the garrison served as 9th U.S. Infantry Regiment Headquarters.

During this period, Washington became a territory in 1853; Oregon, a state in 1859. The Civil War ran its bloody course, 1861-65.

On the parade ground in front of the Commanding Officer's home, probably accompanied by a cannon salute and drum roll, the lowering of the last flag at Fort Steilacoom took place in 1868. Lieutenant August Kautz, responsible for much of the construction at the fort, was no longer present to note in his diary whether tears were shed at this dreary demise. Nor was the illustrious Colonel Silas Casey, former Commanding Officer during the Indian Wars.

The last military unit to hold Fort Steilacoom was Battery E, Second Artillery, with five officers and 124



Fort Steilacoom as it appeared in the 1860s.

men. Captain Charles Peirce, about whom little is known during this period, was the officer in charge. Elwood Evans, a leading citizen who served in the Washington Territorial Militia, secured the flag as it came down the shaft for the last time. Badly frayed and holding 37 stars, it rests today in Historic Fort Steilacoom's Interpretive Center.

Territorial Insane Asylum

Legislation introduced in Congress in 1868 to give Fort Steilacoom to Washington Territory did not pass.

On January 15, 1870, the Washington Territorial legislature bought the garrison buildings for use as an "Insane Asylum for Washington Territory." Constructed for the fort at a cost of \$200,000, the Territorial Legislature paid \$850.

On August 19, 1871, twenty-one patients (15 men and 6 women) transferred from Monticello, where they had been cared for by James Huntington and W. W. Hays for \$1 per patient per day.

When the asylum opened, a contract with Mr. Hill Harmon agreed to pay him 91 cents per day per patient. Harmon, Washington Territorial Treasurer, hotel owner, and political ally of territorial governor Elisha Ferry, made the low bid that won the contract. Dr. Stacy Hemenway, first resident physician, reported to the Washington Territorial Legislature that in the first year of operation the yearly cost per patient was \$102.35.

When the asylum opened, a contract with Mr. Hill Harmon agreed to pay him 91 cents per day per Continued on page 2 Historic Fort Steilacoom 2

HISTORIC FORT STEILACOOM ASSOCIATION

From the President

Our challenge struck me vividly as I asked someone to join us at our upcoming Christmas at the Fort event.

"Oh, I've been there," he said. "We were caroling for the patients, and then we toured the wards. It was quite a place."

I immediately realized what impression he had of Fort Steilacoom. I carefully explained to him that visiting our fort did not involve visiting wards, or even the patients.

Nevertheless, this conversation frames a big challenge for us. I want to throw this subject out for discussion.

It is an often unspoken truth that our location works both for and against us. What works for us is that we have a great landlord. The Department of Social and Health Services watches over our buildings, provides utilities, and offers a ready supply of helpful people. We also enjoy visitors from Western State Hospital—sometimes staff alone, but often counselors accompanied by patients. We have a rule that patients must be accompanied by a counselor if they enter our buildings.

What works against us is that we are adjacent to a mental hospital. We all know, at least from anecdotal evidence, that this scares people off. Sure, I suspect we get a few visitors who want an excuse to get a

closer look at WSH. But in general, people are very nervous around the mentally ill.

I have often said that I feel more endangered walking the streets of downtown Seattle—or heck, even where I work, in the University District—than I do at WSH. The staff does a commendable job keeping the rest of us safe. And the vast majority of patients have more things to worry about than our museum.

There are many more mentally ill people in the outside world. Many of you know my mother died following a long battle with Alzheimer's disease. Our first clue to the problem was that my mother came down a decade before her death with persistent delusions. It is because of my experience with my mother that I respect the hard work that the WSH is doing in those buildings that loom over ours. And I believe we have a responsibility to perform what services we can for the mentally ill.

That could be anyone's mother or brother inside Western State's walls. It is only fair that we welcome and honor them, and that means providing tours for patients even if they have a stutter in their voice or a tic in their eye.

Clearly, WSH is an object of dread fascination, and it always will be. So will the experiences of the mentally ill. Perhaps our location will always serve as a brake to the fort's growth. But I wonder if there is more we can do.

Your board of directors has discussed openly embracing the history of our property by hosting an exhibit about WSH's own history. We have a standing offer to its staff to present some of their vast historical collection at Fort Steilacoom. I think it important we not deny our past. But this depends on the very busy folks at WSH to put together such an exhibit.

Is there anything more we should or could do? Do you have ideas about how we might turn our location into an asset, or at least into less of a liability? All ideas are welcome. You may write to me at our address or email me at <u>wnearyatuw@hotmail.</u> <u>com</u>. We enjoy hearing from our members, and welcome your thoughts.

Just a postscript: we want to thank Georgiana Kautz of the Nisqually Tribe for visiting us with her husband Nugen, a descendant of the army officer who built our buildings, at our annual meeting. We learned, for example, a possible explanation of why Leschi's brother betrayed him. That betrayal, of course, led to Leschi's eventual hanging. His reason for the betrayal wasn't just the payment of blankets, as many histories report.

Mrs. Kautz says tribal members are working to record and preserve their history. We look forward to hearing and reading more about history from the Nisqually Tribe.

Walter T. Neary

Fort Steilacoom becomes Western State Hospital

(continued from page 1)

patient. Harmon, Washington Territorial Treasurer, hotel owner, and political ally of territorial governor Elisha Ferry, made the low bid that won the contract. Dr. Stacy Hemenway, first resident physician, reported to the Washington Territorial Legislature that in the first year of operation the yearly cost per patient was \$102.35.

Dr. Hemenway declared in 1871 that the aim of the asylum was to provide a "liberal and enlightened treatment of the insane." He recommended exercise, music, and dancing for the patients and "two or three violins for the male ward." Such treatment, he believed, "would do more good toward restoration than medicines." He favored fresh air, well-lighted rooms, and no patient rooms below ground level. He sounded like a man ahead of his time.

But these goals seemed unachievable. The dual management system, calling for the physician to serve under the prime contractor, did not run well. Hemenway's request for greater control over the institution was denied. At the end of two years, he resigned.

Following Hemenway, two other doctors, Willison and Ballard, each filled short terms. Willison complained that he was restricted to writing prescriptions. He reported that patients, locked in dark damp cells with wet rotting straw for beds, lived in an atmosphere of suffocating stench. Some were kept for months in irons, often resulting in broken bones or unattended infection. Beatings, whippings, and cold showers were used as punishment for disobedience. At least one patient died. Washington Territory had reincarnated Bedlam.

Although investigation of Harmon resulted in no charges against him, the territory required him to pay restitution for funds improperly spent. His competency as Territorial Treasurer also came under question

Congress approved, on April 15, 1874, the donation of 373.75 acres of Fort Steilacoom to Washington Territory for "an asylum for the insane and for no other purpose."

Hemenway and Willison, in support of asylum management change, joined forces and gained the endorsement of the fairly new territorial medical society. They also took their plea to the press. Finally, over Governor Ferry's objections, the legislature in 1875 ended dual management.

It also renamed the institution the "Hospital for the Insane in Washington Territory." A superintendent would be its head. "Asylum" became "hospital," but "insane" remained. Change inched along.

The first superintendent, Dr. T. S. Sparling, began his duties in 1875,

Over the years, the institution's acreage increased, mainly by purchase, eventually to equal, and even exceed, the size of the Heath farm. By 1921 the total was 670 acres; in the 1940s the total became 860 acres.



Fort Steilacoom's commanding officer's quarters became the residence of the hospital superintendent.

followed by Dr. Rufus Willard two years later. In those early years, hospital staff planted a 300 tree orchard of apples, cherries, pears, and plums. Maintained for many years, the old orchard, like an attic ghost, still haunts the slopes of Smith Hill in Fort Steilacoom Park.

By October l, 1877, the hospital held 100 patients.

The arrival of Dr. John W. Waughop in 1880 signaled the opening of a new era. Remaining for 17 years, his residency left its mark, some still in evidence. Dr. Waughop installed new landscaping. Notable trees, some clearly visible to modern drivers on Steilacoom Boulevard, included both exotic and domestic varieties. Waughop expanded agricultural pursuits. He built new barns and added a dairy herd to supply milk as well as patient activity.

The early days found patients occupying old barracks. Officers' Row, on the north side of the parade ground, housed doctors and staff. The Commanding Officer's quarters, named today for Colonel Silas Casey, became the superintendent's residence. As time passed, trellised vines enclosed the veranda, flowers

graced the front lawn, a picket fence added to the home-like atmosphere.

Winter, 1999

When the asylum occupied fort buildings, those in charge desired buildings in brighter colors. Early hospital records, as well as more recent scrapings, showed the army's fawn-drab painted over with yellow.

Other changes occurred. The fort's buildings were altered to meet institutional needs. Some buildings were combined to serve new purposes; some were razed.

The four buildings remaining today underwent extensive remodeling—fireplaces covered, stairways taken out and narrower ones added, old walls removed to form new room arrangements. In addition to the superintendent, most other staff lived on hospital grounds in these and other buildings until the 1960s.

Today the four buildings, three officers' quarters and chaplaincy, stand fully restored to their original construction, both interior and exterior. Historic Fort Steilacoom, Lyle Dunkin as Superintendent of Restoration, raised this effort. Western State Hospital, in earlier attempts, restored exteriors of two of the officers' quarters.