

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Juniper House

other names/site number Ankeny House

Name of Multiple Property Listing N/A

(Enter "N/A" if property is not part of a multiple property listing)

2. Location

street & number 2006 SE Ankeny Street not for publication

city or town Portland vicinity

state Oregon code OR county Multnomah code 051 zip code 97214

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance: ___ national X statewide ___ local

Applicable National Register Criteria: X A ___ B ___ C ___ D

Signature of certifying official/Title: Deputy State Historic Preservation Officer Date

Oregon State Historic Preservation Office
State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

- ___ entered in the National Register
- ___ determined eligible for the National Register
- ___ determined not eligible for the National Register
- ___ removed from the National Register
- ___ other (explain:)

Signature of the Keeper Date of Action

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5. Classification

Ownership of Property
(Check as many boxes as apply.)

- private
- public - Local
- public - State
- public - Federal

Category of Property
(Check only **one** box.)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property
(Do not include previously listed resources in the count.)

| <u>Contributing</u> | <u>Noncontributing</u> | |
|---------------------|------------------------|--------------|
| 1 | | buildings |
| | | site |
| | | structure |
| | | object |
| 1 | 0 | Total |

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions
(Enter categories from instructions.)

DOMESTIC: single dwelling
HEALTHCARE: sanitarium

Current Functions
(Enter categories from instructions.)

HEALTHCARE: clinic

7. Description

Architectural Classification
(Enter categories from instructions.)

LATE 19TH AND EARLY 20TH CENTURY
AMERICAN MOVEMENTS: Craftsman

Materials
(Enter categories from instructions.)

foundation: CONCRETE
walls: WOOD: weatherboard
roof: ASPHALT
other:

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Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity).

Summary Paragraph

Juniper House, located at 2006 SE Ankeny Street in Portland, Oregon, holds historical significance as Oregon's first end-of-life care home specifically for people with HIV/AIDS. Originally constructed as a single-dwelling Craftsman residence around 1902, this two-and-a-half-story, approximately 3,000-square-foot building was transformed into a pioneering healthcare facility during the AIDS crisis of the 1980s.¹ The property, set on a corner lot in the Buckman neighborhood, features mature trees and a distinct Craftsman architectural style with a hipped roof, dormers, painted v-notch wood siding, and a full main entry porch supported by classical wood columns. The house underwent several modifications in the 1987 to 1989 period of significance to better serve its purpose as an end-of-life care home, including dividing the main living room ("fireplace room") to create additional sleeping areas, adding wood paneling for sound insulation, altering the kitchen, and constructing a concrete ramp to aid patient transportation. Most modifications were focused on the interior of the house; to maintain safety and discretion for Juniper House's residences, the facility's owners and operators made few exterior modifications. As such, character-defining features of the Craftsman style house including the front porch, fenestration pattern, and two oriel windows remain intact. Other significant features from the period of significance, including the concrete ramp and the organization of the interior into private and communal rooms, also remain largely intact; key areas such as the foyer, front room, hallway, fireplace room, and dining room have been modified over time but still reflect their historical uses. Despite minor changes since the end of the period of significance including vinyl window replacements and various interior renovations, Juniper House retains sufficient integrity to convey its historical significance as a compassionate care facility for individuals with HIV/AIDS.

Narrative Description

Setting and Landscape

Juniper House, located at 2006 SE Ankeny Street in Portland, Oregon, sits on lot four of block six in the Buckman Neighborhood. The house, built on a rectangular lot measuring 50 by 62 feet, faces north and is elevated about ten feet from the street, set back approximately 30 feet from the public right-of-way. The area primarily features early 20th-century detached dwellings, though the north side of SE Ankeny Street is commercial, creating a mixed-use area.

SE Ankeny Street, a neighborhood street and bicycle greenway, runs parallel to the busy E Burnside Street, which defines the southern boundary of the commercial district. SE 20th Avenue, a busy north-south street, connects to Interstate 84. Narrow sidewalks with tree buffers line both streets, with mature deciduous trees on SE Ankeny and newer trees planted in 2010 on SE 20th Avenue by the current owners.

The house is centrally located on a concrete foundation. Access to the front porch is via two original sets of stairs: lower concrete steps and upper wooden steps, with non-original metal handrails installed in 2010. A metal fence with swing gates encloses the property. The front yard features stepped terraces

¹ Construction date was identified by cross-referring the 1901 Sanborn Fire Map and the deed research ("Deed: Lot 4, Block 2, Buckman's Addition. Book 2228 Page 1696" [Multnomah County Records Office, April 16, 1989], Book 2228, Page 1696, Multnomah County Records, Portland, Oregon; Juniper House Team, "Juniper House Statement of Purpose," September 1987, Doug Foland's Personal Archive; interview with Doug Foland).

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with small plants, likely added in the early 2000s, and dense bushes line the east boundary. The backyard is enclosed by an unpainted wood fence.

The east facade features a basement entry with concrete walls and a ramp. Concrete steps on the southeast corner, relocated in 2010, lead to the backyard, with an arched door in the fence providing access to a concrete ramp, a significant feature from the period of significance. The east side of the property and the backyard have small trees, bushes, gravel, and soil, with remnants of a historical concrete path connecting to the neighboring property at 2014 SE Ankeny Street (formerly the Assisi House). Two nonsignificant Western cedar trees and a nonsignificant Peanut Butter Tree line the east boundary, and a large Douglas fir tree was removed in 2012.

Exterior

Built circa 1902, Juniper House is a two-and-a-half-story wood-frame structure designed in a Craftsman Foursquare style. The building is rectangular, featuring a single-story hipped-roof wing at the rear (south) and a hipped-roof full front porch on the north facade. It sits on a concrete foundation with a wood water table and cap. The front porch is supported by wood piers and enclosed by a wood lattice skirt. The first and second floors are finished with painted v-notch wood siding, while the daylight basement is finished with stucco. Except for the attic windows, all windows were replaced with vinyl windows at some point between 1990 and 2010, retaining the original wood trim, sill, and header. For more details on these changes, refer to the Alterations section below.

Front Façade - North

The front of the house features a typical vernacular Foursquare form with a large porch extending the full length of the facade. Centered entry stairs lead to the porch, and the main entry door is nearly centered on the first floor, flanked by windows. This fenestration pattern, along with the hipped roof with a central dormer, are character-defining features of Juniper House.

Entry Porch

The entry door, a replacement wood panel door, is off-center to the east and has three vertical glass panes at the top. It is flanked by two replacement vinyl windows: a narrow double-hung window on the east and a wide picture window with a fixed transom on the west. These windows retain the original simple wood trim, sill, and header. The porch, a character-defining feature, has an original tongue-and-groove wood floor. A small, non-permanent accessible ramp and landing, added in 2010, addresses the threshold difference between the interior finished floor and the porch. The ceiling is original wood tongue-and-groove, finished with a simple cornice. The porch is supported by encased wood beams and Doric columns atop wood-shingled piers. A non-original wood railing with wood balusters encloses the porch. The porch roof eaves are boxed with wood tongue-and-groove soffit, which appears original.

Upper Levels

The second floor has a symmetrical fenestration pattern with three windows: a small central casement window flanked by two one-over-one double-hung windows. A hipped dormer with two original one-over-one wood double-hung windows is centered on the facade.

Side Façade - West

The basement level, finished with stucco, is at street level and can be accessed by a door on the south side of this façade. The replacement half-glass aluminum-clad door is framed by low concrete retaining walls, which appear historic. A vinyl slider window is located north of this door, framed with simple wood trim.

The first floor features three vinyl replacement windows. The northern window is a composite window with a central fixed pane and sliders on each side. Above the basement door is a ribbon of three double-hung windows, with the center window slightly larger. This area likely originally had an oriel window, as

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indicated by the ghost shadow on the walls and the 1908 Sanborn map. The rear wing is visible at the southernmost point, with a hipped roof and a double-hung narrow window. This wing was modified in 2010 by enclosing the porch, relocating the backyard door, and adding a window.

The second floor has two replacement vinyl windows: a slider window centered above the first-floor slider window and a double-hung unit above the ribbon window. Both windows align with the frieze board. A hipped dormer with two original one-over-one wood double-hung windows is centered on the facade.

Rear Façade - South

The one-story rear wing extends the full width of the building. It features an entrance on the western side and a narrow higher double-hung vinyl window to the east, both newly added in 2010. A smaller double-hung vinyl window, reduced in length to extend the kitchenette counter space below it, is in the center of the facade. A hipped dormer in the center of this wing's roof increases the ceiling height of the interior space. This dormer may have been added in the 1960s, during undocumented alterations.

Shadows on the siding indicate that the western side of the wing was once a utility porch with basement access, enclosed before 1982. The rear entrance and stairs were relocated in 2010.

The second floor, set back from the one-story rear wing, has two replacement double-hung vinyl windows: a larger one on the west and a smaller one on the east. A wide board covers the wing roof flashing. Multiple ventilation pipes and attic vents are visible on the eastern side of the roof.

Side Façade – East

The basement level is finished with stucco and features two window openings with wells supported by small concrete retaining walls. The windows are vinyl sliders with metal security grills. A wood water table with a cap runs above these windows.

The first floor includes a replacement double-hung vinyl window in the one-story rear wing, providing light to the bathroom. Below this window is an air conditioner condenser added in 2010. A character-defining feature of this facade is a rectangular oriel window covered by a hipped roof, with a ribbon of three large double-hung replacement vinyl windows. This window is supported by ornate wood corbels, has wood corner boards, and a wood water table and cap aligning with the windowsill.

A second, smaller oriel window, also character-defining, is located north of the first, projecting about a foot from the wall and positioned eight feet above the ground. This window, at the interior stair landing, is a one-over-one replacement double-hung vinyl window with ornate wood corbels, corner boards, and a small hipped roof with frieze board and fascia.

The second floor has two one-over-one replacement double-hung vinyl windows, one at each end, illuminating the corner bedrooms. These windows have wood trim and sills. The roof eaves project with tongue-and-groove soffit, frieze board, fascia, and wood decorated modillions.

Interior

First Floor

The first floor consists of three rooms, a bathroom, and a kitchenette. It features original tongue-and-groove wood floors throughout, except in the kitchenette and bathroom. Most rooms have a wood wall base, with some replaced in kind. The walls are painted and feature an original wood picture rail with some in-kind replacements.

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Foyer

The main entry door on the north elevation opens to a small foyer on the east, with a hallway leading to the kitchenette and other rooms straight south from the door. A large double-hung vinyl window with original wood trim and sill illuminates this room. The east side features the first flight of a half-open wood stair leading to the second floor. The U-shaped stair has original wood steps with round nosing, an original square newel post and paneled shaft, and plain cap extended in 2010 to meet code. The wood handrail and balusters were also extended to meet code. The oriel window described above illuminates the stairs on the east. Under the stairs is a closet with an original four-panel painted wood door, historically used to store medicines.

Front Room – Wayne’s Room

Named in honor of Wayne Oros, one of Juniper House’s first residents upon its 1987 opening, this room is rectangular with a large window on the north wall facing the front porch, another on the west facing SE 20th Avenue, and a door on the east wall. The stained hinged five-panel wood door, installed in 2011, conceals the original pocket door. The room has historic wall bases on the north and west walls, with replacements in-kind on the other walls, and a picture rail similar to the foyer. The south wall was replaced in 2011. There are two non-historic light fixtures in the ceiling.

Hallway

The hallway divides the house east and west from the entry door and is finished in the same style as the foyer. It originally had a door separating it from the foyer, now removed, leaving only the wood trim and frame. It has a door on the west leading to the fireplace room and another on the east leading to the former dining room. The hallway ends at the former kitchen, now a kitchenette. The east wall separating the dining room was built between 1989 and 2010, as evidenced by building permits and the house’s documentaries.

Fireplace Room

South of Wayne’s Room, this room was part of a larger living room before being divided into two bedrooms during the period of significance in 1987. The dividing wall was removed in 2010 and rebuilt in 2011. The room features painted walls and a picture rail (Photo 9). A large ribbon of three windows faces SE 20th Avenue, allowing light into the room, finished with simple wood trim and sill. The room has shadows where an original oriel window once was. The fireplace in the southeast corner, on a chamfered wall, features a modest mantel with two Ionic pilasters, a frieze, a shelf, and cornice, with egg-and-dart moldings. The brick firebox has been repainted and is framed by two shelves of unpainted brick, holding four red clay flower pots. A black stone hearth, measuring four by four feet, lies below. A stained hinged five-panel wood door on the south leads to the hallway.

Dining Room

Located on the eastern side of the house, this room was divided in 2010 to create a small bathroom and a hallway to the kitchenette. A window facing the east oriel provides light to the room. It is finished similarly to the other first-floor rooms, with wood trim, a picture rail, and a light fixture in the center of the ceiling. A new window, added in 2010, is centered on the southern wall.

Kitchenette

The kitchenette, which replaced the house’s original kitchen in 2010, is finished with vinyl flooring and walls painted above a wood wall base. Cabinets, appliances, and a sink were installed in 2010. A door on the west leads to the back deck and a small flight of stairs to the backyard.

Bathroom

A small bathroom is located between the former dining room and kitchenette. It was renovated in 2010 and features vinyl flooring, a sink, a toilet, and a tub with a shower.

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Second Floor

The second floor includes four rooms and a bathroom. Original floors and wall bases are maintained throughout. Each room has wood picture rails and original or replacement wood windows.

Central Hall

A central hall connects all second-floor rooms, with original stairs leading to the attic.

Front Bedrooms

The two northernmost rooms, the front bedrooms, each have a window facing the front and another facing the sides. They feature original wood trims, wall bases, and picture rails.

Bathroom

A bathroom, renovated in 2010, has vinyl flooring, a sink, toilet, and a tub with a shower. The room features wood trim and a vinyl window.

Rear Bedrooms

The two southernmost rooms, the rear bedrooms, have windows facing the backyard and sides. They feature original wood trims, wall bases, and picture rails.

Attic

The attic, accessible by a staircase in the central hall, remains unfinished and is used for storage.

Basement

The basement is partially finished and contains a kitchenette added in 2010, storage, and an office space—the same office used during the period of significance, with walls painted and floors covered with vinyl tiles. The basement also houses the building's mechanical systems and features an exterior door in the west wall.

Use of Spaces during the Period of Significance and Contemporary Modifications

By the time of the Juniper House's opening in 1987, the building at 2006 SE Ankeny Street had undergone several alterations by previous tenants.² During a series of interviews with Doug Foland, manager of Juniper House from 1987-1989, Foland explained the conditions under which Juniper House founders found it, and the alterations they made to adapt it to the needs of Juniper House.

Exterior

Exterior alterations were kept minimal to draw less attention for safety. A carpet was added to the front porch to help keep the space warm enough to use. The most significant change was the addition of a concrete ramp at the rear of the house built by one of the volunteers. It was installed a few months after Juniper House began operating to assist in transportation of individuals and used to increase access to the house for those in wheelchairs. After the opening of Assisi House, construction of another concrete path in the rear of the properties allowed Assisi House residents and staff to access Juniper House's ramp. The ramp and remnants of the path remain extant.

² The City of Portland has few permit records of these alterations, with the earliest being an oil tank installation in 1942. Permit records became more detailed from the 1960s onwards. Between the 1940s and 1970s, a bay window on the southeast end of the house facing SE 20th Avenue was removed and later reinstalled. Alterations dating from 1970 to 1987 include: converting the basement into a living space; carpet installed throughout the house; kitchen modified with a new sink added to the north wall; new bathroom added to the second floor (without permit); a greenhouse installed in the 1970s and later removed; and the downstairs bathroom improved. See Hearing Officers. "Report of Hearing: Conditional Use for a 'Birthing Home.'" City of Portland. Bureau of Planning, July 13, 1982. file CU24-84.

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Interior

The original long living room with a fireplace was divided to create two rooms as they are today. This allowed the organization to have multiple beds on the first floor depending on the needs. A volunteer assisted in covering the walls with wood paneling to help with sound insulation, according to founder Doug Foland. All floors had a heavy-duty chocolate color carpet that was already in place by 1987. The front room was named Wayne's Room after early resident Wayne Oros.³

An article in the Salem Statesman-Journal six months after Juniper House opened describes a resident named John Heath, a 39-year-old former chef from Los Angeles, hanging out with another resident, Gary Wills, 33, in "the fireplace room," a converted living room adorned with green plants and a stained-glass butterfly hanging in the window inscribed with the following: "God hath not promised sun without rain; Joy without sorrow: Peace without pain."⁴

The Dining Room was used for family style dining with a large table in the center. A volunteer built a wet bar with a sink and a dishwasher on the west wall of the room south of the door since they needed one sink for medicine separate from kitchen duties. Today, this room has been modified; it was reduced in size to create a hallway that was not original to the house.

The closet under the stairs in the foyer stored medicines and was kept locked with access only by Trevitts, Weyeneth, and Foland.

The kitchen was located in its original location on the first floor and included a sink, counters, a range, and a refrigerator. When Juniper House moved in, there was a sink next to the range that they removed. There were two doors on the west, one to the basement and connected to a rear porch that leads to the street.

The first-floor bathroom was located where it is today; it had a sink with a cabinet as seen in the Channel 8 documentary and had linoleum tiles.⁵

To access the second floor, a stair that had only one railing was used. After a few months the group installed a lift chair to move patients upstairs. This lift is no longer installed.

The second floor had the same configuration as it does today, with four bedrooms and a bathroom. The small bedroom on the southeast corner was the staff room, where staff would sleep, in addition to housing paperwork and an office desk.

The basement housed the laundry (replaced by a new kitchenette in 2010). There was an office space on the northwest corner that was used by an engineer. The space on the northeast corner was used as a storage space. The unfinished space on the southeast corner was also used for storage.

Alterations After the Period of Significance

Many of the following alterations are known from 2010 permit records held by the City of Portland. Additional changes not documented in the 2010 permit are known from interviews with the current owners, Katharine Gage and Joe Doherty.

1990 - 2010

- A wall dividing the hallway and dining room was added, including pocket doors.
- The wet bar was removed.

³ "Juniper House: In Search of Comfort, Front Street Weekly Special #723." Produced by Oregon Public Broadcasting, April 26, 1988. Video in this link: <https://americanarchive.org/catalog/cpb-aacip-526-r20rr1qt1x>

⁴ "AIDS Home Helps: Portland House Shelters Victims," *Salem Statesman-Journal* (November 16, 1987), 3C.

⁵ "AIDS: Close to Home." VHS. Portland, Oregon: KGW - TV, September 9, 1987. Doug Foland's personal archive.

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- All exterior wood windows on the first and second floors were replaced with vinyl windows.

2010 - 2011

- The carpet was removed from the wood floors.
- The wall dividing the living room was removed and later restored to create individual office spaces.
- Upstairs bedrooms were reconfigured to their original layout as two separate rooms.
- The first-floor bathroom was renovated to meet ADA standards, including new flooring, toilet, sink, grab bars, and a widened door.
- The upstairs bathroom was fully renovated.
- All light fixtures were updated.
- The original kitchen on the first floor was renovated, becoming a kitchenette without a cooking range.
- A new kitchenette was created in the basement, replacing the laundry.
- The laundry area was removed from the basement.
- Stairs to the basement and stairs to the back porch were added to meet egress codes.
- New flooring and handrails were installed on the stairs.
- The basement ceiling was replaced with fire-rated gypsum board, and new structural columns were added.
- A new vestibule wall was added for fire safety.
- A new furnace and cooling system were installed.
- The fireplace was decommissioned, and the chimney was removed.
- Rear backyard entrance stairs were relocated, and new fencing was installed.
- The back porch was altered by the removal of several high window openings and the addition of new wood siding (compare Figure 18 and Photograph 4).

Character-Defining Features

Juniper House's character-defining features collectively convey its significance as a place of refuge, community, and compassionate care, marking an important chapter in the history of the AIDS crisis and the response to it in Oregon and beyond. Considering stigma and discrimination towards individuals living with HIV/AIDS and health care workers caring for people with AIDS (PWAs) during the period of significance, it was imperative that Juniper House operate in a private and unassuming property to not draw harassment. The character-defining features of the property are:

- Residential neighborhood setting
- Landscape and enclosures
- Typical Craftsman exterior and interior
- Private and communal rooms
- Spatial organization

Exterior

Juniper House's setting, landscape, and exterior are key character defining features. The surrounding setting of a residential neighborhood instead of a large health facility fostered a sense of normalcy for the residences and allowed end-of-life HIV/AIDS care to go undetected by seamlessly blending into the neighborhood.

The landscaping and enclosures created a serene and life-affirming environment, starkly contrasting clinical settings of hospitals, while contributing to the intentional privacy, safety, and discretion sought during its period of significance. This natural setting was integral in promoting a sense of peace and well-being among residents. The stepped terraces, metal fence with swing gates, and dense bushes were carefully designed to enhance both privacy and aesthetics. The landscape elements contribute to the house's character by maintaining its privacy and blending into its residential surroundings, while still offering a welcoming and accessible environment for its residents.

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The 1987 concrete ramp located in the southwest corner of the lot reaching the southeast corner of the house was an essential accessibility addition.

The exterior of this circa 1902 Craftsman house allowed Juniper House to blend seamlessly into the neighborhood with the house's plain appearance. The converted residential property maintained the look and feel of a typical family home. The front porch with its colonnade offered space for residents to sit outside, enjoy fresh air, and feel a sense of normalcy. The window patterns allowed residents to look out on the streets and have sunlight in their rooms. It also continues to reflect the residential style of property. This choice of property underscored the goal of creating a home-like, non-institutional atmosphere for the residents.

These elements, combined with keeping the address of Juniper House secret, ensured privacy, safety, and discretion for its residents and care staff. This was crucial in providing a secure and peaceful refuge for those close to death.

Interior

Juniper House's interior retains major features of the circa 1902 Craftsman residence, contributing to the home-like atmosphere sought after for this end-of-life care facility. Original tongue-and-groove wood floors, wood wall bases, and wood picture rails remained present throughout the house. The house's original hallway maintained its original layout, creating a small foyer across from residential rooms in the entry. Few modifications allowed for better accessibility and privacy in the entry.

The interior rooms were designed to be cozy and personalized. Residents decorated their rooms with plants and art, including mounted calligraphy with comforting messages. While personal artifacts from the period of significance are no longer present in each room, the setup of the rooms with the original wood picture rails, their adaptability for each resident, and the division between them promoted a sense of normalcy, comfort, and privacy that remains present.

In addition to the house's private residential rooms throughout the first and second floor, rooms like the foyer and Fireplace Room served as communal spaces for residents. These spaces remain, though slightly modified.

The spatial organization of these spaces to provide for large numbers of individuals, simultaneously foster community and residential privacy, and meet the needs of health care services described above can be observed in documentaries filmed at the house during the period of significance, illuminating how they were key spaces for Juniper House's residents.⁶

Integrity Evaluation

Juniper House retains a high degree of integrity across all seven aspects, ensuring its continued recognition as a historic home converted into a care facility during the AIDS crisis.

Location and Setting: The integrity of location and setting is exceptionally strong, as Juniper House remains in its original location within a walkable, predominantly residential neighborhood. The surrounding neighborhood has remained largely unchanged. This context is crucial in understanding the house's role as a discreet and secure refuge for individuals during the AIDS crisis, maintaining the same secluded and tranquil environment that was essential for its function.

Design: Key exterior character-defining features such as the front porch with its colonnade, the concrete ramp providing rear access, the window pattern, the small oriel window on the staircase, and the large oriel window in the dining room have been preserved. The house's designed spatial organization with a foyer, stair, two rooms on the west, a kitchen area at the end of the house, a bathroom on the southeast

⁶ "AIDS: Close to Home."

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corner, four bedrooms and bathroom upstairs, and a utilized basement remains highly intact from the period of significance. These elements reflect its dual role as a residential home and a care facility.

Materials: While there have been some changes in materials since the end of the period of significance, such as the replacement of exterior windows, these alterations have not significantly impacted the house's historical essence. The majority of materials dating to the period of significance, especially those contributing to the house's character, remain intact.

Workmanship: The craftsmanship of the house, including the fireplace mantel and decorations, the U-shaped staircase with the oriel window at the mid-landing, and the detailed woodwork, continues to reflect the quality of the period. These preserved elements highlight the skill involved in adapting the house for its role as a hospice.

Feeling and Association: Juniper House retains excellent integrity of feeling and association. The atmosphere of safety, comfort, and compassion that defined its use as an end-of-life care facility during the period of significance remains palpable. This emotional and associative integrity is critical in conveying the house's historical importance as a sanctuary for those affected by HIV/AIDS.

Despite various alterations since the period of significance, Juniper House retains its character-defining features including a residential neighborhood setting, landscape and enclosures, typical Craftsman exterior and interior, private and communal rooms, and spatial organization of specific rooms. Juniper House continues to convey its historic healthcare associations with the LGBTQ+ community as a groundbreaking end-of-life care facility for individuals with HIV/AIDS. The integrity of location, setting, feeling, and association are particularly strong, ensuring the property's significance as an AIDS hospice is clearly communicated.

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8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A Owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years old or achieving significance within the past 50 years.

Areas of Significance

(Enter categories from instructions.)

SOCIAL HISTORY: LGBTQ History

HEALTH/MEDICINE

Period of Significance

1987-1989

Significant Dates

1987 Opening of HIV/AIDS End-of-Life Care Facility

1989 Closing of HIV/AIDS End-of-Life Care Facility

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation (if applicable)

N/A

Architect/Builder

Unknown

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Period of Significance (justification)

The period of significance spans from the opening of Juniper House in 1987 as Oregon's first end-of-life care home for patients with HIV/AIDS until it ceased operations in September 1989.⁷ During this period, Juniper House filled a critical void in Oregon's healthcare system by providing essential, compassionate end-of-life care to people with HIV/AIDS.

Criteria Considerations (explanation, if necessary)

Criteria Consideration G is applicable because the period of significance for Juniper House is less than 50 years before the date of this nomination. According to National Register Bulletin 22, *Guidelines for Evaluating and Nominating Properties that Have Achieved Significance Within the Past Fifty Years*, "properties that have achieved significance within the past 50 years may be listed in the National Register of Historic Places, according to the National Register Criteria for Evaluation, only if they are of 'exceptional importance,' or if they are integral parts of districts that are eligible for listing in the National Register."⁸

Juniper House meets the requirements of Criteria Consideration G because it holds exceptional importance as Oregon's first end-of-life care home for people with HIV/AIDS. Between May 1987 and September 1989, the facility played a pioneering role in providing end-of-life care specifically for individuals with HIV/AIDS at a time when most mainstream healthcare facilities refused to admit them due to widespread social stigma and fear of transmission. Within this context, Juniper House provided people with HIV/AIDS with essential end-of-life care in a compassionate, home-like setting, focusing on comfort and pain management rather than life-extending treatments. The facility's commitment to providing dignified, compassionate care for marginalized individuals—many of whom had been abandoned by their families and lacked financial resources—addressed the vital need for such services and highlighted the failures of existing healthcare systems to serve the needs of those affected by the AIDS epidemic. Juniper House also participated in various media efforts aimed at increasing public awareness and reducing stigma around HIV/AIDS and inspired the establishment of several additional care facilities across Oregon and the Pacific Northwest, helping to further address the gap in care for people with HIV/AIDS. Overall, Juniper House's groundbreaking approach to compassionate care during the AIDS crisis and its profound impact on statewide healthcare and LGBTQ+ history in Oregon establish its exceptional importance and satisfy the requirements of Criteria Consideration G.

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations).

Juniper House is eligible for the National Register of Historic Places under Criterion A for its groundbreaking role as Oregon's first end-of-life care home dedicated exclusively to patients with HIV/AIDS and its substantial impact on statewide healthcare and LGBTQ+ history. Between its opening in May 1987 and its closure in September 1989, Juniper House filled a critical void in the state's healthcare system during a period marked by widespread stigma and systemic discrimination. Funded through a combination of community donations, volunteer efforts, and Medicaid/Medicare benefits, Juniper House not only offered medical care but also provided emotional support and a sense of community, exemplifying the power of grassroots action in responding to a public health crisis. Its influence extended well beyond its immediate vicinity; within just two years of its opening, Juniper House inspired the establishment of several more end-of-life care facilities dedicated to individuals with HIV/AIDS in Portland, Hillsboro, Roseburg, and Eugene. Juniper House's legacy is marked by its role in shaping public perception and response to the AIDS crisis, contributing to broader advancements in healthcare for marginalized communities. Its pioneering model of care and its impact on

⁷ Juniper House Team, "Juniper House Statement of Purpose."

⁸ Marcella Sherfy and W. Ray Luce, *Guidelines for Evaluating and Nominating Properties that Have Achieved Significance Within the Past Fifty Years*, National Register Bulletin 22 (Washington, D.C.: U.S. Department of the Interior, National Park Service, 1979 [rev. 1990, 1996, 1998]), 1.

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statewide healthcare practices make it a significant example of how community-driven efforts can address major health crises, and its history also reflects broader themes in LGBTQ+ health and the ongoing struggle against discrimination. As described in the preceding section, the property satisfies Criteria Consideration G for properties achieving significance within the past 50 years.

Narrative Statement of Significance (Provide at least one paragraph for each area of significance.)

HIV/AIDS in the United States

Unless otherwise noted, the following historical context on HIV/AIDS is summarized from the LGBTQ & Medicine chapter of the National Park Service's LGBTQ America: A Theme Study of Lesbian, Gay, Bisexual, Transgender and Queer History (2016), authored by Katie Batza.⁹

HIV/AIDS was first reported in June 1981, and from its onset, the disease disproportionately affected gay men. Initially referred to as Gay-Related Immune Deficiency (GRID), it was officially named AIDS in July 1982 after a meeting between gay leaders, government officials, and the CDC. The term GRID was abandoned due to its stigmatizing implications, but the disease's association with the gay community led to severe discrimination.

This discrimination had tragic consequences. For example, Brewer's Hotel in Pittsburgh, a rundown building situated above a blue-collar gay bar, became an informal hospice for AIDS patients who had lost their homes and financial resources. In this makeshift sanctuary, volunteer nurses provided palliative care to those displaced by societal stigma and unable to afford medical treatments. Similarly, the Arthur J. Sullivan Funeral Home in San Francisco was one of the few establishments willing to handle the bodies of AIDS victims during the early years of the epidemic, a critical service in a time when many funeral homes refused such duties.

The early AIDS crisis also sparked significant activism. In March 1987, the AIDS Coalition to Unleash Power (ACT UP) was founded in New York City. This group became renowned for its bold and disruptive tactics aimed at demanding immediate action on AIDS. One of their notable protests in October 1988 involved a massive demonstration at the FDA offices in Rockville, Maryland, which brought national attention to the slow pace of drug approval. The following year, ACT UP organized a "die-in" at the New York Stock Exchange to challenge drug pricing, successfully pressuring the pharmaceutical company Burroughs Wellcome to lower the cost of AZT, the first approved AIDS drug. A year later, in 1990, ACT UP staged a dramatic protest at the National Institutes of Health, featuring gravestone-shaped posters, to criticize the sluggish pace of research and lack of diversity in clinical trials.

In parallel, The Names Project, conceived by San Francisco activist Cleve Jones in 1985, played a crucial role in raising awareness and honoring those lost to AIDS (Figure 21 and 22). The project encouraged individuals to create commemorative quilt panels for their deceased loved ones. The AIDS Memorial Quilt, which was displayed in its entirety on the National Mall in Washington, DC, in October 1996, served as a powerful visual testament to the scale of the epidemic and the lives it had claimed.

Another significant organization, amfAR (The Foundation for AIDS Research), was established in 1985 and became instrumental in funding AIDS research and service programs. Their support was vital in advancing the understanding of HIV and developing new treatments.

⁹ Katie Batza, "LGBTQ & Health," *LGBTQ America: A Theme Study of Lesbian, Gay, Bisexual, Transgender and Queer History* (2016), 22-8-10.

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These early initiatives were pivotal in reshaping the relationship between LGBTQ communities and the federal government, which was frustratingly slow to respond to the crisis. On June 24, 1987, President Ronald Reagan's administration established the Commission on the HIV Epidemic.¹⁰ This commission focused on various critical issues, including the urgent need for hospices. In March 1988, the San Francisco Department of Public Health hosted the Commission on AIDS for two public hearings and tours of local AIDS-related facilities. Commissioners witnessed firsthand the severe impact of HIV/AIDS on individuals living at the Shanti Project hospice and San Francisco General Hospital's pioneering AIDS wards 5A/B.¹¹ These experiences underscored the necessity of supportive environments for those living with AIDS.

In November 1988, President Reagan signed the Health Omnibus Programs Extension (HOPE) Act, which allocated federal funds for AIDS prevention, education, and testing. This landmark legislation established the Office of AIDS Research and the AIDS Clinical Trials Groups at the National Institutes of Health (NIH). These initiatives provided crucial support for organizations like Juniper House and facilitated the development of similar entities across the Pacific Northwest.

Caring for People with HIV/AIDS

The 1970s and 1980s saw the emergence of various LGBTQ-specific health services that addressed both medical and social needs. In Chicago, the Man's Country Bathhouse launched a VD Van program in 1974, which provided free venereal disease testing at gay nightclubs, transforming these spaces into sites of health education and care. In Portland, the Workout Baths, the Olympic Baths, and the Majestic Hotel and Club Baths cooperated with the Multnomah County Health Department to provide "free and confidential venereal disease checks" in the early 1970s and mid-1970s.¹² These were important precedents for HIV/AIDS health education to expand upon.

As the HIV/AIDS epidemic grew, the need for end-of-life care facilities for those affected became evident. Initially, care for people with HIV/AIDS often came from lovers and friends, especially for those rejected by their families due to the stigma.¹³ Many hotels became informal hospices for individuals who had lost their homes to housing discrimination, spent their savings on expensive and ineffective treatments, or lost their jobs.¹⁴ These hotels provided a place to die in comfort under the care of volunteer nurses.¹⁵ People realized quickly that individuals dying of AIDS and AIDS-related complexes required specialized care, as they often experienced long stretches of feeling well, and the point at which a patient became terminal was difficult to pinpoint – unlike with cancer, for example.¹⁶

While the majority of people with AIDS died in the care of lovers and friends, San Francisco organizations pioneered the field of end-of-life AIDS care. In July 1983, in response to the overwhelming numbers of

¹⁰ "Panel Sets AIDS Study Guidelines," *Salem Statesman-Journal* (December 3, 1987), 1.

¹¹ "Schedule Changes for AIDS Panel," *San Francisco Chronicle*, March 24, 1988, B7.

¹² "Operation Steamclean," *Northwest Gay Review*, May 1974. Also see Kristen Minor, Hotel Alma amendment, May 24, 2024, 19-20, for additional information on Portland bathhouse health education work during the HIV/AIDS epidemic.

¹³ Donna J. Graves and Shayne E. Watson. "Citywide Historic Context Statement for LGBTQ History in San Francisco." Prepared for City & County of San Francisco (March 2016), 302.

¹⁴ Hospice is a specialized end-of-life care facility, with a specific regulatory framework, first established in the United States in 1974. By 1978, the U.S. Department of Health, Education, and Welfare Task Force endorsed the hospice concept, leading to federal support. In 1982, the Medicare Hospice Benefit was established, becoming permanent in 1986. For more information on the history of hospice, see, Paul E. Tatum.

¹⁵ Katie Batza, 22–29.

¹⁶ "Hospice Officials Report Public Panicky Over AIDS," *Corvallis Gazette-Times*, October 29, 1989, A2.

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individuals with HIV/AIDS in San Francisco and increased fear about treating them in conventional medical units, San Francisco General Hospital opened Ward 5B: the first inpatient AIDS unit in the world.¹⁷ Years later, on March 2, 1987, San Francisco's Order of the Blessed Sisters of Charity converted their Castro District hospice into Coming Home Hospice, becoming the first HIV hospice in the country.¹⁸ That was followed quickly by the Hartford Street Zen Center, also located in the Castro neighborhood, which opened the Maitri Hospice.¹⁹ San Francisco's Shanti Project followed as it grew out of the University of California San Francisco's cancer ward and became "one of the world's very first community-based organizations to help support people diagnosed with HIV/AIDS during the epidemic's early, most traumatic days."²⁰

By 1987, Oregonians with HIV/AIDS experienced worsening healthcare services due to increased need and demand for care. The cost of care at health institutions was expensive. Misinformation and stigmatization influenced many hospitals, nursing homes, and healthcare staff to refuse care.²¹ Additionally, many existing health providers admitted to inadequate knowledge and services specifically for people with HIV/AIDS. Physicians were instead assisting individuals to be placed in facilities like Juniper House because other health institutions would not and could not best care for people with HIV/AIDS.²² Having additional facilities like Juniper House became essential as projections estimated that Oregonians with HIV/AIDS would occupy 95 of the state's 4,911 staffed hospital beds by 1993.²³

Caring for people with HIV/AIDS in the 1980s required practitioners unafraid of the epidemic's stigma. The director of Hospice of St. John in Denver, Colorado, a 38-bed AIDS hospice, who attended a conference in Portland for hospice practitioners focused on AIDS in October 1989, described the public attitude toward AIDS as widespread "disdain" leading to calls for "quarantines similar to leper colonies.... People with AIDS are the lepers of the 20th Century, AIDS is the plague of the 20th Century, and the mystery surrounding it is creating public fear and panic."²⁴

HIV/AIDS in Oregon: 1980s to 1990s

Early Impact and Initial Cases

While New York and San Francisco were the epicenters of the AIDS crisis in the U.S., Oregon also faced significant challenges. The state's first reported AIDS case involved a 31-year-old man diagnosed with Kaposi sarcoma, as reported by *The Oregonian* on February 14, 1982.²⁵ Portland saw its first AIDS-related deaths in March and April 1983. By the summer of 1983, six known cases of HIV/AIDS had emerged in Oregon, all in the Portland area.²⁶ This number tripled by the end of the year, affecting not only the LGBTQ+ community but also intravenous drug users, sex workers, and individuals infected through medical procedures and pregnancy.

¹⁷ Donna J. Graves and Shayne E. Watson, 295.

¹⁸ "Coming Home Hospice for AIDS Patients at 115 Diamond Street - 1990." Max Kirkeberg Collection, San Francisco State University. Accessed September 21, 2023, <https://diva.sfsu.edu/collections/kirkeberg/bundles/229734>.

¹⁹ Donna J. Graves and Shayne E. Watson, 302.

²⁰ "Our Story." Website. Shanti Project. Accessible at <https://www.shanti.org/about-us/our-story/>.

²¹ Patrick O'Neill, "A Place to Call Home," *The Sunday Oregonian* (November 15, 1987), sec. 3M - B.

²² Patrick O'Neill, "Nursing Homes Not Taking AIDS Victims," *The Oregonian* (November 6, 1987).

²³ Patrick O'Neill, "Programs to Help Families, Friends of Aids Patients," *The Oregonian* (August 15, 1988).

²⁴ "Hospice Officials Report Public Panicky Over AIDS."

²⁵ Ann Sullivan, "Doctor Links Virus to Skin Cancer," *The Sunday Oregonian* (February 14, 1982), sec. 3M.

²⁶ "Metro Notes. AIDS Death Noted," *The Oregonian* (August 12, 1983), sec. C5.

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Though other demographics were impacted, physicians began advising only the LGBTQ+ community to use condoms to prevent the spread of HIV/AIDS.²⁷

Contributions to Research and Testing

Oregon's medical communities, largely based in Portland, made significant contributions to HIV/AIDS research and testing as early as 1982. Prominent research facilities included Providence Medical Center's Northwest Cancer Research Center, Oregon Health and Science University's Infectious Diseases Department, and Good Samaritan Hospital. Dr. David Regan, a blood specialist at Providence Medical Center's Northwest Cancer Research Center, utilized the center's blood test machines to detect blood abnormalities related to the developing epidemic.²⁸ Providence quickly became Oregon's primary "AIDS tracker" as the center documented 40 cases related to HIV/AIDS by 1983.²⁹

Portland's medical communities played an additional key role in convening conferences to disseminate HIV/AIDS information. In November of 1983, Good Samaritan partnered with local LGBTQ+ organization Phoenix Rising to spearhead a seminar on HIV/AIDS.³⁰ This brought together health officials from San Francisco and Oregon to learn the latest information. Phoenix Rising Executive Director Jerry Weller remembered in 2007 how the auditorium was packed with people as they spent multiple hours providing information to healthcare workers and LGBTQ+ Portlanders.³¹ The Oregon AIDS Task Force developed out of this meeting, with participants from private practices, OHSU, and LGBTQ+ Portlanders. In October 1989, Portland hosted what was reportedly the "first national convention of hospice care nurses and administrators," where the focus of the event was an urgent push to address what officials called a "widespread public disdain of people suffering from AIDS ... leading to calls for quarantines similar to leper colonies."³²

Portland's scientific community greatly impacted HIV/AIDS testing. In 1986, the local biotech company Epitope Inc. developed a pioneering test to screen for HIV antibodies using the Western Blot method.³³ By October 1987, this test was utilized in the U.S. and Western Europe to confirm positive HIV results.³⁴ Confirmation testing was significant given that 1987 projections of HIV/AIDS estimated that for every reported case, 50 to 100 people were asymptomatic.³⁵

Advocacy and Support Groups

Numerous LGBTQ+ supportive groups throughout Oregon organized support groups and educational campaigns to raise awareness about HIV/AIDS. In 1987, Mid-Oregon AIDS Health/Educational/Support Services Inc. offered a phone line for those seeking guidance.³⁶

²⁷ Oz Hopkins, "Doctors Stalk Cause of Insidious Disease," *The Sunday Oregonian* (February 20, 1983), sec. B.

²⁸ Portland Providence Medical Center acquired one of three Cytofluorograph machines in the nation to test blood cells. Detecting levels of "helper" T-cells, which help the immune system, determine HIV/AIDS diagnosis. Ann Sullivan, "Human blood cell 'sorter' captures medical attention," *Oregonian*, Tuesday, September 23, 1980.

²⁹ Tom Hager, "AIDS: Deadly Enigma," *Oregonian*, October 2, 1983, NW8.

³⁰ Good Sam does AIDS presentation," *Just Out*, November 11, 1983, 5.

³¹ Oral history interview with Jerry Weller, by Libbey Austin, SR 11124, Oregon Historical Society Research Library.

³² "Hospice Officials Report Public Panicky Over AIDS."

³³ Oz Hopkins, "Portland Company Works on Test to Diagnose AIDS Infection," *The Oregonian* (October 5, 1986), sec. METRO/NORTHWEST - B1.

³⁴ "Epitope to Buy Back Some of Its Stock," *The Oregonian* (October 28, 1987), sec. C5.

³⁵ Holly Danks, "Students Take Warning from AIDS Conference," *The Oregonian* (n.d.), sec. D2.

³⁶ "Need Help?," *Salem Statesman-Journal* (January 6, 1987), 10.

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In Portland, various organizations and support groups formed or expanded their efforts in response to the epidemic starting around 1983. Notably Phoenix Rising, Community Health Support Services (CHESS), Chester Esther Brinker Fund and Esther's Pantry, Cascade AIDS Project (CAP), and the Imperial Sovereign Rose Court Focused on both education and support for those affected by HIV/AIDS. Named after Chester Brinker, a leader in the LGBTQ+ community who died early in the epidemic, Esther's Pantry and the Brinker Fund provided food, financial and material support to people with HIV/AIDS. Esther's Pantry, initially located in the basement of Portland's LGBTQ+ Embers Avenue on NW Broadway, was the first dedicated food bank for those with HIV/AIDS.³⁷

The Personal Active Listener Service (PALS) program was another key initiative emerging during this time and directly supported residents of Juniper House. PALS volunteer Jaime Morrocco described how volunteers accompanied residents to appointments and provided companionship during their final moments. The emotional demands of the program were intense, often limiting volunteers to one or two participations.³⁸

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Founding & Planning

In the mid-1980s, the HIV/AIDS epidemic emerged as a devastating crisis, marked by widespread fear, stigma, and discrimination. As the number of AIDS cases surged, the urgent need for compassionate care and safe havens for those afflicted became increasingly evident. Juniper House was founded within this context, serving as a beacon of hope and humanity in the Pacific Northwest.

Juniper House was established by Doug Foland, a former public relations executive for a national hotel chain, and John Trevitts, a Portland housing manager originally from East Harlem.³⁹ Foland met Trevitts while managing the low-rent Beaver Hotel in downtown Portland.⁴⁰ Deeply troubled by the lack of care for people with AIDS, Trevitts was determined to make a difference. He expressed his frustration, saying, "It makes you sick. I don't like thugs, and I don't like thuggish issues where nobody's doing anything. How come nobody [opened an AIDS hospice] before?"⁴¹

Doug Foland's journey to founding Juniper House was marked by profound personal transformation. A devout Catholic, he had taken a personal vow of poverty, chastity, and obedience to the will of God several years earlier.⁴² Foland spent a year in the Jesuit Volunteer Corps, volunteered with the Providence Medical Center hospice program in Portland, and eventually became a third-order Franciscan. Reflecting on the challenges faced by those with AIDS, Foland said, "You hear so many bad things about AIDS. You hear about people burning down that house where those children who had AIDS lived. But there are hundreds and hundreds of people out there of all faiths who are compassionate and loving and kind."⁴³

³⁷ Interview with John Terrill.

³⁸ Jaime Morrocco. Phone Interview about Juniper House. Interviewed by Ernestina Fuenmayor, December 20, 2023.

³⁹ "AIDS Home Helps: Portland House Shelters Victims."

⁴⁰ The Burnside Project Inc. was a shelter operator that worked on a plan to relocate unhoused people from "Skid Road" and other areas of downtown. They had an office in the Beaver Hotel in Portland.

⁴¹ "AIDS Home Helps: Portland House Shelters Victims."

⁴² "AIDS Home Helps: Portland House Shelters Victims."

⁴³ "AIDS Home Helps: Portland House Shelters Victims."

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Religion played a significant role in the founders' motivation. "This is a calling and a ministry, but we're not pushing religion down anyone's throat," Foland emphasized. "We feel the goodness and compassion we share speaks of a loving spirit without mentioning religion."⁴⁴

Trevitts invested 80 percent of the funds needed to start the project at 2006 SE Ankeny Street in Portland's Buckman neighborhood, a historic area with affordable homes.⁴⁵ He took out a lease-option on a house, while Foland began rallying volunteers.⁴⁶

Planning for Juniper House began on February 11, 1987.⁴⁷ Trevitts and Foland named their new end-of-life-care home "Juniper House" after Junípero Serra of the Order of St. Francis of Assisi.⁴⁸ Foland recruited Jan Weyeneth, a Licensed Practical Nurse from Portland's Providence Hospital, initially as a volunteer and later as a staff member.⁴⁹ Together, Trevitts, Foland, and Weyeneth set the goals and aspirations for Juniper House and its later counterpart, Assisi House. They aimed to create a centrally located care facility with minimal modifications needed.⁵⁰

According to the Juniper House Statement of Purpose (Figure 19), the facility aimed to provide a supportive environment for individuals dying of AIDS, addressing their spiritual, emotional, physical, and social needs:

Juniper House was established by a few people in the community who saw a need for a place that those dying of AIDS/ARC could live in; with a supportive environment.

We understand that persons diagnosed, living with and dying of AIDS/ARC, face many issues and may have many needs. These needs include spiritual, emotional, physical, and social support.

Our goal is to meet these needs and support the residents, family and friends in the best environment possible.

Our hope is to nurture and strengthen those in need, provide comfort and death with dignity. Our prayer is that God be with us and give us his peace.⁵¹

Though contemporary news sources termed Juniper House a hospice, John Trevitts obtained a license to manage an Adult Foster Care (AFC) home from the Multnomah County Health Department, with a limit of five patients at a time.⁵² Challenges in obtaining a hospice license, overall affordability, and staffing requirements

⁴⁴ "AIDS Home Helps: Portland House Shelters Victims."

⁴⁵ Timothy Askin and Ernestina Fuenmayor. "National Register of Historic Places Inventory / North Buckman Historic District" (Department of the Interior, National Park Service, National Register of Historic Places, 2013), 16.

⁴⁶ "AIDS Home Helps: Portland House Shelters Victims." Foland rented the house from W. Bruce and Marjorie T. Morrison, who owned several properties in the city.

⁴⁷ Juniper House Team, "Juniper House Statement of Purpose."

⁴⁸ Interview with Doug Foland.

⁴⁹ Interview with Jan Weyeneth.

⁵⁰ Interview with Doug Foland.

⁵¹ Juniper House Team, "Juniper House Statement of Purpose."

⁵² The concept of AFCs was developed as an alternative for older adults and persons with disabilities who wish to live in the community but cannot do so independently. These programs balance home and community-based care, offering small, home-like residential settings known by various names: adult foster care, adult family homes, adult family care, residential care facilities, and sometimes assisted living facilities. Public funding for these care facilities has been available since the 1970s and was expanded in the early 1980s to grow the AFC system. See Robert Mollica et al. "Adult Foster

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influenced the decision to operate as an AFC.⁵³ AFC homes provide 24-hour assistance for adults who can no longer live alone, serving a small number of residents.⁵⁴ AFCs allowed for more flexible services compared to hospices, and did not require extensive infrastructure like exclusive bathrooms for each room (Juniper House had only two bathrooms shared among all residents).⁵⁵ These homes offer supportive services, personal care, and supervision for up to five older adults, typically in modified single-family residences within residential neighborhoods, just like Juniper House.⁵⁶ Oregon began licensing AFCs in 1986, requiring specific training that Juniper House staff met.⁵⁷ Multnomah County also requested detailed documentation of care protocols at Juniper House to guide future efforts since Juniper House was the first facility in Oregon exclusively for people with HIV/AIDS.⁵⁸

Funding for Juniper House came from various sources, including social security, welfare, Veterans Affairs, and private donations, though it was often insufficient.

Opening & Operations

Juniper House officially opened on May 5, 1987, providing the only group residential treatment for people with AIDS in the Northwest. The facility opened a month before President Reagan's Commission on the HIV Epidemic addressed the urgent need for HIV/AIDS care facilities.⁵⁹

The address of the nondescript Juniper House was kept secret to maintain the privacy of the residents and to avoid hostile reactions from the community.⁶⁰ Despite this secrecy, Juniper House received media attention with local newspapers highlighting its critical mission of housing and caring for people with AIDS, calling it "the symbol of strength and life evergreen even in the desert period of our lives."⁶¹ Within six months of opening, Juniper House had housed sixteen patients, seven of whom had died, while others had returned to their families.⁶² Wayne Oros, a 39-year-old former investment company business manager, was among the first residents. He had been found in a catatonic state brought on by neurological complications of AIDS, and Juniper House provided a much-needed care alternative to a rundown hotel.⁶³

Residents at Juniper House and Assisi House faced profound challenges including job loss, homelessness, and delays in social security payments. As one account put it, "One of AIDS' many cruelties is that it does not kill quickly. Those who fall ill eventually cannot work; many deplete their savings and are forced onto

Care: A Resource for Older Adults." Rutgers Center for State Health Policy. The Institute for Health, Health Care Policy and Aging Research (May 2008). Accessed at https://eadn-wc03-6094147.nxedge.io/cdn/wp-content/uploads/sites/default/files/AFC_resource.pdf.

⁵³ Interview with Doug Foland.

⁵⁴ "Overview of Adult Foster Home Program." Government website, Oregon Department of Human Services (2022). Accessed at <https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Overview.aspx>.

⁵⁵ "Code of Federal Regulations. Title 42 CFR 418.64." Government, National Archives. Accessed February 12, 2024, <https://www.ecfr.gov/current/title-42/part-418/subject-group-ECFR35b48a647589673>.

⁵⁶ Paula Carder et al. "2020 Adult Foster Home Resident and Community Characteristics Report on Adult Foster Homes." (Portland, Oregon: Portland State University, 2020), 1. Accessed at https://pdxscholar.library.pdx.edu/aging_pub/125.

⁵⁷ "A Guide to Oregon Adult Foster Homes for Potential Residents (Older Adults or Adults with Physical Disabilities), Their Family Members and Friends." (Salem, Oregon: Oregon Department of Human Services. Aging & People with Disabilities, 03/23), 2.

⁵⁸ Interview with Doug Foland.

⁵⁹ "Panel Sets AIDS Study Guidelines," *Salem Statesman-Journal* (December 3, 1987), 1.

⁶⁰ "AIDS Home Helps: Portland House Shelters Victims."

⁶¹ "Adult Foster Home for AIDS/ARC Opens," Unknown newspaper in Doug Foland's personal archive, dated 1987.

⁶² "AIDS Home Helps: Portland House Shelters Victims."

⁶³ "AIDS Home Helps: Portland House Shelters Victims."

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welfare.”⁶⁴ Some Juniper House residents volunteered for tasks around the house despite being sick and in early stages of the disease, eager to contribute to the growing community. According to Foland, “Instead of sitting at home in their hotel rooms, they want to be part of a growing community and offer what they can. We’re building a sense of community. This is really a place to come and live.”⁶⁵

Certified nursing assistants resided in the house to provide round-the-clock care related to meals, dressing, personal hygiene, activities, mobility, and medical needs, supported by volunteer nurses and hospice caregivers. Residents who required more intensive medical interventions were transported to hospitals.⁶⁶ Volunteers provided essential support, including cooking and donating food.⁶⁷ Providing such round-the-clock compassionate care was important to the many residents who lacked family and friends, and their belongings often represented their only remaining ties after their deaths.

Efforts to combat HIV/AIDS stigma were integral to Juniper House's mission, with initiatives aimed at educating the public about transmission risks. Doug Foland recalled instances where visiting family members wore excessive protective gear, a practice that residents found alienating and offensive. Jan Weyeneth involved her family in Juniper House’s community, bringing her mother and children to interact with the residents, often playing cards; her mother later became an active volunteer. This act aimed to combat the fear surrounding HIV/AIDS.

Despite its purpose to serve the dying, Juniper House remained a place of life and laughter. Gail Norton, a nurse who volunteered at the house, sometimes brought her children, Michelle, then 7, and Jeremy, then 9.⁶⁸ There was a steady flow of volunteers, friends of patients, their doctors, and people leaving gifts of food and household items.

During the peak of the AIDS crisis, most funeral homes were reluctant to provide services to those who had died of HIV/AIDS due to widespread fear and lack of education. Crown Cremation was one of the few funeral homes that worked with Juniper House, offering services for individuals who passed away while in residence.⁶⁹

Educating the Public on HIV/AIDS

Juniper House gained significant visibility through various media efforts aimed at increasing public awareness and reducing stigma around AIDS. On September 9, 1987, KGW-TV 8 aired a one-hour documentary titled “AIDS...Close To Home,” which focused on educating the public about the epidemic.⁷⁰ This was followed by Oregon Public Broadcasting’s special, “Juniper House: In Search of Comfort,” in April 1988.⁷¹ The latter was described by the *Statesman-Journal* as a detailed examination of the attitudes and lives of seven AIDS victims residing at Juniper House, sharing their experiences and reflections on death and dying.⁷²

⁶⁴ “AIDS Home Helps: Portland House Shelters Victims.”

⁶⁵ “AIDS Home Helps: Portland House Shelters Victims.”

⁶⁶ Interview with Jan Weyeneth.

⁶⁷ Interview with Doug Foland.

⁶⁸ “AIDS Home Helps: Portland House Shelters Victims.”

⁶⁹ Jan Weyeneth. Phone interview about Juniper House. Interviewed by Ernestina Fuenmayor, October 20, 2023.

⁷⁰ Boyd A. Levett. “Official Letter.” Newspaper clip in Doug Foland’s personal archive, dated 1987.

⁷¹ “Juniper House: In Search of Comfort.”

⁷² “Front Street Weekly,” *Statesman-Journal* (April 24, 1988), 35H. “TV Scout,” *The Coos Bay World* (April 26, 1988), 6.

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In recognition of its supportive environment, the Metropolitan Family Service nominated Juniper House for a Family Recognition Award on November 22, 1987.⁷³ The house became a symbol of community support and appreciation, exemplified by the internal newsletter "The Juniper Rag," founded by resident Steven Blazek.⁷⁴ The newsletter, with its single edition dated February 27, 1989 (Figure 23), aimed to share news and commemorate housemates.

Juniper House also contributed to the AIDS Memorial Quilt in 1987.⁷⁵ Their panel, displayed on October 11, 1987, on the National Mall in Washington, DC, featured the names of residents and a poignant poem by Weyeneth: "From Those Who are now Gone. We have learned Much. Most important. There is always Hope."⁷⁶

During this period, educational and advocacy efforts were crucial in shaping public opinion and response to AIDS. In 1987, Portland saw the launch of advocacy and outreach campaigns promoting condom use, though the word "condom" faced resistance in advertisements due to strong stigma.⁷⁷ Several Oregon newspapers, including *The Oregonian*, refused to publish such ads.⁷⁸

Phoenix Rising, a local counseling organization, played a pivotal role in establishing the Cascade AIDS Project (CAP), which began as a subcommittee in 1983.⁷⁹ By 1985, CAP had become an independent nonprofit and remains a major provider of HIV services, housing, education, and advocacy in Oregon and Southwest Washington.⁸⁰ The organization was active in local and state-level advocacy.

Additionally, in 1987, a portion of Mount Angel College was repurposed into the Institute for Long-Term Care Practices, offering regular seminars on AIDS and hospice care to train providers for the chronically ill and elderly.⁸¹

In 1988, the Oregon Health Division supported CAP with a \$10,000 grant for an HIV/AIDS awareness campaign. Ads placed on TriMet buses in July 1988 faced controversy following a critical article by David Reinhard in *The Oregonian*, leading to their removal within a week.⁸²

⁷³ Barnes C. Ellis, "What's in a Family? A Lot of Creative Commitment," *The Oregonian* (November 22, 1987), n.p.

⁷⁴ Stephen Blazek. "Juniper Rag." Number 1, Vol.1, no. Issue 1 (February 27, 1989).

⁷⁵ "The History of the Quilt." National AIDS Memorial (2022). Accessed at <https://www.aidsmemorial.org/quilt-history>.

⁷⁶ Interview with Jan Weyeneth.

⁷⁷ Renardo Barden, "Creatures of Love. Everything You Always Wanted to Know about Condoms," *Willamette Week* (December 10, 1987), sec. 14-22.

⁷⁸ "Newsthins. AIDS Update," *Willamette Week* (November 29, 1987), sec. 6.

⁷⁹ Portland Town Council was an Oregon group dedicated to supporting equality for LGBTQ+ people. In the late 1970s the Portland Town Council divided into three entities. One of them, the Town Council Foundation, was doing educational work and later became a gay and lesbian counseling center called Phoenix Rising, operating from 1979 to 1999. See "A History of LGBTQ Oregonians and Mental Health." Northwest LGBTQ History, GLAPN. Gay & Lesbian Archives of the Pacific Northwest (January 15, 2018). Accessed at <https://www.glapn.org/6054OregonLGBTQMentalHealth.html>.

⁸⁰ Interview with John Terrill. See also "CAP: Our Story." Non-Profit Organization, CAP - Cascade AIDS Project (2023). Accessed at <https://www.capnw.org/our-story>.

⁸¹ "Mount Angel Care Institute: Campus Put to Good Use," *Salem Statesman-Journal* (May 31, 1987), 2G.

⁸² Craig Harris. "AIDS Ads Removed from Tri-Met Buses." *The Oregonian* (July 13, 1988), sec. B01. Accessed at Oregon Historical Society Research Library, Collection 859. Box 5. Folder 26.

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The years between 1990 and 1993 saw continued efforts in public education and media updates on HIV/AIDS statistics. During this period, organizations faced various challenges, including public, political, and financial pressures, leading to some mergers and disbandments within the community.⁸³

Expansion and Closure

In September 1987, Trevitts rented the neighboring house at 2014 SE Ankeny Street with private funds, naming it Assisi House.⁸⁴ It opened on October 1, 1987, to care for people with HIV/AIDS who could live semi-independently with the support of a live-in nurse. Assisi House aimed to create a family-like community, involving volunteers and support systems for those with little or no family involvement. By November 1987, Assisi House was at full capacity.⁸⁵ Trevitts purchased both the Assisi House and Juniper House in 1988.⁸⁶

In September 1988, Trevitts and the team announced plans for Bonaventure House, a daycare and respite center for people with AIDS, located at 1902-1908 East Burnside Street.⁸⁷ Despite completing renovations by August 1989, licensing issues prevented it from opening.⁸⁸

By the end of 1988, the original Juniper House team began to dissolve. Jan Weyeneth left to open another end-of-life care home, Our House. Along with Carol Okeefe from Multnomah County Aging Services, Weyeneth led a reformation of AFCs, introducing changes to classifications and levels of care that are still in use today.⁸⁹ Doug Foland, overwhelmed by the lack of funding and increasing demand, eventually stepped back from the project.⁹⁰ Trevitts continued working with the houses, but Juniper House and Assisi House ceased operations around September 1989 due to regulatory changes and the increasing availability of care facilities for people with HIV/AIDS.⁹¹

COMPARATIVE ANALYSIS

HIV/AIDS End-of-Life Care Facilities in Oregon

Juniper House operated within the City of Portland from 1987 to 1989, providing unique end-of-life care for individuals with HIV/AIDS and closely collaborating with the local community. By the late 1980s, understanding of HIV/AIDS had evolved, leading to the establishment of additional end-of-life care facilities in Oregon, with varying success often tied to funding.⁹²

⁸³ The Oregon Historical Society maintains a large collection of documents from CAP, including meeting minutes, advocacy letters, campaign literature, newspaper articles, all of which supported this nomination.

⁸⁴ Trevitt owned bars and other businesses and he invested part of his income in the Juniper House and Assisi House project.

⁸⁵ Juniper House Team, "Juniper House Statement of Purpose."

⁸⁶ W. Bruce Morrison and John A. Trevitt. "Deed: Sale of Property from W. Bruce Morrison to John A. Trevitts. Lot 4, Block 6, Buckman's Addition" (Multnomah County Records Office, May 1, 1988), Book 2093, Page 1585, Multnomah County Records, Portland, Oregon. The current owners of the Assisi House did not consent to being nominated for listing in the National Register.

⁸⁷ "STAT. Third Care Center for Aids Patients Opens." Newspaper clip from Doug Foland's personal archive. Oregon Medical Association (September 1988).

⁸⁸ Interview with Doug Foland.

⁸⁹ "Overview of Adult Foster Home Program." Government website, Oregon Department of Human Services (2022). Accessed at <https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Overview.aspx>.

⁹⁰ Interview with Jan Weyeneth.

⁹¹ Interview with Doug Foland.

⁹² Lucinda Dillon, "Group Pursues Ambitious Plan for Big AIDS Hospice," *The Oregonian* (March 6, 1989).

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This analysis focuses on end-of-life care facilities throughout Oregon that accepted HIV/AIDS patients and were open between 1987 and 1989.

Carper House (Sept. 1987-1988, Eugene, OR)

Founded in September 1987, Carper House appears to be Eugene's first inpatient end-of-life care facility for individuals with HIV/AIDS. It was opened by a heterosexual couple named Debbie and Richard Carper who became HIV-positive through drug addiction and sex work.⁹³ Carper House was not used for acutely ill HIV/AIDS patients and instead focused on helping clients live comfortably.

In June 1988, Carper House closed due to lack of funds:⁹⁴

Short of money and clients, a Eugene hospice for AIDS patients closed this week. The closure of Carper House may be permanent if \$5,000 can't be immediately raised to cover a past-due house payment, payroll, taxes, and bills for medical supplies and utilities, Carper House board chairman Bob Kime said. "The board has not abandoned the concept of a hospice that has been conserving the dignity of a person with AIDS during his or her final days."⁹⁵

After Carper House closed, there were no AIDS hospices between Portland and Roseburg in 1990, leaving 59 people with AIDS in Lane County to be cared for in ad hoc ways.⁹⁶

Juniper House opened in May 1987, making it an earlier and more significant representation of an HIV/AIDS dedicated end-of-life care facility in Oregon than Carper House.

Assisi House (Oct. 1987-Sept. 1989, Portland, OR)

Founded by Trevitts, Foland, and Weyeneth on October 1, 1987, Assisi House at 2014 SE Ankeny Street provided housing for newly diagnosed HIV-positive residents who could live independently in a family-like community.⁹⁷ Located next to Juniper House, this Queen Anne style residence with Colonial Revival details was connected to Juniper House by a concrete path constructed in 1988, facilitating access for residents with mobility aids.⁹⁸ Although the building retains good exterior integrity, Assisi House focused on housing rather than end-of-life care, highlighting Juniper House as a more significant representation of an HIV/AIDS-dedicated end-of-life care facility.

Circle House (Dec. 1988-c. 1990s, Hillsboro, OR)

Circle House was a residential care facility for individuals with HIV/AIDS founded in Hillsboro, Oregon, in December 1988.⁹⁹ An advertisement in *just out*, an LGBTQ publication out of Portland, announced the opening:

⁹³ Kelvin Wee, "Couple Seeks to Unite Homeless AIDS, ARC Victims," *Oregon Daily Emerald*. Volume 89, Number 19 (September 29, 1987). See also "AIDS Couple Creates Shelter," *Corvallis Gazette-Times* (September 29, 1987), 12.

⁹⁴ "AIDS Hospice Closes Leaving Bitter Lesson," *Oregon Daily Emerald* (June 23, 1989).

⁹⁵ "AIDS Hospice Closes," *Albany Democrat-Herald* (June 9, 1988), 6.

⁹⁶ "AIDS Facility Proposed in Eugene," *Albany Democrat-Herald* (November 12, 1990), 1.

⁹⁷ "Juniper House Statement of Purpose."

⁹⁸ Hearing Officers. "Building Permit Records."

⁹⁹ Advertisement, *just out*, Volume 6, Number 2 (December 1988), 6. Accessible at <https://oregonnews.uoregon.edu/lccn/2013202554/1988-12-01/ed-1/seq-6/#words=CIRCLE+HOUSE>.

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We in the Pacific Northwest take pride in announcing the opening of a new residential care facility for services to AIDS and HIV positive symptom persons. We are all too aware of the needs of this city's special population and the hysteria surrounding it. Therefore, very special considerations were taken in site, physical layout and staff selection. We are located in the scenic area of rural Hillsboro, Oregon, on the bank of the Tualatin River, surrounded by 9 acres of peaceful tranquility, yet we are near local medical facilities and the Portland Metro area.¹⁰⁰

Circle House was founded by gay man Bill Parker and was located in a ranch-style house, which was featured in the organization's logo.¹⁰¹ Circle House eventually served a broader demographic beyond mostly gay and bisexual men and was still operational in 1992.¹⁰²

As Juniper House opened in May 1987, more than a year before Circle House, it is an earlier representation of an HIV/AIDS dedicated end-of-life care facility in Oregon.

Hospice House, Second Location (1988-1990s, Portland, OR)

Portland's first documented hospice, Hospice House, opened in 1982 to care for individuals with non-AIDS-related terminal illnesses.¹⁰³ It relocated to 6171 SW Capitol Highway in 1986 and began accepting HIV/AIDS patients in 1988, although it also served other terminally ill patients. After Juniper House closed, Hospice House was reportedly Oregon's "only independent inpatient hospice care center."¹⁰⁴

Acquired by Our House in the 1990s and renamed Hopewell House, this facility retains good structural integrity but was not exclusively for HIV/AIDS patients.¹⁰⁵ Juniper House's exclusive focus on HIV/AIDS patients defines its representation as an end-of-life care facility dedicated to this cause.

Ruby House (Nov. 1988-1998, Roseburg, OR)

Billy Russo left his federal job to create Ruby House in Roseburg, about 180 miles south of Portland, providing housing for people with HIV/AIDS. Opened in November 1988, it housed four residents by January 1989, including three gay men.¹⁰⁶ One resident, although not HIV-positive, felt more comfortable with his peers at Ruby House than in a Roseburg nursing home. By 1990, after Carper House shut down in Eugene, Ruby House was the only AIDS hospice between Portland and Roseburg, which at the time was responsible for 59 AIDS cases in Lane County alone, "all needing varying levels of care provided almost totally through volunteer services" led by a Eugene-based Shanti.¹⁰⁷

AIDS patient Kevin French had to move to Roseburg late last year when his condition worsened. At Ruby House, he received round-the-clock care but was 75 miles away from family and friends. Several months later, he died. "Having to leave Eugene like that totally uprooted

¹⁰⁰ Advertisement, *just out*, Volume 6, Number 2 (December 1988), 6. Accessible at <https://oregonnews.uoregon.edu/lccn/2013202554/1988-12-01/ed-1/seq-6/#words=CIRCLE+HOUSE>.

¹⁰¹ "Generations of Pride," *just out* (June 1991), 8.

¹⁰² "Peter Kingsley Scott," *Salem Statesman-Journal* (July 4, 1992), 12. See also "Generations of Pride." *Just Out* (June 1, 1991), sec. 8. Accessed at <https://oregonnews.uoregon.edu/lccn/2013202554/1991-06-01/ed-1/seq-8/#words=Circle+House>.

¹⁰³ Linda Williams, "City Grants Permit for First Hospice," *The Oregonian* (January 19, 1982), sec. 3M.

¹⁰⁴ "Hospice Officials Report Public Panicky Over AIDS," *Corvallis Gazette-Times*, October 29, 1989, A2.

¹⁰⁵ Interview with Joe Doherty and Katharine A. Gage (Kay Gage).

¹⁰⁶ Lee Lynch. "Marching Home. The Amazon Trail." *Just Out* (August 1, 1988), sec. 21.

¹⁰⁷ "AIDS Facility Proposed in Eugene," *Albany Democrat-Herald* (November 12, 1990), 1.

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him and basically denied him the right to die surrounded by those who loved him,” said Jim Clay, AIDS Council executive director. “With all that we’ve learned, that kind of thing simply should not be happening.”¹⁰⁸

This spurred an AIDS-support group in Eugene to develop plans for a non-profit hospice called Lane County AIDS Hospice Services, Inc.¹⁰⁹

By 1998, with the introduction of new therapies, Ruby House began to transition from end-of-life care to outreach and prevention, eventually becoming the Harm Reduction Center of Southern Oregon.¹¹⁰

Juniper House’s opening in May 1987, more than a year before Ruby House, makes it an earlier and more significant representation of Oregon’s HIV/AIDS end-of-life care facility than Ruby House.

Our House, Second Location (1988-present, Portland, OR)

Established by Jan Weyeneth and another Juniper House volunteer in 1988, Our House began with two residents and aimed to serve individuals with AIDS or other HIV/AIDS-related diseases.¹¹¹ Initially located at SE 26th Avenue and Powell Boulevard, the facility faced accessibility issues and relocated to its current site at 2727 Southeast Alder Street about a year later.¹¹² A significant renovation in 2006 altered the building’s configuration, shifting from a home-like atmosphere to a more institutional setting.¹¹³ Given its origins as a Juniper House initiative and the extensive renovations that compromised its original integrity, Juniper House stands out as an earlier and more authentic representation of an HIV/AIDS dedicated end-of-life care facility in Oregon.

House of Light (1989-1992, Portland, OR)

Originally known as Villa St. Rose and built in 1917, House of Light at 597 North Dekum Street was converted into an end-of-life care facility in 1989 with a substantial \$1.5 million investment. It was intended to support babies and adults with HIV/AIDS.¹¹⁴ Its history contrasts with Juniper House’s focus on homeless and low-income gay and bisexual men, making Juniper House a more fitting representation of an early HIV/AIDS end-of-life care facility in Oregon.¹¹⁵

CONCLUSION

In 1987, Juniper House opened during the height of the HIV/AIDS epidemic, providing safe housing and compassionate care for individuals with HIV/AIDS. The goal, as outlined in their Statement of Purpose, was to support residents, their families, and friends, offering comfort and dignified end-of-life care. Located in a house built circa 1902 in Portland, Oregon, Juniper House is significant at the state level under Criterion A for its

¹⁰⁸ “AIDS Facility Proposed in Eugene.”

¹⁰⁹ “AIDS Facility Proposed in Eugene.”

¹¹⁰ “Harm Reduction Center of Southern Oregon.” Published in 2023. Accessed at <https://hivroseburg.org/>.

¹¹¹ Interview with Jan Weyeneth; Patrick O’Neill. “AIDS Cases Rare within Oregon Heterosexuals Population.” *The Oregonian* (December 12, 1988).

¹¹² Pat Young, “History Lesson. The Face of AIDS Has Changed since 1988,” *Just Out* (March 7, 2003), sec. 26.

¹¹³ Interview with Joe Doherty and Katharine A. Gage (Kay Gage).

¹¹⁴ Lucinda Dillon.

¹¹⁵ Terry Silvis and Denise Bohbot. “National Register of Historic Places Inventory / Villa St. Rose” (Department of the Interior, National Park Service, National Register of Historic Places, 2000), 8:7. The Villa St. Rose was listed on the National Register of Historic Places in 2000 in recognition of its Georgian architecture and its history of service to young women facing difficult situations in the period from 1917 to 1927. The nomination form notes that the property was a hospice from 1989 to 1992, but it does not include that the hospice served individuals with HIV/AIDS.

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association with LGBTQ+ history and health/medicine. Opening in May 1987, Juniper House became the first HIV/AIDS end-of-life care facility in Oregon, operating until September 1989. Over its period of operation, about 90 individuals with HIV/AIDS lived in the house, which could accommodate five patients at a time.

Founded by John Andrew Trevitts, Doug Foland, and Jan Weyeneth, Juniper House offered a supportive and loving environment for those who had lost their jobs, homes, families, and financial stability due to HIV/AIDS and the associated stigma. It set a precedent for similar facilities and provided hope and care to men in dire need.

The Juniper House retains integrity in its design, location, setting, materials, workmanship, feeling, and association, and holds exceptional importance at the state level for its role in LGBTQ+ history and health/medicine for providing dignified end-of-life care to individuals with HIV/AIDS between 1987 and 1989.

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preliminary determination of individual listing (36 CFR 67 has been requested)
 previously listed in the National Register
 previously determined eligible by the National Register
 designated a National Historic Landmark
 recorded by Historic American Buildings Survey # _____
 recorded by Historic American Engineering Record # _____
 recorded by Historic American Landscape Survey # _____

Primary location of additional data:

State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: _____

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10. Geographical Data

Acreage of Property Less than one

(Do not include previously listed resource acreage; enter "Less than one" if the acreage is .99 or less)

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

| | | | | | |
|---|-------------------|---------------------|---|----------|-----------|
| 1 | <u>45.522008°</u> | <u>-122.645311°</u> | 3 | _____ | _____ |
| | Latitude | Longitude | | Latitude | Longitude |
| 2 | _____ | _____ | 4 | _____ | _____ |
| | Latitude | Longitude | | Latitude | Longitude |

Verbal Boundary Description (Describe the boundaries of the property.)

The Juniper House is in Portland, Multnomah County, Oregon, Township 1 North, Range 1 East, Section 35, Willamette Principal Meridian, within the tax lot #5400, in lot 4 of block 6 of the Buckman's Addition. The boundary is the tax lot (accessed on February 18, 2024, and illustrated by the tax lot map in Figure 3), which includes the entire extent of the nominated area.¹¹⁶

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the entirety of the tax lot and the surrounding property historically associated with this resource. The tax lot boundaries have not changed since the end of the Juniper House's period of significance.

11. Form Prepared By

name/title Ernestina Fuenmayor date 04/01/2024
organization Salazar Architect for City of Portland telephone 971-506-1714
street & number 2222 NE Oregon St., Suite 101 email ernestina@salazarch.com
city or town Portland state OR zip code 97232

Additional Documentation

Submit the following items with the completed form:

- **Regional Location Map**
- **Local Location Map**
- **Tax Lot Map**
- **Site Plan**
- **Floor Plans (As Applicable)**
- **Photo Location Map** (Include for historic districts and properties having large acreage or numerous resources. Key all photographs to this map and insert immediately after the photo log and before the list of figures).

¹¹⁶ S.E. 1/4 S.E. 1/4 SEC. 35 T. 1N. R. 1E. W.M. MULTNOMAH COUNTY, Tax Map, 1":100' (Portland, Oregon: Multnomah County, March 25, 2021).

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Photographs:

Submit clear and descriptive photographs. The size of each image must be 3000x2000 pixels, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Juniper House
City or Vicinity: Portland
County: Multnomah **State:** OR
Photographer: Ernestina Fuenmayor
Date Photographed: June 6th, 2023; July 2nd, 2023; February 14th, 2024

Description of Photograph(s) and number, include description of view indicating direction of camera:

- Photo 1 of 15:** OR_MultnomahCounty_JuniperHouse_0001
Main (north) and side (west) facades. Camera facing southeast from SE 20th Avenue.
- Photo 2 of 15:** OR_MultnomahCounty_JuniperHouse_0002
Main (north) facade. Camera facing south from SE Ankeny Street.
- Photo 3 of 15:** OR_MultnomahCounty_JuniperHouse_0003
Entry porch. Camera facing east.
- Photo 4 of 15:** OR_MultnomahCounty_JuniperHouse_0004
Side (west) and rear (south) facades. Camera facing northeast from SE 20th Avenue.
- Photo 5 of 15:** OR_MultnomahCounty_JuniperHouse_0005
Side (east) façade. Camera facing northwest.
- Photo 6 of 15:** OR_MultnomahCounty_JuniperHouse_0006
Concrete ramp on the south of the lot. Camera facing east.
- Photo 7 of 15:** OR_MultnomahCounty_JuniperHouse_0007
Hallway and second floor stairs from Foyer. Camera facing south.
- Photo 8 of 15:** OR_MultnomahCounty_JuniperHouse_0008
Foyer, main entry door and Wayne's Room. Camera facing northwest from stairs landing.
- Photo 9 of 15:** OR_MultnomahCounty_JuniperHouse_0009
Fireplace room. Camera facing south.
- Photo 10 of 15:** OR_MultnomahCounty_JuniperHouse_0010
Former kitchen. Camera facing south.
- Photo 11 of 15:** OR_MultnomahCounty_JuniperHouse_0011
Former dining room, see oriel window with built-in. Camera facing southeast.
- Photo 12 of 15:** OR_MultnomahCounty_JuniperHouse_0012
Stairs to the second floor. Camera facing west.

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- Photo 13 of 15:** OR_MultnomahCounty_JuniperHouse_0013
East (Staff) room, see entrance to the attic on the left. Camera facing east.
- Photo 14 of 15:** OR_MultnomahCounty_JuniperHouse_0014
Second floor hallway. Camera facing north.
- Photo 15 of 15:** OR_MultnomahCounty_JuniperHouse_0015
Basement. The door on the left opens to the street. Camera facing northwest.

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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List of Figures

(Resize, compact, and paste images of maps and historic documents in this section. Place captions, with figure numbers above each image. Orient maps so that north is at the top of the page, all document should be inserted with the top toward the top of the page.

- Figure 1.** Regional location map (latitude 45. 522008° longitude -122.645311°).
- Figure 2.** Local location map (latitude 45. 522008° longitude -122.645311°).
- Figure 3.** Tax Lot Map.
- Figure 4.** Site Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The site plan has not changed since the 2010 renovation.
- Figure 5.** First Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation.
- Figure 6.** Second Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation.
- Figure 7.** Basement Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation.
- Figure 8.** Roof Plan – First Level. Permit plan from 2010, drawn by Paul William Thimm Architect. The roof plan has not changed since the 2010 renovation.
- Figure 9.** Roof Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The roof plan has not changed since the 2010 renovation.
- Figure 10.** East and North Elevations. Permit plans from 2010, drawn by Paul William Thimm Architect. The elevations have not changed since the 2010 renovation.
- Figure 11.** South and West Elevations. Permit plans from 2010, drawn by Paul William Thimm Architect. The elevations have not changed since the 2010 renovation.
- Figure 12.** 1901 Sanborn Fire Insurance Map from Portland, Oregon.
- Figure 13.** 1908-1909 Sanborn Fire Insurance Map from Portland, Oregon.
- Figure 14.** 1924-1928 Sanborn Fire Insurance Map from Portland, Oregon.
- Figure 15.** 1924-1950 Sanborn Fire Insurance Map from Portland, Oregon.
- Figure 16.** First floor plan during the period of significance, as described by Juniper House cofounder Doug Foland.
- Figure 17.** Second floor plan during the period of significance, as described by Juniper House cofounder Doug Foland.
- Figure 18.** 2009 photograph of Juniper House, prior to 2010 renovations.

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Figure 19. Juniper House Statement of Purpose.

Figure 20. "AIDS home helps: Portland house shelters victims," *Statesman Journal* (Salem, OR), November 16, 1987.

Figure 21. Excerpts from NAMES Project records that note a gentleman named "Bill" died at Juniper House in February 1989.

Figure 22. Excerpts from NAMES Project records, dated December 19, 1989.

Figure 23. *The Juniper Rag*, Vol. 1, No. 1 (February 27, 1989).

Figure 24. Documentary *AIDS...Close to Home* and News Clips (September 9, 1987).

Figure 25. Documentary *Juniper House: In Search of Comfort*, *Front Street Weekly Special #723* (April 26, 1988).

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Figure 1. Regional location map (latitude 45. 522008° longitude -122.645311°). (Source: Google, 2023)



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Figure 2. Local location map (latitude 45. 522008° longitude -122.645311°). (Source: Google, 2023)



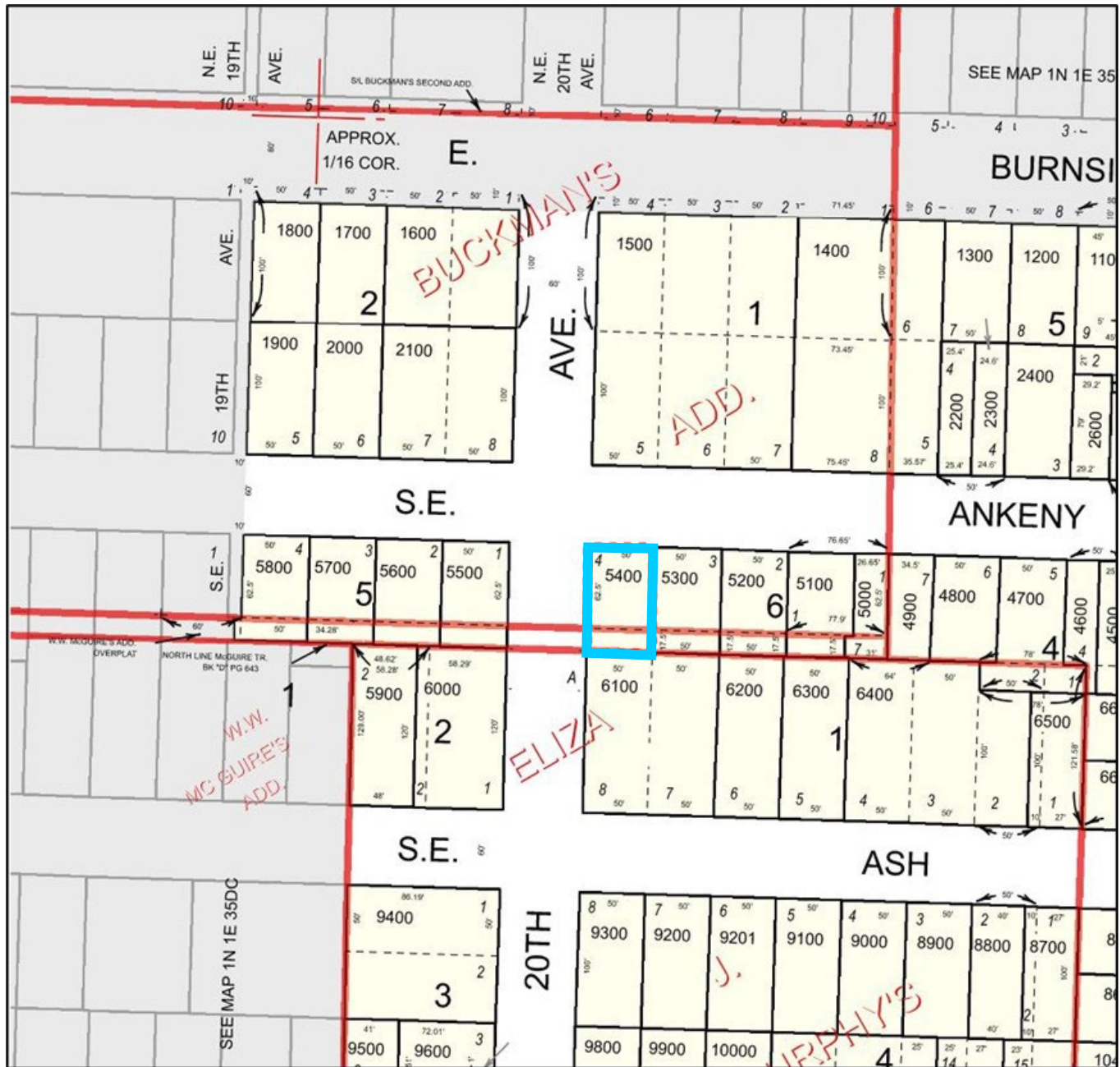
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Figure 3. Tax lot map. (Source: Multnomah County)



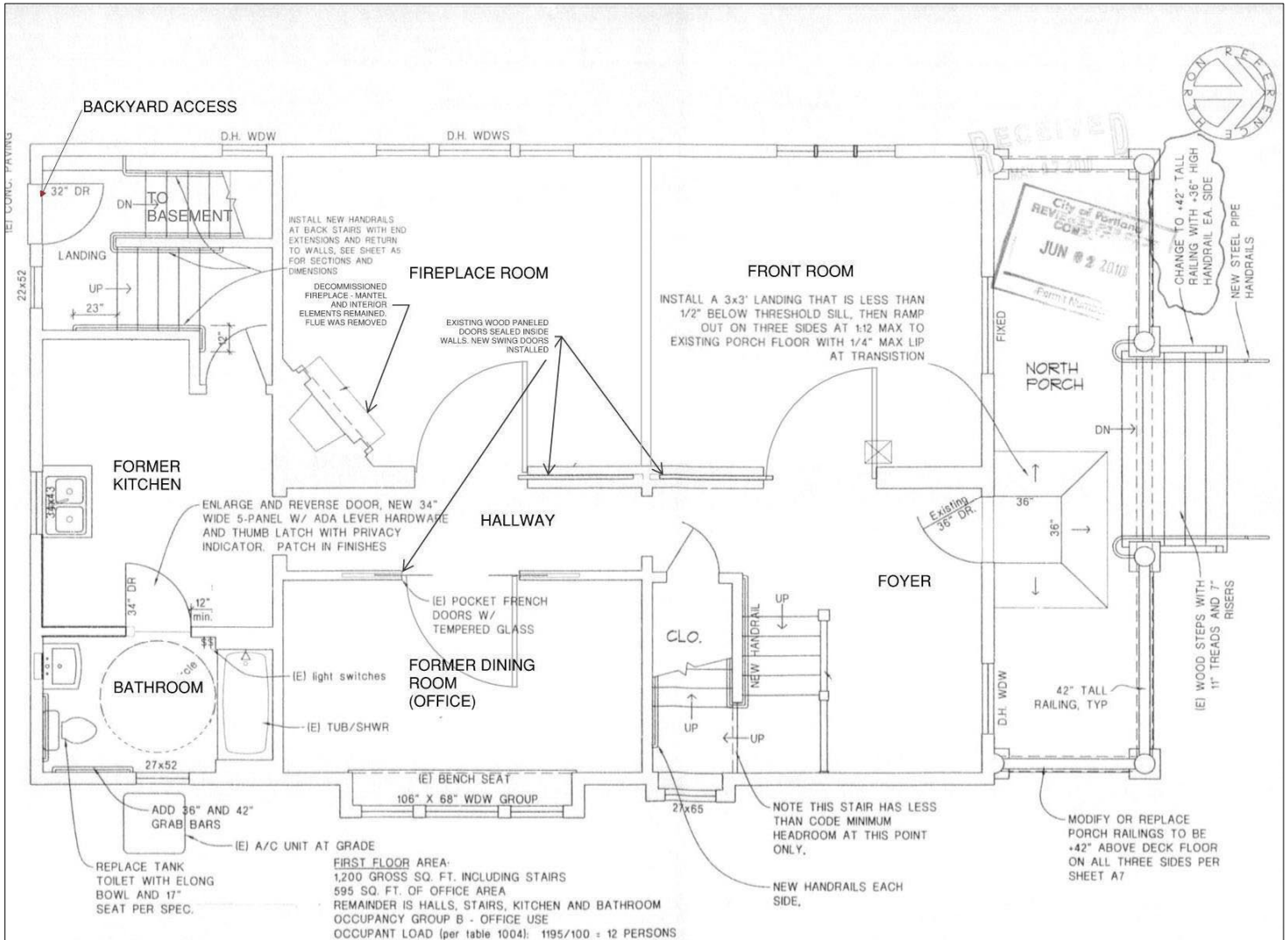
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Figure 5. First Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation. (Source: City of Portland)



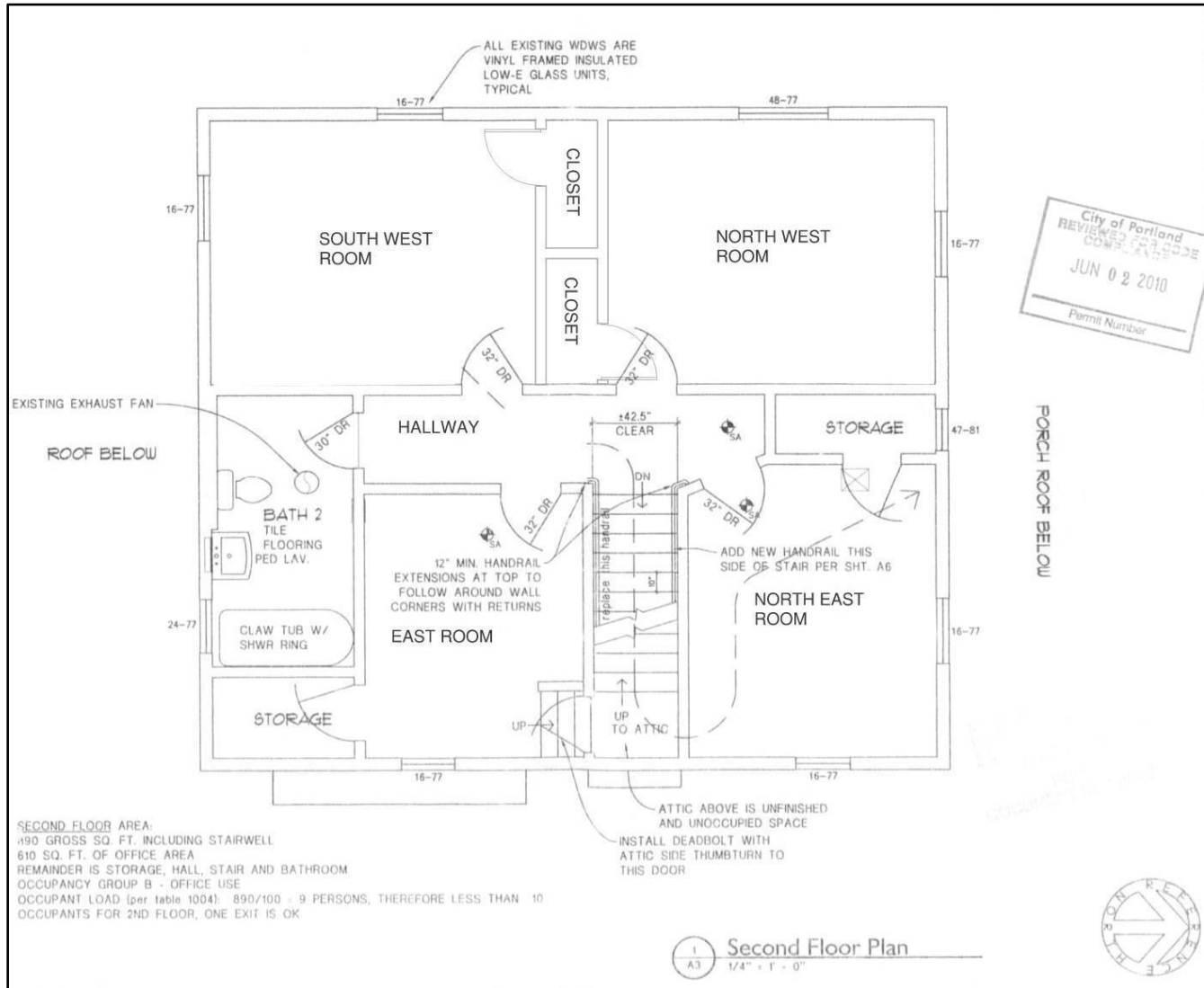
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Figure 6. Second Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation. (Source: City of Portland)



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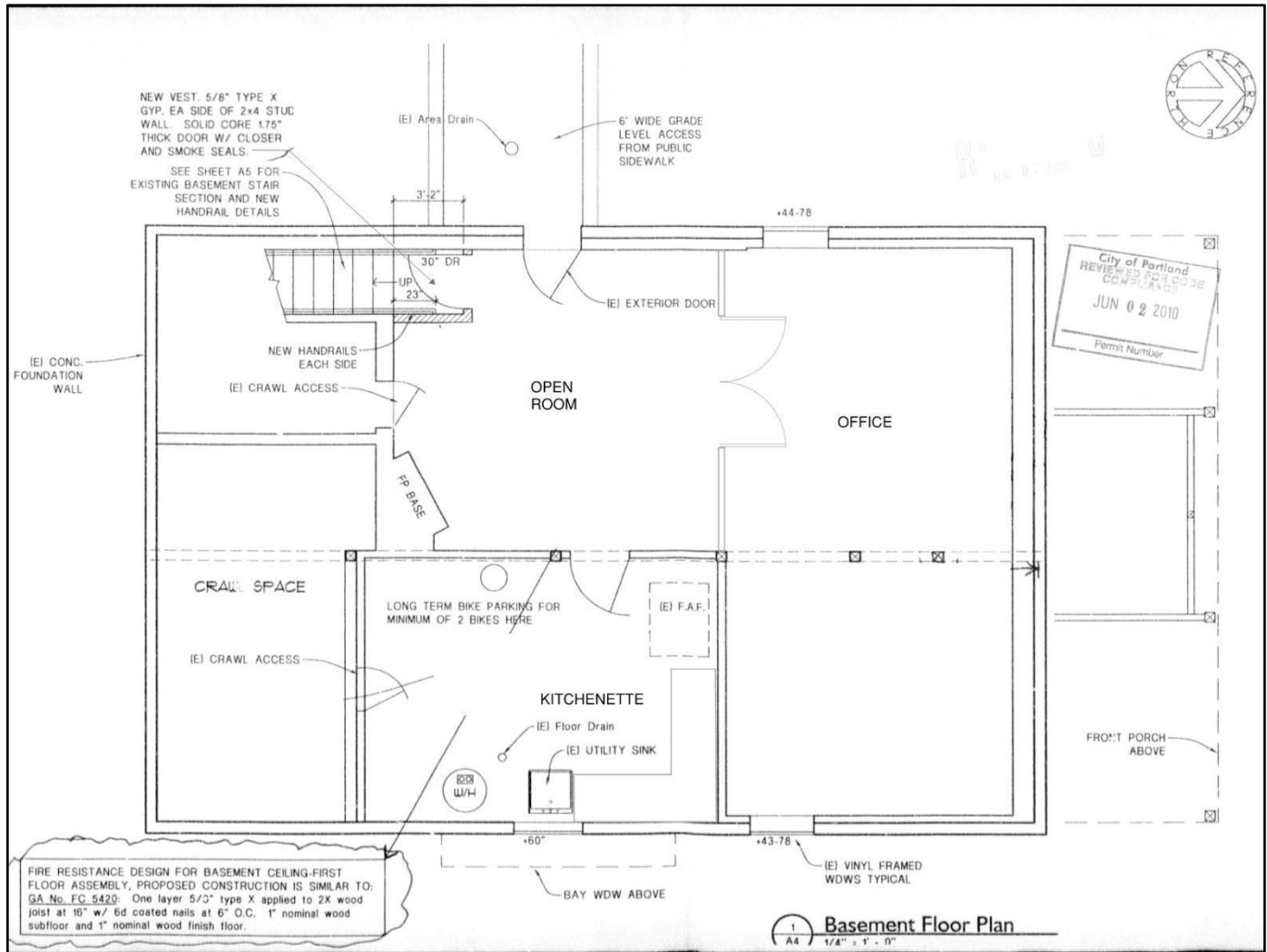
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Figure 7. Basement Floor Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The floor plan has not changed since the 2010 renovation. (Source: City of Portland)



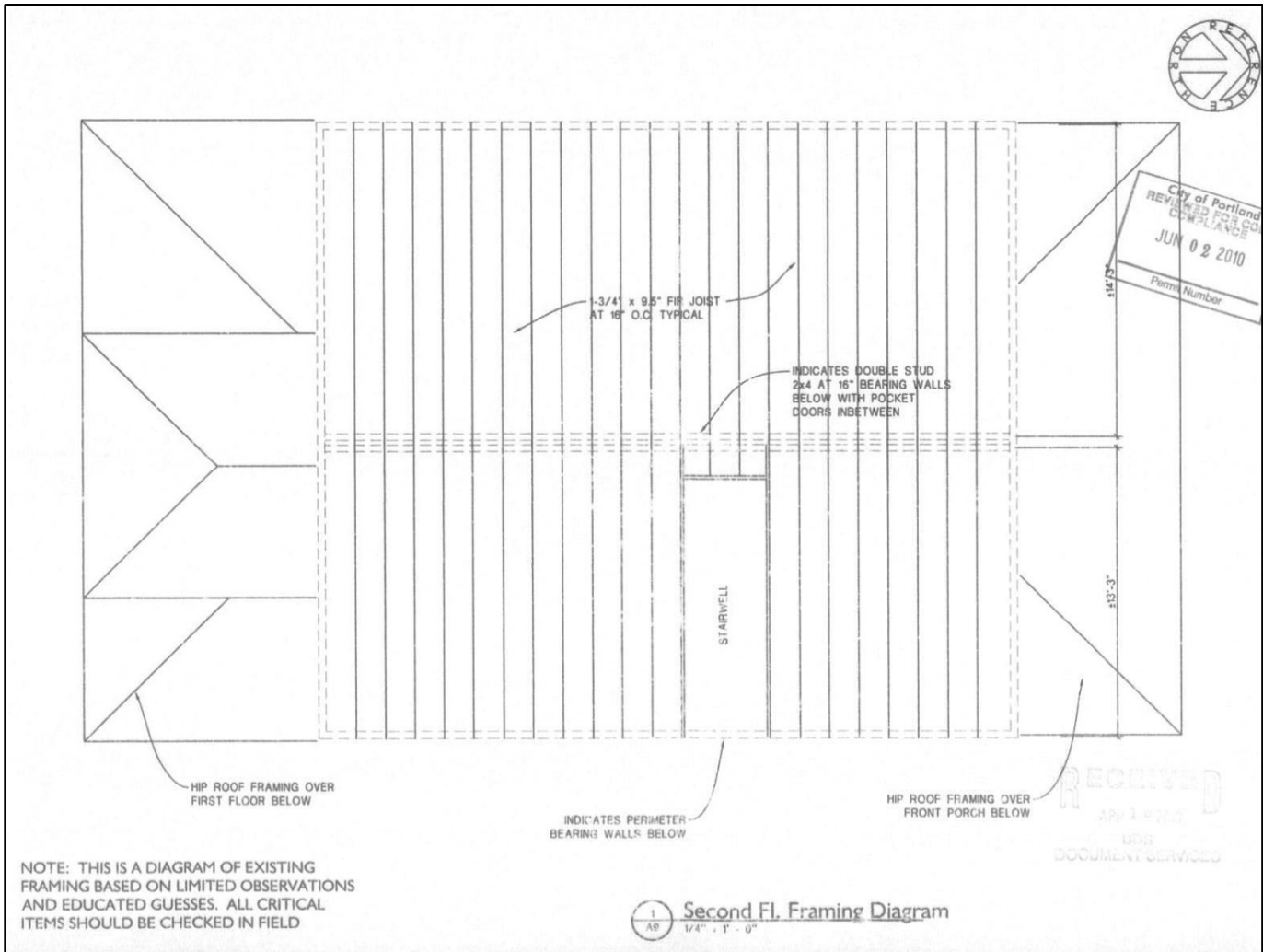
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Figure 8. Roof Plan – First Level. Permit plan from 2010, drawn by Paul William Thimm Architect. The roof plan has not changed since the 2010 renovation. (Source: City of Portland)



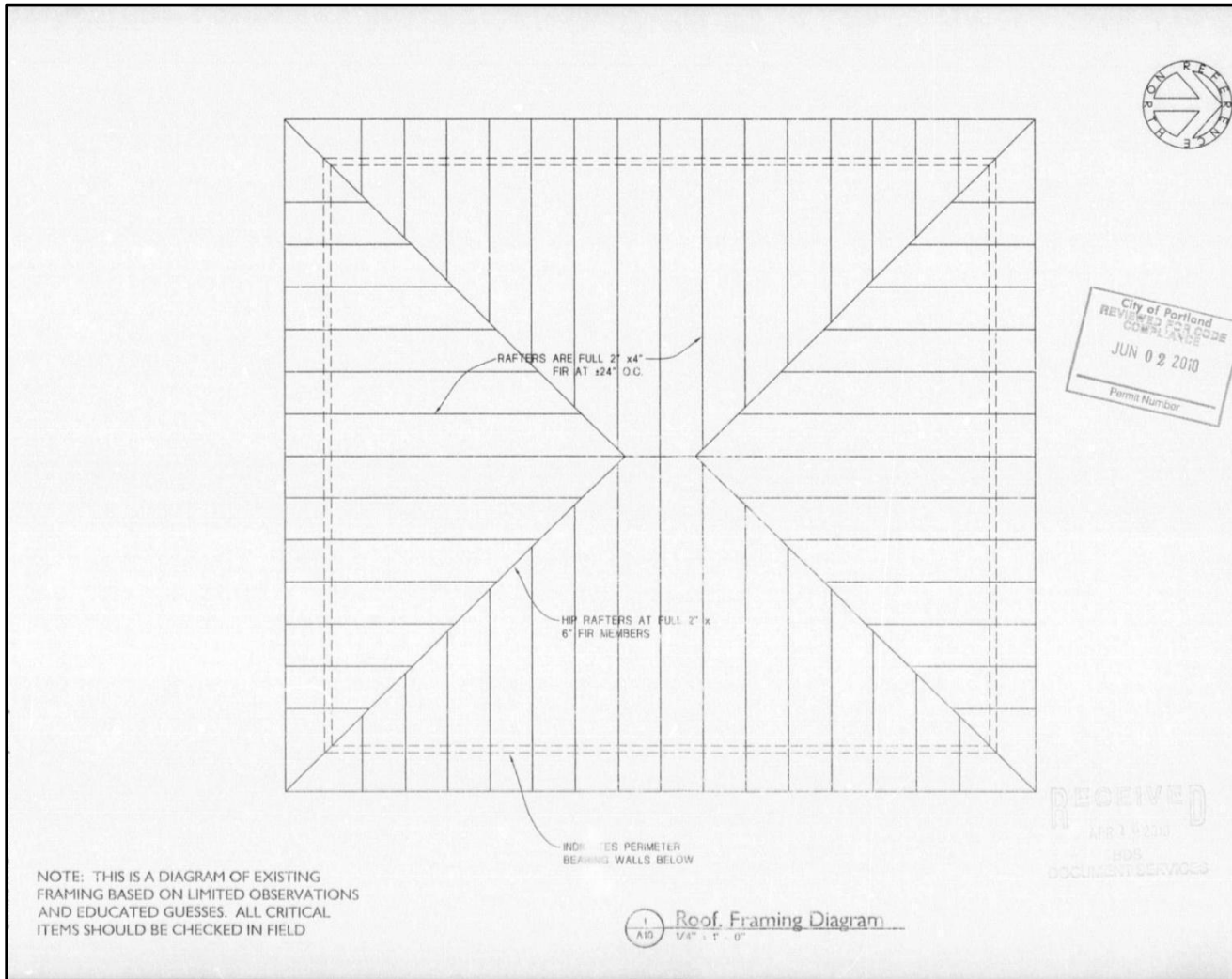
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Figure 9. Roof Plan. Permit plan from 2010, drawn by Paul William Thimm Architect. The roof plan has not changed since the 2010 renovation. (Source: City of Portland)



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Figure 10. East (left) and North (right) Elevations. Permit plans from 2010, drawn by Paul William Thimm Architect. The elevations have not changed since the 2010 renovation. (Source: City of Portland)



Figure 11. South (left) and West (right) Elevations. Permit plans from 2010, drawn by Paul William Thimm Architect. The elevations have not changed since the 2010 renovation. (Source: City of Portland)



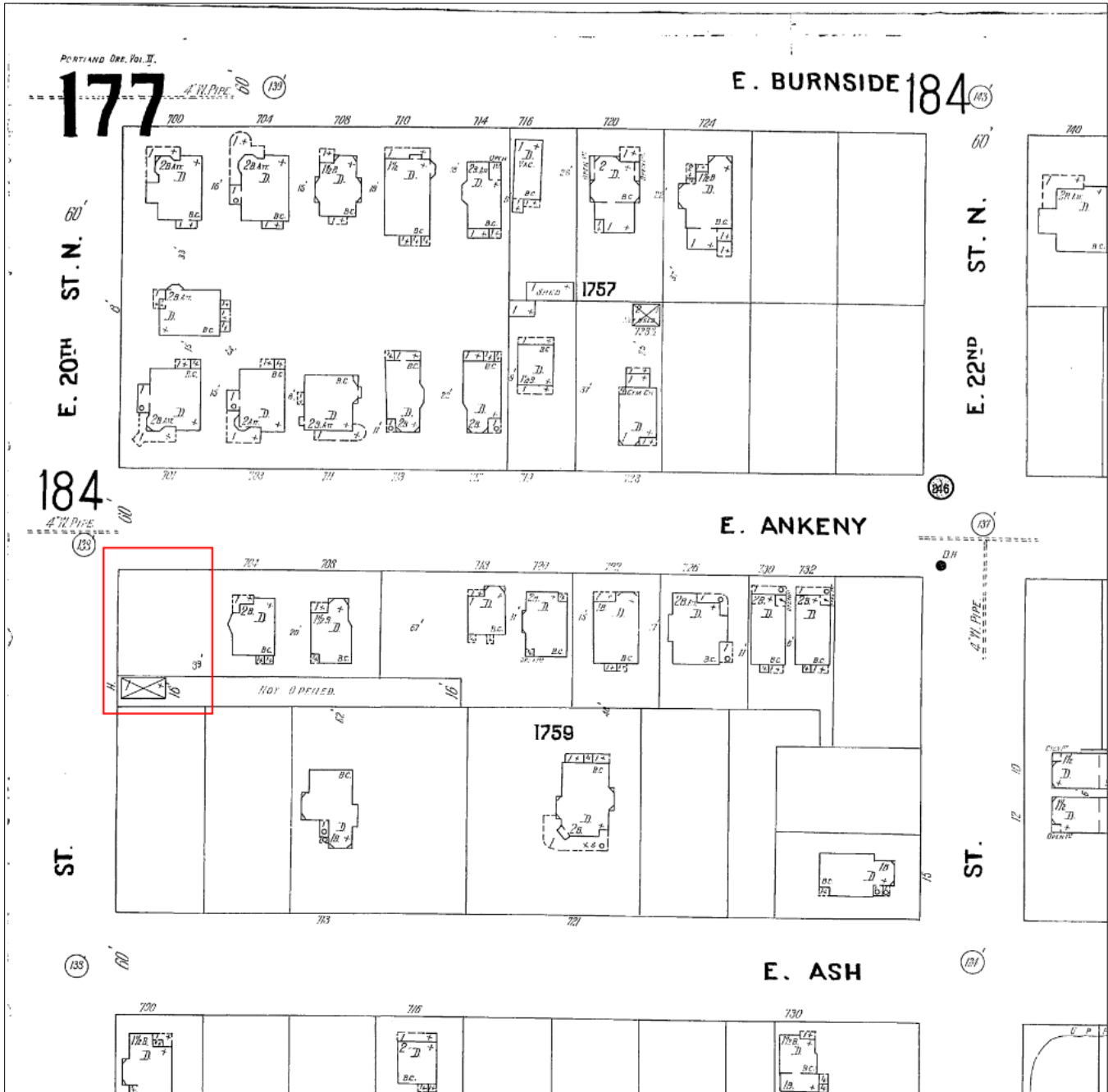
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Figure 12. 1901 Sanborn Fire Insurance Map from Portland, Oregon. The Sanborn Map Company, *Digital Sanborn Maps 1901-1950* (Springfield, Oregon: ProQuest, LLC, 1901).



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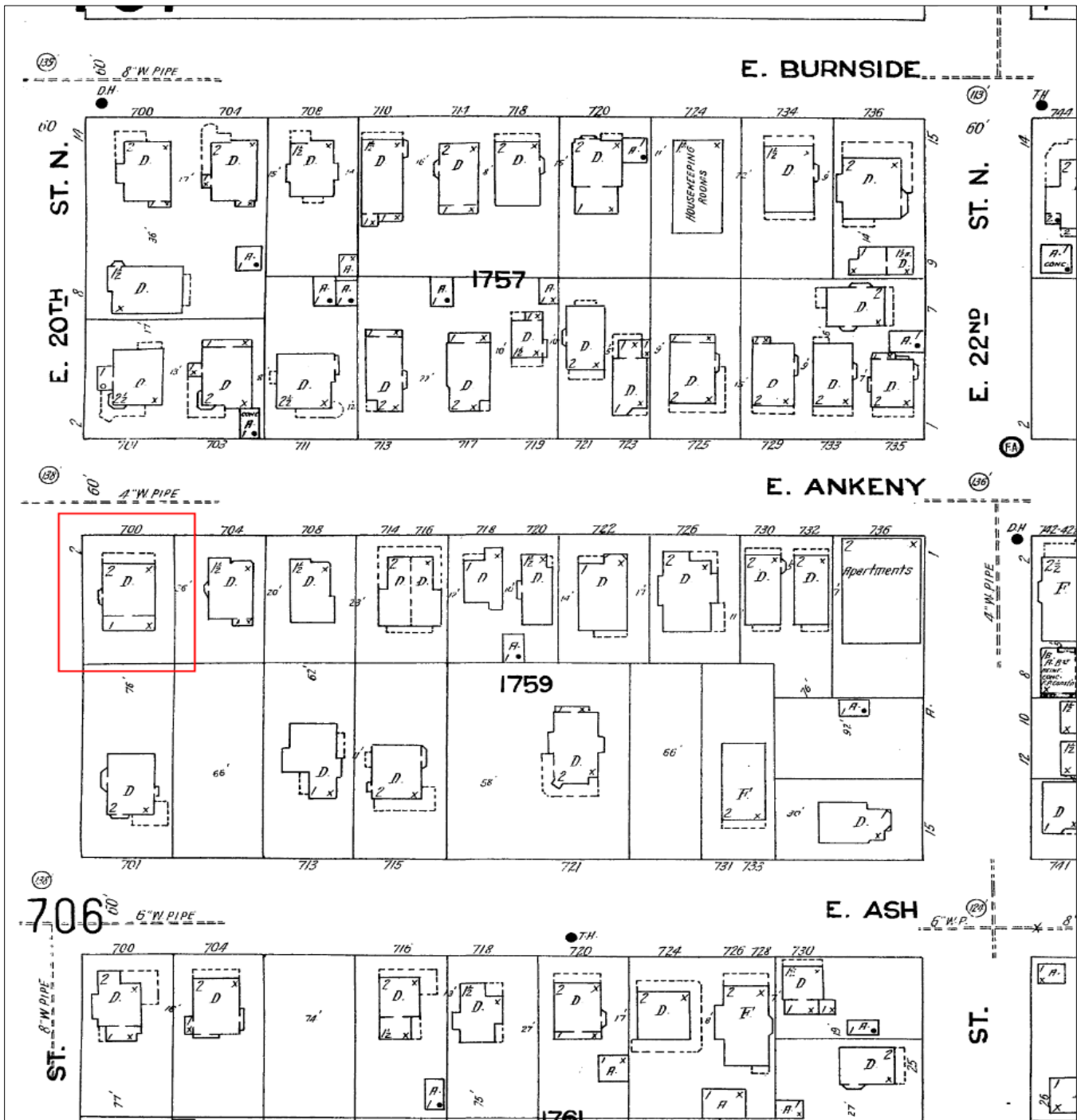
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Figure 14. 1924-1928 Sanborn Fire Insurance Map from Portland, Oregon. The Sanborn Map Company, *Digital Sanborn Maps 1901-1950* (Springfield, Oregon: ProQuest, LLC, 1924-1928).



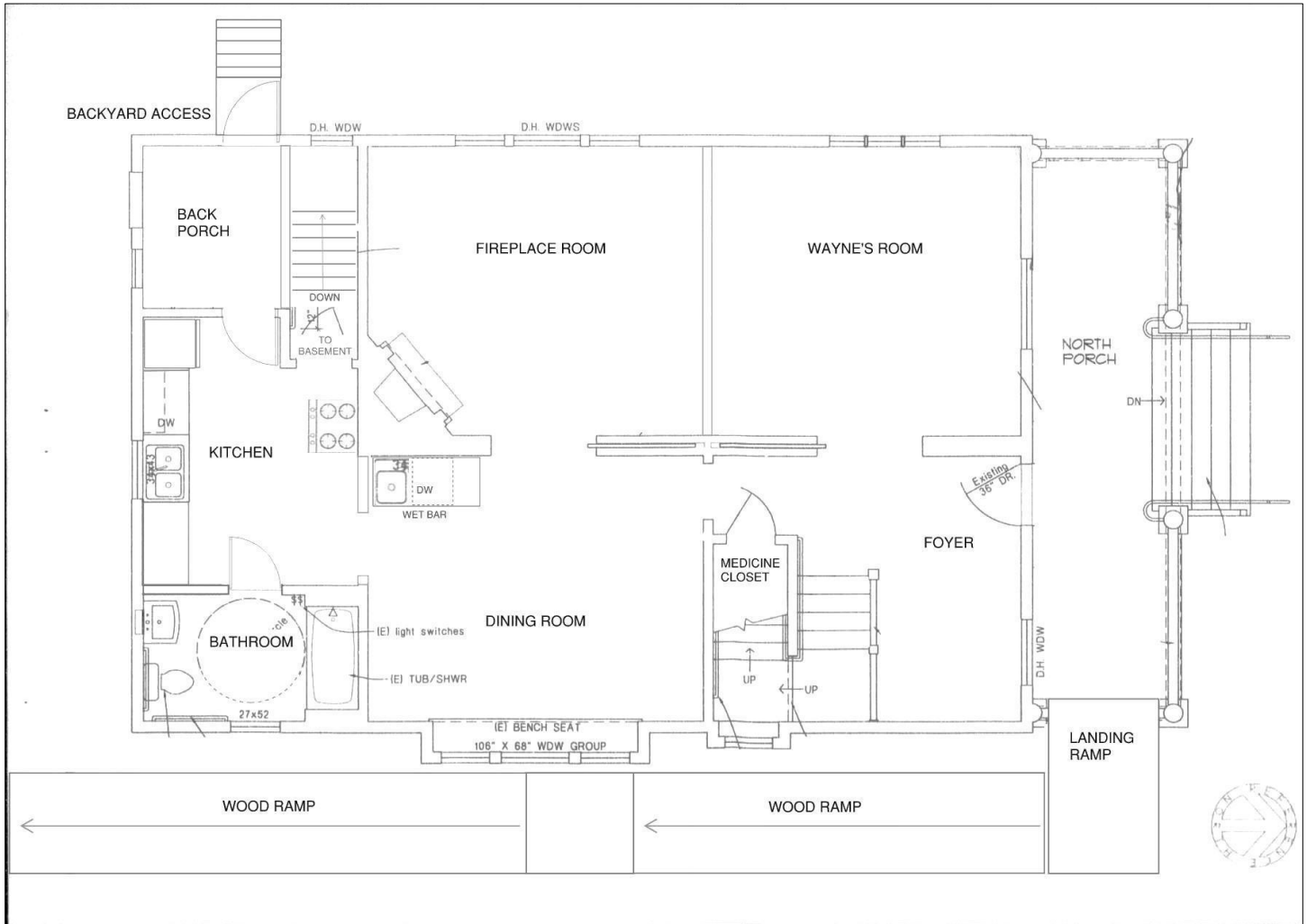
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Figure 16. First floor plan during the period of significance, as described by Juniper House cofounder Doug Foland. (Source: Paul William Thimm Architect, modified by Ernestina Fuenmayor)



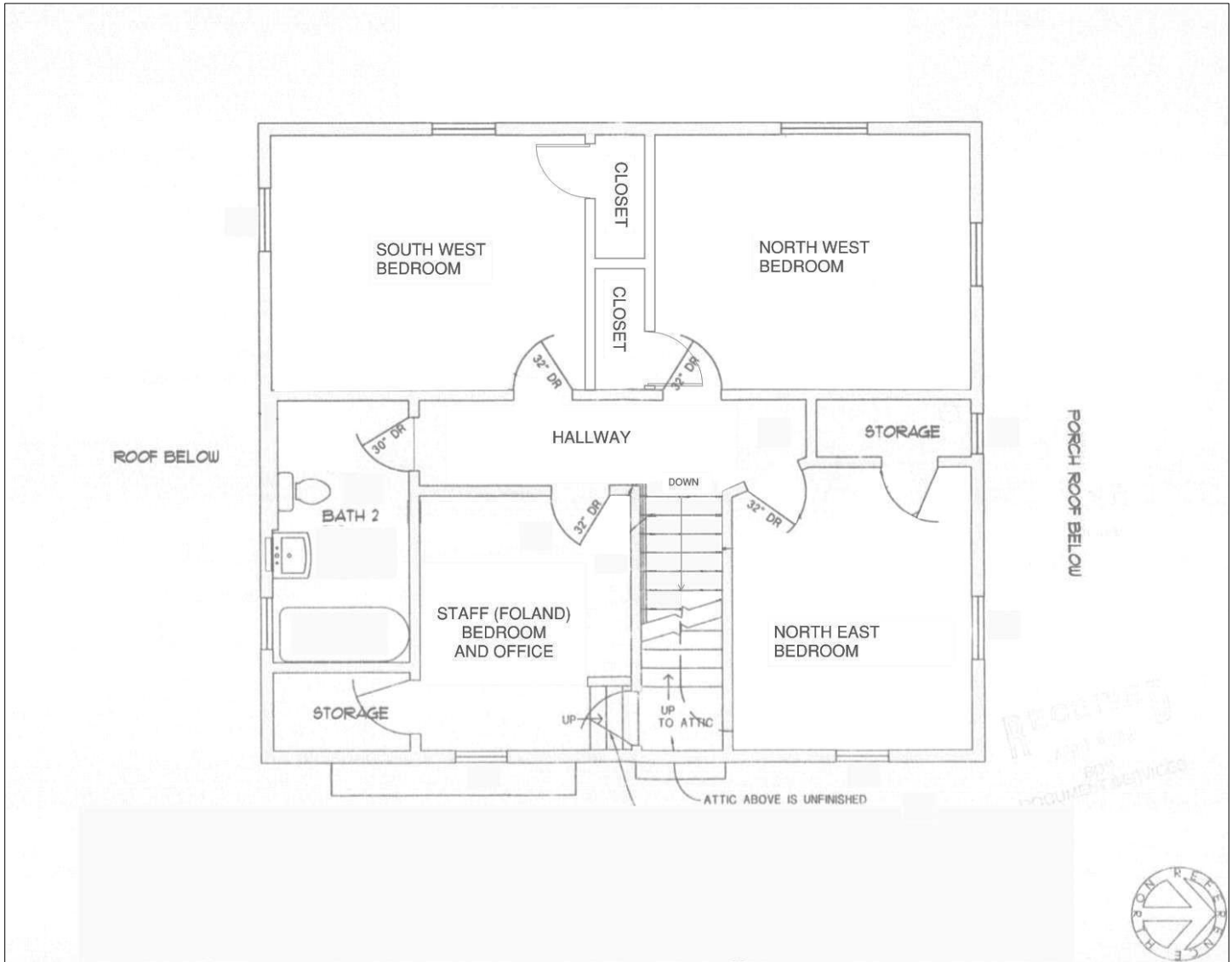
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Figure 17. Second floor plan during the period of significance, as described by Juniper House cofounder Doug Foland. (Source: Paul William Thimm Architect, modified by Ernestina Fuenmayor)



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Figure 18. 2009 photograph of Juniper House, prior to 2010 renovations. Photo from SE 20th Ave facing east, view of the west façade. Note the ghost shadows around the three-windows showing the original location of the oriel window. Note the rear porch door location and fixed windows on the corner that were removed in 2010. Source: Google Streetview.



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Figure 19. Juniper House Statement of Purpose. Courtesy of Doug Foland.

JUNIPER HOUSE
STATEMENT OF PURPOSE

September 1987

(WE BEGAN PLANNING FEB. 11 1987 AND WERE OPEN MAY 5th 1987)

Juniper House was established by a few people in the community who saw a need for a place that those dying of AIDS/ARC could live in ; with a supportive enviroment.

We understand that persons diagnosed, living with and dying of AIDS/ARC, faces many issues and may have many needs. These needs include spiritual, emotional, physical, and social support.

Our goal is to meet these needs and support the residents, family and friends in the best enviroment possible.

Our hope is to nurture and strenghten those in need, provide comfort and death with dignity.

Our prayer is that God be with us and give us his peace.

AS OF Nov. 10th WE ARE TO OUR 16th RESIDENT.

Below are a few facts about our Ministry at Juniper House

There is 24 hour care, with two paid staff members.

We currently have 15 to 20 volunteers.

Each resident has their own home health care team from local hospitals.

Juniper House has 1 main on-call Hospice nurse, on a voluntary basis.

The beginning team came from a group working with the Fransiscan Sisters on Burnside.

We have started the paper work for filing for a non-profit status.

There are many faiths invloved in our ministry, we are an ecumenical ministry.

The foster care payments are from various sources ie: welfare, V.A., S.S., S.S.I., and private funds.

The seed money and early operating funds were given by a private investor.

As of October 1,1987, the house next door to Juniper House will be for newly diagnosed AIDS/ARC residents who will be able to do independant living. We will have a live-in "caretaker". Our goal is to provide a family like community by involving volunteers, PALS, and support to those that have little or no friends and/or family involvement.

Please remember us in your Prayers.

"AS OF 9-26-87 WE HAVE NAME!
THE HOUSE ASSISSI HOUSE.
IN HONOR OF ST. FRANCIS.

Juniper House Team

(OPEN- AS
OF 11-10
WE ARE FULL

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Figure 20. "AIDS home helps: Portland house shelters victims," *Statesman Journal* (Salem, OR), November 16, 1987.

AIDS home helps

Portland house shelters victims

PORTLAND (AP) — For five people dying of acquired immune deficiency syndrome, Juniper House provides an alternative to living out their last days alone in a hotel room.

The non-descript house provides the only group residential treatment for AIDS patients in the Northwest.

Its address is kept secret to maintain the privacy of the patients and to avoid hostile reactions from those in the community whose fear of AIDS might override their compassion.

Wayne Oros, 39, a former investment company business manager, has lived at the house since July 4, several days after friends found him in a catatonic state brought on by neurological complications of AIDS.

For Oros and the others who live here, Juniper House was the only alternative to a shabby downtown hotel. One of AIDS' many cruelties is that it does not kill quickly. Those who fall ill eventually cannot work; many deplete their savings and are forced onto welfare.

Although the purpose of the old house is to serve the dying, it remains a place of life and laughter.

Gail Norton, a nurse who volunteers at the house, sometimes brings her children, Michelle, 7, and Jeremy, 9. There is a steady flow of volunteers, friends of patients, their doctors, and people leaving gifts of food and household items.

John Heath, 39, a former chef from Los Angeles, lies on his bed and verbally spars with Gary Wills, 33. The two share "the fireplace room," a converted living room.

Green plants grow in pots, a stained-glass butterfly hangs in the window along with a piece of mounted calligraphy: "God hath not promised sun without rain; Joy without sorrow; Peace without pain."

Then there's resident director Doug Foland, a former public relations executive for a national hotel chain. Several years ago Foland, a devout Catholic, took a personal vow of poverty, chastity and obedience to the will of God.

He worked for a year in the Jesuit Volunteer Corps, has been a volunteer with the Providence Medical Center hospice program in Portland and is now a third-order Franciscan.

Many of the people who are involved in Juniper House are Catholics, although Foland says people from other churches also volunteer time and supplies. Religion is an important part of the volunteers' motivation.

"This is a calling and a ministry, but we're not pushing religion down anyone's throat," Foland said. "We feel the goodness and compassion we share speaks of a loving spirit without mentioning religion."

Some who volunteer to do jobs around the house are infected with the AIDS virus and are in the early stages of the disease.

"Instead of sitting at home in their hotel rooms they want to be a part of a community that's growing and offer what they can," Foland said. "We're building a sense of community. This is really a place to come and live."

Foland, who earns \$300 to \$400 a month, stays at the house five nights a week in a tiny upstairs bedroom he also uses as an office.

Sixteen patients have lived at Juniper House since it opened May 5. Seven have died. Others have gone home to families.

AIDS is an affliction in which a virus attack's the body's immune system, leaving victims susceptible to a wide variety of infections and cancers. It has brought a strength of purpose to those who serve at Juniper House.

"You hear so many bad things about AIDS," Foland said. "You hear about people burning down that house where those children who had AIDS lived. But there are hundreds and hundreds of people out there of all faiths who are compassionate and loving and kind."

The house was the idea of Foland and John Trevitts, a Portland housing manager who put up 80 percent of the money to start the project.

Trevitts, in his 50s, speaks with an East Harlem accent that 22 years in Portland have not been able to erase.

Care for people with AIDS "is an issue that isn't being faced," he said. "It makes you sick. I don't like thugs, and I don't like thuggish issues where nobody's doing anything. How come nobody did this before?"

Trevitts and Foland met when Trevitts was managing a low-rent hotel in downtown Portland and Foland was working with the poor.

"We're willing to work with difficult situations," Trevitts said.

Trevitts put up the money to take out a lease-option on the house and Foland started rounding up volunteers.



AP illustration

Some AIDS patients are lucky enough to return home. Others spend their days in hotel rooms. In Portland, Juniper House provides group residential treatment for some.

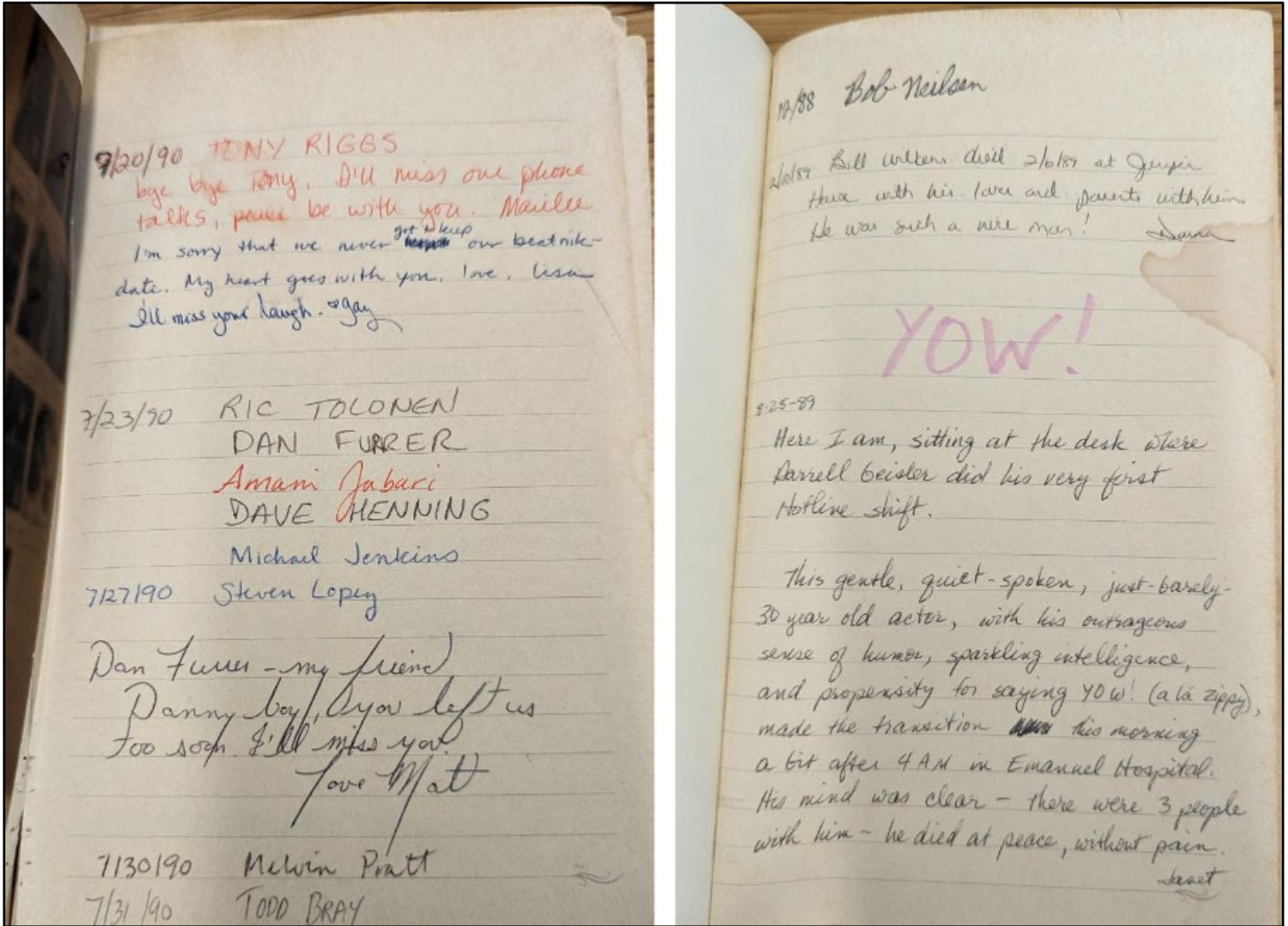
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Figure 21. Excerpts from NAMES Project records that note a gentleman named “Bill” died at Juniper House in February 1989. (Source: Cascade AIDS Project, courtesy of Oregon Historical Society)



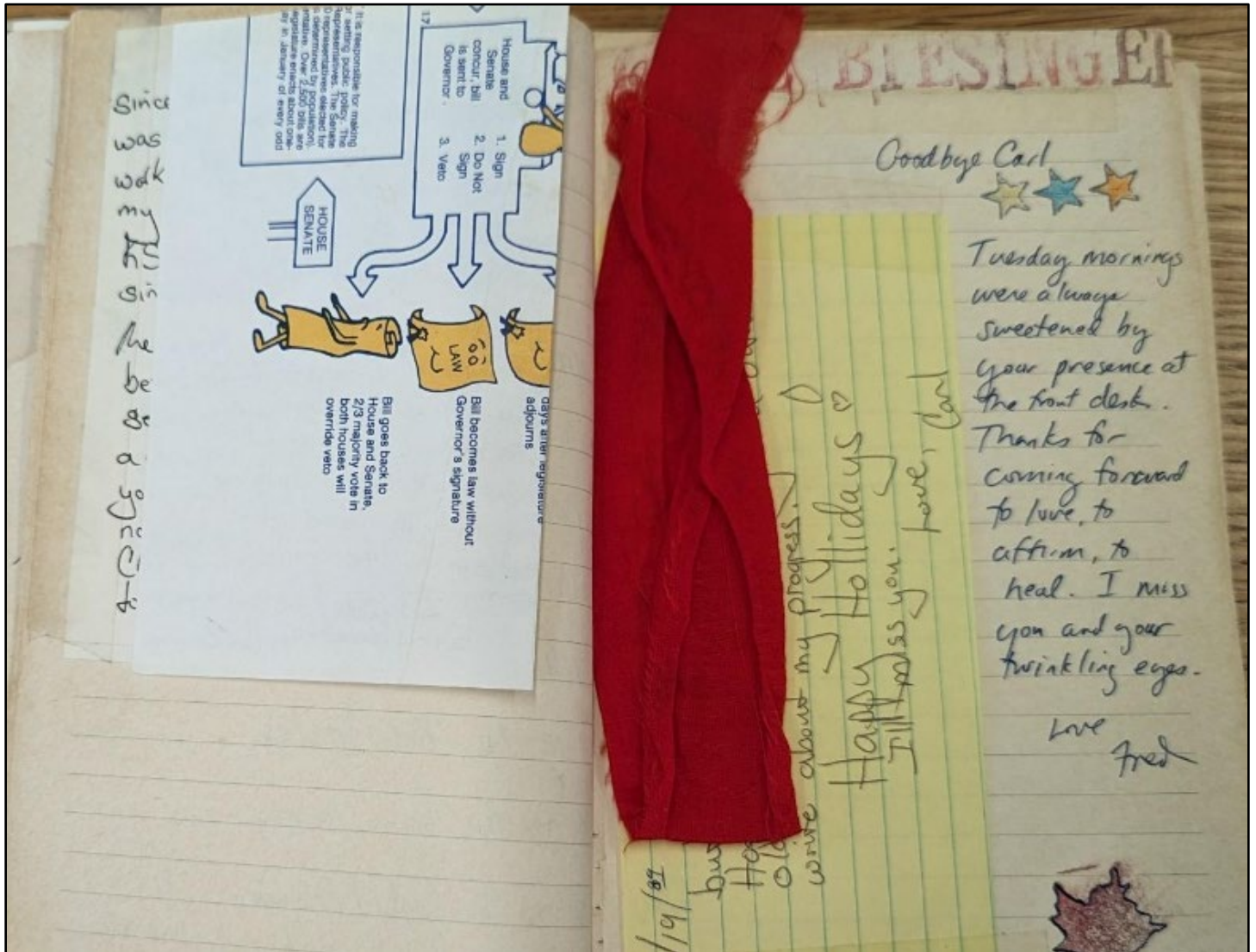
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Figure 22. Excerpts from NAMES Project records, dated December 19, 1989. (Source: Cascade AIDS Project, courtesy of Oregon Historical Society).



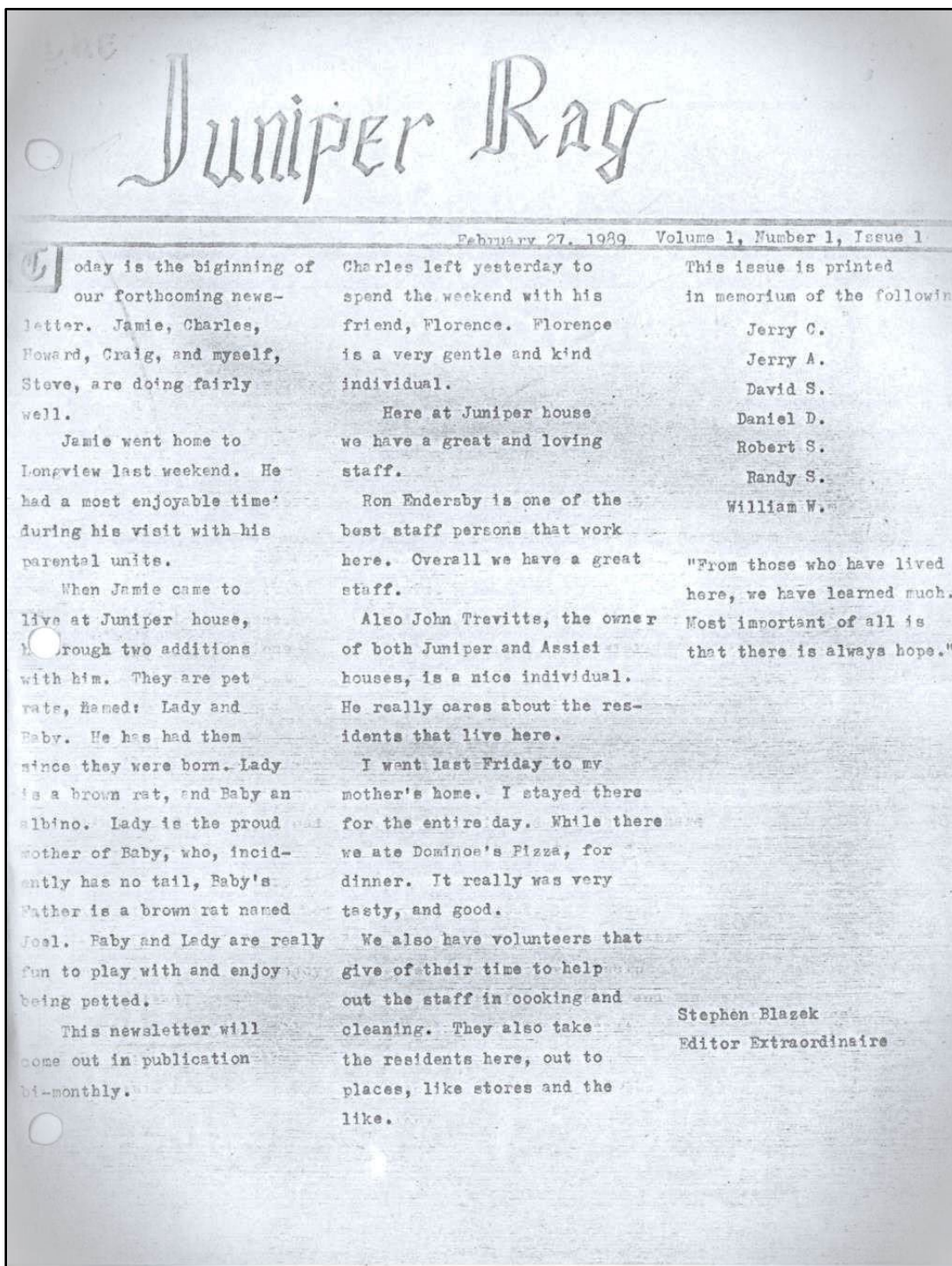
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Figure 23. *The Juniper Rag*, Vol. 1, No. 1 (February 27, 1989). Courtesy of Doug Foland.



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Figure 24. Documentary *AIDS...Close to Home* and News Clips. Local Portland channel KGW-TV 8 aired a one-hour documentary on September 9, 1987. It was produced by Lori Van Kirk, photographed by Bill Weaver, and narrated by Nancy Francis. The video includes news clips recorded by Doug Foland. In this documentary scene, Juniper House resident Tom Lyndell is visited by family. (Source: Video accessible at <https://vimeo.com/914538777?share=copy>)



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Figure 25. Documentary *Juniper House: In Search of Comfort*, *Front Street Weekly Special #723*. Produced by Oregon Public Broadcasting, April 26, 1988. In this documentary scene, Juniper House resident Wayne Oros plays with a dog. (Source: Video accessible at <https://vimeo.com/914538777?share=copy>)



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APPENDIX A: JUNIPER HOUSE FOUNDER BIOGRAPHIES

John Andrew Trevitts

John Andrew Trevitts (1930-2009) was a visionary and compassionate individual whose contributions significantly impacted the care and support for individuals living with HIV/AIDS in Portland, Oregon. Born on February 16, 1930, in the Bronx, New York, Trevitts was raised in a Catholic family by his parents, George Robert Trevitts (1899-1955) and Rose Elizabeth Farley (1890-1941).

Raised in a devout Catholic household, Trevitts' upbringing instilled in him strong values of compassion and service. These values would later shape his life's work and contributions to society. In the 1960s, Trevitts relocated to Portland, Oregon, where he became a prominent figure in the hotel and restaurant industries.¹¹⁷ As a manager and business partner, he demonstrated keen business acumen and an unwavering commitment to excellence.

John Trevitts was known for his generous heart and willingness to take risks to help others. Described by his friend and fellow Juniper House founder, Doug Foland, as a "risk taker with a heart of gold," Trevitts' boldness and empathy were evident in all aspects of his life. Despite never marrying or having children, Trevitts formed deep connections with those around him. He was briefly engaged to the daughter of Henry Roberts, owner of the Roberts Bros. department store in Portland. However, the engagement ended due to religious differences.

In the 1980s, amid the HIV/AIDS crisis, Trevitts' compassion and sense of urgency led him to collaborate with Doug Foland. Together, they recognized the desperate need for a supportive and compassionate environment for individuals living with HIV/AIDS. Their discussions and shared vision culminated in the creation of Juniper House, Oregon's first end-of-life care home for patients with HIV/AIDS, which opened its doors in May 1987.

Trevitts' role in founding Juniper House was instrumental. As the owner of the property, he provided the financial support and resources necessary to establish and maintain the hospice. His commitment extended beyond Juniper House, as he also owned and supported two other similar homes—Assisi House and Bonaventure House. These homes provided critical care and a sense of community for many individuals affected by HIV/AIDS.

John Trevitts continued to own and support these vital homes until shortly before his death. In 2009, he sold the properties to his sister, Kathleen M. Noll, ensuring their continued operation and the ongoing care for their residents.¹¹⁸ Trevitts passed away on March 30, 2009, leaving behind a profound legacy of compassion, courage, and unwavering support for the marginalized.¹¹⁹

¹¹⁷ "Ancestry.com." Ancestry (2013). Accessed at <http://www.ancestry.com/>.

¹¹⁸ Interview with Doug Foland.

¹¹⁹ "Ancestry.com."

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Doug Foland

Doug Foland's journey of dedication and compassion began in the hospitality industry and evolved into a lifelong commitment to serving marginalized communities, particularly those affected by the HIV/AIDS crisis. Born in Spokane in 1951, Foland moved to Portland, where his professional and volunteer efforts reflected his deep-seated belief in the power of community and empathy.

After moving to Portland, Doug Foland embarked on a career in the hotel industry.¹²⁰ From 1972 to 1982, he served as the Front Desk Manager at Westin International Hotels in Portland. His role in the hospitality industry honed his skills in management, communication, and customer service, laying a strong foundation for his future endeavors in community service and healthcare.

Foland's commitment to helping others led him to become actively involved with the Jesuits at the Burnside Community, an organization dedicated to supporting homeless individuals in downtown Portland. His work with the Jesuits allowed him to engage directly with those in need, providing crucial services and support to the homeless population.

In 1983, Foland joined Mayor Bud Clark's Homeless Organization, where he served until 1985. During this time, he collaborated with various community leaders and advocates, striving to address the complex issues faced by Portland's homeless residents. It was in this setting that he met John A. Trevitts, a Portland housing manager who shared his concern for the burgeoning HIV/AIDS crisis.

Inspired by their shared vision, Doug Foland and John Trevitts began discussing the urgent need for a supportive environment for individuals living with HIV/AIDS. Their conversations culminated in the creation of Juniper House, Oregon's first end-of-life care home for patients with HIV/AIDS, which opened its doors in May 1987. As Director of Juniper House, Foland played a pivotal role in shaping its compassionate and inclusive environment.

Juniper House was a sanctuary for those afflicted by AIDS, providing not just medical care, but also emotional and spiritual support. Foland's leadership extended beyond administrative duties; he lived at the house five nights a week, staying in a tiny upstairs bedroom that also served as his office. Earning a modest income of \$300 to \$400 a month, Foland's dedication was evident in his unwavering presence and hands-on involvement in the daily lives of the residents.¹²¹

His commitment to spreading the model of Juniper House led him to speak at various venues, advocating for the establishment of similar supportive environments. As reported in *The Coos Bay World* on February 6, 1988, Foland was scheduled to speak at St. Monica Church Hall in Coos Bay, highlighting the success and importance of Juniper House and encouraging others to create similar havens for AIDS patients.¹²²

¹²⁰ "Ancestry.com." Ancestry (2013). Accessed at <http://www.ancestry.com/>.

¹²¹ "_____", Salem Statesman-Journal (November 16, 1987), 9

¹²² "AIDS Care Topic," The Coos Bay World (February 6, 1988), 5.

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After serving as Director of Juniper House until 1989, Doug Foland transitioned to various other roles. He worked cleaning houses for wealthy Portland families, demonstrating his willingness to take on humble tasks to support himself while continuing his service-oriented life. Later, he found employment on the cardiac floor at Good Samaritan Hospital, where he provided care to patients with heart conditions.¹²³

In addition to his work in healthcare, Foland pursued his passion for writing. He authored two books that showcased his diverse interests and talents. His first book, "Florence Collectables: An Era of Elegance" (1994), delves into the world of collectibles, reflecting his appreciation for art and history. His second book, "A Tribute to Edwin Bower Hesser: The Silent Era Through the Golden Age of Hollywood" (2013), pays homage to a renowned photographer, capturing the glamor and essence of Hollywood's golden years.

Jan Weyeneth

Jan Weyeneth is a dedicated healthcare professional whose career reflects a profound commitment to compassionate care, particularly for those affected by HIV/AIDS. As a Licensed Practical Nurse at Portland's Providence Hospital, Weyeneth's path intersected with Doug Foland's mission to create Juniper House, Oregon's first end-of-life care home for patients with HIV/AIDS. This meeting marked the beginning of her impactful journey in providing care and support to individuals living with HIV/AIDS.

Jan Weyeneth's involvement with Juniper House began as a volunteer. Inspired by the urgent need for compassionate care, she soon left her position at Providence Hospital to join Juniper House full-time as a nurse practitioner. In this role, Weyeneth conducted home visits to interview and assess patients, creating tailored care plans to address their medical needs. Her holistic approach extended beyond medical care, involving her family in the Juniper House community.

In mid-1988, driven by her passion for compassionate care, Weyeneth, along with another Juniper House volunteer, founded Our House. This non-profit organization focused on providing end-of-life care and residential facilities for individuals living with HIV/AIDS in Portland. Our House quickly became a beacon of hope and support, continuing the mission that began with Juniper House. Weyeneth's nearly two years of dedicated service at Our House helped lay a strong foundation for its enduring legacy in the community.

Following her tenure at Our House, Jan Weyeneth joined the Infectious Diseases Department at Oregon Health & Science University (OHSU). Here, she focused on HIV/AIDS research, contributing to the advancement of medical knowledge and treatment strategies. Her work at OHSU underscored her commitment to not only providing care but also seeking long-term solutions and improvements in the treatment of HIV/AIDS.

Now retired, Jan Weyeneth remains a respected figure in the Portland healthcare community. Her contributions to Juniper House, Our House, and OHSU have left an indelible mark on the care and support for individuals living with HIV/AIDS. Weyeneth's holistic approach, involving her family and fostering a sense of community,

¹²³ Interview with Doug Foland.

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serves as an enduring example of compassionate care. She continues to reside in Portland, a city that has greatly benefited from her dedication and pioneering efforts in the field of HIV/AIDS care.¹²⁴

¹²⁴ Interview with Jan Weyeneth.

**Juniper House
Multnomah County: OR**



Photo 1 of 15: OR_MultnomahCounty_JuniperHouse_0001
Main (north) and side (west) facades. Camera facing southeast from SE 20th Avenue.



Photo 2 of 15: OR_MultnomahCounty_JuniperHouse_0002
Main (north facade). Camera facing south from SE Ankeny Street.

**Juniper House
Multnomah County: OR**



Photo 3 of 15: OR_MultnomahCounty_JuniperHouse_003
Entry porch. Camera facing east.



Photo 4 of 15: OR_MultnomahCounty_JuniperHouse_004
Side (west) and rear (south) facades. Camera facing northeast from SE 20th Avenue.

Juniper House
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Photo 5 of 15: OR_MultnomahCounty_JuniperHouse_0005
Side (east) façade. Camera facing northwest.



Photo 6 of 15: OR_MultnomahCounty_JuniperHouse_0006
Concrete ramp on the south of the lot. Camera facing east.

**Juniper House
Multnomah County: OR**



Photo 7 of 15: OR_MultnomahCounty_JuniperHouse_0007
Hallway and second floor stairs from Foyer. Camera facing south.



Photo 8 of 15: OR_MultnomahCounty_JuniperHouse_0008
Foyer, main entry door and Wayne's Room. Camera facing northwest from stairs landing.

**Juniper House
Multnomah County: OR**



Photo 9 of 15: OR_MultnomahCounty_JuniperHouse_0009
Fireplace room. Camera facing south.



Photo 10 of 15: OR_MultnomahCounty_JuniperHouse_0010
Former kitchen. Camera facing south.

**Juniper House
Multnomah County: OR**



Photo 11 of 15: OR_MultnomahCounty_JuniperHouse_0011
Former dining room, see oriel window with built-in. Camera facing southeast.

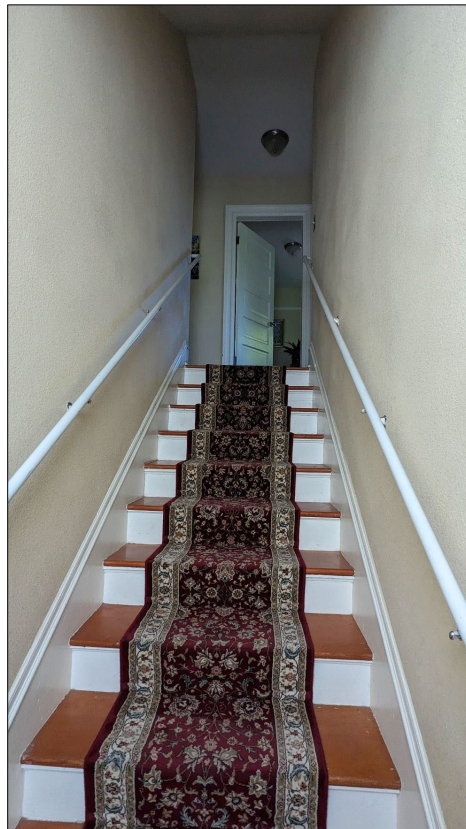


Photo 12 of 15: OR_MultnomahCounty_JuniperHouse_0012
Stairs to the second floor. Camera facing west.

**Juniper House
Multnomah County: OR**



Photo 13 of 15: OR_MultnomahCounty_JuniperHouse_0013
East (Staff) room, see entrance to the attic on the left. Camera facing east.

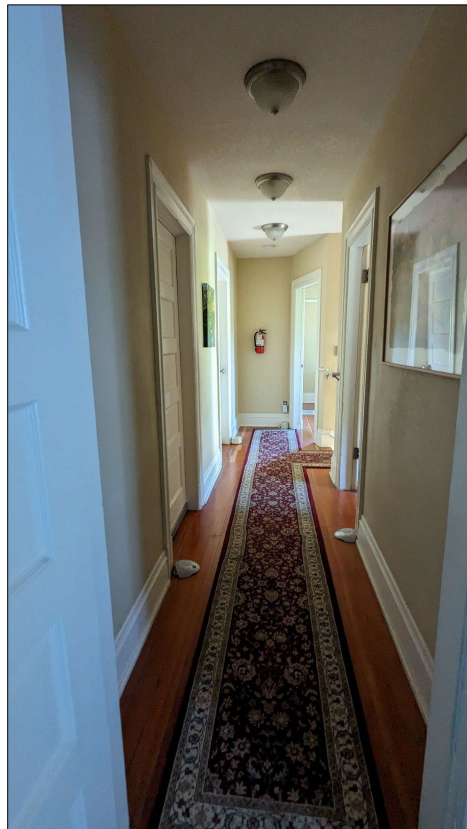


Photo 14 of 15: OR_MultnomahCounty_JuniperHouse_0014
Second floor hallway. Camera facing north.

**Juniper House
Multnomah County: OR**



Photo 15 of 15: OR_MultnomahCounty_JuniperHouse_0015
Basement. The door on the left opens to the street. Camera facing northwest.