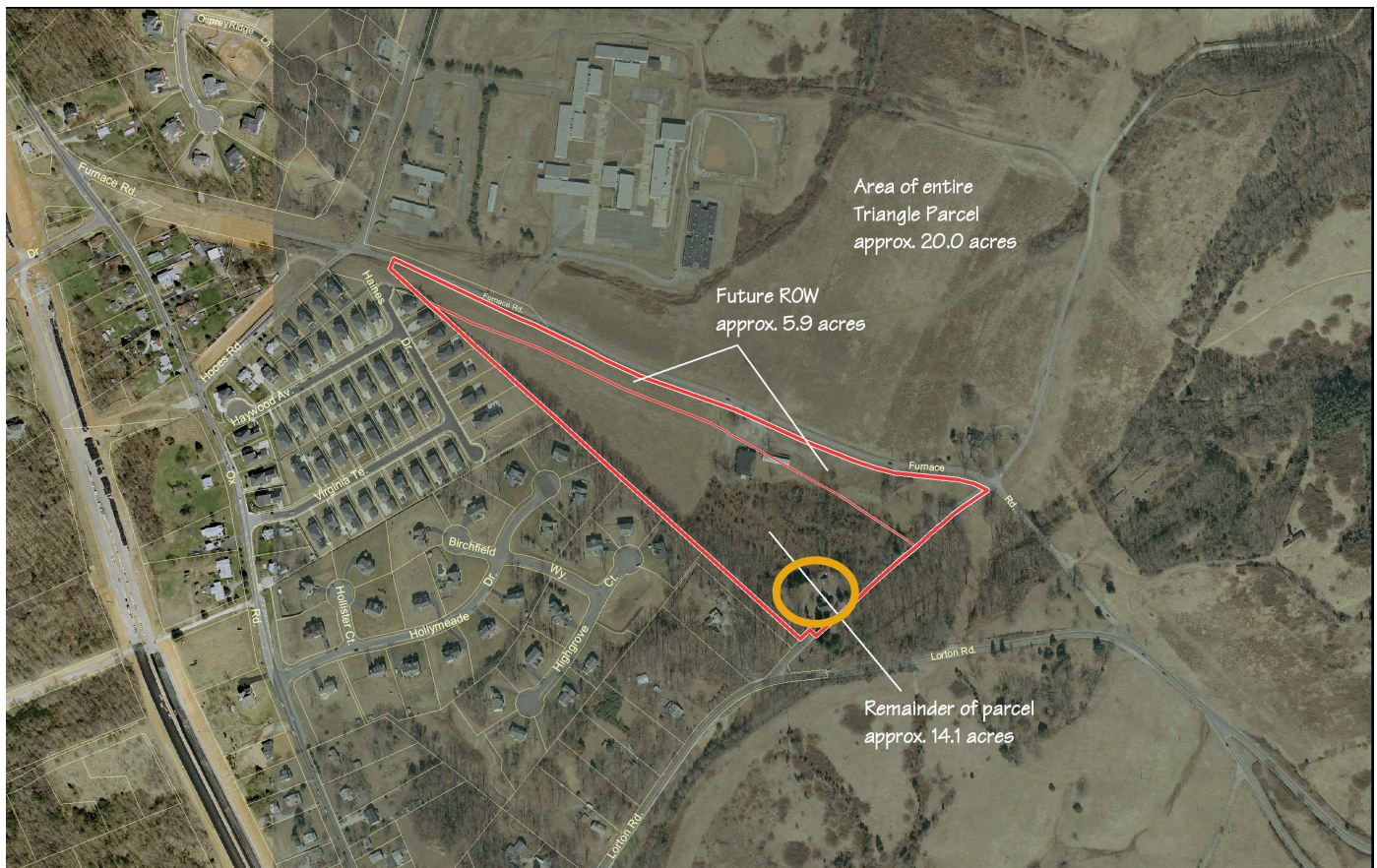




### A. Location of Property

The Physician's Residence is one of 110 contributing buildings located within the 511-acre D. C. Workhouse and Reformatory Historic District (Milner 2005). This Virginia Landmarks Register and National Register Historic District is part of a 2,700-acre parcel of land acquired by Fairfax County from the federal government in 2002. The parcel is also home to the Laurel Hill Golf Club, mountain biking and hiking trails, a disc golf course, a future equestrian center, and the Lorton Arts Foundation Workhouse Arts Center (LAFWAC). The LAFWAC is an adaptive use of a number of the correctional facility's early buildings.

The Fairfax County GIS system does not give an actual physical address for the Physician's Residence, although it faces onto the Lorton Road Connector. It is, however, a part of a 20-acre triangular parcel known as Fairfax County Tax Map Parcel 106-4 (1) 57. This parcel is located to the south of Furnace Road and to the west of Burma Road (Figure 2.1).



**Figure 2.1** This graphic uses Fairfax County GIS records to depict the boundaries of the triangle parcel as of October 2007 in red. The location of the Physician's Residence is highlighted by a yellow circle.

## II Developmental History

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### B. Historic Background and Context

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The D. C. Workhouse and Reformatory Historic District in Fairfax County, Virginia was originally composed of three related but separate campuses. The first of these, the Workhouse, was established in 1910 and provided a progressive environment for those that had committed non-violent crimes including alcohol abuse. The Women's Division of the Workhouse opened in 1912, and a Reformatory for more serious, yet not hardened criminals, opened in 1916. Reserved for the worst offenders, the penitentiary for the District of Columbia stayed within the City for many years, not moving to the Lorton site until the 1930s. (Milner 2005)

The Workhouse and Reformatory were placed under the supervision of a general superintendent, who by 1917 reported that it was impossible to secure "competent employees at the meager salaries provided" which had proved to be "a source of great embarrassment during the year." Substantial increases in salaries were requested in this context. (Commissioners 1917)

In 1917, the Superintendent of the Workhouse and Reformatory also made five specific requests for staff positions at the "penal farm of the District of Columbia." In addition to suggesting that a general superintendent be appointed to oversee the male and female workhouses at Lorton, and that the positions of chief engineer, chief electrician, and superintendent of the commissary department be appointed, the following request was made:

"The position of physician for the penal farm should be established, with a salary of \$1,800 per annum and his living expenses." (Commissioners 1917)



**Figure 2.2** Snowden Ashford (pictured here) was the Municipal Architect for the District of Columbia. His office was responsible for overseeing the construction of the new Reformatory and the construction of brick buildings at the Workhouse site. Image from *A History of the City of Washington: Its Men and Institutions*. Washington, DC: Washington Post Co., 1903.

This salary was less than half that suggested for the superintendent but more than requested for any of the other positions and commensurate with the compensation for the assistant superintendent.

The need for a staff physician and the difficulty in securing competent employees corroborate a statement made by Ron Lipscomb, the last employee of the facility to live in the house. Mr. Lipscomb was interviewed at the request of the Fairfax County Department of Planning and Zoning. He stated that the house was built to attract a physician to the position and that the office wing of the building was built to allow the physician to see non-Workhouse/Reformatory patients to supplement his income.

The heading “Physician’s Residence” first appears in the “Operations of the Engineer Department” section of the *1919 Annual Report* (Commissioners 1919). The Municipal Architect for the District of Columbia, Snowden Ashford (Figure 2.2), supervised the design of the house. The actual designer remains unknown. Mr. Ashford was also the architect for the Reformatory and for the brick structures that replaced the original frame buildings constructed for the Workhouse. These large complexes were designed predominantly in the Colonial Revival style, as was the Physician’s Residence.

A table contained in the *1919 Annual Report* (Commissioners 1919) records the costs of material and labor for the construction of the house for the year ending June 30, 1919. The costs are broken down according to what could be charged to the appropriation; outside labor and materials, and what could not; prison labor and manufactured materials. It is interesting to note that the cost of outside labor for carpentry was four dollars a day, while prison labor was fifty cents a day. It was standard practice for the Workhouse to use outside “mechanics” to supervise the labor of the detainees (Milner 2005). In total, the house construction used 818 days of prison labor and 131 1/2 days of outside labor during this period (Commissioners 1919).

The *1920 Annual Report* states that the Physician’s Residence was completed during the year ending in June 1920. In the section that reports the Operations of the Engineer Department under the heading of “Permanent Construction” costs are summarized. Expenditures for the year show 2,125 days of prison labor, 82,000 bricks, 27 cubic yards of sand and gravel, \$3,137.36 in paid labor and \$5,911.28 in purchased material. When added to the expenses reported in the previous year, the total amount chargeable to the appropriation for the construction of the Physician’s Residence was \$10,166.98 (Commissioners 1920).

As originally conceived, the Workhouse was an institution in which inmates could work off their sentences. In addition to agricultural operations, which provided subsistence for the facility, by 1912 a brick plant with two kilns had been established (Milner 2005).



## II Developmental History

### B. Historic Background and Context, continued

By 1919, additional kilns had been constructed, and the output was five million bricks per year (Commissioners 1919). These bricks were used in the construction of the permanent buildings at the Workhouse and Reformatory as well as many public buildings in the District. It is from these bricks that the Physician's Residence was constructed.

It is noted with pride in the *1920 Annual Report* (Commissioners 1920) that:

“In the residence of the institution's physician 102,000 bricks were used. This house is splendidly built – the work mainly of inmates – and it is a genuine example of architectural skill and honest workmanship.”

The Physician's Residence remained in use as a residence by various prison employees until 1995. Prior to Ron Lipscomb's occupancy (mid-1980s – 1995), Hunter Mahone, a plumber, lived in the house (Lipscomb, Phone Interview).

The National Capital Revitalization Act of 1997 called for the closure of the prison facilities which was accomplished in 2001. Approximately 2,700 acres and the accompanying buildings were transferred to Fairfax County in July of 2002.



**Figure 2.3** This photo-simulation shows the original appearance of the Physician's Residence, before the current stucco coating was added and the front porch screened.





**Figure 2.4** This photo-simulation of the rear of the Physician's Residence represents the appearance of the brick house with shutters, which were likely removed when the stucco was added. Also note that there was likely some type of a gable roof over the kitchen, approximating this wing's appearance before the sunroom was added.



## II Developmental History

### C. Architectural Evolution of the House

The Physician's Residence retains its original design despite several modifications to its appearance. These modifications are circled and labeled on the elevation illustrations on the following pages. Major changes to the appearance of the exterior of the house include the application of a stucco finish over the original brick, the screening of the front porch, a replacement entrance door for the office wing, and the construction of a second-story frame sunroom above the kitchen.

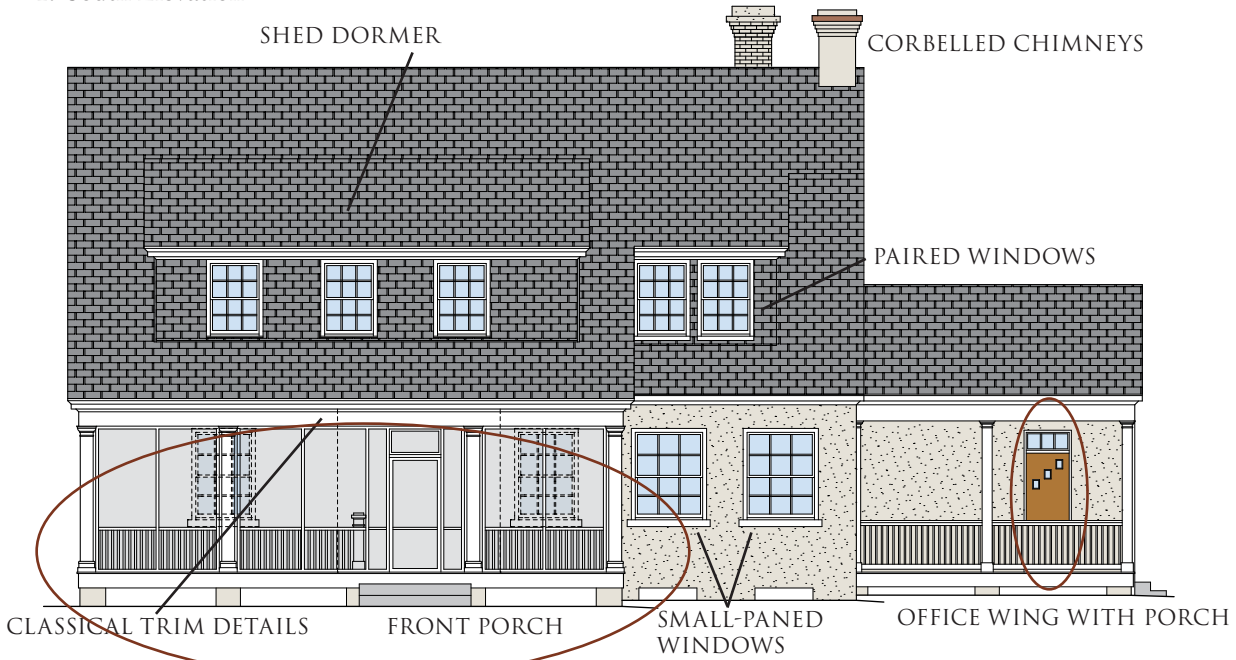


**Figure 2.5** This photo-simulation shows the appearance of the south elevation after the stucco had been applied to the exterior and before the office door was replaced and the front porch screened.



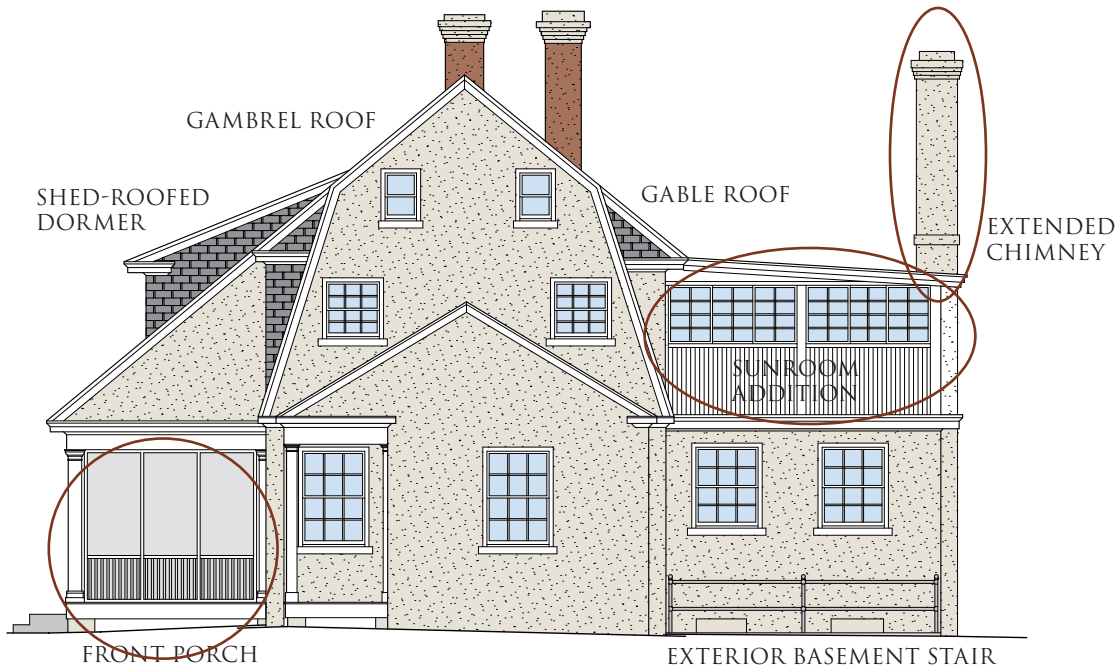
**Figure 2.6** In this photo-simulation of the rear of the house, the shutters have been removed and the sunroom added over the kitchen.

1. South Elevation



**Figure 2.7** This elevation shows the front porch with screening and the replacement side porch door, both are not original features. Note that on this elevation the stucco remains on one of the visible chimney faces.

2. East Elevation



**Figure 2.8** This elevation shows the sunroom addition over the kitchen and the corresponding extended height of the chimney. Note that on this elevation, the stucco is missing from a majority of the chimney surfaces on the main section of the house.



## II Developmental History

### C. Architectural Evolution of the House

#### 3. North Elevation

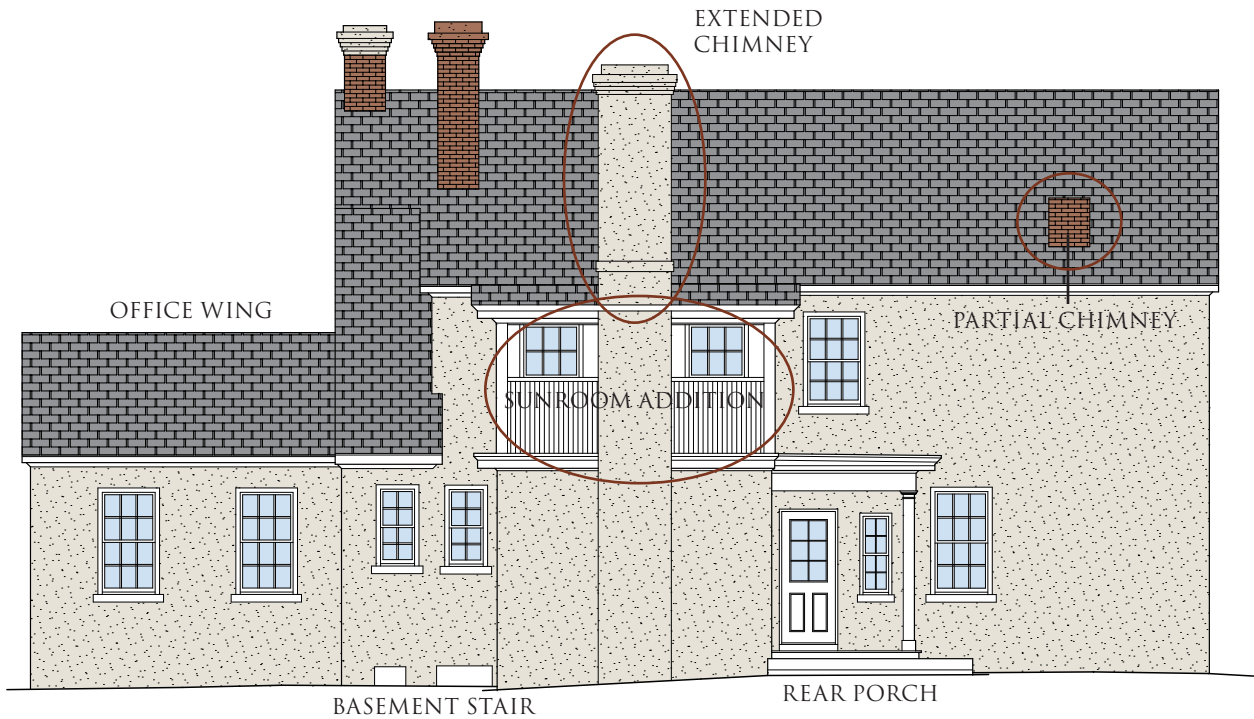


Figure 2.9 In addition to the sunroom addition, this elevation shows the loss of a portion of the chimney that served the living room.

#### 4. West Elevation

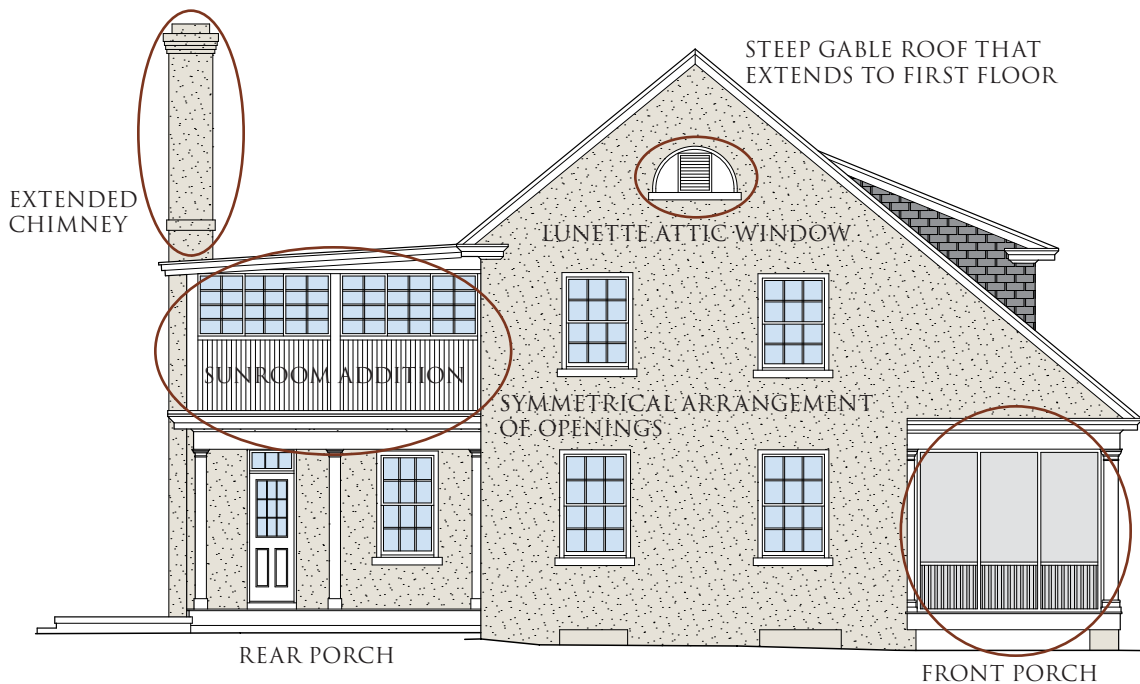


Figure 2.10 On this elevation, the placement of a louvered vent in the lunette attic window opening is depicted in addition to other non-original elements.

## D. Evaluation of Significance

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The Physician's Residence is significant as an example of an early residence built for prison staff. It is also notable for its use of bricks made on-site and the use of inmate labor for much of the construction.

The house is unique in its dual function as both a residence and office. It is thought that this design was an incentive to attract a qualified physician for the Workhouse and Reformatory by allowing the doctor to see private patients at his home office.

Architecturally, the house represents a unique expression of the Colonial Revival style with the use of two main rooflines for the main block of the structure. The gambrel-roofed design, as viewed from the east elevation, appears to be a variant on a sub-category of the Colonial Revival style commonly referred to as Dutch Colonial. The large shed dormer on the south elevation references both the Colonial Revival and Craftsman styles of the early twentieth century. From the west, the sloped roof that shelters the front porch is an interpretation of the eighteenth century saltbox form.

The house exhibits many character-defining Colonial Revival details such as the small-paned windows, six-panel doors, transoms, and classical trim elements. It also presents an asymmetrical massing, expressed through the office wing and the kitchen ell, which is uncharacteristic of the Colonial Revival style.

Among the few modifications that have been made to the house over time, it is the use of a stucco coating over the original brick that has most changed the structure's original appearance. It is likely that the stucco was added as the original brick construction began to show signs of deterioration. Signs of this condition can be seen where the stucco has detached from the chimneys. As the age of the stucco cannot be readily determined, and since it appears that it serves more than a cosmetic function, it has attained significance in its own right and should not be removed.

The other significant modification is the frame sunroom addition. Unfortunately, it is structurally unsound and will require rebuilding or removal. As it was not a part of the original structure, and the date of the addition has not been ascertained, options will be given for adaptive use of the house both with and without this addition.