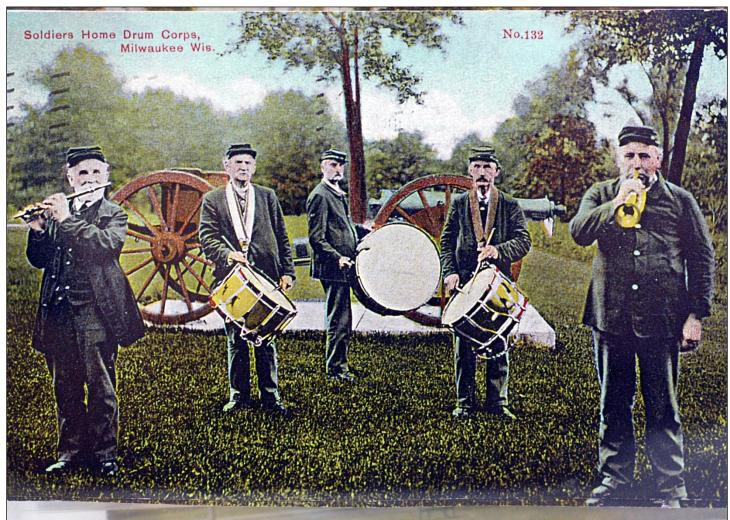
National Register of Historic Places Registration Form

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS NATIONAL HISTORIC LANDMARK CONTEXT STUDY



Northwestern Branch National Home for Disabled Volunteer Soldiers, image Clement J. Zablocki Medical Center, Milwaukee, WI

August 2009

by Dr. Suzanne Julin

Prepared for the National Park Service, Midwest Regional Office Through Cooperative Agreement1443CA0010013, National Council on Public History

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Context Study Summary:

Established by Congress in 1865 and ultimately encompassing a network of eleven branches across the country, the National Home for Disabled Volunteer Soldiers (NHDVS) represents a policy of veterans' benefits that directly influenced the development of a national system for veteran health care in the United States. The NHDVS was a notable departure from the previous focus on care for professional soldiers and officially set forth the concern and commitment of the federal government for the well-being of the civilian soldier.

The NHDVS was overseen by a Board of Managers and operated until 1930. The initial branches served volunteer veterans of the Civil War who had suffered injury or debilitating illness during the war. The broadening of admittance standards recommended by the Board of Managers eventually expanded membership to all veterans of all wars who could not live independently for any reason, regardless of the nature of their disability. As Civil War veterans aged and young veterans from other conflicts entered the system, the NHDVS Board of Managers increasingly turned their attention to medical care. Until World War I, NHDVS members were the only veterans receiving government-provided medical care regardless of the cause of illness or disability. The federal government's expansion of medical care to World War I veterans and the subsequent development of the Veterans Administration medical system (VA, now the Department of Veterans Affairs) reflect the foundation established by the NHDVS. Cemeteries were established at these facilities to provide a final benefit—perpetual burial among comrades.

The architecture and landscape architecture of the NHDVS branches represent the policies and practices instituted by the Board of Managers in the development of the institution, and the goal of providing residences and care to war veterans. The built environment illustrates the national trends in architecture and landscape design, and the Board's emphasis on significant buildings and designed landscapes reflect their commitment to establishing institutions that would be a source of pride for veterans and instill respect for them among the general public. The highly visible NHDVS branches reminded citizens of the federal government's support of veterans and helped forge a link between the public and that government.

In 1930, the NHDVS was absorbed into the newly created VA. The change dissolved the NHDVS Board of Managers. With the transition, the Board's practice of establishing and developing individual branches with unique architecture and landscapes ended as these past policies gave way to standardization. Some former NDHVS properties were dramatically changed by development under the VA; others retained the essential characteristics that identify them as NHDVS properties.

The eleven NHDVS properties established between 1865-1930 in chronological order are the Eastern Branch in Togus, Maine; the Northwestern Branch in Milwaukee, Wisconsin; the Central Branch in Dayton, Ohio; the Southern Branch in Hampton, Virginia; the Western Branch in Leavenworth, Kansas; the Pacific Branch in West Los Angeles, California; the Marion Branch in Marion, Indiana; the Danville Branch in Danville, Illinois, the Battle Mountain Sanitarium in Hot Springs, South Dakota; the Mountain Branch in Johnson City, Tennessee; and the Bath Branch in Bath, New York.

Four NHDVS properties are recommended for National Historic Landmark (NHL) designation for their ability to most outstandingly represent the national context of the development of a national policy for veteran health care: the Northwestern Branch, the Western Branch, the Mountain Branch and the Battle Mountain Sanitarium. This Context Study is intended to accompany the nominations.

While the time period for this study encompasses the period 1865 to 1930, the property type—federal government facilities that cared for veterans—continued to evolve and develop after the integration of the NHDVS into the VA. Major historical themes of the post-1930 period, including the Great Depression, World War II, and the Cold War, played important roles in shaping this institution. This property type may reflect this later evolution in a significant way, such that other facilities may be nationally significant as well for the period 1930 to 1960. Thus, other facilities may be evaluated for NHL nomination for periods that fall within the fuller time span of 1865 to 1960, under a separate scope of study.

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History of the National Home for Disabled Volunteer Soldiers¹

Introduction

The United States government, through the Department of Veterans Affairs, provides a comprehensive system of care for veterans. This on-going assistance includes in- and out-patient medical and mental health care, dental, vision, and pharmaceutical benefits, substance abuse programs, long-term care for the elderly and severely disabled, services for the blind, vocational and educational assistance, domiciliary care, and transitional residences. Benefits are available to beneficiaries whose eligibility in general is based upon active military service and other than dishonorable discharge, but may vary according to specific circumstances of service and/or illness or disability. This system owes its present programs to an expansion of benefits to veterans which began after the Civil War and continued into the twentieth century, creating an enduring connection between veterans and the federal government. The National Home for Disabled Volunteer Soldiers is an integral component of this history.

In 1865, Congress established the National Asylum for Disabled Volunteer Soldiers, later re-named the National Home for Disabled Volunteer Soldiers. The institution developed as a network of eleven branches across the country before being absorbed into the newly created Veterans Administration in 1930. Initially, the benefits and privileges of the NHDVS were extended to Union Army volunteer veterans with service-related disabilities. A broadening of NHDVS admittance standards in the mid-1880s allowed former Union soldiers with any disability, including those caused by age, to be considered for membership in the National Home. Subsequent expansion of membership regulations made disabled veterans of all U. S. wars and military actions eligible to enter NHDVS facilities. In the twentieth century, the NHDVS population began to shift from elderly Civil War veterans to young veterans with specific injuries and conditions. As medical benefits for veterans expanded and their needs became more complex, the NHDVS mission became increasingly focused on that care.³

In 1930, the NHDVS was absorbed into the newly created Veterans Administration. The change dissolved the NHDVS Board of Managers, an entity that had controlled the growth of the system since 1866. With the transition, the Board's practice of establishing and developing individual branches with unique architecture and landscapes ended as these policies increasingly gave way to standardization. Some former NHDVS properties were dramatically changed by development under the Veterans Administration; others retained the essential characteristics that identify them as NHDVS facilities.

In 1873, Congress changed the name from National Asylum for Disabled Volunteer Soldiers to National Home for Disabled Volunteer Soldiers. For purposes of consistency, this Context Study will refer to the institution as the National Home for Disabled Volunteer Soldiers (NHDVS). The men served by the institution were first referred to as inmates, a term that fell into disuse during the 1880s and was replaced by beneficiaries, soldiers, men, and members. This nomination will use members, which came into general use by the NHDVS in the 1880s, as the principal term to refer to a veteran living in one of the NHDVS branches.

All the home cemeteries provided a resting place for veterans who died while in residence. These facilities were in essence a parallel burial program to the system of National Cemeteries run by the War Department. The headstones at the

¹This history was first prepared by Dr. Suzanne Julin as the "National Home for Disabled Volunteer Soldiers: Assessment of Significance and National Historic Landmark Recommendations," a study completed in 2007 under a Cooperative Agreement between the National Council on Public History and the National Park Service, Midwest Region.

² Department of Veterans Affairs, *The Veterans Benefits Administration: An Organizational History: 1776-1994* (Washington, DC: Veterans Benefits Administration, [1995]): 1 (hereafter cited as DVA, *The Veterans Benefits Administration*); Department of Veterans Affairs, *Federal Benefits for Veterans and Dependents 2006 Edition* details benefits for veterans and is available from the Department of Veterans Affairs, Office of Public Affairs or at http://www.vba.va.gov.

³ The men initially served by the NHDVS had been United States Soldiers serving in the United States Army during the Civil War to defend the United States, which was attacked by Confederate forces. Terms such as Union soldiers, Union troops, and Union Army are in general usage among historians and will be used throughout this document to represent the United States military effort during the Civil War and the veterans of that effort.

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NHDVS cemeteries were provided by the Army. In 1973 administration of the cemeteries was transferred to the National Cemetery System and the sites were so designated. The National Cemetery System became the National Cemetery Administration in 1998.

Early Support for War Veterans

Since the colonial era, American citizens and governments have worked to protect disabled soldiers from the indignities of poverty. Until the mid-1800s, public assistance to these men was primarily financial as the new states made provisions for soldiers through pensions and similar aid. The Continental Congress enacted a 1776 law that gave pensions to officers and regular soldiers and sailors disabled in the line of duty. In 1789, the First U.S. Congress assumed the responsibility for continuing these benefits, and subsequent laws provided such benefits to men wounded during the Revolutionary War and men who became disabled after the war as a consequence of service-related wounds.⁴

Congress repealed previous laws in 1806 and enacted new legislation that made additional categories of soldiers eligible for pensions, including volunteers and state troops. In 1813 it extended pension benefits to veterans of the War of 1812. In 1818, Congress passed a controversial law granting pensions to any veteran of the Revolutionary War who needed assistance, including the indigent. Consequently, the numbers of pensioners quickly went from slightly over two thousand to more than seventeen thousand, and the annual costs of the system increased dramatically. As a result, the application process was tightened and many pensions were withdrawn. In the 1830s, supporters defended another controversial pension law that extended benefits to the self-supporting, stating that pensions were a reward for service, not an act of charity designed to relieve poverty. In 1833, Congress established the Bureau of Pensions, the first federal bureaucracy devoted to veterans' benefits. The pension system created a durable connection between the thousands of veterans and their families and the federal government.⁵

The Civil War strengthened that connection. At its onset, there were about 80,000 war veterans in the country. By 1865, Union veterans had increased that number to nearly two million and veterans constituted almost 5 per cent of the country's population. The General Pension Law passed by Congress in 1862 established pensions for disabled veterans whose disabilities could be linked to injuries suffered or diseases developed during their military service. This was the first pension law to allow payments for disease-related disabilities, and the broadening of eligibility and growing number of disabled veterans led to a dramatically expanded pension system. The government paid out more in pension benefits between 1866 and 1870 than it had from 1790 to 1865.

Although pensions were the most common method of assisting military veterans, the government also supported the development of institutions designed to provide them shelter and care. In 1811 Congress established the U. S. Naval Asylum for disabled and elderly regular Navy and Marine veterans. However, the home was not operational until the 1830s, when Congress appropriated funds necessary to complete a building in Philadelphia for use as a hospital and asylum. Until 1935, when direct Navy appropriations began to be used, the operations were funded from monthly contributions by active seamen and fines against them. Sailors who were disabled due to injuries or conditions arising from their service in the navy were eligible for admittance.⁷

⁴ While not intended for professional soldiers, Congress also passed a 1798 law that created a fund to be used by the Federal government to provide medical services for sick and injured merchant seamen. In contrast to the early soldiers' benefit measures established by Congress, the goal of the law was to protect the country's economic prosperity and national defense through a healthy merchant marine. From the Office of Public Health Service Historian, citing John L. Parascandola, "Public Health Service," in ed. George Thomas Kurian, *A Historical Guide to the U.S. Government* (New York: Oxford University Press, 1998): 487-493, 29 April 2009 http://lhncbc.nlm.nih.gov/apdb/phsHistory/resources/phs_hist/pub-phs01.html>.

⁵Judith Gladys Cetina, "A History of the Veterans' Homes in the United States, 1811-1930" (Ph.D. diss., Case Western Reserve University, 1977): 17-22; DVA, *The Veterans Benefits Administration*, 5-8; C. Esco Obermann, *A History of Vocational Rehabilitation in America* (Minneapolis, Minnesota: T. S. Denison and Company, Inc., 1965): 141; Patrick J. Kelly, *Creating a National Home: Building the Veterans' Welfare State*, 1860-1900 (Cambridge: Harvard University Press, 1997): 29.

⁶ DVA, The Veterans Benefits Administration, 9; Kelly, 18, 57.

⁷Cetina, 30-39, discusses the U. S. Sailors' Home; "U. S. Naval Home History," 18 December 2006 http://www.defenselink.mil/specials/heroes/

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The U.S. Naval Asylum was constructed in Philadelphia, Pennsylvania, near the Schuylkill River on the site of a former plantation. An existing building was used as a naval hospital while the larger institution was being built. Architect William Strickland designed the Greek Revival central building, called Biddle Hall, which included private rooms for four hundred residents, communal dining, reading, and smoking areas, and a chapel. Begun in 1827, the building was completed in 1833. Until 1845, Biddle Hall housed a naval hospital and a naval academy as well as retired sailors; in that year, the academy was moved to Annapolis, Maryland. In 1844, two additional buildings designed by Strickland—a residence for the Asylum's Governor and another for the surgeon--were added to the campus. In 1868, a Second Empire style hospital designed by John McArthur and named Laning Hall was completed. The building was funded by Congress to serve the needs of wounded sailors at the end of the Civil War, but by the time it was ready for use, the number of hospital patients was dwindling and Laning Hall was converted to housing for disabled veterans. By 1886, the U. S. Naval Asylum held 201 patients and pensioners. In 1889 its name was changed to the U. S. Naval Home. In 1976, a new facility opened in Gulfport, Mississippi, and its residents transferred to that site. The original buildings have been vacant since the 1980s and the burials associated with it were relocated to Mount Moriah Cemetery where they are overseen today by the National Cemetery Administration. The U. S. Naval Home was designated a National Historic Landmark in 1976.

In 1851, Congress created the U.S. Military Asylum, after decades of debate about the costs of such a facility as well as its appropriateness in the United States. Some opponents believed the development of elaborate public institutions like France's Hotel des Invalides and the Chelsea Hospital in England, while appropriate for monarchical societies, were not suited to the United States. The casualties suffered during the Mexican-American War, however, helped to convince legislators that a provision for soldiers unable to care for themselves was necessary. The institution was originally funded from Mexican-American War fines as well as deductions from the salaries of enlisted men. After 1859 the Military Asylum was known as the U.S. Soldiers' Home. The U.S. Soldiers' Home was intended to house disabled and elderly soldiers. Regulars or volunteers with twenty years of service who had contributed to its support through pay deductions were eligible for admittance. Originally conceived with three branches, Congress centralized the Soldiers' Home in Washington, D.C. by the end of the 1850s because so few ex-soldiers sought residence at the institution. By the time the Civil War began, the Soldiers' Home housed approximately 130 residents, about half its capacity. Its lack of success in attracting men led some congressmen to believe veterans would not be interested in living in institutions. This attitude helped slow the movement toward the development of a national system for disabled soldiers during the Civil War. 10

The U.S. Soldier's Home is located about three miles north of the Capitol. The federal government purchase of the six-acre property included a 1842-1843 Gothic Revival house built as a country home for George W. Riggs, founder of Riggs National Bank. Despite the original ownership, the house is known as the Anderson Cottage, in honor of Major Robert Anderson, an early supporter of the establishment of a soldiers' home. Following establishment of the U.S. Military Asylum, the Anderson Cottage housed residents of the institution. President Lincoln and his family used the cottage as a summer home from 1862 through 1864, as did President James Buchanan before them. After Lincoln's death, the house served as a hospital for the U.S. Soldiers' Home until 1877. Three other buildings associated with the U.S. Soldiers' Home were built between 1851 and 1857 and designed by Lt. Barton S. Alexander. Sherman South, originally called the Scott Building, held the hospital, administrative offices, and dormitories. Quarters One and Two were built as residences for the home's administrative officers. The grounds surrounding the buildings were designed with winding paths, open spaces that allowed views of the surrounding scenery, and native plants; their design was probably influenced by the works of Andrew Jackson Downing. Identified for a time as the U. S. Soldiers' and Airmen's Home, since 1991 the property has been known as the Armed Forces Retirement Home – Washington. The institution continues to provide

history2.html>.

⁸ Philadelphia Area Consortium of Special Collections Libraries, "'Beautifully situated on the River Schuylkill': Views of the U. S. Naval Asylum and Hospital, Philadelphia," 18 December 2006 http://www.pacscl.org/shows/navalhome/index.html.

⁹ The three branches were in New Orleans; East Pascagoula, Mississippi; and Harrodsburg, Kentucky. These asylum/homes were administered by a governor who reported to a board of commissioners. "Records of the Armed Forces Retirement Home, History Summary," National Archives, 20 April 2009 http://www.archives.gov/research/guide fed records/groups/231.html>.

¹⁰Kelly, 12-14; U.S. Department of the Interior, National Park Service, "President Lincoln and Soldiers' Home National Monument," Special Resource Study, 2003, 8; Cetina, 31-36 and 39-54, addresses the establishment of the Naval Home and the Soldiers Home; Paul R. Goode, *The United States Soldiers' Home: A History of its First Hundred Years* (privately published, 1957) presents a detailed history of that institution.

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residential and health care services for more than one thousand military retirees. ¹¹ The historic core of the U.S. Soldiers' Home, containing the four buildings dating from 1840-1857 was designated a National Historic Landmark in 1973. In 2000 President Clinton designated Anderson Cottage and the immediate landscape the "President Lincoln and Soldiers Home National Monument." The entire 272-acre campus was recently included in the revised National Register nomination in 2007 as the "Armed Forces Retirement Home."

In 1852, Congress established the Government Hospital for the Insane to provide care to regular members of the Army and Navy forces and residents of Washington, D.C. Located in the southeastern part of the city, the hospital was constructed as a central administrative building with east and west wings. Architect Thomas U. Walters, who designed the Capitol Building, drew the first plans for the central unit. During the Civil War, parts of the facility were used to treat ill and injured Union soldiers and sailors. A shop manufactured artificial limbs and amputees remained at the hospital while they learned to use their prostheses. Men reluctant to admit their residence at an institution for the insane began to refer to the institution as "St. Elizabeths," the name of the tract of land upon which the hospital was built. Following the war, the military hospital and artificial limb shop were closed and the facility returned to its original purpose to provide long-term care to Civil War veterans with mental illnesses. In 1866, Congress passed an act allowing Union veterans diagnosed as insane within three years of their discharge to enter the hospital and in 1882 authorized the NHDVS to transfer mentally ill patients there. Like the U.S. Soldiers' Home, a cemetery was established on the grounds to bury deceased patients and residents. The care of Civil War veterans led to overcrowding, and the institution added new buildings in 1878, 1879, and 1883. In 1916, Congress officially changed the name of the hospital to St. Elizabeths. The hospital ceased to be a federal facility in 1987 and became part of Washington, D.C.'s mental health system. St. Elizabeths was designated a National Historic Landmark in 1991. Landmark in 1991.

Before 1862, the capacities of the U.S. Naval Asylum and the U.S. Soldiers' Home, as well as the services provided by the Government Hospital for the Insane, were more than adequate to serve veterans who needed the services and assistance they could provide. The Civil War created a much larger and more diverse body of veterans, men who were not career military soldiers and whose needs could not be met by the existing facilities.

The Civil War also created a demand for burial space for soldiers who had died in service to their country. The first such cemetery was opened on the grounds of the U. S. Soldiers Home in 1861. Less than a year later, in the wake of escalating number of dead, a more proportionate and long-term solution to the need for burial space was created by Congress. Legislation signed on July 17, 1862, authorized the President to purchase cemetery grounds for use as national cemeteries. Fourteen National Cemeteries were established that year, and another fifty-nine were created by 1870. Most cemeteries were located in the Southeast, near battlefields and encampments of the Civil War. Others were established near hospitals where soldiers died of their wounds.¹³

The Act to Establish and Protect National Cemeteries of February 22, 1867, provided for the standard physical components of the National Cemeteries, the method of making graves, and the employment of disabled regular Army veterans as superintendents. The Secretary of War was directed to enclose every National Cemetery "with a good and substantial stone or iron fence," and to mark every grave with a small headstone or block. In 1873 a subsequent act provided funding to pay for creation of headstones for both known and unidentified casualties. With this act, the

¹¹U.S. Department of the Interior, "President Lincoln and Soldiers' Home National Monument," iii, 4, 7, 17-18; "U.S. Soldiers' And Airmen's Home (USSAH) Washington, D. C.," 18 December 2006 http://www.defenselink.mil/specials/heroes/history1.html. The 1991 creation of the AFRH incorporated the U.S. Naval Home in Gulfport, Mississippi. Both the Naval Home and the US Soldiers' and Airmen's Home was maintained as separate entities of the Retirement Home, for administrative purposes. In 2001 Congress renamed the U.S. Naval Home and the U.S. Soldiers' and Airmen's Home the Armed Forces Retirement Home – Gulfport, and the Armed Forces Retirement Home – Washington, respectively. "History," *Armed Forces Retirement Home, 20 May 2009, http://www.afrh.gov/afrh/wash/whistory.htm.

¹² Obermann, 143-144; District of Columbia Department of Mental Health, "St. Elizabeths Hospital's Expanded Role During the Civil War," 19 December 2006 http://dmh.dc.gov/dmh/cwp/view,a,3,q,636030.asp; District of Columbia Department of Mental Health, "St. Elizabeths Hospital," 19 December 2006 http://dmh.dc.gov/dmh/cwp/view,a,3,q,516064.asp.

¹³ Department of Veterans Affairs, National Cemeteries, "General History: Burials and Memorials," 22 February 2007 http://www.cem.va.gov/cem/hist.history.asp.

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Secretary of War specified that headstones were to be upright, round-topped marble. 14

Soldiers in the Civil War

Three million men fought in the Civil War, over seventy percent of them U.S. soldiers. From the beginning, volunteers who left their homes and daily lives to fight made up a significant portion of the U.S. troops. Unprecedented casualties, serious wounds caused by modern firearms, and disease and trauma took an enormous toll on these participants. Nearly three hundred thousand Union men who survived the warfare suffered gunshot wounds. By war's end, thirty thousand of them had experienced amputation or loss of use of an injured limb. Dysentery, malaria, and typhoid fever spread through crowded, unsanitary camps filled with soldiers fatigued by long marches and extended fighting and weakened by inadequate diets. The illnesses left their most affected victims with life-long impaired health. In addition, war conditions created stresses that led to emotional and psychological problems. These men often felt hopeless and disoriented as they returned to a rapidly industrializing society that was socially and economically different from the one they had left.¹⁵

Support for Union Soldiers

The effects of the Civil War raised intense concern among civilians in the North, who looked for ways to alleviate suffering and attend to soldiers' needs. As the war progressed, local facilities, many of them operated by charitable organizations dominated by women, provided much of the assistance. For example, a site in Boston offered short-term care and living space to discharged soldiers while they reentered society. A soldiers' home in Cleveland provided support for ill and injured veterans, as well as housing for those who were traveling or reestablishing themselves in the area. ¹⁶ The United States Sanitary Commission (USSC) became an organizing mechanism for these groups and the influential organization's activities and philosophies affected decisions regarding post-war benefits for disabled veterans.

The USSC was established in 1861 by order of President Abraham Lincoln. Created in large part through the efforts of Henry Bellows, a prominent New York City Unitarian minister, the commission was made up of well-to-do northeastern men who took an intense interest in the nation's political and social development. The group's initial contribution to the war effort was to monitor the medical care of Union troops. The USSC eventually served to coordinate volunteer efforts, inspect army medical facilities, and compile data and compose reports regarding wartime medical care. The Commission also provided medical staff to care for soldiers, established hospitals and residential facilities to offer short-term care and housing, and assisted discharged men by helping them collect their pay and return home safely.¹⁷

As the war drew to a close, the USSC began to turn its attention from providing immediate care and assistance to the postwar needs of returning veterans, particularly those disabled by injury or illness in the line of duty. Its positions reflected the attitudes of its board members, many of them intellectuals like Henry Bellows and Frederick Law Olmsted, the well-known landscape designer. Initially, the Commission attempted to devise a system of aiding veterans without making them dependent upon federal institutions. As discussion of national asylums for injured or ill veterans arose, Bellows, in particular, resisted the idea. He believed that a pension system was a more economical, more respectful, and more American way to deal with the situation, and the best way to keep men in the familiar settings of their communities. However, Bellows and other USSC members eventually began to acknowledge that numbers of disabled men would not have the community or family support that would allow them to live independently, even with a pension. ¹⁸

Thus, the USSC began to consider the concept of a centralized institution to provide shelter and care to those veterans.

¹⁴ *Ibid.*; Jeffrey M. Hull and Matthew M. Jeffrey, "Central Branch, National Home for Disabled Volunteer Soldiers," National Register of Historic Places Registration Form, May 7, 2003, 8/29; Edward Steere, "Expansion of the National Cemetery System, 1880-1900," *Shrines of the Honored Dead, A Study of the National Cemetery System*, (Department of the Army, Office of the Quartermaster General, n.d.): 21.

¹⁵ Kelly, 15-18; James McPherson, For Cause and Comrades: Why Men Fought in the Civil War (New York: Oxford University Press, 1999): 5, 164-166, 173; Brenda K. Jackson, Domesticating the West: The Re-creation of the Nineteenth-Century American Middle Class (Lincoln: University of Nebraska Press, 2005): 63-64; Obermann, 143-145.

¹⁶ Kelly, 31-37.

¹⁷ Ibid., 19-24; Cetina, 122-123.

¹⁸ Kelly, 19-24; Cetina, 62, 68-72, 122-123.

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Bellows characterized such a facility as an asylum--a place of refuge--that would offer a home but also maintain military organization and discipline, provide light work to encourage industry and independence, increase patriotism and nationalism, allow ex-soldiers to maintain their pride, and return them to society as functioning citizens as soon as possible. At one point, the USSC began planning a system of three soldiers' homes to be established in climates that would prove beneficial to various medical and physical problems: for example, pulmonary patients would need a mild climate, while a more bracing environment might be more beneficial to malaria patients. The costs of meeting on-going demands of the war precluded the USSC from putting their plans into action, and their assistance to returning soldiers had

almost completely ended by the beginning of 1866. The model they conceived, however, presaged the initial form of the

The National Home for Disabled Volunteer Soldiers

The history of the NHDVS can be organized into five phases. Phase one, 1865-1870, includes the formation of the NHDVS by Congress, the organization of the Board of Managers, and the establishment of the first four branches. During phase two, 1871-1883, the institution's operations continued to develop and growth occurred at the individual sites. During phase three, 1884-1900, the admission requirements were broadened to include larger numbers of veterans; therefore the system expanded to include four new branches. In phase four, 1900-1917, two new branches were created and the system increasingly focused attention on the medical needs of veterans. Phase five, 1918-1930, saw the impact of World War I, the establishment of the final NHDVS branch, and the incorporation of the NHDVS into the newly created Veterans Administration.

Phase One: Early Development of the NHDVS, 1865-1870

In the years between 1865 and 1870, Congress and the NHDVS Board of Managers formed the foundations of the NHDVS system and established its first four branches. The policies they formulated guided not only the culture and governance of the institution, but also its aesthetic development through architecture and landscape design.

By 1864 citizens and members of organizations providing assistance to returning soldiers were increasingly concerned by the numbers and the needs of these men. Delphine Baker, who published the *National Banner* and helped to found the National Literary Association (NLA), was one of the most outspoken promoters of a national disabled soldiers' home. At one time, the NLA contemplated building such a facility, but the more important contribution of Baker and her group was to influence members of Congress to consider the establishment of a public institution. The success of supporters of a national home for disabled veterans is illustrated in the swift passage of the legislation that created it. Senator Henry Wilson of Massachusetts introduced the bill to establish the NHDVS in the Senate on February 28, 1865; it quickly passed both houses of Congress and was signed by President Lincoln on March 5, 1865.²⁰

As historian Patrick Kelly notes, however, the speed with which the legislation passed speaks more to the reaction of Congress to the imminent end of the war and public sentiment than to any carefully planned solution for the particular problems of disabled veterans. The original act created a one-hundred member administrative structure that included many of the prominent citizens of the day, but such a large group proved ineffective and made no progress toward the development of a functional system. Veterans' discontent with the lack of progress and a poorer than expected showing in the fall elections of 1865 prompted Republicans to take a deeper interest in the success of the NHDVS. Recognizing that Union veterans were a valuable political force who would appreciate the institution, the Republican-controlled Congress amended the original act in 1866 to set up a twelve-member Board of Managers. The more efficiently organized board included the President of the United States, the Secretary of War, and the Chief Justice as ex-officio members and nine men appointed by Congress. The Board was charged with setting up branches of the institution, reporting to Congress annually, inspecting the sites regularly, and monitoring the system's finances. The NHDVS Board of Managers met for the first time in May, 1866. Benjamin F. Butler, former Union Army general and prominent

¹⁹ Kelly, 11, 23-31, 42-45, 67-68, 72; Cetina, 65.

²⁰ Kelly, 46-47; House, Committee on Military Affairs, *Investigation of the Management National Home for Disabled Volunteer Soldiers*, 41st Cong., 3rd sess. 1871, H. rept. 45, 1.

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Republican politician, was elected president. The longest tenured president of the Board of Managers, he directly influenced the creation, development, and operations of the first homes before leaving the board in 1880. Lewis B. Gunckel of Dayton, Ohio, another powerful Republican, became the Board's secretary and also had an important impact on the development of the system, particularly on the growth of the Central Branch, located in his hometown.²¹

Under the act establishing the NHDVS, Congress committed to appropriating to the institution funds acquired by fines against officers and soldiers who had been sentenced by court-martials or military commissions as well as forfeitures due to desertion and unclaimed money due soldiers and officers. This system was particularly unwieldy because it required an accounting of every individual soldier's account, and such examinations were often several years behind schedule. By 1875, the original method of funding the NHDVS proved insufficient and inconsistent, and Congress began making direct annual appropriations to the system. 22

Shortly after the 1865 legislation was signed into law, Frederick Knapp, an influential member of the USSC who was strongly in favor of the national veterans' home concept, wrote a broadside, "Sanitaria, or Home for Discharged, Disabled Soldiers" in the hopes of mobilizing public support for the system. He warned against setting up elaborate or luxurious facilities, instead urging an institution that could provide the men with shelter, education, training, productive work, and assistance in returning to general society. Instead of spending funds on construction of large, impressive buildings, Knapp insisted, expenditures should be dedicated directly to basic comforts for the veterans. Whether or not the Board of Managers were directly influenced by Knapp's suggestions, they attempted to put into place several of the concepts he espoused, including the notion of a comfortable home and the provision of education, training and worthwhile work with an eye toward returning men to the larger society. Knapp's plea for simple facilities, however, obviously had little impact on the development of the NHDVS. During its sixty-four years of productive existence, the Board of Managers oversaw the construction and development of a series of campuses which featured noteworthy buildings and designed grounds and became sources of local pride and attractions for visitors from the country and the world.

The reorganized Board of Managers quickly began the process of establishing the original branches of the NHDVS. Their planning may have been influenced by the work of Thomas Story Kirkbride, who wrote the standard nineteenth century work *On Construction, Organization and General Arrangement of Hospitals for the Insane.* Kirkbride's recommendations included locations in rural settings, close enough to urban areas to allow for ease of supply, but far enough away so that patients were less likely to be tempted by urban vices. Kirkbride believed such an institution should be on a large piece of land—at least one hundred acres—with a variety of scenery and other attractions in the area to entertain both the people in the institution and the visitors to it. The facility should include opportunities for farming, gardening and exercise; workshops were recommended in order to furnish other means of labor, and games and amusements, such as billiards, ten-pins, and carriage driving should be provided. The Board's initial planning called for branches to serve particular regions, thus allowing veterans to remain relatively close to home, unless their health would be better served by residence in another climate. The branches were to be on sizable acreage and at least a few miles away from cities. Like Kirkbride, the Managers believed that separation from cities would help the men avoid temptation—particularly the temptation of drink.²⁴

The Board developed the original three branches in Togus, Maine, to serve the northeastern region; in Milwaukee, Wisconsin, to serve the northwest; and in Dayton, Ohio, to serve the largest number of veterans: those in the lower Midwest, western New York and Pennsylvania, and the states to the south. Within a few years, the Board also established

²¹ House Committee, *Investigation of the Management*, 2-8; Cetina, 84-87; Kelly, 77-81, discusses the political impetus for the establishment of the National Home. Ironically, Henry W. Bellows, formerly of the USCC and outspoken critic of large national institutions, was a member of the original 100-member board. Cetina, 97.

²²Gustavus A. Weber and Laurence F. Schmeckebier, *The Veterans' Administration: Its History, Activities and Organization* (Washington, D. C.: The Brookings Institution, 1934): 83-84.

²³Kelly, 49-50.

²⁴ Cetina, 105-106; David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown and Company, revised ed., 1990): 134; Elizabeth Joe Lampl and Kristin M. Fetzer, "Hampton Veterans Affairs Medical Center Historic District," National Register of Historic Places Registration Form [1994] cites Kirkbride's *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia, 1857; reprint New York: Arno Press, 1973).

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a fourth branch in Hampton, Virginia. The specific designations of locations for these and the following branches were influenced by climate, terrain, availability of land, contributions of property and money from aspiring locations, and political interests. ²⁵ These factors continued to guide the Board of Managers as they created seven additional branches in the ensuing decades.

The Eastern Branch of the NHDVS opened on November 10, 1866, on property the Board of Managers purchased from the widow of the founder of a defunct health resort near Togus, Maine. Located about five miles east of Augusta, the site included a hotel, farmhouse, outbuildings, and pastureland. The availability of commodious structures allowed the Board to put the facility into operation quickly and then construct other buildings needed at the branch. ²⁶ Except for some use of temporary facilities, the next two branches were built from the ground up, allowing the Board to begin constructing facilities that addressed specific operational needs.

The Northwestern Branch was located in Milwaukee in 1866 after the Board of Managers accepted an offer of \$95,000 and 26 acres of land from the Wisconsin Soldiers' Home Association. The women who made up the active members of that group had served sick and disabled soldiers in storefronts during the war and through a public fair had raised sufficient money to buy land and hire an architect to design a permanent state home. With the encouragement of George Walker, a Milwaukee native who had been appointed to the NHDVS Board of Managers, the Wisconsin Soldiers' Home Association decided to contribute their resources to the national institution. They did so with some reluctance, believing that a facility controlled by state or local groups might be more responsive to Wisconsin veterans' needs. After their contribution, the Northwestern Branch site was located on a site about one mile west of the Milwaukee city limits. Construction began in 1867. Farmbuildings served as temporary quarters that spring. A cemetery was established west of and in conjunction with the branch the same year. ²⁷

After some consideration of the location of a facility that would accommodate veterans in an area of the country accessible to the bulk of them, the Board of Managers planned to locate the Central Branch at Camp Chase near Columbus, Ohio. A number of veterans were already living there in a state-sponsored facility with buildings and barracks that could be utilized by the NHDVS. However, the Board soon determined that the site was unsatisfactory and Lewis Gunckel, NHDVS Board secretary and native of Dayton, Ohio, suggested his town as a good location. After the residents of Dayton donated \$28,000, the Board located the Central Branch on land about three miles from the city and in the fall of 1867 transferred men from the state home to temporary barracks, some of them built with lumber from Camp Chase. ²⁸

In both the establishment of the Northwestern and the Central Branches, the cash donations illustrate the recognition by local communities of benefits to be gained from hosting an NHDVS branch. In 1866, as plans for the initial branches were being made, the *Milwaukee Sentinel* urged townspeople to a meeting to discuss the issue. "There must be strong and decided action on the part of the whole public, or our State will lose all the advantage of one of these national Asylums," the newspaper trumpeted. "Millions will be expended in the erection and support of each of these asylums. Are our city and State dead, paralyzed, to its best interests that its people cannot turn out one hour to give expression to their wishes?" As the Central Branch was being built in Dayton, the *Dayton Weekly Journal* triumphantly predicted that the facility would quickly become "one of the greatest attractions in the State." This realization of the economic and social importance of the NHDVS would lead to intense competition among cities and states as the institution expanded during the late nineteenth century.

The development of the Northwestern and Central branches also illustrates a Board of Managers policy that utilized both centralized and local authority. Although the Board established regulations for the operation of the NHDVS system and oversaw those operations, many decisions were made at the local level by branch governors —as the chief administrative

²⁵ Cetina, 106.

²⁶ Ibid., 110-111.

²⁷ Ibid., 106-107.

²⁸Ibid., 108-109. Camp Chase was also the site of a Confederate prisoner of war camp, and the cemetery created there is managed by the National Cemetery Administration today.

²⁹Milwaukee Sentinel, June 16, 1866.

³⁰ Dayton Weekly Journal, September 10, 1867.

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officers were termed— or local managers, who were prominent local citizens chosen by the Board and in some cases members of it. In the early development of the branches in Milwaukee and Dayton, this local control was expressed in the architecture and landscape design of each site. E. B. Wolcott, local manager for the Northwestern Branch, and Lewis Gunckel, who served in the same capacity for the Central Branch, were instrumental in the development of two facilities alike in function but very different in form.³¹

At the Northwestern Branch, the initial development focused on the striking and very visible Gothic Revival style Main Building. Architect Edward Townsend Mix designed the five-story structure to contain facilities for the various functions of the home: administrative offices, barracks, medical services, kitchen and dining room, chapel and meeting rooms, and laundry and bath rooms. Reminiscent of the European models that the USSC had considered unsuitable, this multipurpose plan resulted in a grand edifice that dominated the landscape. Within the first decade of the Northwestern Branch's existence, however, cost overruns and inefficiencies—including problems with heating, ventilation, and accessibility—doomed the multi-purpose building concept. Although the Main Building continued to anchor the Northwestern Branch, additional construction there, as well as development at other branches, followed a more decentralized model. 32

That model began with the development of the Central Branch at Dayton. Architect C. B. Davis designed the original buildings and Thomas B. Van Horne laid out the grounds. Van Horne, a landscape designer and a former army chaplain, was involved in the development of the National Cemetery system and also designed the Northwestern Branch's grounds. Whereas the Northwestern Branch's plan focused on the central Main Building, the Central Branch plan reflected that of military installations, with administrative and residential areas grouped around a parade ground. The first group of buildings included barracks, a three-story hospital, a chapel, officers' residences and auxiliary buildings. By the end of 1867, the Central Branch held nearly six hundred veterans. Captain (and Chaplain) William B. Earnshaw is believed to have designed the associated cemetery; the first burial there occurred in 1867.

Seven veterans of the U.S. Colored Troops were among the early members admitted to the Central Branch. The first African-American veterans to enter the NHDVS, these men reflected the general policy of the Board of Managers toward equality between the races, a policy that reflected the beliefs of most Radical Republicans in the period immediately following the Civil War. Benjamin Butler, in particular, described the situation in glowing terms, saying that the men put their comradeship and mutual sacrifice above racial distinctions and lived in harmony. In reality, as political support for racial equality waned, African-American soldiers were segregated within the system, living in separate barracks and eating at separate tables, although they did receive the same benefits as other veterans. Small numbers of these veterans became members of the NHDVS. Though nearly 10 percent of the Union Army was African-American, by the turn of the century these men represented only 2.5 percent of the NHDVS population.³⁴

This initial attention to the needs of African-American veterans helped inspire the Board of Managers to establish a fourth branch despite their original three-branch conception. The Southern Branch opened in Hampton, Virginia, in 1870, a location the Board believed would appeal to African-American soldiers whose homes were further south than the regions the more northerly branches served. The facility occupied the former Chesapeake Female College on a small peninsula on Chesapeake Bay. The buildings had been used as a military hospital during the war and a cemetery had been established

³¹ Kelly, 112-113

³² Kristin Gilpatrick Halverson, Nancy J. Hubbard, Todd Hunter, Patricia Lynch, "Northwestern Branch, National Home for Disabled Volunteer Soldiers Historic District," National Register of Historic Places Registration Form, January 25, 2005, 8/43, 8/51-56.

³³ Cetina, 108-109; House Committee, *Investigation of the Management*, 3; House, *Report of the President of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Year ending December 31*, 1867, 40th Cong., 2d sess., 1867-1868, H. Misc. Doc 86, 3-4 (hereafter cited as *Annual Report 1867*); Hull and Jeffrey, 8/1-2, 8/17-22; 8/31; Kelly, 112, 115. Van Horne served as a Chaplain in the 13th Ohio Infantry in the Army of the Cumberland and laid out the Chattanooga and Marietta national cemeteries after the war. David A. Neuhardt, American Veterans Heritage Center, Inc., to Dena Sanford, National Park Service, 27 April 2007.

³⁴ Kelly, 98-99 citing Report of the Board of Mangers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year ended June 30, 1899 (Washington, D/C.: Government Printing Office, 1900) 25; Cetina, 112; U. S. Congress, House Report, Annual Report of the Board of Managers of the National Homes for Disabled Volunteer Soldiers for the Year 1873,43rd Cong., 1st sess., June 23, 1874, H. Misc. Doc. 298.

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adjacent to the grounds in 1867; the following year the Union Soldiers Monument, a large obelisk, was erected there. Benjamin Butler held an interest in the property, which the Board of Managers purchased for \$50,000. The Board began a construction program at the Southern Branch to augment the campus and by 1878 the institution included thirty buildings.³⁵

As disabled veterans occupied existing buildings and new construction began to shape the physical structure of the NHDVS, the governance and operations of the institution formed its culture. The primary officers of the individual branches were veterans themselves and included a governor, a deputy governor, a secretary, and a treasurer. Eventually other officers were added, with some variations among the branches: quartermaster, surgeon and assistant surgeon, chaplains, and farmers, for example. NHDVS members were subject to the Articles of War and they were organized into companies, lived in barracks and wore uniforms. The men were issued passes that allowed them to leave the branch grounds at will during set hours; they could also apply for furloughs and be absent from the branch for longer periods. Each morning, the branch governor or his deputy held a court and imposed punishment on men for infractions such as bringing liquor onto the grounds or disorderly conduct. If necessary, men were detained in the branch guardhouse. The Board of Managers may have considered such discipline necessary in order to maintain a smoothly running operation, but they also believed that the discipline should be administered with a light hand. In addition, they maintained flexible policies regarding residence at the facilities. Men were often discharged and readmitted, sometimes repeatedly. Some men moved around to different homes, either through transfer or by discharge and readmission. The Board also instituted a policy of providing outdoor relief, which enabled disabled veterans who were able to remain in their own homes or live with family members to receive cash in lieu of daily rations and other benefits of the NHDVS.³⁶

From the beginning, the Board of Managers determined that members of the NHDVS should retain their dignity and be perceived by the public as a group of men deserving respect. The change in name from "asylum" to "home," the care taken to construct aesthetically pleasing campuses and plan attractive grounds, and the efforts to provide entertainment and work all pointed to the Board of Managers' insistence that the veterans not be viewed as paupers or dependents, but as men who had earned the right to a government-provided home. The message was not easily absorbed. Elizabeth Corbett, whose father was an official of the Northwestern Branch, recalled in a memoir that members often justified their presence by recalling the hardships that had brought them to the Home, even though its officials continually reminded them that membership was their right.³⁷

Despite their efforts, however, the Board could not provide the veterans with the most intimate elements of domestic life—the privacy of a family circle and the love and care of family members. Nor could they duplicate the social atmosphere of a community; communities did not require their residents to dress in uniforms, march in formation, or leave and enter via passes. The NHDVS branches were not homes or communities. They were institutions that acknowledged the service of disabled veterans, gave them pleasing environments in which to live, and provided for their basic needs. As the system expanded, these benefits became available to greater numbers of veterans and prompted growth at the original branches.

Phase Two: Growth of the NHDVS: 1871-1883

From 1871 until the mid-1880s, the Eastern Branch, the Northwestern Branch, the Central Branch and the Southern Branch constituted the NHDVS. During that period the Board of Managers continued building programs at the individual branches and refined the operations of the institution as a whole. These actions formed the basis of an institution that

³⁵ Cetina, 90-91; 111, 140-143; Lampl and Fetzer, 7/3; House, *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, 1871,* 42d Cong., 2d sess., 1871-1872, H. Misc. Doc 226, 13 (hereafter cited as *Annual Report 1871)*. That purchase, as well as Butler's unorthodox bookkeeping—by 1870 he served as both president and treasurer of the Board of Managers and sometimes mingled NHDVS money with his personal funds—prompted an investigation by the House of Representatives Military Committee which found no serious wrong doing. In March 1871, Butler resigned as acting treasurer of the Board, but was reelected its president.

³⁶House Committee, *Investigation of the Management*, 2, 7-8; Kelly, 141-142; Cetina, 88-91, 162-163, 413-419.

³⁷Elizabeth Corbett, *Out at the Soldiers' Home: A Memory Book* (New York: D. Appleton-Century, 1941): 15.

³⁸ Kelly, 122-123, discusses the contradiction between the concept of a domestic home and the military organization of the NHDVS branches.

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would continue to grow, change, and adapt well into the twentieth century.

Initially, the Board of Managers tried to develop programs to help disabled veterans gain training or education that would enable them to make a living, and some men did return to private life as a result. For example, programs at the Central Branch included cigar-making and stocking-weaving shops and a printing plant that did the printing for all the branches; men could take classes in telegraphy and other practical subjects at the branch's school. The Eastern Branch ran a shoemaking operation, and the Northwestern and Southern branches also offered school classes, at least for a short time. In 1877, the Board of Managers centralized the system's schools at the Central Branch and offered to transfer any men who wanted to attend the school to the Dayton facility. By 1881, there were only 82 students and one teacher in the system and 317 men working at trades. The Board closed the school in 1883 because so few men were taking advantage of it, a fact the managers attributed to the aging of the population. In 1918, an inspector of the home noted that the NHDVS provided no vocational training for its members. Federally-sponsored and organized programs for vocational rehabilitation of veterans were established in the World War I era and members of the NHDVS were able to take advantage of these programs in the 1920s.³⁹

Beyond training and educational goals, the NHDVS Board of Managers encouraged the employment of members to perform functions within the individual branches. Such tasks, the Board believed, would give the veterans a sense of productivity and lend structure to their days, alleviating the boredom that could curse institutional life. The work also provided a ready-made, low cost work force available to the branch administrators. By the 1870s, more than two thousand members of the four branches—nearly a third of the population—held jobs that contributed to the operations of the institution. Men cared for the grounds, repaired buildings, and nursed the ill. They also grew food: the Northwestern, Central, and Eastern branches maintained sizable farms that provided produce for the men and revenue for the institutions, and the Southern Branch developed a large garden. As the population grew older, however, fewer of the men were capable of maintaining such employment. By the turn of the century, the Board of Managers found it necessary to hire civilians to do much of the essential work of the NHDVS and at higher wages than the members had earned. 40

Just as the Board members believed productive work was important to the well-being of the disabled veterans in the NHDVS, they also encouraged entertainment and recreation. Carefully designed and maintained grounds lent a park-like atmosphere to the branch environments and included features such as lakes, ponds, grottoes, and other landscape elements that refreshed and amused the members. The branches established post funds where proceeds from branch stores and other sources were deposited and used for constructing buildings such as libraries, canteens, theaters, and chapels, for buying books and other diversions, and as payment for professional entertainment. At least two NHDVS branches received theaters funded from a bequest by Virginian Horatio Ward, and were referred to as "Ward Memorial Theaters." Chaplains provided regular church services; attendance was voluntary.

³⁹ Annual Report 1867, 2-3; Annual Report 1871, 2-3, 9; House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, 1873, 43d Cong., 1st sess., 1874, H. Misc. Doc 298, 3 (hereafter cited as Annual Report 1873); House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for 1877, 45th Cong., 2d sess., 1877, H. Misc. Doc 45, 27 (hereafter cited as Annual Report 1877); House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for Fiscal Year ending June 30, 1881, 47th Cong., 1st sess., 1881-1882, H. Misc. Doc. 24, 6 (hereafter cited as Annual Report 1881); House, Report of Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year ending June 30, 1883, 48th Cong., 1st sess., 1883-1884, H. Misc. Doc 14, 60 (hereafter cited as Annual Report 1883); Cetina, 376-377; Obermann, 146, 213.

⁴¹Ward was a partner of Junius Morgan (farther of John Pierpont Morgan) and George Peabody. That firm became the J.S. Morgan & Company firm operating out of London (1864-1890). Ward's 1867 bequest of over \$100,000 in bonds and interest was used by the Board of Managers to build chapels, amusement halls and other facilities for which no appropriated funds had been awarded. Recreational and cultural facilities were provided at most Home branches from the Ward bequest. The Northwestern and Western Branches have confirmed "Ward" theaters. "The Ward Memorial Theater: Wisconsin's Oldest Theater," Milwaukee Public Schools--Division of Municipal Recreation and Community Education, Zablocky Archives, file "Ward History"; "The Will of Horatio Ward," *New York Times*, 24 July 1871; and Gjorre J. Mollenhoff and Karen Ronne Tupek, "Ward Memorial Hall" National Register of Historic Places Registration form, September 6, 1984.

⁴² Cetina, pp. 417-418; *Annual Report 1871*, 11; Milwaukee Public Schools, Division of Municipal Recreation and Community Education, "The Ward Memorial Theatre: Wisconsin's Oldest Theatre," briefing paper, n. d., Ward History file, Department of Veterans Affairs Historic Preservation Office, Washington, D.C.

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Thus, throughout the 1870s and into the 1880s, the NHDVS developed as a place where disabled veterans were afforded living quarters, basic medical care, wage-earning work, and entertainment. Their attention to the well-being of the disabled veterans reinforced the consistent theme sounded by the Board of Managers during the developmental stages of the institution and throughout its existence: unlike institutions for the blind, the insane, or the poor, the NHDVS sheltered a special class of people who were there by merit of their military service. This was an institution based not upon a moral obligation to care for the helpless but on the provision of services to people who had earned the right to be provided for by their country. ⁴³

During the 1871-1883 period, expansion of membership requirements increased the numbers of veterans entering the NHDVS. Initially, applicants needed to prove that they had been honorably discharged and that their disability was related to their service in the Union Army. In 1871, Congress expanded the opportunity for admission to the NHDVS to veteran volunteer soldiers and sailors of the War of 1812 and the Mexican-American War, as long as they had not served in the Confederate army and they could prove their disability was service-related. Increased application for membership after the 1871 policy change, as well as the aging of the veteran population as a whole, pressed the capacity of the NHDVS. In 1877, the system experienced the greatest number of admissions in its history when 1821 men—more than the total housed during the first four years of the institution's existence—entered the NHDVS. Had been able to maintain self-sufficiency until advancing age exacerbated the effects of their war-related injuries or conditions. These factors were particularly apparent at the Central Branch, which served the largest number of veterans, and at the Southern Branch, which offered a comfortable, moderate climate. He is the contral Branch, which offered a comfortable, moderate climate.

In an attempt to accommodate and serve the numbers of veterans seeking access to the NHDVS, the Board of Managers instituted expansion projects. In 1877, for example, the Board expended nearly \$56,000 on new construction and improvements at the Central, Northwestern and Southern branches, although no construction occurred at the Eastern Branch. New buildings added at the Central Branch included four frame barracks, an ice-house and a slaughter house, a boiler house, an addition to the conservatory, a treasurer's residence, gas works, and a new kitchen, dining room and porches for the hospital, bringing the total number of buildings there to 132. The Northwestern Branch gained a laundry and a greenhouse, and the basements of both the branch's hospital and the Main Building were concreted. At the Southern Branch, new construction included a quarters building, a gatehouse and a sentry box, and the establishment of a breakwater that resulted in the creation of the branch's beachfront promenade. 46

A similar building program was completed during the 1879-1880 fiscal year at the Central and Northwestern branches. At the Central Branch, two brick barracks were built as well as a house for the branch's farmer and a wagon and blacksmith shop. Additions were made to the fire department, bakery, and kitchen. A new hospital, new bakery, and new quartermaster's storehouse were constructed at the Northwestern Branch and stone guttering was installed on the streets. The 1883 Board of Managers report noted continued building programs at the Central, Northwestern, and Southern branches. The Central Branch constructed a barracks building to blend with those existing, a new subsistence department building, a new carpenter shop, and a brick engine house. The Northwestern branch installed an elevator in the Main Building and built a new hay barn and a cattle barn. At the Southern Branch, the main building was remodeled and an addition to it provided new quarters; a treasurers' residence was also constructed. The physical growth of the individual branches during the period from 1871 through 1883 reflected the increasing number of veterans seeking admittance to the NHDVS. In 1884, a crucial change in policy would further accelerate those admissions and prompt expansion of the

⁴³ Kelly, 89-90. Kelly discusses the concept of NHDVS as a home on pp. 91-98.

⁴⁴ Cetina, 159, 167-169, 171-182; House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for 1875, 44th Cong., 1st sess., 1875, H. Misc. Doc 47, 12 (hereafter cited as Annual Report 1875); Annual Report 1877, 9-11; Annual Report 1881, 5.

⁴⁵ Nancy J. Hubbard, "Marion Branch, National Home for Disabled Volunteer Soldiers," National Register of Historic Places Nomination, November 23, 1998, 8/7; *Annual Report 1883*, 2, 5, 59.

⁴⁶ Annual Report 1877, 9-11, 55, 68, 95, 113, 124, 129.

⁴⁷ House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the fiscal year ending June 30, 1879,46th Cong., 2d sess., 1879-1880, H. Misc. Doc. 14, 43, 67-68, 100-108, 108-122 (hereafter cited as Annual Report 1879); Annual Report 1883, 60, 111, 132, 120.

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NHDVS system as a whole.

Phase Three: Expansion of the NHDVS, 1884-1900

The period from 1884 to 1900 saw a dramatic expansion of the NHDVS system as broadened membership requirements opened NHDVS doors to increasing numbers of members. The average number of men present in all the homes in 1883 was 6738; that number reached 10,681in 1888 and 18,556 in 1898. The Board of Managers established four new branches, providing services to disabled veterans across the United States.

The Board of Managers attributed at least part of the surge in admissions in the late 1870s and early 1880s to a financial depression that began with the Panic of 1873 and hoped that the demand would subside as the impact of that crisis eased. However, a major policy change—one supported by the Board itself—led to a dramatic increase in membership and facilities. In the early 1880s, the Board of Managers recommended that *all* disabled veterans—not only those who could prove service-related injuries—be considered for membership in the National Home. Many deserving men, the Board held, could not prove a link between their disability and their military service, even though aging and loss of supportive family members might be exacerbating conditions that indeed had their roots in war action. At the same time, other men with relatively minor disabilities enjoyed the benefits of the institution because they could make such a connection. The Board stated that a change in policy would address this inequity and that the resulting increase in membership would be nominal.⁴⁹

These recommendations occurred as the political power of veterans, strong since the Civil War, was growing even stronger. By the late 1880s, more than a third of the Congressmen from northern and border states were Union veterans. Five of the eight presidents who served between 1865 and 1901 were veterans, and two others had worked with the military as civilians during the Civil War. During the 1880s the membership of the politically powerful Grand Army of the Republic (GAR), the U.S. Civil War veterans' leading organization, went from about 60,000 to more than 400,000. The visibility of veterans in public office, the association of veterans as a political pressure group, and the sheer numbers of voters who were veterans or shared veterans' interests combined to create an increasingly powerful special interest group. As an illustration of this power, the Dependent Pension Act of 1890 granted pensions to any Civil War veteran who could prove he was unable to perform manual labor for any reason other than "vice or misconduct." The number of men on the pension rolls increased from slightly less than 500,000 to nearly 1,000,000 within three years. The number of men on the pension rolls increased from slightly less than 500,000 to nearly 1,000,000 within three years.

Congress initially rejected the Board of Managers' recommendations to extend membership to more veterans. In 1884, however, that body passed legislation stating that any honorably discharged Union soldier or sailor and any volunteer soldier or sailor in the War of 1812 or the Mexican-American War who had not fought for the Confederacy was eligible to enter the NHDVS if he could not support himself due to a disability. Proof of a service-related disability was no longer required. The law specifically referred to age as one cause of disability, thereby creating federal responsibility for veterans who could no longer care for themselves due to their advancing years. Any expectation that the change in admission standards would not affect enrollment was short-lived. The increase in numbers as well as the aging population created needs not only for more living space, but also for additional attention to medical care. Even before the change in admission policy, the Board of Managers had recognized that the aging population would increasingly require more

⁴⁸"Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1924, Part I," [42], Department of Veterans Affairs Central Library, Washington, D. C., (hereafter cited as "Annual Report 1924") The census page has been copied from another report, updated by hand, and included in this manuscript.

⁴⁹ Cetina, 167-169, 181; House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, for the Year ending June 30, 1884, 48th Cong, 2nd sess., H. Misc. Doc. 24, 2-3 (hereafter cited as Annual Report 1884).

⁵⁰Founded in Decatur, Illinois, in 1866, the GAR established state soldiers homes, was active in relief work, and in pension legislation. Membership was limited to honorably discharged veterans of the Union Army, Navy, Marine Corps or the Revenue Cutter Service, who had served between April 12, 1861 to April 9, 1865. Five GAR members would be elected U.S. Presidents, and for a time it was impossible to be nominated to the Republican ticket without GAR endorsement. Glen B. Knight, "Brief History of the Grand Army of the Republic," Sons of Union Veterans of the Civil War 31 April 2009 http://suvcw.org/gar.htm.

⁵¹DVA, *The Veterans Benefits Administration*, p. 11.

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hospital services. By 1886, the Board noted that all of the system's hospitals were overcrowded. 52

Perhaps anticipating just such an outcome, Congress called for the establishment of a Western Branch of the NHDVS in the legislation expanding the admissions standards and suggested the Board of Managers also consider the creation of a Pacific Branch in California. In September of 1884, the Board met at the Central Branch and allowed delegations from several states, cities, and towns west of the Mississippi to present information about the desirability of their localities. The Board eventually chose Leavenworth, Kansas, as the Western Branch site, with the stipulation that the city donate 640 acres of land and \$50,000 for development of the facility. Construction of the home and the associated cemetery for the Western Branch began in 1885. By 1890, some forty buildings occupied the site on an elevation south of Leavenworth. ⁵³

Following Congress' suggestion, members of the Board traveled to San Francisco by train in the fall of 1887. Once in California, they visited some of the more than seventy sites vying for the location of the Pacific Branch, including Monterey, Santa Cruz, Santa Barbara and San Bernardino. Initial balloting on the return trip showed that Los Angeles, Santa Barbara, Oakland, San Diego, and Monterey were the front-runners. The Board reconvened in Las Vegas to accept propositions from the various communities and accepted an offer from private citizens for a significant amount of cash and acreage near the booming town of Los Angeles and a burgeoning community at Santa Monica. The Pacific branch opened in 1888 and within the year held a hospital, barracks, mess hall and a cemetery.⁵⁴

Even the addition of two new branches could not completely solve the problem of the growing NHDVS population and led to a new cooperation between the NHDVS and state veterans' homes. Faced with the dramatic increase in enrollment, the Board of Managers suggested Congress either limit the number of men who could be admitted to the NHDVS or act to accommodate the increased demand by means such as additional branches, enlarged branches, or the encouragement of state home development. Ironically, the NHDVS Board of Managers initially had opposed soldiers' homes developed by states and territories. During the Civil War, the USSC sponsored homes in several states to assist veterans. Most of them were temporary in nature and closed after the war, but others were built for more permanent service, usually by individual states. By the late 1860s, they held nearly half of Union veterans residing in such facilities. The Board had provided some assistance to men in state institutions during the first years of NHDVS existence in an attempt to help disabled veterans who were eligible for the institution before it was ready to accept them. In 1867, for example, the Board of Managers provided outdoor relief-financial aid to eligible men not actually residing in a branch of the NHDVS— to 158 veterans in the New Jersey State home, 24 in the Maryland state home, 8 who were being cared for by the Ladies' Union Relief Association of New York City, 120 in the Indiana Soldiers Home, and 71 at the Soldiers' Home in Rochester, New York. The eligibility of the recipients and the amount of aid they received were based on NHDVS admittance criteria and cost of care within the institution. The Board considered this a stopgap measure to be discontinued when the branches of the national facility could absorb these men. 55

In 1869, the Board withdrew support of all NHDVS-eligible veterans in state homes except those too sick to be moved. While the Board could not force these men to enter the NHDVS, the managers believed veterans would be better served in the national institution and did not encourage their residences in state homes. ⁵⁶ In a report to Congress, Benjamin Butler argued that the states had not had the responsibility of financing the Civil War nor of finding soldiers to fight it and thus should not bear the burden for caring for their veterans. He also leveled serious charges against the state homes, saying they provided little discipline, recreation, or occupation to their members and noted that many of them were in urban areas

⁵² Cetina, 170-171, 287-88, 312-313; Kelly, 128; Weber and Schmeckebier, 76.

⁵³ Cetina, 181-185; Virginia H. Adam, "Western Branch, National Home for Disabled Volunteer Soldiers," National Register of Historic Places Registration Form, May 1999, 8/4.

⁵⁴ "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," April 19, 1887, 127, Department of Veterans Affairs Central Library, Washington, D. C. (hereafter cited as DVACL); Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 10, 1887, 154-167, DVACL.

⁵⁵Cetina, 122-123, 186-189, and 212-265 discusses state and territorial soldiers' home development; Kelly, 105-106; *Annual Report 1867*, 4. ⁵⁶ House, *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Year ending December 31, 1868*, 40th Cong., 3d sess., 1868-1869, H. Misc. Doc. 54, 45 (hereafter cited as *Annual Report 1868*); House, *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Year Ending December 31, 1870*, 41st Cong., 2d sess., 1870, H. Misc. Doc. 86, 7 (hereafter cited as *Annual Report 1870*).

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that presented constant temptations to the men. Finally, he said that veterans in state homes received inferior care, and the men who came to the NHDVS from those facilities "were the worst we received into our establishment." The Board also viewed the state homes as overly susceptible to political influences. 58

The Board's position began to shift after the 1884 policy change broadened the standards for admission to the NHDVS. Congress took measures to contribute to the cost of soldiers cared for in state homes, thereby encouraging their expansion and relieving some of the pressure on the NHDVS. Legislation passed in 1888 appropriated \$250,000 and authorized the NHDVS Board of Managers to pay states or territories \$100 for each eligible soldier or sailor in their systems. Many such states and territories, often with the encouragement of the GAR, had established their own facilities, and the enthusiasm for building veterans homes was reinforced by the new funding source. The 1888 law gave the NHDVS Board of Managers the responsibility of receiving the Congressional appropriations for state soldiers' homes, making payments to them, and inspecting them, but granted the Board no direct management control. Thus, the new policy formed a connection between the national institution and the state homes, and the facilities once opposed by the Board of Managers became a safety valve for the NHDVS by creating increased capacity. By 1893, state and territorial systems were caring for more than five thousand members who otherwise might have been seeking admission to the NHDVS. Admission standards at some of those homes went beyond those of the NHDVS, admitting wives, widows, and other family members. ⁵⁹

Homes for veterans who had fought for the Confederate Army and Navy also were established in many states beginning in the 1880s, but they never received federal funding and the NHDVS had no connection to them. These homes, funded by donations from individuals and organizations, included facilities in Georgia, Arkansas, Louisiana, Alabama, Texas, Tennessee, North Carolina, South Carolina, Virginia, Florida, Kentucky, Maryland, Oklahoma, and California and operated for the most part under the administration of the individual states. Unlike the NHDVS homes and the northern state homes that housed veterans from several wars, the Confederate homes admitted only Civil War veterans. Most of them closed by the late 1950s as the last of the Confederate veterans died, and their buildings were demolished or converted to other uses. ⁶⁰

By 1930, when the functions of the NHDVS system were absorbed by the Veterans Administration, the Board was inspecting thirty-one state homes annually. These were located in Napa, California; Homelake, Colorado; Noroton Heights, Connecticut, Boise, Idaho; Quincy, Illinois; Lafayette, Indiana; Marshalltown, Iowa; Fort Dodge, Kansas; Chelsea, Massachusetts; Grand Rapids, Michigan; Minneapolis, Minnesota; St. James, Missouri; Columbia Falls, Montana; Grand Island, Nebraska; Milford, Nebraska; Tilton, New Hampshire; Kearny, New Jersey; Vineland, New Jersey; Oxford, New York; Lisbon, North Dakota; Sandusky, Ohio; Oklahoma City, Oklahoma; Roseburg, Oregon; Erie, Pennsylvania; Bristol, Rhode Island; Hot Springs, South Dakota; Bennington, Vermont; Orting, Washington; Retsil, Washington; Waupaca County, Wisconsin, and Buffalo, Wyoming. A review of the 2008 list of state veterans' homes indicates that at least twenty-six of these homes were still in operation. 61

In addition to supporting the increase and expansion of state homes, the Board of Managers constructed two new NHDVS branches in the last decades of the nineteenth century. In 1888, Congress appropriated \$200,000 for a new facility in Grant County, Indiana. Promoted by Congressman George W. Steele, Sr., a Union veteran from Marion, Indiana, the branch was located near that community to take advantage of a recently discovered "gas belt" that could provide economical fuel for its operations. Marion citizens donated funds to assist with the purchase of property and to pay for

⁵⁷ Annual Report 1870. 7.

⁵⁸ Cetina, 124; Kelly, 30, 106.

⁵⁹Cetina, 186-189; 212-265; "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 19, 1888, 196-197, DVACL. Kelly, 105-106.

⁶⁰ R. B. Rosenburg, *Living Monuments: Confederate Soldiers' Homes in the New South* (Chapel Hill, North Carolina: The University of North Carolina Press, 1995): 5, 26-28, 147-150, 153.

⁶¹ House, *National Home for Disabled Volunteer Soldiers Report of Board of Managers for the. fiscal year ending June 30, 1930*, 71st Cong., 3d sess., H. Doc. 546, (hereafter cited as *Annual Report 1930*), pages 55-70 report on state soldiers' homes and pages 71-202 report on individual branches. The Roseburg, Oregon, state home is now a part of the VA. National Care Planning Council, 2008 List of State Veterans' Homes, 7 April 2009 http://www.longtermcarelink.net/ref_state_veterans_va_nursing_homes.htm.

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gas well drilling. Peters and Burns, a Dayton, Ohio, architectural firm that designed buildings for several of the branches, was responsible for the prominent Queen Anne style hospital and six barracks buildings. A cemetery was established for the internment of the men who died there. By 1900, the facility's structures included a dining hall and kitchen, a chapel and a theater, and by 1901, the Marion Branch membership had reached 1700. In 1897, Congress appropriated \$150,000 for the establishment of a branch in Danville, Illinois. The location of the branch was influenced by Illinois Congressman Joseph Cannon, who would serve as Speaker of the House of Representatives from 1903 until 1910. Construction began in 1898 with the erection of the branch hospital and the Georgian Revival barracks and mess hall. The original members were admitted in the fall of that year. A small plot of land set aside as a burial site was designated a cemetery in 1898. By 1901, the average number of men present at the Danville Branch was 1448.⁶²

The establishments of the Marion Branch and the Danville Branch underscored the continuing growth in NHDVS membership. For the fiscal year ending June, 1890, the Board of Managers reported that the average membership in the institution had increased more than ten percent over the previous year and more than doubled the number of NHDVS members in 1880. In 1896, the Board reported a substantial new membership during the previous year and stated that the increase would have been even higher had they not restrained admissions. The creation of new homes addressed this growth and allowed easier access to NHDVS branches by men who lived across the country.⁶³

As formerly independent men who had become debilitated by age entered the NHDVS in increasing numbers and joined the aging population already in place, the Board of Managers dealt with new problems and rising operational costs. Older members were less able to do the work necessary to operate the homes and administrators found it necessary to hire more civilian employees. Professional nursing services increased, not only because members were less able to do the work, but also because more men needed nursing. The Board approved the employment of female nurses in the Northwestern Branch in 1890, female nurse employment followed at the Central Branch in 1891, and by 1898, such nurses worked in all branches—early, if not the first instances of trained nurses in Federal employment.⁶⁴

Throughout this period of growth, the Board of Managers continued to emphasize the institution as a benefit the veterans had earned. In 1890, for example, the Board issued a statement to notify veterans of the benefits of the NHDVS Branches. In part, it read: "the Home is neither an [sic] hospital nor alms-house, but a home, where subsistence, quarters, clothing, religious instruction, employment when possible, and amusements are provided by the Government of the United States. The provision is not a charity, but is a reward to the brave and deserving." The veterans' perception of this message is illustrated in a letter written by a new member of the Marion Branch to friends in Illinois. The former

⁶² Hubbard, 8/15, 8/19, 8/21-23; Alice Edwards and Joseph Gallagher, "Danville Branch, National Home for Disabled Volunteer Soldiers Historic District," National Register of Historic Places Registration Form, July 1990, 8/3-6; "Annual Report 1924," [42].

⁶³ Hubbard, 8/12-15; Cetina, 352-353; House, Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, for the Fiscal Year Ending June 30, 1890, 51st Cong. 2d sess., 1890-1891, H. Doc. 38, 8-9 (hereafter cited as Annual Report 1890); Kelly, 103. ⁶⁴ Cetina, 297; Veterans Administration Center, Leavenworth, Kansas, Commemorative History: 100th Anniversary Western Branch National Home for Disabled Volunteer Soldiers, 1885-1995, n.d., n.p.; Annual Report 1890, 10; Ruth Evon Blytheway, "History of the Development of the Nursing Service of the VA Under the Direction of Mrs. Mary A. Hickey, 1919-1942," (Ph. D. diss., Teachers College, Columbia University, 1972), 12. The presence of female nurses at this time coincides with the growth of the profession in general. At the Northwest Branch, the nurses employed in 1890 had enrolled in the Wisconsin Training School for Female Nurses, organized in 1889. Although volunteer female nurses participated in military conflicts since the Revolutionary War, and a notable number served in both Union and Confederate hospitals during the Civil War (some employed by the Army, other sponsored by the United States Sanitary Commission or volunteer agencies), their federal employment remained low until after World War I. At the beginning of the Civil War there were no provisions for nurses in the military establishment. Two months after the war began, the Secretary of War appointed Dorothea Lynde Dix as Superintendent of Women Nurses for the Union Army. Dix selected and assigned women nurses to general or permanent military hospitals, and ultimately headed about 6,000 women serving the federal forces. Nurse-training schools opened in 1873 and twenty years later the first nursing organizations were formed. Professional female nurses found employment in public and private hospitals, private institutions, social agencies, charitable organizations, and the federal government, particularly after World War I. At the onset of the Spanish-American War in 1898, Congress granted the Surgeon General authority to appoint women nurses under contract, and between 1898-1901, over 15,000 women nurses signed governmental contracts. Congress established the Army Nurse Corps in 1901, followed by the Navy Nurse Corps in 1908. See Sandra Beth Lewenson, Taking Charge: Nursing, Suffrage, and Feminism in America, 1873-1920, Development of American Feminism Series (New York & London: Garland Publishing, Inc., 1993); Mary M. Roberts, R. N., American Nursing History and Interpretation (New York: The Macmillan Company, 1954); Carolyn M. Feller and Debora R. Cox, ed., "Highlights in the History of the Army Nurse Corps: Chronology," U.S. Army Center of Military History (2001) 7 April 2009 http://history.amedd.army.mil/ANCWebsite/chrono.htm>. 65 "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 24, 1890, n.p., DVACL.

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Union soldier entered the facility in December of 1890 and spent the first few days in bed, exhausted and ill. By January 1, he was feeling "in better health than I have been for a year" and appreciative of the officers of the branch, his comrades, and the pleasant environment. He noted, "I feel what I get here is mine. That the government owed me a debt, contracted 25 years ago, the consideration for which was the weary march, the desperate fight and the hopeless imprisonment." By viewing membership in the National Home as a reward rather than as an act of charity, veterans avoided the stigma of pauperism and helplessness, thus fulfilling one of the major goals of the Board of Managers.

The efforts by the Board of Managers and local officials to keep members occupied, entertained, and content in their rural enclaves, however, were not entirely successful. These administrators constantly struggled with the problems caused by the significant numbers of members who thirsted for alcohol. Alcohol emerged as a problem almost as soon as the NHDVS was established and the Board of Managers noted early in its administration that veterans were well behaved unless they drank too much. In 1885, the Central Branch prohibited inmates from walking on the railroad tracks near the home because several of them had been killed while negotiating the tracks in an inebriated condition, and in 1909, Sawtelle, California's city council complained of the burden of dealing with drunken members of the Pacific Branch. The availability of a willing clientele encouraged the development of disreputable businesses just off the grounds of some of the branches. ⁶⁷ In 1890, the Board's report stated it had "given up all hope of breaking up these vile dens, which spring up like poisonous weeds." ⁶⁸

While the Board of Managers and the officials of the individual branches were frustrated by the issue, they also were sympathetic to the men who succumbed to such temptations. As early as 1871 the Board's report suggested that the need for alcohol might be considered one of the disabilities caused by military duty and in 1876, Board secretary Lewis Gunckel called the seemingly uncontrollable urge to drink a disease. During the investigation of an alcohol-related controversy at the Western Branch, the Board of Managers stated that the greatest problem at that branch, and probably in all the branches, was drunkenness. "And this is not to be wondered at," the Board's report stated, "when it is recalled that many of those who find themselves in such destitution as to ask admission to the Home, have been brought to that extreme by the habit of strong drink, in many cases amounting to a disease."

Eventually, the attempts to control the alcohol problem included a significant change in NHDVS policy. Although the original National Home regulations did not allow the sale of intoxicating liquors, the Northwestern Branch began selling beer on the grounds in the late 1870s. In 1887 the Central Branch reported positive results in reducing drunkenness and increasing order after opening a beer hall. Other branch governors followed suit and in 1890 reported that beer sales on the grounds helped keep veterans out of the nearby questionable establishments. During this period, temperance was an intensely divisive issue in the country, and pro-temperance groups opposed the practice put in place by the NHDVS. However, although many NHDVS branch officials favored temperance, they also acknowledged the practicality of their decision to allow alcohol on NHDVS grounds and its results in reducing arrests and increasing the amount of money members were able to send home to families. NHDVS officials recognized that alcohol use was more than a moral weakness, and addressing its effects absorbed much of their time and energy. The disabilities caused by alcohol abuse had become a significant reason for NHDVS membership.

The policy developed by NHDVS officials to control alcohol use was discontinued in the twentieth century. In 1906,

⁶⁶ N. A. Hunt to "Dear Friends," January 1, 1891, transcription of original letter, Marion and Grant County File, Marion Public Library. Letter was transcribed from the original by Marguerite Butzow, St. Joseph, Illinois, March 26, 2002. Ms. Butzow's research revealed that an Alexander Hunt was buried in the Marion National Cemetery in 1915.

⁶⁷Cetina, 436-437; *General Orders no. 32*, October 7, 1885, Dayton Veterans Administration Medical Center Archives; "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," December 8, 1909, 392, DVACL; Kelly, 175-178; Veterans Administrative Center, Leavenworth, Kansas, *Commemorative History*, n.p.

⁶⁸ Annual Report 1890, 11.

⁶⁹ Cetina, 436-437.

⁷⁰ House, Investigation of the Soldiers' Home at Leavenworth Kans., 54th Cong., 1st sess, 1896, H. Rept. 3035, IV-V.

⁷¹ "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," July 8, 1890, 328, DVACL; "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," December 11, 1906, 278-281, DVACL; Kelly, 164-165. For a detailed description of the initial "experiment" at the Northwestern Branch, including copies of letters from local citizens expressing their opinions, see *Annual Report* 1879, 73-99.

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Congress passed an appropriations bill stating that any branch maintaining a bar or canteen that sold beer, wine, or intoxicating liquor after March 4, 1907, would not receive its funding. Although NHDVS officials protested the change, the sales of alcohol on branch grounds ended; alcohol abuse did not. Inspection reports continued to note problems caused by drunkenness and by alcohol venders near branches, and alcohol continued to be a major issue in the administration of the NHDVS. 72

During the late 1800s the NHDVS, established to aid Union veterans, became an important component of development in many of the areas in which its board located branches. Communities always recognized the value of a NHDVS branch nearby, but after the expansion of membership requirements in 1884 prompted NHDVS growth, the benefits to localities became even more obvious and welcomed. When the City of Leavenworth was notified that it had been designated the site of the NHDVS Western Branch, for example, city officials ordered all church bells, school bells and fire whistles sounded. That evening hundreds of men from various civic clubs paraded through Leavenworth in celebration. 73 After Indiana Congressman George Steele wired his wife to tell her the President had signed the bill creating the Marion Branch, word spread through town to "general and genuine exultation." The local paper noted that many citizens considered the acquisition of the branch more important to Marion than the development of numerous local factories since the beginning of the gas boom, and that the location of an NHDVS branch "makes Marion a point of national interest." 74 The proposed establishment of the Pacific Branch in 1888 prompted intense competition among dozens of localities, as local promoters recognized the value of a prominent, prestigious institution. The selected site of the Pacific Branch on land near Santa Monica fostered a new community called Sawtelle when veterans' families, as well as veterans themselves who were drawing outdoor relief, settled there. The institution provided many economic benefits to the region, and one prominent member of Los Angeles' boom era society later noted the designation of the Pacific Branch as a highlight of that growth period.⁷⁵

Beyond the obvious economic advantages such facilities offered, the amenities that the branches of the National Home provided to members also enriched the lives of local citizens. Home bands were instituted in each branch and by 1915 the bands included a total of 165 professional musicians, two of whom were home members and the remainder civilians. Local citizens enjoyed listening to the regular band concerts as well as picnicking and strolling on the well-kept grounds of the branches, boating or fishing on the lakes, and attending concerts and theatrical productions at the theaters. The National Home facilities in effect became public parks and entertainment complexes for the communities near which they were located.

Towns and cities near branches also enjoyed the fruits of tourism as a result of the NHDVS presence. According to historian John F. Sears, institutions like prisons and insane asylums became tourist attractions during the early nineteenth century, in part because of an interest in social reform but also because of their appearances. These facilities boasted grand buildings located on prominent sites and surrounded by well-kept grounds. Their landscapes represented the social conscience of the country and its emerging prosperity as well as oases of peace and tranquility in a society rapidly becoming urbanized. Citizens in this era were aware of the tourism potential and eager to capitalize upon it, and the NHDVS branches were powerful magnets for the visitors. As the *Dayton Weekly Journal* had predicted in 1867, the Central Branch became a major destination for tourists, drawing one hundred thousand visitors a year by the mid-1870s. The Northwestern Branch's commanding Main Building began attracting tourists as soon as it was built. Excursion trains from cities in Indiana and surrounding states brought visitors to tour the Marion Branch. In the 1890s, after a narrow-gauge railroad and a trolley car reached the Eastern Branch, it became popular among visitors and offered a zoo and a

⁷²"Proceedings of the Board of Managers," December 11, 1906, 278-281; House, *Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers*, 64th Cong., 1st sess., 1916, H. Doc. 538, 51, 59, 67, 83, 89, 96 (hereafter cited as *Inspection Report 1916*); House, *Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers*, 64th Cong, 2d sess, 1917, H. Doc. 1742, 11 (hereafter cited as *Inspection Report 1917*).

⁷³Veterans Administration Center, Leavenworth, Kansas, Commemorative History, n.p.

⁷⁴ Marion Daily Chronicle, July 23, 1888.

⁷⁵ Maurice H. and Marco R. Newmark, eds., *Sixty Years in Southern California 1853-1913: Containing the Reminiscences of Harris Newmark* 3rd ed. (Boston and New York: Houghton Mifflin Company, the Riverside Press Cambridge, 1930): 586; Jan Loomis and Sara Hammond, "A Century of Caring," LA West Supplement, n.p., n.d., West Los Angeles Veterans Administration Medical Center archives.

⁷⁶ *Inspection Report 1916*, 15.

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hotel for tourists' enjoyment. In 1904, the Pacific Branch was included in a streetcar tour known as the "Balloon Route" which visited prominent sites in the area west of Los Angeles. ⁷⁷ In addition to providing homes and care to veterans, the NHDVS system entertained hundreds of thousands of Americans and impressed upon them the link between the federal government and the care and protection of disabled veterans.

As the nineteenth century closed, the Board of Managers could look at a successful record. Since 1866, the group had established eight branches of the NHDVS, building six of them from the ground up; heightened the public visibility of the institution by developing complexes that featured imposing architecture and elaborate grounds; opened the system to larger numbers of veterans by recommending broadened admittance standards; forged a new alliance with state institutions; and formed a somewhat paradoxical solution to the vexing problem of alcohol abuse. By 1900, the NHDVS had served more than a hundred thousand veterans and had expended more than fifty million dollars in the process. The next two decades would see further expansion and new challenges as the existing population aged and was augmented by veterans from new wars with new medical needs. Consequently, medical care, rather than social support or residential services, became the primary concerns of the Board of Managers and administrators of the institution.

Phase Four: New Challenges for the NHDVS 1900-1917

During the 1880s and 1890s, the NHDVS Board of Managers concentrated on maintaining, expanding, and establishing facilities serving primarily Civil War veterans who were growing older. With United States military involvement in Cuba and the Philippines and further expansion of NHDVS membership requirements, the system was called upon to absorb new categories of ex-soldiers, both regular and volunteer, as well as young veterans with diseases and conditions that called for special attention. As a result, two new branches with particular emphasis on medical care were created and some existing branches shifted in function.

In 1898, the United States went to war with Spain, primarily as a means to intervene in the struggle between that country and its colony, Cuba. The conflict widened to include a separate military action in the Philippines, where citizens were also fighting for independence from Spain. The war in Cuba lasted only a few months and resulted in less than 500 U. S. battle-related casualties, but poor conditions in the field fostered diseases like malaria and typhoid, which killed thousands of soldiers and left others chronically ill. The action in the Philippines descended into guerilla warfare between the U.S. and Philippine nationalists that lasted until 1903; more than four thousand U.S. troops were killed and nearly three thousand wounded. The U.S. occupied the Philippines as a colonialist power until 1946.⁷⁹

Spanish-American War veterans began applying for membership in the NHDVS even before they were legally eligible. In 1900, Congress expanded NHDVS admission to Spanish-American War veterans as well as to all honorably discharged officers, soldiers, or sailors, regular or volunteer, who had served in any war, who were disabled by "disease, wounds, or otherwise," and who could not support themselves because of their disability. Thus, the law expanded admission to a wider range of men. Despite their encouragement of this expansion, NHDVS officials recommended that only service-disabled Spanish-American war veterans be allowed to enter the home, and that they receive discharges as soon as they were able to manage on their own. Official policy, however, continued to offer broad benefits to veterans. In 1901, Congress reiterated that all honorably discharged soldiers and sailors who were veterans of the Civil War and the Spanish-

⁷⁷ John F. Sears, Sacred Places: American Tourist Attractions in the Nineteenth Century (New York: Oxford University Press, 1989): 87-99; Dayton Weekly Journal, September 10, 1867; Hull and Jeffery, 8/26-28; Rose B. Marsh, "Marion in the Mirror," newspaper clipping, n. d. [1933], Marion and Grant County File, Marion (Ind.) Public Library; Everett Chasen and James Simpson, "Care for Veterans: Civil War Legacy Lives on at Togus," Vanguard (U. S. Department of Veterans Affairs), September/October 1991, 7; Duncan Underhill, "Sawtelle, Fairest of Warriors' Retreats," Wiltell News, April 10, 1963, reprinted from Westways 48 (June 1956); Kelly, 183-191, discusses the NDVHS branches as tourist attractions and components of local social life.

⁷⁸ Kelly, 130.

⁷⁹ Nell Irvin Painter, *Standing at Armageddon: The United States, 1877-1919* (New York: W. W. Norton and Company, 1987): 144-155 discusses the Spanish-American War and the Philippine Insurrection.

⁸⁰Language of the act pertaining to NHDVS admission is quoted in Weber and Schmeckebier, 77.

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American War, as well as provisional army and volunteer soldiers and sailors of the War of 1812 and the Mexican-American War who were unable to earn a living because of disease, age, or any other disability, were eligible to be admitted to the NHDVS.⁸¹

In addition to adding new disabled veterans to the NHDVS system, the Spanish-American War produced new health problems. Many men returning from that conflict and from the Philippine action suffered from tuberculosis or yellow fever, and even leprosy presented a risk. A yellow fever epidemic at the Southern Branch in 1899 was attributed to men or luggage returning from Cuba, and the Northwestern Branch admitted a leper in 1909. Tuberculosis, however, was the most serious threat posed in the early twentieth century. Although tuberculosis had been relatively common among veterans before the turn of the century, incidences of the disease increased as men returned from war. In addition, efforts by the medical community and Progressive reformers to educate the public about the disease led to new awareness of its dangers. In general, doctors and the public believed tuberculosis sufferers needed to be isolated for treatment, and the NHDVS provided such isolation for disabled veterans who suffered from the disease. In 1908, NHDVS facilities treated more than five hundred men with tuberculosis, a nearly 25 percent increase from the previous year. 82

The new medical demands as well as political considerations led the NHDVS Board of Managers to create two new facilities between 1900 and 1910. In 1904, the Board stated that the newly created Mountain Branch in Tennessee was particularly suited to serve Spanish-American War veterans and veterans of wars to come. ⁸³ Battle Mountain Sanitarium, located in the Black Hills of South Dakota, was the only NHDVS branch developed as a medical rather than a residential facility and represented the NHDVS emphasis on development of medical care after 1900.

Walter Preston Brownlow, a congressman from eastern Tennessee, convinced the Board of Managers to locate the ninth NHDVS branch near Johnson City in part because of the region's support of the Union and its contribution to Union forces during the Civil War. Congress passed legislation establishing the Mountain Branch there in 1901. Although essentially a residential site, the Mountain Branch included a large hospital and was considered particularly suitable for men with respiratory conditions because of its cool mountain climate and its elevation. New York architect J. H. Freedlander was chosen over five others in a competition for the commission and designed the original buildings. The most visible structures featured a sophisticated Beaux Arts design that contrasted with the rural mountain environment. A cemetery was established on rolling terrain north and west of the main complex with a central circle as a focal point. The Mountain Branch admitted its first member in 1903 and by mid-1904, 363 men were in residence there. The establishment of the Mountain Branch illustrates the continued significance of NHDVS facilities in the development of the areas surrounding them. In 1901, Johnson City, Tennessee held five thousand residents; by the time the initial Mountain Branch construction was finished three years later, Johnson City's population and assessed valuation had doubled.⁸⁴

The medical needs of its members led the NHDVS Board of Managers to create its tenth branch as a medical rather than a residential facility. Beginning in the 1890s, residents of Hot Springs, South Dakota, along with state and local politicians, promoted the town—site of a mineral springs resort—as an excellent location for an NHDVS facility. In 1902, the Board

⁸¹ Cetina, 353-356; Weber and Schmeckebier, 77.

⁸²Cetina, 361-365; Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: The Johns Hopkins University Press, 1994): 189-193, 211-218.

⁸³ Cetina, 357. Isolation, enforced rest and proper diet were considered standard treatment since the mid 19th century. The final breakthrough in treatment –using chemotherapy—did not occur until the mid 1940s. See "A History of Tuberculosis Treatment, *New Jersey Medical School Global Tuberculosis Institute*, 20 April 2009 <www.umdnh.edu/globaltb/tbhistory.htm>.

⁸⁴ Ibid., 356-358; Taffey Hall, "The Mountain Home Veterans Complex in Johnson City, Tennessee: A Symbol of a Progressive Upper East Tennessee Identity at the Turn of the Twentieth Century," M. A. Thesis, Middle Tennessee State University, 2005), 2-3, 22-23, 32,42-43, 47; The architecture and planning of the Mountain Branch were discussed in Montgomery Schuyler, "Fortunate Treatment of a Group of Institutional Buildings: The National Home for Disabled Volunteer Soldiers, J. H. Freedlander, Architect," *Architectural Record* 30 (August 1911): 136-150, and in "Soldiers' Home in Tennessee: A Noteworthy Example of a Group of Buildings Planned as a Whole, *Craftsman* 11 (December, 1906): 348-356; Susan Kay Hartman, "A History of Mountain Home," (M. A. Thesis, East Tennessee State University, 1984), pp. 25-26, 37-41; House, *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1904* (Washington, D. C.: Government Printing Office, 1904): 199-200; Daniel L. Kyte, "A History of the Mountain Branch of the National Home for Disabled Volunteer Soldiers," n.d., n.p., in the possession of the author.

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of Managers inspected property in the Hot Springs vicinity and concluded that the climate was ideal for tuberculosis patients and that its mineral waters would be beneficial for the treatment of gastrointestinal and musculoskeletal problems. The citizens of Hot Springs donated the land for the facility and provided a long-term lease to one of the community's mineral springs. Thomas Rogers Kimball, an Omaha architect, designed the original buildings of the Battle Mountain Sanitarium, located on a bluff overlooking the resort district of Hot Springs. The hospital unit consisted of a main building with six patient wards radiating as spokes from a central, enclosed court. Kansas City landscape architect George Kessler designed the grounds, which emphasized the site's rolling terrain. A small cemetery was established to the east of the complex containing the Battle Mountain Monument in 1914.

Battle Mountain Sanitarium admitted its first patients in 1907 when one man from the Marion Branch and twenty-five from the Danville Branch arrived there. During the 1908-1909 fiscal year, 865 veterans received treatment at Battle Mountain. Men were allowed to remain at the sanitarium only as long as their conditions continued to improve. Once they were stabilized, they were discharged or transferred to one of the other branches. After the establishment of this facility, the Board of Managers directed that members of the Eastern, Southern, and Central branches who were suffering from tuberculosis were to be sent to the Mountain Branch and those in the Marion, Danville, Northwestern, and Western branches would go to Battle Mountain. The Board decreed that tubercular men who refused transfer to one of these facilities could be discharged from the NHDVS altogether. 86

Despite the new pool of eligible men, the population of the NHDVS began to decrease after 1906 as elderly veterans died, falling from a membership of more than twenty-one thousand to less than nineteen thousand in 1912. This change occurred even as Congress continued to expand standards to allow more veterans access to NHDVS care. In 1908, that body extended admission to disabled regular or volunteer members of the military, honorably discharged, who had fought in any of the country's Indian campaigns and were disabled by age, disease, or any other cause. In 1915, Congress, with the urging of the Board of Managers, passed legislation that allowed any disabled officer, soldier, or sailor, regular or volunteer, who had served in any war, Indian campaign, or action in the Philippines, China, or Alaska admittance to the NHDVS. This move was in part an attempt to address the needs of those who had served as regulars but could not enter the Soldiers' Home at Washington, D. C. because they could not prove a direct service-related disability. Membership in the branches continued to decrease, however. The loss in population was so marked that in 1916 an NHDVS inspector noted that the same number of men were living in ten homes as had occupied seven branches in 1895, and suggested the Northwestern Branch be closed.⁸⁷

The 1914 inspection of each of the branches provides a picture of the condition of the NHDVS during this period. General W. P. Jackson reported on the inspection, which took place between the end of August and the end of November, 1914. On June 30, 1914, the number of present and absent officers and members totaled 21,165, a net loss of 742 members over the previous year. The institution employed 1773 civilian employees, 976 men and 797 women. Average per capita expenditure for the NHDVS was \$216.53; the Battle Mountain Sanitarium was the most costly branch, spending \$455.36 per man. A total of eighty-five members came forward with complaints during the inspection process; Jackson considered six of these issues relatively important and took steps to have the problems rectified. He believed most of the complaining men simply had questions they could have addressed through other avenues. 88

After nearly fifty years of existence, the NHDVS was a stable institution providing benefits including specialized medical

⁸⁵Battle Mountain Sanitarium: Branch National Home for Disabled Volunteer Soldiers, Hot Springs, South Dakota [1919], n.p., Black Hills Medical Center Archives, Hot Springs, South Dakota (BHMCA); Proceedings of the Board of Managers, July 27, 1902, pp. 83-84; "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 23, 1902, 92, DVACL; David L. Batie, "St. Cecilia's Cathedral and the Battle Mountain Sanitarium: Thomas Rogers Kimball, Spanish Revival Architecture and the Great Plains." Unpublished manuscript, 9, BHMCA; Hot Springs Star, May 12, 1905; Suzanne Julin, "Hot Springs Historic District," National Register of Historic Places Registration Form, October 10, 2005, 7/33-38.

⁸⁶ Julin, "Hot Springs Historic District," 8/11; Battle Mountain Sanitarium; Cetina, 364-367.

⁸⁷ Cetina, 371-373; Weber and Schmeckebier, 72.

⁸⁸ House, *Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers*, 63d Cong., 3d sess., 1915, H. Rept. 1354, 9-20. The "present and absent" number reported is a variation from the "average present" number used in other reports.

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care to a relatively satisfied population of disabled veterans, a population that was slowly declining. Soon, however, the Board of Managers would face another influx of war veterans and a new set of medical demands. World War I exerted a dramatic impact on the facilities of the NHDVS and gave rise to new complexities in the provision of veterans' benefits.

Phase Five: NHDVS Era of Change, 1918-1930

Development of veterans' benefits during the World War I years dramatically affected the operations and the future of the NHDVS. After veterans were granted wide-ranging medical benefits, expansion of public medical services included NHDVS facilities, and the Board of Managers began to lose the control that body had exerted since 1866. By the end of the period, the board was dissolved completely and the NHDVS system became part of a new and much larger bureaucracy.

The United States entered World War I in the spring of 1917. Before the war ended, about four million men had been drafted into military service, and half of them were sent overseas. By early 1919, injured and ill soldiers were returning from Europe in numbers averaging more than twenty-three thousand per month. ⁸⁹ As the federal government prepared for and responded to the needs of these men, the NHDVS system experienced sweeping changes.

Before World War I, the Bureau of Pensions and the NHDVS comprised the federal entities that served disabled veterans. The Pension Bureau, like the NHDVS, had broadened its parameters over the years. The Pension Act of 1890 had removed restrictions that tied payments to service-related disabilities, and soon almost a million veterans and their dependents were receiving pension payments. As World War I loomed, the government put new programs into place. In 1914, Congress created the Bureau of Risk Insurance under the War Risk Insurance Act. Initially, the insurance covered ships and cargoes, but in 1917, under an amendment to the War Risk Insurance Act, Congress established vocational rehabilitation and medical care benefits for men with service-related disabilities and created a low-cost insurance system to protect dependents and totally disabled servicemen. Thus, the War Risk Insurance Act, intended in part to replace the pension system that had expanded so dramatically after 1890, resulted in a new federal bureaucracy and expansive benefits for World War I veterans. Importantly, the Act provided for medical care and treatment of World War I veterans not living in a Home -- prior to World War I, this had been available to veterans who were members of the NHDVS. Responsibility for administration of these programs was divided among the Public Health Service, the Bureau of War Risk Insurance, and the Federal Board for Vocational Education. The fragmentation of functions eventually led to inefficient responses to veterans' needs. ⁹⁰

The impact of World War I and the benefits granted under the War Risk Insurance Act created a demand for additional facilities. Initially, Public Health Service hospitals and contracted hospitals were used to provide the expanded medical services, but these resources proved inadequate. In 1919, Congress authorized the Secretary of the Treasury to establish additional facilities and appropriated more than nine million dollars for that purpose; subsequent legislation provided for further growth. In 1921, Congress passed legislation giving the Secretary of the Treasury the discretion to allot funds to the NHDVS Board of Managers for use in improving their facilities. 91

The government's support for use and expansion of existing facilities helped the NHDVS system contribute to the care of a new group of veterans disabled by modern warfare. The Southern Branch was transferred to the War Department in

⁸⁹ Ibid., 331; DVA, The Veterans Benefits Administration, 16.

⁹⁰ U.S. Statutes at Large 38 (1914): 711-712; U. S. Statutes at Large 40 (1919): 1302-1303; Kelly, 29, 100; President's Commission on Veterans' Pensions, The Historical Development of Veterans Benefits in the United States (Washington, D. C.: Government Printing Office, 1956): 42-43; House, Committee on Military Affairs, Medical Care of Veterans, 90th Cong. 1st sess., 1967-1968, House Committee Print 4, 143; Cetina, 384-385; Report of the Consultants on Hospitalization appointed by the Secretary of the Treasury To Provide Additional Hospital Facilities Under Public Act 385 (approved March 4, 1921), (Washington, D. C.: Government Printing Office, 1923): 1; DVA, The Veterans Benefits Administration, 10; K. Walter Hickel, "War, Region, and Social Welfare: Federal Aid to Servicemen's Dependents in the South, 1917-1921," Journal of American History 87 (March 2001): 1368-1369; Weber and Schmeckebier, 153.

⁹¹ Cetina, 383, citing *U.S. Statues at Large 42* 147 (1921); Weber and Schmeckebier, 278-280 and 318-330 discusses the organization of services. *Report of the Consultants on Hospitalization*, 1-4, 24-26.

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1918 to serve as a military hospital. Men in residence there were sent to other branches until 1920, when the branch was returned to NHDVS and its members reinstated at Hampton. Hospital beds at Battle Mountain Sanitarium not needed to serve NHDVS members were put at the disposal of the Public Health Service in 1919. In the early 1920s, the Marion Branch was converted to a neuropsychiatric unit with a new, one thousand-bed hospital, a special facility for psychiatric patients with tuberculosis, and auxiliary buildings. The Mountain Branch became a tuberculosis hospital, containing treatment facilities for non-ambulatory and semi-ambulatory patients and a separate annex for African-American veterans suffering from the disease. Thus, two of the branches which had been primarily residential units became primarily hospitals, joining the Battle Mountain Sanitarium in that status. At the Central Branch, five barracks were transformed into hospital units and the existing hospital and tuberculosis facilities were improved. At the Northwestern and Pacific Branches, original hospitals were modernized and new tuberculosis facilities constructed. The increasing numbers of young veterans being served in NHDVS hospitals led to improvements in buildings, modernization of equipment, expansion of occupational therapy programs, and increases in staff. By 1923 the system held a total of 10,774 domiciliary beds, 3381 general hospital beds, 2664 tuberculosis beds, and 1554 neuropsychiatric beds, and all branches except the Pacific had room for additional residents and patients. 92

The federal effort to aid World War I veterans led to improvements at the NHDVS branches but also began to affect how those benefits were offered. Before World War I, the Board of Managers had directed all of the institution's operations; by the early 1920s, both the Public Health Service and the Department of the Treasury were involved in some functions of the institution. This broadening of responsibility and control illustrated a problem that was affecting veterans' benefits issues as a whole. A committee appointed to study the care of federal soldiers concluded the government was failing in its responsibilities to veterans, mainly because of a lack of coordination between independent entities. In an effort to mesh these functions and avoid duplication, Congress established the Veterans' Bureau in August 1921 to administrate the laws pertaining to World War I veterans. The Veterans' Bureau replaced the Bureau of Risk Insurance and took administrative authority of vocational education under the Vocational Rehabilitation Act. In 1922 the Presidential Executive Order 3669 authorized the transfer to the Veterans' Bureau all hospitals and dispensaries that were being administered by the U.S. Public Health Service for the care of World War I veterans. Echoing the influence of the GAR decades earlier, creation of this new bureau reflected the powerful involvement of a veterans' group—the American Legion. Yet the new agency was soon mired in controversy. The problems eased with a change in leadership, but the provision of veterans' benefits continued to present complicated issues, and the move toward consolidation of services would ultimately affect the NHDVS.

World War I dramatically changed the make-up of the NHDVS population. Of 5982 new members accepted during the 1923 fiscal year; 692 were Civil War and Indian campaign veterans, 927 were Spanish-American War and Philippine campaign veterans, and 4363—nearly 73 percent--were veterans of the recent world war. At the end of the nineteenth century, the NHDVS had been serving primarily aging or elderly men; now, young men with medical or psychiatric problems made up the bulk of its residents and patients. By 1926, NHDVS officials were particularly concerned with the demands created by the need for psychiatric care.

Veteran servicewomen also were being admitted to branches by the early 1920s, although in low numbers. The Board established a women's barrack at the Danville Branch with plans to centralize ex-servicewomen's domiciliary service

⁹² Cetina, 374-380; Hull and Jeffery, 8/13; James A. Mattison to General George H. Wood, November 24, 1922, copy included in "Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1922," DVACL (hereafter cited as "Annual Report 1922"); "Annual Report of the Board of Managers for of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1923, Part I," DVACL (hereafter cited as "Annual Report 1923"); The Bureau of War Risk Insurance reimbursed the NHDVS for care for patients served at their facilities. Weber and Schmeckebier, 79; "To Open Sanatoria for Ex-Service Men," *New York Times*, 23 July 1920.

93 The American Legion was founded in Paris in 1919 as a patriotic, mutual-help wartime veterans organization. It was chartered by Congress the same year and is now the largest service organization in the world. Near the end of World War II the American Legion drafted the Servicemen's Readjustment Act of 1944, better known as the G.I. Bill. "Our History," The American Legion, April 30, 2009, http://www.legion.org/national/intro/history; Research Division, Coordination Service, "Establishment of Veterans Administration Hospitals and Domiciliaries, A Historical Statement Covering the Development of the Hospital and Domiciliary Program February 1811 through February 1950," Veterans Administration, May 1951, unnumbered page 4.

⁹⁴ Cetina, 381-382; Cetina notes that the act also transferred to the bureau all the personnel and properties of the U.S. Public Health Service pertaining to the medical evaluation, care and treatment of ex-servicemen; *U. S. Statutes at Large* 40 (1919): 1303.

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there, but at the end of the 1924 fiscal year, less than half a dozen women had taken advantage of the opportunity. The tuberculosis facilities at the Northwestern Branch were set aside for ex-service women; 12 received care in 1924. A few at other unidentified hospitals also received care that year. In 1928 Congress officially extended membership in the NHDVS to disabled women who had served in the armed forces as nurses.⁹⁵

The NHDVS continued to provide residences and medical care for significant numbers of veterans throughout the decade and on May 1, 1929, expanded to eleven facilities when the Board of Managers acquired a ten-year lease on the New York State Soldiers' Home at Bath, New York. The population of the state home had been declining and bringing it into the NHDVS system added badly needed capacity to the national institution. The total membership of the NHDVS had increased 10 per cent in one year and the Central, Southern and Mountain branches, which served the populous eastern section of the country, were filled to capacity. The Board of Managers instituted a program to repair buildings at the Bath Branch, and a few hundred men took up residence there. ⁹⁶ The NHDVS system was performing an important function in providing federal benefits to veterans. In 1930, however, changes in the administration of veterans' benefits would officially dissolve the NHDVS and transform the way its programs were administered.

The change was presaged not only by the creation of the Veterans' Bureau in an attempt to consolidate veterans' benefits functions, but by internal examination of the NHDVS. In 1918, an inspector had suggested that the War Department assume the administration of the NHDVS, thus giving the Secretary of War the power to control budgets, expenditures, and management of the institution, prepare for the anticipated increase in membership in an efficient and economic manner, and institute a vocational training program. Twelve years later, the duplication of hospitalization and residential services by the NHDVS and the Veterans' Bureau led Congress to recommend that the NHDVS, a corporation described as a "federal instrumentality" serving as a trustee for the United States, be dissolved, its Board of Managers discontinued, and its property turned over the United States. Subsequently, President Herbert Hoover issued Executive Order 5398 on July 21, 1930, bringing the Veterans' Bureau, the Bureau of Pensions, and the National Home for Disabled Volunteer Soldiers together into a new entity, the Veterans Administration. The Executive Order did not include incorporation of the U. S. Soldiers' Home in Washington, D.C., the U. S. Naval Home in Philadelphia, or administration of the retirement of regular Army and Navy commissioned and enlisted men.

The former NHDVS headquarters was moved from the Central Branch at Dayton, Ohio, to Washington, D. C., where the functions of the NHDVS, including inspection and supervision of payments to state homes and administration of medical and domiciliary services, were absorbed by the new Veterans' Administration. The medical and domiciliary operations became the responsibility of the Office of Assistant Administrator in Charge of Medical and Domiciliary Care, Construction, and Supplies, and development of domiciliary units during the 1930s was carried out under this office. Treasury Department architects who had been working for the Veterans Bureau were transferred to the Veterans' Administration and the use of standardized building designs for medical facilities became increasingly common. ¹⁰⁰

For more than sixty years, the NHDVS Board of Managers had controlled the administration of the institution with minimal oversight from Congress. This administrative model had resulted in a system of branches created and maintained to care for disabled veterans. Despite this unity of purpose, each branch was different in setting, in architecture, and in local governance. After the onset of World War I, the strong NHDVS identity began to weaken as other federal programs

⁹⁵Prior to 1924 provision for hospital and sanatorium facilities of the United States Public Health Service specifically included Army and Navy female nurses, under Public Act 326, approved March 3, 1919. "Report of the consultants on hospitalization appointed by the Secretary of the Treasury to provide additional hospital facilities under Public Act 384," (Washington, D.C.: GPO, 1923): 1; "Annual Report 1924," "Annual Report 1923," 6-7; "Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1926, Part I," n.p., Veterans Administration Central Library, Washington, D. C. (hereafter cited as "Annual Report 1926");

⁹⁶ House, National Home for Disabled Volunteer Soldiers Report of Board of Managers for the Fiscal Year ending June 30, 1929, 71st Cong, 2d sess., 1930, H. Doc. 203, p.v; Annual Report 1930, 202; House, 70th Cong., 2d sess., H. Rept. 1945, 1.

⁹⁷ Cetina, 375-377.

 ⁹⁸ Ibid., 381-383; House, Consolidation of Veterans Activities, 71st Cong., 2d sess., 1930, H. Rept. 951, 2-3; U. S. Statutes at Large 46 (1930): 1016.
 99 House, Consolidation, 2-3; DVA, The Veterans' Benefits Administration, 25-26; Weber and Schmeckebier, 1. The Pension Bureau was designated the Pension Service on 1 July 1931, and functionally absorbed into the VA on 1 April 1936. See "History," Records of the Department of Veterans Affairs, RG 15, National Archives, http://www.archives.gov/research/guide-fed-records/groups/ois.html.

¹⁰⁰ Cetina, 383; Weber and Schmeckebier, 278-280 and 318-330 discusses the organization of services; Hubbard, 8/26.

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utilized and supported the institution's functions. With the establishment of the Veterans Administration, the NHDVS ceased being an independent entity and its functions became the responsibility of a large, growing bureaucracy for whom standardization was an important tool for efficiency and cost effectiveness. ¹⁰¹

Between 1866 and 1930, the NHDVS medical and residential services were expanded and made available to an everbroadening base of veterans. The institution created to provide for volunteer Union veterans who had been disabled by their service became a system that provided medical, psychiatric, and geriatric care to veterans of multiple wars. Individual veterans and veterans' organizations recognized the significance of these benefits both as a means of direct assistance to veterans and as an acknowledgement of their service to their country. Through the growth of its services and its facilities, the NHDVS influenced the development of the present wide-ranging system of veterans' benefits in the United States, particularly its medical system. ¹⁰²

Architecture and Landscape Architecture of the NHDVS

The history of the National Home for Disabled Volunteer Soldiers is reflected in its architecture and landscape architecture. The architecture and landscape design of the NHDVS units are the physical manifestation of the Board of Managers' goal to build a system to provide disabled volunteer veterans with the security of peaceful, orderly and comfortable residences and also reflect the changes that occurred with the expansion of membership and medical needs. ¹⁰³ The Board of Managers insisted that the institution's members and the public view residence and internment at the institution as a reward for service. As a result, the branches designed and constructed under its authority featured significant buildings and elaborate designed landscapes, and became prominent features of their localities.

The architecture of the NHDVS also represents the growing connection between the federal government and veterans after the Civil War. The federal pension system was the most significant source of this connection, providing benefits to hundreds of thousands of veterans and affecting even larger numbers of family members and associates. The NHDVS exerted a direct impact on a much smaller number of veterans, but the visibility and prestige of the facilities served to reinforce the link between Americans and their government, not only to veterans and their families, but also to local residents and those who visited the branches. Until the 1852 establishment of the Supervising Architect's Office within the U. S. Treasury Department, few non-military federal buildings existed in the country. After that time, the government began to build customs houses, post offices, courthouses, and other functional buildings in communities around the country. These buildings were not only symbols of a federal presence and of common citizenship, but also representations of economic assets and signs of status for the communities who acquired them. In addition, the federal building program afforded federal politicians an opportunity to gain support by arranging for the placement of such buildings in their political districts. 104

The NHDVS building program was carried out under the authority of the Board of Managers rather than the Office of the Supervising Architect, but its effects mirrored and even magnified that of the Treasury Department work. The NHDVS Board of Managers held ultimate responsibility for the design and construction of the branches; they never developed a standard landscape plan or architectural style, although institutional development generally followed popular trends. ¹⁰⁵

¹⁰¹ House, Consolidation, 2-3.

¹⁰² Kelly, 82.

¹⁰³ Ibid., 122.

¹⁰⁴ Antoinette J. Lee, Architects to the Nation: The Rise and Decline of the Supervising Architect's Office (New York: Oxford University Press, 2000): 6-9.

¹⁰⁵ A comprehensive list of all designs by the various branch architects has not been compiled, and it is unknown if any worked on or designed facilities at military installations. They may have been familiar with military construction, as was the case with Western Branch contractor James McGonigle. McGonigle was a contractor at Fort Leavenworth prior to working on the Western Branch, also at Leavenworth. Likewise, popular architectural trends influenced federal military design. During the mid 19th century, the Quartermaster Corps and the Army Corps of Engineers were largely responsible for Army construction. Their designs for early Army family housing bears close resemblance to private sector mid-century pattern books, builders style books and pattern books, and mail order catalogues. Standardization of military plans grew after the Civil War, and barracks appear to have been the first building type to be standardized. Standardization became an established program by about 1890, spurred on by criticism of poor military living conditions. The Quartermaster's office in Washington, D.C. produced numerous designs for housing, barracks,

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The branches were designed to be pleasing to both the members and the visiting public. The branch homes of the late nineteenth century celebrated a mix of eclectic architectural styles. Gothic Revival, Italianate, Second Empire, Queen Anne and Georgian Revival buildings predominated in the 1870s and 1880s. Romanesque Revival, Renaissance Revival, and Shingle Style appeared in the 1890s. Classical Revival, Colonial Revival, Beaux Arts and Mission styles were used after the turn of the century. Although the NHDVS complexes differed from military installations, which utilized standardized plans for most structures, the military model was evident in specific types of NHDVS buildings, particularly barracks, hospitals, and storehouses. NHDVS barracks, for example, were typically two-story, rectangular buildings with porches and multiple windows to allow men access to sunlight and fresh air, and were nearly identical to military barracks found across the country. Storehouses of the late nineteenth century NHDVS branches tended to be brick structures with few details, again recalling military models. 106

Following 19th century pavilion-plan designs (popular public hospital types in the United States and Europe), NHDVS hospitals were typically constructed with central administrative sections and long, open ward wings which would provide adequate ventilation to rid the buildings of bodily emissions considered detrimental to health. ¹⁰⁷ Branch officers' residences were large, stylish frame houses, surrounded by large lawns. Staff housing, consisting of dormitories, duplexes, and smaller single family houses, was simpler and set on smaller pieces of land. Common buildings such as chapels, theaters, and recreation halls were usually placed in some proximity to each other and finished with elaborate ornamentation, in recognition of their greater importance to the community. Construction was generally wood frame or brick, although some stone buildings were constructed.

Landscape design was an essential component of NHDVS development. When the NHDVS was founded in 1865, few models of large institutions for convalescent care existed, and the formal layout of military installations had only limited relevance to the NHDVS system. The natural setting and the prominence of early buildings impacted the development of the grounds of the various branches more than the influence of the military plans with their formal parade grounds, and planners of the NHDVS facilities incorporated a more romantic landscape philosophy. A characteristic of most Homes particularly the earliest branches was their siting on geographically prominent locations. Such siting took advantage not only of cooling breezes, but afforded views both from within and without the branch property. In this way, veterans enjoyed a relaxing pastoral scene, while visitors were presented with views of impressive collections of resources given greater physical presence by the topography. Most of the grounds featured picturesque/romantic plans popularized by prominent landscape architects including Frederick Law Olmsted, Calvert Vaux, H. W. S. Cleveland, and Andrew Jackson Downing. The romantic-style included flowing curves, lush plantings, and open spaces; the picturesque style similarly embraced meandering paths and roadways, but also featured natural and even wild growth, irregular surfaces, and unexpected features such as fast-running water, artificial lakes or ponds, and animal parks. Conversely, as operational and administrative demands changed, later branch landscapes became more formalized. The Danville and Mountain Home branches exhibited elements of formal landscape design. The barracks area at the Central Branch reflected nineteenth-century military fort design, which in turn was modeled after New England village design, with buildings grouped around a central open space. 108 All branches, to some degree, incorporated the Victorian trend of colorful, exuberant floral displays. Floral displays were maintained by branch gardeners, home members and civilian employees. Over time, as members aged and the branches increasingly focused on medical care and hospital development,

headquarters, gymnasiums, storehouses post exchanges and other buildings. See for example Bethany C. Grashof, *A Study of United States Army Family Housing, Standardized Plans 1866-1940,* 1 (Atlanta, GPO: Center for Architectural Conservation, College of Architecture, Georgia Institute of Technology, May 1986), i - 9, 21-23, 28.

¹⁰⁶ Lampl and Fetzer, 8/25.

¹⁰⁷ The pavilion plan hospital evolved in France and England in the late 18th century. Separate wards also facilitated division of patients to facilitate care and to isolate transfer of disease. For a discussion on the evolution of hospital design, see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975).

¹⁰⁸For discussions of nineteenth-century landscape design, see Geoffrey and Susan Jellicoe, *The Landscape of Man*, revised edition (New York: Thames and Hudson, 1987): 233-279; Tishler, William H., ed., *American Landscape Architecture: Designers and Places* (Washington, D. C.: The Preservation Press, 1989): 24-43, 150-152; and George W. Tobey, *A History of Landscape Architecture: The Relationship of People to the Environment* (New York: Elsevier North Holland, Inc., 1973, second printing 1979): 153-182; military fort design is discussed in Alison K. Hoagland, *Army Architecture in the West: Forts Laramie, Bridger, and D. A. Russell, 1849-1912* (Norman: University of Oklahoma Press, 2004): 79-81, 101, 160-162.

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maintaining these features of the landscape lessened in importance.

Cemeteries were established at the branches during their early stages and developed as the facilities grew. Each cemetery has a relatively large soldiers' monument in a prominent location. Some of the cemeteries, including those at the Eastern, Pacific and Battle Mountain Branches, installed single, thick masonry obelisks. A more traditional, slender obelisk design is found at the Western, Southern, Mountain, and Bath Branch sites. There is a significant family of historic signage, including plaques with lines of the verse, "Bivouac of the Dead" and the complete Gettysburg Address that date to the late 19th and early 20th centuries. ¹⁰⁹ As branches developed, buildings and structures were added to several of the cemeteries. In 1973 the cemeteries became National Cemeteries under the newly-created National Cemetery System and the Veterans Administration received the cemeteries from the Army. In 1998 the National Cemetery System became the National Cemetery Association. ¹¹⁰

By encouraging the development of significant works of architecture and designed landscapes, the NHDVS Board of Managers succeeded in building a system that honored veterans and strengthened the link between the American public and the federal government by developing prominent and attractive facilities that appealed to that public.

Comparison to Similar Properties

Each of the eleven branches of the National Home for Disabled Volunteer Soldiers were evaluated in the 2007 "National Home for Disabled Volunteer Soldiers Assessment of Significance and National Historic Landmark Recommendations" study. The study determined which of the eleven retained the highest integrity and represented most fully the development of veterans benefits in the United States, the commitment of the Board of Managers to honoring disabled veterans, and the original architectural and landscape designs. The period of NHDVS national significance is 1865-1930, beginning with the legislation that created the Homes, and ending with the incorporation of the NHDVS into the Veterans Administration. The year 1930 marks the end of the NHDVS as an independent entity and the creation of a larger bureaucracy which absorbed and divided the NHDVS functions and responsibilities and implemented more standardized development procedures. Although 1930 marks the end of the NHDVS, succeeding historical periods continued to shape the facilities through new developments in health care, changes in the kinds of disabilities that veterans suffered, and evolving approaches to caring for veterans.

The NHDVS branches were designed for a variety of reasons and functions over a broad period of time, and evolved in response to specific changes in NHDVS policies. Such policies are physically reflected in the campuses, and can be associated with the five general periods of evolution. No one property has survived fully intact from one period, but some branches retain pivotal and important resources that are associated with specific periods. Pivotal resources are those that were necessary to carry out the primary missions of the NHDVS during the period of national significance and include barracks, hospitals, officers housing, monumental social buildings, and designed landscapes. Important resources include supporting buildings such as commissary warehouses, staff residences, shops, power plants and garages. These resource types are all important in order to convey the scope of the NHDVS operations. Many of the branches have been affected by development programs which have removed historic buildings and replaced them with modern ones, thus disturbing the historic fabric that conveys their historical significance. In some cases, historic buildings have been altered to a degree that dramatically affects their integrity.

Many of the buildings at NHDVS sites, particularly those serving medical needs, have been rehabilitated for adaptation to modern uses; although they may retain high exterior integrity, their interiors contain few original features. Therefore, high interior integrity is not a requirement for these resources to be considered pivotal elements of the historic area. In addition, certain external additions such as stairwells or elevator shafts necessary to adapt the buildings to changing needs

¹⁰⁹ Sarah Leach, electronic mail correspondence, April 25, 2007, copy on file, National Park Service Midwest Regional Office, Omaha, Nebraska.
¹¹⁰ "General History," Burials and Memorials, U.S. Department of Veterans Affairs, 17 June 2007 < http://www.cem.va.gov/cem/hist/history.asp>.

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do not destroy their integrity if they are well planned and unobtrusive. In terms of landscape, the loss of flower beds or other ornamental plantings, ponds, and similar landscape features is acceptable if the spatial relationships in the landscape are retained and not filled in or interrupted by modern buildings.

Four of the branches have been found to meet the criteria for National Historic Landmark nomination. These are the Northwestern Branch, the Western Branch (Leavenworth, Kansas), the Mountain Branch (Mountain Home/Johnson City, Tennessee), and Battle Mountain Sanitarium (Hot Springs, South Dakota). Together they outstandingly represent the history and evolution of the NHDVS. These properties contain an historic "core" or district with very limited intrusions by elements constructed outside the period of national significance, or with very limited intrusions to particular buildings sufficient to remove important character-defining features. Such features include porches, which were constructed on barracks and hospital buildings to provide gathering places for veterans, as well as opportunities to take advantage of fresh air and sunshine, considered important to their well-being. Similarly, the placement and size of windows, planned to provide ample ventilation, must be in place. Ornamentation on the most elaborate buildings—chapels, theaters, and administration buildings at most sites—must be present to represent the design philosophy of the NHDVS Board of Managers. The landscapes must retain the original process of movement and preserve the general spatial relationships and feelings of cohesiveness and repose that their designers intended.

Independent nominations have been prepared for the above-mentioned Homes, with summary descriptions provided here. As explained below, the seven other branches were determined to have lost sufficient integrity to remove them from consideration as nationally significant for the 1865-1930 NHDVS era.

NHL eligible: Northwestern Branch, Milwaukee, Wisconsin

Period of Significance: 1867-1930

The Northwestern Branch, established in 1867 by the NHDVS Board of Managers, represents the origins of the system and its evolution into the twentieth century. One property at the branch, the Ward Memorial Hall, was listed on the National Register of Historic Places in 1984, and the Northwestern Branch was listed on the National Register at the national level of significance in 2005. Another feature of the property, the Soldiers' Home Reef (an outcropping of Silurian rock unrelated to NHDVS history) was designated a National Historic Landmark in 1992.

The campus core is remarkably intact, with the loss of relatively few of the pivotal or important resource types. Of the forty-eight buildings, structures, objects and sites within the historic district, thirty from the NHDVS period survive. The overall integrity of the resources is very high. All five phases of development are represented in the Northwestern Branch, and the picturesque landscape, with its curving roads that respond to the topography, is largely intact. The intact 1871 cemetery, in strong contrast to the rest of the campus, features an orthogonal road system aligned along the primary compass directions. While structures such as the original train depot, hotel, nurse's quarters, entrance gate, guard house, smaller service buildings, greenhouse, flower gardens, orchard and farm are now gone, new construction has generally not taken place on the sites of former buildings. Instead, post-1930s development and the modern buildings of the Clement J. Zablocki VA Medical Center are removed from the core NHDVS property by railroad tracks, a water channel, and the area's topography. There are four NHDVS-era buildings that have been physically enveloped by the newer development and as a result have lost sufficient feeling, association and setting from being considered within the historic district.

The Northwestern Branch retains buildings from all phases of NHDVS history and thus represents the origins of the NHDVS system as well as its evolution into the twentieth century. Its historic district includes the original Main Building and the governor's house, built in 1867/1868. These are the oldest remaining buildings in the country constructed for the NHDVS under the oversight of the Board of Managers. The historic core landscape retains many of the features developed during the period of significance. Most obvious is the placement of the Main Building on the crest of a bluff which is the highest point on the grounds. The Main Building dominates the immediate skyline and is clearly visible from the surrounding areas. Curving paths and roads indicate both the original design and the necessity of connecting the

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buildings constructed beside and behind the Main Building after the centralized concept was abandoned. One of the original lakes, Lake Wheeler, still exists, but it has been re-designed and slightly reoriented.

The Northwestern Branch retains the 1867/1868 governor's quarters, another pivotal resource type associated with the initial development of the NHDVS. The elevated railroad grade, built in 1882, brought veterans and visitors to the home and is another physically dominant and important resource type that aids in understanding the evolution of the system and the relationship of the NHDVS to the outside world. The advent of decentralized planning is illustrated by buildings adjacent to the Main Building in the separate 1879 hospital, barracks constructed in 1888 and 1894, the 1881 Ward Memorial Theater, the 1889 chapel, the 1891 library, the 1894 recreation hall, the 1896 administration building, and ten staff quarters built between 1887 and 1921. The 1883 fire engine house, the 1888 water meter house, the 1895 steam plant and the large 1896 commissary warehouse are important resources that reflect the operations of the facility. A tuberculosis hospital and three quarters buildings are separated from the historic core by intrusive construction and are not considered for inclusion in the NHL designation. The cemetery is a significant element that contributes to the integrity of the Northwestern Branch and includes a sixty-foot granite Civil War Soldiers and Sailors Monument.

Buildings outside the period of significance include eight garages, a paint shop and a laundry, two domiciliaries, the main hospital, two quarters, maintenance shops, and a group of Quonset huts. No significant modern buildings intrude on the historic core, although Miller Park, a major league baseball stadium located to the northeast, creates a visual intrusion to the historic view from the Main Building. The cohesiveness and the variety of buildings represented at this site signify the origins of the NHDVS and the Northwestern Branch as well as the development of the NHDVS.

NHL eligible: Western Branch, Leavenworth, Kansas

Period of Significance: 1884-1930

Established shortly after the 1884 policy change that dramatically broadened standards for admission to the National Home and created a demand for additional facilities, the Western Branch is an outstanding example of the expansion of the NHDVS. The property was listed on the National Register of Historic Places in 1999, and its period of significance was amended in 2006 to 1884-1955. The Western Branch was the first branch built west of the Mississippi, and retains a significant number of its original buildings and its designed landscape as well as a majority of resources erected during Phases Three and Four of NHDVS history.

Of the 113 buildings, structures, objects and sites on campus, the Western Branch retains fifty-eight of its pre-1930 resources, including the designed landscape, the cemetery, one structure and one object. There are twelve brick barracks built by James A. McGonigle in 1885 and 1886, and a Romanesque Revival general mess and kitchen referred to as Franklin Hall, also built by McGonigle in 1886. A Queen Anne theater was built in 1888. Surviving residential housing constructed during the period includes the Queen Anne governor's and treasurer's residences, built in 1887 and moved to a new site in 1930; surgeons quarters, a twin to the treasurer's residence, three additional single residences and a nurses' quarters. Many of the physical plant buildings from 1884-1900 period remain, including the boiler plant, paint shop, supply warehouse, lumber shed, and storage shed. The facility's most striking building, the Late Gothic Revival chapel, was designed by Kansas City architect Louis S. Curtis and built in 1893. The original four-story brick hospital, built near the lake site in 1886, and a subsequent Shingle Style annex, were demolished in 1933. 112

Surviving buildings from the 1900-1917 era and the 1918-1930 period include administrative, medical, physical plant and residential buildings. A Mission style guardhouse, a police station, an administration building, a wagon shop, paint spray shop and wagon shed were built between 1900 and 1917. A garage and fire station, milk house, mason and tin shops, and two gas meter houses were constructed between 1918 and 1930. Residences for the quartermaster and the chaplain, as

¹¹¹ Jennie Chinn and Patrick Zollner to Dena Sanford, April 18, 2007. Copy on file, National Park Service Midwest Regional Office, Omaha, Nebraska.

¹¹² Adams, "Western Branch," 7/4-7/17, 8/7-8/10.

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well as two single residences, all in the Queen Anne style, were built between 1900 and 1917. In addition, a Georgian Revival barracks building and a duplex showing Classical Revival influence were built between 1900 and 1917, and a nurses quarters building and two duplexes, all with Classical Revival features, were built between 1918 and 1930. Two single garages from this period also survive, illustrating the onset of the motor age. The original hospital at the Western Branch was replaced by the existing hospital complex, constructed shortly after the system's incorporation into the Veterans Administration. The three connected buildings and associated support facilities (a maintenance building, garages, a chilling plant and cooler towers) are sited to the northwest on the edge of the historic core. Another 1930s-era hospital building is located within the historic core and presents a greater intrusion, although a 1992 remodeling was sympathetic to the architecture of the surrounding buildings. A modern library is an unobtrusive intrusion near the barracks. Other post-1930s construction includes support facilities built in the maintenance area, including a laundry, storage shelters, a water tower and garages. 113

The landscape design by H. W. S. Cleveland takes advantage of the topography of the site and is remarkably intact. The grounds contain many of the original curving roadways. Lake Jeannette remains in place as a dominant feature of the landscape. Sections of original terra cotta curbing and brick paving remain, as do early cast iron benches. The facility's setting on a large acreage separated from urban areas contributes to its integrity, as does the presence of the national cemetery.

NHL eligible: Mountain Branch, Johnson City, Tennessee

Period of Significance: 1901-1930

The Mountain Branch, constructed in 1901-1903, was the first branch established after Spanish-American War veterans were granted admission to the National Home and after the particular conditions to which veterans of that war were susceptible—particularly tuberculosis and yellow fever—increased the Board of Managers' attention to medical care. The Board considered the location particularly suitable for tuberculosis patients due to its climate. The Mountain Branch reflects the fourth (1900-1917) and fifth (1918-1930) phases of NHDVS development. No National Register nomination has been prepared for this branch, although it was determined eligible for the National Register in 1979.

The Mountain Branch's symmetrical plan and J. H. Freelander-designed Beaux Arts architecture represent a departure from earlier branches, many of which included a variety of architectural styles and grounds designed in a picturesque or romantic style. Of the fifty-four buildings on campus, thirty-two survive from the 1901 to 1917 period, including the central mess hall, completed in 1904. It also retains its designed landscape, small-scale features, and cemetery. The Central Mess Hall clock tower, decorated with an elaborate keystone and swags, rises above two long, rectangular bays and serves as a focal point for the property. The Carnegie Library, also built in 1904, features ornamental keystones and brackets at the windows and the entry door. The theater was completed in 1903 and its façade is dominated by three large arched windows overlooking a stone balcony. The eight brick barracks buildings are in symmetrical rows with the front buildings exhibiting Beaux Arts decoration while the barracks to the rear are less elaborate. Other buildings from this era include the chapel, bandstand, officers' quarters, engineering building, laundry, administration building and post office. Sections of the 1904 hospital have been demolished, but its central element remains and has received sympathetic additions on the north and south; additions to the rear are nearly invisible from the historic core. The majority of the buildings from this period represent the initial building program from 1902 to 1908. Classical Revival style duplexes built in 1921 illustrate the transition of the Mountain Branch to a specialized medical facility and the need for additional medical staff.

The most visible of Freedlander's buildings face a broad avenue leading from the administration building to the original hospital. The avenue is bounded on the south by the parade grounds, which hold the original bandstand, and its focal point is the Beaux Arts mess hall with prominent clock tower. The formal plan of the core campus and the Beaux Arts

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architecture suggest the influence of the 1893 Columbian Exposition's "White City." The grounds south of the bandstand include "The Lake," a prominent landscape feature and part of the initial landscape design. Original officers' quarters were built east of the main campus in a more typically residential setting with large lawns and trees, and there are also quarters west of the main campus in a residential setting. The National Cemetery is a significant element of the property's landscape.

A number of the barracks have been modified for use by East Tennessee State University's medical school, but retain excellent exterior integrity. The major intrusions to the branch are a 1990s domiciliary/primary care building to the southeast edge of the historic core; in this area, the previously-mentioned hospital components include a new hospital addition, clinic and laundry/warehouse. There is a new medical school building located within the barracks area, and another research building constructed north of the barracks. A modern boiler plant north of the barracks area is less obtrusive, and a new nursing home is sited to the northeast, well away from the historic core. An administration building, constructed by the Veterans Administration after 1930, is sympathetic in design to the Freedlander concept. The buildings from the period of significance exhibit excellent to high individual integrity, illustrating the maturing of the NHDVS architectural and planning standards and the advance of veterans' medical care. The original landscape plan is largely intact and the associated cemetery is a visible contribution to the landscape and the site's integrity. The Mountain Branch is an outstanding example of the development of the NHDVS after 1900.

NHL eligible: Battle Mountain Sanitarium, Hot Springs, South Dakota

Period of Significance: 1902-1930

Battle Mountain Sanitarium, the only branch founded by the NHDVS as a medical rather than a residential facility, outstandingly represents the fourth and fifth phases of NHDVS development and the evolution of the NHDVS from a primarily residential system to one offering extensive medical services to veterans. The site is included in the Hot Springs Historic District but has not been nominated to the National Register as a separate entity.

Established in 1902 and opened in 1907, Battle Mountain Sanitarium utilized the waters from nearby mineral springs to treat musculoskeletal conditions; the high, dry atmosphere eased respiratory ills. Of the sixty structures, buildings and objects on campus, thirty-eight of the original resources survive. Designed by Thomas Rogers Kimball in a Mission-inspired style, they include a prominent administration center connected to an innovative hospital complex that placed wards in rectangular spokes. The wards featured sophisticated ventilation systems, ramps instead of stairways, and expansive open porches on eastern exposures. The complex included a kitchen, library and two chapels. In addition, Kimball designed auxiliary buildings including a stable and an engineering building and houses for branch officers. Other buildings constructed prior to the 1930 change in administration include a conservatory, housing for nurses and single male staff, and the Veterans' Bureau hospital built in 1926. The hospital is significant in its representation of Veterans' Bureau construction on NHDVS property.

George E. Kessler, a Kansas City landscape architect, designed the grounds. His plan reflects the topography of the site and its unique setting on a plateau above a picturesque mountain resort. Winding roads and paths are retained and the property holds the original conservatory and bandstand; a pond once located in front of the conservatory has been drained, but the space it occupied remains open. An elaborate sandstone stairway built in 1915 leads from the plateau upon which the facility is sited to the town of Hot Springs in the valley below. The associated cemetery, to the northeast of the main campus, is a significant element of the property's landscape. The cemetery faces north, down-slope and away from the sanitarium. Overlooking the cemetery, and occupying a position from which a visitor can see both the sanitarium and the internments is a sandstone obelisk.

Battle Mountain Sanitarium retains nearly all of the buildings constructed during the 1900-1917 and 1918 to 1930 phases. The centerpiece of the site is the original Thomas Rogers Kimball Mission-inspired administration-hospital complex, with its prominent dome and ward buildings emanating from a center court. Original supporting buildings, including the

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Colonial Revival engineering building and the Mission style refrigeration plant, stables building and boiler plant, all built in 1907, are behind and below the main building. The 1913 greenhouse is set in an open space near the site of the original pond. The Colonial Revival officers' quarters, also designed by Kimball, include the governor's house, which retains an unusual degree of interior and exterior integrity. Classical Revival bachelor's quarters were constructed in 1910. Buildings constructed during the 1918 to 1930 period symbolize the increasing importance of medical care to veterans after World War I. They include a Classical Revival duplex built in 1920, a Classical Revival nurses' quarters built in 1926, and a Colonial Revival duplex built in 1927. The most representative post-World War I structure is the 1926 hospital, built by the Veterans' Bureau to serve tuberculosis patients. The hospital combines Mission, Tudor Revival, and Romanesque Revival influences. Post 1930s construction includes a 1941 laundry, a 1949 dietetic building directly northeast of the 1926 hospital, and rear additions to the 1926 hospital built in 1937, 1959, and 1985 Three car garages were constructed to the rear of the staff housing during the 1930s. Several small storage and shop buildings were built in the 1970s and 1980s, and an incinerator building and a fire station and security building date to the mid-1980s but are sited to the east, well away from the historic core. At the eastern boundary of the branch, at the end of a dirt road, are three water reservoirs that are screened from the main campus by the steeply sloping hillside.

Battle Mountain retains nearly all of the buildings constructed between 1907 and 1930. A ward for tubercular patients was demolished to make way for the 1926 hospital and a small number of utilitarian buildings have been removed. Except for the conservatory, all of the historic buildings remain in use, many of them for their original purposes. The site presents an outstanding example of NHDVS development in its fourth and fifth stages and of the expansion of medical services and benefits for veterans.

NHDVS Properties Not Recommended for Designation:

While the following NHDVS properties do not exhibit the high degree of integrity for the 1865-1930 NHDVS era, some of them may be found to be nationally significant and possess a high degree of integrity for later historical periods in the development of federal government facilities that cared for veterans. Evaluations of their significance and integrity for later periods may be made on a case-by-case basis.

Eastern Branch, Togus, Maine

The Eastern Branch was the first to be established by the NDHVS Board of Managers and originally occupied the buildings of a defunct mineral water resort. Fire destroyed several of the facility's frame buildings within its first decade. The Governor's House, built in 1869, is a National Historic Landmark, designated in 1974. The campus has been determined eligible for National Register listing but a nomination has not been prepared.

While the setting is largely intact with little of the external development pressures found at the majority of branch homes, there is very little association with the initial development of the home outside of the Governor's House. Initial development from the building program of the 1870s and 1880s had produced numerous frame buildings in the Queen Anne and Stick Styles. Of the seventy-three buildings and structures at Togus, eighteen remain from the NHDVS period, as does the landscape, cemetery and small-scale features. However, these resources do not represent the full array of resource types built on campus during that period. Staff residences built around the turn of the century remain on the perimeter of the property, but the collection of frame barracks, hospital, workshops, administrative buildings, chapel, and recreational buildings that convey NHDVS history have been removed. The large construction campaign carried out by the Veterans Administration after 1930 replaced a majority of the building stock with new resources, including a new hospital (and subsequent modern addition to that hospital), the nurses' quarters, administration building, theater, chapel, barracks quadrangle, gymnasium, and maintenance facilities. These new buildings dominate the landscape, although part of the road system, landscape and 1865 cemetery survive. Because the Eastern Branch is not outstandingly representative

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of the history or design of the NHDVS, it is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Central Branch, Dayton, Ohio

The Central Branch was one of the three original facilities established by the NHDVS Board of Managers and grew to serve the largest population of any of the branches. The Central Branch served as the Central Depot for the system and was the administrative center for the NHDVS from 1916 until 1930. The Central Branch Historic District was listed in the National Register of Historic Places in 2004.

The history of the Central Branch is integral to the NHDVS story, but the architecture and landscape that could reflect that story have been compromised by developmental pressures during the NHDVS and subsequent Veterans Administration periods, including the removal of some of the earliest major NHDVS period buildings, replacement of many original frame barracks with masonry buildings, and significant post-1930 development.

Of the sixty-four buildings and structures on campus, twenty-nine survive that were constructed under the oversight of the NHDVS Board of Managers between 1866 and 1930. Also present are the road system, most of the landscape, the cemetery and some small-scale features. The campus' oldest building, the Gothic Revival Home Chapel, was completed in 1870. Other surviving buildings and features from the 1866-1870 period are the basic layout of the road system, the grotto, the Gothic Revival gatehouse and the Italianate treasurer's residence. During the 1871-1883 period, the Central Branch experienced rapid development. Eight buildings from that era remain, including its elaborate Italianate bandstand, the Second Empire headquarters building, three residential units reflecting Queen Anne or Italianate influences, a Renaissance Revival social hall, a quartermaster's building with Flemish design influences, and a boiler house. A shop building and boiler house, the Gothic Revival Catholic chapel, two Classical Revival-style barracks (on the site of the earlier frame Italianate barracks) and the Stick-style swan house gazebo represent the 1884 to 1900 period. Two Neocolonial domiciliary buildings and a train depot remain from the 1900 to 1917 time frame, and a canteen, an eleven car garage, and five Tudor Revival residences reflect the final period, when increased medical staff served World War I veterans. 114

After the 1930 transition to the Veterans Administration, expansion of the former Central Branch affected its historic core. Changes at the site include the loss of the 1880 commissary building in 1932 to fire, and removal of the remaining 1880s-era barracks area, replaced by a Colonial Revival style quadrangle hospital, two barracks and a dining hall. The 1870 hospital was demolished in 1942, and a recreational building was added to the quadrangle. Nurses' cottages and a hospital annex were also removed, and the National Cemetery expanded into that area. The visually dominant 1880 Second Empire Memorial Hall, centrally located at the top of the hill, has also been demolished, as have the Central Branch Hotel (located downslope towards the front entrance) and the Conservatory, torn down in the 1970s. A new hospital complex was developed on the west side of the campus in the 1980s and 1990s which is visible from the historic core, and in 1981 a single story pod-configuration domiciliary was built on the former sweeping parade grounds, obscuring one of the focal points and significant features of the Central Branch.

The Central Branch is most closely comparable to the Northwestern Branch. Both were among the original NHDVS branches and both retain buildings from each identified phase of its history. Both have suffered the loss of greater landscape features, including flower gardens and farms. The Northwestern Branch site, however, retains a broader range of buildings which illustrate the history of the NHDVS, and these buildings are grouped with few intrusions in a historic core that offers an unusually rich representation of the facility's history. In addition, while the Northwestern Branch also experienced replacement and loss of buildings under NHDVS administration, there have been fewer instances of the replacement of newer buildings on the footprints of original buildings. While the campus of the Central Branch shows continued evolution after 1930, it does not present the high degree of integrity necessary to serve as an outstanding

¹¹⁴ Hull and Jeffery, Section 7 describes the existing buildings. See also, "The Nation's Wounded Defenders – Their Home at Dayton, Ohio—Dedication of a Church for their Benefit—Speech of Gen. Butler," *The New York Times*, October 30, 1870.

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example of the development of the NHDVS and therefore is not recommended for nomination as an NHDVS National Historic Landmark property for the period 1865-1930.

Southern Branch, Hampton, Virginia

The Southern Branch, established in 1870 to serve African-American veterans and those who wanted to live in a warm climate, was the fourth branch of the NHDVS. A National Register of Historic Places nomination was prepared in 1994 but was never finalized. The Hampton National Cemetery was listed on the National Register in 1996 as part of the Civil War Era National Cemeteries Multiple Property Submission form.

Of the sixty-eight buildings and structures at the Southern Branch, twenty-six remain from the NHDVS period. Oil tanks, a cemetery and monument also survive. Of the NHDVS-era buildings, two pre-date NHDVS management: buildings 35 and 36 were part of a women's college, and later a Civil War era military hospital, and reflect the first phase of development in which existing buildings were adapted for NHDVS use prior to planned design. Restricted by its small acreage, development at the Southern Branch by necessity impacted the property's earlier structures. The Second Empire treasurer's residence, the Romanesque Revival boiler house and four service buildings remain from the 1880s. Resources associated with the campus plan of 1906 are present, particularly the classically inspired barracks, the chapel, and service buildings. The esplanade developed in the 1890s also survives, but the associated landscape of wide, gently curving roads, a formal turning circle and open spaces are largely gone, filled in by post-1930 Veterans Administration construction. The 1885 hospital was replaced in 1938 with a new centrally located Georgian Revival style building that accessed views, fresh air, and sunshine. The hospital and two accompanying domiciliary units represent the Veterans Administration's "Architectural Set," a group of fifty hospitals developed through standardized plans incorporating local architectural features by the Veterans Bureau and the Veterans Administration from 1920 through 1947. Several structures at the former Southern Branch were demolished in the 1950s to make way for automobile parking space and new medical facilities. A new dining hall was constructed in 1956, a chronic patients' building in 1963, a nursing home in 1977, and a single story pod-configuration domiciliary in 1987. Other new construction includes small storage buildings, nine electrical substations, five sun shelters, two picnic shelters, three cooling towers, and parking lots. By the mid-1980s, the medical center had been substantially modernized and new construction occupies about half of the property. 115

While important collections of buildings do survive at the Southern Branch, the site does not outstandingly represent either the evolution of the NHDVS or a specific development phase because of the loss of roughly half of the NHDVS-era landscape and buildings on the east side of the property. In addition, six buildings dating to the 1880s and 1908 will be demolished in 2007-2008 (buildings 13, 16, 61, 69, 70 and 72). Therefore, the Southern Branch is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Pacific Branch, West Los Angeles, California

The Pacific Branch opened in 1888, the second NHDVS branch to be established west of the Mississippi, and the second to be created after the 1884 policy change that increased admissions to the NHDVS. The Catholic-Protestant chapel and the streetcar depot were listed on the National Register of Historic Places in 1972, and two separate districts of the campus have been determined eligible, although nominations have not been prepared.

Of the ninety-eight buildings and structures at the Pacific Branch, fifteen from the NHDVS period remain. These include the chapel, the depot, four officer's staff quarters, a 1920s era Spanish Colonial Revival hospital complex, and an Art Deco Mess Hall. These NHDVS resources are separated by another thirty-seven 1930s and 1940s-era Veterans Administration structures including a hospital building, administration building, domiciliaries, two theaters, labs, nursing

¹¹⁵ C. D. Bradley, "From Croton Oil to Isotopes: One Hundred Years of Medicine at Hampton Veterans Administration Center," *Veterans Administration Medical Monthly* 97 (November 1970), 5-7; Cetina, 361-363; Lampl and Fetzer, 7/7, 8/21-23.

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homes, residences, garages, storage buildings, maintenance facilities and research buildings. The property also retains a frame "Hoover Barracks," one of nine built in 1932 and used as temporary housing for veterans during the depression of the 1930s. In the cemetery, there are a 1939-1940 administration building-chapel and a 1940-1941 columbarium (the National Cemetery Association's only indoor columbarium), both designed in the Spanish Revival Style and built by the Public Works Administration. There is also a granite obelisk erected "In Memory of the Men Who Offered Their Lives in Defense of Their Country" (date unknown) and a 1942 monument to Civil War Soldiers. A 1973 monument dedicated to the United Spanish War veterans is based on the 1950 original, damaged by an earthquake. Palm trees planted during the third or fourth phase of NHDVS history are present, but the original landscape has been modified due to development and major street construction. Therefore, the site is not an outstanding example of the NHDVS program and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Marion Branch, Marion, Indiana

The Marion Branch of the NHDVS was established in 1888 as admissions to the National Home increased following the 1884 policy change. The property was listed on the National Register of Historic Places in 1999.

Of the ninety-six buildings and structures on the Marion Branch Campus, sixty-four remain from the NHDVS era that illustrate the institution's history. The landscape, cemetery and a few small-scale features also remain. Buildings from the 1884-1900 era include ten brick barracks buildings, a fire station, a greenhouse, Queen-Anne style officers' quarters and duplexes, a theater, a Romanesque Revival gatehouse, and a stable. The Late Gothic Revival chapel built in 1898 and 1899 holds both a Protestant and a Catholic chapel. The large Queen Anne-inspired brick hospital, built in 1890, also remains, although it is vacant and in poor condition. Twelve of the buildings constructed between 1900 and 1917 are on site, including a barn, four Queen Anne-style residences, an engineering building and engineering shops, and the 1915 Prairie-style Carnegie library. Due to declining enrollment, construction during this period was limited. Buildings remaining from the years 1918 to 1930 include six Colonial Revival duplexes built from 1921 to 1923 and three Georgian Revival hospital ward buildings built under the Treasury Department using standardized plans in 1928. Alvin Strauss, a Fort Wayne, Indiana architect, designed a hospital annex. These facilities were constructed after the Marion Branch's conversion to a neuropsychiatric facility and reflect the need for additional wards and staff housing. The cemetery east of the branch's developed area was established in 1890. The original section was planned in a circular pattern. In the 1920s the cemetery expanded to the north, and this section was developed along a grid pattern.

Post-1930s construction at the Marion Branch includes the mess hall and kitchen built in the late 1930s and added to in the 1950s. The original building is Georgian Revival style with the modern addition on the south and west. The building occupies one of the central ovals directly in front of the hospital. A 1980s era bandstand is located in the second oval, near the site of the original bandstand. The laundry building, originally constructed in 1935, has a number of modern additions and the Indiana SHPO found it to be intrusive to the National Register historic district in 1985. A large water tank tower built in 1956 is just to the south and east of the original barracks area. Major modern construction, including the two-story brick geropsychiatric facility and one-story brick dietetics building, both constructed in 1996, and the 1958 brick four-story Georgian Revival style ward and administration building are clustered at the west end of the campus but are visible from many areas of the historic core.

Two former agricultural use buildings in the northwest corner of the property have been converted to other uses. The 1894 stable, now used for storage, is a simple brick building with a hip roof. The 1905 barn, also brick, has been converted to cemetery administration office space, although the exterior retains most of its original elements. The national cemetery is to the north and east of the campus and is not clearly visible from most of the historic core.

The Marion Branch can be most closely compared to the Western Branch. While the Marion Branch retains a significant number of buildings representing the third and fourth phases of NHDVS history, many of its most important resources,

¹¹⁶ Hubbard, 7/3-21, 7/23, 8/15, 8/25; National Cemetery Data, Marion N/C, September 30, 1977;

http://www.cem.va.gov/CEM/cems/nchp/marion.asp; Sarah Leach, electronic mail correspondence, April 25, 2007.

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including the hospital and the barracks, suffer from the removal of architectural elements such as dormers, chimneys, cupolas and particularly the very prominent porches which played an important role in the social lives and well-being of the members. Comparatively, the buildings in the Western Branch retain a significantly higher degree of integrity, and are in better condition. In addition, the location and visibility of post-1930s construction, including large psychiatric care units at the western edge of the historic core and the 1930s-era dining building in the central circle area, constitute significant intrusions at the Marion Branch. The Department of Veterans Affairs has plans to demolish several buildings on campus in 2011, and has met all necessary federal and state requirements. To be removed are buildings 13, 19, 20, 21, 22, 62, 121, 122, 135 and 140. 117 Therefore, the Marion Branch does not represent an outstanding example of the NHDVS program and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Danville Branch, Danville, Illinois

The last of the four branches built in the late nineteenth century, the Danville Branch opened in 1899. It is distinguished from its contemporaries by the formality of its landscape and architecture. The property was listed on the National Register of Historic Places in 1992.

The Danville Branch exemplifies the transition from the early NHDVS goal of providing a restful home to a focus on medical and residential care during the third and fourth phases of NHDVS history. The landscape is much more formal than picturesque, focusing on the distinctive circular central core. Of the ninety-one buildings and structures at the branch, thirty-one that are associated with the NHDVS remain. These include ten of its original fifteen Georgian Revival brick barracks, later referred to as treatment wards. Other important resources in the central core include a warehouse, staff quarters, a chapel, mess hall and greenhouse. The row of five Georgian Revival residences south of the barracks circle remains along the tree-lined street. The cemetery, with its monument and concentric road system with radiating connecting roads also remains, and continues to present a strong visual balance to the barracks circular core. However, the demolition of five barracks within the circular core strongly disrupts the original formal plan. The original hospital, administration building, theater and canteen are gone, and Lake Clements has been drained and replaced by a golf course. As part of a WPA project in the 1930s, the porches on many of the barracks were removed or enclosed. ¹¹⁸ In addition, extensive infill of post-1930s Veterans Administration construction southeast of the circular barracks core area further disrupts the property's cohesiveness. Because of the loss of resources and the post-1930s intrusions, the Danville Branch is not considered an outstanding example of the history of the NHDVS and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Bath Branch, Bath, New York

The NHDVS Board of Managers established the Bath Branch at the site of a New York state soldiers' home in mid-1929, shortly before the creation of the Veterans Administration and the termination of the NHDVS as a distinct entity. The NHDVS obtained a ten-year lease on the property, repaired many of its buildings, and enrolled a few hundred members there just months before the system was incorporated into the Veterans Administration and the Board of Managers dissolved. Of the sixty-three buildings and structures on the property, thirty-one pre-date 1930, along with the cemetery, landscape and several small-scale features. The majority of the state soldiers' home resources survive at the north end of the campus, with newer construction generally located to the south and east. This includes a 1938 Veterans Administration hospital south of the central lawn, and a domiciliary and recreation building built to the east of the lawn. The staff housing survives across the Conhocton River to the southeast. Despite the relative intactness of the site, the Bath Branch has a very brief history as an NHDVS facility and its architecture does not reflect NHDVS policy or management and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

¹¹⁷ Sam Elkins, VA Northern Indiana Health Care System Engineering Technician, electronic mail correspondence to Dena Sanford, National Park Service, November 8, 2007.

¹¹⁸ "History of Veterans Administration Hospital, Danville, Illinois," *The Bulletin*, Veterans Hospital, Danville, Illinois, Special Edition (April 30, 1965), 3.

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