WASHINGTON HERITAGE REGISTER

A) Identification

Historic Name:	Firland Sanatorium – Henry Admin. Building & Detweiler Building (Hospital) ; King's Garden
Common Name:	CRISTA Ministries – Martin Center & King's High School;
Address:	19303 Fremont Avenue North
City:	Shoreline
County:	King

B) Site Access (describe site access, restrictions, etc.)

Private Property - Restricted Access

C) Property owner(s), Address and Zip

Name:	CRISTA Ministries				
Address:	19303 Fremont Ave. N.				
City:	Shoreline	State:	WA	Zip:	98133

D) Legal boundary description and boundary justification

Tax No./Parcel:	0626049016
Boundary Justification:	The nominated property only includes two of the original hospital buildings; the Henry Administration Building (now serving as CRITSA Ministries Admin Building) and the Detweiler Building (now serving as part of King's High School).

FORM PREPARED BY

Name:	Kyle Roquet (Edited by DAHP Staff)		
Address:	19303 Fremont Ave. N.		
City / State / Zip:	Shoreline, WA 98133	Phone:	206.289.7952

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E) Category of Property (Choose One)

☒ *building* ☐ *structure (irrigation system, bridge, etc.)* ☐ *district*
☐ *object (statue, grave marker, vessel, etc.)* ☐ *cemetery/burial site*
☐ *historic site (site of an important event)* ☐ *archaeological site*
☐ *traditional cultural property (spiritual or creation site, etc.)*
☐ *cultural landscape (habitation, agricultural, industrial, recreational, etc.)*

F) Area of Significance – Check as many as apply

☐ *The property belongs to the early settlement, commercial development, or original native occupation of a community or region.*

☒ *The property is directly connected to a movement, organization, institution, religion, or club which served as a focal point for a community or group.*

☒ *The property is directly connected to specific activities or events which had a lasting impact on the community or region.*

☐ *The property is associated with legends, spiritual or religious practices, orlife ways which are uniquely related to a piece of land or to a natural feature.*

☐ *The property displays strong patterns of land use or alterations of the environment which occurred during the historic period (cultivation, landscaping, industry, mining, irrigation, recreation).*

☒ *The property is directly associated with an individual who made an important contribution to a community or to a group of people.*

☒ *The property has strong artistic, architectural or engineering qualities, or displays unusual materials or craftwork belonging to a historic era.*

☐ *The property was designed or built by an influential architect, or reflects the work of an important artisan.*

☐ *Archaeological investigation of the property has or will increase our understanding of past cultures or life ways.*

G) Property Description

GENERAL:

The nominated property is located at the southwest intersection of N 195th St and Fremont Ave. N in the City of Shoreline. It lies 10 miles north of the city of Seattle and just west of Highway 99. Today there are over 40 individual building structures located on the 56-acre campus, two of which are being nominated. Seven of the existing buildings remain from the original Tuberculosis Sanatorium. Their date of origin varies from 1913 to 1929. The site is relatively flat where the main collection of buildings are located a drops dramatically into shallow bowl at the SW corner (originally housing farm building, now home to athletic fields).

The original campus was 42-acres in size. A portion of the property (at the NE corner of the property) was sold to Seattle Public Utilities, for the development of a public water storage system. Since its inception, CRISTA has added two significant tracts of land; the first for their Cristwood Park Senior Living complex on the SW portion of the campus. North of N 195th, CRISTA Ministries also purchased the Shoreline Hillwood Elementary school adjacent to the old hospital site.

The campus has a number of significant evergreen trees on the site. Due to some steep terrain, there is a few undeveloped areas that create a nicely wooded environment with pathways for campus residents and students to enjoy.

THE BUILDINGS:

Horace C. Henry Administration Building /Martin Center - 1913

The Horace C. Henry Administration Building/Martin Center was the administration heart of the Firland Campus, a function that remains to this day. It is a two-and-a-half-story wood framed building with a concrete basement. The exterior is clad with a combination of red brick, laid in a common bond on the first floor; and a board & stucco system on the second floor. The symmetrical 3-part façade is highlighted by a projecting cast stone, Collegiate Gothic entry, complete with a lancet arched recessed entry, arched windows and a projecting bay window. The center bay and projecting entry boast parapet walls which extend above the roof line and are capped with cast stone coping and finials. Casement style, leaded glass windows are grouped in pairs

and three's. The center bay windows are further articulated by a transom window which extends the height. Various evenly spaced gable dormers are found on the front and rear elevations. These have diagonal leaded glass windows, decorative cut bargeboards and rafter tails. The roof is clad with asphalt shingles.

There are three large fireplaces situated in the building. Centered at the peak of the side gabled roof is a large, multi-layered octagonal cupola. Originally this was topped with a large cross that represented the Tuberculosis League (now the American Lung Association's Symbol). It now is topped with a traditional Christian Cross.

Detweiler Building / King's High School - 1913

The Detweiler Building (a.k.a. Tuberculosis Hospital)/ King's High School building was the original and is constructed in the same fashion as the Martin Center. It is also three stories in height and has a concrete basement.

The buildings are connected by a full size tunnel that was used to move patients between buildings, as well as provide a pathway for steam piping and other utility connections.

H) Significance

The nominated buildings are historically significant as resources that are directly associated with the Firland Sanatorium, Seattle's municipal tuberculosis hospital and as the location/home to CRISTA ministries. The property opened as Firland Sanatorium on May 2, 1911, to help combat what was at the time Seattle's leading cause of death. The Sanatorium was located on 34 acres in the Richmond Highlands area, 12 miles north of the then-border of Seattle (in 1995 the Firland site became part of the newly incorporated City of Shoreline). The hospital served at this location until its move to a former Naval hospital (at 15th Avenue NE and 150th Street) in 1947, and continued to treat tuberculosis patients there until its dissolution in 1973. The Sanatorium sat vacant for a couple years until community leader, Mike Martin, saw the potential of the site as a home for wayward teens. He initially leased the property from King County, eventually purchasing the site in 1958. Today the ministry has grown into a worldwide concern addressing the needs of housing, education, spiritual transformation and humanitarianism.

The White Plague

Often called the "White Plague" the disease of Tuberculosis (TB) grew unchecked throughout the nation in the 1800s. Tuberculosis is a highly contagious disease caused by the bacterium Mycobacterium tuberculosis. It can be inhaled, or swallowed with food or drink. The most common form is pulmonary (of the lungs) tuberculosis, but the bacteria can also be present in the kidneys, bones, and intestines, as well as in the

lymph nodes (scrofula). Miliary tuberculosis, known colloquially as galloping consumption, is characterized by a wide dissemination into the human body and by the tiny size of the lesions (1–5 mm). Its name comes from a distinctive pattern seen on a chest radiograph of many tiny spots distributed throughout the lung fields with the appearance similar to millet seeds—thus the term "miliary" tuberculosis. Tuberculosis meningitis, the most deadly form of the disease, is an infection of the tissue around the spinal column.

By 1900, Seattle had one of the highest incidences of TB per capita in the United States. In 1908, the U.S. Office of Public Health had declared Seattle's record of fighting tuberculosis to be the worst in the country. As a result, in 1909, a group of leading citizens, including Horace C. Henry, formed the Anti-Tuberculosis League. A member of the League, J. V. Smith, declared that the city of Seattle needed a tuberculosis camp and the League engaged a team of visiting nurses to bring TB sufferers to light, uncovered at least 1,000 cases.

The Sanatorium Cure

By July 1909, the League was making plans for a sanatorium. The sanatoria movement began in Germany in 1849, and soon spread to Switzerland and the United States. Patients were treated with rest, wholesome food, and fresh air. The first American sanatorium, Dr. Edward L. Trudeau's Adirondack Cottage Sanatorium, opened in Saranac Lake, New York, in 1885. The driving ideas behind the sanatoria movement were that isolating infected patients could check the spread of the disease, and that cure was possible, given early diagnosis and behavioral retraining.

In Seattle, the first attempt to set up a sanatorium in the city on Queen Anne Hill met with neighborhood outrage, expressed by threats and waving broomsticks. League president Horace Henry stepped forward with a donation of 34 acres of land 12 miles north of the (then) Seattle city limits in the Richmond Highlands area.

Seattle voters then passed a $10,000 bond issue in the spring of 1910 to aid in construction costs. Additionally, the Alaska Yukon Pacific Exposition of 1909, the area's first world's fair, had turned a profit of $63,000, which was split between the Anti-Tuberculosis League and the Seaman's Institute. Dr. Robert M. Stith (1874-1943), whose mother had died of tuberculosis, was appointed Medical Director, a position he would hold until his death in 1943.

On May 2, 1911, the Henry Sanatorium (as it was first called) accepted its first patients. They were initially housed in open-air cottages on the 34 acre site. Nursing staff were forced to sleep on the floor, since the non-patient areas of the facility had no beds. Since no paved roads connected Seattle and the hospital compound, supplies were sent via the Interurban trolley. From the trolley station at Richmond Highlands, supplies were then transported by wheelbarrow to the sanatorium. Twenty more buildings were built that year, mostly open air-cottages for the treatment of the increasing number of patients.

The Anti-Tuberculosis League could not keep up with the demand for treatment. At its request, a citizens' commission was appointed by the City of Seattle to study how the sanatorium could meet the need. The commission proposed a bond issue to provide funds for larger permanent buildings and more equipment. In turn, the Anti-Tuberculosis League would turn over the land and buildings to the City of Seattle.

On March 12, 1912, the measure was passed by a staggering 82 percent of the vote. King County commissioners agreed to appropriate $4,000 for construction and equipment, and Horace Henry gifted $25,000 gift in memory of his son, Walter. Henry declined to have the entire institution named in his honor and instead suggested the name "Firland".

Building Firland

Grand plans for the site were laid out by noted Seattle architect Daniel Huntington in the October, 20, 1912 issue of the *Seattle Times*. He designed the campus with a formal symmetrical plan which highlighted buildings executed in the in the Tudor Revival style.

The plans and specifications for the sanatorium were accepted by the city in May of 1913 and ground was broken for the Walter H. Henry Memorial Administration Building on July 13, 1913. The "Power House" (boilers and utilities) and the infirmary, known as the Detweiler Building, were also built at the same time forming a core campus of three buildings. These buildings also set the architectural tone for future construction at the site.

By 1913 the North Trunk Road, now Aurora Avenue N, was paved with bricks at the insistence of physicians so that they and patients' families could have more ready access. Eventually, buses served Firland on the half-hour.

By the fall of 1914 the new facility was ready to accept it fist 160 patients. Still there was a long waiting list. Therapoes of the time favored fresh air, sunlight and rest. The worst cases were isolated.

For 36 years, Firland developed into one of the finest TB hospitals in the country while struggling with inefficient funds, long waiting lists. A 1946 proposal to build a new 600 bed hospital addition was inhibited by a $6 million price tag.

As the patients at the hospital grew, so too did the facilities. In 1920 the Koch and Nightingale buildings were completed and housed ambulant patients. A temporary structure built in 1913 to house children with TB (or with infected family members) and was replaced in 1925 with a permanent facility, the Josef House, named in honor of a deceased patient whose small financial legacy to Firland was used to furnish the facility.

All buildings featured gentle ramps between levels rather than stairs, in order that ambulant patients not over-exert themselves, and were connected by underground tunnels. Large vegetable gardens and orchards served the facility. A power generating plant and a well, rendered the sanatorium self-sufficient, although Firland was eventually served by the municipal water supply. Over the years more buildings were erected, among them a laboratory and a recreational/occupational therapy facility.

The Downtown Public Health Clinic

A Health Department Free Clinic in downtown Seattle (close to King Street Station) screened citizens for TB. Dr. Robert Stith directed the clinic and had total authority to decide who would be admitted to Firland. Patients with financial means were encouraged to enter private sanatoria, such as Riverton or Laurel Beach. Patients with little or no means were admitted to Firland or, more commonly, placed on a lengthy waiting list. Firland's maximum patient load consisted of 250 people.

Firland gave preference to patients with a reasonable chance to be cured, and only individuals who had lived in Seattle for at least one year were eligible. This policy screened out transient "Skid Roaders." Tubercular women with dependent children often jumped the waiting list, and their children, too, were admitted to the Josef House and given preventive treatment. Dr. Stith's stated goal was to use available funds and limited beds wisely and to admit those who were, in his words, "worth saving". None of Firland's residents paid the full cost of their care. Many paid nothing. Instead, medical expenses for patients were shared by the Seattle Department of Health and the State of Washington. Health Department nurses made regular visits to TB patients being cared for at home (more than 80 percent of Seattle's diagnosed tubercular population).

The Rest Cure

The tools with which Firland's medical staff could forge a tubercular patient's cure were extremely limited. "Rest -- more rest -- and still more rest. Rest is the keynote. Rest for the body, rest for the mind. Rest from involuntary as well as voluntary activity forms the basis on which the cure is built".

Restful regulations were endless: "All that is not rest is exercise. Don't stand up if you can sit down. Don't sit down if you can lie down". The rationale for rest was an attempt to wall off tubercle bacilli in the lungs with fibrosis. In order for the delicate fibroid tissue to form, lungs must be kept as close to completely still as possible. Patients were expected to exercise a high level of will power to endure stringent inactivity. All newly admitted patients began their time at Firland in the Bedrest Hospital. Their assignment was to rest in a fully reclined position. Reading, writing, and talking were forbidden. Coughing, except to produce a morning sputum sample, must be suppressed for fear of stimulating a coughing frenzy among other patients and in order not to disturb delicate healing lungs. Even reaching was prohibited.

Fresh air was considered essential in the cure of TB, and screened windows were kept

wide open year-round. Nourishing food was plentiful, and patients were expected to eat well to build their strength. Visiting hours were Thursdays and Sundays from 2-4. Patients were allowed three (adult) visitors only.

Some patients were treated surgically, by injecting air into the space surrounding each lung (artificial pneumothorax) or by removing ribs so the chest wall sank in on the underlying lung (thoracoplasty). Both techniques were designed to keep the lungs more still. Because tubercular lungs could not be subjected to general anesthesia, this thoracic surgery was performed under local anesthesia using Novocain or sodium pentothal.

Teaching Sanitation

Firland also had a nurse's training program, and student nurses were essential to the facility's smooth function. Additionally, nursing students from other hospitals could rotate through Firland for three-month shifts to learn the care of tuberculosis patients. Firland nurses were expected to train patients in the Way of the Cure with missionary zeal, to model and enforce discipline, and to maintain a spotlessly hygienic environment.

They were also expected to teach hygiene: Although Seattle had outlawed the use of a common drinking cup in public places in 1913, unsanitary practices were still common. People did not routinely cover their mouths when sneezing or coughing, and many thought nothing of spitting on the floor, a practice outlawed in public places in Seattle since 1898. Since infectious bacilli in saliva and sputum spreads tuberculosis, these practices are deadly. Patients were retrained.

Nursing tubercular patients was particularly unpleasant: infectious sputum, pulmonary hemorrhages, frequent vomiting especially during mealtime, and the high death rate made this arduous work. The highly contagious tuberculosis bacilli made it extremely dangerous work, and numerous nurses contracted the disease and were admitted as patients. Many did not survive.

Death Stalks the Halls

The rooms in the Detweiler Building, where patients were the sickest, were divided by partitions that ended about a foot off the floor rather than by walls. The patients' sense of each other was immediate and intense, since a bed against one side of a partition was only inches from the bed on the other side. Patients were housed two or four to a room. In the stillness of the resting ward, patients could hear each other cough, turn over, and even breathe.

Pulmonary hemorrhages and nurses' response to them could be heard throughout the ward. Patients in the final stages of the disease were moved into a single room close to the nurses' station. Everyone knew that tuberculosis was often fatal.

Children at Firland

Tuberculosis in children was usually an infection of the lymph nodes rather than the lungs, and was considered easier to cure under the proper conditions. Josef House, the juvenile tuberculosis facility at Firland, took patients from birth to age 15. Some patients had tuberculosis, while some were treated prophylactically as they came from homes (often low-income) where a family member had TB. Some of the children's mothers were undergoing treatment at Firland and were therefore unable to care for their children. For these women, Josef House was a godsend. Children underwent a period of complete bed rest similar to that of adult patients, although usually of a shorter duration.

The children wore minimal clothing year-round, indoors and out: light cotton shorts/trunks, hat, socks, and shoes. Older girls wore blouses. Josef House had a schoolroom, where the children were tutored and instructed in health and hygiene. When necessary, children were tutored at bedside. Birthdays were always celebrated with cake and candles. Supervised play, handwork, seasonal celebrations, picnics, and a large wading pool offered diversions from the business of resting, child-style. Josef House had beds for 40-50 children.

Ambulant Patients

Once a patient's daily sputum samples indicated he or she was no longer contagious, doctors began a gradual process of testing his strength. Patients who showed signs of recovery (weight gain, improved chest x-ray, negative sputum samples, normal temperature and pulse) were given "time up," which meant they could sit up in bed for a given number of first minutes and then gradually hours each day.

Additional privileges such as reading and writing time and, eventually, permission to walk down the hall to the bathroom followed if a patient showed no sign of relapse. Eventually a recovering patient was moved from the Detwieler Building into wards for ambulant patients, where they gained a degree of personal freedom and were allowed to take their meals in the dining room rather than on trays in bed. Since staff was instructed not to discuss a patient's case with that patient, patients never knew exactly what their progress was or when they could expect additional privileges. Each added privilege was cause for hope and celebration.

Occupational Therapy

The Firland campus grew, and by 1937 it was able to treat up to 250 patients—although a seemingly small number compared with 3,000 cases at any given time in King County. The campus was nearly self-sufficient, relying on both staff and ambulatory patients to do the work of the various facilities.

Patients with "time up" engaged in occupational therapy, intended both to add focus to

their days and as vocational training for eventual reintroduction into productive society. It also allowed doctors to observe patients testing their strength in a controlled environment. Patients were continually monitored to guard against relapse, and those whose temperatures or pulses increased were put back to bed. Even patients with "eight hours up," the maximum time allotted, were expected to spend 16 of the 24 hours at rest. Patients were often at the facility for a number of years, so vocational training and occupational therapy were crucial for a smooth reintroduction into society.

Once they were well enough to move around and perform duties, patients had many choices in what they could do. Firland had a farm, large storage facilities for food and supplies, a print shop, a laundry, kitchen, bakery, mechanical arts, photography, domestic arts, barber and beauty shops, clerical work, and radio. Some were even paid positions. During the Depression, the WPA contracted with the Firland facility to train workers from the outside community to learn trades such as sewing and printing. Additionally, patients could "go" to school, studying both elementary and high school subjects—students graduated from Lincoln High School in Seattle, sometimes while still flat on their backs in bed. College classes were available as well. Instructors from all three levels regularly visited the Firland campus to administer lessons.

Patients also performed important tasks such as sewing surgical gowns and draperies, rolling bandages, and working on the Firland Farm. The Farm provided the institution with vegetables and fruit, eggs, poultry, and pork, as well as raising guinea pigs for use in Firland laboratory experiments. The Firland Exchange Store served patients and staff, with store-to-bed delivery available at no extra charge. Additionally patients delivered mail or library books, pushed wheelchairs or worked in the dining hall.

The Magazine

Grit and Grin, the monthly Firland magazine (later called *PEP and Courage*, then *Firland Magazine*) was established in 1915. Its purpose was to educate and inform patients and to boost morale. Entirely published by patients, with some editorial input from staff, the magazine had a public circulation of about 2,700 copies. Each ward had an editor who wrote charming stories about the patients in his or her ward. Monthly columns on subject such as famous literary tuberculosis patients, a joke column, "Your Sputum," "Health Grad News" of former patients were generously salted with exhortations to STOP and REST.

Birthdays, admissions, and discharges were also listed. The names of patients who had died were listed as discharged. At times as many as one-third of the discharged had died. Discharged patients still alive often continued to subscribe to the magazine in order to keep up with their friends. Patient Helen Wiggen, reporting on A Ward in PEP's December 1933 issue, announced: *"Those clicking heels we hear herald the coming of Mae Hill and Anna Ekanger taking their daily stroll; after gaining seven pounds, it won't be long until Lucille Lauren will be joining them. As a result of a vote this month, the one a.m. hot water bottle was unanimously elected as our ward's best pal"*.

Famous Patients

Perhaps the best-remembered Firland patient is Betty MacDonald (1908-1958), who detailed the year she spent there in the book titled: The Plague and I. The book is dedicated *"For Dr. Robert M. Stith, Dr. Clyde R. Jensen and Dr. Bernard P. Mullen without whose generous hearts and helping hands I would probably be just another name on a tombstone."*

Other well-known figures to have passed through Firland included the environmentalist Hazel Wolf (1898-2000), baseball and basketball player Charlie France, artist William Cumming (b. 1917), Beatrice Roethke (wife of poet Theodore Roethke), and author Monica Sone, Betty MacDonald's roommate.

Discharge

Patients who successfully demonstrated that their tuberculosis was arrested and their strength regained were ready for discharge, again at the discretion of Medical Director Stith. Departing patients were cautioned to continue getting as much rest as possible, to return regularly to the Firland Clinic for checkups. They were to consult with their doctor when considering type of employment, and to remain on vigilant watch for the return of any tuberculosis symptoms. Women were cautioned against becoming pregnant. The National Tuberculosis Association found that Firland had a higher incidence of patients living a normal life five years following discharge than any other sanatorium in the country.

Some Firland patients chose to leave the hospital against medical advice. Knowing that these self-discharged patients would spread the disease through-out the community, Stith considered them to be "vicious and willful".

The War Years

During World War II (1942-1945) Firland's nursing staff was siphoned off to help with the war effort; eventually reduced to one-third of its pre-war level. At the time Ragnar Westman, Seattle's Commissioner of Health, considered Firland "barely operable" under such conditions. Firland's diagnostic case finding program was suspended due to lack of staff and funding.

Firland patients in occupational therapy participated in a U.S. Navy program to produce scale-model aircraft for use as a teaching tool to train plane spotters to identify American and enemy planes. Patients with "time up" also knit for the war effort.

Admission, discharge, and birthday listings in wartime issues of PEP suggest that there was no mass discharge of patients of Japanese descent due to Executive Order 9066 (which forced West Coast people of Japanese descent into internment camps).

Three patients with Japanese surnames were discharged in April 1942, one mid-war (possibly a death), and then no others until June 1945. Japanese names continued to appear on the monthly birthday list and on PEP's masthead throughout the war. Throughout the war, Quaker peace activists Floyd and Ruth Schmoe visited the Japanese patients, whose families had been interned at Camp Minidoka.

The "New" Firland

In 1943 King County assumed responsibility for Firland, and on November 25, 1947, patients from Firland and the former King County tuberculosis sanatoria, Morningside and Meadows, were all moved to a new facility. The patients were ferried by ambulances to the "new" Firland, a decommissioned Naval Hospital at 15th Avenue NE and 150th Street. This operation was termed *"the greatest mass movement of patients from one tuberculosis sanatorium to another in the history of any United States civilian hospital".*

The new Medical Director was Dr. Roberts Davies and the new facility had 1,350 beds. The increased number of available beds meant that the entire waiting list could be admitted. For the first time in Firland's history, anyone who needed a bed at Firland could be admitted. Many Seattleites decried the bunker-like facility, which had been intended for temporary use during the war and constructed accordingly. A wire fence surrounded the compound.

In any case, the Rest Cure was about to be supplanted by a new form of treatment. In 1947 Firland physicians gained access to the newly invented antibiotic drugs. Streptomycin, followed by Para-amino Salicylic acid (PAS) and isoniazid, were used in combination to successfully combat tuberculosis. Firland physicians, mindful of the tubercle bacilli's demonstrable ability to quickly become resistant to antibiotics, continued to stress rest and good nutrition as important components of the treatment.

By 1954, the average time a patient spent at Firland had been cut in half. Mortality rates at Firland plummeted from 31 percent in 1948 to 6 percent in 1954. In 1957, a team of national officials evaluated Firland and proclaimed it one of the most outstanding sanatoria in the country. A 1948 affiliation with the University of Washington Medical School funneled a steady supply of medical students, nursing students, and resident physicians through Firland. This in turn attracted excellent medical personnel from around the country to Firland's staff.

Changing Times

The promise of a true cure combined with changing social expectations led to a decline in docility among patients. Firland relaxed rules regarding smoking and the segregation of the sexes, and hired social workers, psychologists, and psychiatrists to address patient needs and provide vocational counseling. Firland took the lead among U.S. sanatoria in this regard.

A true cure for tuberculosis caused a marked shift in doctor's expectations of what their work could do for society. Before the wonder drugs, doctors hoped to heal when possible, reintroduce cured patients into productive society, and educate the public about hygienic measures to stem contagion. Antibiotic therapy meant that doctors could hope to eradicate the disease.

To do this they must discover and treat every case of tuberculosis. Only by assuring total and complete treatment of all cases could they remove all possibility of contagion. TB patients had to receive treatment whether they wanted to or not.

Firland Closes Its Doors

On October 30, 1973, Firland finally closed its doors. Washington had decided to consolidate the state's tuberculosis treatment centers, and Firland's 210 remaining patients were transferred to Mountain View Hospital in Tacoma. National trends encouraged integrating TB patients into mainstream hospitals, with most receiving outpatient antibiotic treatment under the supervision of private physicians or the Department of Health. The era of tubercular sanatoria, in which Firland had played such a crucial role for Seattle, was over.

A New Era for the Campus

When the patients and staff were transferred to the new facility in 1947, the original complex of buildings, which had grown to 30 buildings, remained vacant. In 1948, Alvin B. (Mike) Martin, a local leader in the area, had a vision to utilize the original Firland campus as a place to facilitate his youth program called King's Kids. This was a program, in his words, "to combat juvenile delinquency through Christianity." He officially incorporated King's Garden on October 14, 1948. Although the King County Commissioners responsible for Firland's fate initially rejected Martin's application to lease the sanatorium, Martin was persistent. By 1949 they granted him use of the 56-acre campus for a dollar a year, with one condition, Martin must also begin a much-needed retirement community on the Firland campus. As the Mike and his wife Vivian began working to repair the sanatorium, other families shared his vision to serve and over 70 families showed up to help.

Just one year later the sanatorium became King's Garden and opened as a home to youth in dormitories (approx.. 50 boys and 50 girls), and approximately 80 elderly residents. Soon, a grade school and high school was formed to meet the youth's educational needs with a Christian-centered school; called King's School. The schools celebrated its first graduating class in 1951. During summers, King's Garden remained vibrant with on-campus summer camps. They built a dedicated new school building just north of the Firland campus in 1955.

Meanwhile, the growing community at King's Garden shared its stories and faith through a 15-minute radio program on a local station. When the station eventually cancelled the program, Martin wasn't deterred, he started his own radio station, KGDN

which went on-air in 1954 with 1,000 watts at 630 on the AM dial. The radio ministry branched naturally over time into the four current stations.

By the late 1950s the county was under public pressure to sell the site. The county offered the campus up at public auction and it was purchased for $1 above the minimum required bid of $100,000 in 1958 by Martin and his growing King's Garden ministry.

Martin's untimely passing in 1961 did not slow down development of the campus or programs. They purchased a land for a summer camp (Miracle Ranch) on Horseshoe Lake in 1962, built a new 48 unit retirement apartment complex (Crest Apartments) in 1964, completed a convalescent care infirmary in 1965, additional apartments in 1966 and 1968, and a new food service building in 1970.

In 1979 King's Garden, officially changed its name to CRISTA (an identity inspired by the concept of putting Christianity in action). Today they maintain a focus on serving the poor; addressing the needs of housing, education, spiritual transformation, as well as humanitarian missions around the world.
The site consists of 562,572 sq.ft. of building space housing 277 independent living apartments; 81 Assisted Living units and 167 Skilled Nursing beds; a radio station(s); a grade school, middle school and high school; and as well as administrative offices for the various ministries.

I) Documentation

Xerox and attach any information or evidence that supports the property's significance.

Written Sources *(books, articles, newspapers):*

1. Book - I Lived By Faith - Written by Alvin B. (Mike) Martin -Published in 1961 by Moody Press.

2. Book - By Faith - Written by Mike & Vivian Martin - Published in 2010 by Wine Press Publishing

3. The Seattle Times Article - Monday, April 14, 1958 - "King's Garden Buys Old Firland Site for $100,001"

4. Firland Sanatorium HistoryLink.org Essay 3928

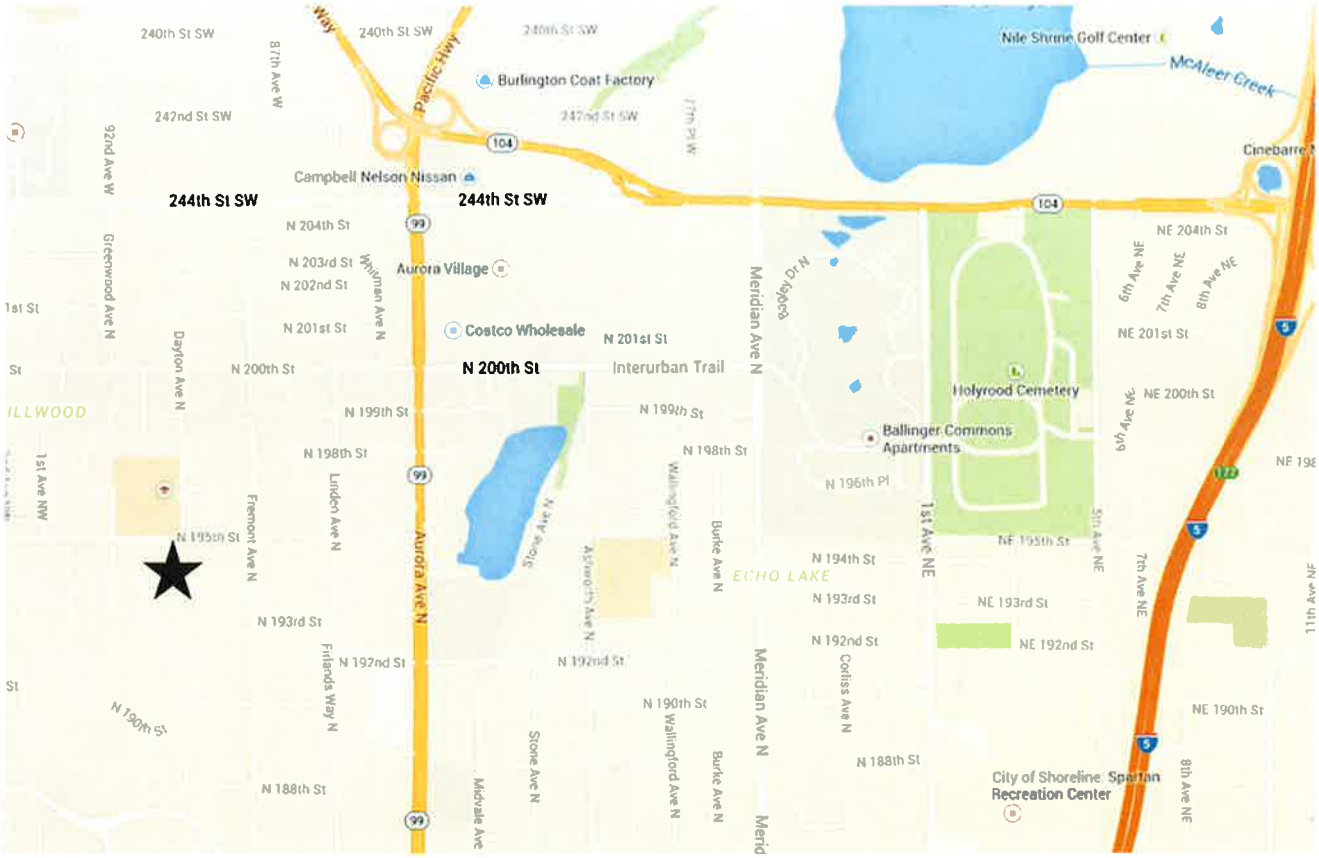
Oral History/Interviews:

Vicki Stiles, Director - Shoreline Historical Museum - 18501 Linden Ave N, Shoreline, WA 98133 (206) 542-7111

Dr. S. Michael Martin (King's Garden Corp Founder's Son) - 1001 5th Avenue South #206 Edmonds, WA 98020 (206) 799-4638

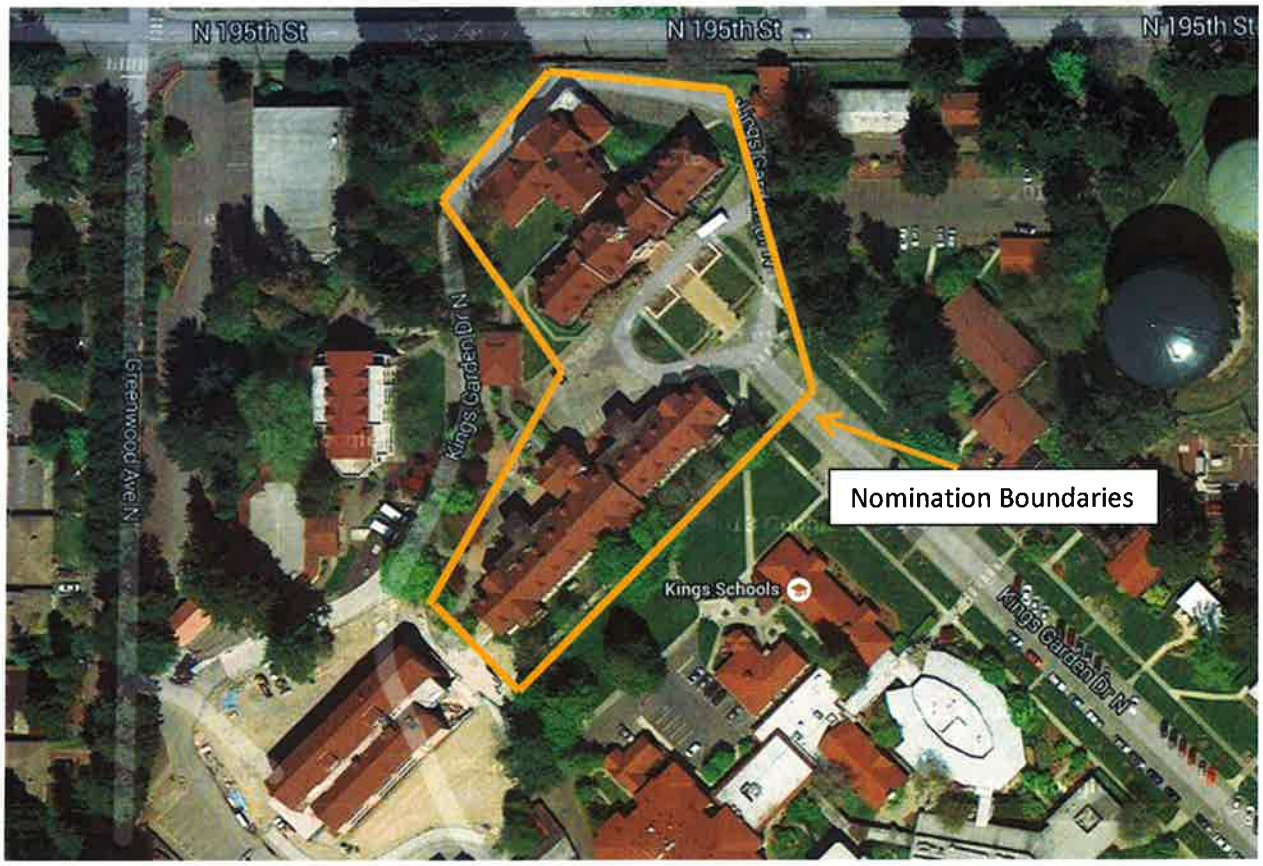
J) Map and Photographs

Attach copies of historic maps or photos if available, and current photos (5 x 7 B & W). Include a current map – appropriate U.S.G.S. map and parcel map – with the location of the property and its boundaries clearly marked. (see instructions)



Firland Sanatorium – CRISTA Ministries

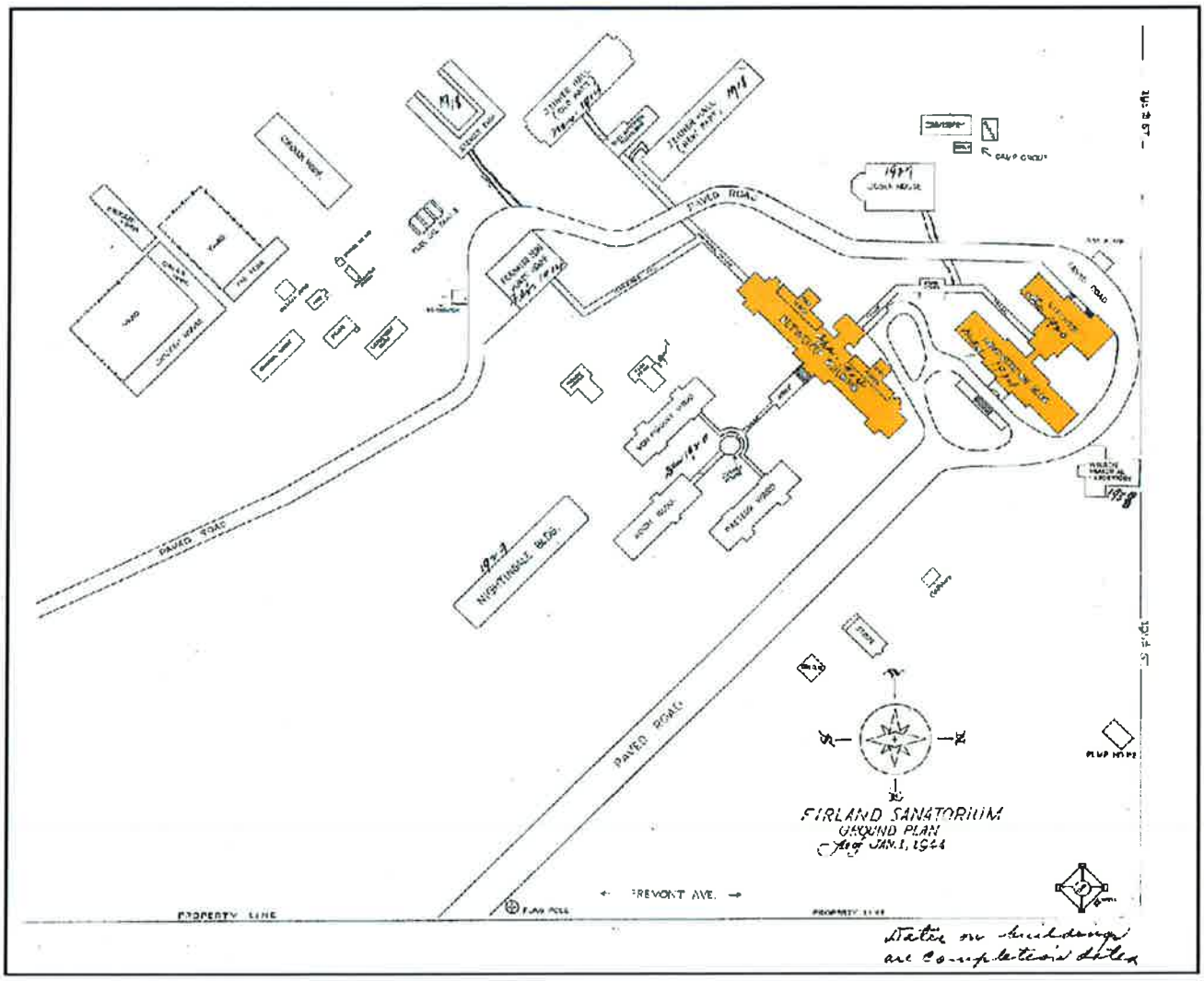
19303 Fremont Ave N.
Shoreline, WA



Firland Sanatorium – CRISTA Ministries

19303 Fremont Ave N.
Shoreline, WA

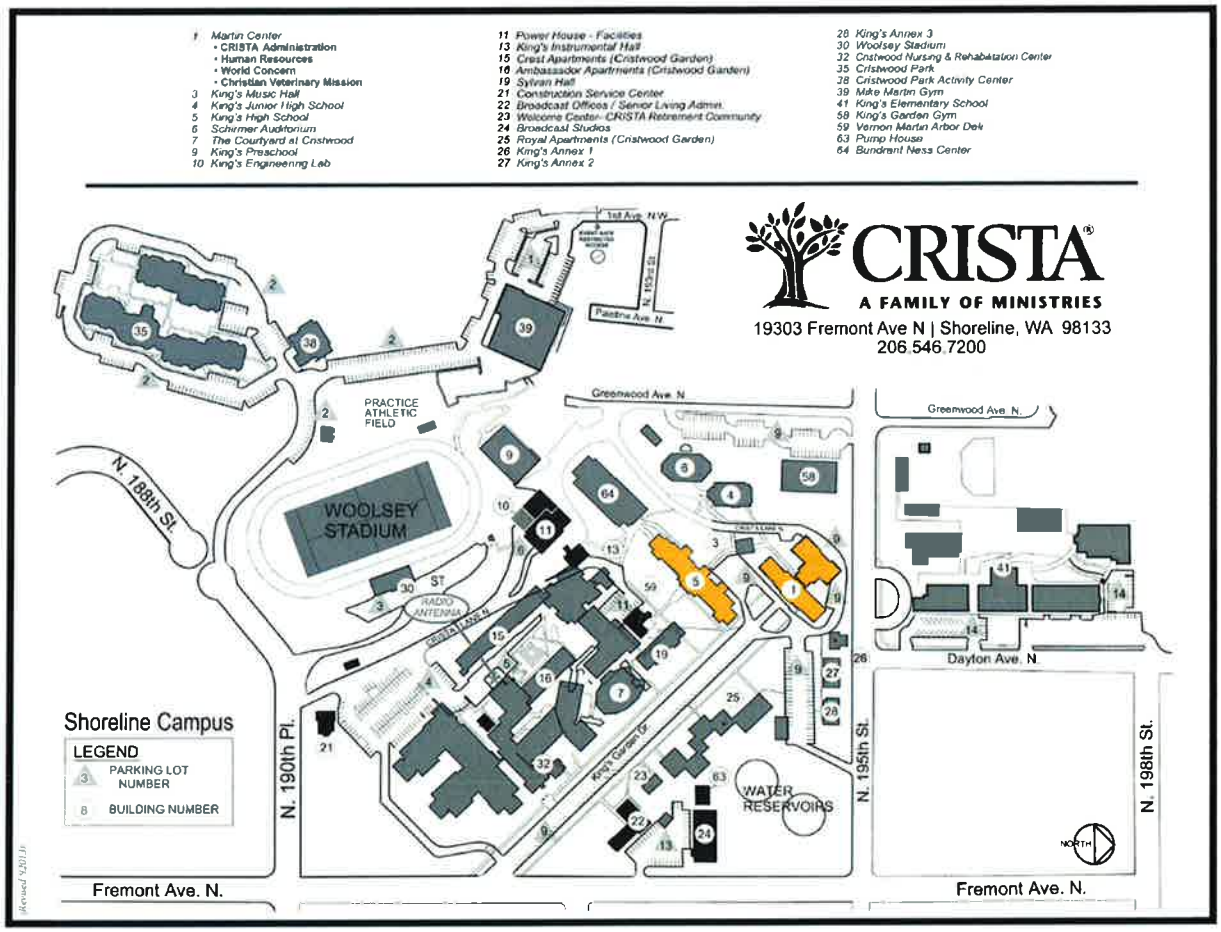
Nomination Boundaries



Firland Sanatorium / CRISTA Ministries

Campus Map - January 1, 1944

- Nominated buildings



Firland Sanatorium – CRISTA Ministries

Campus Map - October, 2014

- Nominated buildings

Firland Sanatorium – Detweiler Building / Main Hospital (south facade)

Firland Sanatorium – Detweiler Building / Main Hospital
(southwest corner, note covered walkway)

Firland Sanatorium – Detweiler Building / Main Hospital
(southwest corner, note added fire escapes and mature landscaping, c. 1927)

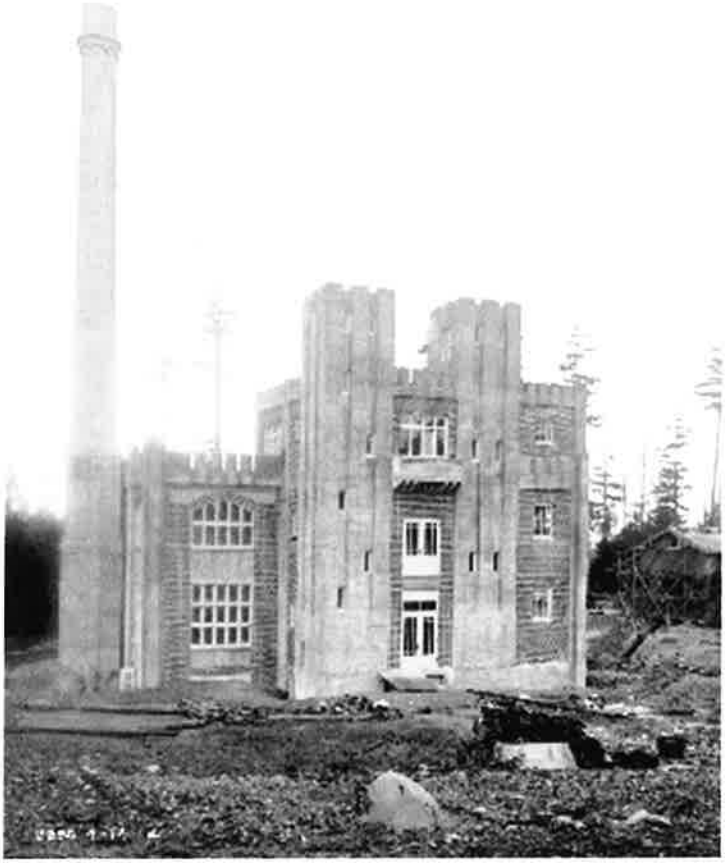
Firland Sanatorium – Detweiler Building / Main Hospital
(inside, typical hospital room, c. 1927)

Firland Sanatorium – Walter H. Henry Memorial Building / Administration Building (main entry detail, south façade, c.1927)

Firland Sanatorium – Walter H. Henry Memorial Building / Administration Building (south façade, SW corner, c.1927)

Firland Sanatorium – Walter H. Henry Memorial Building / Administration Building
(South façade, SW corner, c.1936)

Firland Sanatorium – Dining hall
(Interior, c.1927)



Firland Sanatorium – Power house
(east façade, before powerhouse addition)

Firland Sanatorium – Power house
(north facade, note covered ramp to second floor, c.1934)

Firland Sanatorium – Children's Hospital (NE corner c.1934)

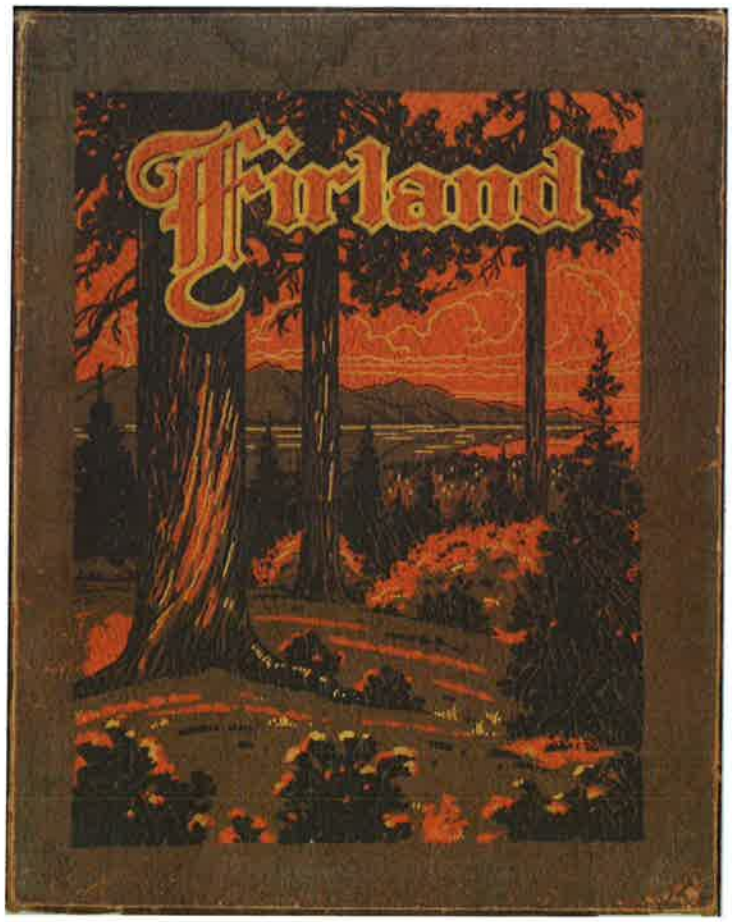
Firland Sanatorium – Children's Hospital (SE corner c.1934)

Firland Sanatorium – Hospital Wards (Detweiler Building / Main Hospital in background left, c.1925)

Firland Sanatorium – Hospital Wards (left) & Fire Station (right) (c.1925)

Firland Sanatorium – Early cottages
(c.1913)

Firland Sanatorium – Paving of central access road
(1934)



Firland Sanatorium – Booklet
(1935)

Firland Sanatorium – Farm area
(in bowl area now occupied by track, 1934)

Firland Sanatorium –
Laundry Facility
(inside power house, 1934)

Firland Sanatorium – Arts &
Crafts Studio
(1934)

Firland Campus – Entry sign for CRISTA Ministries (c1960)

Firland Campus – View south from main admin building (c1959)

MARKET

EXIT

EXIT

EXIT