A Values-Added Practice

Equal measures of conviction and city smarts underlie the success of Harlem-based Roberta Washington Architects.

Roberta Washington directs her twelve-person architectural practice from modest offices in a five-story building adjacent to Harlem’s best-known cultural institution, the Apollo Theater on 125th Street. The low-keyed, plucky 45-year-old Washington is a self-professed do-gooder, though not of the self-promoting or dogma-rattling kind. Almost all of her firm’s clients are public agencies or nonprofit organizations that are funded by city or state agencies. And while Roberta Washington Architects has recently started to design new buildings in association with other architects, virtually all of the firm’s completed projects have salvaged neglected buildings and transformed them into facilities for often neglected human beings.

Washington’s practice in the heart of Harlem puts her squarely in an area whose future “is far less bleak than it may seem,” she says. Some residential and commercial clients, in search of an architect familiar with Harlem, find their way to Washington via the telephone company’s Yellow Pages, others via The Big Black Book, which lists black-owned New York City businesses. The majority of public clients, however, call Washington upon hearing that she successfully completed a project for a kindred organization. Some are referred by a contractor, others by a larger, too busy architecture firm. Washington, meanwhile, learns about prospective work through a similar network.

For many years Washington eschewed the help of set-aside programs for minorities and women in business, or goals, as they are now called in New York City. She recalls feeling “crushed” upon realizing that she “was being counted” and was receiving RFPs only for projects that were reserved for minority or women architects. But since she “was part of the goals game,” says Washington, she decided that she would play to win. The policy of setting goals will not last, she reasons, so while it endures she is using it to demonstrate her ability, obtaining work from which her firm would otherwise be excluded because of its size, lack of comparable experience, or because of prejudice. Washington relates that some clients have doubted her abilities, but only at the beginning of the design process.

Washington says that most queries from majority white firms wanting to ally themselves with hers in order to meet goals usually begin (and often abruptly end) with a phone call. She is not interested in proposals that sound condescending and “want just to get our names on a piece of paper so that they will qualify.” By now,” she says, “I can usually tell pretty fast if it’s someone I don’t want to work with, and usually I have to decide then and there whether I’m interested.” She will consider only arrangements that either give Roberta Washington an identifiable piece of the design or include the firm as part of an integrated team. Thus, in her agreement to work with Pasunella & Klein on the New Utrecht School in Brooklyn, Washington secured approximately 35 percent of a team involvement for her firm. As associate architect with HOK/Ellerbe, meanwhile, Washington’s firm is responsible for distinct portions and phases of the renovation and extension of Kings County Hospital in Brooklyn.

Washington has also entered into associations with African-American-owned firms to obtain work she could not get on her own. Her first New York City hospital commission, which was also her first stab at designing new construction, came about through an association with Robert T. Coles of Buffalo. While Coles had the requisite experience, he needed a partner who was on the scene and knew Harlem well. For the renovation of the huge (2,000-unit) Bradhurst Phase I Housing, on Eighth Avenue between 145th and 146th streets, it was the developer, Consortium Central Harlem Development, that teamed up Washington’s firm with the white-black partnership of Hirsch & Danois.

Despite having broken into the new-construction market, Washington intends to continue seeking renovation projects. Rehab has the advantages, especially for public clients on tight budgets, of usually being cheaper and faster than new construction. But the rehab process can also be perilous and can require compromises, she warns.

Among the problems are bureaucratic inefficiencies and the fact that the city, which owns a large proportion of the area’s buildings, tears down any structure that looks the least bit deteriorated. For example, Washington recalls arriving on a job site one morning, after workers had gutted the structurally sound dwelling that she was preparing for renovation, to find that “the house wasn’t there. There was a vacant lot, not even rubble.” The city had been sending warning notices to the owner for a year – but to the wrong address.

Even more destructive, explains Washington, is a city practice that has led to the razing of whole blocks of salvageable old structures. In areas where the municipality owns a number of contiguous old buildings, it will often move all occupants and services into one of the structures and board up the rest, which it then neglects, precisely because the buildings are empty and boarded up. If problems of wear and tear become serious, as they inexorably do, “the city will just pull the building down,” says Washington. “What is needed is a workable way to transfer city-owned buildings to the private sector, she says, “but the government hasn’t found a fair process to do so.”

To illustrate client-related obstacles, Washington cites her firm’s first commission, the renovation of the Hotel Cecil. Although gutting
Hotel Cecil
An abandoned hotel in Harlem was reclaimed as a single-room-occupancy hotel for 112 residents. The new scheme includes single and double rooms, shared baths, and shared lounges with kitchens (see typical floor plans). Supportive services are grouped with the reception area on the first floor. Complete renovation, including new elevators and mechanical systems, was required.

Because the building was the site of a famous 1940s jazz club, it was a designated city landmark and had to be treated as such.
Total area: 36,000 sq ft
Renovation cost: $4 million

Astor Row
Dating from 1883, this landmarked row of 28 houses in Central Harlem is unique in Manhattan for its configuration – paired houses with front and side yards – and unusual for its wooden porches in the Eastlake style. The rehab project, supported by a philanthropic foundation, includes gut rehab of one pair of houses, to provide eight coop apartments, and restoration of all the porches. The project is scheduled for completion in December.
Total cost: $1 million.
Sarah P. Huntington House

Two existing early 20th-Century structures in Manhattan’s East Village were joined in this project to provide 28 apartments for formerly incarcerated women being reunited with their families. A childcare center, a multipurpose room, and offices are on the first floor. The smaller midblock building required gut rehab to adjust its floor levels to those of the principal, streetcorner structure. A new elevator was installed, and a new fire stair replaces exterior fire escapes.

Total area: 28,000 sq ft.
Cost: $3 million.

Hale House Homeward Bound Residence

A handsome turn-of-the-century block facing Morningside Park in Harlem (originally two apartment buildings, despite its unified appearance) has been converted as part of Mother Hale’s nationally known program for children born of drug-dependent mothers. Apartments house mothers being reunited with their children in a semi-supervised environment. Besides remodeled apartments, the complex includes homework rooms, a community room, and a laundry at basement level, all lighted by generous arraying windows. An elevator was added, and a ramp to basement level provides access for the handicapped.

Total area: 30,500 sq ft.
Cost: $2.6 million.
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and reconfiguring it would have produced a better building, the client decided at the outset to use as much of the original fabric as possible and to duplicate the existing plan to save money. That remained the strategy even after a four-year delay, during which rain falling through an ever-widening hole in the roof had ruined the walls so that they had to be replaced anyway.

With rehabs, Washington asserts, “you never know what complications you’ll find until you start the operation.” She tries to protect herself from costly surprises by assuming the worst and including worst-case-scenario clauses in contracts. “A client gets very upset,” she observes, “if you come back and say you found problems you hadn’t planned on.” Despite the obstacles, however, Washington has rehabbed some twelve brownstones and an equal number of apartments and says, “I think the idea that old is better has caught on here.”

A problem that comes with the territory when trying to shoehorn programs for poor and sometimes ill people into existing buildings is neighborhood resistance. The Not In My Back Yard (NIMBY) reaction is as pervasive in Harlem as in other communities. Before Washington commits herself to a project she tries to determine the chances that the program will be accepted. For instance, by the time the architect was ready to convert an old factory on 126th Street into the Central Harlem Alcoholic Treatment Center, “manufacturing areas were about the only place anyone would let you put a treatment center anymore,” she says. After a year of unsuccessfully trying to obtain a special permit from the city planning commission, Washington asked what she could do to obtain the needed approvals. She was told the building “would be legal as a hotel,” she recalls. “So, in the end, we took out all the words that made the building look like a health center – nursing station,” patients,” examination rooms” – and we just called it a transient hotel. The project was approved the next week.”

Since most agencies have no building experience, programming often requires extensive research, explains Washington. Government guidelines provide minimum requirements, but the designer needs to understand the client’s particular needs and problems. Washington enjoys this part of the work, feeling that “most program directors are interesting people who are really trying to help their clients.” Among her frequently conflicting design challenges is that of providing security – both within the building and on its exterior – without making the structure feel confined or fortresslike. Similarly, agencies want their buildings to look pleasant but not too expensive, nor so comfortable that residents will want to stay longer than may be good for them.

Slowly and deliberately, Roberta Washington has also been building up an expertise in the design of healthcare facilities. Her interest in medical buildings began when she worked summers for the District of Columbia Department of Health and Human Services while attending Howard University. It was reinforced in her M.Arch. program at Columbia University, where she specialized in the design of health-care structures; when she subsequently worked for firms with expertise in the building type; and during a four-year stay in Mozambique from 1977 to 1981. Her accomplishments there included the design of a prototype medical center for mothers and their children.

Obtaining design commissions for healthcare facilities in New York has required not only teaming up with larger, more experienced firms but, of course, hiring and training accomplished architects. Washington’s staff of nine architects, most of whom are black and female, consists mainly of designers who have experience with healthcare, renovations, and CAD. (Her senior associate, Diana Peeples, also holds an M.Arch. from Columbia.) Although Washington’s office is flooded with resumes, she says that when she needs people with a particular expertise they’re usually not to be found. She has advertised in newspapers, even used an employment agency, but has usually ended up “using someone I knew from school, from firms I’ve worked for, or through friends – someone I thought I could mold into what I needed.”

Roberta Washington Architects relies on a team approach when working on larger projects, while on smaller jobs “people will fade in and out as the lead person needs help,” Washington explains. She herself is involved in every project. She does the marketing and writes the proposals, conducts initial client meetings, introduces the client to the project architect, and trouble-shoots throughout the project. Among Washington’s quandaries is how to keep her mid-sized firm large enough to win big projects yet small enough to manage comfortably, which, she believes, means having no more than 12 people on staff.

Washington opened her own firm in 1983 “without much of a plan.” In fact, she says, she probably wouldn’t have taken the risk of starting a practice if she had known what is actually entailed in running a business. Her firm, which began as a one-person practice operating out of her apartment, got its first break with a cast-off project from a larger minority-owned firm. By 1990 it had grown to its current size, generating gross revenues of approximately $700,000.

Washington’s overriding concern is with scheduling projects and maintaining cash flow when agencies don’t pay retainers and are slow to pay fees. “It takes a lot of organization and juggling,” she says. Washington thrives for business advice, has taken management courses (wishes she had done so even before printing up stationery), and is beginning to test computer programs – Wind2 and Sem4 – that promise to help analyze and manage her firm’s finances. “We hope,” she quips, “that they hold the secret to life.”

What it takes to succeed in public sector work, Washington says, “is a lot of patience and stamina and really wanting to do what you’re doing and wanting to do it well.” Judged by her own tough standards, Washington is doing well by doing good. Andrea Oppenheimer Dean

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