HOPE FOR GROWTH AND COMMUNITY

THE DEVELOPMENT OF THE TEXAS MEDICAL CENTER

1945 - 2012

M.D. Anderson Hospital and Tumor Institute, completed 1954. Photograph from Architectural Forum, February 1952.
THE TEXAS MEDICAL CENTER, PERHAPS HOUSTON’S GREATEST institutional campus of the postwar era, is intriguing if for no other reason than that it has grown so large. According to its own statistics, by the end of 2011 it was expected to surpass downtown Houston in square footage and become the equivalent of the seventh largest central business district in the country. Since the Texas Medical Center includes both a large number of buildings and the impressive infrastructure to support them, the growth of this “city of medicine” can be seen as a representation of modern Houston in a condensed form.

The development history of the Texas Medical Center consists of a series of cycles where an often thoughtful master plan and architectural controls are proposed, then systematically ignored due to the exigencies of the separate expansion projects of the various member institutions. It is a history driven by Houston’s excruciatingly pragmatic pro-growth, pro-private civic ethos, which puts new commercial development in any shape or form—“growth”—as a priority over public or communal (the wicked word that sounded so close to “communist” to postwar ears) concerns. As Suzy and Clyde Burleson observed in their book-length *A Guide to the Texas Medical Center* (1987): “A most unusual fact about the Texas Medical Center is that it was not originally conceived by doctors. Businessmen generated the idea, sold it to the community and guided the early planning…. Any outcome other than growth was inconceivable.” The good news, however, is that this one-sided approach seems to be tapering off and assuming, ever so slightly, a more balanced vision of growth and community.

THE ORIGIN OF THE TEXAS MEDICAL CENTER WAS ALMOST ACCIDENTAL. In 1936, Monroe Dunaway Anderson (1873–1939), the wealthy founding partner of Anderson, Clayton & Co., then the world’s largest cotton merchandiser, established the M. D. Anderson Foundation, a charitable trust. When Anderson died three years later, he bestowed his entire $19 million fortune on the foundation. As documented in *Monroe Dunaway Anderson* (1994) by N. Don Macon, the trustees of the foundation, whose somewhat vague goal was “the improvement of working conditions among workers generally, as well as among particular classes of unskilled, skilled, and agricultural workers,” were at first unsure how to proceed in their charitable endeavors. An early donation, for example, was $1,000 to the Junior League Eye Fund for eyeglasses. However, in 1941, once they learned that the Texas Legislature had appropriated a sum of $500,000 to establish a cancer research hospital somewhere in the state under the auspices of the University of Texas, they acted. They offered to match the entire appropriation with funds from the M. D. Anderson Foundation if the regents of the university would agree to locate the facility in Houston. The regents accepted, and the trustees quickly bought the six-acre former house and grounds of Captain James A. Baker, known as “The Oaks,” for $68,000 for temporary use until wartime building restrictions were lifted. Meanwhile the trustees sought a larger property for a permanent facility.

They soon fixated upon a 134-acre tract of land that had origi-
nally been purchased by philanthropist, civic leader, and real estate developer Will Hogg (1875–1930) in 1923 as an addition to Hermann Park. (This was the same year that Will and his brother Mike Hogg, in a fit of philanthropy, purchased the 1,503 acres that would become Memorial Park). By 1930, the roughly triangle-shaped Hogg tract, bounded on its south by Bellaire Boulevard, on its northwest by Main Street, and on its northeast by the remainder of Hermann Park, had been incorporated into the master plan for the park by the landscape architects Hare & Hare, who designated it for playing fields and a running track. However, the prevailing attitude of the entrepreneurial elite was that public land was not an amenity to be conserved for future generations, but was really more like a natural resource to be exploited immediately, preferably for a money-generating enterprise. This thinking is evident in the description of the Hogg tract by Colonel W. B. Bates (1889–1974), a lawyer at Fulbright & Crooker and one of the trustees of the M. D. Anderson Foundation: “I guess everybody thought that the City would one day finally break open, we opposed the use of park land. We were brushed aside by the mayor, and we were practically told it was none of our business. There was a great deal of open land just beyond Holcombe drive to the west—hundreds of acres. They could have gotten twice the land that they got. The Medical Center site was a beautiful wooded area…. And, of course, at that time there weren’t these great amounts of money to build hospitals…. It was just like beating your wife for someone to oppose it, and we were just whipped down completely. (“Planning the City: An Interview with Ralph Ellifrit.” Houston Review. Winter 1981.) In December 1943, after a referendum on selling the land in which only 951 votes were cast, the city proceeded to sell the Hogg tract to the M. D. Anderson Foundation for $400,000. As publicity mounted around the plans for the cancer research hospital, the trustees were able to persuade the medical school of Baylor University, then located in Dallas, to relocate to Houston with the promise of $1 million for a new building adjacent to the new facility, another $1 million to be paid over ten years to fund medical research, and a 20-acre parcel on the newly acquired property.

The trustees hired the engineer Herbert A. Kipp (1883–1968) to plan the site. Kipp, who had laid out the street plans for the initial sections of River Oaks in 1924, created what Stephen Fox referred to in Cite 35 in 1936 as “a new Houston hybrid.” It is a model that combines the visual imagery of the college campus, as exemplified by the Rice Institute across the street, with the street layout and legal covenants of the private, restricted subdivision, with which Kipp was intimately familiar. (Kipp was also vice president of the River Oaks Corporation until its dissolution in 1954.) Architectural “recommendations” were even developed by a committee headed by James Chillman, Jr. (1891–1972), longtime director of The Museum of Fine Arts, Houston, and an architecture professor at Rice since 1916. The suggestions included height restrictions (eight stories) and recommended stone or brick exteriors with a “limited amount of stucco,” light colors, sparing use of architectural decoration, and low, sloped roofs covered with terra-cotta tiles. In essence, the medical center buildings were to be much simplified versions of the original Byzantino-Spanish-inspired buildings of the Rice Institute as well as other public buildings of the 1920s like the original Hermann Hospital (1925) and the Houston Public Library (1926). These buildings were then considered to be some

**LEFT:** Herbert A. Kipp master plan, 1946
**BELOW:** Master plan, 1947.
of the most prestigious examples of public and institutional architecture in Houston. According to the author of an article about the planning of the Texas Medical Center that appeared in the Chamber of Commerce magazine Houston in August 1946, "Unity rather than uniformity is the goal sought by the board, this to be accomplished through harmony of material and attention to the related mass of each building in relation to the group of buildings."

A plan of the Texas Medical Center published in the Houston Post in February 1946 suggests how the trustees of the M. D. Anderson Foundation at first hoped to integrate the new development into the urban fabric of the city. In it the Texas Medical Center is shown as formally addressing not only the Rice Institute and the United States Naval Hospital, but also wildcatter Glen McCary’s Shamrock Hotel and community center (1949, demolished), which had been designed by Wyatt C. Hedrick and was then being planned and built, and the Southgate and Shadyside subdivisions. Even the Parklane Apartments (1940, demolished) that were designed by F. Talbott Wilson and S. I. Morris, Houston’s grandest Federal Housing Authority-sponsored garden apartment complex of the New Deal era, is depicted in the plan along the northern edge of Hermann Park. It also shows in dashed lines the future route that Fannin Street would take through the western side of the park to provide better access from Downtown, about three miles north.

Kipp’s initial street plan for the Texas Medical Center consisted of straight, angled, and curved streets that created a number of roughly equal-sized, trapezoidal-shaped plots for each of the existing member institutions as well as additional plots for future use. Perhaps because the trustees of the M. D. Anderson Foundation wanted all institutions to feel equally important, there was no consistent use of axial alignments—as at the Rice Institute, for example—which would have created a hierarchy of streets and subsequently of the plots adjacent them. As El-lifrit later recalled, the immediate model for Kipp’s scheme was that of the 1920s garden subdivision, with traffic limited to homeowners and their servants and gardeners: “[H]is idea was to discourage automobiles…. Mr. Kipp designed it as if he were designing a setting for a group of estates.” Early renderings of the Texas Medical Center indeed show a carpet of greenery over which the low, symmetrical buildings were to be systematically arrayed.

Chillman’s architectural suggestions were followed for the first buildings of the Texas Medical Center. They include the Baylor College of Medicine (Hedrick & Lindsley, 1947), the new wing of the Hermann Hospital (Kenneth Franzheim and Hedrick & Lindsley, 1949), and the Hermann Professional Building (Kenneth Franzheim and Wyatt C. Hedrick, 1949). However, the guidelines were ignored by the architects of the next set of buildings, which opened from the mid-1950s to the mid-1960s. (The only guideline that seems to have remained was the height restriction, which was finally abolished in 1964.) These buildings, the most architecturally distinguished in the history of the center, were strictly modern, flat roofed, asymmetrical, and clad in a variety of multicolored surfaces. Unfortunately, they were sometimes placed at what seems to be random on their properties and in no way responded formally to their neighbors, as did the earlier buildings. In this respect, they reveal the conundrum of modern Houston, whereby good architectural design on the scale of individual buildings is unable to translate on the larger scale into a coherent urban form.

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soll wrote in his caustic analysis of the Texas Medical Center that a knot of buildings nearly touching each other, as many of the ing on its own growth. In aerial photos, it now appears as a tight erations then being developed by the surgeons Dr. Michael E. professional building, was built on the strip of land between Fannin and Main that was not technically included in the Texas Medical Center site. Buildings in this area were not required to be nonprofi in 1996, where the original low, pavilion-like buildings of the medical center, designed in the spirit of a college campus, could engage in a meaningful and sympathetic way with those of its nearby neighbors, had clearly been abandoned. The administrators of the Texas Medical Center were wor- close to the architectural distinction of the second-generation ested almost as soon as they were discarded almost as soon as they were prepared. In the aftermath of a spate of internecine bickering in 1996, including a lawsuit between institutions (see Michael Berryhill's contribution in Cite 47 in 2000), the administrators of the Texas Medical Center began efforts to promote more cordial relations among the member institutions. This was no easy task. By the late 1990s, the center had some 42 member institutions, up from the original half dozen—each with its own parcel of land and separate administrative apparatus. In effect, the Texas Medical Center had become an enclave of enclaves, each fiefdom zeal- In general the buildings of the Medical Center are being transformed by an accrue process that adds new features in response to the need for operational efficiency and program- In the aftermath of a spate of internecine bickering in 1996, including a lawsuit between institutions (see Michael Berryhill's contribution in Cite 47 in 2000), the administrators of the Texas Medical Center began efforts to promote more cordial relations among the member institutions. This was no easy task. By the late 1990s, the center had some 42 member institutions, up from the original half dozen—each with its own parcel of land and separate administrative apparatus. In effect, the Texas Medical Center had become an enclave of enclaves, each fiefdom zealously protecting its turf as continual growth made the bound- aires. The Medical Towers Building (1956), like the Hermann Professional Building, was built on the strip of land between Fannin and Main that was not technically included in the Texas Medical Center site. Buildings in this area were not required to be nonprofit, as they were in the Texas Medical Center, and so tended to be office towers for doctors and bank buildings. By 1985, progress on the Texas Medical Center was consid- ered sufficiently impressive that the editors of Fortune magazine chose to include it in an article entitled “Since 1930,” which fea- tured color photographs by Ezra Stoller of new developments throughout the United States since the Depression. Shortly thereafter, the parking situation, which had so quickly become the Texas Medical Center’s Achilles heel, prompted Susan Clay- ton McAshan, the daughter of Will Clayton (1880-1966), M. D. Anderson’s longtime business partner, to press the the officers of the M. D. Anderson Foundation to seek a new plan for devel- opment. In addition to a lack of parking capacity, the dishar- ean of an exposed portico below,” which would connect to each of the various institu- tions in the complex. This seems to have been the first official recognition of the embryonic system of tunnels and sky bridges that was beginning to take form, linking the dispa- rate buildings in the Texas Medical Center. However, just as with the original plans by Kipp and those by Buxton, these schemes were discarded almost as soon as they were prepared. In the aftermath of a spate of internecine bickering in 1996, including a lawsuit between institutions (see Michael Berryhill’s contribution in Cite 47 in 2000), the administrators of the Texas Medical Center began efforts to promote more cordial relations among the member institutions. This was no easy task. By the late 1990s, the center had some 42 member institutions, up from the original half dozen—each with its own parcel of land and separate administrative apparatus. In effect, the Texas Medical Center had become an enclave of enclaves, each fiefdom zealously protecting its turf as continual growth made the boundaries between seem ever narrower. The Texas Medical Center itself had also grown: in 1966 it began acquiring land south of Holcombe, and in the ensuing 30 years it had increased its holdings from the original 134 acres to about 700 acres. The administrators’ efforts were parlayed into yet another

It was as if the breakneck growth of the member institutions left time for thoughtful design. Or perhaps architecture took a backseat to the thrilling, daredevil heart operations then being developed by the surgeons Dr. Michael E. DeBakey (1908-2008) and Dr. Denton A. Cooley (b. 1920).

2000s AND 10s CITY OF MEDICINE From 2000 onwards, new buildings have moved the Texas Medical Center towards somewhat more urban goals.

(10) Methodist Hospital Research Institute (2010), designed by the New York firm Kohn Pedersen Fox Associates and the Houston firm WHR Architects, may look corporate, but it has the virtue of at least being very tasteful. What’s more, the yin-yang relationship it establishes with the convex, curving facade of the neighboring St. Luke’s Episcopal Hospital Denton A. Cooley Building for The Texas Heart Institute (2002), designed by Morris Architects, is really quite compelling.

In distinct contrast to the new Methodist building, the M.D. Anderson Cancer Center’s Lowry and Peggy Mays Clinic (2002), designed by KMD Architects, is a delicious pile of turquoise-tinted mirror glass and pink precast concrete, complete with a neo-Babylonian hanging garden of healing

(11) M.D. Anderson Cancer Center’s Lowry and Peggy Mays Clinic

(10) Methodist Hospital Research Institute and St. Luke’s Denton A. Cooley Building for The Texas Heart Institute

(9) One such building is the 25-story St. Luke’s Medical Tower (1995), designed by Cesar Pelli & Associates and Kendall/Heaton Associates. In what was becoming a recognizable trend, this building was located in the commercial strip adjacent to the Texas Medical Center between Main and Fannin Streets. Pelli, master of the slick curtain wall, used it to great effect here. The office tower, which rises above a nine-story parking garage, is shaped into two octagonal towers surmounted by tall, spiky needles. Reassembling twin syringes ready to shoot their serum into the heavens, the silvery, mirror-glass-clad St. Luke’s Medical Tower provided a much needed landmark for the center’s otherwise drab skyline.
In 1996, the administrators of the University of Texas Health Science Center at Houston hosted an invited architectural competition to design a new building for the University of Texas School of Nursing. The ambitious competition’s roster of prominent architects who participated included Roqueo Machado/Jorge Silvetti, Taller de Enrique Norton y Asociados, Lake|Flato Architects, Tod Williams Billie Tsien & Associates, Steven Holl Architects, and the winner, Patkau Architects of Vancouver. The husband and wife team of Patkau, which has a reputation for green architecture, proposed an elegantly louvered, elongated slab for the building. Due to mixed messages from the client (asking the designers to lower the cost to $40 million, but keep the features that resulted in a $60 million budget), Patkau eventually resigned from the project in 2000 after having worked on the design for four years. BNIM, a Kansas City-based firm noted for sustainability, and Lake|Flato were subsequently hired. Completed in 2002, the building is marked by an awkward combination of materials and forms. The final cost was $58 million. Though this author prefers the Patkau proposal, it should be noted the building won a design award, as well as an award for its sustainability, from the Houston AIA in 2005, and a design award from the Texas Society of Architects in 2006.

The University of Texas Health Science Center at Houston’s Fayez S. Sarofim Research Building, designed by BNIM and Pennsylvania-based Burt Hill Kosar Rittelmann Associates, was completed in 2006. The building’s engagement with Brays Bayou heralds the linear green spaces envisioned by the latest medical center master plan.

A new addition to the medical center, completed in 2012, the Texas Children’s Hospital Women’s Pavilion, designed by FKP Architects, is distinguished by an enormous, two-story pedestrian bridge separating hospital workers from civilians. Large bridges such as this may be the new norm, as the latest medical center master plan calls for all buildings to reserve space on the second and third floors for pedestrian and utility connections.

Tropical Storm Allison in 2001 had prompted some additional updates. These included moving power and electrical controls to the second or third floor of new buildings, and making plans for an extensive skywalk system in lieu of tunnels (or ground level sidewalks for that matter)—somewhat in the spirit of Allison and Peter Smithson’s famous proposal for the Hauptstadt in Berlin (1957) with its separate system of elevated pedestrian walkways above the city streets. In fact, new buildings are now required to incorporate areas on their second and third floors for future skywalk connections.

Today it seems as if it is not budget that determines the size and character of buildings in the Texas Medical Center, but rather how much parking can be fit in the program. While it seems as if the member institutions of the Texas Medical Center no longer have it in them to commission truly excellent works of architecture, one hopes they at least continue to commission more competent ones than bad ones. The best of the recent buildings, like the Methodist Hospital Research Institute, are so valuable because they start to contribute in a meaningful way to creating a better urban environment. Despite its density of building stock, the Texas Medical Center clearly shows the difficulty of creating a persuasive sense of place. The most recent series of master plans seem to point in a good direction, if only the member institutions agree to adhere to their recommendations. Some of their recommendations, however, do raise troubling questions. In particular is what appears to be an increasing preference for enclosed skywalks for pedestrian circulation in lieu of outdoor sidewalks. According to the Pedestrian Circulation Master Plan of 2002 the proposed new generation of skywalks are described as “streets” and the internal lobbies where they connect are “plazas.” If we recall that the Texas Medical Center sits on land that was intended to be public park space, the further privatization of its already limited public space is indeed troubling. We can only hope that some sort of balance can be struck. In other suggestions, the plans show a lot of promise. The transformation from “campus” to “city,” for example, is intriguing and seems full of possibility. Just maybe, if things go well, the Texas Medical Center will some day become a cherished Texas place.