

**Final Report Adopted by the Dix Legacy Committee  
on August 28, 2018,  
As Recommended by the Communications Subcommittee**

<b>Table of Contents</b>	<b>Page</b>
<b>I. A Theme To Guide the Park's Uses Overall: Wellness</b>	<b>2</b>
<b>II. The Components of Legacy That Should Be Honored or Remembered</b>	<b>5</b>
A. The Land Itself	6
B. The Native American Legacy	7
C. The Plantation and Slavery Part of the Legacy	8
D. The Dorothea Dix Mental Hospital Part of the Legacy	10
1. Dorothea Dix and the N.C. General Assembly	10
2. Construction of the Hospital	12
3. The Hospital During the Civil War	13
4. The Buildings and Cemeteries	15
5. The Patients and Staff at the Hospital	17
6. The Closure of Dix Hospital	20
7. The Legacy of Dix Hospital in Mental Health Reform Policy and the Connection of the Past to the Future	21
E. The Evolution of the Legacy of Dix as a Park	23
<b>III. Proposed Tangible Ways To Convey This Legacy:     What Would Actually Be on the Ground in the Park</b>	<b>24</b>
<b>IV. Recommendations</b>	<b>28</b>
<b>Resources</b>	<b>30</b>
<b>Members of the Subcommittee</b>	<b>30</b>

**Legacy:** Something received from an ancestor or predecessor or from the past

*“The past is never dead. It’s not even past. All of us labor in webs spun long before we were born, webs of heredity and environment, of desire and consequence, of history and eternity.”* William Faulkner

The Dix Park Legacy Committee has discussed many ideas over the past two years. This report captures the best of those ideas and was adopted by the Committee at its August 18, 2018 meeting. It has four sections:

- (1) the theme that we recommend to guide the park’s uses overall;
- (2) an outline of the legacy we think should be honored or remembered within the park;
- (3) proposed tangible ways to convey this legacy and what would actually be on the ground in the park; and
- (4) our recommendations to the Dix Conservancy Park Board, Dix Master Plan Executive Committee and Advisory Committee, the consulting firm MVVA, and the Raleigh City Council.

## **I. A Theme To Guide the Park’s Uses Overall: Wellness**

*Wellness: “A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”*

The World Health Organization

*Wellness: “A conscious, self-directed and evolving process of achieving full potential”*

The National Wellness Institute

The City of Raleigh has the rare opportunity to create a grand park on the order of Central Park and Brooklyn Bridge Park in New York and Forest Park in St. Louis. However, unlike other primarily

recreational parks, Dix Park has a complex and driving history on this particular piece of land. This land in Raleigh has seen Native Americans, a plantation with enslaved African Americans owned by one of the founders of the City of Raleigh, a Union soldier encampment at the end of the Civil War, a psychiatric hospital for 156 years, cemeteries, and a struggle over the future of 21<sup>st</sup> Century mental health reform policy.

Positive aspects of its history include the establishment of an “insane asylum” in 1856 that represented at the time a tremendous shift in cultural attitudes toward people living with mental illness, a movement led nationally by Dorothea Dix. Dix Hospital was a psychiatric hospital, a retreat for the vulnerable, a home to staff and their families, a restoration center for patients, a training facility, and a center of health care innovation.

The negative aspects of its history include the displacement of Native Americans, enslavement of African Americans, segregation of minority communities, and separation and stigmatization of those with mental illness. For these reasons, the new park needs to honor or remember that legacy, educate the public about these uses of the site over time, and connect this legacy with the new uses of the park land. We believe that the best way to do that is to adopt a theme or vision that will guide the park’s new uses while remaining connected to its legacy.

The Legacy Committee believes that the park itself can be a living memorial to the legacy of all that the Dix land has seen over time. The park space cannot be separated from its history or its future. It is the keeper of memories, a link to the past with many stories to tell and retell. We want to embrace and celebrate all that is good of its long history while remembering and learning from that which is not.

One major resource in helping us define a theme and vision for the park is the International Coalition of Sites of Conscience, of which the City of Raleigh has recently and commendably become a member. The Coalition has 230 members in 55 countries. A Site of Conscience is a place of memory – such as an historic site, place-based museum, or memorial – that prevents the erasure of unpleasant memories in order to ensure a more just and humane future. The Coalition has four key operating principles: (1) to interpret history through the historical site; (2) to promote humanitarian and democratic values; (3) to engage in dialogue on pressing social issues; and (4) to share opportunities for public involvement in connecting the past to the present. Preservation of the physical attributes of a place is critical to its success as a Site of Conscience. We recommend that the Coalition’s experience in connecting past struggles to today’s issues be initiated as quickly as possible.

Our recommendation is to adopt a theme of wellness as the guiding theme for the park. With the history of this site, we believe that form should follow function. That is, the planning of the park’s physical assets and the park’s distinctive uses should follow the park’s distinctive purposes.

So far, the public conversation has focused on the physical assets – a possible hotel on the summit, sports facilities, which hospital buildings to remove, etc. But, an overarching theme can unite features such as the park’s programs, art installations, healing gardens, museums, walks, and paths, in a way that enhances the mental and physical well-being of all those who visit the park.

*Haven: harbor, port; a place of safety; refuge, sanctuary, asylum, shelter, protection*      Webster’s Dictionary and Roget’s Thesaurus

Dix Park serves as a place of respite from our busy lives, a place to rejuvenate and experience the healing influence of the natural world.

In this way, it is a *haven* – a safe harbor offering sanctuary and support.

It is our desire that the Park be seen not only as a haven for the individual, but also for the community as a whole. It should be a place where we can remember our past, come to terms with its legacy, and reconcile and heal. We see it as a place for connection, creativity, learning, discussion and debate, and ideas for solutions to public problems. In this way, it will be a place where we can move from memory to action together, and in doing so, contribute to the wellness of the entire community both near and far.

What will make this park a unique destination site is a theme that honors or commemorates the past and connects it to a vision of the future. The overarching theme of wellness supports the Park Conservancy’s stated goals of being “a transformative public space for community, health, and celebration that will enrich our quality of life in North Carolina.” The theme of wellness will unite this place’s historical legacy, its cumulative meaning, and its destination value.

## **II. The Legacy That Should Be Honored or Remembered**

In September 2017, the Park Conservancy Legacy Committee adopted a view that the legacy of Dorothea Dix and Dix Hospital was a legacy “of healing, of compassion, kindness and caring, of belonging, of community and bringing together, of connectedness with nature, of mental and physical health and wellness, of discovery and learning, of respite from a troubled world and mind, of vision, progress, and innovation, and of fostering dignity.”

Now, in 2018, the Committee recommends that the Park Conservancy and the City Council **adopt a broader definition of legacy** in honoring or remembering all that has occurred on this

land – the Native Americans that lived here, the Hunter plantation, slavery, Dorothea Dix and her crusade to establish an asylum there, construction of the hospital with slave labor, the hospital during the Civil War, a psychiatric hospital for 156 years, the patients and staff, the buildings and cemeteries, closure of the hospital, and the legacy of the hospital in mental health reform and the connection of the past to the future. The Committee makes a distinction between history and legacy. History is a look back at what happened, at past events. Legacy is what we choose to bring forward to shape our future.

The legacy portion of this report follows a chronological line for ease of understanding. However, the centerpiece of the legacy is the story of Dorothea Dix and the mental hospital. This is the part of the Dix Park history that is most familiar to the public, but that does not mean the other pieces are not important. It just means Dix’s story is what the public will probably expect and first come to understand. But, the rest of the story is also our responsibility to convey. And, what is proposed here is designed to answer three questions of “the why” about this place:

\*What do we know about this place?

\*How do we know?

\*How can we participate?

#### **A. The Land Itself**

*“We, the great mass of the people think only of the love we have for our land, we do love the land where we were brought up. We will never let our hold to this land go; to let it go it will be like throwing away [our] mother that gave [us] birth.”*

Letter from Aitooweyah to John Ross, Principal Chief of the Cherokee

Naturalist and WUNC-TV program host Tom Earnhardt said, “Our park will tell a story about us and what we cared about. It will be a place where people connect to the land and to each other.” Tom

emphasized that the plants there now are not native plants, and he urged us to restore the land to its original ecosystems and species as an act of environmental stewardship and to provide an authentic sense of place. He said the N.C. Forestry Division is willing to help with seedlings, cuttings, or saplings of 30 key native tree species.

Among the ideas to help the public understand and enjoy the land itself are connecting the park to the larger Capital Area Greenway Trail System, creating a plant conservatory, and tying the park and Dix's former farms to the nearby State Farmers' Market and food-focused exhibits. There is an opportunity to keep or restore the geology, soil, and hydrology of the site, complemented by gardens and waterside settings, with native species of flora and fauna. Additionally, we have an offer from the N.C. Museum of Natural Sciences to interpret the park's natural resources through programs such as citizen science projects.

## **B. The Native American Legacy**

The December 2017 Dix Master Plan draft says that in 1550, more than 100,000 Native Americans lived in what is now North Carolina. The Tuscarora and Waccamaw Siouan tribes were nearby, along with Lumbee and other coastal plain tribes. But, we do not know which tribes lived on this land. This is one of the missing pieces of the land's history that is yet to be discovered.

LIDAR (Light Detection and Ranging) or ground penetrating radar will yield more information about the Native Americans who lived here. The initial results of a radar survey commissioned this spring already have yielded new findings that individuals were buried on top of one another in the Dix cemetery. LIDAR will help us learn more about the Native Americans who inhabited Dix lands before Europeans arrived.

In more recent times, in 1920, a separate ward for Native Americans was established at Dix Mental Hospital. The reasons for segregating this community need to be acknowledged and explored for understanding.

The Legacy Committee believes there should be a continuing effort to include Native American history in this locale as part of the legacy component of Dix Park.

### **C. The Plantation and Slavery Part of the Legacy**

*“Many stories matter. Stories have been used to dispossess and to malign. But stories can also be used to empower and to humanize. Stories can break the dignity of a people. But stories can also repair that broken dignity.”*

Ngozi Adichie

The original grant of this land from the King of England was to John Giles Thomas, who received 565 acres in 1757. Then, the land passed into the family of Col. Theophilus Hunter, an officer in the North Carolina militia during the American Revolution and one of the founders of the City of Raleigh. By 1790, he was the second largest slaveholder in Wake County at his Spring Hill Plantation. Col. Hunter died in 1798, and his grave on the Dix property is the oldest marked grave in Raleigh.

The 2,500 acre property eventually passed to his son, Theophilus Hunter, Jr. , who increased the property to 5,000 acres. Hunter Jr. died in 1840, and the Hunter family continued to live at the Spring Hill house until 1864. Quarters for enslaved people were located to the west of the house. The elder Col. Hunter’s will lists the names of 56 slaves, and Hunter Jr.’s will lists the names of 67 slaves.

The property that makes up Dix Park today was part of the Spring Hill Plantation. The house was eventually sold to the hospital in



1907 and remained part of the campus until 2000, when it was transferred to N.C. State University.

**Storytelling** is a powerful tool for building awareness and understanding. It creates a bridge between the teller and the listener that fosters empathy and promotes healing. The stories of Spring Hill Plantation are an important part of the Dix Park legacy. Storytelling should be a key component of conveying the story of the Dix Park.

Here, the stories of the Hunter family are important, but just as important are the stories of the slaves and of this part of our state's history. For example, Uncle John Hunter (born in 1769 and died in 1876) saw the first July 4<sup>th</sup>, the Emancipation Proclamation, and the 100<sup>th</sup> anniversary of the U.S. He also remembered bear and deer on the site.

We have great assets here in the oral history interviews by the Works Progress Administration in the 1930s with former slaves such as Sarah Louise Augustus, who said, "My first days of slavery [was] hard. I slept on a pallet on the floor of the cabin and just as soon I was able to work any at all I was put to milking cows." Another interview was with the enslaved Elbert Hunter, who also lived more than a century.

Another asset here is the International Coalition of Sites of Conscience, which can guide us on how other sites around the world have dealt with a history of slavery. The City of Raleigh has commendably become a member of this coalition. The Committee recommends that the Park Conservancy take full advantage of this membership and seek to include the recommendations of the Coalition in the Master Plan.

## **D. The Dorothea Dix Mental Hospital Part of the Legacy**

*“At present there are practiced in the State of North Carolina, four methods of disposing of her more than one thousand insane, epileptic, and idiot citizens, viz: In the cells and dungeons of the County jails, in comfortless rooms and cages in the county poor-houses, in the dwellings of private families, and by sending the patients to distant hospitals, more seasonably established in sister States. I ask to represent some of the very serious evils and disadvantages of each and all these methods of disposing of the insane, whether belonging to the poor or to the opulent classes of citizens.”* Dorothea Dix, “Memorial Soliciting a State Hospital for the Protection and Cure of the Insane” to the N.C. General Assembly, 1848

There are at least seven parts of Dix Hospital’s legacy that are of significance to this project:

- (1) the story of Dorothea Dix and her time in N.C in convincing the legislature to establish a new mental hospital/asylum;
- (2) the construction of the hospital, then the largest building in the state, with enslaved labor;
- (3) the history of the hospital during the Civil War;
- (4) the 83 buildings and the cemetery on the site;
- (5) the stories and experiences of the patients and staff throughout the history of the hospital;
- (6) the closure of the hospital; and
- (7) the story of the hospital in the effort to reform mental health care and its connection to the state’s current reform efforts.

### **1. Dorothea Dix and the N.C. General Assembly**

Although North Carolina authorized county courts to appoint guardians for the mentally ill in order to protect their property, the

state refused to assume any further responsibility on their behalf until the mid-1800s. Some communities established almshouses to care for the mentally ill, some were cared for at home, and some were put in jails without medical treatment or care.

The asylum movement in the early 1800s promoted the view that these measures sometimes resulted in cruel and inhumane treatment and should be replaced by a system of public mental hospitals to care for and treat citizens with severe and persistent mental disorders. The most prominent proponent was Dorothea Dix. By 1850, 20 institutions had been established in 19 states, not only to care for the mentally ill, but also to develop methods for curing them.

Despite the efforts of several governors in the 1820s and 1830s to make care of the mentally ill a legislative priority, North Carolina was next to last among the original 13 colonies in enacting legislation to establish a state asylum. In 1844, Gov. John Motley Morehead asked the legislature to establish asylums for the insane, blind, and deaf. Again, nothing was done.

In 1848, however, Dorothea Dix published a county-by-county assessment of the often inhumane treatment of the mentally ill in N.C. and presented her "Memorial Soliciting a State Hospital." Dix appealed to the hearts, minds, and pocketbooks of legislators when she testified that the cost of treating the mentally ill in a hospital was 32 times less expensive to the state and local governments than leaving people untreated in poorhouses, jails, and other places.

In speaking passionately for the 1848 bill to create a hospital, Rep. Kenneth Raynor of Hertford County said, "The object of government is to take care of all... [T]he old plan of the dark ages ... of treating the insane as outcasts, was the only one known. The dark and noisome cell, the chain and the hand cuff, the bar and the bolt, [the] lash and

the torture, the scanty meal and the time-worn vesture, were for ages, the portion of these victims of misfortune. This cruel system, and the false idea upon which it rested, are now... forever rejected, as unwise, unfeeling, unchristian.”

The bill was nearly defeated. But, in 1849, James Dobbins’ emotional speech united Whigs and Democrats to pass the bill to create a hospital. As Dobbins’ wife lay dying, she had been cheered by visits from Dorothea Dix, and on her deathbed, she had urged her husband to support the legislation. Construction of the N.C. Insane Asylum was completed at a site named Dix Hill in 1856.

Dorothea Dix’s accomplishments are remarkable in an era when it was not common for women to be the initiators of change in a man’s world. A former psychiatric nurse at Dix said all student nurses were shown a short film on the life of Dorothea Dix when they began their psychiatric training. When the State of North Carolina agreed to sell the property to the City of Raleigh, the General Assembly stipulated that a permanent exhibit be created “memorializing and honoring the unique history of Dorothea Dix Hospital and the story of Dorothea Dix.” We recommend that Dorothea Dix’s life story, including this film, be a central part of any park exhibition or museum about the legacy component of the park.

## **2. Construction of the Hospital**

Under the leadership of Gov. John Motley Morehead, the state commissioned Alexander Jackson Davis of New York, then the nation’s most prominent architect, to design the building. Davis had previously designed North Carolina’s new Capitol building in Raleigh and Morehead’s own home in Greensboro. For the design of the new “insane asylum,” Davis consulted directly with Dorothea Dix and Dr.

Thomas Kirkbride, a Philadelphia psychiatrist who advocated for a design for asylums that provided fresh air and light for patients.

Enslaved laborers participated in constructing the 1856 hospital building. Multiple contractors on the site used documented slave labor on their projects. For example, Stewart Ellison, an African American who was born into slavery and worked as an enslaved carpenter from age 13 to 20, spent 13 months on the hospital's construction. After his emancipation, he was one of the first black men elected to Raleigh's Board of Commissioners (now known as the City Council) in 1869. Ellison was elected to the N.C. legislature in 1874.

Hospital patients also worked as unpaid laborers on the hospital's farm and on upkeep of the grounds. The hospital's rationale was that work was therapeutic and that free labor saved money that could be used for patient care. In 1973, a federal court ordered that patients working "in institutions for the mentally ill and mentally retarded be paid with the minimum wage and other provisions of the Fair Labor Standards Act."

### **3. The Hospital During the Civil War**

North Carolina was the next-to-last state to leave the Union in 1861. In 1864, Gen. William T. Sherman's army captured the railroad hub of Atlanta, marched to the sea at Savannah, and then marched north, burning and sacking both Milledgeville, Georgia and Columbia, the capital of South Carolina. On April 13, 1865, Sherman took Raleigh, and the residents feared their capital would be burned too. Sherman's army of 30,000 soldiers camped on the Dix Hospital site for one night.

The surrender by Robert E. Lee to Ulysses S. Grant at Appomattox had occurred on April 9. While in Raleigh, Sherman received a note

that the Confederate generals wanted to talk, and Sherman took a train to Bennett Place in Durham to meet them. Part of Sherman's army moved to Holly Springs, but General Henry Slocum's 17,000 Union soldiers remained camped at Dix for most of April.

Ironically, the hospital became an entertainment for the troops who "laughed at the lunatics." One female patient would scream out the window, "There he is, there's my husband." Another patient named Raney was a Unionist and had been committed to the hospital by his family. He sang to the soldiers from his barred cell. Later, he was released and went north with the Union army.

Sherman himself had suffered from mental illness. At one point in his Army career, he was almost suicidal and was removed from command. Later, he was reinstated and became a rising star within the Union army. And, many soldiers took the war home with them and ended up in asylums.

The presence of Union troops also changed Dix Hospital, as hospital officials were ordered to accept their first African American patient -- Isaac, a soldier, admitted "because of the War" on April 13<sup>th</sup>. Another was admitted "because of Emancipation." By October 1865, the hospital had admitted 10 more black patients.

The encampment of Union soldiers is also part of Dix's legacy in the story of how close Raleigh also came to being burned to the ground. On April 14, 1865, President Abraham Lincoln was assassinated. Union troops in Raleigh did not learn of Lincoln's death until April 17<sup>th</sup>. That night, about 2,000 infuriated Union soldiers marched toward downtown Raleigh to burn down the Capitol. Gen. John Logan rode ahead and pleaded with the soldiers "not to destroy the record of this grand army." The soldiers kept marching. After several futile attempts to stop them, Logan rode further ahead to the earthworks where a number of cannon were located, and turned the

cannon toward his own men. They turned around. Today, Logan is in the City of Raleigh Hall of Fame.

On April 26, 1865, Confederate General Joseph E. Johnston surrendered to Sherman. North Carolina became an occupied state during Reconstruction. At one point, there were as many as 80,000 Union soldiers in Wake County alone.

#### **4. The Buildings and Cemeteries**

There are 83 buildings on the Dix site. The current draft of the Master Plan proposes to remove approximately half of the existing square footage.

Among the buildings that patients and advocates think are most significant are the original main hospital building (McBryde), the Spruill building where criminally insane patients lived, and the chapel. The committee leaves it to the Conservancy Park staff, Preservation NC, the consulting firm MVVA, and others with special knowledge and experience to decide which buildings can be preserved or renovated, but we ask that they take into consideration that certain buildings will have more meaning to former staff, patients, and advocates. For example, several people have mentioned the possibility of retaining the chapel and having it used for events such as weddings.

The Spring Hill House and Cemetery -- Adjacent to Dix Park is the Spring Hill House, which anchored the Hunter plantation. Over the 20<sup>th</sup> century, the house was home to hospital employees and their families, including the gardener, farm supervisor, and physicians of the epileptic colony that was established at Dix. Later, nurses for the epileptic colony lived there.

In the second half of the 20<sup>th</sup> century, the plant operations manager lived there. The Volunteer Services and Dorothea Dix Volunteer Service Guild had their offices in the house. The house was used for meetings and celebrations, and staff could rent it for weddings and other functions.

Based on research by Marjorie O'Rorke, rooms in the house were outfitted with period furnishings and décor, and historical paintings and portraits were displayed during the 1970s. Visitors could take a self-guided tour. The house was placed on the National Register of Historic Places in 1983.

In 2000, hospital officials transferred the house to N.C. State University. It now houses the University's Japan Center. Hospital staff and volunteers viewed this move unfavorably and felt that the house should have remained part of the Dix property.

Additionally, the oldest marked grave in Raleigh, that of plantation owner Col. Theophilus Hunter Sr., is located on the Spring Hill property. Other members of the Hunter family are buried nearby. Unmarked graves of enslaved people from the Hunter plantation are probably on the property as well.

Due to the location and historical significance of the Spring Hill House, the Legacy Committee recommends that the house be returned to the park. It can help us remember all that it represents of our shared history, both good and bad.

The Dix Cemetery -- Within the Dix Park site, there is a cemetery for hospital patients that was established soon after the founding of the hospital and remained in use until the 1970s. With more than 950 people buried there, it is a beautiful site at the top of the hill. For example, Eli Hill was one of those buried there in 1877. Hill had been



enslaved, joined the Colored Troops of Gen. Sherman, returned to N.C. as a patient at Dix, and died there.

Most of the graves belong to patients who were without family or friends. Others had relatives who could not afford the cost of transportation and burial of their loved ones. Today, more than 750 of the graves have been identified.

Raleigh *News and Observer* columnist Josh Schaffer wrote in 2015, “Whatever happens to the Dix campus ... the souls demand to be remembered.... [L]et’s create some permanent reminder of the sufferers who passed through the property we now own. History is too eager to forget them.” The writers of the draft Dix Master Plan also argue that “The issue he raises about the memory of mentally ill patients also applies to considerations about the memory of the enslaved who may have been buried nearby or even on the site, as well as those who helped build the hospital.”

## **5. The Patients and Staff at the Hospital**

One of our greatest opportunities for making the site come alive for the public is the availability of admission logs for more than 6,900 patients from February 22, 1856 through 1917. There is a legal restriction on releasing patient records more recent than 100 years ago. This means we will have access to a new set of records each year. For example, 2018 marks the centennial of the end of World War I, and those records will open next year. Publishing patient records, even those of patients long deceased, calls for sensitivity to respect the privacy of descendants who may not want their family members’ records made public.

A huge resource for us here is the UNC-Chapel Hill Community Histories Workshop. Its mission is to work with communities “to recover, preserve, and share the memories, stories, and materials

that reflect the multi-layered histories of place.” It says, “By helping to connect past to present, we believe that communities can envision more just, inclusive, and democratic futures.” The group has already transcribed and digitized the admissions and discharge records for all 6,900 patients treated in the hospital between 1856 and 1917, with the name of each patient, age, occupation, marital status, original county of residence, dates of admittance and discharge, and date of death if they died there. Most importantly, the records contain the supposed causes and diagnoses of patients. This is invaluable to researchers, historians, health care practitioners, and the public in understanding brain disease and mental health treatment at that time and how they evolved over time.

In presentations to the Committee, UNC-Chapel Hill professor of American Studies Bobby Allen talked about the fascinating case histories and some of the reasons for admission to the hospital – disappointed love, disappointed ambition, disinheritance, epilepsy, exposure to sun, “gestation,” “The [Civil] War,” masturbation, melancholia, and “religious excitement.”

These admission records also allow historians to trace the patients back to their communities. For example, Nathan Rowland was a young man from Morrisville who was a soldier in the Confederate Army. He enlisted to serve for a year but remained in the army for three years. He fought in 10 battles and skirmishes and spent time as a prisoner of war in Illinois and Ohio. After the war, he reported having attacks of mania, but doctors attributed that to cardiac problems, not to what we now call PTSD (Post-Traumatic Stress Disorder). At that time, doctors believed soldiers’ hearts had been overworked in battle. In 1866, Rowland was admitted to Dix Hospital, where he remained for 16 years. Although recorded as “unimproved,” he was discharged from the hospital in 1882, but was readmitted in 1890. Rowland died there in 1909 of “malarial chill.” Researchers have found his original enlistment papers, as well as his

Oath of Allegiance to the United States after the Union won the Civil War.

Another great opportunity here is to interview the Dix staff who are still alive. If they are willing, former patients also could be interviewed. Key resources here are the eight oral histories that were recorded in 2016 for *Lives on the Hill*, a public forum on what should be included in a meaningful memorial to Dix Hospital. A video of highlights from the histories was created and is available at [www.livesonthehill.org](http://www.livesonthehill.org).

Many more contributors with stories to share have been identified since that forum. Their stories include such topics as how mental health treatments have changed over time, the residential life of staff and their families that lived on campus, and the daily life of patients, including their hopes, dreams, and what a cure meant to them. Also important are the contributions of the African American staff, who lived in nearby neighborhoods and saw Dix Hospital as an important employment opportunity and who also experienced both segregation and integration.

Imagine how powerful it would be to be guided by a former staff member or patient as you tour the site or view a video in future years. Interviewing living staff and patients willing to talk is an immediate priority due to the advancing years of many staff and patients. The Committee recommends that funding be identified to record additional oral histories as soon as possible. Preservation of the remaining staff housing on the campus should also be considered.

The Coalition on Sites of Conscience is another huge resource here, as several of its sites provide ideas for us. For example, a prison in Brazil and the Villa Grimaldi Park for Peace, a former prison and torture site in Chile, both have former prisoners serve as guides,

especially to student groups. The Brazil site also has video of the prisoners remembering what it was like there. This is important because visitors remember faces more than facts. A site in Nairobi, Kenya includes a labyrinth for a walk toward its building to provide time to reflect. Another site has an artist gallery featuring the work of patients and staff. The Pennhurst Memorial provides an online opportunity to share experiences. The Humanitarian Law Centre in Kosovo invites families to upload their stories onto a website. And, Bedlam, an asylum in 1247 that was mentioned in Shakespeare, is still open and has a Museum of the Mind that we could learn from. As the Coalition's director, Liz Silkes, said in her presentation to the Committee, "Memory is messy. What's not messy is opening up memory to conversation."

## **6. The Closure of Dix Hospital**

Dorothea Dix Hospital opened in Raleigh in 1856. In 2003, the N.C. General Assembly passed legislation to close Dix Hospital in 2007. Patients would be relocated to community-based programs or to a new mental hospital, Central Regional Hospital, to be built in Butner. The transfer of patients actually took place over a six-year period, with Dix Hospital formally closing in 2012, after 156 years of operation.

As part of the earlier mental health reform legislation in 2001, the legislature had created a \$47 million Mental Health Trust Fund to support community-based services. However, most of these funds were re-directed to Medicaid patients, leaving less money available for the uninsured and for community-based mental health services. As patients were moved out of the state hospitals, the lack of inpatient beds at the local level created a crisis in services.

For many patients and advocates in the mental health community, the closure of Dix was viewed as a betrayal. Their memories are of

broken promises, abandonment, and neglect. They say that decision-makers thought a park was more important than their medical needs. These advocates hope that the park will both take the opportunity to honor the good that was accomplished at Dorothea Dix Hospital and make it a place of healing and reconciliation. This is a part of the legacy of Dix Hospital that the Committee believes must be taken into account and attempt to heal as part of the Master Plan. Our recommendation below to dedicate some of the remaining buildings at Dix for nonprofits that advocate for mental health services and for support groups is one key way to do this.

## **7. The Legacy of Dix Hospital in Mental Health Reform Policy and the Connection of the Past to the Future**

*“Whereof what’s past is prologue, what to come in yours and my discharge.”*

William Shakespeare, *The Tempest*

*“Life is lived forward, but understood backward.”*

Soren Kierkegaard

The asylum movement was the mental health reform of its time. Dix Hospital was a pioneer in having a unit for addiction and three farms for occupational therapy. And, it was among the first to have a critical care unit. Elizabeth Page of *N.C. Health News* says former staff speak with pride of “Dix’s advanced training programs for nurses, doctors, and providers of mental health care. They speak of a commitment to excellence and striving to provide the most modern and effective care possible to their patients. For many, Dorothea Dix Hospital is a proud historic symbol of mental health care in N.C.”

Yet, Dix, like some other hospitals in the United States, sterilized both mentally ill and mentally retarded patients. It also classified epilepsy and homosexuality as mental health conditions and used electric shock therapy. And, over time, new treatment trends included the introduction of psychiatric drugs for treatment. More recently, a U.S.

Supreme Court decision required that the least restrictive alternative be used for treatment of those with mental illness.

Until the 1970s, children and adolescents with mental illness were a low priority for the state, even though they made up 35% of admissions. Children and adolescents were placed on adult wards, and their special needs went unmet. Then in 1972, steps were taken to provide appropriate services for children and adolescents, including educational programs.

In 1880, Cherry Hospital opened in Goldsboro as the “Asylum for the Colored Insane.” It was the first mental hospital for African Americans in the United States. It now serves 33 counties in eastern N.C. In 1883, Broughton Hospital in Morganton admitted its first patient and now serves the 27 westernmost counties. Until it closed in 2012, Dix Hospital served the remaining counties in central North Carolina, which are now served by Central Regional Hospital in Butner.

Donna Kay Smith, a board member of the nonprofit Stand By Me, says, “The most significant legacy of Dix Hospital is that its existence is based on the idea that those who live with mental illnesses are human beings deserving of the best treatment available. Dorothea Dix worked to change the course of treatment for the better. This is an example we can embrace today as we seek to address the problems we face.”

Dorothea Dix’s call to remove the mentally ill from county jails and provide treatment and not just housing seems all too familiar in our era. North Carolina’s 2001 effort in mental health reform laudably tried to move patients out of state institutions and into community services, but the legislature failed to provide funds to build up a system of community services before it moved patients out of the state mental hospitals.

As a result, many sheriffs now complain about how many prisoners in their jails have mental health problems that local law enforcement officials cannot address. Local hospitals complain about how mental health patients fill up their emergency rooms, and they may or may not have the ability to treat the mental illness. And, waiting times for patients seeking care in the mental health facilities we do have are often long. Still others find themselves homeless and without access to medical insurance and government services.

The Park's opportunity here is to connect the legacy of the past with the present and with a better future. This could be our greatest contribution to making the Dix site truly inspiring. We can think of it as part of the "museums that matter" movement, and we can think of it as the International Coalition of Sites of Conscience does when it says, "One memory can inspire a movement." Starting with individual narratives and moving to shared experiences can lead to collective action.

This is part of the Coalition's fourth key principle: "to engage the public in connecting past and present in order to envision and shape a more just and humane future." Finally, we have an opportunity to create a Dix partnership with the Coalition and with local and state mental health advocacy groups, such as NAMI (the National Alliance on Mental Illness) and Disability Rights NC.

## **E. The Evolution of the Legacy of Dix as a Park**

Dix has always been a site for recreation and community events. Many people have fond memories of enjoying the Dix grounds simply as a park – as, for example, when Raleigh experienced one of its biggest snowfalls in the mid-1970s. The joyful sounds of children sledding mixed with the sight of N.C. State University basketball star

Tommy Burleson stretching his 7 foot 4 inch frame across three sleds to fly down the hill.

On any trip to the park, a visitor can see bicyclists speeding around curves, dogs chasing Frisbees, drone owners putting their machines through their paces, and parents throwing baseballs or kicking soccer balls with their children. This summer, you saw people walking through giant fields of sunflowers. As one visitor put it, “In a city, you don’t often get to see this much space for just a field of flowers.” Though this Committee’s task is more in the realm of legacy as history and memory, we should not forget the part of this land’s legacy that is just plain fun.

### **III. Proposed Tangible Ways To Convey This Legacy: What Would Actually Be on the Ground in the Park**

With that legacy in mind, what would this look like on the ground? How should we best convey the legacy of this land and its buildings? Here are some of the best ideas that the Committee wants considered in the Master Plan:

1. A Site of Conscience – As a new member of the International Coalition of Sites of Conscience, designate Dix Park as a Site of Conscience and use exhibits to connect past struggles to today’s issues and concerns, and turn memory into action. Preserve the physical sense of place that makes the park a Site of Conscience.
2. A Museum of the Mind -- Establish a Museum of the Mind on the property to show how our understanding of the brain has evolved over time and how that has affected our treatment of brain disease. Combine this with an exhibit that explores the life of Dorothea Dix.



3. Engage the Power of Storytelling -- Create an interactive walk through the history of the legacy component of this site. This could be done with a combination of touch screens, films, live actors portraying key people in the history of the place, and oral history interviews with former patients and staff who are alive and willing. Former patients and staff should be given the opportunity to serve as guides for the walk and the museum. Also, touch screens could be placed on stands throughout the park, and when pushed, would tell you what happened on that site. A video or still pictures could morph from a native plant to construction on that site to the admission record of a patient to a hologram of a staff member telling about the challenges of a typical day. Storytelling should be at the heart of conveying the legacy of Dix.
4. A Haven for Humanity – Retain or renovate some of the existing space for nonprofits that serve or advocate for the mentally ill, as well as space for support groups that meet to deal with mental health, addiction, alcoholism, and other problems.
5. A Coming Home for African Americans – The westernmost boundary of Dix Park borders the “Nazareth” community, a neighborhood that was purchased by the children and grandchildren of former slaves. This African American neighborhood, in concert with white Catholic co-occupants, decided on the name. Many of the neighborhood’s residents helped construct the old orphanage and helped care for the children. This connection provides the opportunity to relocate the African American Cultural Complex from its current location on Sunnybrook Road near Wake Med to the Dix site. African American storytelling could be used as a restorative tool. The Complex’s leaders propose that it be integrated with Wake County Parks and Recreation and the African American Heritage Commission.

6. Hospitality with a Mission – As part of the design for any accommodations on site, include plans for a conference center with a soul. Seek out opportunities to host meetings related to the park’s overall mission. Use the facilities for conversations and convenings on topics that fit the mission and theme of the park. This could be an extension of the Greater Raleigh Convention and Visitors Bureau.

Also, use this operation to demonstrate how mental wellness can be supported in the hospitality industry. Consider the ideas from the *Lives on the Hill* forum about ways to create employment and training opportunities for people with mental health challenges. Complement this with restaurants and shops that actively support the mission. And, light the top of the hill with a publicly accessible tower or viewing deck and call it “The Beacon of Wellness” or other theme-related name.

7. Arts and Healing – Enlist artists and craftspeople to create healing art, music, dance, and theater for the site and to make it a constant beehive of creativity. This could include art exhibitions, performances, classes, and sales venues.
8. The Healing Power of Nature – Create a Persian garden or butterfly garden or sunflower fields to give people a place to “just be” and to experience the healing power of nature. A plant conservatory and horticultural therapy could also contribute here. There is an opportunity to involve volunteers, former patients, school children, and visitors in creating a constantly changing canvas of gardens and plants.
9. Sanctuary and a Haven for the Lost – Establish certain areas on site as sanctuaries and sites for reflection and quiet. The cemetery

and the chapel could be tied together for this. Silence is the new luxury.

10. Farm to Table to Soul – Because Dix Hospital had a farm, there is an opportunity to re-create gardens to honor that legacy and to supply food for restaurants on site. This also could be linked to the nearby Farmers’ Market.
11. Annual Compassion Festival in the Park – Hold an annual celebration that showcases organizations and individuals that are exemplary in their acts of compassion, caring, kindness, and concern for other human beings and our planet.
12. Connect to Other City Assets – In every way possible, connect Dix Park to other adjacent assets – the Farmers’ Market, the Greenway, and Pullen Park, as well as downtown Raleigh.
13. The Role of Recreation in Maintaining Wellness – Use sports facilities, free play areas, and recreation fields to incorporate the role of recreation in maintaining wellness. Encourage a culture of collaborative use of this space. Accommodate and smile on the simplest uses for grilling, Frisbee, sports, rolling in the grass, dog play, or just putting one’s toes in the water.

## IV. Recommendations

1. The Legacy Committee recommends that the Park Conservancy Board and the Raleigh City Council **adopt a theme for the park and that this theme be wellness**. This will connect the legacy of Dorothea Dix to the site and the future purposes of the park in a way that makes it unique among parks within cities.
2. The Committee recommends that the Park Conservancy and the City Council **adopt a broad definition of legacy** in honoring or remembering all that has occurred on this land – the Native Americans that lived here, the Hunter plantation, slavery, Dorothea Dix and her crusade to establish an asylum there, construction of the hospital with slave labor, the hospital during the Civil War, the buildings and cemeteries, the patients and staff at Dix Hospital and its supporting operations, closure of the hospital, and the legacy of the hospital in mental health reform and the connection of the past to the future.
3. Because many in the mental health community still feel injured by the decision to close Dix Hospital, the Committee recommends that the design and creation of the new park be used to **build a bridge with those who remain angry about this closure decision**, with respectful, proactive outreach and involvement to achieve this. For example, former staff members have requested that the chapel be preserved and renovated as a memorial “dedicated to the patients, their families, the staff, and trainees” of Dix Hospital. We endorse this idea.
4. The Committee recommends that **space** be reserved within the park **for nonprofits and grassroots organizations** that serve or advocate for the mentally ill. This should include Healing Transitions, which is already housed in the park, and other nonprofits that serve or advocate in the mental health field.

5. The Committee also recommends that **space** be reserved within the park **for use by support groups** that deal with mental health, addiction, alcoholism, and other problems. These spaces should be available on a first-come, first-served basis for patients, clients, caregivers, and family members needing support.

6. The Committee is very pleased that the City of Raleigh has become a member of the International Coalition of Sites of Conscience. We recommend that the Park Conservancy, the City Council, and MVVA **take full advantage of this membership** as soon as possible and consult and partner with the Coalition about how to learn from other similar sites and how to implement a park Master Plan that is consistent with this report's recommendations.

7. The Committee is also very pleased with the work done already by the UNC-Chapel Hill Community Histories Workshop. We recommend that the Park Conservancy and the City Council **partner with and provide funding for the UNC group**, as it implements its plan for the Dix Hospital Historical Database and expands its research on stories from the asylum, the planning and design of the original hospital building and campus, the history of the hospital cemetery, the role of Dix in the emergence of modern psychiatry, and the history of African Americans and Native Americans on the site. The funding should also allow the Community Histories Workshop to pilot new ways to engage a variety of audiences with these unique historical records.

8. As a **high priority** timewise, the Committee recommends that funds be allocated to **interview as many former patients and staff of the hospital as possible for oral histories** about their time at Dix. This is an important resource that will become increasingly unavailable over future years. It is invaluable in helping the public understand their stories, the treatment that happened there, the

evolution of that treatment over time, and the personal stories that will serve as the connective tissue between Dix Park and the public.

## **Resources**

1. Ernest Dollar, director of the City of Raleigh Museum, public presentation on Dix during the Civil War, April 10, 2018.
2. David Gollaher, Voice for the Mad: The Life of Dorothea Dix, The Free Press (1995: New York).
3. Alison Gray, “The History of Mental Health Reform in North Carolina,” N.C. Center for Public Policy Research, *North Carolina Insight*, 2009.
4. N. C. Center for Public Policy Research, *North Carolina Insight*, “The State of Mental Health Reform in North Carolina,” Vol. 23, No. 4/Vol. 24, No. 1, December 2012, and “Evaluating Mental Health Reform in North Carolina,” Vol. 24, No. 2, July 2014.
5. Marjorie O’Rorke, Haven on the Hill: A History of North Carolina’s Dorothea Dix Hospital, UNC Press (2009: Chapel Hill).
6. Liz Silkes, presentations in Raleigh on behalf of the International Coalition of Sites of Conscience, January 23, 2018.
7. Susanne Turner Associates, “Dix Park Master Plan, Discovery Phase: Historical Data Report,” December 2017.
8. Stephen Weil, *Making Museums Matter*, Smithsonian Institution Press (Washington: 2002).
9. The talented and insightful members of the Dix Legacy Committee.

## **Submitted by the Members of the Communications**

### **Subcommittee of the Dix Legacy Committee**

Ran Coble, Chair and report draftsman

Bobby Allen

Susan Bowers

Wanda Cox-Bailey

Ernest Dollar

Anne Franklin  
Gilbert Greggs  
Emlyn Koster  
Dr. Assad Meymandi  
Bill Padgett  
Elizabeth Page  
Jay Spain  
Burgetta Wheeler