## 1. NAME OF PROPERTY

Historic Name: Central Branch, National Home for Disabled Volunteer Soldiers/Dayton Veterans Administration Home

Other Name/Site Number: Central Branch National Asylum for Disabled Volunteer Soldiers, 1867 to 1873; Central Branch National Home for Disabled Volunteer Soldiers, 1873 to 1930; Dayton Veterans Administration Home, 1930 to 1946; Dayton Veterans Administration Center, 1946 to 1989; Dayton Department of Veteran Affairs Medical Center, 1989 to present.

Designated a National Historic Landmark by the Secretary of the Interior, October 16, 2012.

## 2. LOCATION

Street & Number: 4100 W. 3rd Street Not for publication: N/A

City/Town: Dayton Vicinity: N/A

State: Ohio County: Montgomery Code: 113 Zip Code: 45428

## 3. CLASSIFICATION

| Ownership of Property | Category of Property |
|---|---|
| Private: | Building(s): |
| Public-Local: | District: X |
| Public-State: | Site: |
| Public-Federal: X | Structure: |
| | Object: |

Number of Resources within Property

| Contributing | | Noncontributing | |
|---|---|---|---|
| buildings | 45 | buildings | 18 |
| sites | 2 | sites | 0 |
| structures | 3 | structures | 3 |
| objects | 1 | objects | 0 |
| Total | 51 | Total | 21 |

Number of Contributing Resources Previously Listed in the National Register: 52

Name of Related Multiple Property Listing: *United States Second Generation Veterans Hospitals*

## 4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this ___ nomination ____ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ____ meets ____ does not meet the National Register Criteria.

Signature of Certifying Official Date

State or Federal Agency and Bureau

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

Signature of Commenting or Other Official Date

State or Federal Agency and Bureau

## 5. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is:

___ Entered in the National Register
___ Determined eligible for the National Register
___ Determined not eligible for the National Register
___ Removed from the National Register
___ Other (explain): _____

Signature of Keeper Date of Action

## 6. FUNCTION OR USE

| **Historic:** | **Sub:** |
|---|---|
| Health Care | Hospital |
| Domestic | Institutional Housing, Sanitarium |
| Funerary | Cemetery |

| **Current:** | **Sub:** |
|---|---|
| Health Care | Hospital |
| Domestic | |
| Recreation and Culture | |
| Funerary | Cemetery |

## 7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: Late Victorian/Gothic/Italianate, French 2nd Empire, Colonial Revival/20th Century, Classical Revival, Queen Anne, California Bungalow, Georgian Revival, Italianate, and Georgian Colonial.

MATERIALS:

| | |
|---|---|
| Foundation: | Stone and Brick |
| Walls: | Brick, Wood/weatherboard, Stone, and Slate |
| Roof: | Tin, Slate, Asphalt Shingle, Wood |
| Other: | Asbestos siding |

**Summary Statement of Significance**

The Central Branch, National Home for Disabled Volunteer Soldiers (NHDVS)/Dayton Veterans Administration Home (VAH) is nationally significant under NHL Criterion 1 as a representation of the evolution and shift in Federal care for veterans starting during World War I (1917). The site illustrates the end of the era of veterans care under the National Home for Disabled Volunteer Soldiers model and the consolidation of veterans' benefits with the establishment of the Veterans Administration (VA) in 1930. The Central Branch, NHDVS/Dayton VAH represents not only a transitional period in veterans' care from the era of NHDVS facilities into modern VA facilities during the pre- and post- World War periods but also the rebuilding of veterans care based on modern medical standards that met the needs of returning war veterans. World War I and II placed an increased demand on the services provided to war veterans that ultimately resulted in the evolution and modernization of VA facilities and the organization itself.

**Describe Present and Historic Physical Appearance.**

The present-day Dayton Department of Veterans Affairs Medical Center (DVAMC) is located approximately three miles west of downtown Dayton, in the southwestern portion of Ohio. The greater DVAMC complex is bounded to the north by West 3rd Street, to the east by South Gettysburg Avenue, to the south by U.S. Route 35, and to the west by Liscum Drive. The proposed NHL boundary for the Central Branch, NHDVS/Dayton VAH encompasses the north, east, and south boundaries of the DVAMC and National Cemetery property; a nine-story Patient Tower (building 330) and adjoining buildings constructed between 1980 and 1992, adjacent parking areas, and immediate surrounding landscape (including the retention pond to the south), are excluded from the proposed NHL boundary. The NHL boundary of the Central Branch National Home for Disabled Volunteer Soldiers/Dayton Veterans Administration Home is similar to that provided in the 2004 National Register of Historic Places Registration Form, with the modern Patient Tower and associated buildings located outside the district.

As one of the three earliest campuses established by the National Home for Disabled Volunteer Soldiers (NHDVS) Board of Managers (Dayton—Central Branch; Milwaukee—Northwestern Branch; and Togus, ME—Eastern Branch), the Central Branch (as it was originally named) grew to serve the largest population of any of the branches. Commencing operations in 1867, the Central Branch became the administrative center for the NHDVS from 1916 until 1930 and also served as the Central Depot for the entire system. Listed in the National Register of Historic Places in 2004 for its state and national significance, the Central Branch's history is integral to the early NHDVS story. However, because certain architectural and associated landscape elements that specifically reflect that earlier period have been altered, modified, or removed over time, the campus fails to convey the early phases of NHDVS history; other campuses have a better-preserved collection of early NHDVS resources. However, Dayton provides a unique insight into the NHDVS's subsequent transition into the pre- and post-1930 Veterans Administration (VA), and the institution's continued evolution into post-World War II modernization of medical and domiciliary functions.[1]

The Central Branch, NHDVS/Dayton VAH is composed of residential, medical, administrative, and support buildings that date to the 1867–1930 NHDVS period, as well as the subsequent post-1930 Veterans Administration period. In addition to the wide range of buildings and structures that represent this history,

[1] Suzanne Julin, *National Home for Disabled Volunteer Soldiers: Assessment of Significance and National Historic Landmark Recommendations* (National Council on Public History and National Park Service, 2007), 72-73. The study was completed as a cooperative agreement between the National Council on Public History and the National Park Service, Midwest Regional Office (modifications have been made in the preparation of this nomination).

notable extant landscape features include the natural grotto and springs, associated arch structure, stone walls, Swan House, and two man-made lakes. Also extant is the distinctive curvilinear road/circulation system in the eastern portion of the campus that has endured over the entire period. The approximately 98.2-acre National Cemetery defines the entire northern portion of the historic district. Character-defining features within the cemetery include the overall spatial organization, road layout, 1873 Soldier's Monument, several plaques, tablets and cannon, and a remnant tunnel entrance (currently walled-off and inaccessible). The North Shelter, which lies adjacent to the entrance to the cemetery at the intersection of W. 3rd Street and S. Gettysburg Avenue, was the original gatehouse entrance to the property and is one of the oldest surviving buildings in the district (the other being the Home Chapel).

The topography of the Central Branch, NHDVS/Dayton VAH is characterized by a gradual slope that rises upward from the lower elevations at the district's eastern/southeastern section along Tennessee Avenue to the intersection with Pennsylvania Avenue, and further westward into the majority of the district. Reflecting the original planning intent, the core of the historic district is situated along this site originally characterized as "a beautiful elevation, overlooking the city of Dayton and the Miami Valley for several miles…."[2] The once-expansive historic viewshed from this higher elevation has changed quite dramatically over time with the gradual encroachment of adjacent urban neighborhoods and the incursion of major traffic corridors such as U.S. Route 35. However, Dayton had become a major urban center by the early twentieth century and the Central Branch, NHDVS/Dayton VAH was sited within an urban metropolis during its period of significance from 1917–1959.

Little development occurred during the early twentieth century until the construction of a two-wing tuberculosis annex in 1921 and the three-hundred-bed Thomas (tuberculosis) Hospital in 1922 south of campus, as well as additional residential duplexes (known as "Doctor's Row") and nurses' quarters generally located east of the Home hospital (razed in 1942). As of June 30, 1930, Central Branch was 578.87 acres in size; 175 acres of the property was in farmland. The branch held 115 buildings: sixteen barracks (fourteen brick and two frame), nine hospital buildings (eight brick and one frame), and ninety other buildings, thirty of which were brick, five of stone, fifty frame, and five iron and frame. During the 1929-1930 fiscal year a total of 11,513 veterans were cared for at Central Branch.[3]

During the NHDVS period, the lower southeastern portion of the campus adjacent to the main entrance (current Anderson Gate) was characterized by a designed landscape that in many ways resembled a romantic/picturesque Victorian park, replete with manicured lawns, groves of trees, man-made lakes, curvilinear roads and meandering paths, animal enclosures, well-groomed flower beds, and a small enclosed grotto that contained natural springs. An adjacent parade ground, a standard element of nineteenth-century military posts, reinforced the open, broad park-like impression. The Central Branch, NHDVS/Dayton VAH also possessed a conservatory, a deer park, and collections of swans and other birds, wild animals, and alligators. The combination of colorful landscape and exotic creatures helped attract local citizens and tourists to the grounds and innovative businesspeople developed other tourist attractions close to the site. The elaborate landscape during the earlier period served multiple important functions: as a therapeutic environment for the veteran residents (in terms of rest, exercise, labor opportunities, and an opportunity to co-mingle with visitors); as an aesthetic point of pride for both the NHDVS and local Dayton residents; and as a major tourist attraction.[4]

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[2] Patrick J. Kelly, *Creating a National Home*: *Building the Veterans' Welfare State,* 1860-1900 (Cambridge: Harvard University Press, 1997), 111.

[3] Ibid., *Creating a National Home*, 46.

[4] Ibid. Additional description of the Dayton campus during the 1867-1930 period can be found in Jeffrey Hull and Mathew

Although the VA incorporated the NHDVS mission of providing medical treatment and domiciliary care and support to U.S. veterans, the new agency did not fully incorporate NHDVS' holistic approach that included elaborately designed landscapes and farm fields as therapeutic settings. Post-1930 landscapes at individual veteran's campuses, both those pre-existing (NHDVS) and new (i.e., incorporated Veterans Bureau hospital sites and new VA construction), generally transitioned to a more austere, institutional appearance, less characterized by elaboration and ornamentation. Although many of the former NHDVS campuses retained landscape characteristics present during the earlier periods, the large expanses, park-like settings and associated features were gradually phased out and replaced by low-maintenance grounds, manicured shrubs, and smaller scattered flower and vegetable gardens. Despite this national trend, Dayton retained many of its notable earlier elements. The stylistically-varied, unique architecture so prevalent in the earlier NHDVS period also gradually transitioned to a more defined, regionally representative approach to VA architecture.[5]

Following the 1930 consolidation of the NHDVS, Bureau of Pensions, and the Veterans Bureau into the Veterans Administration, various changes occurred on the Dayton campus that led to the loss and/or demolition of earlier buildings, the renovation and modernization of existing facilities, and construction of new buildings that continued to provide quality care and services for veterans. After the 1930 transition, the Dayton VA Home (as it was then known) modernized its operations while retaining various buildings and objectives from its lengthy period as one of the eleven NHDVS properties. Many of the original buildings from the Central Branch era were demolished during this period, and modern buildings reflecting more current policies were erected to care for veterans. A total of fourteen NHDVS-era buildings were removed and subsequently the physical character of the Dayton Home changed appreciably.

Appropriations for the construction work that the Dayton VA Home received during this time derived in part from the Economy Act of 1933, various congressional Hospital Construction Acts related to the National Homes, and the Public Works Administration (PWA) Appropriations Act of 1938. A number of substantial NHDVS-era buildings were considered out-of-date and unsuitable by the 1930s and were therefore torn down during this period. Many of the original wood-frame barracks that had been sited immediately west of the parade ground were declared unfit for the continued use of veterans and thus demolished: Company A Barracks, Company 4 Barracks, Company 5 Barracks, and Company 14 Barracks. Also, the original mess hall and a brick civilian quarters facing Connecticut Avenue were torn down. Only Barracks 1 and 3 (current Buildings 401 and 402) were spared. The original supply building, constructed ca. 1886, burned in 1932 and was replaced in 1933 with a modern building of Neo-Classical Revival design on the same foundation. This building (#126), used as a supply warehouse and fiscal offices, is located west of the Catholic Chapel.[6]

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Jeffery, "Central Branch, National Home for Disabled Volunteer Soldiers" National Register of Historic Places Registration (NRHP) Registration Form (Washington, DC: U.S. Department of the Interior, National Park Service, 2003) Section 7; J. C. Gobrecht, *History of the National Home for Disabled Volunteer Soldiers: With a Complete Guide Book to the Central Home, at Dayton, Ohio* (Dayton: United Brethren, 1875); George L. Cutton, *The National Military Home: Eighty Three Years of Service to Veterans* (Dayton, OH: Vernon Roberts Post 359, 1951); Julin, *National Home for Disabled Volunteer Soldiers.*

[5] Veterans Administration and The National Building Museum, *The Nation Builds for Those Who Served: An Introduction to the Architectural Heritage of the Veterans Administration* (Washington, DC: National Building Museum, 1980). As noted in the National Register of Historic Places Multiple Property Documentation Form, "United States Second Generation Veterans Hospitals," Trent Spurlock, Karen E. Hudson, and Craig A. Potts, 2011, certain types of veterans hospital campuses built between the late 1920s and 1950 (particularly neuropsychiatric hospitals), displayed many of the landscape qualities found at the NHDVS campuses: water features, larger campus setting, winding drives, use of natural topography, etc.

[6] "Many Familiar Buildings at Soldiers Home to be Razed in Construction Program," *Dayton News* (February 2, 1936); Cutton, *National Military Home*; *VA Annual Report 1934*, 31-38; "Million-Dollar Construction Program at Military Home Nearly Completed; Plan Other Extensive Improvements," *Dayton Journal-Herald,* December 10, 1939.

Continual and updated state of the art domiciliary, general, and surgical care for men and women was the main objective of the Home at this time, made manifest through the construction programs that took place throughout the 1930s. Dedicated in June 1931, Brown Hospital replaced the original NHDVS Home Hospital which had remained in use as an additional domiciliary building until it was destroyed by fire and razed in 1942. Located in the elevated western portion of the campus, Brown Hospital was similar to Thomson Hospital in its layout, a modified block or "H" plan with the administrative, central offices fronting the overall complex. The major difference between the two was that Brown Hospital was a large multi-story complex with the two north/south wings composed of seven stories each. Stylistically, it was a red brick Classical Revival carried out in the standard federal public buildings architecture common at this time (various examples appearing nationally and on a grand scale under the Office of the Supervising Architect of the Treasury Department).[7]

The most extensive period of tear-downs, building rehabilitations and new construction at the Dayton VA Home occurred between 1936 and 1940. New construction started in 1937 and continued through 1940, included the Colonial Revival Administration Building (Building 115), the Georgian Revival Miller Cottage, a 34-bed female dormitory (Building 400), two Colonial Revival male domiciliary barracks (Buildings 409 and 410), and a Colonial Revival mess hall with adjoining kitchen (Building 411) were erected to provide better care for residents of the home. The Administration Building took over the function of the original headquarters (Building 116). Patrick Hospital, (Building 302), was originally built as an additional domiciliary, but in keeping with the trend at the time to focus more on modernization of medical facilities it was converted to a hospital in 1950.

Other post-1930 changes to the Dayton VA Home include the loss of the 1880 commissary building in 1932 to fire, and removal of the remaining 1880s-era barracks replaced by the buildings described above. A recreational building was added in 1959 to complete the quadrangle in this historic core area. Nurses' cottages and a hospital annex were also removed, and the National Cemetery expanded into the area previously occupied by those buildings. The visually dominant 1880 Second Empire Memorial Hall, centrally located at the top of the hill, was also demolished, as was the Central Branch Hotel (located downslope towards the front entrance) and the Conservatory, eventually torn down in the 1970s.[8]

The loss of the earlier buildings, in conjunction with the major 1930s building program, while greatly reshaping the appearance of the Dayton campus, served to continue the original objective of the NHDVS to offer services and facilities that provided medical, surgical, and domiciliary care to veterans, albeit with a renewed focus on modern treatment and at a decidedly larger scale. The original NHDVS-era layout and organization of the campus was quite distinctive with the entry experience originating in the eastern portion leading through the informal park-like landscape area immediately adjacent to the large parade ground. The western edge of the parade ground, defined by the linear north-south alignment of Ohio Avenue, bordered the most dense, formal grid-type core barracks area, with a second cluster of administrative buildings, chapels, commissary and the dominant Home Hospital to the north/northwest. With the construction of the imposing Brown Hospital on the far western edge of the campus in 1931, the loss of the commissary in 1932, the infill of newer administrative and domiciliary barracks in the core area in the late '30s and the subsequent loss of the Home Hospital in 1942, the spatial organization of the campus took on a more distinctly east-west alignment. In 1981, a single story pod-configuration domiciliary was built on the former sweeping parade ground, obscuring one of the landscape

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[7] Cutton, *National Military Home*; Jacque B. Norman, "Hospital Branches of the Tree of Architecture," *Modern Hospital* 67 no. 1 (July 1946): 72-73; "New Military Home Hospital," *Dayton News*, March 6, 1930; For more on the Federal Public Buildings Program see: Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office* (New York, Oxford University Press, 2000), 237-248.

[8] Julin, *National Home for Disabled Volunteer Soldiers,* 73.

focal points and significant features of the former Central Branch. A new Inpatient Tower and associated medical/clinical complex was developed on the west side of the campus in the late 1980s and 1990s, replacing Brown Hospital. Dwarfing in size the previous building, it is visible from the historic core. The construction of these two modern facilities further reinforced the east-west alignment of the campus established in the 1930s.

Throughout the last 50 years, in an ongoing quest to continuously modernize and provide the most innovative and comprehensive level of health care for veterans, the Dayton campus has undergone additional changes to its landscape. The construction of the modern domiciliary building 320 (nursing home) in 1981 on the former site of the parade ground substantially impacted the overall spatial organization of the site and the historic character of the entry experience passing through Anderson Gate, and beyond. The construction of U.S. Highway 35 siphoned-off several acres in the southeastern corner of the campus, including one of the lakes and a portion of the original NHDVS-era park setting. Finally, the major construction project involving the imposing modern Patient Tower (330 and associated buildings) on the highest elevation of the property, although proposed to be located outside the boundaries of the district, significantly impacts the viewshed in that direction. These changes to the physical landscape in total, however, do not significantly compromise the overall historic character. The "framework" of the landscape remains, including: the majority of the road system, the two remaining lakes and adjacent "grotto springs" and arch; the relationship of private living spaces for Home/VA upper staff located to the west; the core placement of domiciliaries towards the center of the property; and the relationship of medical facilities removed from these living spaces. The open, verdant character that greets the public at the southeastern portion of the property is readily identifiable along with a variety of mature trees, both individually and in clusters. The current landscape that incorporates critical character-defining features in conjunction with more modern aspects reflects the progression of the Dayton VA Medical Center from its beginnings as an NHDVS home into the twenty-first century and beyond.

Dayton National Cemetery is one of 11 Federal cemeteries associated with the National Home for Disabled Volunteer Soldiers. The management of these cemeteries was transferred from the National Home for Disabled Volunteer Soldiers to the newly created Veterans Administration in 1930. These cemeteries remained the responsibility of the respective Veterans Administration facility until 1973 when they were transferred to the Veterans Administration National Cemetery System along with more than 80 U.S. Army cemeteries. Today, Dayton National Cemetery is one of 120 national cemeteries and 33 soldiers' or Confederate lots managed by the National Cemetery Administration, Department of Veterans Affairs. Although the site was technically established as a national cemetery in 1973, the first burial occurred here in 1867 and therefore the actual date of establishment is concurrent with that of the Central Branch.[9]

The Office of the Quartermaster General spent the five years following the conclusion of the Civil War, 1865–1870, locating the remains of Union troops where they had been hastily buried in the wake of battle. Then came the grisly task of gathering up and transporting them to the site of a permanent and consolidated resting place, new cemeteries placed strategically throughout the theater of war—especially the Southeast. The locations for other cemeteries resulted from the proximity of major battles, hospital deaths, and depots that facilitated transportation. After reinterment, the most immediate modifications to the cemeteries were simple but impermanent. Wooden picket fences painted white enclosed the cemeteries and a modest two-room dwelling built of wood housed the superintendent, and wooden headboards were painted white with black lettering. In 1870, the Army designed and initiated the construction of dozens of brick or masonry lodges, all in a Second French Revival style, with brick and stone enclosure walls and cast- and wrought-iron gates at the entrances. These features were well underway by the mid-1870s when government officials finally determined the form of

[9] Information previously documented in Hull and Jeffrey, "Central Branch, NHDVS," NRHP Form, Section 8, pp 29-34.

permanent marble headstones for the graves, which would be produced toward the end of the decade and into the next.[10]

Of the nearly 253,000 estimated Union dead in need of grave markers after the Civil War, about 105,000 were for unknowns—individuals whose identities were lost shortly after their death or during the process of being relocated because of a lack of protocol. More than seven years of debate over headstone design and material included serious study of a cast-iron model that was eventually rejected as both unattractive and impermanent. The *unknown* soldiers' graves were marked with a 6" x 6" marble block that extends 30" deep, identified with only a grave number. The markers of the *known* dead—marble uprights measuring 12" high (exposed above ground) x 10" wide x 4" thick with a slightly rounded top—were inscribed with a recessed Federal shield in which the name, rank or affiliation appeared in relief. Regular Army and the African-American United States Colored Troops would have "USA" or "USCT" inscribed rather than state information, and men were considered to be the rank of private if no other information was available, and "PVT" was not expected to be included in the inscriptions. Abbreviations such as this were necessary due to limited space but were also intended to be understood by the general public. The only major new form of headstone was introduced in 1906 when legislation passed permitting the burial of Confederate veterans in national cemeteries, their graves to be marked by a pointed marble headstone. In the early twentieth century, the upright headstone grew slightly in size and the incised shield was omitted; flat bronze and marble markers, as well as columbaria niche covers were introduced much later.[11]

Of the fifty-seven buildings on campus, twenty-eight survive (twenty major) that were constructed under the oversight of the NHDVS Board of Managers between 1867 and 1930. Major surviving buildings and features include the Gothic Revival Gatehouse (a.k.a. North Shelter), the Gothic Revival Home Protestant Chapel, the Gothic Revival Catholic Chapel, the Second Empire Headquarters/Administration Building, the Flemish Putnam Library, two Classical Revival-style domiciliary barracks (on the site of the earlier frame Italianate barracks), the Renaissance Revival Clubhouse, and the Stick-style Swan House gazebo. Another eighteen buildings represent the subsequent 1930-1959 VA period and the historical association with the establishment of the Veteran's Administration and Dayton's continued role in the modernization and evolution of care and treatment of our nation's veterans.[12]

Despite these losses and changes over time, the Dayton VA Historic District possesses an impressive array of buildings, structures, and landscape features, along with the overall circulation system and spatial organization, representing each identified phase of its broad history, with the largest percentage of buildings dating to the 1930-1959 period. Certain landscape elements dating to the NHDVS period have been lost, including the parade ground, greenhouses, flower gardens, and working farms once located on the periphery of the campus, but the integral area adjacent to and surrounding Anderson Gate remains much as it appeared in that earlier timeframe.

The Central Branch, NHDVS/Dayton VAH contains a total of 51 contributing resources: 45 buildings, 3 structures, 2 sites and 1 object. Thirteen of the 21 noncontributing buildings and structures were constructed subsequent to the defined period of national significance from 1917 to 1959 and do not contribute to the historic significance of the campus. As mentioned previously, the 1992 Patient Tower (Building 330) and associated buildings are not included within the campus boundaries, and the Domiciliary (Building 320) constructed in 1981 on the original location of the parade ground and situated within the boundary, is considered

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[10] Ibid.

[11] Record of the Quartermaster General, entry 576, box 75; Record of the Quartermaster General, entry 225, box 17.

[12] Julin, *National Home for Disabled Volunteer Soldiers,* 73-74; Hull and Jeffery, "Central Branch, NHDVS," NRHP Form, Section 7 describes the existing buildings.

noncontributing. The remaining noncontributing buildings and structures located throughout the campus do not seriously detract from the overall historic character.

The Dayton VA Historic District reflects the broad evolution of architecture, policies, and attitudes regarding veterans' benefits that directly influenced the development of a national system of veteran health care in the United States. The Central Branch, NHDVS/Dayton VAH retains resources reflecting earlier periods as well as more modern facilities, exhibiting the continuous, comprehensive evolution of the entire history of patient care at the Dayton VA Medical Center. The Central Branch, NHDVS/Dayton VAH possesses the high level of integrity required to illustrate the history, evolution, and continuum of veteran care beginning with the association with and incorporation of the NHDVS, through the transitional period reflected by the creation of the Veterans Bureau, and finally the consolidation of veterans services into a single entity, the Veterans Administration—the modern, innovative agency we know today.

The following description of resources is generally organized by building numbers assigned by the Veterans Administration/Department of Veterans Affairs. In some instances, the VA uses the word "Building" for resources that are identified in this nomination as structures.

## RESOURCE DESCRIPTIONS

Two groupings of buildings/sites/structures/objects are included below: those associated with or within the boundary of the National Cemetery property, and those associated with or within the boundary of the VA Medical Center property. Two tables follow. The first contains a complete listing of all extant resources contributing and noncontributing in numerical order. The second table contains a chronological listing of all extant contributing resources. Following the table are detailed descriptions of all extant resources. The order in which the buildings are described follows the building numbering system used by the Department of Veterans Affairs, except for sites (which are designated S#) and objects (which are designated O#). The historic name is listed with the current name (or status) following in parentheses. The date of the building's construction and its status as contributing or noncontributing is noted in the detailed descriptions. The relevant photograph number is also included, and uses the same numbering system as the resource number. Buildings are identified on the site maps using the Department of Veterans Affairs building numbers, except as noted above.

## Extant Contributing and Non-Contributing Resources

### National Cemetery Property

| Number | Contrib./ Non-contrib. | Date of Constr. | Resource Type | Historic Name/Use | Current Use |
|---|---|---|---|---|---|
| 1301 | NC | 1982 | Building | NA | Cemetery Administration Building |
| 4801 | NC | 1982 | Building | NA | Committal Shelter |
| S1 | C | 1867 | Site | Dayton National Cemetery | Same |
| O1 | C | 1873 | Object | Soldier's Monument | Same |

### VA Medical Center Property

| Number | Contrib./ Non-contrib. | Date of Constr. | Resource Type | Historic Name/Use | Current Use |
|---|---|---|---|---|---|
| 101 | C | 1868 | Building | North Gatehouse | Shelter |
| 102 | NC | 1939 | Building | Fire Station | Same |
| 105 | C | 1917 | Building | Train Depot/Bus Waiting Shelter | Unoccupied |
| 106 | C | 1942 | Building | Gas Meter House | Same |
| 111 | C | 1895 | Structure | Swan House (Open Gazebo) | Same |
| 113 | NC | 1871 | Structure | Bandstand | Same |
| 115 | C | 1937 | Building | Administration Building | Nursing Education |
| 116 | C | 1871 | Building | Headquarters | Unoccupied |
| 118 | C | 1870 | Building | Home Chapel | Protestant Chapel |
| 119 | C | 1898 | Building | Catholic Chapel | Same |
| 120 | C | 1880 | Building | Quartermaster / Patient Library | American Veterans Heritage Center, Inc. |
| 126 | C | 1886 | Building | Supply and Fiscal Offices | Same |
| 127 | NC | 1921 | Building | Canteen/ Post Office | Police Service |
| 128 | C | 1940 | Building | Engineering Office | Same |
| 128A | NC | unknown | Building | Storage Shed | Same |
| 129 | C | 1881 | Building | Clubhouse | Storage |
| 131 | NC | 1971 | Building | Transportation Building | Same |
| 133 | NC | 2003 | Structure | Water Tower | Same |
| 135 | NC | 1883 | Building | Boiler House | Maintenance Storage |
| 137 | NC | 1891 | Building | Boiler House | Maintenance Storage |
| 138 | NC | 1891 | Building | Shops | Storage |
| 139 | C | 1942 | Building | Grounds Storage | Same |
| 141 | C | 1950 | Building | Transformer Vault | Same |
| 143 | C | 1957 | Building | Laundry | Same |
| 147/152 | NC | 1962 | Building | NA | Boiler Plant |
| 149 | NC | 1962 | Building | NA | Gas Recovery |
| 150 | NC | 1962 | Building | NA | Pipe Storage |
| 151 | NC | 1962 | Building | NA | Building Maintenance |
| 154 | NC | 1962 | Building | NA | Engineering Storage |
| 161 | NC | 1962 | Building | NA | Storage |
| 209 | C | 1921 | Building | Eleven-car Garage | Same |
| 210 | C | 1921 | Building | Duplex Quarters | Unoccupied |
| 211 | C | 1921 | Building | Duplex Quarters | Unoccupied |
| 212 | C | 1921 | Building | Duplex Quarters | Unoccupied |
| 213 | C | 1923 | Building | Duplex Quarters | Unoccupied |
| 214 | C | 1923 | Building | Duplex Quarters | Unoccupied |
| 220 | C | 1885 | Building | Employee Housing | Hospitality House |
| 221 | C | 1876 | Building | Chaplain's Residence | Unoccupied |

| Number | Contrib./ Non-contrib. | Date of Constr. | Resource Type | Historic Name/Use | Current Use |
|---|---|---|---|---|---|
| 222 | C | 1936 | Building | Garage | Storage |
| 223 | C | 1936 | Building | Garage | Storage |
| 225 | C | 1870 | Building | Liberty House / Treasurer's House | Officers' Quarters |
| 226 | C | 1872 | Building | Freedom House/Staff Duplex | Administrative Offices and Conference Center |
| 227 | C | 1936 | Building | Garage | Storage |
| 228 | C | 1870 | Building | Shelter | Storage |
| 302 | C | 1940-50 | Building | Patrick Hospital | Same |
| 305 | C | 1959 | Building | Recreation Building | Same |
| 305A | NC | 1962 | Building | Enclosed Corridor | Same |
| 305B | NC | 1962 | Building | Enclosed Corridor | Same |
| 306 | C | 1959 | Building | Sun Pavilion | Same |
| 320 | NC | 1981 | Building | Domiciliary | Domiciliary/Nursing Home Complex |
| 324 | NC | 1989 | Building | Backflow Preventer | Same |
| 400 | C | 1937 | Building | Miller Cottage | Same |
| 401 | C | 1899 | Building | Domiciliary Barracks | Day Care |
| 402 | C | 1900 | Building | Domiciliary Barracks | Army Reserve/Unoccupied |
| 408 | C | 1903 | Building | Domiciliary Dining Hall | Administrative Offices/ Wellness Center |
| 409 | C | 1940 | Building | Domiciliary | Unoccupied |
| 409A | C | 1940 | Building | Enclosed Corridor | Same |
| 410 | C | 1940 | Building | Domiciliary | Domiciliary Care and Outpatient Mental Health |
| 411 | C | 1940 | Building | Domiciliary Dining Hall | Nutrition & Food Service |
| 411A | C | 1940 | Building | Enclosed Corridor | Same |
| 412 | C | 1902 | Building | Domiciliary | Halfway House |
| T-26 | C | 1947 | Building | Nursing Staff Housing | Transportation Storage |
| T-34 | C | 1947 | Building | Nursing Staff Housing | Grounds Storage |
| T-38 | C | 1947 | Building | Nursing Staff Housing | Warehouse Storage |
| T-39 | C | 1947 | Building | Nursing Staff Housing | Grounds Storage |
| S2 | C | 1868 | Site | Landscape/Grotto Springs | Same |
| N/A | C | 1904 | Structure | Anderson Gateway | Same |
| N/A | C | 1900 | Structure | Grotto Arch | Same |
| N/A | NC | ca. 1871 | Structure | Funerary Tunnel | Unused/Inaccessible |

## Extant Contributing Resources within the Period of Significance (Chronological Listing)

| Date of Constr. | Resource Type | Number | Historic Name/Use | Current Use |
|---|---|---|---|---|
| 1867 | Site | S1 | Dayton National Cemetery | Same |
| 1868 | Building | 101 | North Gatehouse | Shelter |
| 1868 | Site | S2 | Landscape/Grotto Springs | Same |
| 1870 | Building | 118 | Home Chapel | Protestant Chapel |
| 1870 | Building | 225 | Liberty House/Treasurer's House | Officer's Quarters |
| 1870 | Building | 228 | Shelter | Storage |
| 1871 | Building | 116 | Headquarters | Unoccupied |
| 1872 | Building | 226 | Freedom House/Staff Duplex | Administrative Offices and Conference Center |
| 1873 | Object | O1 | Soldier's Monument (National Cemetery) | Same |

| Date of Constr. | Resource Type | Number | Historic Name/Use | Current Use |
|---|---|---|---|---|
| 1876 | Building | 221 | Chaplain's Residence | Unoccupied |
| 1880 | Building | 120 | Quartermaster/Patient Library | American Veterans Heritage Center, Inc. |
| 1881 | Building | 129 | Clubhouse | Storage |
| 1885 | Building | 220 | Hospitality House | Employee Housing |
| 1895 | Structure | 111 | Swan House | Same |
| 1898 | Building | 119 | Catholic Chapel | Same |
| 1899 | Building | 401 | Domiciliary Barracks | Day Care |
| 1900 | Building | 402 | Domiciliary | Unoccupied |
| 1900 | Structure | NA | Grotto Arch | Same |
| 1902 | Building | 412 | Domiciliary | Halfway House |
| 1904 | Structure | N/A | Anderson Gateway | Same |
| 1908 | Building | 408 | Domiciliary Dining Hall | Administrative Offices/Wellness Center |
| 1917 | Building | 105 | Bus Waiting Shelter/Depot | Unoccupied |
| 1921 | Building | 209 | Eleven-Car Garage | Same |
| 1921 | Building | 210 | Duplex Quarters | Unoccupied |
| 1921 | Building | 211 | Duplex Quarters | Unoccupied |
| 1921 | Building | 212 | Duplex Quarters | Unoccupied |
| 1923 | Building | 213 | Duplex Quarters | Unoccupied |
| 1923 | Building | 214 | Duplex Quarters | Unoccupied |
| 1933 | Building | 126 | Supply and Fiscal Offices | Same |
| 1936 | Building | 222 | Garage | Storage |
| 1936 | Building | 223 | Garage | Storage |
| 1936 | Building | 227 | Garage | Storage |
| 1937 | Building | 115 | Administration Building | Nursing Education |
| 1937 | Building | 400 | Miller Cottage | Same |
| 1940 | Building | 128 | Engineering Office | Same |
| 1940 | Building | 302 | Patrick Hospital | Same |
| 1940 | Building | 409 | Domiciliary | Unoccupied |
| 1940 | Building | 410 | Domiciliary | Domiciliary Care and Outpatient Mental Health |
| 1940 | Building | 411 | Domiciliary Dining Hall | Nutrition and Food Service |
| 1942 | Building | 106 | Gas Meter House | Same |
| 1942 | Building | 139 | Ground Storage | Same |
| 1947 | Building | T-26 | Nursing Staff Housing | Transportation Storage |
| 1947 | Building | T-34 | Nursing Staff Housing | Grounds Storage |
| 1947 | Building | T-38 | Nursing Staff Housing | Welding Storage |
| 1947 | Building | T-39 | Nursing Staff Housing | Grounds Storage |
| 1950 | Building | 141 | Transformer Vault | Same |
| 1957 | Building | 143 | Laundry | Same |
| 1959 | Building | 305 | Recreation Building | Same |
| 1959 | Building | 306 | Sun Pavilion | Same |

**Detailed Descriptions—All Extant Resources**

**National Cemetery Property**

**Building 1301 Cemetery Administration**

Noncontributing Building

Cemetery Administration, built in 1982, is a one-story building built in the modern style. It is a pre-engineered building with a brick wall and a standing seam metal roof bent to form a wall. Some of the roof area is flat with a built-up system.

**Building 4801 Committal Shelter**

Noncontributing Building

The 1982 Funeral Shelter is outside the period of significance.

**Site 1 Dayton National Cemetery: 1867-1952**

Contributing Site

Dayton National Cemetery was established as the permanent burial site for residents of the Central Branch of the National Asylum for Disabled Volunteer Soldiers in 1867; approximately 52.8 acres were originally allocated for cemetery purposes. The cemetery is a designed cultural landscape composed of 98.2 acres, of which slightly more than 71 acres have been developed.

This area is bounded by Liscum Drive on the west; Brown, Ohio, Pennsylvania and Gettysburg Avenues on the south and east; and West Third Street on the north. The formal entrance to the cemetery is located on West Third Street next to Building 101. There is a network of curvilinear (east side) and orthogonal (west side) interior roads named for states that articulate and access 31 burial sections as well as an administration/maintenance building and two monuments.

The single-most notable cemetery feature is the lofty Soldiers Monument (Object 0), around which are laid out faceted concentric rows of graves. Approximately 35,700 full-casket burials and more than 1,400 in-ground remains are contained in the topography of wide, shallow rolling hills. Scattered trees and vegetation dot the scene which, besides veteran headstones, includes non-military issued grave markers and cast-metal tablets.

The Dayton National Cemetery is one of 21 Veterans Administration cemeteries transferred in 1973 to what was the new Veterans Administration National Cemetery System (now NCA within the Department of Veterans Affairs). The Dayton National Cemetery has been enlarged periodically with transfers of land from the VA Medical Center. In 1976, 17.3 acres were transferred from VHA to NCA in order to enlarge the Dayton National Cemetery; in 1993 another 17.7 acres were transferred from VHA to NCA; and most recently, in 1999, 10.4 acres were transferred from VHA to NCA.

Contributing features in the site include:

1) Bronze plaque affixed to boulder ca. 4’ tall and 4’ wide “Memorial to 33 soldiers of the War of 1812 Buried in this Cemetery...”. Text continues: “Honoring Josephine C. Diefenbach state president

1915-1932. Erected by the Ohio Society United States Daughters of 1812 on the anniversary of Perry's Victory—September 10, 1936." The memorial is located in Section 1 of the cemetery.

2) Two (2) large-wheeled cannons and two (2) smaller fixed cannons located at base of Soldiers' Monument, nineteenth century.

3) Seven (7) *Bivouac of the Dead* verse tablets, ca. 1881-82. Manufactured of cast iron at Rock Island Arsenal, each tablet contains four different lines (a half stanza) from this popular poem, written by Theodore O'Hara to commemorate the losses of a Mexican War battle. Due to public interest, the Army had hundreds of these tablets made and erected in existing national cemeteries; during the twentieth century many have disappeared. Today, Dayton is one of 16 NCA-managed national cemeteries to retain its original *Bivouac of the Dead* tablets.

4) *Gettysburg Address* plaque, ca. 1909. Bronze. The Army placed one of these tablets in all Civil War-era cemeteries to honor the dedication of the first national cemetery by President Lincoln.

The first interment was September 11, 1867: Corporal Cornelius Solly, who served in Co. I, 104th Pennsylvania Infantry (Section A, Row 12, Grave 25). Veterans who served in the Revolutionary War, War of 1812, Civil War, Mexican War, two World Wars, Korean War, Vietnam War and Persian Gulf War are buried here.

These features retain a high degree of integrity of location, design, setting, materials, workmanship, feeling, and association—condition is very good for all. The cemetery retains a very high degree of integrity of location, design, setting, materials, workmanship, feeling, and association—condition is very good.

**Object 01, Soldiers Monument**

Contributing Object

Atop a central mound within the cemetery stands the Soldiers Monument. The cornerstone of the Soldiers Monument was laid on July 4, 1873, and covers a time capsule containing the Bible, Constitution of the United States, photographs, coins, muster-roll of officers and men of the National Home, major newspapers from ten cities, and other historical memorabilia. The Soldiers Monument is comprised of a 30-foot marble column, mounted on a granite base and crowned with an ornamental cap. "To Our Fallen Comrades" is one of the four inscriptions on the base. A Civil War Soldier at parade rest surmounts the marble column. The foot of the column is surrounded on the base by four figures representing the Infantry, Cavalry, Artillery, and Navy.

Benjamin Henry Latrobe designed the column, which previously adorned the façade of the Bank of Pennsylvania. Latrobe is most noted for his work on the White House and the Capitol in Washington, D.C. He is credited with introducing Greek Revival as the style of American national architecture. President Rutherford B. Hayes delivered the dedication address and unveiled the monument on September 12, 1877, with about 25,000 visitors attending the ceremonies. The Central Branch veterans erected the monument as an everlasting symbol of gratitude to those who gave their life in defense of the Union. The monument retains a very high degree of integrity of location, design, setting, materials, workmanship, feeling, and association; condition is very good.

## VA Medical Center Property

### Building 102, Fire Station

Noncontributing Building

The fire station was constructed in 1939. According to the "Agreements License" section of the VA's capital asset inventory, the land belongs to the VA but the fire station is the City of Dayton's. The license reads: "This is a license issued to the City of Dayton for use of land for their Fire Station #17. In exchange for the use of the land, the VA receives free fire services."

The building can be classified as Greek revival and is a two-story-complex of gabled wings constructed of red brick in running bond with header-brick every seventh course, and a full basement. The footprint resembles a squared "A" with the main gabled structure, marking the top of the "A," facing east. The façade faces West 3rd Street to the north. The main gabled structure is wider and more detailed architecturally than the remaining three structures—the two legs and cross-arm of the "A." Two smaller gables, one which projects approximately two-feet to the east completes the footprint. The main building projects approximately ten-feet to the east and contains the fire truck garage. Another smaller gable faces east and is centered in the main structure. The courtyard created by the gabled wings and cross arm of the "A" has been roofed over with a flat roof presumably to create more interior space. All trim is wood painted a cream color. All windows are painted wood.

The detailed façade is marked by wide cornices and cornice returns. The main structure is wrapped with an extended limestone water table below which is another course of header brick. The water table forms the window sills of all windows in this main structure. In two successive four-brick courses below the water table are two courses of half-round brick. To the east, the garage opening is marked with a semicircular brick rowlock arch with an articulated limestone key. Above the doorway centered in the gable, is a roundel surrounded by header brick and four limestone keys in the shape of a cross. Centered in the wall between the garage and the gabled extension to the west is the main entrance. The entrance is marked by a Greek portico with closed pediment, frieze, architrave, and two Tuscan columns pulled away from the façade. The frieze reads "Engine Co. 17" in Engravers' Old English lettering. The door is wood painted dark brown with nine panes in the upper half. Below the windows are horizontal panels. Above the entrance is one of three pedimented dormers with nine fixed lights. Behind the dormer in the ridge is the sole brick chimney with brick corbels below the cap. Flanking the entrance are two one-over-one wood double-hung windows with shaped limestone sills, radial brick in a flat arch, and limestone keys which extend above the arch. The projected gable to the west features three windows on the main floor identical to the two windows flanking the entrance, except that the center window is wider. A fourth window of identical design, but smaller and with nine fixed lights, is centered in the gable in the second floor.

The east wall of the main east structure features four windows symmetrically placed on either side of a main semicircular arched window below the gable. The arched window is constructed with header brick above the springing points with an extended limestone key. A heavy cross rail at springer level separates a multi-light fan from two twelve-light casements. Six fixed panes are below the casements. The windows flanking this arched window are six-light casements above four fixed panes. The headers above the four flanking windows match those previously described. Above the arched window is a roundel matching that above the garage entrance. The gable on the main structure facing south has an identical arched window and roundel. A secondary entrance door matching the main entrance is to the left of this arched window. Four windows matching the flat-arched windows are found in the secondary gabled structure (the right leg of the "A")—three grouped toward the west,

and a fourth closer to the secondary entrance. The roof is shingled with slate and has built-in gutters, copper leader heads, and copper gutters.

The building's exterior retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent. The building is not associated with the Central Branch, NHDVS/Dayton VAH and is therefore considered noncontributing.

**Building 101 North Gatehouse (Shelter)**

Contributing Building

Building 101, constructed in 1868, was originally a gatehouse for Dayton's National Home for Disabled Volunteer Soldiers. It is a Gothic Revival style stone gatehouse with a gabled porch projection facing southeast at the intersection of two main roadways, (Gettysburg Avenue running north-south; West Third Street running east-west). The gatehouse is a single-story building with a basement. It has only one interior room on the main floor. The stone walls support the steeply pitched cross-gabled roof. A projecting gable-roofed porch is attached at the stone wall and is supported by wood posts. The locally-quarried foundation is made of quarry dressed rough-cut gray limestone laid in regular courses. Contrasting, bush-hammered white limestone plinths sit above the foundation. Both northeast and southwest foundations have basement windows covered with decorative wrought-iron grillwork with Gothic motif. A wood, basement access door slants outward and extends from the northwest foundation. At the front entrance is a sidewalk with three concrete steps flanked by iron railing. The main entrance to the building is located under the porch. The porch has a white, wooden entablature supported by two square columns at the front which sweep up forming a Gothic arch set behind the fascia. Chamfered pilasters at the rear of the porch complete its attachment to the stone structure. The building's exterior retains a high degree of integrity of location, design, feeling, association and setting; and moderate degree of integrity of materials, and workmanship. Condition is good. The stone has discolored due to moisture impacts and there appears to be some improper pointing and some stone deterioration.

**Building 105 Bus Stop Shelter/Train Depot (Unoccupied)**

Contributing Building

The bus stop shelter, built in 1917, is oriented north/south with the façade facing east. The one-story building is a symmetrical rectangular shape approximately 15' x 20'. The walls are yellow brick in stretcher bond pattern. The "bonnet" style sweeping dual-pitched, hipped roof is topped with red clay tile. The roof forms wide eave overhangs with exposed rafters beneath, giving the building an Asian influence. Five chamfered wood support braces are placed beneath the eaves supporting the roof on the longer sides, with three on each of the shorter sides. These braces are supported on projecting limestone thrust blocks set into the brick. The building sits on a concrete foundation with no basement. The south façade features an offset door with glass transom above. Windows flank the door providing light to the interior. The windows have been replaced with sheets of Plexiglas. Each opening has flat limestone window sills and headers. At the far right side of the façade, there is a small, half-size window. Windows are all one-over-one wood double-hung. The building's exterior retains a high degree of integrity of location, design, setting, feeling, and association; and a moderate degree of integrity of materials and workmanship. Condition is good to fair.

**Building 106, Gas Meter House**

Contributing Building

This 1942 building is used for gas service off Gettysburg Ave. The square meter house has common red brick walls in common bond and an asphalt shingle hipped roof. The foundation is built of pargeted stone and projects a few inches beyond the brick walls forming a chamfered water table. There is one wood 2 x 2 double-hung wood window in the west wall and a single metal door in the north wall. Soldier coursed brick forms the headers and a projecting brick sill completes the window. The building retains a high degree of integrity of location, design, setting, materials, workmanship, feeling, and association. Condition is very good.

**Structure 111, Swan House**

Contributing Structure

The 1895 Swan House is a small, wooden gazebo-type structure with some structural references to the Stick Style. Twelve square columns support the square-shaped, hipped-roof covered with asphalt shingles. The building is open on all sides. Between the columns are X-shaped decorative wooden braces. From each column a chamfered wood brace extends to the roof's edge. Two black metal railings span between the columns on the waterfront side of the building; single wooden railings flank the other sides with a wide entryway at the back. The Swan House is supported by a concrete and stone foundation. The structure retains a high degree of integrity of location, design, setting, feeling, and association; and moderate integrity of materials and workmanship (primarily because of the addition of non-contemporaneous metal pipe railings). Condition is very good.

**Structure 113, Bandstand**

Noncontributing Structure

The 1871 Bandstand is a highly ornamental structure with hints of the Italianate style that was the centerpiece of the parade ground within the main campus. The Bandstand is located just to the south of the former Headquarters Building (116). Ironwork and wood trim decorate the exterior of the building. The roof is built of sweeping, intersecting cross-gabled elements and is covered in metal. A tall louvered cupola with bracketed, sweeping metal hipped roof and 4-foot wood finial tops the structure at the center of the roof. Sunshades protected band members from the hot sun during afternoon concerts. Gas lighting illuminated the bandstand at night to facilitate nightly concerts during pleasant weather. When Building 320 (Domiciliary) was constructed in 1981, the bandstand was relocated to the northeast edge of the former parade ground. Because it has been moved from its original location and the immediate setting has been severely compromised, the bandstand has lost integrity of location, setting, feeling, and association. Because the parade ground was an integral feature of the bandstand's original usage, and the bandstand has been relocated, it is noncontributing. The structure does retain a very high degree of integrity of design, materials, and workmanship. Condition is very good.

**Building 115, Administration Building (Nursing Education)**

Contributing Building

The 1937 Administration Building is a two-story Neoclassical building with Greek Revival details and a full raised basement. It has brick walls in common bond, the main stories carried by a wide limestone water table. The main entrance is centered on the west wall (façade), within a pedimented and colonnaded portico with four

Doric (Roman) columns, two Doric pilasters, monumental stairs, and architrave-style entrance with swan's neck pediment. The roof is side-gabled with asphalt shingles, cornice eaves, cross pedimented louvered dormers, and a copper-clad louvered cupola on the center ridge. Two large chimneys flank the north and south gables and rise well above the ridge line within broken pediments. Centered on each chimney is a semi-circular fan light. 6 x 6 wood sash double-hung windows adorn the building. The windows on the first and second floors feature limestone sills, slightly projected tooled limestone keystones, and brick jack arch lintels. The windows into the raised basement are also 6 x 6 but are shorter that those on the remainder of the building. Building 115 currently serves as nursing education. Its exterior retains a high degree of integrity of location, design, setting, materials, workmanship, feeling, and association. Condition is very good.

**Building 116, Headquarters/Administration (Unoccupied)**

Contributing Building

The 1871 Headquarters building is a three-story Second Empire style building with a full basement and projecting central pavilion on the façade (south wall). The façade is adorned with a centered Palladian hooded window in the Mansard above the central pavilion's main entrance. The entrance is sheltered by a flat-roofed entrance porch. Originally, porches surrounded the building, and extended out six feet. These porches were removed sometime after 1930. The building exhibits slight projection on the east and west ends forming a very subdued "T" plan. Recessed brick panels with brick pilasters resting on the limestone water table and corbelled brick "brackets" below a brick header, complement the exterior walls. Limestone headers and bracketed sills complete the first-floor windows. All windows are wood 4 x 4 double hung. Most of the windows are coupled on the east and west walls. The main roof is slate, straight Mansard; flat built-up roofing completes the top. The roof eaves and rooftops have molded cornices with dentils and rectangular billet molding below the eave in the frieze. The first floor has a twelve-foot ceiling with ornate tin borders. Administrative offices for the governor, treasurer, secretary, and adjunct were originally located on the first floor. The second floor was originally thirteen feet in height; however a drop ceiling has been installed. The drop ceiling is partly damaged by water. The library comprised the second floor from 1871 until 1891. The headquarters building is currently unoccupied. The building's exterior retains a high degree of integrity of location, design, setting, feeling, and association; and moderate degree of integrity of materials and workmanship—primarily because of the exterior changes. Condition is very good.

**Building 118, Home Chapel (Protestant Chapel)**

Contributing Building

This is the oldest building within the historic district. Construction began in 1868 and the building was dedicated in 1870. The Home Chapel was the first permanent church built by the U.S. Government. The original name, "National Asylum Church for D.V.S." is engraved in stone on the east exterior wall. The building exterior has undergone few changes. Protestant and Catholic services were held in Home Chapel during the early years, until the Catholic Chapel was built. This provided a unique worshiping experience, and harmony among churchgoers who shared the same church. The Home Chapel is a one-story building with a basement. It is Gothic Revival style, with locally quarried grey ashlar limestone walls laid in regular courses. Veterans, many with war injuries, quarried the stones themselves from the Home grounds. The chapel is a model of architectural beauty, commanding a magnificent view of the City of Dayton.

The façade (west wall) features the tower, to the left, and a lower gable which projects west about six feet from the main gable. The peak of this gable is about fifteen feet lower than the main gable. This west gable wall features a trio of coupled Gothic windows with leaded, stained glass—the center window about 2-feet higher

than the two flanking it. Above these windows is a fourth window featuring three leaded, stained glass cinquefoils within a splayed triangular opening. The east (back) wall is adorned with a large three-part gothic leaded, stained glass window in the Flamboyant style—the three coupled Gothic windows topped with leaded, stained glass trefoils. The long (north and south) walls feature six Gothic windows each, with cusped pairs of lancet windows topped with trefoil stained glass windows and a quatrefoil stained glass window at the peak of the main arch. Between each of these windows on the long walls are stepped limestone buttresses with overlapping limestone coping stones at each step. Both major gables are topped with white limestone Gothic cupolas. Contrasting bush-hammered white limestone dresses the buttresses, sills, and tower.

The bell tower with a high spire roof was added in 1876. The tower construction is the same ashlar limestone as the church. At each of the corners are stepped pilasters marking each of the five levels of the tower with overlapped limestone coping stones. Between the fourth and fifth levels is a bush-hammered limestone table. Each of the levels of the tower is marked with a different fenestration or surface detail on all four sides. The lowest level features a Gothic arch opening with a pair of cusped Gothic lancet stained glass windows with quatrefoils in the peak. The second level features a roundel with cinquefoil stained glass windows. The third level features a diamond opening with multifoil stained glass windows. The fourth level features a pair of louvered shutters within Gothic arch openings. The fifth level features clock faces on each of the four sides. The main roof is front-gabled with asphalt shingles and copper gutters. The original shingles were made of slate that featured a cross design. All exterior fenestration is marked with ashlar limestone voussoir arches and smooth limestone sills.

Meneely and Kimberly Foundries, Troy, New York, manufactured the 2,539-pound bell for the tower on May 17, 1876, with the following inscription:

> *1776, Centennial Bell, 1876 Made for the Church of the National Soldiers Home Dayton, Ohio, from cannon captured from the enemy during the War of the Rebellion*

Meneely and Kimberly Foundries is known for its reproduction of the “Liberty Bell” that now hangs in the belfry of Independence Hall in Philadelphia. The replacement for the “Liberty Bell” is also engraved “Centennial Bell.” The bell was cast in June 1876, after the casting of the Home Chapel “Centennial Bell.”

The main auditorium has 17 pews on each side of a center aisle. The altar is separated from the main auditorium by a wooden railing. A large pipe organ is built into the northwest corner next to the altar. The windows are of leaded art glass. The Chapel closed in 1998 due to safety concerns about its floor. Beginning in 2008, efforts were undertaken by the American Veterans Heritage Center to repair the Chapel and reopen it to the public. The building’s exterior retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is very good to excellent. Some ferrous staining below the clock faces is present.

**Building 119, Catholic Chapel**

Contributing Building

The 1898 Catholic Chapel is a one-story building with a choir balcony and a partial basement. The Gothic Revival style building features yellow brick walls in running bond reinforced by stepped buttresses of the same material. These buttresses feature sloped limestone coping stones; two such stones overlap at the tops of the buttresses. The yellow brick walls sit atop a continuous limestone water table, on a regular-coursed ashlar limestone foundation wall. Massing consists of a buttressed north porch, diagonal buttressed bell tower with a broached spire opposite the porch on the south, and symmetrical transepts and apse at the front (east).

The building is front-gabled with cross-hipped roofs over the transepts. Stone finials top the intersection of the hip. The main roof terminates at the east end with a half-pyramidal roof over the apse and lower half-hip roofs over the transepts. This pyramidal roof slopes upward and terminates with a pyramidal louvered cupola. The main gable breaks at the aisle line and terminates with an asphalt shingled roof at a lower slope, creating a dual-sloped gable roof between the transepts and tower/porch. The roofing over the main part of the building and tower is asphalt shingles with metal gutters, downspouts, and cresting. The roofing over the porch is flat, metal standing seam. The lower pyramidal tower roof (which starts the octagonal spire) is standing seam metal. Both the porch and tower have crenellated parapets with limestone coping. Four tall, narrow pointed louvered dormers grace the compass points of the tower spire. The spire terminates with a cross.

The façade (west) gable wall is slightly recessed at the center within a Gothic arch of yellow brick. The arch has a limestone keystone and limestone springers. A continuous limestone band continues outward from the springers to the north and south walls. This recessed wall features three rectangular stained glass windows with a wide limestone lintel which runs the width of the arch at the first floor level. Above these windows is another limestone water table the width of the arch; and above that is a 10-foot diameter stained glass window set within a circle of slightly raised brick the same color as the body of the church. A round painted wood louver set in a roundel of yellow brick sits above the Gothic arch. The gable is topped with a white limestone pediment atop which is mounted a 10-foot tall cross. Both the tower and porch feature paired Gothic-style art glass windows with art glass “lozenges” at the first floor level. The windows are set in blunt Gothic arches with limestone keystones, springers, and sills. The top eight feet of the main brick walls of the tower are cantilevered outward approximately 8-inches on brick corbels. Immediately below the projected upper portion of brick are yellow brick dentils.

The north and south walls of the nave feature four Gothic windows like those in the tower/porch described above. The north and south walls of the transepts feature one similar Gothic window and a double-carved wood door with art glass transom set in the upper part of the arches. Between each of the arched Gothic windows on the north and south walls is a stepped brick buttress similar to those described above. The corners of both transepts have diagonal buttresses. Immediately above the gable roof break, described above, are four pedimented, louvered dormers aligned with the four Gothic windows in the nave.

The east wall of the church features a symmetrically arranged set of openings: single-paneled wood doors with art glass transoms into the transepts; two single Gothic art glass windows in the northeast and southeast walls of the apse; and a circle of brick with inset limestone panel and raised white limestone cross in the east wall of the apse. Each of the doors and windows on the east wall are set within blunt Gothic arches of yellow brick with limestone keys and springers.

On the interior, the ceiling over the nave is broken into five panels. The uppermost panel is flat, parallel to the floor. The subsequent lower panels roughly follow the roof line. Decorative ribbing marks the panel breaks.

Halfway between the Gothic windows in the north and south walls (aligned with the exterior buttresses) are deep beams with decorative ribbing. These beams break along the lines of the ceiling panels, and are supported on stone corbels on the north and south walls.

A magnificent altar is the centerpiece of the Catholic Chapel. The altar was Heinrich Schroeder’s last completed work before his death in 1898. At the west end between the porch and tower, is the choir balcony. The east end of this wood structure is supported on two square wood columns with decorated capitals which break the span in thirds. Two additional pilasters of the same design as the columns, complete the north and south ends. Facing

the balcony on the east are three arched openings delineated in wood. These arches have almost lost the Gothic detailing and are more a cross between a Tudor arch and a primitive (triangular) arch.

On the opposite end, at the transept wall, is another blunt Gothic arch which continues as the ceiling over the apse. Interior surfaces are smooth, painted plaster, and woodwork, and white variegated marble. The building's exterior and interior both retain a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 120, Quartermaster/Patient Library (American Veterans Heritage Center, Inc.)**

Contributing Building

The historic portion of the existing Quartermaster building is a three-story painted brick structure with a full basement and an attic constructed in 1880. The gable walls incorporate Richardsonian details in an ornamented parapet. The roof is gambrel covered with asphalt shingles. These side walls feature ornamented brick chimneys which rise immediately behind the parapets. Two octagonal louvered vents are centered on the roof peak near the middle of the original structure.

In 1891, the building was converted into the Patient Library and two side wings (north and south) were added—creating a T-shaped building. The south wing was expanded in 1904. The roofs over the two wings are hip type, with asphalt shingles. Two modern skylights illuminate the center of the building on the south wing. The third floor is open to the second floor through an open well, which is surrounded by wooden railing. There is a painted brick porch on the south façade resting on a limestone foundation. Most windows are one-over-one double-hung wood.

This building was closed as a library in May 2000 when volunteers were unable to staff it. The building was rededicated on April 10, 2003, by Anthony J. Principi, Secretary, Department of Veterans Affairs, for use by the American Veterans Heritage Center, Inc. The American Veterans Heritage Center, Inc. is the preeminent non-profit organization that advocates for and assists in the preservation and development of the historic district. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 126, Supply and Fiscal Offices**

Contributing Building

Originally constructed around 1886, the Supply and Fiscal Offices building was almost completely burned on March 11, 1932. A major rebuilding took place in 1933 and replaced the old building using the northern half of the original foundation. The three-story Neoclassical building is constructed of orange brick in common bond with an ashlar limestone base. Six-over-six paired wood double-hung windows embellish the third floor. Symmetrical recessed brick indentations mimic third-floor fenestration on the lower and first floor levels. It appears that window openings on these two lower levels were bricked in, but the indented feature is original.

Brick pilasters separate the pairs of windows into groupings of six windows, or window openings, on the long (north-south) walls breaking up an otherwise very long expanse of brick. Windows on the third floor are wood double-hung, six-over-six light with brick lintels and limestone sills. Even though there are no windows on the first-floor level, limestone sills adorn the recessed openings as if there were.

The building is primarily side-gabled, but with a pedimented cross-gable at the center of the long (north-south) axis. Here the building projects outward approximately four feet from the east and west walls. Below this pediment on the west wall (façade) is a double door entrance with ashlar limestone set in a Roman arch. The pedimented main gables feature semicircular attic louvers and the cross gables feature louvered brick rowlock roundel with limestone top, bottom, and side elongated keystones set in a "T."

An interior driveway runs the length of the first floor, partially below grade. A handicapped accessible entrance and elevator at the rear (east side) of the building is an added element, and mostly follow the Secretary of the Interior's Standards (a transparent hyphen would have helped pull the addition away from the historic building). Fire escape stairs were also added to the north and south ends of the building without compromising the integrity.

The roof is comprised of asphalt shingles with gutter and cornice eaves. The building's exterior retains a very high degree of integrity of location, setting, feeling, and association; and moderate-to-high degree of integrity of design, materials, and workmanship (primarily because of the addition). Condition is excellent.

**Building 127, Canteen/Post Office (Police Station)**

Noncontributing Building

The Canteen/Post Office building, built in 1921 is a one-story building with a partial basement. The building is red brick in common bond on a concrete base, with stone coping and hung canopies over two entrances—one on the east and one on the west. The style can be classified as Modern. Currently, the window openings are in-filled with pairs of multi-light fixed aluminum sash windows with painted panels of the same size above. These windows are set at either side of each opening and are surrounded by painted horizontal siding. A few of the window openings are completely in-filled with the siding. The windows were most likely steel sash which would have given the building hints of the International style. The main entrance on the south façade has also been changed. A painted steel door with a square light surrounded by siding has been installed in the very large masonry opening.

The roof is a flat built-up system with parapet of brick and limestone coping. The original entrances and windows have been either altered or removed. The location of the main entrance is marked by a raised parapet over the area.

The building originally housed both the canteen and post office until these functions were moved to Building 305 during the mid-1970s. It functioned for several years as a research facility and currently serves as police service. The building retains a high degree of integrity of location, setting, feeling, and association; and a low degree of integrity of design, materials, and workmanship because of the fenestration changes, which are rather dramatic. Because of the fenestration changes the building is noncontributing.

**Building 128, Engineering Office**

Contributing Building

The 1940 Engineering Office building is a one-story front-facing U-shaped building with a partial basement. It was originally designed to house the paint, carpenter, and machine shops. The low-scaled building is made of orange brick in common bond on a concrete foundation. The building is divided into multiple engineering offices. The roof is cross-gabled with asphalt shingles and metal gutters/downspouts. Windows are wood paired 6 x 6 double-hung. A canopy was built out or enclosed in the central part of the building where the main

entrance is located. Aluminum storefront type windows were installed in this section. Façade (north) gables contain semicircular wood attic louvers formed by a soldier brick arch. The building's exterior retains a high degree of integrity of location, setting, feeling, association; and moderate degree of integrity of design, materials, and workmanship. Condition is excellent.

**Building 128 A, Storage Shed**

Noncontributing Building

A small building located within the center area of the "U"-shaped Building 128, was originally a small storage area for equipment surrounded by a chain link fence. Due to theft concerns, the chain link was faced with a fiberglass corrugated sheeting material, and a roof added. The date of this modification is unknown.

**Building 129, Clubhouse (Storage)**

Contributing Building

The Clubhouse Building, built in 1881, is a two-story Renaissance Revival style building with a full basement, and a partial mezzanine floor. The building has brick walls in running bond with limestone quoins and water table. A wide limestone belt course with centered raised molding marks the floor line between the first and second stories.

The main entrance on the façade (south wall) has an elaborate, arched limestone overdoor with a fleur-de-lis sculpted in relief. Limestone coquillage (sea shell designs) complement this relief. The main entrance also features a wide decorated limestone surround, limestone crown lintel, and diamond lights in the transom.

The second floor windows, immediately below a wide frieze, are colonnaded on all four building sides. Immediately below these second floor windows is a very wide limestone torus molding. All windows on the first and mezzanine floors have limestone sills and limestone headers designed as flat arches with articulated keystones. Mezzanine and second floor windows are single-glazed; windows on the first floor were all 6-over-6 double-hung, but many have been filled in or replaced with modern, inappropriate designs.

The roof is hipped with asphalt shingles, metal gutters and deep eaves; and wide detailed cornice. An exposed steel fire escape is at one side. The building is separated into two sections by a central hallway. The northern section once housed the billiard room that was overlooked by two tiers of galleries, with small rooms that were used for club purposes. Two large halls occupy the southern section of the building. The upper hall was used by veterans' organizations to conduct meetings, such as the Grand Army of the Republic, the Union Veteran League, and the Naval Veterans Association. The lower hall was once known as the Social Hall, and was used by members for visiting, reading, writing, card playing, billiards, and chess.

The building currently serves as storage. Its exterior retains a high degree of integrity of location, setting, feeling, and association; and moderate degree of integrity of design, materials, and workmanship mainly due to fenestration changes. Condition is very good. The building is a handsome design not often seen in settings of this kind.

**Building 131, Transportation Building**

Noncontributing Building

The 1971 Transportation Building is a one-story-bay metal building. Ten-foot high concrete block walls are built inside on the two short ends of the facility. Metal overhead and man-doors and metal windows punctuate the walls. The building does not contribute because it was constructed after the period of significance.

**Structure 133, Water Tower**

Noncontributing Structure

The 2003 water tower replaced an older tower of a different design located near Building 139 at the southwest corner of the property. The older tower was removed. The new tower is of painted steel construction and features a fluted support column with a cylindrical holding tank at the top. The tank tapers down to meet the support structure. The VA's blue logo is painted on the holding tank. The remainder of the structure is painted white.

**Building 135, Boiler House (Maintenance/Storage)**

Noncontributing Building

This building, constructed in 1883, originally served as the boiler house and is a one-and-one-half story side-gabled structure with high bay areas and two one-story additions extending from each gable end. The exterior walls are painted brick in running bond. A continuous limestone water table serving as the sills for large arched windows in the east and west walls of the larger gabled structure runs the length of the longitudinal walls of the main building. The south extension connects with Building 137. The main building's style is Neoclassical in character with hints of Greek Revival—the cornice returns on the gable ends. The building's north and south walls are identical and feature arched openings in six bays. These bays are recessed from the main wall plane with brick corbels the full width of the recesses at the tops of the bays. Around the arched window are 3-course rowlock brick arches. Two of the arched openings in the west wall, and one in the west wall of the gabled structure, have been converted into overhead door openings which have been cut into the pilasters.

On the south wall under the gable above ceiling level, are six arched openings symmetrical about the centerlines of each wall which rise in relation to the pitch of the roof. The north wall has only three of these arched openings to the east of center.

The north extension is shorter and has narrower arched openings—two on each of the three exterior walls. The south extension has two larger semicircular arched openings with three rows of header brick in the arches. These openings occur in the east and west walls (the south wall abuts Building 137). Both extensions are set back slightly from the east and west wall planes of the main building indicating, most likely, that they were later additions. Also, neither extension is detailed with the continuous limestone water table/sill on the main building.

The arched openings in the main building have been filled-in with 20-light steel sash windows with four-light operable awning windows which rise from sill height to the springlines of each arch. As with other buildings on the campus of this vintage, it is assumed this building had multi-light wood sash windows completely filling the arched openings. The arch tops are now painted wood panels. These steel sash windows are set in painted wood frames. In some cases the awning windows have been replaced with mechanical exhaust fans centered in

painted enclosures. All arched openings in the north and south extensions have been in-filled with painted wood.

The roof on the main building is covered with tan asphalt shingles and painted metal gutters and metal cornices. The roof on the north extensions is half-hip with the same roof covering. The roof on the south extension is a combination of half-hip where it joins the main building, and flat where it joins Building 137. This south extension roof is covered with grey asphalt roll roofing. Both extensions have painted metal gutters and downspouts.

Buildings 135 and 137 were once separate structures. The date of the two extensions to Building 135 is unknown. Building 135 retains a high degree of integrity of location, setting, feeling, and association; and moderate to low degree of integrity of design, materials, and workmanship because of radical changes made to windows, and construction of the two extensions. The date of alteration of the windows is unknown. The condition of the complex is good.

**Building 137, Boiler House (Maintenance/Storage)**

Noncontributing Building

This building is one story with high bay areas. It was constructed in 1891 to supplement the boiler functions in Building 135 to which it is connected on the north end via the one-story south extension from Building 135. The style is Neoclassical with some hints of the Greek Revival on the south wall—which has brick pilasters and a wide corbelled brick cornice. Exterior walls are painted brick. Rectangular openings with limestone sills and painted limestone window headers are on the two long (east and west) walls. These walls are detailed with five bays marked with brick pilasters between pairs of the rectangular window openings. Two of the bays had a window and door with transom. One of these arrangements exists; the second has been in-filled. A third bay has been modified to include an overhead door in a painted steel frame. This modern opening extends from the right original window jamb top to the edge of the pilaster. Both stone headers were removed during the remodeling. The gable ends feature a large louvered roundel in brick surround between the two pilasters on this wall. On either side of the pilasters are arched openings. The building's exterior retains a high degree of integrity of location, setting, feeling, and association; and moderate to low degree of integrity of design, materials, and workmanship because of changes to openings. The date of alteration of the windows is unknown. Condition is good.

**Building 138, Shops (Storage)**

Noncontributing Building

A limestone foundation supports rust-colored brick walls in common bond and a front-gabled shingle roof on this 1891 building. The building has elements of the Colonial Revival style, particularly on the façade, and matching north gable wall which have raised brick pilasters, a wide corbelled brick frieze, a 3-course rowlock jack arch lintel over the main entrance, and a large (approximately 6-foot diameter) roundel framed by a single course of rowlock brick. The oculus has been in-filled with a flat wood panel. Rectangular window openings with limestone sills and lintels occur on all four sides in pairs set into recessed panels with corbelled brick headers. The south façade now has a modern overhead door that has been inserted into the original space between the pilasters. This large opening was extended west producing an off-centered opening. The façade also has four window openings. The north gable wall has one window and one door opening in between the center pilasters. All window openings have been filled-in with painted horizontal siding. On the west wall, a second overhead door has been placed in an arched opening similar to the opening on the façade. This door is

placed in the original masonry opening. Above the door is a wood lintel, and above that, brick infill to the bottom of the arch.

The roof is side-gabled with asphalt shingles and metal gutters. The building retains a high degree of integrity of location, setting, feeling, and association; and moderate to low degree of integrity of design, materials, and workmanship because of the changes to openings. The date of the window and overhead door changes is unknown. Condition is good.

**Building 139 Grounds Storage**

Contributing Building

This 1942 storage building has a concrete foundation, which supports pargeted, painted concrete block walls, and a pyramidal asphalt shingle roof with a small metal ventilator at the center. A double metal door is off-set to the west in the north wall (façade). The building retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 141, Transformer Vault**

Contributing Building

A concrete foundation supports painted concrete block walls and a low-slope shed roof covered with asphalt roll roofing on this 1950 structure. Although Building 141 is a small simple, concrete building, it is associated with the modernization of the VA facilities. The building retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is good.

**Building 143 Laundry**

Contributing Building

The 1957 Laundry consists of a two-story wing with a partial basement and a high-bay single story unloading and processing facility housed in an attached red brick structure. The building is a straightforward, rectangular shape with either brick walls in common bond or a combination of glazed block and concrete block back-up. The roofs are flat built-up roof systems. Fenestration consists of metal sash operable windows in single or three parts. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Buildings 147, 152: Boiler Plant**

Noncontributing Building

The 1962 Boiler Plant is a one-story high bay building, with a partial basement and a smokestack. It has a partial four-story floor on the high bay area. The building’s walls are faced with brick in common bond with concrete block back-up. Most original steel sash, operable awning windows are still in place; some openings have been blocked in. The roof is a built-up roof system. The smokestack is designated as Building 152. The building is noncontributing because it was constructed after the period of significance.

**Building 149, Gas Recovery**

Noncontributing Building

The 1962 gas recovery building is a single-story rectangular red brick building in common bond with metal doors and metal sash windows with concrete sills. It has a flat roof behind parapets and sits on a concrete foundation. The building doesn't detract visually with its use of brick, metal sash windows and its small size. The building is noncontributing because it was constructed after the period of significance.

**Building 150, Pipe Storage**

Noncontributing Building

The 1962 Pipe Storage building is a single-story rectangular red brick building in 6-course header bond with metal doors and metal sash windows with concrete sills. It has a flat roof behind parapets and sits on a concrete foundation. The building doesn't detract visually with its use of brick, metal sash windows and its small size. The building is noncontributing because it was constructed after the period of significance.

**Building 151, Building Maintenance**

Noncontributing Building

The 1962 Building Maintenance Building is a single-story rectangular red brick building in 6-course header bond with metal doors, metal sash windows, and a large metal louver at one end. It has a flat roof behind parapets and sits on a concrete foundation. The building is noncontributing because it was constructed after the period of significance.

**Building 154, Engineering Storage**

Noncontributing Building

Engineering Storage (1962) is a rectangular prefabricated painted metal building. It has a painted metal door and sits on a concrete slab. The building is noncontributing because it was constructed after the period of significance.

**Building 161, Storage**

Noncontributing Building

The Storage Building (1962) is a rectangular one-and-a-half story wood frame garage-type building with wood siding, low-slope asphalt gable roof, and metal gutters and downspouts. It has a large east-facing overhead door. The building is noncontributing because it was constructed after the period of significance.

**Building 209, Eleven-Car Garage**

Contributing Building

The Eleven Car Garage, constructed in 1921, is a painted concrete block multiple-garage building that served the duplex quarters (buildings 210-214). Eleven spaces are arranged in tandem north-south, with metal overhead doors on the façade (west). A low-sloped asphalt shingle shed roof covers the building. It is a contributing

resource as evidence of the ongoing modernization of the facility. The building's exterior retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is very good.

**Building 210, Duplex Quarters (Unoccupied)**

Contributing Building

The Duplex Quarters, constructed in 1921, was executed in a style that exhibits the symmetry and balance of the Colonial Revival style. The wood-frame, wood-sided building is cubic in form, with a flat-topped hip roof that broadly projects beyond the wall plane. Five arch-top dormers adorn the roof—some have windows, others have wood louvers. A large open porch extends the width of the first floor on the façade (west). Paired entry doors identify the building as duplex quarters. The entrances sit below a pedimented entrance portico. Windows are mostly paired or single six-over-six wood double-hung. Living room windows feature two four -over-four windows flanking an eight-over-eight fixed glass window. At the rear of the buildings on the second floor are one-over-one ribbon windows. This building and four almost identical duplex quarters were once known as "Doctor's Row." Buildings 213 and 214 have a different floor plan as evidenced by exterior fenestration. This appears to have been a standardized plan for duplexes, as similar buildings exist at other NHDVS sites (i.e., Western and Mountain Home). The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association; and moderate to low integrity of materials and workmanship due to exterior condition. Condition is good.

**Building 211, Duplex Quarters (Unoccupied)**

Contributing Building

This building is nearly identical to Building 210 in design, and is another duplex on "Doctor's Row." The building retains a very high degree of integrity of location, design, setting, feeling, association, and moderate to low integrity of materials and workmanship due to exterior condition. Condition is good.

**Building 212, Duplex Quarters (Unoccupied)**

Contributing Building

This building is nearly identical to Building 210 in design and is another duplex on "Doctor's Row." The building retains a very high degree of integrity of location, design, setting, feeling, association; and moderate to low integrity of materials and workmanship due to exterior condition. Condition is good.

**Building 213, Duplex Quarters (Unoccupied)**

Contributing Building

This building has the same footprint as Buildings 210–212 but incorporates several design changes. It comprises another duplex on "Doctor's Row." Differences from Building 210 include entrance doors located away from both sides of the party wall, and six-over-six windows located in the space where doors are located on Buildings 210–212. The window sizes and placement on the second floor, west elevation, also differ from those on Buildings 210–212. Symmetrical but different sized pairs of six-over-six windows occur on both floors, the banks of one-over-one windows at the flanking edges of the elevation consist of three windows versus five on Buildings 210–212, and the pairs of twin one-over-one narrow windows on Buildings 210–212 are replaced

with wider triple sets of one-over-one windows. The building retains a very high degree of integrity of location, design, setting, feeling, association, and workmanship. Integrity of materials is diminished due to lack of maintenance. Condition is very good.

**Building 214, Duplex Quarters (Unoccupied)**

Contributing Building

This building is identical to Building 213 in design and is another duplex on "Doctor's Row." The building retains a very high degree of integrity of location, design, setting, feeling, association, and workmanship. Integrity of materials is diminished due to lack of maintenance. Condition is very good.

**Building 220 Hospitality House (Employee housing)**

Contributing Building

The 1885 Hospitality House is a two-story residential building with elements of the Classical Revival style shown in pedimented dormers. Massing consists of a main north-south block approximately 15' x 40' with symmetrical east and west projections. The building has brick walls on a limestone foundation, and a full basement. Symmetrical porches extend from the northwest and northeast corners of the building. The side-gabled main roof and two cross gables are covered by asphalt shingles. The porches are slightly sloped with roll roofing. Windows are one-over-one double-hung wood sash with concrete lintels and sills. The gable presents a closed pediment within which is a large fan light attic window. One shed-roofed porch wraps most of the first floor on the west side, sheltering two entrances. A second, smaller, shed-roofed porch shelters an entrance on the east side. The building is currently leased to the VFW (Veterans of Foreign Wars) for use as a hospitality guesthouse. The relatives of patients who are hospitalized overnight are welcome to stay at the Hospitality House for a nominal fee. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is good.

**Building 221 Chaplain's Residence (Unoccupied)**

Contributing Building

The 1876 Chaplain's Residence is a T-shaped two-story Queen Anne style building with a full basement. The house has a cross-gabled steeply-pitched asphalt shingled roof and two corbelled brick chimneys. Sometime after the two story building was constructed, a one and one-half story addition was built to the south in the vernacular style. The date of construction of the one-story addition is unknown, but both it and the main house are sided with asbestos cement board siding which was in use between 1905 and 1950. All windows are wood sash two-over-two double-hung, with slightly pedimented hoods. A large porch infills the "elbow" of the T on the east side. The building has been closed over concerns about the floor support. This is believed to be the residence of the Home Chaplain, Chaplain Earnshaw. He was the first chaplain and librarian from September 1867 to his death in 1885. The building retains a very high degree of integrity of location, design, setting, feeling, association; and moderate-to-low degree of integrity of materials and workmanship due to its condition. Condition is fair to poor.

**Building 222 Three-Car Garage (Storage)**

Noncontributing Building

This garage is a one-story wood frame building with painted lap siding and vinyl overhead garage doors. It is built on a concrete slab-on-grade and has a shed roof which slopes away from the front covered with roll asphalt roofing. Although modern, its integrity is very high due to its excellent condition. The building is noncontributing because it was constructed after the period of significance.

**Building 223 Four-Car Garage (Storage)**

Noncontributing Building

This garage is a one-story wood frame building with painted lap siding and vinyl overhead garage doors. It is built on a concrete slab-on-grade and has a shed roof which slopes away from the front covered with roll asphalt roofing. Although modern, its integrity is very high due to its excellent condition. The building is noncontributing because it was constructed after the period of significance.

**Building 225 Liberty House/Treasurer's Residence (Officer’s Quarters)**

Contributing Building

The 1870 Liberty House is a three-story building with a basement. The building is Italianate in its massing without the typical roofline seen in Italianate style buildings. The hip roof has a very low pitch and is covered with asphalt shingles. Originally, a tower extended from the front of the building, but the apex has been truncated at the roofline. Three corbelled brick chimneys, one on the southwest, and two on the east, rise from the building. Wood brackets grace the cornice and sit in a very wide frieze.

The original porch on the façade (north) was replaced with a Colonial Revival porch around 1910. Fenestration does not reflect typical windows associated with the Italianate style. The ground floor windows are more typically associated with the Queen Anne style but modified with Gothic (pyramidal) apexes. The second floor has coupled Gothic style windows, while the third floor has single, multi-paned windows with Gothic apexes.

This building was re-sided with asbestos shingle siding sometime after 1905. It sits on a limestone foundation. The south side of the building has a two-story addition which may have been a sleeping porch. Originally, the building had a protruding extension attached to the rear south façade of the building. This is clearly visible in historic images of the campus dating to the 1870s. A post-1931 photograph shows the extension still present, four bays in width. The current two-story rear ell appears to have been truncated at some point during or after the period of significance. However, the apex is clearly no longer present in the post-1931 image. The second floor portion has been enclosed and is covered with asphalt siding. A screened-in porch sits below this area, and is open on three sides. A low-pitch half-hip asphalt shingle roof covers this addition. There is one chimney on the east wall.

The Liberty House originally served as an amusement hall that contained billiard tables, bagatelle tables, and a bowling alley. It was one of the first buildings that provided entertainment for veterans at the Central Branch. A temporary stage was erected, duly decorated, curtained at one end of the hall, and a magnificent American flag served as a backdrop for the stage. The best musical talent in Dayton was entertaining the veterans within months after construction of the barracks began. By 1875, the amusement hall had four bowling alleys, bagatelle tables, and a billiard table. The upper level of the hall housed members of the band and contained a

room for study and practice. When the clubhouse (Building 129) was built in 1881, Building 225 was remodeled into officers' quarters. The building's exterior retains a very high degree of integrity of location, setting, feeling, and association; it retains a moderate-to-low degree of integrity of design, materials, and workmanship because of the changes to its original design/construction. Condition, however, is excellent.

**Building 226 Freedom House/Staff Duplex (Administrative Offices and Conferences)**

Contributing Building

The 1872 Freedom House is a three-story wood frame Italianate-style villa duplex residential building with a basement and center tower-cupola. Massing consists of the main symmetrical block facing north (the façade), with a two-story projection to the south. Symmetrical single-story enclosed porches project from the east and west walls of the two-story addition. An open porch runs the width of the façade, sheltering the two main entrances.

The hip roof over the main block and half-hipped roof over the two-story projection are covered with standing seam metal roofing. Low-slope standing seam metal roofs also cover the front and side porches on the first level. Two large corbelled brick chimneys with decorative brickwork in line with the cupola dominate the roofline. The cupola is also roofed with standing seam roofing, and has a large metal finial at the apex. All roofs are painted red. The cornice is graced with brackets in a wide frieze. Oblong windows symmetrically placed above the third floor window pairs are found in the frieze.

Fenestration consists of paired divided-light double-hung wood windows on the second and third floors and divided light single-hung two-over-four windows on the first floor. Walls were re-sided with asbestos shingle siding sometime after 1905. The building sits on a limestone foundation.

Freedom House originally served as a duplex residence for the Secretary and the Steward. It is now used for administrative offices and conferences. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 227, Garage (Storage)**

Contributing Building

The 1936 dual garage is a wood frame construction with a metal shed roof. The building is sided with concrete asbestos shingles and is supported by a concrete foundation. Two overhead garage doors are located on the façade (east). The building was used as a parking garage for the duplex residence; it is now used for storage. The dual garage is a contributing resource as evidence of the ongoing modernization of the facility. The building retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 228, Shelter (Storage)**

Contributing Building

Building 228, constructed in 1870, is an octagonal wood frame building originally used as a shelter in Deer Park. The building was moved to its present location and enclosed after Deer Park closed, however, images dating to the 1930s and '40s during the district's period of significance, show the shelter in its current location. Intricate Queen Anne influenced wood molding is still visible under the eaves. The roof is pyramidal with

asphalt shingles. The building is currently used for storage. Although the building was altered, it appears to retain historic fabric, so integrity of materials, workmanship, and design is retained. Therefore this building is still regarded as contributing. Current condition is very good.

**Building 302, Patrick Hospital**

Contributing Building

This Colonial Revival style brick building in 6-course header bond, constructed in 1940, is three stories on a full basement. Massing consists of a long side-gabled symmetrical structure with a projecting cross-gabled central pavilion, and two additional shorter and narrower cross-gabled projections near the east and west ends of the building. The façade faces south. The rust-colored brick is quoined at the east and west ends and at all six projections, but only on the upper two stories. Immediately below the second floor windows is a slightly projected limestone stringcourse. A wide limestone base course marks the first floor line and extends an inch or so past the upper wall. The foundation is concrete faced with the same red brick.

Each of the projections features a limestone pediment with a circular louver centered in the pediment. The louvers have four limestone voussoirs set in a "T." At the center of the side projections is a Roman arch in red brick with limestone keystones and limestone springers that rise between the stringcourse and header line on the third floor. The brick wall inside the arches is recessed a few inches and contains tall windows consisting of a six-over-six double-hung with a fixed 3-part divided light above. Centered in these projections on the first floor façade are single entrance doors set in limestone surrounds and brick Roman arches with limestone springers. There are 5-part fan lights in the arches. The central projected pavilion's fenestration is detailed differently from the remainder of the building. On the ground floor, the main entrance is a double door with a limestone overdoor set in a Roman arch with limestone key and springers. The first floor windows in the pavilion are 6-over-6 double hung set in decorative wood surrounds within brick Roman arches. The main entrance (now obscured by a modern entrance foyer addition) features a double-paneled wood door in decorative wood surround. The overdoor features a deeply embossed limestone fan within a brick Roman arch. All other windows on the building are six-over-six double hung with limestone sills. The windows on the second floor are topped with flat splayed brick arches with a line of slightly projected rowlock brick immediately above the arches. All windows are wood sash.

The original tile roof was later replaced with an asphalt shingle roof. A guttering system is hidden behind a wide limestone cornice. A stepped limestone frieze, approximately 18-inches wide, wraps around the building. Originally built as a domiciliary barracks in 1940, Patrick Hospital was converted into a geriatric hospital in 1950. Currently, the building is used for outpatient mental health services. The building was named after General M. R. Patrick, who was Governor of the Dayton Soldiers Home from 1880-1888. He was a graduate of West Point and well known for his services as Provost Marshal General of the armies operating against Richmond during the Civil War. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

Buildings 302, 409, and 410, all built in 1940, are almost identical in design/construction. The two latter buildings are in the shape of a "T" with central wings projecting away from the façades. Building 302 does not have this central wing; only a projected pavilion at the same location.

**Building 305, Recreation Building**

Contributing Building

To continue the tradition of providing entertainment and recreational opportunities for the veterans, a modern recreation building was erected in 1959 believed to be the first of its kind in the nation. Originally, the recreation building had a modern theatre that seated 764 people; eight bowling alleys; a 12-table billiard room; rooms for arts, crafts, and music; and housed the Dayton VA radio station. The recreation building is a modern one-story orange brick-faced building in six-course header bond with a mezzanine and three-story fly loft. The exterior walls support a flat built-up roof system. Massing consists of the main two-and-one-half story auditorium oriented east-west, with the fly loft at the extreme west end of the auditorium. Two single-story wings project north and south from the east end of the auditorium forming a "T." A large, almost square, single-story wing extends east of the auditorium. The southwest portion of this east wing projects upward another half-story. A loading dock structure projects several feet north from the north wall of the east wing. The poured concrete dock is raised about four feet from the adjacent parking lot and is protected with a steel canopy supported by steel posts. The east wing shares walls with the auditorium and part of the north and south wings. Another small one-story building is attached to the fly loft, projects northward a few feet, and wraps the fly loft to the east. This wing contains offices and an aluminum and glass entrance enclosure to the west which accesses the credit union. The main entrance and foyer to the complex is situated at the junction of the auditorium and north wing at an angle to the northwest. The entrance features a pair of modern aluminum frame windows to the right of double entrance doors of the same materials. The outer wall of this entrance features a stepped limestone and brick façade of modern construction.

With the exception of a tall window near the main entrance, all windows are horizontal four-light in painted steel frames with limestone sills set in two, three, or four groupings. The single story structure which wraps the fly loft to the west contains two pair of windows—one pair in the west wall, one pair in the south wall. Two pairs of painted steel doors in steel frames open to the south. The north wing contains four triple windows in the west wall and three triple and one double in the east wall (one panel of this latter former triple window has been converted to a steel door). The north wall of the one-story east wing has three triple windows; the south wall has four triple sets. The east wall of the south wing has two quadruple sets; the west wall has one single and four quadruple sets. The east wall of the east wing has five quadruple sets and one double set of windows. Behind the main entrance is a three-panel fixed glazed window. Rectangular louvered openings are set in the north and south walls near the ceiling level of the auditorium.

Enclosed corridors connect the eastern corners of Building 305 with Buildings 409 and 410 diagonally. Currently, the recreation building retains the theater/auditorium to the west; and bowling alley, poolroom, arts and craft room, plus a canteen store and post office (originally housed in Building 127) to the east. For the most part, the building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent. The exception is the loading dock, which is in need of maintenance and has lost integrity due to the replacement of the overhead door. Condition is good.

**Building 305A, Enclosed Corridor**

Noncontributing Building

Oriented at a 45-degree angle to the northeast and connecting the junction of the main building to the south wing of Building 409, is an enclosed corridor of matching red running bond brick. Building 305A was built in 1962 as a simple extension which widens out where it meets the adjoining buildings. The corridor is on a raised concrete foundation and has multiple four-foot square aluminum slider windows and an entrance door in each of

its longitudinal walls. The roof is gabled with tan asphalt shingles with painted steel gutters and downspouts. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent. The building is noncontributing because it was constructed after the period of significance.

**Building 305B, Enclosed Corridor**

Noncontributing Building

Building 305B, also built in 1962, is identical in construction to Building 305A but is oriented southeast connecting Building 305 and Building 410. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent. The building is noncontributing because it was constructed after the period of significance.

**Building 306, Sun Pavilion**

Contributing Building

The 1959 Sun Pavilion is a metal-framed protective structure supported on square steel columns, with a low-sloped gable roof covered with corrugated roofing panels. Although Building 306 is a simple, unadorned building, it is associated with the modernization of the VA facilities.

**Building 320, Domiciliary (Nursing Home)**

Noncontributing Building

Building 320, constructed in 1981, consists of five interconnected single-story pods of red brick. The central pod contains most of the ancillary spaces and common functions. Four identical pods with central courtyards wrap the central pod and are set diagonally to the main compass points. These four pods contain residential living units. A renovation project converted Building 320 into a nursing home complex in 2002. The building does not contribute because it was constructed after the period of significance.

**Building 324, Backflow Preventer**

Noncontributing Building

The Back Flow Preventer building (1989) is a single-story rectangular red brick building in running bond with metal doors and metal sash windows with concrete sills. It has a flat roof behind parapets and sits on a concrete foundation. The building does not contribute because it was constructed after the period of significance.

**Building 400, Miller Cottage**

Contributing Building

Miller Cottage is a three-story brick Georgian Revival style building built in 1937. Its exterior brick walls are in 6-course header bond on a raised full basement, with a brick-faced concrete foundation. The massing consists of a symmetrical central block facing west with two symmetrical wings projecting north and south from the main block. A wide limestone water table marks the first-floor level, and a narrower limestone stringcourse is located immediately below the third floor window sills. A third wing projects east from the main block creating a symmetrical "T" plan.

The main block's façade is seven-ranked and has a two-story flat-roofed wood portico supported on paired or singular wood columns and a wide architrave with bands of projected torus moldings. The main entrance (on the façade) has a pedimented doorway with a single wood entrance door with divided lights, divided light transom, and decorative wood surround. The exterior walls feature limestone quoins and a very wide frieze with decorative wood trim and raised moldings which match the portico. Three pedimented wood dormers with 6-over-6 double-hung windows are equally spaced on the west-facing gable roof. The north and south walls of the main block feature raised brick parapets topped with limestone coping and paired double-end brick chimneys with limestone caps.

The north and south wings are identical and feature corner brick pilasters and a narrower crown molding at the frieze. The north and south gable ends feature closed pediments with louvered brick roundels with limestone voussoirs set in a "T" into the centers of the pediments. The asphalt shingled gable roof is topped with six pedimented wood dormers with six-over-six double-hung windows which are equally spaced on the north- and south-facing roofs. Two-story sleeping porch projections finish the north and south wings. These projections feature the same architrave detailing as the main block, paired or singular wood columns, and triple-sash divided light windows. Horizontal siding and standing seam metal roofs complete these projections.

The east wing matches the north and south wings in detailing, except it has four, rather than six, wood pedimented dormers on the gable roof. A single-story flat-roofed addition projects east from the east wing. The limestone water table extends onto this addition creating a band of limestone at approximate ceiling height. This side of the building features a walk-out basement and full-height divided windows, including two ten-over-ten double-hung units. A flat-roofed rectangular projection extends upward from the east wall of the main block. This projection is the width of the main block and approximately 12-feet deep. It has four six-over-six double-hung windows and a limestone stringcourse at window header height. The roof and dormers are covered with asphalt shingles. Most windows are eight-over-eight double-hung wood sash with limestone sills and flat brick arch lintels with limestone keys. The basement windows have limestone sills but are otherwise unadorned.

Miller Cottage was built for female veterans. It is named after Mrs. Emma L. Miller, a Civil War widow who was active in caring for soldiers during the Civil War and helped to establish the Cleveland and Cincinnati branches of the Sanitary Service. She was matron of the hospital and later had charge of the hotel, the laundry, and the restaurant. For twenty years she was Superintendent of the General Depot, which supplied all of the Home Branches. She died at 94 in 1914 and is buried in the National Cemetery within the district. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 401, Domiciliary Barracks (Day Care)**

Contributing Building

Building 401, built in 1899, is identical in construction to Building 402, except that most of the fenestration has been changed (original windows have been removed and replaced with modern units which do not match the original in design). Building 401 was originally a Domiciliary Barracks; today it houses the Miami Valley Family Care Center. The building's exterior retains a very high degree of integrity of location, setting, feeling, and association; and moderate degree of integrity of design, materials, and workmanship because of the fenestration changes. Condition is very good.

**Building 402, Domiciliary Barracks (Army Reserve/Unoccupied)**

Contributing Building

Building 402, built in 1900, is a symmetrical vernacular commercial-style structure with elements of Gothic revival detailing. It is three stories high, with a full partially raised basement. Massing consists of a central or main block with two identical wings interconnected with hyphens north and south of the main block. The main block and wings are hip-roofed with asphalt shingles set within raised brick parapets; the hyphens are gable-roofed with asphalt shingles. The building has tan brick walls in running bond resting on a regular-coursed ashlar limestone foundation. A full-width, half-hip roofed porch extends from the façade (east wall) of the main block to shelter the main entrance, which has a double wood door with transom. Roofing is dark asphalt shingles with integral gutters and copper downspouts. The hyphens feature painted wood cornices and friezes.

On the main block and wings, the exterior side of the parapet, which includes the uppermost 6-feet of wall, is decorated with reversed crenellated brick which is corbelled outward an inch or so from the main building plane. Fenestration is distinguished floor-by-floor and wings/blocks from hyphens. The main block and wings have flat-arched two-over-one double-hung windows with limestone sills and keys on the first floor. The sills are incorporated into a stringcourse on the wings and hyphens only. The second-floor features blunt semicircular arched openings with mostly two-over-two double hung windows and fixed arched-top upper lights. The arches are adorned with limestone keys and springers. The third-floor windows are paired one-over-one double-hung with a pair of fixed Gothic lights and “lozenge” windows in the arches. These arches are blunt Gothic style, adorned with limestone keys and springers.

All of the windows in the hyphens are paired, and all are in rectangular openings with flat brick arches, the brick set in rowlock. First-floor openings have limestone keys. First and third floors have two-over-two double-hung units, as does the second floor, but here, the pairs are topped with 5-vertical pane fixed light windows. The raised basement has window openings topped with limestone lintels. All these windows are intersected by the limestone foundation masonry, and have been blocked in.

Building 402 was occupied as a domiciliary until the early 1980’s when the patients were moved to a new domiciliary unit. The Army Reserve Unit used Building 402 from this time until 1995. Building 402 is currently unoccupied. The building’s exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 408, Domiciliary Dining Hall (Administrative Offices/Wellness Center)**

Contributing Building

Building 408, constructed in 1903, is an example of Early Classical Revival architecture, which is distinguished by a massive two-story portico on the façade (east wall) with an upper porch supported between the outer columns and main building. The entrance portico is supported by eight large Doric columns and two Doric pilasters. Above the columns is a wide wood entablature and wide denticulated cornice. The central four columns are brought forward (east) and support a wood denticulated pediment. “Colonel Harris” is spelled out below the pediment on the central entablature. The three-story symmetrical common bond brick building sits on a full basement and a brick-faced and limestone foundation. A wide limestone water table marks the first floor level. The portico rests on a limestone-faced foundation. The main entrance, which is centrally located within the portico, consists of a pair of paneled wood doors with upper lights and full transom. The door to the upper level porch is a single wood door with upper light and transom. The portico is accessed by concrete monumental stairs.

Massing consists of the main east-west block and two east-west dependencies connected to the central block by hyphens. These dependencies form the extreme north and south ends of the building complex. The east porticoed gable of the central block and gables to the two dependencies, plus the east wall of the hyphens, form the façade. Two identical two-story sleeping porch additions project from the extreme south and north ends of the dependencies. The dependencies and central block project further to the rear (west) of the façade. At the back of the central block is a third north-south wing, connected to the central block by a short hyphen.

The roof layout is front gable (the main block and dependencies), cross-gables over the main hyphens, a side gable over the west wing, and a front gable on the west wing hyphen. Two additional cross gables are centered on the front gables of the north and south wings. Flat roofs behind wooden parapets cover the two sleeping porch additions. Roofing is asphalt shingles and built-up over the sleeping porches. The roofs feature wide eaves on all sides, with integral gutters on the rake ends.

Most of the fenestration consists of one-over-one double-hung windows with matching fixed lights above the operable sash. On the façade the windows are coupled and are set in flat brick arches with stepped limestone keys. The dependencies have similar single-sash windows. The windows on the west walls of the main hyphens are coupled—those on the first floor are in blunt brick arched openings; those on the second floor have painted flat stone lintels. The west wing and its hyphen have coupled one-over-one double-hung windows set in blunt arched brick openings. Basement windows are two-pane sash wood with flush limestone hoods on the façade and dependencies, and similar in the balance of the building, but set in arched openings. The limestone foundation stones interrupt the line of basement windows. Sills throughout are limestone.

Also known as the Colonel Harris Building, its original function was as a domiciliary and dining hall for the veterans. Today it is utilized for administrative offices and a wellness center. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 409, Domiciliary (Vacant)**

Contributing Building

This Colonial Revival style brick building, constructed in 1940, is three stories on a full basement. Massing consists of a long side-gabled symmetrical structure with a projecting cross-gabled central pavilion which extends south as a wing forming a "T," and two additional shallower, and narrower cross-gabled projections near the east and west ends of the building. A hip roof structure rises to full third-story height where the main structure joins the south wing. The structure is much like a dormer except that its lowest wall (north) rises above the ridge of the main north-south structure. The ridge of the south wing intersects the center of the roofline on the south side of the projection. Two painted wood arched windows with eight lights are centered in the south walls of this structure halfway between the walls' outside edges and its centerline. Centered on the east and west walls of this projection are louvered brick roundels. At the northwest junction of the main building and the south wing is a covered entrance structure painted brown with dark bronze aluminum storefront glazing. The façade faces north. The rust-colored brick in common bond has raised brick quoins at the east and west ends, and at all six projections, but only on the upper two stories. Additional brick quoining is found on either side of the windows in the two end gables at the extreme east and west ends of the main building, and between the furthest south sets of windows on the east and west walls of the wing. A slightly projected limestone stringcourse is located immediately below the second-floor windows integral with the window sills. A wide limestone base course marks the first-floor line and extends an inch or so past the upper wall. The foundation is concrete-faced with the same red brick.

Each of the projections, plus the east, west, and south gable ends, feature a limestone pediment with a louvered brick roundel centered in the pediment. The roundels have four limestone voussoirs set in a "T." At the center of the side projections is a Roman arch in red brick with limestone keystones and limestone springers which rises between the stringcourse and header line on the third floor. The brick wall inside the arches is recessed a few inches and contains tall windows consisting of a six-over-six double-hung with a fixed three-part divided light above. Centered in these projections on the first floor are single entrance doors set in limestone surrounds within brick Roman arches with limestone springers. There are five-part fan lights in the arches. The main entrance features a double-paneled wood door in decorative wood surround. The overdoor features a deeply embossed limestone fan within a brick Roman arch. This main entrance is accessed by a staircase of red brick with limestone steps and wrought iron railing. A newer accessible entrance was provided to access the lower level via a long enclosed ramp which runs along the façade from the central pavilion toward the west entrance.

The central projected pavilion's fenestration is detailed differently from the remainder of the building. The first-floor windows in the pavilion are four-over-four double hung set in decorative wood surrounds within brick Roman arches. Most other windows on the building are six-over-six double-hung. The windows on the second floor are topped with flat splayed brick arches with a line of slightly projected rowlock brick immediately above the arches. On the east and west gable ends of the main building the windows on all three floors are tripartite with a central four-over-four double-hung sash between two one-over-one double hung margins. The first-floor windows here are further delineated with flat limestone surrounds which are recessed within brick Roman arches. Basement windows are mostly three-over-three double-hung. A few more of these tripartite windows are found on the first floor of the wing. All windows are wood sash with limestone sills.

The original tile roof was later replaced with an asphalt shingle roof. A guttering system is hidden behind a wide limestone cornice. Copper downspouts carry the water away from the building. A stepped limestone frieze, approximately 18-inches wide, wraps the building.

Building 409 was used as a nursing home, but it was vacated upon completion of the nursing home renovation project in Building 320. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 409A, Enclosed Corridor**

Contributing Building

Oriented north-south and connecting the south wing of Building 409 and the north wing of Building 410 is an enclosed corridor of rust-colored running bond brick matching Buildings 409 and 410. A wide limestone base course which is contiguous with the base course on Buildings 409 and 410, and buildings east of Building 409A, wraps the building just above grade on the west side. The grade against the east wall is much lower revealing basement windows. The corridor is interrupted halfway between Buildings 409 and 410 with a raised square structure of the same brick which rises above the roofline of the remainder of the corridor. The footprint of this square structure is slightly larger than the width of the corridor and serves as a junction point between Building 409A and the enclosed corridor extending west from the kitchen. Where Building 409A joins Buildings 409 and 410, the corridor widens to the same width of the square junction structure. These wider extensions are the same length as the west wall of the junction structure. Four sets of four-over-four wood sash double-hung windows are located on both the east and west walls between the junction structure and Buildings 409 and 410. One additional matching window is centered in each of the corridor's wider meeting points and the west wall of the junction structure. All eleven windows in the west wall are set in recessed brick arches with limestone voussoirs. Limestone sills extend the width of the arches. This detail is repeated on the east wall, but

only for the windows in the two wider structures where the corridor meets Buildings 409 and 410. The remaining eight windows are simpler and have limestone sills the width of the masonry openings. The basement windows on this elevation are fixed four-light wood sash located below each of the other windows. The corridor's gable roof is covered with tan asphalt shingles. A limestone frieze adorns the east and west walls immediately below the soffit. The junction building roof is hipped and similarly roofed, however, this building is detailed more elaborately. A wider limestone frieze terminates in a quarter round limestone cornice. The exterior of Building 409A retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 410, Domiciliary (Domiciliary Care and Outpatient Mental Health)**

Contributing Building

This Colonial Revival style brick building, constructed in 1940, is identical in design and construction to Building 409 with the following exceptions: the façade is on the south; the central wing projects northward; and the first floor at the façade is very close to grade, and features a new limestone entrance portico with dark bronze aluminum storefront glazing, rather than stairs or a ramp.

Building 410 is used for domiciliary care and outpatient mental health programs. The third floor is leased space for a nonprofit substance abuse program. The building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 411, Domiciliary Dining Hall (Nutrition and Food Service)**

Contributing Building

This one-story 1940 red common bond brick Colonial Revival building has a concrete basement and a partial second floor area. Massing consists of a long side-gabled building oriented north-south with a centered, cross-gabled pavilion that contains the main entrance on the façade (east). There are four small cross-gabled wings at the north and south ends of the main building. The exterior brick walls sit atop a wide, chamfered limestone water table which projects slightly from the main building plane.

The building has three entrances: the main entrance is centered on the façade, and two secondary entrances on the north and south ends of the main building. The main entrance pavilion features three pairs of painted paneled wood doors set within rowlock brick Roman arches with decorated limestone keystones and springers. Immediately above the doors are rectangular carved wood panels with raised encarpus. The overdoors, set completely within the arches, feature flat, unadorned wood panels. It is possible that fanlights once filled these arched openings. Additional research is required to verify this. The flat panels are not in keeping with the rest of the rich detailing on this building. This center pavilion is adorned with a raised Classical limestone frontispiece complete with a deep pediment supported on a wide architrave and four pairs of Tuscan columns. The center of the tympanum has a rowlock brick roundel with inset wood louver and four limestone voussoirs set in a cross pattern. The corners of the extended pavilion are adorned with raised quoins.

On each of the pavilion's side walls are inset brick panels surrounded by a rowlock brick Roman arch matching those on the front entrance. Within the arches are six-over-six double-hung wood windows set in molded wood surrounds and limestone sills. Above the windows, within the arches, is another rowlock semicircular arch set flush with the surrounding brick. Above the larger arches are inset rectangular brick panels surrounded by brick bull headers set flush with the main brick wall. The remainder of the façade (the two walls between the central pavilion and the two projections) has five tripartite arched windows in each wall segment.

The windows consist of 6-over-6 double-hung sash between two 2-over-2 double-hung margin sash. A decorated limestone header sits above the tripartite, and a fixed semicircular window with 12 lights (4 lights in a lower arch and 8 lights in an upper arch) sits above the header. Mullions in the semicircular window are aligned with those in the tripartite below. The entire arrangement is set in rowlock brick Roman arches the same dimensions of the entrance arches, except that the windows stop several feet above first floor line. These arches are adorned with limestone keystones and the appearance of decorated limestone springers, but the "springers" are actually the ends of the limestone lintel above the tripartite. Below each of the tripartite windows and the water table are 4-light basement windows. The west wall is similarly adorned with identical fenestration; however, there is no cross gable at the center. This portion of the west wall was obscured by a two-story link to the building immediately to the west of Building 411.

The north and south wings are almost identical and consist of the other two entrances, facing north and south respectively, and the east/west projections which extend outward from the main building approximately 3'. Looking directly at the north or south face, one sees a Classical front very similar to that on the central pavilion of the main entrance, except that at these two "side" entrances there are actual Tuscan columns supporting a flat-roofed portico set against a brick wall with two Tuscan pilasters and a pediment which is identical to that found on the façade. Beneath the portico are three arched doorways identical to those on the façade (including the flat wood panels in the overdoor arches). Raised brick quoins decorate the corners of the north and south gable ends.

The north and south wings are set back from the north and south gable ends approximately three feet. Each wing features gable ends perpendicular to the main building block, adorned with limestone pediments and cornice returns. In each tympanum is a round limestone plate with raised edges. In the north and south walls of the wings are four more arches matching those in the side walls of the main center pavilion. Two additional arches face east, and two more face west. Each of these arches are detailed the same as those in the side walls of the central pavilion. The recessed brick panels have six-over-six double-hung windows, and flush semicircular brick arches, like those in the center pavilion. Two basement windows are introduced below each of these windows and below the water table. Raised brick quoins decorate the corners of each of the gable ends in the wings.

Visible on the north wall is a second limestone water table approximately five feet beneath the other. This water table casts a slight shadow over a parged masonry or concrete foundation visible on this wall.

The north and east entrances are accessed by two runs of monumental stairs. The landing of the lower run is set at the same elevation as the top of the lower water table; the landing of the upper run matches the floor elevation and the top of the upper water table. The south entrance is accessed by only the upper run of monumental stairs.

The gabled and cross-gabled roofs are covered with asphalt shingles. Wide limestone cornices hide internal gutters. The roofs over the porticoes on the north and south ends are flat built-up.

West of the main building is a series of flat-roofed rectangular brick buildings with limestone banding and limestone coping. These ancillary buildings connect to the main building and form a "T" with the center leg oriented east-west. Raised brick quoins dress the corners of the larger central block. Similar adornment is found between panels of windows on the south side of the main block. "I"-shaped raised brick panels adorn the tops of the windows on the main block. Most of the windows in these ancillary buildings have been replaced with modern aluminum counterparts. A few four-over-four double-hung wood sash remain. Some of the openings on

the main level have been blocked in. Windows on the basement level are single or coupled 6-light fixed wood sash.

West of the Dining Hall is a building with a modified "I" footprint running north-south. The building is two stories with a "daylight" basement. The southern wing (bottom of the "I") is larger than the north wing. The south wing is a full two stories high with tall window openings. A one-story southern extension is centered on the south wall of this portion of the building. The north wing has two full floors as evidenced by the window placement. The complex is connected to the dining hall via the central leg of the "I." The building is detailed with a floor level limestone base course which is contiguous with the base course on Building 411. The building also has limestone coping and limestone window sills. Raised brick "quoins" dress the corners of both wings. Similar adornment in the form of raised brick panels matching the corner quoining is found between windows on the south wing. Raised brick panels in the shape of a horizontal "I" are centered above each of the large windows on the south wing. The windows in the south wing and extension have been replaced with modern aluminum counterparts. Windows on the basement level of the south wing are original single or coupled 6-light fixed wood sash. Those on the north wing are original one-over-one double-hung wood sash. A modern painted steel fire escape was installed from the second floor on the north wing's west wall. A window was converted to a door here.

Initially 411 consisted of four kitchens and two dining rooms, seating one thousand members. Its current function is much the same as it was historically. The outer building's exterior retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent. The inner ancillary buildings' exteriors retain a high degree of integrity of location, design, setting, feeling, association, and workmanship. Integrity of materials has been compromised with the replacement windows. Condition is excellent.

Centered on the west wall of Building 411 oriented east-west and connecting to the kitchen, is the dock and receiving area for the kitchen. Construction is of red brick in running bond with limestone banding and limestone coping similar to the kitchen area. Some of the openings in the south wall have been bricked in (date unknown). The limestone sills were left in place. Narrow one-over-one wood sash double-hung windows with limestone sills remain in the north wall.

The exterior of the dock and receiving area retains a high degree of integrity of location, design, setting, feeling, association, and workmanship. Integrity of materials has been compromised with the blocking in of windows. Condition is very good.

**Building 411A, Enclosed Corridor**

Contributing Building

West of the center leg of the "I" on the kitchen dock/receiving area oriented east-west is an enclosed corridor of red brick in running bond with limestone banding continuing the design from Building 411. Narrow wood sash one-over-one double-hung windows are located on both north and south walls. The corridor's gable roof is covered with tan asphalt shingles. Building 411A connects to another enclosed corridor (Building 409A) which runs north-south. Four-over-six wood sash double-hung windows with limestone sills in the north and south walls are modern interpretations of those in the earlier Building 409A. The junction of these two enclosed corridors features a square vertical extension slightly wider than the corridors raised slightly above the connecting corridor's roofs. This junction is contemporary with Building 409A and is described in detail with Building 409A.

The exterior of Building 411A retains a high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Building 412, Domiciliary (Halfway House)**

Contributing Building

Building 412, constructed in 1902, is an example of Early Classical Revival architecture. The building is almost identical in design to Building 408, the Colonel Harris. Building 412 is situated east-west with the façade to the north. It is distinguished by a two-story portico on the façade with an upper porch supported between the outer columns and main building. The entrance portico is supported by twelve large Ionic columns and two Ionic pilasters. Eight columns face north on the façade. Two columns are located halfway between the front of the portico and the main building, and two additional columns are located immediately behind (south of) the two columns in from the ends that support the indented upper balcony. The central four columns are brought forward (north) and support a wood denticulated pediment. Above the columns is a wide wood entablature and wide denticulated cornice. “General Franklin” is spelled out below the pediment on the central entablature.

The pediment features a round window in the tympanum with 4 lights. The three-story symmetrical common bond brick building sits on a full basement and a brick-faced and coursed ashlar limestone foundation. A wide smooth-finish limestone water table marks the first-floor level. The portico rests on a coursed ashlar limestone-faced foundation. The main entrance consists of a pair of flush wood doors with upper lights and full semicircular transom which is divided into four sections with vertical muntins. The door to the upper-level porch is a single wood door with upper light and transom. The portico is accessed by concrete monumental stairs with metal handrails. The two side entrances (out of the sleeping porches) are reached by concrete monumental stairs with metal handrails set atop a coursed ashlar limestone foundation.

Massing consists of the central north-south block situated behind (south of) the portico and two north-south wings connected to the central block by hyphens. These wings form the extreme east and west ends of the building complex. The north porticoed gable of the central block and gables to the two dependencies, plus the north walls of the hyphens form the façade. The wings feature denticulated pediments, brick tympanums, and round 4-part wood frame windows in the tympanums—but only on the façade. The gable end on the south side of the main block is simply adorned with a simple cornice and cornice returns of modest depth. Two identical two-story wood-framed sleeping porch additions project from the extreme east and west ends of the dependencies. These additions sit on ashlar limestone which comes up to the first-floor level (the limestone foundation on the balance of the building reaches only about three feet from grade. The wings and central block project further to the rear (south) of the hyphens. Two additional brick extensions run east and west into the open spaces from the two dependencies. South of the central block is a two-story wood frame building, connected to the central block by a short wood frame hyphen.

The roof layout is front gable (the main block and dependencies) and cross-gables over the hyphens. The wood frame building is side-gabled with a cross gable over the short hyphen connecting it to the main brick building. The extensions from the dependencies consist of half-hips. Flat roofs behind wooden parapets decorated with a wood cornice and dentils cover the two sleeping porch additions. Roofing is asphalt shingles and built-up over the sleeping porches. Dormers with wood louvers are located on the east and west face of the main block roofs towards the back (south) of the building. The roofs feature wide eaves on all sides with integral gutters on the rake ends.

The fenestration is as follows: All windows have limestone sills. Basement windows are simple wood divided light (2 panels) set halfway up the limestone foundation course with limestone surrounds on the façade and

extreme east and west ends. The basement windows on the secondary sides are the same sash, but with brick arch lintels.

- Main block, façade (under portico): eight-over-four wood windows which appear to have been modified. A band of divided light windows is separated from a lower sash by a meeting rail, below which appears to be a modern single-hung sash with two divided lights in each sash. The entrance consists of a pair of flush wood doors with lights above which is a semicircular transom with four vertical lights.

- Hyphens, façade: eight-over-four wood windows like those described above. The first floor windows are set in indented Roman arches with limestone keys and springers. These windows have brick Jack arch lintels. The springers are located at the midpoints of the top window frame. The windows on the second floor have brick Jack arches with paneled limestone keys.

- Wings, façade: the same eight-over-four windows. All windows except the center windows on the first and second floors are identical featuring brick Jack arches with paneled limestone keys. The two center windows are wider, plus the center windows on the first floor are set in the same Roman arches as noted above, with flat (not paneled) limestone keys.

- Wings, sides (east and west): the same eight-over-four windows. The first floor windows are set in indented Roman arches with flat limestone keys and springers. These windows have brick Jack arch lintels. The springers are located at the midpoints of the top window frame. The windows on the second floor have brick Jack arches with paneled limestone keys.

- Sleeping porches (all sides): Wood sash featuring transoms of six vertical lights over three sash panels of 12 lights each, the center panel being an operable casement. On the south sides, the center casements have been replaced with solid panels with exhaust fan vents. On the first floor (facing east or west), the operable casement is replaced with a wood French door of 12 lights.

- Main block, south side: Only one window is visible on this side since the wood frame addition has been added. This window is a simple two-over-two arch-top wood double-hung sash window set in a semicircular brick arch lintel. The window is in the gable of the attic wall.

- Main block, east and west sides: six-over-six arch-top wood double-hung sash windows set in semicircular brick arch lintels. Two pairs of coupled windows of the same configuration are located on each floor, one opening in from the north and south ends.

- Wing extensions and south walls of main hyphens: six-over-six arch-top wood double-hung sash windows set in semicircular brick arch lintels on the first floor and three-over-six arch-top wood single-hung sash windows set in Jack brick arch lintels on the second floor.

- Wood-frame addition and hyphen south of main block: four-over-four coupled double-hung wood on the first floor and two-over-two coupled single-hung wood on the lower floor. On the west side, first floor, the windows are eight-light transom with two-over-two single hung sash below.

Building 412 is also known as the General Franklin Building. Originally, this building served as a domiciliary dining hall for old veterans. It has been leased to the Miami Valley Housing Authority to function as a halfway house to incorporate the mentally and physically handicapped back into society. The building retains a very

high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Quonset Huts T-26, T-34, T-38, and T-39, Nursing Staff Housing**

Contributing Buildings

The following four 1947 quonset hut buildings were originally constructed to house additional nursing staff following the end of World War II. Each building is a half-circle vault approximately 40-feet long with a 20-foot diameter (10-feet height at the apex). The structures are wood frame covered with overlapping painted steel corrugated sheets. Each of the short ends (the half-circles) are enclosed with painted plywood. Double full-height wood doors are located on each façade. The buildings are identical in construction except for the following exceptions.

**T-26, (Transportation Storage)**

Building T-26 is currently used for storage. The building is oriented north-south with the entrance (façade) on the north. There is a round ventilating cupola on the apex of the roof to the north. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is good.

**T-34, (Grounds Storage)**

Building T-34 is currently used for storage. The building is oriented east-west with the entrance (façade) on the west. There is a metal vent over the doors on the façade. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is very good.

**T-38, Nursing Staff Housing (Welding Storage)**

Building T-38 is currently used for storage. The building is oriented east-west with the entrance (façade) on the west. There is a metal vent over the doors on the façade. It has been constructed on a raised poured concrete foundation. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**T-39, Nursing Staff Housing (Grounds Storage)**

Building is currently used for storage. The building is oriented east-west with the entrance (façade) on the west. The building retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is good to fair.

**Site 2, Landscape/Grotto Springs**

Contributing Site

Many aspects of the Grotto, such as the stone steps, Grotto Arch, and two springs, remain. The Grotto is set on the eastern portion of the historic district surrounded by Pennsylvania, Kentucky and West Virginia Avenues and adjacent to the two lakes.

Work on the Grotto/Spring area of the campus began in 1868, when Frank Mundt, a trained florist and Civil War veteran started planting vines in the rock crevices. Mundt had worked as a florist and gardener in Germany.

Architect C. B. Davis laid out the garden in walks, promenades, and flower beds. This area provided visitors with shade, relaxation, and a refreshing drink from the three original springs. The Grotto/Spring area was truly a paradise of flowers and fountains. Time and neglect have gradually diminished the "garden showplace" aspects of the site, (along with the loss of less significant amenities like the Menagerie and the Alligator Pond) and certain landscape features are deteriorating to a degree (grotto arch, for example). Yet despite these changes, the site with its two extant lakes and groves of trees, still largely reflects the park-like setting envisioned by its developers and retains a sufficient amount of environmental detail to document the open, inviting character of the overall landscape design. The site retains a moderate degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is fair—the grotto area is extremely overgrown with vegetation and much is hidden from view, and certain individual features are deteriorated.

**Structure 1, Anderson Gateway**

Contributing Structure

This ornamental Italian Renaissance style structure was executed entirely in white limestone. It consists of double pillars approximately 30-feet tall flanking both sides of Tennessee Avenue at the South Gettysburg Avenue intersection. The pillars sit on 10-foot by 15-foot high square bases with a raised upper band, and an extended splayed drip; decorative seals face southeast from each base. The pillars feature four-sided symmetrical engaged Ionic columns supporting a wide molded band with three rosettes, atop which is a wide overhanging cornice. The cornices are surmounted by sculpted pyramidal apexes holding globes with seated eagles facing southeast. Each pillar features decorative round seals, the seal of the United States, and the inscription "E Pluribus Unum"—all facing southeast between the engaged columns.

Curving southeastward from each pillar is a semicircular wall of limestone approximately 15-feet high. The upper third part of these walls features carved, framed Union Jack grillwork in limestone with a slightly projected coping.

The Board of Managers approved $4,000 for the construction of a gateway at the Gettysburg Avenue entrance in September of 1902. The gateway was erected in 1904. In September 1905, the Board of Managers authorized that the new gateway would be called "Anderson Gateway." General Charles M. Anderson, the gateway's namesake, was a manager of the National Home at the national level from 1894 to 1908. He was simultaneously the local manager of the Central Branch. The structure retains a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is excellent.

**Structure 2, Grotto Arch**

Contributing Structure

The Grotto Arch was constructed around 1900 as an ornamental replacement for the original stone arch built in the 1870s. The structure consists of twin towers set approximately 12-feet apart halfway up a rock hillside at the west side of the Grotto Springs area. The towers are approximately 10-feet up from the surrounding grade, and are approximately 10-feet square and 30-feet high. Construction is roughly hewn limestone with steeply sloped (45-degree) wood shingle hipped roofs which have copper ridge flashing. One tower is built into the hillside—uniquely blending the entire structure with the surrounding landscape. Spanning the towers is a wood shingle gable roof set at the same angle as the tower roofs and similarly flashed. Decorative scroll brackets in a tripartite design adorn this center roof on the uphill and downhill sides. The towers have wood-framed Gothic openings on all four sides, and circular openings on the uphill and downhill faces. All openings have been filled-in with painted wood panels.

Rough hewn limestone steps lead up to the twin towers and a stone pathway continues between the towers and to the west out of the Grotto Springs area. The structure exhibits a very high degree of integrity of location, design, setting, feeling, association, materials, and workmanship. Condition is fair—certain sections of the shingle roofing are deteriorated and are in need of repair.

**Structure 3, Funerary Tunnel Remains**

Noncontributing Structure

The funerary tunnel is the last extant resource associated with the 1871 main hospital. The tunnel provided a discrete exit for members who passed away at the Central Branch of the NHDVS. The caskets were transported from the morgue located on the northeast side of the Home Hospital. The opening of the tunnel leads to the cemetery where a horse-drawn hearse waited to carry off the members of the Home to their final resting place. The structure's exterior portal retains a low degree of integrity since it no longer conveys its historic use as a funerary tunnel. The interior is not in particularly bad condition, but it is currently sealed until it is decided what to do with it. It is believed that the interior tunnel has been sealed for several years with the only access being a manhole cover above. Because of its lack of exterior integrity, the funerary tunnel is considered noncontributing.

## 8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:
Nationally: X Statewide:__ Locally:__

| | |
|---|---|
| Applicable National Register Criteria: | A X B__ C__ D__ |
| Criteria Considerations (Exceptions): | A__ B__ C__ D X E__ F__ G__ |
| NHL Criteria: | 1 |
| NHL Exceptions: | 5 |
| NHL Theme(s): | II. Creating Social Institutions and Movements<br>2. Reform movements<br>III. Expressing Cultural Values<br>5. Architecture, landscape architecture, and urban design<br>IV. Shaping the Political Landscape<br>2. Government Institutions |
| Areas of Significance: | Health/Medicine<br>Social History<br>Politics/Government<br>Architecture<br>Landscape Architecture |
| Period(s) of Significance: | 1917-1959 |
| Significant Dates: | 1917, 1918, 1930, and 1945 |
| Significant Person(s): | N/A |
| Cultural Affiliation: | N/A |
| Architect/Builder: | Lewis B. Gunckel (planner/designer), C. B. Davis (architect), Thomas Budd Van Horne (landscape architect), Frank Mundt (landscape design), Major Charles Beck (landscape design), Chaplain William B. Earnshaw (cemetery design and layout) |
| Historic Contexts: | *National Home for Disabled Volunteer Soldiers* |

**State Significance of Property, and Justify Criteria, Criteria Considerations, and Areas and Periods of Significance Noted Above**

**Statement of Significance**

The Central Branch, National Home for Disabled Volunteer Soldiers (NHDVS)/Dayton Veterans Administration Home is nationally significant under National Historic Landmark (NHL) Criterion 1. The Central Branch, NHDVS/Dayton VAH reflects the evolution and shift in Federal care for veterans starting in World War I (1917), as well as the end of an era in veterans care under the National Home for Disabled Volunteer Soldiers (NHDVS) model, and the consolidation of veteran's benefits and the establishment of the Veterans Administration (VA) in 1930. The Central Branch was the administrative center for the NHDVS from 1916 until 1930 and served as the Central Depot for the entire system. The cemetery meets Criterion Exception 5 since it provided a final resting place for veterans as an integral component of the holistic benefits offered to them. The national cemeteries were part of the original establishment of veterans homes. The Central Branch, NHDVS/Dayton VAH is associated with NHL Theme II: *Creating Social Institutions and Movements*, and NHL Theme IV: *Shaping the Political Landscape* as a property associated with the development of a Federal system providing medical and residential benefits for veterans.

Among the eleven original NHDVS campuses, Dayton is notable for representing through its historic structures and landscape features a transitional phase of development in veterans care, and for its strong association with the modernization programs instituted by the Veterans Bureau and Veterans Administration. Following both World Wars I and II, public sentiment swelled in response to returning soldiers in need of treatment and therapy, and as a result, the Federal government pushed for the modernization of health care for veterans across the nation. The Dayton VA Home, one of the earliest veterans homes established by the NHDVS and the administrative center from 1916-1930, is the one home that best represents this evolution of care, reflected in subsequent building programs, from the last years of the NHDVS system into a more modern system of veterans health care.

The Dayton VAH was listed in the National Register of Historic Places in 2004 for its association with the NHDVS and the VA. The period of significance for the NR nomination spans from 1867 to 1952 and includes fifty-two contributing resources. The proposed NHL includes fifty-one contributing resources and has a shortened period of significance from 1917 to 1959. Although Dayton has extant resources dating to the earlier NHDVS phases, collectively the campus does not have as high a degree of integrity for the earliest phases of the NHDVS as do four other NHDVS campuses designated to date (Northwestern Branch, Mountain Branch, Battle Mountain Sanitarium, and Western Branch).

The period of significance for the Dayton veteran's facility is 1917 to 1959. In 1917, an amendment to the War Risk Insurance Act 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. This Act also created a new Federal bureaucracy and expanded benefits to World War I veterans. The period of significance encompasses this transitional period from an NHDVS facility to a VA facility, and through the pre- and post- World War I and II rebuilding of veterans care based on modern medical standards. From 1867 to the present, the domiciliary program at the Central Branch, NHDVS/Dayton VAH has retained a consistent objective that originated with the establishment of the NHDVS: to provide a wide range of clinical services; provide bed-based care in a safe, secure, semi-structured, home-like environment; and to provide clinical care

emphasizing a positive therapeutic milieu, functional independence, and mutual support, specifically utilizing the Therapeutic Community model.[13]

As of 2009, seven of the eleven campuses that were a part of the NHDVS retain their original mission of providing medical, surgical, and domiciliary care to veterans in the current Department of Veteran Affairs. Though the Central Branch NHDVS/Dayton VAH does not possess the most complete complex of historic resources associated with the NHDVS period, its resources reflect the crucial transitional period when NHDVS facilities evolved into a modern system of veteran healthcare with the creation of the Veterans Bureau, and ultimately, the Veterans Administration. The extant collection of buildings throughout the Central Branch, NHDVS/Dayton VAH, representing a history that encompasses multiple building programs, occupational and vocational therapy, treatment, association with medical schools, and the national cemetery, tells the story of how care for veterans evolved and developed into its current form. Whereas the four NHDVS homes designated to date represent the early phase of veterans care through 1930 (identified as Phases I through V in the theme study), Dayton represents the transitional period from the latter years of the NHDVS era (Phases V-VII), into a more modern era of care culminating in the creation of the Veterans Administration. Although Dayton has extant resources dating to the earlier NHDVS phases, collectively the campus does not have as high a degree of integrity for the early phases of the NHDVS as do the other four NHDVS campuses designated to date.

In 1930, along with Veterans Bureau Hospitals and other Federal agencies, the NHDVS campuses across the nation were absorbed into the Veterans Administration and became known as VA Homes. After the creation of the VA, the Dayton campus underwent an extensive building program to modernize medical, surgical, and domiciliary care for a new wave of veterans. The Central Branch, NHDVS/Dayton VAH has eighteen buildings constructed between 1930 and 1959 that represent this particular phase of VA history.

Thematically, the context of the Dayton VA home intersects with Theme II: *Creating Social Institutions and Movements*, and Theme III: *Expressing Cultural Values* through architecture and landscape architecture. The Dayton facility is associated with an early form of Federal social welfare that embodied the long-standing moral precept of treating wounded soldiers with care, decency, and compassion; the basic entitlement of medical care for war veterans; and the creation and evolution of an institution to continually meet these ideals. Under Federal law, all veterans were eligible for care at the national soldier and veterans homes. While racial discrimination shaped the administration of veteran care, Dayton and many of the early homes had a long history of providing care for black as well as white veterans. As a significant component of social welfare for veterans, the law and its practical application contradicted common racial and ethnic prejudices held by society during this period.[14]

By this time, a centralized architecture program housed in the Treasury Department coordinated national Federal design and construction, and substantially influenced the VA building program. It resulted in the application of regional styles at VA facilities and, at Dayton, eleven buildings featuring Georgian Colonial architecture, a style commonly found at Veterans Administration facilities in the Midwest and Northeast, complemented the modernization and improvement of care for veterans at Dayton.

Following World Wars I and II, as public sentiment swelled in response to returning soldiers in need of treatment and therapy, the Federal government pushed for the modernization of health care for veterans across

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[13] *VA Annual Report 1957*, 1, 5, 28; *Medical Care of Veterans,* 90th Cong., 1st Sess. 263 (1967). A complete current (2009) definition of Domiciliary Residential Care and Treatment of the Department of Veteran Affairs at Dayton can be found at https://www.va.gov/dayton-health-care/.

[14] Hull and Jeffrey, "Central Branch, NHDVS," NRHP Form, Sec. 8:29.

the nation. The Central Branch NHDVS/Dayton VAH is representative of the constant need to update and modernize health care for veterans. Buildings constructed between 1930 and 1940 are associated with the initial building program intended to increase the bed capacity in all VA facilities. The nine structures built between 1941 and 1959 that are still extant at Dayton reflect a utilitarian modernization of medical care on the campus as well as the continuation of the rehabilitative/communal quality of the campus reflected in the 1959 construction of the Sun Pavilion and recreation center. Reflecting the post-World War II development of the VA, the 1959 buildings demonstrated that the multifaceted communal nature of veterans care initiated at the original NHDVS facility at Dayton, endured as the VA evolved and modernized. No longer a pastoral, self-contained community outside the City of Dayton, the Central Branch, NHDVS/Dayton VAH and the active National Cemetery stand as an oasis of veterans care within the sprawl of an expanded and urbanized Dayton.

## History of Veteran Care

### Introduction

The Department of Veteran Affairs (VA), an executive branch cabinet agency of the United States government, has a long tradition of assisting veterans. The VA provides in- and out-patient medical and mental health care, dental, vision, and pharmaceutical benefits, substance abuse programs, long-term care for the elderly, services for the blind, vocational and educational assistance, domiciliary care, and transitional residences for veterans.[15] The creation of this comprehensive system was historically influenced by several Federal agencies: the Bureau of Pensions; the National Home for Disabled Volunteer Soldiers; the Bureau of War Risk Insurance; the Public Health Service; the Veterans Bureau; and the Veterans Administration. The forerunners of the tradition of domiciliary care for veterans include the U.S. Naval Asylum (later Home) in Philadelphia and the United States Soldiers Home in Washington, D.C. Specifically, the National Home for Disabled Volunteer Soldiers laid the foundation for comprehensive veterans' care in a community setting, and its evolution into the Veterans Administration in 1930 demonstrated the need to continually modernize and adapt the care of veterans to meet changing needs.

On March 3, 1865, Congress authorized the National Asylum for Disabled Volunteer Soldiers (NADVS) and established three branches in northern sections of the United States: an Eastern Branch in Augusta, Maine (1866); a Northwestern Branch in Milwaukee, Wisconsin (1867); and a Central Branch in Dayton, Ohio (1867). A Southern Branch was developed in Hampton, Virginia, in 1870 to support United States Colored Troops, but white Union soldiers eventually became the majority population due to its warm climate. In 1873, Congress changed the name of the agency to National Home for Disabled Volunteer Soldiers (NHDVS).[16] Within sixty-four years of its creation, the NHDVS featured eleven branches that stretched from the East to the West Coast of the United States: Western Branch in Leavenworth, Kansas (1884); Pacific Branch in Los Angeles, California (1887); Marion Branch in Marion, Indiana (1887); Danville Branch in Danville, Illinois (1897); Mountain Home Branch, in Johnson City, Tennessee (1901); and Battle Mountain in Hot Springs, South Dakota (1902).

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[15] Julin, *National Home for Disabled Volunteer Soldiers*"; Department of Veteran Affairs, *The Veterans Benefits Administration: An Organizational History: 1776-1994* (Washington, DC: Veterans Benefits Administration, 1995), 1.

[16] Kelly, *Creating a National Home*, 47. For consistency and clarity NHDVS will be used to discuss the Central Branch, NHDVS/Dayton VAH pre-1930 and the Dayton VA Home post 1930.

At its inception, the founders of the NHDVS conceived a comprehensive system of domiciliary and medical care for Union soldiers who fought in the Civil War.[17] NHDVS campuses incorporated entertainment, religion, education, occupational therapy, and beautified landscapes to create a home-like environment for its members. Throughout the latter half of the nineteenth century and up to World War I, NHDVS campuses concentrated on domiciliary care and soon became known as retirement homes or a final resting place for veterans. Following World War I, the NHDVS began to modernize health and domiciliary care. This period of modernization intensified with the consolidation of the NHDVS into the Veterans Administration in 1930.

The qualifications for admittance to the NHDVS changed over time. Following the Civil War, care focused on Union veterans whose service disability had caused economic distress. A series of congressional acts broadened the requirements for admittance: Public Law 114, enacted May 2, 1887, opened enrollment for veterans suffering from economic distress unrelated to their military service; Public Laws 120 and 121, enacted July 8, 1884, permitted admission of veterans of the War of 1812 and the Mexican-American War; and Public Law 217, May 26, 1900, opened the homes to veterans of all military conflicts.[18] By 1930, with the creation of the Veterans Administration, equal care and treatment were provided to veterans from all wars.

World War I overwhelmed the capacity of the early system. The Federal government sought to consolidate veterans' benefits with the 1921 establishment of the Veterans Bureau. It absorbed the responsibilities for vocational educational training of the Bureau of War Risk Insurance and the care and treatment of veterans functions of the Public Health Service. Veterans Bureau hospitals provided care and treatment in three main areas: general medical and surgical, neuropsychiatric, and tuberculosis. Outpatient clinics were provided as well. Between 1921 and 1930, the Veterans Bureau continued consolidating veterans programs but inefficiencies in the disparate programs, including the NHDVS, became more apparent.

Striving for more order and efficiencies in veterans' care, President Herbert Hoover signed Executive Order 5398 on July 21, 1930, consolidating the Veterans Bureau, NHDVS, and the Bureau of Pensions into the Veterans Administration (VA). The VA maximized utilization of existing facilities (primarily former Veterans Bureau hospitals) and continued the focus on neuropsychiatric, tuberculosis, and general medical and surgical care and treatment. The first director of the VA, General Frank T. Hines, instituted a series of building programs that updated existing facilities while also creating new facilities across the country. The homes retained from the NHDVS, some of the oldest in the VA system, had to be modernized to adequately care for veterans. The former NHDVS campuses included hospital as well as domiciliary facilities, and they became known as the National Homes Service of the VA.[19] While Dayton and seven other NHDVS campuses retained their original mission of focusing on domiciliary care, the Danville, Marion, and Togus campuses were eventually converted to neuropsychiatric units that did not provide domiciliary functions.[20]

United States' entry into World War II heightened public concern for veterans' care. A congressional investigation in the early 1940s resulted in the Baruch Report. It identified deficiencies in the Veterans

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[17] Kelly, *Creating a National Home*, 89.

[18] *Medical Care of Veterans,* 90th Cong., 1st Sess. 62 (1967). Throughout the history of the NHDVS veterans that received care were referred to as inmates, 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.

[19] Veterans Administration, *Annual Report of the Administrator of Veteran Affairs, 1931* (Washington, DC: United States Government Printing Office, 1931), 1; *Medical Care of Veterans,* 146; Gustavus A. Weber and Laurence F. Schmeckebier, *The Veterans' Administration: Its History, Activities, and Organization* (Washington, DC: The Brookings Institution, 1934), 320.

[20] Veterans Administration, *Annual Report of the Administrator of Veterans' Affairs, 1947* (Washington, DC: United States Government Printing Office, 1947), 134. The Western Branch was converted into a neuropsychiatric hospital in 1945 and reopened as a VA domiciliary on January 7, 1947.

Administration and recommended improvements. After the war, President Truman appointed General Omar Bradley as the new director with the intention of modernizing and reorganizing the VA. Bradley emphasized "topflight medical care to the disabled; and to help returning veterans, whenever they needed help—whether for education, training, to get back to gainful employment, buy homes, or business—to get back to normal life in their communities as soon as possible."[21] The following years led the VA to dramatically change and modernize into the care provided by the Department of Veteran Affairs today.

The VA campuses include cemeteries as an integral part of their purpose and operations. Preceding the creation of National Cemeteries, soldiers from the Union and Confederate forces were buried in close proximity to major battles or campsites. Responding to the massive number of dead during the Civil War, Abraham Lincoln signed the Act of July 17, 1862, to purchase cemetery grounds already designated for Civil War soldiers as well as the establishment of national cemeteries. Therefore, when the Board of Managers designated a location for an NHDVS facility, they also incorporated a cemetery to provide a resting place for veterans who died while in residence. These cemeteries were a part of the national cemeteries under the War Department, while the Army provided headstones for the NHDVS cemeteries. 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.[22]

**Development of Veteran Care**

The history of veteran care can be organized into seven phases throughout the period 1865 to 1959. Phase I, 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 II, 1871-1883, the institution's operations continued to develop and growth occurred at the individual sites. During Phase III, 1884-1900, the system expanded to include four new branches. In Phase IV, 1900-1917, two new branches were created and the system increasingly focused attention on the medical needs of veterans.[23] Phase V, 1918-1930, witnessed the impact of World War I, the establishment of the final NHDVS branch, the initial consolidation of veterans' relief activities into the Veterans Bureau, and the incorporation of the NHDVS into the newly created Veterans Administration. Phase VI, 1930-1945, represents the additional consolidation of veterans' benefits, and renewed building programs to increase care for World War veterans. Phase VII, 1945-1959, witnessed the appointment of General Omar Bradley as director and an increased emphasis on modernization of the Veterans Administration.

**Era of Change in Veterans' Care, 1918-1930**

Development of veterans' benefits during World War I dramatically affected the operations and the future of the NHDVS and other government agencies that dealt with veterans' benefits. After veterans were granted wide-ranging medical benefits, expansion of public medical services impacted NHDVS facilities, and the Board of Managers began to lose the autonomous control they had exerted since 1866. By the end of the period, the board was completely dissolved and the NHDVS system, along with several other agencies, was absorbed into the Veterans Administration.

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[21] Omar Bradley, *A General's Life: An Autobiography of General Omar Bradley* (New York: Simon and Schuster, 1983), 441; *Medical Care for Veterans*, 191.

[22] Edward Steere, "Early Growth of the National Cemetery," *Quartermaster Review* (March-April 1953).

[23] Julin, *National Home for Disabled Volunteer Soldiers*.

The United States entered World War I in the spring of 1917. Before the war ended, about four million men had volunteered or had been drafted into military service; 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.[24] 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 were the Federal entities that served disabled veterans. The Bureau of Pensions, 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 American ships and cargoes against the risk of war activities, 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. 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.[25]

The impact of World War I and the benefits granted under the War Risk Insurance Act created a huge demand for additional treatment facilities. An act in 1919 authorized the Secretary of the Treasury to provide facilities "for all discharged, sick, and disabled soldiers, marines, army and navy nurses (male and female)…" As part of this act, the Public Health Service (PHS) was authorized to furnish medical care and treatment for disabled WWI veterans, but there was no accompanying provision for construction of hospitals on any commensurate scale.[26] Provision was made for the PHS to make use of hospitals already under its management, other government-owned hospitals, and private hospitals that were contracted to provide necessary medical services, but these resources proved highly inadequate. The legislation signed in 1919 gave the Secretary of the Treasury the discretion to allot funds to the PHS to acquire by lease, purchase, or construction additional hospitals for veterans treatment.[27]

In early 1921, the Harding administration appointed two groups composed of consultants and specialists in medicine and hospitalization (known as the White Committee and the Dawes Committee) to meet and provide

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[24] Ibid., 331; DVA, *Veterans Benefits Administration*, 16.

[25] *U.S. Statutes at Large* 38 (1914): 711-712; *U.S. Statutes at Large* 40 (1919): 1302-1303; Kelly, *Creating a National Home*, 29, 100; President's Commission on Veterans' Pensions, *The Historical Development of Veterans Benefits in the United States* (Washington, DC: 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; Judith Gladys Cetina, "A History of Veterans' Homes in the United States, 1811-1930" (PhD diss., Case Western Reserve University, 1977), 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, DC: Government Printing Office, 1923), 1; DVA, *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* (March 2001): 1368-1369.

[26] Ralph Chester Williams, *The United States Public Health Service* (Washington, DC: Commissioned Officers Association of the U.S. Public Health Service, 1951), 605; Pub. L. No. 326*,* 65th Cong. (1919).

[27] Cetina, "A History of Veterans' Homes in the United States," 384; *Establishment of Veterans Administration Hospitals and Domiciliaries*, 1951; *Report of the Consultants on Hospitalization,* 1-4, 24-26; *Medical Care of Veterans*, 105-106; Pub. L. No. 326*,* 65th Cong. (1919).

recommendations related to the deficiencies in medical care and treatment of veterans. Through this action it became evident that the U.S. government was serious in its commitment to the future of medicine and science, in combination with other veteran benefits. The White Committee, comprised of four distinguished men in the field of medicine, studied the situation and recommended an immediate need for an increased veterans hospital program and also recommended sites and types; they also recognized the need for a new single organization to handle the myriad tangle of veterans' affairs. This committee proved to be quite farsighted by also recognizing the importance and potential benefits of creating a strong affiliation between the veterans' hospitals and medical schools and universities. This affiliation was ultimately adopted as policy after WWII.[28]

Information gathered by the White Committee was submitted to the Dawes Committee for use in further deliberations. The Dawes Committee, headed by General Charles Dawes and ten associates, also recognized the urgent need for a continuing and increased hospital building program, and that a hospital consulting committee should submit recommendations as to the type of buildings and appropriate locations. The proposed overarching agency should be responsible for a range of care and treatment for veterans: "proper examination, medical care, treatment, hospitalization, dispensary and convalescent care, necessary and reasonable aftercare…vocational training and other necessary services."[29] In addition to the utilization of existing PHS hospitals and other agency facilities, it was also proposed that facilities at NHDVS campuses be used where possible. The recommendations provided by these two committees proved to be critical for the future of veteran health care and served as a touchstone for the planning and construction of hospital facilities across the nation.[30]

In early 1921, Congress passed the first "Langley Act," again authorizing the Secretary of the Treasury to provide additional hospitals for patients of the Bureau of War Risk Insurance and the Federal Board for Vocational Education, Division of Rehabilitation. As in 1919, hospital procurement would be achieved through purchase, gift or lease of existing facilities, construction of new facilities, or remodeling or expansion of existing facilities. This included utilization of hospitals under the jurisdiction of the National Home for Disabled Volunteer Soldiers.[31] This act also directed the Secretary of the Treasury to provide assistance in the preparation of necessary plans and specifications for additional hospitals and to supervise their construction. This led to the creation of a "hospital section" in the Drafting Division of the Office of the Supervising Architect of the Treasury, responsible for the design and construction of hospitals in cooperation with the PHS. This division, under the Technical Branch of the Office of the Supervising Architect, provided consideration of sites, plans, and designs of buildings, including the design of standardized and special types such as hospitals, as well as major alterations and additions to existing buildings. In this regard, the Drafting Division carried out the directives of the First Langley Act.[32]

In large part as a result of the recommendations provided by the White and Dawes Committees, a new agency, the Veterans Bureau (VB), was established in August 1921 by Public Law No. 47, 67th Congress (also known as the "Sweet Act"). The changing needs of returning veterans and the planning for centralized efficiencies by a variety of progressive Federal officials led to the consolidation of veteran's benefits, compensation, insurance, medical treatment, and vocational rehabilitation under one agency. Public attitude towards the NHDVS had changed after WWI and the passage of the Vocational Rehabilitation Act. Major social and economic trends

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[28] *Medical Care of Veterans*, 109-110, 115-116.

[29] Ibid., 111.

[30] Ibid., 109-112.

[31] Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 79, 155; Pub. L. No. 384, 66th Cong., (1921) (commonly known as the first Langley Act).

[32] Pub. L. No. 384, 66th Cong., (1921); Darrell Hevenor Smith, *The Office of the Supervising Architect of the Treasury*: *Its History, Activities, and Organization* (Baltimore: Johns Hopkins Press, 1923), 42, 73-74.

complicated the needs of veterans and had a major influence on the future of the NHDVS and the new Veterans Bureau.[33]

Because the United States had become an industrial and urbanized nation by 1918, WWI veterans differed from their Civil War counterparts. Instead of returning to the family farm, many veterans were eager to move into cities to find wage jobs. Now cities provided many of the services once sought by veterans housed in Soldier's Homes. An article published in 1918 argued that soldiers did not want to become lifelong inmates of a soldiers home but wanted "to be restored to their homes and work and play" with everyone else. Thus, the long-term domiciliary convalescent care provided by the NHDVS was not assumed under the new agency—the focus on treatment of disabled veterans now centered on expeditious medical healing and overall rehabilitation in terms of vocational and physical therapies with the intent of returning veterans to active and productive civilian lives. Another pronounced shift during this time was in the transition from an aging population of veterans to a markedly younger population of men seeking to return to their own homes and families.[34]

Congress soon authorized additional funds intended to continue and further augment the expanding hospital building program. In particular, an act passed in April of 1922 (commonly known as the second "Langley Act"), placed the authority for all additional hospital construction, purchase, or remodeling squarely in the hands of the Veterans Bureau. In addition, the act gave the President the power to acquire "the architectural, engineering, constructing, or other forces of any of the departments of the Government to do or assist in such work, and to employ individuals and agencies not now connected with the Government…" Included in the act was a directive to "provide proper and suitable recreation centers," suggesting that even in this time of dire need for medical and hospital care, Congress recognized the importance of certain aspects of social/rehabilitative /communal care, heretofore primarily the focus of the NHDVS campuses. This act also enabled the VB to assume total control of certain PHS hospitals in one year's time, and resulted in the much-needed repair, modernization, and expansion of these overcrowded hospitals.[35]

An additional outgrowth of the committees' recommendations was the establishment of the Federal Board of Hospitalization in November 1921. The intent of the Board was to coordinate all Federal hospital activities, and for agencies sponsoring new hospital construction to submit complete reports and subsequent recommendations for the Board's review and ultimate approval. This remained the Board's mission until 1943 when changing circumstances during WWII led to an increase in the Board's responsibilities.[36]

## 1924 Annual Report of the Director

Prior to the passage of the second Langley Act, hospital construction work had been undertaken by the previously mentioned Office of the Supervising Architect, as well as construction offices under the War and Navy Departments. It was soon recognized that this provided an inefficient manner to coordinate all the necessary steps required. The 1924 Annual Report of the Director, U.S. Veterans Bureau, detailed a major revision in construction, maintenance and operation policies of the VB. Briefly, this meant that personnel

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[33] Elmer Lacey Shirrell, "The Creation of the United States Veterans Bureau: A Study in Administrative Organization" (Master's Thesis, University of California, 1925), 39-40; Pub. L. No. 47, 67th Cong. (1921) (commonly known as the Sweet Act); *Medical Care of Veterans*, 114.

[34] Trent Spurlock, Karen E. Hudson and Craig A. Potts, "United States Second Generation Veterans Hospitals," National Register of Historic Places Multiple Property Documentation Form (Washington, DC: U.S. Department of the Interior, National Park Service, 2011), E-7, E-35.

[35] *Medical Care of Veterans*, 96; Shirrell, "The Creation of the United States Veterans Bureau, 39-40; Pub. L. No. 194, 67th Cong. (1922) (commonly known as the second Langley Act).

[36] *Medical Care of Veterans*, 120-121.

detailed to the other agencies were to be assigned to the new Construction Division of the VB. In addition to other duties, the Design Subdivision of the Construction Division was charged with the preparation of design, plans, and specifications of new hospitals, the remodeling of existing work, and certain landscape design such as road and walkway layout. An important detail of this directive was the necessity of the design team to coordinate the intent with medical and bureau requirements. The entire process/procedure was explicitly spelled out in the annual report, where the first consideration was given to every possible use of existing VB hospitals, and if this proved insufficient, only then would the acquisition and site survey required for the construction of a new hospital be considered.[37]

It is interesting to note that a major emphasis was placed on the need for careful consideration of the character of the selected site, as to its "value as a location for the proposed construction, and which will affect the design and arrangement of buildings to be placed thereupon." This indicates that the landscape value of the new site was still given some deliberation, perhaps not to the degree as was the case at the NHDVS campuses but enough so that a subsequent VB Annual Report noted "special consideration has been given…to the beautification of the grounds at hospitals, including grading, seeding and the planting of trees and shrubbery. This has resulted in marked improvement in the physical appearance of grounds and approach to the hospitals."[38]

The issue of "standardization" as it applied to the efficient administration and operation of the new bureau's hospital facilities, as well as the application of standardized plans and designs for institutional buildings and grounds, was a topic of great discussion and deliberation during this time. Seeking to establish the most modern, up-to-date standards of civil/municipal hospital organization, management, planning and construction, a national set of approved standardized plans and criteria was established to provide "principles of efficiency" for all hospital types.[39] These general principles, coupled with a long history of the design and application of standardized planning under the U.S. Army's Quartermaster Corps and rapid national advances in the planning and design of hospital buildings, led to the development of "universal floor plans" utilized for the VB hospitals (and later under the Veterans Administration). Standardized floor plans, approved local or regional stylistic variations, and thoughtful consideration of site selection and design were all critical elements of the overall planning process.[40] The 1924 Annual Report of the VB provided information that seemed to reinforce the policy of standardization while also allowing for a measure of flexibility in certain circumstances. The "Procedure" section noted that the preparation of preliminary plans would be subjected to "repeated conferences in order that the hospital as designed will provide not only the various facilities required for the proper care of bureau beneficiaries, but also for effective and economical administration of the various activities of the hospital, and for future expansion and development…" The report goes on to substantiate the benefits of

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[37] United States Veterans Bureau, *Annual Report of the Director, 1924* (Washington, DC: Government Printing Office, 1924), 494-499 (hereafter referred to as *VB Annual Report*).

[38] *VB Annual Report 1924*, 497; *VB Annual Report 1927*, 56.

[39] Richard Waterman, "A Proposed Method of Hospital Standardization," *The Modern Hospital* 4, no. 2 (February 1915): 87-92; no author listed, "Hospitals of the United States to be Standardized," *The Modern Hospital* 9, no.5 (November 1917): 421-423; A. R. Warner, "Two Factors in Hospital Standardization," *The Modern Hospital* 12, no. 6 (June 1919): 402-403.

[40] The concept of planning, standardization, design and regional styles of Veteran's Administration architecture is covered briefly in the booklet co-produced by the Veterans Administration and The National Building Museum, *The Nation Builds for Those Who Served*, 18-29. Additional information is presented at the VA web site: http://www.va.gov/facmgt/historic/Arch_Set.asp. It is beyond the scope of this nomination to further discuss the history of hospital design and standardization, or the greater history of the Veterans Administration architecture. Further research by the VA may shed more light on this topic. Further discussion of standardized planning under the U.S. Army Quartermaster Corps can be found in: U.S. Army Corps of Engineers Seattle District, "Context Study of the United States Quartermaster General Standardized Plans, 1866-1942" (Technical Center of Expertise for Preservation of Structures and Buildings, November 1997), and in the 2011 National Register Multiple Property Documentation Form, "United States Second Generation Veterans Hospitals."

standardization in considering the "conservation of space, and to such arrangement of buildings and of facilities as will permit effective and economical operation."[41]

However, the report indicated that it would be impossible for architects of the bureau to foresee every variable of each particular site as well as unforeseen circumstances that may arise. As such, the report goes on to acknowledge that wording of contracting and specifications by necessity would have to allow for flexibility in the construction work required to deal with these unique situations as they arose. Certainly, regional variations in architectural styles were applied with much success while maintaining the emphasis on and application of the shared, common purpose floor plans, based on the three medical types of facilities: general medical/surgical, neuropsychiatric, and tuberculosis. This focus on interior floor plan standardization differentiated from the previous NHDVS hospitals which varied in both interior and exterior design. One aspect of the NHDVS campus plan that was incorporated by the VB (and later by the VA) was the creation of a "buffer zone" around the hospital campus "into which the campus-like arrangement of buildings and open space would fit" in a "natural" setting.[42]

During this active period of increased hospital acquisition and construction, the government's support for use and expansion of existing facilities prompted the NHDVS system to contribute to the care of a vast new group of veterans disabled by modern warfare. 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, 3,381 general hospital beds, 2,664 tuberculosis beds, and 1,554 neuropsychiatric beds, and all branches except the Pacific had room for additional residents and patients. The Southern Branch was transferred to the War Department in 1918 to serve as a military hospital. Men in residence there were sent to other branches until 1920, when the branch was returned to the NHDVS and its members reinstated at Hampton. Hospital beds at Battle Mountain Sanitarium not needed to serve NHDVS members were placed at the disposal of the Public Health Service in 1919 for a period of five years. 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 usage. At the Northwestern and Pacific Branches, original hospitals were modernized and new tuberculosis facilities constructed.[43]

The Central Branch in Dayton utilized and retrofitted existing facilities and constructed additional buildings in response to the new focus on use of NHDVS campuses to accommodate disabled WWI veterans. The existing hospital facility was modified and updated to reflect modern treatment policies, five barracks were remodeled and transformed into hospital units, and a three-hundred bed tuberculosis hospital was constructed. Five Tudor

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[41] *VB Annual Report 1924*, 497-498.

[42] VA and National Building Museum, *Nation Builds for Those Who Served*, 18-19.

[43] Cetina, "A History of Veterans' Homes in the United States," 374-380; Hull and Jeffery, "Central Branch, NHDVS," NRHP Form, Sec. 8:13; Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 79; 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 of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1923, Pt. I," DVACL (hereafter cited as "Annual Report 1923"); The Bureau of War Risk Insurance reimbursed the NHDVS for patients served at their facilities.

Revival duplex residences were constructed for doctors in 1921 (also known as "Doctor's Row") reflective of an increased presence of medical staff to serve World War I veterans.[44]

The fledgling Veterans Bureau was soon mired in controversy. Colonel Charles Forbes, previously serving as Director at the War Risk Insurance, was named as Director of the Veterans Bureau by President Harding. The following two years proved to be an unfortunate period that did not reflect well on the new agency. Instead of providing the immediate assistance needed by the veterans, the newly formed bureau was instead engulfed in corruption, fraud, and graft. Millions of dollars intended for use in the construction of new hospitals was lost as a result of the incompetence of the Forbes administration. By February 1923, Forbes had resigned and the following month General Frank T. Hines assumed the vacated position of director. Hines brought with him a long distinguished career in the military, and as such, was thought of by many as possessing the highest integrity and competency. One of the many positive changes Hines initiated within the bureau was the appointment of a medical council composed of thirty-four distinguished physicians, further advancing the emphasis on medicine and science as a core doctrine of the VB.[45]

At the end of the nineteenth century, the NHDVS had been providing long-term care for primarily aging or elderly men; post-WWI, young men with wounds requiring medical treatment or associated psychiatric problems constituted the majority of its residents and patients. Of 5,982 new NHDVS 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 4,363—nearly 73 percent—were veterans of the recent World War. By 1926, NHDVS officials were particularly concerned with the demands created by the need for psychiatric care. Veteran servicewomen were also 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 there, but at the end of the 1924 fiscal year less than half a dozen women had taken advantage of the opportunity. In 1928, Congress officially extended membership in the NHDVS to disabled women who had served in the armed forces as nurses.[46]

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 desperately needed capacity to the national institution. The total membership of the NHDVS had increased 10 percent in one year and the Central, Southern, and Mountain Branches, serving the eastern section of the country, had 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.[47] The NHDVS system was performing an important and continuing function in providing Federal benefits to veterans. In 1930, however, additional changes in the administration of veterans' benefits would officially dissolve the NHDVS and the Veterans Bureau and transform the way their programs had heretofore been administered.

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[44] Julin, *National Home for Disabled Volunteer Soldiers*, 35, 73; Jeffrey Hull, conversation with author Geoffrey Burt, June 9, 2011.

[45] For a further discussion of the Forbes years in the VB, please see: *Medical Care of Veterans* 1967, pp 121-125; Richard Severo and Lewis Milford, *The Wages of War: When America's Soldiers Came Home* (New York: Simon and Schuster, 1989), 249-257.

[46] "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, Pt. I," Veterans Administration Central Library, Washington, D.C. (hereafter cited as "Annual Report 1926").

[47] 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.

## The End of an Era: Consolidation of NHDVS Facilities

In 1928, General Frank T. Hines, then the Director of the Veterans Bureau, suggested consolidating veteran benefits in a letter addressed to Frederick Steiwer, a member of the House of Representatives. The letter recommended seven advantages to the consolidation of the NHDVS and the Veterans Bureau: eliminate divided responsibility in extending relief to veterans; create an efficient use of existing facilities, both hospital and domiciliary; decrease hospital construction; eliminate the need for centralizing certain types of hospital cases, as done by the NHDVS for neuropsychiatric patients; creation of a central supervisory agency; and, finally, the standardization of hospital treatment and eliminating the comparison between service provided by the Veterans Bureau and the NHDVS.[48]

Two years later, Congress recommended dissolving the NHDVS, a corporation described as a "Federal instrumentality" serving as a trustee for the United States, and turning its property over to the United States.[49] 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.[50] The NHDVS headquarters moved from the Central Branch at Dayton, Ohio, to Washington, D.C. Because NHDVS campuses had provided general medical, surgical, and domiciliary care since their creation, they were easily combined to create facilities for the VA and they continued providing comprehensive care. Treasury Department architects who had been working for the Veterans Bureau transferred to the Veterans Administration and the use of standardized building designs for medical facilities became increasingly common.[51]

For more than sixty years, the Board of Managers had controlled the administration of the NHDVS with minimal oversight from Congress. This administrative model had resulted in a decentralized system of branches created and maintained to care for disabled veterans. Despite a unity of purpose, each branch differed in setting, architecture, and even local governance. After the onset of World War I, the strong NHDVS identity began to weaken as other Federal programs utilized and supported the institution's functions. With consolidation of veterans' benefits under the Veterans Bureau in 1921, the physical plant, administrative structure, and medical facilities of the NHDVS underwent various changes. By 1930 the National Home ceased being an independent entity and its functions became the responsibility of a more comprehensive agency, the Veterans Administration.[52]

Between 1866 and 1930, the NHDVS medical and residential services expanded to an ever-broadening base of veterans. The institution first cared for volunteer Union veterans who had been disabled by their service and

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[48] Frank T. Hines, Director of the Veterans Bureau to Frederick Steiwer, House of Representatives, June 19, 1928. Records of the Department of Veteran Affairs, Policy and General Administration Files, National Archives, Washington, D.C.

[49] Cetina, "A History of Veterans' Homes in the United States," 381-383; House, *Consolidation of Veterans Activities*, 71st Cong., 2d Sess. (1930), H. Rept. 951, 2-3; *U.S. Statutes at Larg*e 46 (1930): 1016.

[50] "Unified Veteran's Relief," *New York Times*, March 14, 1930; Veterans Administration, *Annual Report of the Administrator of Veterans' Affairs, 1931* (Washington, DC: United States Government Printing Office, 1931), 1 (hereafter referred to as *VA Annual Report 1931*); House, *Consolidation,* 2-3; DVA, *Veterans' Benefits Administration.* 25-26; Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 1.

[51] Cetina, "A History of Veterans' Homes in the United States," 383; Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 278-280 and 318-330 discusses the organization of services; VA and National Building Museum, *Nation Builds for Those Who Served*, 18-19.

[52] Cetina, "A History of Veterans' Homes in the United States," 373-385; House, *Consolidation*, 2-3.

eventually grew into 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. Many of the functions and methods that originated in the NHDVS were also absorbed into the newly created Veterans Bureau and subsequent Veterans Administration, and domiciliary care that NHDVS campuses provided was extended through the National Home Service of the VA.[53]

**Consolidation and Modernization of Veteran Care, 1930-1945**

Responding to these inconsistencies in veteran care, President Hoover authorized an Executive Order on July 21, 1930, to consolidate and coordinate governmental activities affecting war veterans into a single agency, the Veterans Administration (VA). Therefore, Hoover combined the Bureau of Pensions, the National Home for Disabled Volunteer Soldiers, the Veterans Bureau, and a portion of the Office of Surgeon General of the Army. Hoover appointed Brigadier General Frank T. Hines, previously the director of the Veterans Bureau, as Director of the VA. For the most part, the leadership of former veteran agencies continued to lead the VA.[54]

One year after the formation of the VA, Hines implemented a new organizational structure of veteran benefits headquartered in Washington, D.C. He divided the responsibilities of the Veterans Administration into five major offices: Office of the Executive Assistant to the Administrator of Veteran Affairs; Office of the Assistant Administrator of Medical and Domiciliary Care, Construction, and Supplies; Office of the Assistant Administrator of Pensions and Compensation; Office of Assistant Administrator of Finance and Insurance; and Office of Special Counsel on Insurance Claims. An organizational chart from the 1924 Annual Report of the Veterans Bureau indicates similarities in the organizational hierarchy at that time in relation to the VA; a major difference, of course, being that the domiciliary function of the NHDVS was at that time still an entirely separate body.[55]

The Assistant Administrator of Medical and Domiciliary Care, Construction and Supplies incorporated Veterans Bureau Hospitals and the NHDVS campuses. The Assistant Administrator managed four branches: the Medical and Hospital Service, National Homes Service, Construction Service, and the Supply Service. A Medical Director was appointed to the Medical and Hospital Service, responsible for all matters relating to the medical and dental care, treatment, hospitalization, physical examination, and out-patient relief at all VA facilities that treated beneficiaries and claimants under the laws administered by the VA. Throughout the following years the VA standardized all forms of treatment delivered to veterans and was advised by the Medical Consultant Council. Much like Franklin Roosevelt's Brain Trust, this part-time advisory organization was comprised of thirty-one nationally known physicians that were consulted on problems relevant to veterans' medical care and administration.[56]

The National Homes Service assumed control and supervision of nine of the former NHDVS properties. Under the new VA, it was divided into three divisions: the Office of the Director, the Administrative Division, and the Admissions and Operation Division. Each home possessed facilities for domiciliary care, medical and surgical

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[53] Kelly, *Creating a National Home*, 82.

[54] *VA Annual Report 1931*, 1-3; Veterans Administration, *Annual Report of the Administrator of Veterans Affairs*, *1945* (Washington, DC: United States Printing Office, 1945), 3-5 (Hereafter referred to as *VA Annual Report 1945*).

[55] Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 306-339, provides a thorough discussion of how the offices relate, overall organization, who reported to whom, etc.; *VA Annual Report 1931*, 1-4.

[56] Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 318.

treatment, religious worship, and recreation and entertainment of the beneficiaries. Most of the former NHDVS campuses retained their multifaceted service for veterans focused on domiciliary, medical, and rehabilitative care while increasingly emphasizing the modernization of medical treatment and associated physical facilities. The deepening of the Great Depression exacerbated veterans needs and contributed to ongoing construction programs for the old NHDVS facilities as part of the economic recovery programs. In the first fifteen years of the VA, the administrators transformed the campuses of the homes in a way that focused on the medical and rehabilitative needs of a changing veterans' population while maintaining the community atmosphere of the original NHDVS.[57]

**The Great Depression and the Economy Act**

The creation of the VA coincided with the Great Depression, the effects of which were suffered by the entire nation. For many WWI veterans, the situation was especially dire. Unemployed veterans looked to the Adjusted Servicemen's Compensation Act of 1924 for relief. This adjusted compensation act entitled veterans to a delayed compensation of $1.25 for each day of service overseas and $1.00 for service in the United States. The economic welfare of veterans decreased with the stock market crash in 1929 and widespread unemployment. Many veterans believed they deserved immediate compensation for their service and petitioned for an amendment to the 1924 Act. To further advocate for an amendment, veterans organized the Bonus Expeditionary Force (BEF) in Oregon to march on Washington, D.C. This began the famous Bonus March. Veterans from all over the country joined the BEF and petitioned their case for early compensation of their cash bonuses to Congress. In the summer of 1932, the bill failed in the Senate and thousands of veterans living in shacks near the Capital were violently driven out by the army. The VA provided assistance to thousands of veterans returning home after being evicted from the city. In January 1936 under Franklin D. Roosevelt, Congress passed a bill (known as the Vinson-Patman-McCormack Bill) allowing for adjusted compensation for WWI veterans through the long-sought-after bonus law. In anticipation of the response following the passage of the bill, the VA already had the application forms printed and partially distributed. Ultimately, the Bonus March changed government veteran care to allow for and include an increase in pension and repayment of veterans' services.[58]

Despite the VA's efforts to adequately provide for American veterans, the continuing pressures of the Great Depression forced President Roosevelt in 1933 to propose the Economy Act, revoking certain benefits previously given to veterans. Veterans of the Spanish-American War and WWI who had formerly qualified for pensions because of service-related disabilities would no longer receive care unless they were completely disabled. New and stricter eligibility requirements reduced the number of veterans able to receive medical and domiciliary care. The most drastic change engendered by the Economy Act was the cancellation of pensions to veterans of the Spanish-American War and WWI below the age of 62 that were not totally disabled. Approximately 7,411 domiciliary members in National Homes were discharged because they did not meet the new requirements of admittance. Furthermore, during the development of the Economy Act, the National Economy League, a group that monitored government spending, recommended to Congress that all VA hospital and domiciliary home construction should be discontinued and no additional appropriations for construction or alterations should be made.[59] Hines spoke out against these modifications to veterans' benefits in December of

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[57] Ibid., 349.

[58] *Medical Care of Veterans*, 150-153; Roger Daniels, *The Bonus March: An Episode of the Great Depression* (Westport, CT: Greenwood, 1971), 39-40, 240-241; Paul Dickson and Thomas B. Allen, *The Bonus Army: An American Epic* (New York: Walker, 2004), 197. Both of these sources provide more in-depth discussion on the Bonus March and related issues.

[59] Veterans Administration, *Annual Report of the Administrator of Veterans' Affairs*, *1933* (Washington, DC: United States Printing Office, 1933), 13 (hereafter cited as *VA Annual Report 1933*); *Medical Care of Veterans*, 153-154; Veterans Administration,

1932. He argued that medical and domiciliary care had been provided to veterans since the American Revolution and should therefore not be revoked in the Economy Act. Hines further petitioned against the enactment of the Economy Act and advocated to retain benefits for veterans. As a result, Congress overrode Roosevelt's veto of the Bonus Act of 1936, which legislated the immediate compensation of WWI veterans of their Adjusted Compensation Certificates (cash bonuses), and restored veterans' benefits on March 28, 1934. The VA also began receiving appropriations from Congress and the Public Works Administration (PWA), a Federal recovery agency that Roosevelt created in response to the widespread unemployment throughout the nation, to continue the development and modernization of its facilities.[60]

Both the effects of the Great Depression and the policy of opening hospitalization to all veterans increased the need for a VA construction program, and this therefore became the emphasis of Hines' administration.[61] Facilities at Veterans Bureau and NHDVS campuses were scattered throughout the nation, and the newly created VA wanted to prevent duplication of facilities within states. For example, a regional office of the Veterans Bureau in Milwaukee, Wisconsin, was demolished, and the Northwestern Branch of the NHDVS located there, capable of providing regional assistance, became a "Combined Facility" for the VA (regional office, hospital, and home).[62] To accommodate the growing number of veterans, Hines also incorporated building programs that emphasized the construction of new hospitals and homes and additions to and modernization of older VA facilities.[63] He initially requested $19,275,000 from President Hoover in 1930 for the first building program.[64] Five additional hospitals were constructed during the fiscal year of 1931 in New Jersey, Pennsylvania, Nebraska, Connecticut, and Kentucky.[65] In 1931, the development of additional domiciliary facilities at National Homes was approved: St. Petersburg, Florida, later known as Bay Pines (opened in 1933 as part of a combined facility); Biloxi, Mississippi (opened as a VA home in 1933); and Roseburg, Oregon (originally constructed in 1894 as a state home, acquired and opened as a VA home in 1933); Tuskegee, Alabama (opened as a Veterans Bureau hospital 1923, expanded with a VA domiciliary facility in 1933, converted back to hospital unit in 1934). These facilities essentially symbolized a modern, updated NHDVS campus and provided a combination of general medical and domiciliary care.[66]

The Marion Branch, a former NHDVS campus in Indiana, was converted into a neuropsychiatric hospital during the twenties and was managed solely by the Medical and Hospital Service.[67] After their consolidation into the VA, the other ten NHDVS campuses were referred to as Veterans Administration National Homes. Eventually though, because of their dual functions, VA National Homes were supervised by both the National Homes Service and the Medical and Hospital Service. To ensure the standardized treatment of patients in VA

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*Annual Report of the Administrator of Veterans' Affairs, 1934* (Washington, DC: United States Printing Office, 1934), 1 (hereafter cited as *VA Annual Report 1934*).

[60] Joint Congressional Committee on Veterans' Affairs, *Veterans' Affairs: Pursuant to Title VII, Public Law 212, Approved June 20, 1932*, 72nd Cong., 2d Sess. (1932), 729-745; *Medical Care of Veterans*, 154.

[61] Frank T. Hines defended a VA hospital building program to Congress on Wednesday, February 4, 1931. Hines argued that the amendment to the World War Veterans Act in 1924 affected the patient load in VA hospitals because it authorized the general hospitalization of veterans of all wars without regard to the origin of their disabilities. He further argued that in 1931 the VA remained incapable of supporting the number of veterans in the United States and requested additional funding to increase the bed capacity and make improvements to old VA facilities; House Subcommittee on Hospitals of the Committee on World War Veterans' Legislation, *Hospital Building Program,* 71st Cong., 2d and 3rd Sess. (1931), 1-3.

[62] Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 350-351, 362.

[63] *Medical Care of Veterans*, 146, 149;*, VA Annual Report 1931*, 3.

[64] "Hines Plans Hospitals," *New York Times,* December 18, 1931.

[65] *VA Annual Report 1931*, 20.

[66] Ibid., 28; Weber and Schmeckebier, *Veterans' Administration: Its History, Activities, and Organization*, 349-351, 361-362.

[67] For clarity and consistency the Dayton VAH will be referred to as the Dayton VA Home, post 1930; *Medical Care for Veterans*, 145; *VA Annual Report 1931,* 4, see table depicting the organization of the Veterans Administration.

hospitals and homes, the Medical and Hospital Service oversaw operations of hospital care in the homes. In order to preserve elements of the NHDVS, Hines retained Colonel W. Wadsworth, former President of the Board of Managers and Governor of the NHDVS campuses until July 1, 1931, as the Director of the National Home Service.[68]

## Preparing for Impending War

Patients at VA facilities with non-service connected ailments increased after 1934 and the VA focused on construction programs to meet the needs of those beneficiaries. The VA building program intensified after 1936 in response to global tensions as Italy invaded Ethiopia, Japan renewed war with China, and Germany occupied Austria and Czechoslovakia. General Frank Hines advocated for adequate national defense and he further argued that future building programs were essential for the VA to adequately defend the nation.[69] In a press conference at Dayton, General Hines noted that the VA had to prepare for a world conflict and be ready to defend the country. He had no desire to see the United States become involved in another World War, but he believed that "all will agree that adequate national defense is not an invitation to war, but on the contrary, is an invitation to keep us out of war," and further commented that the VA had undertaken the largest hospital construction program ever. General Hines said that what was originally a "soldiers home" here has now been turned into a facility which means a hospital, and eventually a regional office that will be in position to do all that a government can do for those who risked their lives in defense of their country.[70] Hines now defined the VA as a defense agency and stepped up construction in preparation for a possible war. Construction funds from recovery programs more than quadrupled; from $3,041,650 in 1933 (the National Recovery Act) to $13,268,200 in 1938 (the Public Works Appropriations Act). By the end of the 1940 fiscal year, the VA had 86 available facilities with 59,637 available hospital beds, and 18,497 domiciliary beds.[71]

The Federal Board of Hospitalization prepared a comprehensive study on the present and future institutional needs of the VA in 1940. The board concluded that in order to provide for the growing number of veterans, the VA would have to increase its bed capacity by 100,000. This plan was approved by President Roosevelt on May 8, 1940 but was never implemented because of the U.S. involvement in WWII. Throughout the duration of WWII, the VA limited creation of new and modernization of existing facilities. Despite limited construction toward the end of the war, between 1930, the establishment of the VA, and 1945, when Hines resigned as Director of the Veterans Administration, Hines' construction programs increased the number of VA hospitals and homes from 54 to 97 and the total bed capacity from 45,571 to 95,211.[72]

## The World War II Years

Congress passed several important pieces of legislation for veterans and their families prior to and during WWII. In 1940, the National Service Life Insurance program was crafted "to aid the families of servicemen killed or totally disabled before they had a chance to take out insurance."[73] This act provided $5,000 to families of servicemen killed or totally disabled. On March 17, 1943, President Roosevelt signed Public Law 10, which established eligibility requirements for WWII veterans on a par with those for veterans of earlier wars; this

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[68] *VA Annual Report 1931*, 3; *Medical Care of Veterans*, 145.

[69] *Medical Care of Veterans*, 156-157 and 158-159; "1,500 Witness Cornerstone Ceremony at Soldier's Home: General Hines Calls for Adequate National Defense in America," *Dayton Journal*, November 1, 1936.

[70] "1,500 Witness Cornerstone Ceremony at Soldier's Home: General Hines calls for Adequate National Defense in America," *Dayton Journal*, November 1, 1936.

[71] *VA Annual Report* (1938), 13; *VA Annual Report* (1940), 11.

[72] *VA Annual Report* (1940), 11-13; *VA Annual Report* (1945), 3-5.

[73] *Medical Care of Veterans*, 167.

meant that all veterans could be hospitalized if they stated under oath they could not pay for service elsewhere, and if the necessary beds were available. This would have a huge impact on the VA hospitalization program at the conclusion of the war.[74] Ten days after signing Public Law 10, Roosevelt signed Public Law 16, the Vocational Rehabilitation Act, which provided rehabilitation and training for veterans who were unable to return to their former occupations. The act provided up to four years of training to overcome serious disabilities and prepare them for an alternative occupation.[75]

Congress recognized the need to focus on the broader issue of preparing veterans for civilian life rather than traditional veterans benefits. The most significant legislation passed was the Servicemen's Readjustment Act of June 22, 1944, popularly known as the G.I. Bill. It provided a comprehensive program that emphasized education and training benefits; loans for the purchase or construction of homes, farms, and business property; aid in the employment of veterans; and unemployment benefits in the form of monetary allowance." The VA also acquired five-hundred million dollars for the construction of new hospitals.[76]

Despite these advances, actual care at VA facilities suffered. After the United States entered the war seven thousand employees left the VA to join the war effort. This created a shortage of VA doctors and nurses throughout the war years; this problem was partially ameliorated by detailing Army medical doctors to the agency. In 1945, there were 2,300 full-time doctors with the VA and 1,700 of those doctors were on loan from the U.S. Army and Navy who would leave the agency after their two-year enlistment. The VA, anticipating a massive increase in the demand for veterans' care after the war, built several new hospitals and facilities despite the low Federal priority of the VA. The agency constructed new hospitals at Fort Howard near Baltimore, Maryland, at Marion, Illinois, and at West Roxbury, Massachusetts, during the war. Because it proved to be very difficult to obtain necessary labor, supplies, and materials during the war for new construction, the VA found it expedient to make use of existing facilities through remodeling and additions. Certain hospitals and VA Homes were converted to new hospitals with a different use. Examples include Excelsior Springs, Missouri; Fort Meade, South Dakota; Togus, Maine (former Eastern Branch, NHDVS); Wadsworth, Kansas (former Western branch of NHDVS); and Wood, Wisconsin (former Northwestern branch, NHDVS).[77]

Despite the efforts of Congress and Hines, public criticism arose regarding the shortcomings in veteran care. Albert Deutsch, a respected author promoting mental health care reform, published several articles attacking the VA in January of 1945. Deutsch wrote that the VA was a "vast dehumanized bureaucracy, enmeshed in mountains of red tape, ingrown with entranced mediocrity, undemocratically operated under autocratic control centered in Washington, prescribing medieval medicine to its sick and disabled wards, highly susceptible to political pressures, rigidly resistant to proposed reforms." Other articles called veterans hospitals a backwater of medicine, and VA medicine third-rate medical care for first class men. In the summer of 1945, the American Legion conducted an investigation at the Dayton VA Home and concluded that the facility was not providing care to veterans in a timely manner and stated that the medical director had a "no nothing" attitude with regard

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[74] Ibid., 168-169.

[75] Ibid., 169; Gertrude Keough, *History and Heritage of the Veterans Administration Nursing Service, 1930-1980* (New York: National League for Nursing, 1981), 4-7.

[76] *Medical Care of Veterans,* 167-171; Veterans Administration, *Annual Report of the Administrator of Veterans' Affairs* (Washington, DC: United States Government Printing Office 1944), 1 [hereafter cited as *VA Annual Report* (1944)].

[77] Gertrude Keough, *History and Heritage of the Veterans Administration Nursing Service, 1930-1980* (New York: National League for Nursing, 1981), 4-7; *Medical Care of Veterans*, 166-167, Appendix B: History of construction and acquisition of VA hospitals and domiciliaries.

to medical treatment. The report underscored the shortage in the number of doctors and nurses caring for veterans and called for a reorganization of the VA into a more decentralized agency.[78]

In order to provide evidence that the VA was providing the best care, Hines requested that Congress approve a formal investigation of the VA. The House of Representatives approved an investigation of hospital treatment at VA facilities on March 19, 1945. This investigation provided evidence that mentally disabled veterans were being treated "ineptly and inhumanely" by inexperienced, short term personnel that took the positions of qualified professionals who joined the war effort abroad. Conclusions that were made in the report proved devastating for Hines and the VA.[79]

Even as the Congressional investigation was underway, Hines and his supporters attempted to counter criticisms in the media. Editorials in the *National Tribune* and *Cosmopolitan* argued the VA would be able to care for the returning veterans because good doctors would return from the war and begin working for the VA. A number of newspapers supported the administration of General Hines. He published two articles of his own in the *Annals of the American Academy of Political and Social Science* in May 1945 where he summarized the history of veteran care as well as an overview of veterans' benefits at that time. He focused on vocational rehabilitation, social work, collaboration with other agencies, outpatient treatment, domiciliary care, eligibility, and expansion of facilities. Hines emphasized the importance of vocational rehabilitation reiterating that "no man is rehabilitated until he has been placed in employment and is able to sustain himself." Clearly Hines was influenced by the initial objective of the NHDVS to rehabilitate soldiers to become working citizens, and elements that he incorporated into the VA influenced an act pertinent to veteran relief, the Servicemen's Readjustment Act of 1944. Hines was fully confident that the VA was providing the best care for those veterans returning from war. Although Hines and his supporters attempted to reassure the public that the VA was providing the best care for veterans, the damage had been done and under pressure from the public, President Harry S Truman accepted the resignation of Frank T. Hines on June 7, 1945.[80]

**Omar Bradley and the Modern VA, 1945-1959**

Nearly sixteen million men and women served in the armed forces during WWII. Hoping to adequately care for the growing number of veterans, modernize veteran care, restore the public's confidence in the VA, and prevent another depression, President Harry S Truman announced the appointment of General Omar Bradley as the new Administrator the same day he accepted Hines' resignation. While Truman replaced Hines, he subscribed to the former director's belief that it was imperative for the VA to focus on vocational rehabilitation and educational programs to help veterans successfully reenter society and the workforce. Bradley oversaw a transformation in veterans' health care that applied traditional aspects of veteran facilities and benefits to the circumstances of an

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[78] "Careless Care for Veterans," *TIME*, May 7, 1945; Omar N. Bradley and Clay Blair, *A General's Life: An Autobiography of General Omar Bradley* (New York: Simon and Schuster, 1983), 441; Albert Deutsch was a writer for the New York Newspaper *PM* and openly attacked the deficiencies of the VA; *Medical Care of Veterans*, 171-173.

[79] Public papers of Harry S Truman and testimonies of the congressional investigation were cited in this information; *Medical Care of Veterans*, 173-177.

[80] *Medical Care of Veterans*, 173-174; Frank T. Hines, "Medical Care Program of the Veterans Administration," *Annals of the American Academy of Political and Social Science* 239 (May 1945): 73-79; Frank T. Hines, "Vocational Rehabilitation Program of the Veterans Administration," *Annals of the American Academy of Political and Social Science* v. 239 (May 1945): 93-100; "Rehabilitation," *TIME* (Monday, July 23, 1923); "Charge Veterans Hospital With Do-Nothing Attitude," *Dayton Daily News*, June 13, 1945; *Medical Care of Veterans*, 175-176.

advanced industrial nation. During Bradley's administration VA medicine was upgraded and the foundation for a reorganized modern VA was laid, the predecessor of the present Department of Veterans Affairs.[81]

Truman chose Bradley, a West Point graduate and celebrated general, to lead the VA despite the latter's preference to remain in the army. Bradley had had a significant role in the North Africa Campaign and the Normandy invasion. Popular with the troops, Bradley earned the moniker "the Soldier's General" and ended the war a full four star general. It may have been this recognition that, in part, prompted Truman to choose Bradley to head the beleaguered agency. He arrived at the VA headquarters in Washington, D.C. on August 15, 1945. At a brief press conference, Bradley admitted that "there wasn't a job in the country that he'd not sooner have nor any job in the world he'd like to do better." He believed the main objectives of the VA were to furnish state of the art medical care for injured veterans and to provide educational training and loans for veterans to reenter their communities as soon as possible. After his appointment became known to the nation, a journalist stated that millions of veterans could sleep comfortably at night because Omar Bradley was on the job. Bradley reorganized the VA so that its functions became more decentralized, and he emphasized modernization of the vocational rehabilitation, education, pensions, and building programs.[82]

Bradley succeeded in revitalizing the VA based largely on the advice of General Paul R. Hawley, a physician who had served as Chief Surgeon of the European Theater of Operations, and the recommendations of Bernard M. Baruch, a presidential adviser who had thoroughly studied the problems of veteran care. In retrospect, one of Bradley's most influential appointments was Dr. Paul Hawley in September of 1945. Hawley had a distinguished medical career in the U.S. Army and, by the end of WWII, he had received various awards, recognitions, and honorary degrees. Bradley referred to Dr. Hawley as extraordinary and the perfect person to modernize VA medicine when he appointed Hawley as Chief Medical Director. Hawley advocated for the recruitment of top notch doctors, affiliation with medical schools, medical research and education. Decrying the limitations on hiring qualified doctors through the U.S. Civil Service Commission, Hawley assumed a key role in the creation of the VA's Department of Medicine and Surgery.[83]

Hawley, with General Bradley's full support, introduced a new hiring system for medical professionals and, with the establishment of the VA Department of Medicine and Surgery, focused on modern medical standards rather than outmoded civil service standards. Prior to WWII, the VA hired doctors through the U.S. Civil Service. The low number of non-military VA doctors was insufficient to properly care for the existing hospital population. In Hawley's opinion, the Civil Service applicants were "dregs of the medical profession," and ill prepared for the expected increases. Most were too old, lacked experience, and a few had been committed to mental institutions for insanity or alcoholism. Instead, Hawley proposed the creation of a non-Civil Service VA medical corps that would offer higher pay, retirement benefits, and premium pay for specialists. The VA Department of Medicine and Surgery was approved and "within six months Hawley had recruited 4,000 full-time VA physicians, plus nurses, technicians, and other paramedical personnel."[84]

Bernard Baruch conducted a study of returning veterans during WWII and advised General Bradley to create a new medical service, develop medical studies, psychiatric programs, and hospital facilities, and to increase salaries for doctors and nurses. A very influential recommendation in the Baruch report related to the location of

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[81] Harry Truman announced the VA needed to be modernized during a news conference on May 15, 1945. By the term modernize, Truman meant for an upgrade in VA medicine and hospitals to ensure care for all veterans returning from WWII; *Medical Care of Veterans*, 174-175; Keith W. Olsen, "Veterans," *The Harry S. Truman Encyclopedia* (Boston: G. K. Hall, 1989), 376-377.

[82] *Medical Care of Veterans*, 184-190; Bradley and Blair, *A General's Army*, 446; "Old Soldier's Soldier," *TIME*, April 1, 1946.

[83] Bradley and Blair, *A General's Army*, 457-459; *Medical Care of Veterans,* 193-194, 206-209.

[84] Bradley and Blair, *A General's Army*, 457-460; *VA Annual Report* (1946), 3; *VA Annual Report* (1947), 44.

new hospitals. Baruch believed VA hospitals should be located in close proximity to established medical schools and universities, and teaching hospitals. Bradley, Hawley, and Dr. Paul B. Magnuson, consultant and later to be named Chief Medical Director, all strongly supported this initiative, a recommendation brought up with foresight twenty two years earlier through the consultants on hospitalization known as the White Committee. Veterans Bureau general medical hospitals had been situated based on centers of veteran population and available transportation facilities, tuberculosis hospitals were located as far as possible from urban centers, and neuropsychiatric hospitals were also typically located in more rural areas, surrounded by large acreage to provide for farming and other outdoor-related activities thought to possess positive therapeutic value.[85]

With the post-war reorganization and modernization of the VA under Bradley, it was felt that situating new VA hospitals close to medical schools and centers, in combination with the establishment of residency training programs, would markedly improve the quality of medical care for veterans. In addition, Baruch's report argued for the creation of a new medical service to be staffed by competent doctors and nurses who were paid according to their performance and not their seniority. After reading the proposal, Bradley admitted that many of the conclusions he had made closely paralleled the recommendations in the Baruch report.[86]

General Bradley quickly realized the centralized operation of the vast VA was cumbersome and unable to adequately respond to a veteran population that had swelled to 17 million by 1946. By the end of WWII, the agency operated 97 facilities in 45 states and with 65,000 employees as the largest stand-alone agency in the Federal government. Most operational issues from the existing VA facilities, such as applications and petitions, went through the central Washington, D.C. office. When Bradley arrived at the headquarters, the staff received 75,000 pieces of mail a day. These included letters from veterans or their dependents and complaints of VA medical care.[87]

One of Bradley's first actions was to decentralize the VA. He created thirteen regional offices in order to "relieve the congestion" at the central office. The regional offices were located at existing VA facilities next to large cities: Boston, Massachusetts; New York, New York; Philadelphia, Pennsylvania; Richmond, Virginia; Atlanta, Georgia; Columbus, Ohio; Chicago, Illinois; Minneapolis, Minnesota; St. Louis, Missouri; Dallas, Texas; Denver, Colorado; Seattle, Washington; and San Francisco, California. Each branch was administered by a Deputy Administrator who had full responsibility for VA operations and oversaw a number of facilities within its jurisdiction. Bradley also redefined the responsibilities of the central office. He turned the headquarters into a supervisory body geared to "interpret the duties legislatively imposed, give direction to the administration of the programs, and provide technical supervision and sound management control to the operating units."[88]

Congress responded to the demand of the large veteran population by approving budget increases. The VA received $4.5 billion in fiscal year 1946 and $6.3 billion in 1947. Of this amount, $448,000,000 was authorized to carry out "the most gigantic hospital program in the history of the world," no mean boast. Bradley procured the assistance of the Army Corps of Engineers with design and construction, and the major portion of the construction program was carried out by that agency; this increased the number of new hospitals to 74 with 24 additions and conversions, with an additional bed capacity of 4,167.[89] Prior to Bradley, political pressure had

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[85] *Medical Care of Veterans*, 180-181.

[86] Ibid., 194, 208, 218; Dr. Sanders Marble, *Rehabilitating the Wounded: Historical Perspective on Army Policy* (Office of Medical History, Office of the Surgeon General, 2008), 62.

[87] "VA Annual Report 1945," 6; "VA Annual Report 1946," 1.

[88] Bradley and Blair, *A General's Life*, 450; *Medical Care for Veterans*, 195; "VA Annual Report 1946, 2.

[89] *Medical Care of Veterans*, 192; "VA Annual Report 1947," 62; Eva Adams Cross, "Veterans Administration Launches

often played a major role in the location of VA facilities and the NHDVS. In accepting the position of Administrator of Veteran Affairs, Bradley promised to remain apolitical and make his decisions based on the best interests of veterans. The General's stature helped him choose sites for future hospitals based on the needs of the veterans. This reflected the realities of the largely urban population of post-World War II America.

As mentioned previously, the criteria for the location of hospitals changed drastically during this period. New VA facilities were located in large cities and affiliated with medical schools; old VA facilities, depending on their geographic location, also became affiliated with medical schools. Affiliation with class-A medical teaching institutions allowed for hundreds of interns and residents, under the supervision of their schools teaching staff, to provide medical treatment for veterans. In addition, there was a different attitude in the design of the facilities. The pastoral ideals of the nineteenth century where leading architects and landscape architects planned VA facilities with handsomely landscaped communities gave way to less adorned urban architecture focused on function and efficiency. Dr. Hawley was a leading advocate for this adaptation in landscape design and argued that better doctors were more important than beautified scenery.[90]

An estimated seven million veterans did not have a job or had worked part time prior to the war. In 1947, veterans made up 49 percent of college admissions, and the Federal government spent 2.4 billion dollars for educational and vocational training. Within the next twelve years, 8 million veterans took part in various forms of educational training fueled by a 14.5 billion dollar investment. Veterans who received educational benefits increased their average income by 51 percent. The Federal VA program educated a generation of professional, business, and vocational workers and helped to create an expanded middle class.[91]

A measure of Bradley's success could be found in public response to his efforts. Albert Deutsch, who had criticized Hines and the VA for its lack of preparation for WWII, praised Bradley and Hawley for revolutionizing VA medicine and "infusing the whole hospital program with a spirit of modern, scientific medicine."[92] Another journalist stated that within two years Bradley had successfully transformed the VA from a national scandal to a model establishment. Although the VA was not modernized overnight, Bradley believed that the agency would continue to improve and provide adequate care for all veterans. Bradley and Hawley both submitted their resignations from the VA in December 1947.[93]

In the next decade, VA administrators continued to reorganize the agency, to modernize its health care system, and to advance medical research. Following Bradley's resignation, Truman appointed General Carl R. Gray as VA Administrator in December 1947. The following month Gray appointed Dr. Paul B. Magnuson as the Chief Medical Director. Gray focused on cutting cost while maintaining modern health care for veterans. At the beginning of Gray's administration the VA served 18.8 million veterans, housed 14,000 domiciliary patients, and operated 123 hospitals with 101,300 beds. Under the Gray administration, a program for hospital expansion would result in the construction of 90 additional hospitals with 152,000 beds, but Magnuson doubted all these hospitals could be adequately staffed. After a briefing before Congress and also with President Truman, 24

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$448,000,000 Hospital Building Program," *The Modern Hospital* 66, no. 3 (March 1946): 132; Major General Paul R. Hawley, "The VA Sets Its Sights," *The Modern Hospital* 66, no. 5 (May 1946): 58. Note: at this time the authors had not found additional information related to the role of the U.S. Army Corps of Engineers in the post-WWII hospital construction program; future research may provide additional information on this subject.

[90] "VA Annual Report 1945," 6; "VA Annual Report 1947," 10; Bradley, *General's Life,* 448, 460.

[91] Bradley, *General's Life,* 451; "End of an Era," *TIME*, August 6, 1956; "Report Card," *TIME* July 5, 1954; David G. McCullough, *Truman* (New York: Simon & Schuster, 192), 915.

[92] *Medical Care of Veterans*, 220.

[93] Bradley, *General's Life,* 462; *Medical Care of Veterans*, 220.

hospital projects and 16,000 beds were eliminated from the construction program started during Bradley's administration.[94]

After completing a nationwide tour of VA facilities, Gray came to the conclusion that the thirteen branch offices created under the Bradley Administration had outlived their usefulness; he ordered these abolished and in their place created thirteen district offices (later reduced to three) to focus on national service life insurance and death claims. At this time, Gray authorized the creation of six medical area offices located throughout the U.S., intended to provide communication to the chief medical director. Gray's reason for this reorganization focused on his belief that post-war development of the VA had reached its limits and multiple branch offices had outlived their usefulness. Despite the creation of six medical offices, Gray continued to make decisions without Magnuson's input and the reorganization decreased Magnuson's power ultimately leading to a falling out with the administrator. Gray and Magnuson argued over the organization and, in 1953, President Truman and Congress supported a compromise and the positions of medical director and administrator were defined more accurately.[95]

Gray had not foreseen increased needs as a result of the Korean Conflict in 1950; approximately 6,800,000 soldiers were deployed to South Korea. Initially, Korea veterans did not receive the same benefits as those who served in WWII, and it was not until Public Law 28 was passed on May 9, 1951, that they began receiving hospitalization for non-service connected disabilities and many of the other benefits of the G.I. Bill.

**Integrating Facilities**

Following the end of WWII and on the heels of President Truman's efforts to eliminate segregation in the Armed Forces, the VA under Gray and now-Chief Medical Director Admiral Joel Boone (sworn in 1951) recognized the need to fully abolish segregation in all VA facilities. Close to a million African Americans had served in the military during World War II and demanded access to the freedoms they fought for but were denied in Jim Crow America.

After the war, on July 26, 1948, President Truman advocated for civil liberties and issued Executive Order No. 8981 and successfully ended racial segregation in the Armed Forces. He pushed for racial desegregation of all Federal agencies which ultimately led to efforts to desegregate the VA. Admiral Boone chose Dr. H. D. Ketzschmar to oversee the difficult and sensitive task of establishing the new policy of desegregation. In August 1953, a survey of 166 VA hospitals found that 47 facilities racially segregated veterans. By October 26, 1953, the VA reported segregation had been eliminated from all of its hospitals and domiciliaries. Two years later, the VA enforced Executive Order 10590 which forbade "any discrimination in civilian Federal employment because of race, color, creed, or national origin." Dwight Eisenhower later gave credit to the VA in his book, *Waging the Peace,* "for being one of the leaders in the elimination of segregation in the Federal Government."[96]

**The VA in the '50s**

President Eisenhower named Harvey V. Higley as successor to Administrator Gray in July 1953. Higley added a focus on medical and scientific research to the VA when he replaced Admiral Boone with Dr. William S. Middleton as Chief Medical Director in February 1955. Prior to his appointment, Middleton had amassed a

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[94] *Medical Care of Veterans*, 224.
[95] Ibid., 228-229; 231-241; "VA Annual Report 1948," 5; "VA Annual Report 1952," 4-5; *Medical Care of Veterans*, 231-241.
[96] *Medical Care of Veterans*, 249-250; "VA Annual Report 1955," 145; Robert Ferrell, *Harry S. Truman: A Life* (Columbia, MO: University of Missouri Press, 1994), 298.

highly distinguished military and medical career in both World Wars and acted as the Dean of the School of Medicine at the University of Wisconsin. At the VA, he strongly emphasized scientific and medical research to improve diagnostic procedures and treatment methods and encouraged education and training opportunities to enhance professional competence. He created the Advisory Committee on Research and the Advisory Committee on the Problems of the Aging. The medical research emphasis attracted several notable doctors to study with the VA and increased collaboration with medical schools. In 1957, Middleton identified 3,644 ongoing research projects that would increase to 7,000 projects by the time he retired in 1963. Under Middleton's leadership, congressional appropriations for research grew from $6,368,800 in 1955 to $30,500,000 in 1963. As a result of Middleton's emphasis on research and education, the VA became involved with several national studies such as research on the relationship of bronchogenic cancer and smoking. Other studies included those on problems of aging, cardiovascular and pulmonary diseases, neuropsychiatry, general medicine, radioisotope, and dental care. Advancements in research also led to the modernization of VA facilities. A study was conducted in 1957 to define hospital requirements "for the purpose of developing models for 500- and 800-bed general medical and surgical hospitals." These studies eventually led to the twelve year, 9 million dollar construction program for the development of new modern VA hospitals. Middleton left a significant legacy on the modernization of the VA and the earlier mandate from Congress for "a complete medical and hospital service" through the VA, upgraded under Middleton's tenure by the insertion of the words "including medical research."[97]

**Support for Veterans Through Education and Vocational Rehabilitation**

Vocational Rehabilitation, an important benefit provided to veterans to help them reenter society as working citizens, was provided at the Central Branch over forty years before the Vocational Rehabilitation Act of 1920 (known as the Smith-Fess Act) was passed. The NHDVS Board of Managers encouraged home members to participate in daily work activities, whether voluntary or by paid employment. The men performed all manner of tasks including construction and maintenance repairs, farm and grounds work, cooking, baking, washing, and nursing (as male attendants). In addition to providing men with meaningful activity and an opportunity to earn some pay, the work was intended to provide a means for a successful return to productive civilian life.[98] This original concept of vocational training was continued in one form or another through the turn of the century, and by the 1920s a similar program was carried out at Dayton, now under the label of occupational therapy. An article in 1926 stated that the virtues of occupational therapy to be "undisputed…As curative, diversional, and pre-industrial it is essential. It helps the patient to replace morbid ideas with healthy, normal ones; to incite interest and ambition; and assists to restore a lost or weakened function, either mental or physical."[99]

**Conversion of the Central Branch of the NHDVS to the Post-1930 VA National Home**

After the creation of the Veterans Administration and the subsequent incorporation of the eleven NHDVS properties, the Dayton VA Home retained many of the ideals and objectives it had acquired as an NHDVS campus, primarily continued domiciliary care with accompanying medical facilities. Technological warfare during WWI and its devastating impact on soldiers radically changed concepts of medical care and treatment. After 1918 and throughout the 1920s, great emphasis was placed on the modernization of hospitals and related facilities of the NHDVS, Public Health Service, and Veterans Bureau to meet the needs of those veterans

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[97] *Medical Care of Veterans*, 260-268; "VA Annual Report 1957," 1-3, 5, 28.

[98] Julin, *National Home for Disabled Volunteer Soldiers NHL Assessment*, 19; Cetina, "A History of Veterans' Homes in the United States," 331; Social Security Administration, *History*, "Special Collections, Chronology, 1900s-1920s," http://www.ssa.gov/history/1900.html (accessed September 6, 2011).

[99] "Occupational Therapy Department Reveals Genius and Talent Among Veterans," *Dayton Daily News*, April 4, 1926.

returning from military conflicts. Charles Forbes, the first director of the Veterans Bureau, inspected various WWI cantonment facilities and his assessment that they were "deplorable, absolutely deplorable" and "all fire hazards" led to immediate changes. The combination of Forbes' statements, the findings of the White and Dawes Committees, and the subsequent creation of the Veterans Bureau ignited modernization and construction of facilities related to veteran care.

In 1921, Congress authorized the director of the Bureau of War Risk Insurance to allot funding "for increasing facilities and making such alterations and improvements as might be necessary for the purpose of modernizing the hospitals of this service, and giving active constructive treatment to as many beneficiaries of (the NHDVS) as it might be able to provide beds for."[100] At the Central Branch, many of the original buildings, such as the 1870 Home Hospital, had become outdated and unsafe. With the newly appropriated funding, the Central Branch constructed a two-hundred-and-fifty-bed tuberculosis hospital, Thomas Hospital (Annex Four), which opened in 1922. Thomas Hospital replaced the woefully inadequate original tuberculosis hospital that had been located north of the main campus (the general vicinity of the current National Cemetery office). Situated in a remote southeastern corner of the campus, Thomas Hospital was located in the portion of the campus that was cut-off after the construction of U.S. Route 35 in the early 1990s. In 1921 the row of five duplex quarters known as "Doctor's Row" was constructed as well as additional officers and nurses quarters. Although Thomas Hospital was built during the initial period of hospital construction under the Veterans Bureau, it was not administered by that agency.[101]

The Dayton campus underwent further modernization and renewed focus on medical facility improvements when it was incorporated into the fledgling Veterans Administration as a "National Home" in 1930. Following the consolidation of the NHDVS, Bureau of Pensions, and the Veterans Bureau into the VA, the Dayton VA Home modernized its operations while retaining various buildings and objectives from the lengthy period as one of the eleven NHDVS properties. The main objective of the Home focused on the continuing provision of domiciliary care and updating the general and surgical care programs as state of the art for men and women. This was made manifest through the construction programs that took place throughout the 1930s. Many original Central Branch buildings were demolished during this period and modern buildings reflecting the more current policies were erected to care for veterans.

New construction occurring between 1937 and 1940 included the Colonial Revival Administration Building (building 115), the Georgian Revival Miller Cottage, a 34-bed female dormitory (building 400), two Colonial Revival male domiciliary barracks (buildings 409 and 410), and a Colonial Revival mess hall with adjoining kitchen (Building 411) were erected to better care for the residents of the home. These additions greatly changed the appearance of the home but served to continue the original objective of the NHDVS to offer facilities that provided medical, surgical, and domiciliary care to veterans, albeit at a larger scale. Prior to the construction of Miller Cottage, women veterans had been housed in the old Home Hotel, which, like many of the other nineteenth century buildings had become profoundly out of date. Dayton continued to provide modern domiciliary care for female veterans into the 1940s and beyond. The Administration Building replaced the original headquarters (building 116); its construction was partially justified by the prospect of consolidating with the Cincinnati Regional VA office. Colonel C. W. Spofford, Dayton VA manager, felt that this consolidation would make Dayton "a complete field unit, affording every type of relief which is provided for

[100] James A. Mattison, "The Development of the National Soldiers' Home Service," *The Modern Hospital* 20 (January 1923): 59.
[101] Ibid., 60-61; "NHDVS Annual Report 1922," 1; "NHDVS Annual Report 1923," 1; "NHDVS Annual Report 1924," 2; Cutton, *National Military Home*; Veterans Administration Center, *Serving Veterans Since 1867* (Dayton, OH: Veterans Administration, 1975), 10.

veterans by the Federal government…" Colonel Spofford's objective was to make the "Dayton VA facility one of the most beautiful and commodious institutions of its kind in the nation."[102]

In keeping with this goal and continuing its primary domiciliary mission to provide bed-based care in a community-based, home-like environment with a wide range of clinical care, the centerpiece of the 1937-1940 building program was the completion of "domiciliary barracks" (Buildings 409 and 410) and Patrick Hospital (building 302).[103] A majority of the PWA Appropriations Act was most influential in the construction of these buildings. Two of the barracks (409, 410) were intended for use by non-duty veterans, classified as those who were unable to accomplish any sort of work and were totally dependent on the care of the institution. The on-duty barracks (302) was intended for use by men who were not completely physically impaired and who were able to carry out some type of work, either on the grounds or other duties as assigned. Originally intended for domiciliary purposes, Patrick Hospital (Section 23) was completed in 1940, and within ten years had been converted for use as a geriatric hospital in response to an increased focus in that area of health care. These modern brick-framed buildings were state of the art and offered a major change to the previous concept of "open wards," where 50 to 60 men would be housed. The newer barracks were designed to provide smaller-scale wards meant to provide accommodations for no more than six residents.[104]

Constructed with WPA-funded labor, the final extant building completed as part of this program was the utilities shop (currently identified as building 128 [engineering]). Additional "rehabilitation" work (much funded through WPA) of the 1937-1940 building program consisted of fireproofing NHDVS-era barracks (401 and 402) as well as increasing the bed capacity in both buildings; fireproofing and modernizing the Patient Library; construction of new roads, curbs, gutters, storm and sanitary sewers; reseeding and grading of the grounds; and the installation of a chain-link fence along the western portion of the campus.[105]

Though a major escalation in the construction of VA hospitals occurred nationally in response to the cessation of hostilities and rapid demobilization efforts in 1945, little in the way of major building construction occurred at the Dayton VA Home following this date. With the appointment of General Bradley as Administrator of the VA in August 1945, sweeping changes were initiated, including a complete reorganization of the agency. Bradley's primary intent to furnish state-of-the-art medical care for injured veterans and to provide educational training and loans for veterans to reenter their communities as soon as possible became the cornerstone of his administration. As stated previously, Bradley also emphasized modernization of the vocational rehabilitation, education, pensions, and building programs. The Dayton VA Home prepared for yet another wave of injured and disabled veterans returning from the war, in addition to providing continuing care to those already in residence.

Despite the occasional report accusing the facility of a "do-nothing" attitude or backlogs due to an abundance of red tape and slow-moving bureaucracy, the Dayton VA Home continued to forge ahead with its aim to provide the necessary and required range of treatment so that the veteran could be returned to normal gainful

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[102] "Cornerstone for New Administration Building Home to be Laid Saturday," *Dayton News*, October 25, 1936; "Million-Dollar Construction Program at Military Home Nearly Completed; Plan Other Extensive Improvements," *Dayton Journal-Herald*, December 10, 1939.

[103] The terms "domiciliary barracks," "barracks," "domiciliaries," and "dormitories" were used interchangeably during this time.

[104] "$2,000,000 Building Program at Home is Nearing Completion," *Dayton News*, October 29, 1939; "VA Annual Report 1938," 31-38.

[105] "Million-Dollar Construction Program at Military Home Nearly Completed; Plan other Extensive Improvements," *Dayton* Journal, December 10, 1939; "Cornerstone For New Administration Building at Home to be Laid Saturday," *Dayton Journal*, October 15, 1937; VAC, *Serving Veterans Since 1867*, 14-16.

occupation.[106] General Bradley, with approval from President Truman, initiated a strong focus under his administration on the benefits of vocational rehabilitation. He wanted to provide opportunities for veterans to reenter society as quickly as possible, and VA facilities across the country began to intensify their vocational rehabilitation programs following WWII. The Chief Medical Officer at Dayton commented that WWII veterans brought new diseases and new problems that required new diagnosis and treatments to be created. In 1945, the Dayton facility was the second largest in the country. The number of doctors at the Dayton VA Home also grew from 46 to 61 in order to provide timely and prompt examination of veterans.[107]

Extensive physical therapy programs were designed for each veteran pertinent to their diagnosis. The physical therapy department at the Dayton VA Home treated an average of 268 patients a day in 1945 and was one of four VA facilities designated to treat paraplegia cases, a dominant injury found in WWII veterans. Several forms of treatments were conducted at the Dayton VA Home; a finger ladder was used to take stiffness out of limbs; a walker taught veterans how to walk again; a paxex booth was used for treatment of circulatory diseases; the Kettering Hypertherm was used for fever-induced therapy in cases involving brain and spinal cord injuries; and equipment to conduct basal metabolism tests was used to determine whether a patient had thyroid disease. Many of these medical treatment and tests were conducted in Patrick Hospital (Building 302), and vocational rehabilitation was conducted in the basement levels of Buildings 409 and 410.[108]

John Kettering, an innovator for the Ford Company, invented the Kettering Hypertherm and conducted experiments on veterans at the Dayton VA Home in 1935. The Kettering Hypertherm introduced artificial fever therapy to treat various diseases including arthritis, general paresis, and forms of neurosyphilis. The Dayton VAC was also one of six facilities in the nation scheduled to work with the American Cancer Society in a study concerning early detection of lung cancer. Other facilities in the study included Los Angeles; Wood, Wisconsin; Biloxi, Mississippi; Bay Pines, Florida; and Martinsburg, West Virginia. These facilities were called National Homes of the VA prior to 1946, and at the time of this study, retained domiciliary care at their facilities. Dr. Slutzker, chairman of the local VAC medical research committee and assistant clinical professor of medicine at the Ohio State University Medical School, led the study. The study's objective was to learn whether or not the sputum test would allow for early detection of lung cancer before its detection in an x-ray. Studies were conducted on two thousand of the domiciliary residents at the Dayton VAC, and the Cancer Society believes the study was the first program of periodic cytologic examination ever undertaken.[109]

Occupational therapy, initiated in the NHDVS with menial jobs that kept patients busy and taught them how to live on their own, was believed to help residents replace morbid ideas with healthy, normal ones and to incite interest, ambition, and to restore either weakened mental or physical functions. This type of therapy evolved throughout the NHDVS period and into the VA. Mrs. Karus reintroduced occupational therapy to the Central Branch in the early part of the 1920s, conducted primarily with tuberculosis patients. As this experiment progressed, craft shops were created where patients made baskets, pottery and metal work, wove textiles, and did photography and bookbinding. A blind veteran, Jack Dent, invented a device that he attached to a loom that

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[106] "Charge Veterans Hospital with Do-Nothing Attitude," *Dayton News*, January 13, 1945; *Medical Care of Veterans*, 190-192, 196-197. The local report on the Dayton facility followed a larger national criticism of veterans care by the American Legion immediately following WWII.

[107] Ruth Payne, "Everything for the Veterans!" *Dayton Herald*, March 18, 1945.

[108] Ibid., The Kettering Hypertherm was first tested in 1935 on the members at the Dayton VA Home and was used until the late 1940s; "VA Annual Report 1935," 4.

[109] "VA Annual Report 1935," 11; "3-Year Lung Cancer Study Scheduled at VAC Here," *The Dayton Daily News*, October 14, 1958; "Dayton VAC Joins in Nationwide Study of Lung Cancer Detection," *Journal* Herald, October 14, 1958; "VAC Here Launches Lung Cancer Tests," *Journal Herald*, March 26, 1959; "Dayton VA Study Aims to Cut Lung Cancer Mortality," *Ohio Legion News* (June 1959); "Therapists Team Up in Patients' Behalf," *Dayton Daily News*, April 8, 1959.

allowed him to weave garments. This was later used by other blind veterans at the campus as occupational therapy. Veterans also participated in organized floral competitions that beautified the campus and worked as part of their occupational therapy. After Memorial Hall was declared unsafe and demolished in 1956, the campus no longer had a place for veterans to be entertained. In 1959, the Recreation Building (Building 305) was constructed with a working theatre and space for occupational therapy. The recreation hall provided several uses for veterans: twelve bowling alleys for handicapped and blind veterans; rooms designated for arts and crafts, cards, shuffleboard, dancing, and bingo parties; a veteran-run campus radio station; and music rooms.[110]

Throughout this period, Brown Hospital continued to provide general medical and surgical care, and Thomas Hospital provided treatment for tuberculosis patients. As mentioned, "Section 23," originally constructed as an on-duty barracks, was converted into a hospital (Patrick Hospital) for geriatric patients by 1950. With the combination of the new barracks constructed in the late 1930s, in addition to the rehabilitated buildings from the NHDVS era (including Buildings 401, 402, 408, and 412), the domiciliary mission of the Dayton Home was continuing in a steadfast manner. In the years following WWII, the focus at the campus veered away from additional construction of facilities; instead, mirroring the national emphasis on the improvement and modernization of the VA medical program, the emphasis was directed on the recently created "Dean's Committee Plan," initiated at the Dayton campus in 1947. Under the leadership of Gen. Bradley, Gen. Paul Hawley, and Dr. Paul Magnuson, various reforms and programs were initiated for the VA, including the establishment of a Board of Consultants to the Medical Service, a program of affiliation with the nation's medical schools, and the appointment of Dean's Committees.[111]

The Dean's Committees, composed of top-flight senior faculty members from the nation's medical schools, were intended to provide both essential counsel and recommendations as to the best physicians for appointment at VA hospitals. Instituted at Dayton in 1947, the "Dean's Committee Plan" established an affiliation with the College of Medicine at the University of Cincinnati. A process was created where "outstanding physicians from Dayton and Cincinnati serve as consultants on all cases and specialists give treatments and perform surgery as needed." The affiliation with the University of Cincinnati ended in 1952 and an affiliation with Ohio State University began that year. The Central Branch, NHDVS/Dayton VAH's affiliation with a medical school currently continues with the Boonshoft School of Medicine and the School of Professional Psychology located at Wright State University in Dayton.[112]

## The Later Years

The period 1945 to 1959 saw the Dayton VA Home generate a broad mission and multiple services that led to the continuum of the multi-faceted comprehensive health care that endures today. In addition to the "Dean's Committee Plan," a major component of the mission to modernize the Dayton VA Medical Service was the Physical Medicine and Rehabilitation Service (later termed the Rehabilitation Medicine Service). Created in 1946 to "treat a physical or mental condition on prescription of a doctor by use of the physical agents, exercise, interesting activities, study or manual experience, and other means designed to strengthen and motivate patients to early recovery and purposeful living," the program offered these services: physical therapy, corrective therapy, occupational therapy, educational therapy, manual arts therapy, and blind rehabilitation.[113] The year

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[110] "Occupational Therapy Department Reveals Genius and Talent Among Veterans," *The Daily Dayton News*, April 4, 1926, p. 5; "VAC to Dedicate $1.5 Million Building," *Journal Herald* (Dayton, Ohio), June 18, 1959; "Hands are Never Idle in Occupational Therapy Ward at the new National Military Home Hospital," *Daily Journal*, November 22, 1931.

[111] *Medical Care of Veterans,* 214-216.

[112] Ibid., 215; Veterans Administration Center, *Serving Veterans Since 1867*, 11; Cutton, *National Military Home*.

[113] Ibid.

1946 also saw the activation of the "Special Services" program composed of five component parts: recreation and entertainment, library service, chaplain service, canteen service, and the physical department. It was designed to boost the morale of the resident veterans and to encourage participation in a variety of possibilities, depending on the diagnosed medical condition of the individual.[114]

These programs continued a long tradition of work, rehabilitation, training and education for veterans at the Dayton VA Home. With the construction of the Recreation Building in 1959, offering a theater, bowling alley, pool room, craft room and canteen, the overarching mission of the Dayton VA Home to provide comprehensive, multi-faceted medical and residential benefits for veterans, endured. Coupled with the recognition of the necessity and benefits of a strong medical research program and in particular the growing focus on geriatric research and care of the elderly veteran, and with the ongoing necessity of mental health programs, these programs evolved as a comprehensive, integral mission of the Dayton VA Home throughout the decade of the 1950s (and have continued to evolve through the Dayton VA Medical Center's multi-faceted services and programs up to the present).[115]

## VA Architecture and Site Design

The designs of the Veterans Bureau and its built environment reflected a much more centralized, standardized approach. For the first year after the creation of the Veterans Bureau in August 1921, the new agency assumed control of existing hospitals administered by the Public Health Service. On May 1, 1922, those hospitals were transferred to the Veterans Bureau by an Executive Order signed by President Harding. For the first few years after this directive, the focus was on the acquisition and repair, extension, remodeling or alteration of existing PHS hospitals, but construction of new hospitals gradually increased. Many of these were designed and constructed under the auspices of the Supervising Architect's Office of the Department of the Treasury, but as stated in the Second Langley Act, the President was authorized to "require the architectural, engineering, constructing, or other forces of any of the departments of the Government to do or assist in such work, and to employ individuals and agencies not now connected with the Government…"[116] This let the door open for a number of privately owned architectural/engineering firms to compete for the extensive work.

The early emphasis towards buildings and settings that were visually appealing declined following WWI and the creation of the Veterans Bureau. Demands were simply for new and additional hospitals and associated buildings, and the need to rapidly develop facilities that would efficiently deliver care and services to veterans was paramount. The Federal Board of Hospitalization, created by Harding in November 1921, reviewed all proposals for new hospital construction, including the sites selected. All aspects of construction of Veterans Bureau hospitals, from its architecture, to interior floor plans, and equipment, was vetted by a medical council composed of prominent physicians representing all medical fields from institutions across the country. This council provided a critical liaison between the nascent planning and design program of the VB, and the contemporary policies and mode of thought then espoused by institutions and medical professionals nationally.[117]

By 1924, the Veterans Bureau initiated a major revision in its hospital design, construction, maintenance, and operations program. Personnel employed by other agencies, including the Department of the Treasury's Supervising Architect's Office, were to be transferred and assigned to the newly formed Construction Division

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[114] "Special Services for Servicemen," *Dayton Daily News*, May 11, 1947.
[115] *Medical Care of Veterans*, 263, 267.
[116] Pub. L. No. 194, 67th Cong., April 20, 1922 (commonly known as the Second Langley Act).
[117] *Medical Care of Veterans*, 134-138.

of the VB. In addition to other duties, the newly formed Design Subdivision of the Construction Division was charged with the preparation of design, plans, and specifications of new hospitals, oversight of construction, and an increased emphasis on the layout and appearance of the grounds (discussed previously in the "Phase Five: Era of Change in Veteran's Care, 1918-1930" section). [118] The design of hospital complexes leading up to the creation of the VB and throughout the 1920s, coincided with a national acceptance and emphasis on hospital standardization in all forms (planning, management, operations, construction) all in the name of increased efficiencies. The U.S. Army's Quartermaster Corps for a number of years had developed and provided standardized plans for a wide variety of building types; during WWI, partnerships with private professionals led to plans for cantonment camps, and in years after the war, standardized building plans for hospitals, barracks/dormitories, administrative, and recreation buildings were generated in large numbers. The Public Health Service had instituted a series of standards and guidelines pertaining to civil hospital floor plans and details of construction, and as their hospitals were acquired for use by WWI veterans, the policies were embraced by successive architects into the VB construction program. [119]

In addition to the formulation and initiation of a national policy of hospital standardization (both civil/municipal and military), the trend in national hospital design during this period underwent a transition as well. Up to this point, the emphasis on hospital planning and design in the U.S. had primarily reflected Florence Nightingale's groundbreaking ideas regarding the necessity of light, ventilation, and space resulting in the "Nightingale Ward" hospital. The Nightingale idea quickly evolved into the larger-scaled two-to-three story, decentralized "pavilion type" hospital with the establishment of Johns Hopkins Hospital in Baltimore ca. 1870-1889. [120] The design of this hospital was emulated and duplicated in varying degrees in subsequent hospitals through the early twentieth century, but it was soon apparent that a new form of hospital construction was being embraced: the multi-story, skyscraper model. New scientific discoveries in the rapidly modernizing world of medicine, coupled with major advances in steel-framed, high-rise architectural possibilities, led to the acceptance of the "vertical monoblock" hospital type. [121] This rapid evolution was evident at the Dayton VA Home with Thomas Hospital (1922) representing the lower-scale, multiple-pavilion, corridor-connected type, and a decade later with the multiple-story, "vertical monoblock" type employed for Brown Hospital (1931). Brown Hospital was constructed on the block "H" plan (other letter arrangements utilized nationally for building designs were the "U," "T," and "L" plans). [122]

The focus on hospital complex site design at this time appeared to be important primarily because it possessed the qualities desirable to the construction of the VA buildings: as to its "value as a location for the proposed construction, and which will affect the design and arrangement of buildings to be placed thereupon." Little was documented in annual reports as to the ultimate design of the landscape surrounding the hospital complexes, as was so essential to the NHDVS properties. [123] Occasionally, a brief passage was submitted in reference to the "beautification" of the grounds, primarily in terms of lawn seeding, and planting of trees and shrubs. With the

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[118] United States Veterans Bureau, *Annual Report of the Director, 1924* (Washington, DC: Government Printing Office, 1924), 494-499.

[119] Richard Waterman, "A Proposed Method of Hospital Standardization," *The Modern Hospital* 4, no. 2 (February 1915): 87-92; N. V. Perry, "Details of Hospital Construction," *The Modern Hospital* 11, no. 6 (December 1918): 469-471; U.S. Army Corps of Engineers Seattle District, "Context Study of the United States Quartermaster General Standardized Plans, 1866-1942," (Technical Center of Expertise for Preservation of Structures and Buildings, November 1997), 40-47.

[120] For more on the history of hospital design, distinct phases, and individual examples, see: John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven: Yale University Press, 1975): chap. 5 and 6; Isadore Rosenfield, *Hospital Architecture and Beyond* (New York: Van Nostrand Reinhold, 1969), 21-30.

[121] Rosenfield, *Hospital Architecture and Beyond*, 26; Thompson and Goldin, *Hospital,* 190-193.

[122] "Hospital Branches of the Tree of Architecture," *Modern Hospital* 67, no. 1 (July 1946): 70-74.

[123] "VB Annual Report 1924," 497; "VB Annual Report 1927," 56.

need to acquire and construct hospitals as quickly as possible, the special consideration once given to the aesthetic nature of the landscape was limited to a great extent.

Under the transition to the Veterans Administration, architecture and landscape architecture continued to some degree towards a utilitarian, service-driven design. However, as discussed in the VA's booklet on VA architecture, while the emphasis on standardized plans and the universal floor plan continued, a great deal of latitude was offered to architects in the use of regional stylistic adaptations. Continuing to employ the various letter-based plans in the multi-story construction, "the canon of regional appropriateness had now reached a level of acceptance where the government sanctioned it…the efficiency of the buildings was not compromised by the decorative expressionism of their varied style."[124] The surrounding landscape was more important now as it supported and framed the individual buildings and served to integrate within the local setting, and less as a "tastefully ornamented" park-like "crown jewel" as the Dayton Home was once described.[125]

Through the 1940s and the 1950s the trends in VA architecture and planning gradually evolved and kept pace with new developments in medical science and modernization. Advances in medicine nationally led to advances in hospital planning, and this by necessity impacted design solutions within the VA. Trends in architecture continued for the most part to focus on the ever-advancing vertical skyscrapers, both in terms of height and functionality. The planning of hospitals gradually focused on design from the inside out, focusing more on the various functions required and less on the stylistic forms of the building. Evolving standardized floor plans became the fundamental design necessity, embracing all the myriad needs of the modern hospital. The design of medical buildings had to respond to "proficiency of service and be adequate in its provisions for patients, flexible in its relationship to fluctuating demands, economical in cost of construction, operation and maintenance, architecturally attractive without sacrifice of function and acceptable to the community of which it is part."[126]

The Dayton VA Home, while embracing the increased national mission of providing essential medical services throughout the 1930s and 1940s, retained its core mission of providing domiciliary services as evidenced through the significant building program that occurred there between 1936 and 1940. Buildings 302, 409, 410, and 411, designed in the Colonial Revival architectural style popular at the time, more importantly provided the most up-to-date, modern interior floor plan designs that, when completed, provided "the last word in comfort facilities for the nation's veterans."[127] A major distinction in the interior design of these barracks was the restructuring of ward design away from the larger scale of the NHDVS domiciliaries to a newer concept of more intimate, small-scale living opportunities.

The Recreation Building, constructed in 1959, contributed to the ongoing domiciliary mission of the VA Home as a facility considered the "first of its kind" at the time. It provided a range of recreational and entertainment options ranging from billiards and shuffleboard to arts, crafts and music rooms. A large theater seating over 700, including those with disabilities, allowed for stage productions such as plays and musicals. The Recreation Building provided essential opportunities and activities that fit into the "Planned Living Program," a holistic method of treatment that integrated within the broader medical and rehabilitative approach pursued at this time. The objective of the program was to "add meaning and direction to the member's daily living. Each member is felt to be able to assume some responsibility, however minor, in the operation of the center. In addition, he is

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[124] VA and National Building Museum, *Nation Builds for Those Who Served*, 25.
[125] Kelly, *Creating a National Home*, 115.
[126] "The Functional Basis of Hospital Planning," *The Modern Hospital* 68, no. 3 (March 1947): 53.
[127] "$2,000,000 Building Program at Home is Nearing Completion," *Dayton Daily News*, October 29, 1939.

expected to participate in a constructive recreational program."[128] Combining work activities, assistance to other members and patients, and multiple recreational assignments, all based on a member's abilities and tolerance level, harkened to the early days of the NHDVS when veterans were purposefully integrated within the daily activities and social aspects of the home. Brick-clad and austere in appearance, the design of the Recreation Building is more noteworthy for the variety of interior uses it provides and is in keeping with the evolution of services and programs offered at the Dayton facility.[129]

## An Evolving Landscape

The beauty and grandeur of the landscape at the Central Branch, NHDVS/Dayton VA Home throughout the nineteenth century and into the early twentieth century has been well documented.[130] It consistently has been described as a showplace and the "crown jewel" of all the NHDVS homes. Despite the emphasis on hospital construction and related building programs that proliferated throughout the 1920s and 1930s, the landscape at Dayton, albeit in a lessened fashion, retains many of the qualities that made it so well known. A 1926 article described it as follows: "The beautiful artificial lakes and water gardening at the eastern entrance, the conservatory and numerous flower beds, the shady nooks and corners, the variety of architecture amidst the natural foliage and rare plants and well-kept grounds contribute a very pleasing effect. The home combines the improvements of a modern city with the location in the midst of a highly cultivated park."[131]

With the establishment of the Veterans Administration in 1930 and the incorporation of the Dayton campus into one of the "National Homes," the importance of the landscape both in aesthetic terms as well as its benefits as a therapeutic environment, continued. By 1935, it was recognized that funding directed toward construction had contributed to a gradual neglect of the grounds. Home Manager Colonel Spofford made it clear that under his administration more attention and money would be used to restore the landscape to its former glory. Under the direction of Home gardener Millard Merrill and with assistance from many of the residents, multiple flower beds were prepared, hundreds of trees were planted, water fountains were set-up, and the famous grotto was restored. In this year, it is interesting to note that a garden competition was initiated between barracks with a large silver trophy being awarded to the winners. This began a tradition of healthy, spirited, communal competition that continued for a number of years.[132]

Despite the refocus on and improvements to the Dayton VA Home landscape, a major shift in policy occurred in the last years of the decade that profoundly impacted a major aspect of the therapeutic environment that had been in place since the formative years of the campus. Keeping the best interests and welfare of the Home residents at the forefront of the Home's mission, Col. Spofford perceived that the population and character of the neighborhoods surrounding the facility had changed in a negative manner. Hoping to keep the residents as well as government property safe, Spofford oversaw construction of a substantial chain-link protective fence surrounding the VA property. Coupled with the installation of this fence, the policy on visitors changed dramatically, and in essence what had amounted to free access to the grounds previously for the general public, was now essentially restricted except for very limited hours. Previous interactive activities on the grounds such

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[128] "VAC To Dedicate $1.5 Million Building," *Dayton Journal Herald*, June 18, 1959; Veterans Administration Center, "The Dayton Area Senior Citizens Booklet, A Fact Book on Aging," March 1960.

[129] "Functional Basis of Hospital Planning," *Modern Hospital*, 49-53.

[130] See: Cetina, "A History of Veterans' Homes in the United States"; Julin, *National Home for Disabled Volunteer Soldiers*; Kelly, *Creating a National Home*; Hull and Jeffery, "Central Branch, NHDVS," NRHP Form; additional resources available in the Dayton VMAC archives.

[131] "National Military Home is Ideal Refuge for Those to Whom Nation is Obligated," *Dayton Journal*, March 4, 1928.

[132] "Plans for Proposed Remodeling of Soldiers Home Administration Building Prepared by Architects," *Dayton Herald*, April 9, 1935; "National Military Home Members Competing for Silver Trophy in Floriculture Contest," *Dayton Daily News*, June 23, 1935.

as picnicking and games were now greatly reduced. In addition to creating a more "institutional" perception, this had the effect of refocusing the landscape inward as a benefit for the residents alone, albeit a lessened therapeutic benefit without the salubrious comingling with the public.[133]

Fortunately, this policy proved to be short-lived and many of the restrictions were lifted by 1943. Although the tall fence enclosures remained, the gates were opened more frequently for access, and activities such as picnicking returned to the grounds. The vast collection of tropical plants was still carefully tended and exhibited with great pride in the conservatory and the greenhouses. The lakes, the grotto, flower and vegetable gardens, and various types of trees still made the landscape a very impressive setting to behold. In addition to the reacceptance of visitors, high school and college students and local garden clubs held botany classes in the greenhouses and toured the grounds to study the extensive plantings.[134]

Many of the original landscape features so evocative of the earlier NHDVS period endured into the 1950s, but by the same measure much of what had been present in the earlier days was gone by this time. Many of the more unusual elements of the campus, such as the Deer Park, monkey house, alligator pond, the menagerie of animals both caged and free-roaming, had long disappeared. These attractions may have once served to draw throngs of visitors for their largely eccentric appeal, but were likely destined to be ephemeral at best. Landscapes by nature are dynamic and constantly changing; what is important is that the critical character-defining features that constitute the essence of the design have remained over time. For instance, although there were reported to be up to nine greenhouses at one point, by 1951 the conservatory and three greenhouses were still standing, used to produce thousands of flowering plants to be set out by the residents of the Home and to make memorial wreaths for use in the adjacent cemetery. The interaction about the grounds between veterans and visitors continued. The garden competition between the barracks, judged by various ladies' auxiliary groups and flower clubs, was still a mainstay during the warmer seasons. Newspaper clippings touted the ongoing benefits and recuperative value for veterans of enjoying the outdoors and interacting with the surrounding landscape. Holistically, the physical structures combined with the overarching mission of providing a home-like environment emphasizing positive therapeutic surroundings, the Central Branch, NHDVS/Dayton VA Home landscape has continually served as an integral aspect of the total recuperative process.[135]

**Dayton National Cemetery[136]**

The authority to establish this, and all national cemeteries, arose from the casualties of Civil War battles. The first legislation signed by the president was July 17,1862, an omnibus act that gave the president the power "to purchase cemetery grounds, and cause them to be securely enclosed, to be used as a national cemetery for the soldiers who shall have died in the service of the country." Subsequent legislation on February 22, 1867, known as the Act to Establish and to Protect National Cemeteries, provided explicit measures of protection and identification to be carried out by the Office of the Quartermaster General:

> That in the arrangement of the national cemeteries established for the burial of deceased soldiers and sailors, the Secretary of War is hereby directed to have the same enclosed with a good and substantial stone or iron fence; and to cause each grave to be marked with a small headstone, or

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[133] "Military Home to Shut Gates Beginning December 5," *Dayton Journal Herald*, 1937; Cutton, *National Military Home*.

[134] "Just a Reminder of Old Times," *Dayton Journal Herald*, August 22, 1943; "Rare Plants Grown in Dayton's Tropical Jungle," *Dayton News,* May 12, 1946.

[135] "Transplanted Tropics," *Dayton News*, March 24, 1957; various photocopies from 1950s, "Farming and Gardening" folder, Dayton VAMC archives; "Veteran Hospital Patio," 1959 clipping from Dayton VAMC archives; Cutton, *National Military Home*.

[136] Information previously documented in: Jeffrey Hull and Mathew Jeffrey "Central Branch, NHDVS," NRHP Form Sec. 8:29-34.

> block, with the number of the grave inscribed thereon, corresponding with the number opposite to the name of the party, in a register of burials to be kept at each cemetery…

**Cemetery Layout**

No strict system-wide guidance for ideal cemetery layouts has been ascertained, but clear patterns emerge thanks to some logical sources and the large number of designs underway during the late 1860s/early 1870s. Many cemeteries feature central or circular mounds, with or without square and rectangular sections arranged in a balanced composition. This orthogonal order and grid-based symmetry may be found on familiar military bivouac and camp arrangements. However, these designs also developed during the Victorian era when external influences included the dwindling Rural Cemetery movement and the Lawn-Park cemetery; thus landscape trends within the sphere of private or community cemetery and park development is a likely source for the more naturalistic alignments of roadways and burial sections at other national cemeteries.[137]

The design of the national cemetery at the Central Branch is attributed to Chaplain (and Captain) William B. Earnshaw, who was described as having "judgment and taste" in these matters. Chaplain Earnshaw served in the Army of the Potomac, then the Army of the Cumberland, from which he was named superintendent at Stones River and Nashville cemeteries. He and two other officers served on a commission charged with selecting and acquiring lands for the Fort Donelson, Shiloh, Corinth, and Memphis national cemeteries. With the labor provided by black troops, he was tasked with locating, disinterring, and reinterring the remains of 22,000 dead soldiers. "Disagreeable, offensive, and dangerous as was this work of love," Chaplain Earnshaw led "his detail of colored troops, with spade in one hand and musket in the other…". He arrived at the Central Branch along with the first occupants coming from Columbus, Ohio, in September 1867, having been encouraged to seek the position at the home by General George Thomas. Chaplain Earnshaw served on the staff of the Central Branch until his death on July 17, 1885.[138]

Soldiers Home cemeteries were to be "laid out and cared for, as far as practicable, in the manner prescribed for National Cemeteries. Graves shall be arranged in sections and rows and numbered in regular series to correspond with the burial record kept in the Headquarters office." Administrators initially marked graves with the standard "temporary wooden board or tablet, giving name, company, regiment and date of death." On a semi-annual basis the governors of each branch were expected to requisition permanent marble headstones from the Office of the Quartermaster General, which supplied all such government-issued veteran headstones starting in the mid-1870s (NHDVS Regulations, p. 100).

When a death occurred in the hospital or a deceased veteran was delivered to the facility, the hospital's Council of Administration was to be notified and steps were taken to protect the man's person and belongings prior to his removal to the morgue. Among the permanent improvements to the Central Branch in 1887 was the completion of a "new receiving vault connected with the hospital," which was a "very great convenience to the institution, as it enables us to hold in safety subjects for interment which, from any cause, it is desirable to hold a day or two for the arrival of friends, or other satisfactory reasons." Every resident was to be buried in a "clean suit of the Home uniform."[139]

National Home regulations included specifications for "coffin-lowering devices" as well as burial caskets:

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[137] Sloane, 4-5.
[138] *The Cincinnati Commercial,* November 24, 1878.
[139] "Annual Report 1887," 31-32; NHDVS Regulations, 99.

> To be made of good quality, well seasoned, soft lumber; to be covered with crapine, craponette or other suitable casket cloth of similar, inexpensive grade; to be lined inside with a good quality of bleached muslin and to be provided with the usual trimmings of white metal; dimensions to be specified.[140]

These would be placed in "casket boxes," to be:

> …Made of good quality soft lumber, 1 inch thick, surfaced on both sides and matched. Tops to be cleated with 3-inch strips and fastened with six thumbscrews; to be provided with four strong iron drip handles; dimensions to be specified.

National Home regulations specified that "funerals will be conducted in accordance with military usage, the honors prescribed by the United States Army . . ." with a chaplain officiating. "The band of the Branch will attend all funerals, unless the weather is too inclement . . . and the drum corps or field music substituted."[141]

Between 1867 and the late 1880s, annual deaths in the Central Branch crept from six up to 847, a number that is "remarkably low, considering the age and debility of the subjects," according to an account in *Harper's* magazine. Annual deaths at the Central Branch by the end of the nineteenth century topped out at nearly 1,400. Between 1900 and 1930 (the year the Veterans Administration was formed), veteran deaths were at their highest from 1907-1918 (ranging from 2,331 to 2,352), with the highest single-year mortality in 1916 with 2,583 deaths. By this time, the small number of War of 1812 and Mexican-American War veterans were long gone, the youngest Civil War veterans were approaching their late 60s, and younger Spanish-American and World War I veterans would have taken up residency.[142]

## Conclusion

The Central Branch, NHDVS/Dayton VA Home exemplifies the story of national veteran care from 1917 to 1959. Buildings and landscape features representative of both the late NHDVS period when the institution and its programs were in the midst of an evolutionary and transitional phase, into the modern VA era, demonstrate the evolution of care and programs that endure today. The physical and historic integrity of the campus demonstrates how veteran care has evolved throughout time in order to continuously provide modern care for each new wave of veterans. After its creation in 1930, the VA continued to focus on advances in medical treatment and research, including the modernization of existing and new facilities to meet those mandates. After the establishment of the VA, the National Homes Service, a continuation of the NHDVS domiciliary function, provided a combination of medical and residential services for all veterans. By 1945, after the removal of buildings determined obsolete and new construction, the Dayton National Homes Service modernized new and existing buildings but retained the objective of providing a recuperative, home-like environment for veterans along with hospital and domiciliary services. Throughout the existence of the VA, all facilities constantly upgraded and modernized their facilities and provided state of the art care for veterans. By 1958, the philosophy of the Dayton VAH revolved around the principle of men living in a community environment. Its members ate, slept, worked, and played together in a situation as close to the definition of "home" as can realistically be provided. One member at that time stated that "I feel like I am living in a community. I can choose my friends, select my work, utilize my spare time as I see fit. I have found a balance between how I would like to live and

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[140] NHDVS Supply List, 140,144.
[141] Ibid. 140,144; NHDVS Regulations, 99.
[142] Butler, "The National Home for Disabled Volunteer Soldiers," *Harpers New Monthly Magazine* 437 (October 1886): 695; "VA Annual Report 1930," 50.

how circumstances make me live." This veteran lived at the Dayton VA Home in 1958 and his statement personifies the original objective of the NHDVS: to provide care for all veterans regardless of sex or race. [143]

**Comparison to Similar Properties**

When compared to the ten other veterans facilities established by the National Home for Disabled Volunteer Soldiers (NHDVS), the Dayton Veteran Administration Center demonstrates a transitional period in veterans care starting in 1917 and culminating in 1959, representing the latter phases of the NHDVS era of Federal support for veterans, and the evolution of veteran care into the modern-day Veterans Administration. The campus is the best representative example because it retains historic structures and landscape features representative of the transitional period corresponding to phases V through VII as discussed in Suzanne Julin's report, "National Home for Disabled Volunteer Soldiers: Assessment of Significance and National Historic Landmark Recommendations," with a strong representation of the modernization programs instituted by the Veterans Bureau and Veterans Administration. In short, the collection of buildings throughout the Dayton VA Home, along with the history of care ranging from occupational therapy, treatment, to association with medical schools, tell the story of how care for veterans evolved and developed into the modern post-World War II era.

In her "Assessment of Significance," Dr. Julin defined five phases in the development of the early Federal system of Soldier's Homes, Phase I Early Development of the NHDVS, 1865-1870; Phase II Growth of the NHDVS: 1871-1883; Phase III Expansion of the NHDVS, 1884-1900; Phase IV New Challenges for the NHDVS 1900-1917; and Phase V NHDVS Era of Change, 1918-1930. The Central Branch, NHDVS established in 1867, was one of three branches authorized in Phase I; the other two, the Eastern Branch in Togus, Maine, and the Northwestern Branch in Milwaukee, Wisconsin, were established in 1866. The Federal government authorized four additional branches in Phase III: the Western Branch in Leavenworth, Kansas (1884); the Pacific Branch in West Los Angeles, California (1888); the Marion Branch in Marion, Indiana (1889); and the Danville Branch in Danville, Illinois (1898). The remaining three branches entered the NHDVS system in the latter two phases of its history: Mountain Home Branch in Mountain Home, Tennessee (1903); Battle Mountain Branch in Hot Springs, South Dakota (1907), in Phase IV, and the Bath Branch in Bath, New York (1929), in Phase V. This nomination defines three phases of the later history of the NHDVS facilities and the early history of the post-1930 development of the Veterans Administration. These contextual periods were presented as Phase V: NHDVS Era of Change, 1918-1930, Phase VI: Consolidation and Modernization of Veterans Care, 1930-1945, and Phase VII: Omar Bradley and the Modern VA, 1945-1959. The Dayton VA Home as one of the earliest veterans homes established by the NHDVS, and as the central administrative center of the NHDVS from 1916 to 1930, is the one home that best represents the evolution of veterans facilities from the NHDVS era into a more modern system of veteran health care.

The Northwestern Branch is an outstanding example of facilities developed by the National Home for Disabled Volunteer Soldiers between that body's creation in 1865 and its incorporation into the Veterans Administration in 1930. In particular, the buildings of the Northwestern Branch strongly illustrate the development of the NHDVS system—its aesthetic vision and institutional goals—from its inception until its dissolution, and the rejection of a single-building approach to these branches in favor of a decentralized building plan. An important resource within the district is the landscape, which retains its original Picturesque style site plan, circulation patterns, building locations, portions of water features, and a cemetery created by Thomas Budd Van Horne. The plan is clearly evident and incorporates the natural landscape features which focus and frame the main

[143] "Vet Finds Life Balance in Living at VA Here," *Dayton Daily News*, May 25, 1958.

buildings. The Northwestern Branch was designated as a National Historic Landmark by the Secretary of the Interior on June 17, 2011.

The Western Branch, in Leavenworth, Kansas, is an outstanding example of the expansion of the NHDVS after the major 1884 policy change broadened standards for admission to the National Homes. The first branch built west of the Mississippi River, it has retained a significant number of its original buildings and its designed landscape as well as a majority of resources erected during the following two developmental phases of NHDVS history (1871–1883 and 1884–1900). Surviving buildings from the 1900–1917-era and the 1918–1930 period include administrative, medical, physical plant, and residential buildings.[144] The Western Branch was designated as a National Historic Landmark by the Secretary of the Interior on June 17, 2011.

The Mountain Branch, constructed in 1901–1903, was the first branch established after the Spanish-American War and focused on the medical needs of those veterans, with particular attention to the treatment of tuberculosis and yellow fever. The Board of Managers 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. Its 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-one 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 National Cemetery is a significant element of the property's landscape. 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 Mountain Branch was designated as a National Historic Landmark by the Secretary of the Interior on June 17, 2011.

Battle Mountain Sanitarium, the only branch founded by the NHDVS as a medical rather than a residential facility, is an outstanding representative of the latter two phases of the NHDVS development and the evolution from a primarily residential system to one offering extensive medical services to veterans. 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. The Battle Mountain Sanitarium is significant for the NHDVS period and is not representative of the agency's transitional period into the modern VA. The Battle Mountain Sanitarium was designated as a National Historic Landmark by the Secretary of the Interior on June 17, 2011.

The Southern, Marion, and Danville branches have experienced significant changes to their historic cores and lack outstanding integrity as examples of either the NHDVS period or the early VA periods. The Southern Branch, in Hampton, the fourth addition to the NHDVS system, was established in 1870 to serve African-American veterans and those who preferred a warm climate. A National Register of Historic Places nomination was prepared in 1994 but never finalized. The Hampton National Cemetery was listed on the National Register of Historic Places in 1996 as part of the "Civil War Era National Cemeteries," Multiple Property Submission.

Of the sixty-eight buildings and structures at the Southern Branch, twenty-six remain from the NHDVS period. Several structures at the former Southern Branch were demolished in the 1950s to make way for automobile parking space and new medical facilities. By the mid-1980s, the medical center had been substantially modernized and new construction occupies about half of the property.[145] While important collections of

[144] Adams, "Western Branch," 7:4-22, 8:7-10.
[145] C. D. Bradley, "From Croton Oil to Isotopes: One Hundred Years of Medicine at Hampton Veterans Administration Center,"

NHDVS and early VA 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 where post-1960 construction dominates the site's core. In addition, six buildings dating to the 1880s and 1908 were planned for demolition in 2007-2008 (Buildings 13, 16, 61, 69, 70 and 72).

The Marion Branch of the NHDVS was listed in 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, which illustrate the institution's history. Also present is the landscape, cemetery, and a few small-scale features.[146] 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, including the hospital and the barracks, suffer from the removal of architectural elements such as dormers, chimneys, cupolas, and particularly the porches that played an important role in the social lives and well-being of the members. In 2009, the Department of Veterans Affairs had plans to demolish several buildings on campus: Buildings 13, 19-22, 62, 121-122, 135, and 140.[147] The Marion Branch does not represent an outstanding example of the NHDVS program, and modern intrusions and demolitions add to problems with integrity to the Veterans Administration period of development. Comparatively, the buildings in the Western Branch retain a significantly higher degree of integrity and are in better condition.

The last of the four branches built in the late nineteenth century, the Danville Branch, opened in 1899 and is distinguished from its contemporaries by the formality of its landscape and architecture. The property was listed in the National Register of Historic Places in 1992. The Danville Branch is an example of the transition from the earlier NHDVS goals 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 remain that are associated with the NHDVS. 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.[148] The branch includes extensive post-1930s Veterans Administration construction southeast of the circular barracks core area. Because of the loss of resources and the post-1930 changes to the NHDVS buildings, the Danville Branch is not considered an outstanding example of the history of the NHDVS and, unlike the Dayton facility, it does not demonstrate the transitional phase of veterans care spanning from the NHDVS into the Veterans Administration phases.

Three branches, the Eastern, Pacific, and Bath, deserve further evaluation for their development beyond the NHDVS into the early period of VA operation. 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. Of the sixty-three buildings and structures on the property, thirty-one pre-date 1930, along with the cemetery, landscape and small-scale features. The majority of the state soldiers' home resources survive at the north end of the campus, with newer

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*Veterans Administration Medical Monthly* 97 (November 1970): 5-7; Cetina, "A History of Veterans' Homes in the United States," 361-363; Lampl and Fetzer, 7:7, 8:21-23.

[146] 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.

[147] Sam Elkins, VA Northern Indiana Health Care System Engineering Technician, e-mail to Dena Sanford, National Park Service, November 8, 2007.

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

construction generally located to the south and east. 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 the breadth of Federal NHDVS policy or management as is the case at the Central Branch.

The Eastern Branch, in Togus, Maine, 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. 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 has been removed. The large construction campaign carried out by the Veterans Administration after 1930 replaced a majority of the building stock with new resources that dominate the landscape, although part of the road system, landscape, and 1865 cemetery survive. Because the Eastern Branch is not outstandingly representative of the history or design of the NHDVS, it was not recommended for nomination as a National Historic Landmark for the period 1865-1930. The Federal Preservation Officer for the Department of Veterans Affairs, however, has hired a contractor to prepare an NHL nomination for the Togus campus for its representation of the early Veterans Administration post-1930.

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 in the National Register of Historic Places in 1972, and two separate districts on 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 NHDVS resources are separated by another thirty-seven 1930s and 1940s-era Veterans Administration structures. 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 NHDVS period. The NHDVS resources remaining at the Pacific Branch also reflect the latter two historical phases of the soldiers' homes. The Pacific Branch appears to have a strong concentration of 1930s and 1940s early Veteran Administration facilities. While the Pacific Branch does not contain the wide span of resources from the beginning of the NHDVS into the multiple-phased history of veterans care during the early VA period like the Dayton VAH, it appears to reflect the 1920-1950s era of evolution from the NHDVS to the VA.

The Dayton VA, as the Central Branch, grew from one of the three original facilities established by the NHDVS Board of Managers 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 history of the Central Branch, NHDVS/Dayton VAH is integral to the latter periods of the NHDVS story, but as Dr. Julin indicated in the *National Home for Disabled Volunteer Soldiers Study*, the architecture and landscape that could reflect the earlier part of that story have been compromised by developmental pressures of subsequent Veterans Administration periods, including the removal of some of the earliest major NHDVS

period buildings, and the replacement of many of the original frame barracks with masonry buildings.[149] This nomination, however, makes a case for a period of significance from 1917-1959. The Dayton VA facility features twenty-nine buildings and structures including the Gothic Revival Home Chapel of 1868, and substantial post-1930 development representing the early establishment of the VA. Dayton stands out with historic structures and landscape features that are associated with each phase of development of veterans care, and it has a strong representation of the modernization programs instituted by the Veterans Bureau and Veterans Administration. In short, the collection of buildings throughout the Dayton VAH, along with a history ranging from building programs, occupational and vocational therapy, treatment, the cemetery, and association with medical schools, tells the story of how Federal care for veterans evolved from the early soldiers homes and developed into what it is today.

[149] Julin, "National Home for Disabled Volunteer Soldiers," 72.

## 9. MAJOR BIBLIOGRAPHICAL REFERENCES

Adam, Virginia H. "Western Branch, National Home for Disabled Volunteer Soldiers." National Register of Historic Places Registration Form, May, 1993.

"Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1922." Parts I and II. Veterans Administration Central Library, Washington, D.C.

"Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1923." Parts I and II. Veterans Administration Central Library, Washington, D.C.

"Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1924." Parts I and II. Veterans Administration Central Library, Washington, D.C.

"Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1926." Parts I and II. Veterans Administration Central Library, Washington, D.C.

Batie, David L. "St. Cecilia's Cathedral and the Battle Mountain Sanitarium: Thomas Rogers Kimball, Spanish Revival Architecture, and the Great Plains." Black Hills Medical Center Archives, Hot Springs, South Dakota, n.d.

*Battle Mountain Sanitarium: Branch National Home for Disabled Volunteer Soldiers, Hot Springs, South Dakota.* [1919]. Black Hills Medical Center Archives, Hot Springs, South Dakota.

Beck, J. D., comp. *The Blue Book of the State of Wisconsin.* Madison: Democratic Printing Company, 1907.

Bradley, C. D. "From Croton Oil to Isotopes: One Hundred Years of Medicine at Hampton Veterans Administration Center." *Veterans Administration Medical Monthly* 97 (November 1970).

Bradley, Omar N. and Clay Blair. *A General's Life: An Autobiography of General Omar Bradley*. New York: Simon and Schuster, 1983.

Butler, Maria Barrett. "The National Home for Disabled Volunteer Soldiers." *Harpers New Monthly Magazine* 437 (October 1886).

Cetina, Judith Gladys. "A History of Veterans' Homes in the United States, 1811-1930." Ph.D. diss., Case Western Reserve University, 1977.

Chasen, Everett and James Simpson. "Care for Veterans: Civil War Legacy Lives on at Togus." [Department of Veterans Affairs] *Vanguard*, September/October 1991.

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

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

Cross, Eva Adams. "Veterans Administration Launches $448,000,000 Hospital Building Program." *The Modern Hospital* 66, no. 3 (March 1946).

Cutton, George L. *The National Military Home: Eighty Three Years of Service to Veterans*. Dayton, Ohio: Vernon Roberts Post 359, 1951.

Daniels, Roger. *The Bonus March: An Episode of the Great Depression*. Westport, Connecticut: Greenwood Publishing Corporation, 1971.

*Dayton Weekly Journal*. September 10, 1867.

Department of Veterans Affairs. *Federal Benefits for Veterans and Dependents 2006 Edition*. https://benefits.va.gov/benefits/.

Department of Veterans Affairs. National Cemeteries. "General History: Burials and Memorials."

Department of Veterans Affairs. *The Veterans Benefits Administration: An Organizational History: 1776-1994.* Washington, D. C.: Veterans Benefits Administration, 1995.

Dickson, Paul and Thomas B. Allen. *The Bonus Army: An American Epic.* New York: Walker & Company, 2004.

*Dictionary of Wisconsin History.* http://www.wisconsinhistory.org.

District of Columbia Department of Mental Health. "St. Elizabeth's Hospital's Expanded Role During the Civil War."

_____. "St. Elizabeth's Hospital."

Edwards, Alice and Joseph Gallagher. "Danville Branch, National Home for Disabled Volunteer Soldiers Historic District. National Register of Historic Places Registration Form, July 1990.

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

Gobrecht, J. C. *History of the National Home for Disabled Volunteer Soldiers: With a Complete Guide Book to the Central Home, at Dayton, Ohio.* Dayton: United Brethren Printing Establishment, 1875.

Goode, Paul R. *The United States Soldiers' Home: A History of its First Hundred Years*. Privately published, 1957.

Hall, Taffey. "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." Master's thesis, Middle Tennessee State University, 2005.

Halverson, Kristin Gilpatrick and Nancy J. Hubbard, Todd Hunter and Patricia Lynch. "Northwestern Branch, National Home for Disabled Volunteer Soldiers Historic District." National Register of Historic Places Registration Form, January 25, 2005.

Hartman, Susan Kay. "A History of Mountain Home." Master's thesis, East Tennessee State University, 1984.

Hawley, Major General Paul R. "The VA Sets Its Sights." *The Modern Hospital* 66, no. 5 (May 1946).

Hickel, K. Walter. "War, Region and Social Welfare: Federal Aid to Servicemen's Dependents in the South, 1917-1921." *Journal of American History* 87 (March 2001).

Hines, Frank T. "Medical Care Program of the Veterans Administration." *Annals of the American Academy of Political and Social Science, v.* 239 (May 1945).

Hines, Frank T. "Vocational Rehabilitation Program of the Veterans Administration." *Annals of the American Academy of Political and Social Science,* v. 239 (May 1945).

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

Hoagland, Alison K. *Army Architecture in the West: Forts Laramie, Bridger and D. A. Russell, 1849-1912.* Norman: University of Oklahoma Press, 2004.

*Hot Springs Star*, May 15, 1903; May 12, 1905.

Hubbard, Nancy J., "Marion Branch, National Home for Disabled Volunteer Soldiers Historic District." National Register of Historic Places Nomination Form, November 1998.

Hull, Jeffrey M. and Matthew J. Jeffery. "Central Branch, National Home for Disabled Volunteer Soldiers." National Register of Historic Places Registration Form, May 7, 2003.

"Hospitals of the United States to be Standardized." *The Modern Hospital* 9, no.5 (November 1917): 421-423.

Hunt, N. A. to "Dear Friends," January 1, 1891. Transcription of original letter. Marion and Grant County File, Marion Public Library, Marion Indiana.

Jackson, Brenda K. *Domesticating the West: The Re-creation of the Nineteenth Century American Middle Class.* Lincoln: University of Nebraska Press, 2005.

Jellicoe, Geoffrey and Susan. *The Landscape of Man.* Rev. ed. New York: Thames and Hudson, 1987.

Julin, Suzanne. "Hot Springs Historic District." National Register of Historic Places Registration Form. August 15, 2005.

Julin, Suzanne. "National Home for Disabled Volunteer Soldiers: Assessment of Significance and National Historic Landmark Recommendations." National Council on Public History and National Park Service, Midwest Region, 2007.

"July, 1976 Bicentennial Notes." Milwaukee County Historical Society Research Library, Milwaukee, Wisconsin.

Kelly, Patrick J. *Creating a National Home: Building the Veterans' Welfare State, 1860-1900.* Cambridge: Harvard University Press, 1997.

Keough, Gertrude. *History and Heritage of the Veterans Administration Nursing Service, 1930-1980*. New York: National League for Nursing, 1981.

Kirkbride, Thomas. *On the Construction, Organization and General Arrangements of Hospitals for the Insane.* Philadelphia 1857; reprint New York: Arno Press, 1973.

Krause, Joy. "Koch Stood as Tall as His Steeples." *Milwaukee Journal.* January 23, 1995.

Lakeman, Curtis E. "The After-Care of Our Disabled Soldiers and Sailors." *Annals of the American Academy of Political and Social Science.* 79 (September 1918): 115-121.

Lampl, Elizabeth Jo and Kristin M. Fetzer. "Hampton Veterans Affairs Medical Center Historic District." National Register of Historic Places Registration Form [1994].

Leach, Sarah electronic mail correspondence April 25, 2007. Copy on file, National Park Service Midwest Regional Office, Omaha, Nebraska.

Lee, Antoinette J. *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office.* New York: Oxford University Press, 2000.

Loomis, Jan and Sara Hammond. "A Century of Caring." Undated newspaper article. West Los Angeles Veterans Administration Medical Center Archives.

Lyke, Patrick, Battle Mountain VA Medical Center Maintenance Foreman, to Dena Sanford, National Park Service, electronic mail correspondence 12 April 2007. National Park Service, Omaha, Nebraska.

Marble, Dr. Sanders. *Rehabilitating the Wounded: Historical Perspective on Army Policy.* Office of Medical History, Office of the Surgeon General, 2008.

*Marion Daily Chronicle*. July 23, 1888.

Marsh, Rose B. "Marion in the Mirror." Undated newspaper clipping [1933]. Marion and Grant County File, Marion Public Library, Marion Indiana.

Marten, James. "'A Place of Great Beauty, Improved by Man': The Soldiers' Home and Victorian Milwaukee." *Milwaukee History* 22 (Spring 1999): 2-15.

McCullough, David. *Truman*. New York: Simon & Schuster, 1992.

McPherson, James. *For Cause and Comrades: Why Men Fought in the Civil War*. New York: Oxford University Press, 1999.

*Medical Care of Veterans,* 90th Congress, 1st Session, House Committee Print No. 4, April 17, 1967.

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.

*Milwaukee Sentinel*, June 16, 1866.

*Milwaukee Sentinel*. March 7, 1866 to June 18, 1866, March 18, 1868, July 17-September 18, 1871. Typewritten copies of articles. Clement J. Zablocki Medical Center Archives.

National Care Planning Council. 2006 List of State Veterans' Homes.

National Cemetery Data. Hot Springs, N/C. http://www.cem.va.gov/CEM/cems/nchp/hotsprings.asp.

National Cemetery Data. Marion, N/C. http://www.cem.va.gov/CEM/cems/nchp/marion.asp.

"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.

Neuhardt, David A., American Veterans Heritage Center, Inc., to Dena Sanford, National Park Service, April 27, 2007

Newmark, Maurice H. and Marco R. Newmark, eds. *Sixty Years in Southern California 1853-1913: Containing the Reminiscences of Harris Newmark.* 3d ed. Boston: Houghton Mifflin Company, the Riverside Press Cambridge, 1930.

Obermann, C. Esco. *A History of Vocational Rehabilitation in America.* Minneapolis, Minnesota: T. S. Denison and Company, Inc., 1965.

Painter, Nell Irvin. *Standing at Armageddon: The United States, 1877-1919.* New York: W. W. Norton and Company, 1987.

Philadelphia Area Consortium of Special Collections Libraries. "'Beautifully Situated on the River Schuylkill': Views of the U. S. Naval Asylum and Hospital, Philadelphia."

Planning and Design Institute, Inc. "Clement Zablocki Veterans Administration Medical Center. Historic Preservation Plan." January 1992.

President's Commission on Veterans' Pensions. *The Historical Development of Veterans Benefits in the United States.* Washington, DC: GPO, 1956.

"Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers." Department of Veterans Affairs Central Library, Washington, D.C. April 7, 1885.

_____. April 19, 1887.

_____. September 10, 1887.

_____. September 19, 1888.

_____. January 21, 1890.

_____. April 8, 1890.

_____. July 8, 1890.

_____. September 24, 1890

_____. June 1, 1897.

_____. December 8, 1909.

_____. July 27, 1902.

_____. September 23, 1902.

_____. December 11, 1906.

_____. September 9-14, 1913.

_____. November 19, 1927.

Quinn Evans Architects. "Milwaukee City Hall" National Historic Landmark. April 5, 2005, 8/14.

Records of the Veterans Administration Administrative Records Re: Soldiers Home. Record Group 15. National Archives. Washington, D.C.

*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, DC: GPO, 1923.

Rosenburg, R. B. *Living Monuments: Confederate Soldiers' Homes in the New South.* Chapel Hill: The University of North Carolina Press, 1995.

Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic* Boston: Little Brown and Company, revised ed., 1990.

Rothman, Sheila M. *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History.* Baltimore: The Johns Hopkins University Press, 1994.

Schuyler, Montgomery. "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.

Sears, John F. *Sacred Places: American Tourist Attractions in the Nineteenth Century.* New York: Oxford University Press, 1989.

*Serving Veterans Since 1867*. Dayton, Ohio: Veterans Administration Center, 1975.

Severo, Richard and Lewis Milford. *The Wages of War: When America's Soldiers Came Home*. New York: Simon and Schuster, 1989.

"Soldiers' Home in Tennessee: A Noteworthy Example of a Group of Buildings Planned as a Whole." *Craftsman* 11 (December 1906): 348-356.

Steere, Edward. "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.

*Third Annual Report and Memorial, Wisconsin Soldiers' Home, Milwaukee: To the Legislature*. Milwaukee: Daily Wisconsin Printing House, 1867. Milwaukee County Historical Society Research Library, Milwaukee, Wisconsin.

Tishler, William H. Ed. *American Landscape Architecture: People and Places.* Washington, D. C. Preservation Press, 1989.

Tobey, George W. *A History of Landscape Architecture: The Relationship of People to the Environment.* Second printing. New York: Elsevier North Holland, Inc., 1973.

Trachtenberg, Marvin and Isabella Hyman. *Architecture from Pre-History to Post-Modernism: The Western Tradition.* New York: Harry N. Abrams, 1986.

Underhill, Duncan. "Sawtelle, Fairest of Warriors' Retreats. *Wiltell News,* April 10, 1963. Reprint, *Westways* 48 (June 1956).

U.S. Army Corps of Engineers, Seattle District. "Context Study of the United States Quartermaster General Standardized Plans, 1866-1942," (Technical Center of Expertise for Preservation of Structures and Buildings, November 1997).

U.S. Congress. Committee on Military Affairs. *Medical Care of Veterans*. 90th Cong., 1st sess., 1967-1968. Committee Print 4.

U.S. Congress. House. 70th Cong., 2d sess., H. Rept. 1945.

_____. *Consolidation of Veterans Activities.* 71st Cong., 3d sess., 1930. H Rept. 2645.

_____. Committee on Military Affairs. *Investigation of the Management of the National Home for Disabled Volunteer Soldiers.* 41st Cong., 3d sess., 1871. H. Rept. 45.

_____. *Investigation of the Soldiers' Home at Leavenworth Kans.* 54th Cong., 2d sess., 1896. H. Rept. 3035.

_____. Committee on Veterans Affairs, under the direction of Robinson E. Adkins. *Medical Care of Veterans.* 90th Cong., 1st sess., 1967-1968, House Committee Print No. 4.

_____. *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.

_____. *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.

_____. *Annual Report of the President of the National Home for Disabled Volunteer Soldiers, for the Year Ending December 31, 1870.* 41st Cong., 2d sess., 1870-1871. H. Misc. Doc. 86.

_____. *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, 1871.* 42d Cong., 2nd sess., 1871-1872. H. Misc. Doc. 226.

_____. *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.

_____. *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.

_____. *Annual Report of the Board of Managers of the National Home for Disabled Soldiers for 1877.* 45th Cong., 2d sess., 1877, H. Misc. Doc. 45.

_____. *Annual Report of the Board of Managers of the National Home for Disabled Soldiers for the Fiscal Year Ending June 30, 1879.* 46th Cong., 2nd sess., 1879-1880, H. Misc. Doc. 14.

_____. *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.

_____. *Report of Board of Managers of the National Home for Disabled Volunteer Soldiers for Fiscal Year Ending June 30, 1883.* 48th Cong., 1st sess., 1883-1884. H. Misc. Doc. 14.

_____. *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Year Ending June 30, 1884.* 48th Cong., 2d sess., 1884-1885. H. Misc. Doc. 24.

_____. *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.

_____. *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1900.* 56th Cong., 2nd sess, 1900-1901. H. Doc. 81.

_____. *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1901.* Washington, DC: GPO, 1901.

_____. *Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1904.* Washington, DC: GPO, 1904.

_____. *Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers.* 63rd Cong. 3rd sess., 1915. H. Rept. 1354.

_____. *Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers.* 64th Cong., 1st sess., 1916. H. Doc. 538.

_____. *Report of An Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers.* 64th Cong. 2nd sess., 1917. H. Doc. 1742.

_____. *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.

_____. *National Home for Disabled Volunteer Soldiers Report of Board of managers for the Fiscal Year Ending June 30, 1930.* 71st Cong., 3d sess., 1931. H. Doc. 546.

U.S. Department of Veteran Affairs. *The Veterans Benefits Administration: An Organizational History: 1776-1994*. Washington, DC: Veterans Benefits Administration, 1995.

U.S. Department of the Interior, National Park Service. "President Lincoln and Soldiers' Home National Monument." Special Resource Study, 2003.

*U.S. Statutes at Large* 38 (1914).

*U.S. Statutes at Large* 40 (1919).

U.S. Veterans Bureau. *Annual Report of the Director.* Washington, DC: GPO, 1922-1930.

U.S. Veterans' Affairs. *Annual Report of the Administrator*. Washington, DC: GPO, 1931-1960.

The Veterans Administration and The National Building Museum. *The Nation Builds for Those Who Served: An Introduction to the Architectural Heritage of the Veterans Administration*. Washington, DC: The National Building Museum, 1980.

Veterans Administration Center, Wood, Wisconsin. *Centennial: Wood VAC Century of Service 1867-1967.* Milwaukee: Veterans Administration Center, 1967.

Warner, A.R. "Two Factors in Hospital Standardization." *The Modern Hospital* v. 12 no. 6 (June 1919): 402-403.

Waterman, Richard. "A Proposed Method of Hospital Standardization." *The Modern Hospital* v. 4 no. 2 (February 1915): 87-92.

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

Whitnah, Donald R., ed. *Government Agencies.* Westport, CT: Greenwood Press, 1983.

Wisconsin Historical Society. "Mix, Edward Townsend 1831-1890." *Dictionary of Wisconsin History.* https://www.wisconsinhistory.org/Records?terms=Mix%2C+Edward+Townsend+1831-1890.

Previous documentation on file (NPS):

__ Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
_X_ Previously Listed in the National Register.
__ Previously Determined Eligible by the National Register.
__ Designated a National Historic Landmark.
_X_ Recorded by Historic American Buildings Survey: # OH-2364 (2008)
__ Recorded by Historic American Engineering Record: #

Primary Location of Additional Data:

__ State Historic Preservation Office
__ Other State Agency
__ Federal Agency
__ Local Government
__ University
_X_ Other (Specify Repository): Dayton Department of Veterans Affairs Medical Center (DVAMC); Department of Veterans Affairs Central Library, Washington, D.C.

## 10. GEOGRAPHICAL DATA

Acreage of Property: 266

| UTM References: | Zone | Easting | Northing |
|---|---|---|---|
| A | 16 | 734046 | 4403215 |
| B | 16 | 735331 | 4403536 |
| C | 16 | 735373 | 4402607 |
| D | 16 | 735069 | 4402285 |
| E | 16 | 734740 | 4402140 |
| F | 16 | 734518 | 4402177 |
| G | 16 | 734518 | 4403014 |
| H | 16 | 734055 | 4403014 |

Verbal Boundary Description:

The boundary of the Central Branch, National Home for Disabled Volunteer Soldiers/Dayton Veterans Administration Home is shown as the blue line on the accompanying map entitled "Central Branch, NHDVS/Dayton VA." Beginning at the southwest corner of the intersection of West Third Street and South Gettysburg Avenue in the city of Dayton, Ohio; thence westerly along West Third Street approximately 4320 feet to the intersection of West Third Street and Liscum Drive; then south along Liscum Drive approximately 634 feet to the intersection with the southwest corner of the National Cemetery; thence easterly following the National Cemetery boundary approximately 1497 feet to the intersection of Michigan Avenue and the driveway immediately west of Building 143 (Laundry); thence south approximately 2700 feet to US 35; thence easterly approximately 1260 feet, and approximately 1980 feet following the northeasterly curving contours of U.S. 35 until it intersects with South Gettysburg Avenue; thence northerly on South Gettysburg Avenue approximately 2970 feet to the starting point of West Third Street and South Gettysburg Avenue.

Boundary Justification:

The boundary of the historic district encompasses a large portion of the present-day Department of Veterans Affairs and National Cemetery property. The boundary encompasses the historic core containing the surviving historic buildings, structures, objects, historic landscape, and cemetery associated with the Central Branch, NHDVS/Dayton Veterans Administration Home, but omits a section of the historic campus to the west that contains a cluster of seven modern buildings that post-date the 1959 period of significance. The NHL boundary reflects the remaining historic core of the campus.

The Dayton National Cemetery has been enlarged periodically with transfers of land from the VA Medical Center. In 1976, 17.3 acres were transferred from VHA to the National Cemetery Administration to enlarge the Dayton National Cemetery; in 1993 another 17.7 acres were transferred from VHA to the National Cemetery Administration; and most recently, in 1999, 10.4 acres were transferred from VHA to NCA. The boundary encompasses these transfers of land since the land was historically part of the Dayton campus and has been repurposed for expansion of the cemetery.

## 11. FORM PREPARED BY

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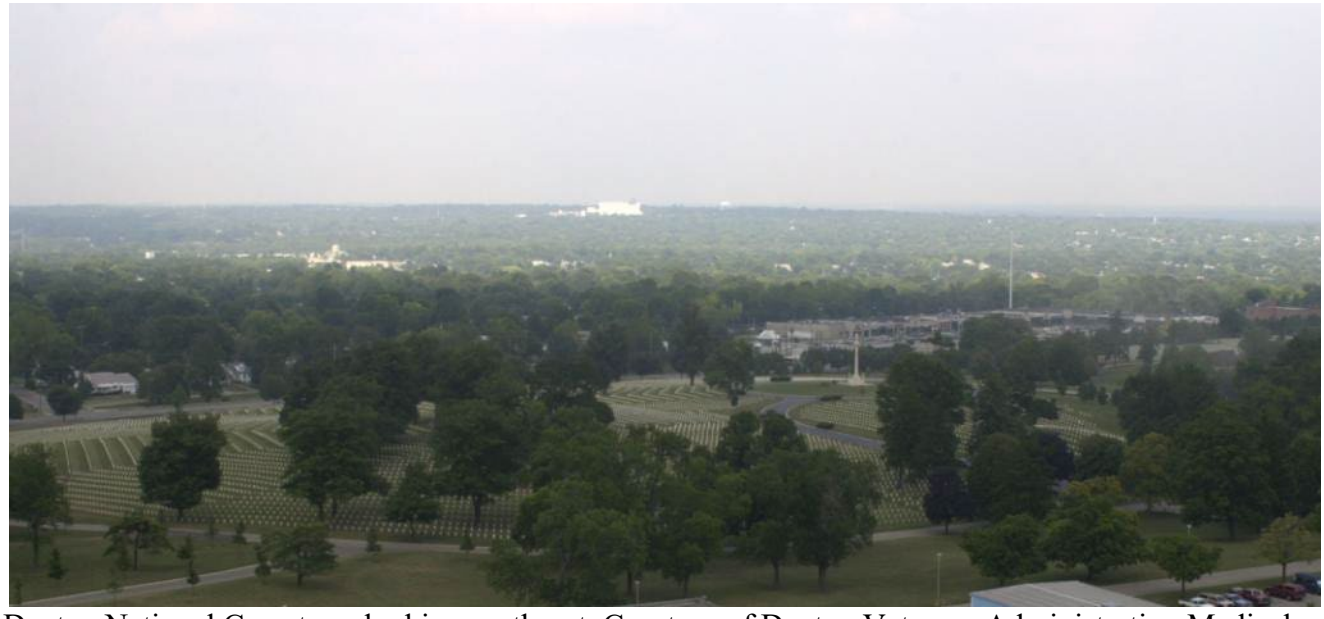
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NATIONAL HISTORIC LANDMARKS PROGRAM



Aerial View of Central Branch, NHDVS/Dayton VAC, looking north. Courtesy of Dayton Veterans Administration Medical Center (VAMC), n.d.



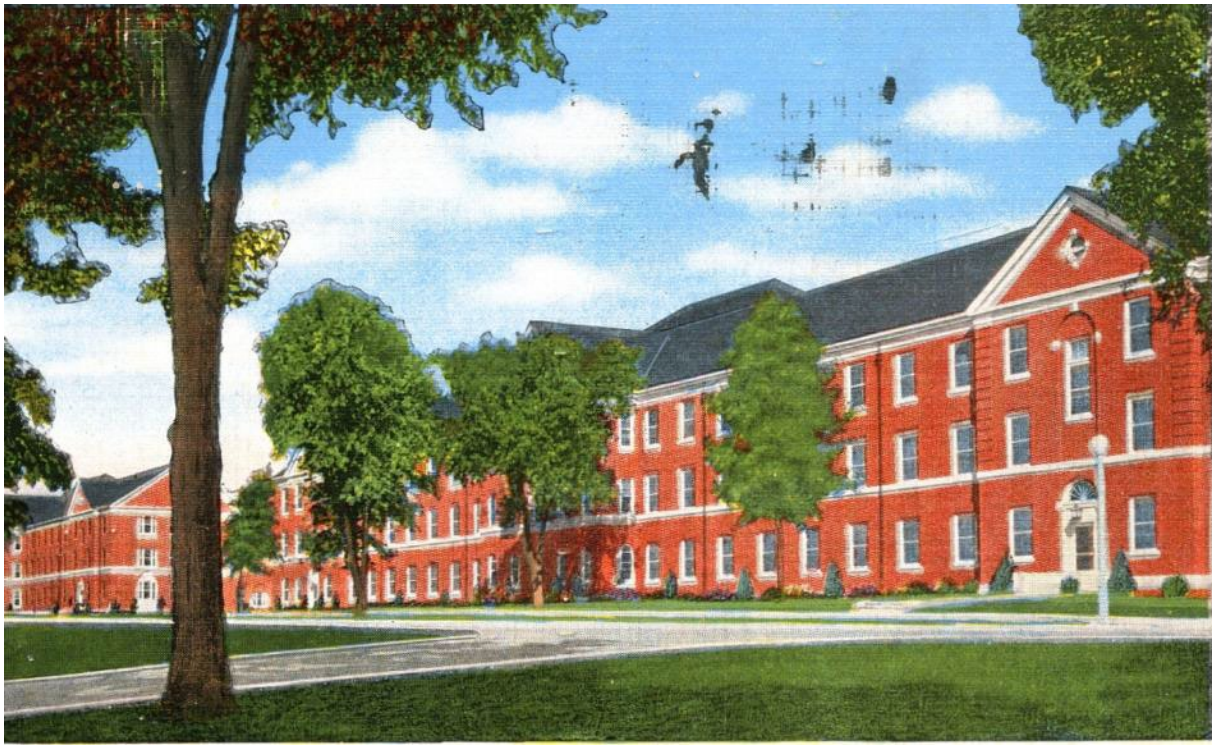
Dayton National Cemetery, looking northeast. Courtesy of Dayton Veterans Administration Medical Center (VAMC), n.d.



Looking east, view of Brown Hospital and campus. Photograph taken after 1931. Courtesy of Dayton VAMC Archives.




Patrick Hospital (Building 302), façade (L, south), and east walls. Photograph by Mark Chavez, National Park Service (NPS), Midwest Regional Office (MWR), 2009.



Historic view of Patrick Hospital (Building 302). Courtesy of Dayton VAMC Archives, n.d.



Headquarters (Building 116), façade (left, south wall) and east wall. Photograph by Mark Chavez, NPS, MWR, 2009.



Administration Building (Building 115), façade (L, east wall), and north wall. Photograph by Mark Chavez, NPS, MWR, 2009.



Duplex Quarters (Building 210), west façade. Photograph by Mark Chavez, NPS, MWR, 2009.



Duplex Quarters (Building 213), west façade. Photograph by Mark Chavez, NPS, MWR, 2009.



Miller Cottage and Doctor's Row facing northwest. Photograph by Mark Chavez, NPS, MWR, 2009.



Hospitality House **(**Building 220), south (R) and west walls. Photograph by Mark Chavez, NPS, MWR, 2009.



Freedom House/Staff Duplex (Building 226), façade. Photograph by Mark Chavez, NPS, MWR, 2009.



Aerial looking east with Building 305 in foreground. Courtesy of VAMC, n.d.



Miller Cottage (Building 400), façade (west wall). Photograph by Mark Chavez, NPS, MWR, 2009.



Miller Cottage (Building 400), historic view from northwest. Courtesy of Dayton VAMC Archives, 1937.



Domiciliary Barracks (Building 402), looking southwest. Photograph by Mark Chavez, NPS, MWR, 2009.



Domiciliary Barracks (Building 409), façade (north). Photograph by Mark Chavez, NPS, MWR, 2009.



Historic image of Domiciliary Barracks (Building 409), view from northeast. Courtesy of Dayton VAMC Archives, 1940.



Recreation Building (Building 305), looking northeast, façade (L) faces west. Photograph by Tessa Kalman, Dayton VAMC, 2011.



Domiciliary Dining Hall (Building 408), façade (east). Photograph by Mark Chavez, NPS, MWR, 2009.



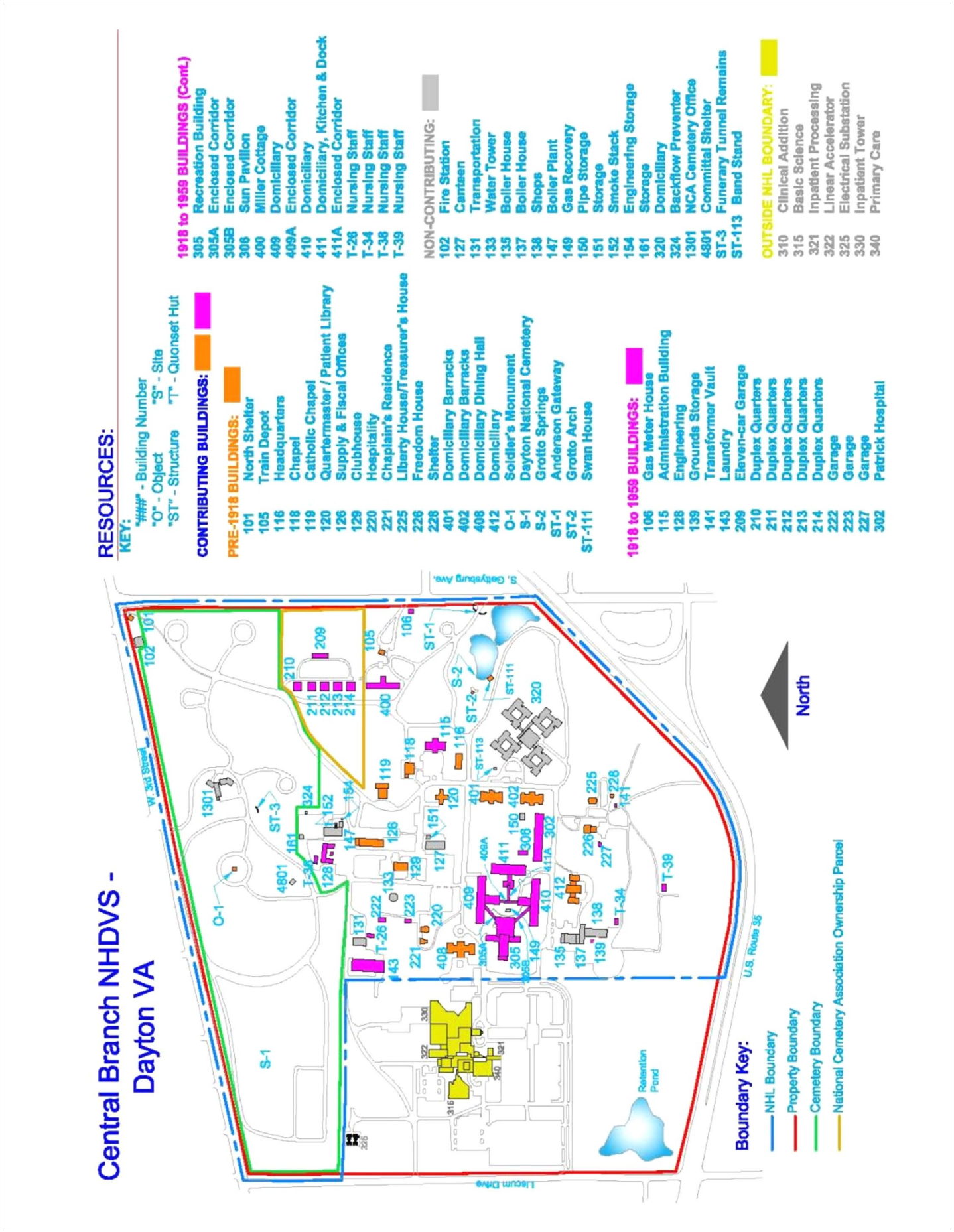
Anderson Gateway, looking northwest. Photograph by Mark Chavez, NPS, MWR, 2009.



Swan House (Structure 111), looking southwest. Photograph by Mark Chavez, NPS, MWR, 2009.



Grotto Arch (Structure 2), looking west. Photograph by Mark Chavez, NPS, MWR, 2009.


RESOURCES:
KEY:
"###" - Building Number
"O" - Object "S" - Site
"ST" - Structure "T" - Quonset Hut
CONTRIBUTING BUILDINGS:
PRE-1918 BUILDINGS:
101 North Shelter
105 Train Depot
116 Headquarters
118 Chapel
119 Catholic Chapel
120 Quartermaster / Patient Library
126 Supply & Fiscal Offices
129 Clubhouse
220 Hospitality
221 Chaplain's Residence
225 Liberty House/Treasurer's House
226 Freedom House
228 Shelter
401 Domiciliary Barracks
402 Domiciliary Barracks
408 Domiciliary Dining Hall
412 Domiciliary
O-1 Soldier's Monument
S-1 Dayton National Cemetery
S-2 Grotto Springs
ST-1 Anderson Gateway
ST-2 Grotto Arch
ST-111 Swan House
1918 to 1959 BUILDINGS:
106 Gas Meter House
115 Administration Building
128 Engineering
139 Grounds Storage
141 Transformer Vault
143 Laundry
209 Eleven-car Garage
210 Duplex Quarters
211 Duplex Quarters
212 Duplex Quarters
213 Duplex Quarters
214 Duplex Quarters
222 Garage
223 Garage
227 Garage
302 Patrick Hospital
1918 to 1959 BUILDINGS (Cont.)
305 Recreation Building
305A Enclosed Corridor
305B Enclosed Corridor
306 Sun Pavilion
400 Miller Cottage
409 Domiciliary
409A Enclosed Corridor
410 Domiciliary
411 Domiciliary, Kitchen & Dock
411A Enclosed Corridor
T-26 Nursing Staff
T-34 Nursing Staff
T-38 Nursing Staff
T-39 Nursing Staff
NON-CONTRIBUTING:
102 Fire Station
127 Canteen
131 Transportation
133 Water Tower
135 Boiler House
137 Boiler House
138 Shops
147 Boiler Plant
149 Gas Recovery
150 Pipe Storage
151 Storage
152 Smoke Stack
154 Engineering Storage
161 Storage
320 Domiciliary
324 Backflow Preventor
1301 NCA Cemetery Office
4801 Committal Shelter
ST-3 Funerary Tunnel Remains
ST-113 Band Stand
OUTSIDE NHL BOUNDARY:
310 Clinical Addition
315 Basic Science
321 Inpatient Processing
322 Linear Accelerator
325 Electrical Substation
330 Inpatient Tower
340 Primary Care
Central Branch NHDVS - Dayton VA
North
Boundary Key:
NHL Boundary
Property Boundary
Cemetery Boundary
National Cemetery Association Ownership Parcel
W. 3rd Street
S. Gettysburg Ave.
Lincoln Drive
U.S. Route 35
Retention Pond