Executive Summary

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

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

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

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

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

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

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

**Project Introduction**

In August, 2004, Department of Veterans Affairs Secretary Anthony Principi officially proposed to the Department of Interior a working relationship between the Department of Veterans Affairs and the National Park Service in order to assess the significance of the eleven branches of the National Home for Disabled Volunteer Soldiers (NHDVS). His action resulted from increasing interest in the National Home and preservation of its properties on the part of state and federal historic preservation personnel, National Park staff, members of Congress, and state and local organizations. After Secretary Principi’s proposal, the Department of Veterans Affairs and the National Park Service Midwest Region, where six of the properties are located, formulated and signed an Interagency Agreement. The National Park Service and the National Council on Public History subsequently established a Cooperative Agreement under which the National Council contracted with a Principal Investigator for the development of an Assessment of Significance, the determination of NHL eligibility of individual branches within the national context of the development of a national policy for veteran health care, and the preparation of appropriate National Historic Landmark nominations. The National Park Service Midwest Region designated a Project Manager from its staff to organize and lead
the work, which began with an introductory meeting at the Department of Veterans Affairs in October, 2005.

**Methodology**

The initial meeting in Washington, D. C. allowed the participants and supporters of the project to discuss objectives and share information. Following this meeting, the Principal Investigator conducted research in the Department of Veterans Affairs Federal Historic Preservation Office files, the Department of Veterans Affairs Central Library, and the National Archives. In the ensuing months, the Principal Investigator and/or the Project Manager visited seven of the original National Home for Disabled Soldiers facilities: Central Branch (Dayton, Ohio), Western Branch (Leavenworth, Kansas), Mountain Branch (Johnson City, Tennessee), Northwestern Branch (Milwaukee, Wisconsin), Pacific Branch (West Los Angeles, California), Marion Branch (Marion, Indiana) and Battle Mountain Sanitarium (Hot Springs, South Dakota). Each site visit included review and photography of existing resources and records searches. The four remaining sites—Eastern Branch (Togus, Maine), Southern Branch (Hampton, Virginia), Danville Branch (Danville, Illinois) and Bath Branch (Bath, New York) were not visited after consultation with federal and/or state historic preservation officers and reviews of documentary sources that indicated extensive loss of integrity or lack of historical significance within the scope of the study.

Records such as official correspondence that might shed light on the Board of Manager’s decision-making processes and year-by-year changes in the properties were lost during the administrative transition to the Veterans Administration, but individual branch archives and local archives yielded primary and secondary sources. The annual reports of the NHDVS Board of Managers, issued under a variety of titles from 1866 through 1930, hold compiled information regarding the establishment and development of the National Home for Disabled Volunteer Soldiers. Two studies—Judith Gladys Cetina’s 1977 Ph.D. dissertation, “A History of the Veterans’ Homes in the United States, 1811-1930,” and Patrick J. Kelly’s recent work, *Creating a National Home: Building the Veterans’ Welfare State, 1860-1900*, have been particularly important in addressing the history of the NHDVS.

**Summary of Findings**

The eleven NHDVS branches have been evaluated by standards delineated in the National Register Bulletin *How to Prepare National Historic Landmark Nominations*. The bulletin states that NHL properties must possess exceptional “value or quality” in interpreting the history of the United States and “a high degree of integrity of location, design, setting materials, workmanship, feeling, and association.”

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The National Park Service’s Thematic Framework establishes national themes under which properties are evaluated for national significance. The national themes applied to the NHDVS branches are:

**Theme III: Expressing Cultural Values: architecture, landscape architecture, and urban design.**

The architecture and landscape architecture of the NHDVS branches represent the policies and practices instituted by the Board of Managers in the development of the institution and reflect national trends in architecture and landscape design. The NHDVS architecture and landscape architecture also represent the growing connection between the American public and the federal government after the Civil War.

**Theme IV: Shaping the Political Landscape: governmental institutions.**

The NHDVS under its Board of Managers established policy concerning veterans benefits during the period 1865-1930 and directly influenced the development of a national system for veterans’ health care in the United States. Until World War I, residents of the NHDVS were the only veterans receiving federally funded health care.

**National Historic Landmark Criteria**

In addition to expressing national themes, NHDVS properties recommended for nomination as NHLs must conform to an established period of significance and must exhibit a high degree of integrity.

**Period of Significance.**

The legislation creating the National Home for Disabled Volunteer Soldiers(originally the National Asylum for Disabled Volunteer Soldiers) was enacted in 1865, and the system was incorporated into the newly created Veterans Administration in 1930. Each recommended site carries a Period of Significance corresponding to or falling within the 1865-1930 time frame. Buildings, sites, structures, objects, and landscapes contributing to the significance and integrity of the properties must have been created during the specific period of significance, must retain a high number of physical features from within the period of significance, and must reflect the broad planning and policies of the Board of Managers of the National Home for Disabled Volunteer Soldiers.

**High degree of integrity.**

A significant range of the buildings, sites, structures, objects, and landscapes that convey the association between the property and the broad history of the NHDVS, and that carry the qualities of location, design, setting, materials, workmanship,
feeling, and association, must be present to a high degree. Such buildings, sites, structures, objects and landscapes must create an historic core or district with very limited intrusions by elements constructed outside the period of significance or elements that were constructed within the period of significance but have been modified to such a degree that their integrity has been lost. The defined property with all its elements should display the qualities of location, design, setting, materials, workmanship, feeling, and association in a landscape which reflects the significance of the NHDVS and the applicable national themes.

As a result of this evaluation, four of the branches are recommended for nomination as National Historic Landmarks: Northwestern Branch (Milwaukee, Wisconsin); Western Branch (Leavenworth, Kansas); Mountain Branch (Mountain Home/Johnson City, Tennessee); and Battle Mountain Sanitarium (Hot Springs, South Dakota). The specific recommendations are discussed fully in Recommendations for National Historic Landmark Nominations. These recommendation pertain only to those facilities that are evaluated within the time frame of 1865 to 1930, the year in which the NHDVS was consolidated into the Veterans Administration. Other facilities associated with the federal government efforts to serve veterans that cover time frames up to 1960 may be evaluated for nomination as a National Historic Landmark outside the scope of this study.

History of the National Home for Disabled Volunteer Soldiers

Introduction

As the twenty-first century approached, the United States government, through the Department of Veterans Affairs, provided the “most comprehensive system of assistance for veterans in the world.”2 This on-going assistance includes in- and out-patient medical and mental health care, dental, vision, and pharmaceutical benefits, substance abuse programs, long-term care for the elderly, services for the blind, vocational and educational assistance, domiciliary care, and transitional residences. Benefits are available to beneficiaries whose eligibility in general is based upon active military service and other than dishonorable discharge, but may vary according to specific circumstances of service and/or illness or disability.3 This system owes its present comprehensive programs to an expansion of benefits to veterans which began after the Civil War and continued into the twentieth century, creating an enduring connection between veterans and the federal government. The National Home for Disabled Volunteer Soldiers is an integral component of this history.

In 1865, Congress established the National Asylum for Disabled Volunteer Soldiers, later named the National Home for Disabled Volunteer Soldiers. The institution developed as a

network of eleven branches across the country before being absorbed into the newly created Veterans Administration in 1930. Initially, the benefits and privileges of the NHDVS were extended to Union Army volunteer veterans with service-related disabilities. A broadening of NHDVS admittance standards in the mid-1880s allowed former Union soldiers with any disability, including those caused by age, to be considered for membership in the National Home. Subsequent expansion of membership regulations made disabled veterans of all U. S. wars and military actions eligible to enter NHDVS facilities. In the twentieth century, the NHDVS population began to shift from elderly Civil War veterans to young veterans with specific injuries and conditions. Until World War I, only veterans who were members of the NHDVS could receive federally provided medical care. As medical benefits for veterans expanded and their needs became more complex, the NHDVS mission became increasingly focused on that care.

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

In 1873, Congress changed the name from National Asylum for Disabled Volunteer Soldiers to National Home for Disabled Volunteer Soldiers. For purposes of consistency, this study will refer to the institution as the National Home for Disabled Volunteer Soldiers (NHDVS). The men served by the institution were first referred to as inmates, a term that fell into disuse during the 1880s and was replaced by beneficiaries, soldiers, men, and members. This report 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.

Associated with all the homes are cemeteries that provided a resting place for veterans who died while in residence. Some of the cemeteries were originally established as National Cemeteries and others attained that designation in 1973.

**Early Support for War Veterans**

Since the colonial era, American citizens and governments have worked to protect disabled soldiers from the indignities of poverty. Until the mid-1800s, public assistance to these men was primarily financial as colonies made provisions for soldiers through pensions and similar aid. The Continental Congress enacted a 1776 law that gave pensions to officers and soldiers injured in the line of duty. In 1789, the First U. S. Congress assumed the responsibility for paying veterans’ benefits, and subsequent laws provided such benefits to soldiers wounded during the Revolutionary War and men who became disabled after the war as a consequence of service-related wounds. Congress repealed previous laws in 1806 and enacted new legislation that made additional categories of soldiers eligible for pensions, including volunteers and state troops; in 1813 it extended pension benefits to veterans of the War of 1812. In 1818, Congress passed a controversial law granting pensions to any veteran of the Revolutionary War who needed assistance, including the
indigent. Consequently, the numbers of pensioners quickly went from slightly over two thousand to more than seventeen thousand, and the annual costs of the system increased dramatically. As a result, the application process was tightened and many pensions were withdrawn. In the 1830s, supporters defended another controversial pension law that extended benefits to the self-supporting, stating that pensions were a reward for service, not an act of charity designed to relieve poverty. In 1833, Congress established the Bureau of Pensions, the first federal bureaucracy devoted to veterans’ benefits. The pension system created a durable connection between the thousands of veterans and their families and the federal government.4

The Civil War strengthened that connection. At its onset, there were about 80,000 war veterans in the country. By 1865, Union veterans had increased that number to nearly two million and veterans constituted almost five per cent of the country’s population. The General Pension Law passed by Congress in 1862 established pensions for disabled veterans whose disabilities could be linked to injuries suffered or diseases developed during their military service. This was the first pension law to allow payments for disease-related disabilities, and the broadening of eligibility and growing number of disabled veterans led to a dramatically expanded pension system. The government paid out more in pension benefits between 1866 and 1870 than it had from 1790 to 1865.5

Although pensions were the most common method of assisting military veterans, the government also supported the development of institutions designed to provide them shelter and care. In 1811 Congress established the U. S. Naval Asylum for disabled and elderly regular Navy and Marine veterans. However, the home was not operational until the 1830s, when Congress appropriated funds necessary to complete a building in Philadelphia for use as a hospital and asylum. Until 1935, when direct Navy appropriations began to be used, the operations were funded from monthly contributions by active seamen and fines against them. Sailors who were disabled due to injuries or conditions arising from their service in the navy were eligible for admittance.6

The U. S. Naval Asylum was constructed near the Schuylkill River on the site of a former plantation, and an existing building was used as a naval hospital while the larger institution was being built. Architect William Strickland designed the Greek Revival central building, called Biddle Hall, which included private rooms for four hundred residents, communal dining, reading, and smoking areas, and a chapel. The building was completed in 1833. Until 1845, Biddle Hall housed a naval hospital and a naval academy as well as retired sailors; in that year, the academy was moved to Annapolis, Maryland. In 1844, two additional buildings designed by Strickland—a residence for the Asylum’s Governor and


5 Department of Veterans Affairs, The Veterans Benefits Administration, p. 9; Kelly, Creating a National Home, pp. 18, 57.

another for the Surgeon--were added to the campus. In 1868, a Second Empire hospital designed by John McCarther and named Laning Hall was completed. The structure was funded by Congress to serve the needs of wounded sailors at the end of the Civil War, but by the time it was ready for use, the number of hospital patients was dwindling and Laning Hall was converted to housing for disabled veterans. By 1886, the U. S. Naval Asylum held 201 members. In 1889 its name was changed to the U. S. Naval Home. In 1976, a new facility opened in Gulfport, Mississippi, and its residents transferred to that site. The original buildings have been vacant since the 1980s. The U. S. Naval Home was designated a National Historic Landmark in 1976.\(^7\)

In 1851, Congress created the U. S. Military Asylum, later the U.S. Soldiers’ Home, after decades of debate about the costs of such a facility as well as its appropriateness in the United States. Some opponents believed the development of elaborate public institutions like France’s Hotel des Invalides and the Chelsea Hospital in England, while appropriate for monarchical societies, were not suited to the United States. The casualties suffered during the Mexican War, however, helped to convince legislators that a provision for soldiers unable to care for themselves was necessary. The institution was originally funded from Mexican war fines and stoppages as well as deductions from the salaries of enlisted men. The U. S. Soldiers Home was intended to house disabled and elderly soldiers; regular or volunteers with twenty years of service who had contributed to its support through pay deductions were eligible for admittance. Originally developed with three branches, the asylum was centralized in Washington, D. C. by the end of the 1850s because so few ex-soldiers sought residence at the institution. By the time the Civil War began, the Soldiers’ Home housed approximately 130 residents, about half its capacity. Its lack of success in attracting men led some Congressmen to believe veterans would not be interested in living in institutions. This attitude helped slow the movement toward the development of a national system for disabled soldiers during the Civil War.\(^8\)

The historic core of the U. S. Soldiers’ Home was designated a National Historic Landmark in 1974. Located about three miles north of the Capitol, the six-acre site includes the Anderson Cottage, a Gothic Revival house built as a country home for George W. Riggs, founder of Riggs National Bank, in the mid-1840s and named for Major Robert Anderson, who was an early supporter of the establishment of a soldiers’ home. The cottage was part of the property purchased by the federal government in 1851 for soldiers’ home purposes and originally housed residents of the institution. President Lincoln and his family used the cottage as a summer home from 1862 through 1864. After Lincoln’s death, the house served as a hospital for the U. S. Soldiers’ Home until 1877, when it again became a Presidential retreat. Chester Arthur, Rutherford B. Hayes, and James Buchanan used the Anderson Cottage as a summer retreat. The other three buildings are Gothic

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Revival and Italianate inspired structures built between 1851 and 1857 and designed by Lt. Barton S. Alexander. Sherman South, originally called the Scott Building, held the hospital, administrative offices, and dormitories. Quarters One and Two were built as residences for the home’s administrative officers. The grounds surrounding the buildings were designed with winding paths, open spaces that allowed views of the surrounding scenery, and native plants. Their design was probably influenced by the works of Frederick Law Olmsted and Andrew Jackson Downing. Now identified as the U. S. Soldiers’ and Airmen’s Home, the institution continues to provide residential and health care services for more than one thousand military retirees.

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

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

The Civil War also created a demand for burial space for soldiers who had died in service to their country. The first such cemetery was opened on the grounds of the U. S. Soldiers Home in 1861. Less than a year later, in July 1862, a more permanent solution was created

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by Congress. Legislation authorized the President to purchase cemetery grounds for use as national cemeteries. Fourteen National Cemeteries were established that year, and another fifty-nine were created by 1870. Most cemeteries were located in the Southeast, near battlefields and campgrounds of the Civil War. Others were established at hospitals where soldiers died of their wounds.\textsuperscript{11}

Maintenance and establishment of a more uniform appearance was provided by the 1867 Act to Establish and Protect National Cemeteries, in which the Secretary of War was directed to enclose every National Cemetery “with a good and substantial stone or iron fence,” and to mark every grave with a small headstone or block. In 1873, a subsequent act provided funding to pay for creation of headstones. With this act, the Secretary of War specified that every headstone was to be of white marble or granite, four inches thick, ten inches wide and twelve inches long.\textsuperscript{12}

**Soldiers in the Civil War**

Three million men fought in the Civil War, over seventy percent of them Union soldiers. From the beginning, volunteers who left their homes and daily lives to fight for a cause in which they deeply believed made up a significant portion of the Union troops. Unprecedented casualties, serious wounds caused by modern firearms, and disease and trauma took an enormous toll on these participants. Nearly three hundred thousand Union men who survived the warfare suffered gunshot wounds. By war’s end, thirty thousand of them had experienced amputation or loss of use of an injured limb. Dysentery, malaria, and typhoid fever spread through crowded, unsanitary camps filled with soldiers fatigued by long marches and extended fighting and weakened by inadequate diets. The illnesses left their most affected victims with life-long impaired health. In addition, war conditions created stresses that led to emotional and psychological problems. Despite its ravages, the war had provided many of its soldiers with a sense of immediate purpose. These men often felt hopeless and disoriented as they returned to a rapidly industrializing society that was socially and economically different from the one they had left.\textsuperscript{13}

**Support for Union Soldiers**

The effects of the Civil War raised intense concern among civilians in the North, who looked for ways to alleviate suffering and attend to soldiers’ needs. As the war progressed, local facilities, many of them operated by charitable organizations dominated by women, provided much of the assistance. For example, a site in Boston offered short-term care and


living space to discharged soldiers while they reentered society. A soldiers’ home in Cleveland provided support for ill and injured veterans, as well as housing for those who were traveling or reestablishing themselves in the area. The United States Sanitary Commission (USSC) became an organizing mechanism for these groups and the influential organization’s activities and philosophies affected decisions regarding post-war benefits for disabled veterans.

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

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

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

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completely ended by the beginning of 1866. The model they conceived, however, predicted the initial form of the NHDVS.\textsuperscript{17}

**The National Home for Disabled Volunteer Soldiers**

The history of the National Home for Disabled Volunteer Soldiers can be organized into five phases. Phase one, 1865-1870, includes the establishment of the NHDVS by Congress, the organization of the Board of Managers, and the establishment of the first four branches. During phase two, 1871-1883, the institution’s operations continued to develop and growth occurred at the individual sites. Phase three, 1884-1900, saw expansion of the system to include four new branches. In Phase four, 1900-1917, two new branches were created and the system paid increasing attention to medical needs of veterans. Phase five, 1918-1930, saw the impact of World War I, the establishment of the final NHDVS branch, and the incorporation of the NHDVS into the newly created Veterans Administration.

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

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

By 1864, citizens and members of organizations providing assistance to returning soldiers were increasingly concerned by the numbers and the needs of these men. Delphine Baker, who published the *National Banner* and helped to found the National Literary Association (NLA), was one of the most outspoken promoters of a national disabled soldiers’ home. At one time, the NLA contemplated building such a facility, but the larger contribution of the group and Baker was to influence members of Congress to consider the establishment of a public institution.\textsuperscript{18} The success of supporters of a national home for disabled veterans is illustrated in the swift passage of the legislation that created it. Senator Henry Wilson of Massachusetts introduced the bill to establish the National Asylum for Disabled Volunteer Soldiers (NHDVS) in the Senate on February 28, 1865; it quickly passed both houses of Congress and was signed by President Lincoln on March 5, 1865.\textsuperscript{19}

As historian Patrick Kelly notes, however, the speed with which the legislation passed speaks more to the reaction of Congress to the imminent end of the war and to public sentiment than to any carefully planned solution for the particular problems of disabled veterans. The original act created a one-hundred member administrative structure that included many of the prominent citizens of the day, but such a large group proved ineffective and made no progress toward the development of a functional system. Veterans’ discontent with the lack of progress and a poorer than expected showing in the

\textsuperscript{18} Kelly, *Creating a National Home*, pp. 46-47.
\textsuperscript{19} U. S. Congress, Committee on Military Affairs, *Investigation of the Management National Home for Disabled Volunteer Soldiers*, 41\textsuperscript{st} Cong., 3\textsuperscript{rd} sess. 1871, H. rept. 45, p. 1.
fall elections of 1865 prompted Republicans to take a deeper interest in the success of the NHDVS. Recognizing that Union veterans were a valuable political force who would appreciate the institution, the Republican-controlled Congress amended the original act in 1866 to set up a twelve-member Board of Managers. The more efficiently organized board included the President of the United States, the Secretary of War, and the Chief Justice as ex-officio members and nine men appointed by Congress. The Board was charged with setting up branches of the institution, reporting to Congress annually, inspecting the sites regularly, and monitoring the finances. The NHDVS Board of Managers met for the first time in May, 1866. Benjamin F. Butler, former Union Army general and prominent Republican politician, was elected president. Lewis B. Gunckel of Dayton, Ohio, also a powerful Republican, became the Board’s secretary.20

Under the act establishing the NHDVS, Congress committed to appropriating to the institution funds acquired by fines against officers and soldiers who had been sentenced by court-martials or military commissions as well as forfeitures due to desertion and unclaimed money due soldiers and officers. The system was particularly unwieldy, because it required an accounting of every individual soldier’s account, and such examinations were often several years behind schedule. NHDVS also took control of pensions of any man entering the institution, distributing payments to dependents, giving the veterans spending money, and saving money for them. By 1875, the original method of funding the NHDVS proved insufficient and inconsistent, and Congress began making direct annual appropriations to the system.21

Shortly after the 1865 legislation was signed into law, Frederick Knapp, an influential member of the USSC who was strongly supportive of the national veterans home concept, wrote a broadside, “Sanitaria, or Home for Discharged, Disabled Soldiers” in the hopes of mobilizing public support for the institution. He warned against setting up elaborate or luxurious facilities, instead urging an institution that could provide the men with shelter, education, training, productive work, and assistance in returning to general society. Instead of spending funds on construction of large, impressive buildings, Knapp insisted, expenditures should be dedicated directly to basic comforts for the veterans.22 Whether or not the Board of Managers were directly influenced by Knapp’s suggestions, they attempted to put into place several of his concepts, including the notion of a comfortable home and the provision of education, training and worthwhile work with an eye toward returning men to the larger society. Knapp’s plea for simple facilities, however, obviously had little impact on the development of the NHDVS. During its sixty-four years of productive existence, the Board of Managers oversaw the construction and development of a series of campuses which featured noteworthy buildings and designed grounds and became sources of local pride and attractions for visitors from the country and the world.

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20 Ibid., pp. 2-8; Cetina, “A History of Veterans’ Homes,” pp. 84-87; Kelly, Creating a National Home, pp. 77-81 discusses the political impetus for the establishment of the National Home.
22 Kelly, Creating a National Home, pp. 49-50
The reorganized Board of Managers quickly began the process of establishing the original branches of the NHDVS. Their planning may have been influenced by the work of Thomas Story Kirkbride, who wrote the standard nineteenth century work *On Construction, Organization and General Arrangement of Hospitals for the Insane.* Kirkbride’s recommendations included locations in rural settings, close enough to urban areas to allow for ease of supply, but far enough away so that patients were less likely to be tempted by urban vices. Kirkbride believed such an institution should be on a large piece of land—at least one hundred acres—with a variety of scenery and other attractions in the area to entertain both the people in the institution and the visitors to it. The facility should include opportunities for farming, gardening and exercise; workshops were recommended in order to furnish other means of labor, and games and amusements, such as billiards, ten-pins, and carriage driving should be provided. The Board’s initial planning called for branches to serve particular regions, thus allowing veterans to remain relatively close to home, unless their health would be better served by residence in another climate. The branches were to be on sizable acreage and at least a few miles away from cities. Like Kirkbride, the Managers believed that separation from cities would help the men avoid temptation—especially the temptation of drink.23

The Board developed the original three branches in Togus, Maine, to serve the northeastern region; in Milwaukee, Wisconsin, to serve the northwest; and in Dayton, Ohio, to serve the largest number of veterans: those in the lower Midwest, western New York and Pennsylvania, and the states to the south. Within a few years, the Board also established a fourth branch in Hampton, Virginia. The specific designations of locations for these and the following branches were influenced by climate, terrain, availability of land, contributions of property and money from aspiring locations, and political interests.24 These factors continued to guide the Board of Managers as they created eight additional branches in the ensuing decades. This narrative discusses establishment and general growth at those branches; brief histories of each branch following the narrative provide more specific information.

The Eastern Branch of the NHDVS opened on November 10, 1866, on property the Board of Managers purchased from the widow of the founder of a defunct health resort near Togus, Maine. Located about five miles east of Augusta, the site included a hotel, farmhouse, outbuildings, and pastureland. The availability of commodious structures allowed the Board to put the facility into operation quickly and then construct other buildings needed at the branch.25 Except for some use of temporary facilities, the next two branches were built from the ground up, allowing the Board to begin constructing facilities that addressed specific operational needs.


25 Ibid., pp. 110-111.
The Northwestern Branch was located in Milwaukee in 1866 after the Board of Managers accepted an offer of $95,000 and 26 acres of land from the Wisconsin Soldiers’ Home Association. The women who made up the active members of that group had served sick and disabled soldiers in storefronts during the war and through a public fair had raised sufficient money to buy land and hire an architect to design a permanent state home. With the encouragement of George Walker, a Milwaukee native who had been appointed to the NHDVS Board of Managers, they eventually--and somewhat reluctantly--decided to contribute their resources to the national institution. Subsequently, The Northwestern Branch was constructed on a site about one mile west of the Milwaukee city limits. A National Cemetery was established west of and in conjunction with the branch in 1867.26

After some consideration of the location of a facility that would accommodate veterans in an area of the country accessible to the bulk of them, the Board of Managers planned to locate the Central Branch at Camp Chase near Columbus, Ohio. A number of veterans were already living there in a state-sponsored facility with buildings and barracks that could be utilized by the NHDVS. However, the Board soon determined that the site was unsatisfactory and Lewis Gunckel, NHDVS Board secretary and native of Dayton, Ohio, suggested his town as a good location. After the citizens of Dayton donated $28,000, the Board located the Central Branch on land about three miles from the city and transferred men from the state home to temporary barracks—some of them built with lumber from Camp Chase-- in 1867.27

In both the establishment of the Northwestern and the Central Branches, the cash donations illustrate the recognition by local communities of benefits to be gained from hosting an NHDVS branch. In 1866, as plans for the initial branches were being made, the Milwaukee Sentinel urged townspeople to a meeting to discuss the issue. “There must be strong and decided action on the part of the whole public, or our State will lose all the advantage of one of these national Asylums,” the newspaper trumpeted. “Millions will be expended in the erection and support of each of these asylums. Are our city and State dead, paralyzed, to its best interests that its people cannot turn out one hour to give expression to their wishes?”28 As the Central Branch was being built in Dayton, the Dayton Weekly Journal triumphantly predicted that the facility would quickly become “one of the greatest attractions in the State.”29 This realization of the economic and social importance of the NHDVS would lead to intense competition among cities and states as the institution expanded during the late nineteenth century.

The development of the Northwestern and Central branches also illustrates a Board of Managers policy that utilized both centralized and local authority. Although the Board established regulations for the operation of the NHDVS system and oversaw those operations, many decisions were made at the local level by branch governors—as the chief administrative officers were termed—or local managers, who were prominent local citizens chosen by the Board and in some cases members of it. In the early development of the branches in Milwaukee and Dayton, this local control was expressed in the architecture and

26 Ibid., pp. 106-107;
28 Milwaukee Sentinel, June 16, 1866.
landscape design of each site. E. B. Wolcott, local manager for the Northwestern Branch, and Lewis Gunckel, who served in the same capacity for the Central Branch, were instrumental in the development of two facilities alike in function but very different in form.\textsuperscript{30}

At the Northwestern Branch, the initial development focused on the striking and very visible Gothic-style Main Building. Architect Edward Townsend Mix designed the five-story structure to contain facilities for the various functions of the home: administrative offices, barracks, medical services, kitchen and dining room, chapel and meeting rooms, and laundry and bath rooms. Reminiscent of the European models that the USSC had considered unsuitable, this multi-purpose plan resulted in a grand edifice that dominated the landscape. Within the first decade of the Northwestern Branch’s existence, however, cost overruns and inefficiencies—including problems with heating, ventilation, and accessibility—doomed the multi-purpose building concept. Although the Main Building continued to anchor the Northwestern Branch, additional construction there, as well as development at other branches, followed a more decentralized model.\textsuperscript{31}

That model began with the development of the Central Branch at Dayton. Architect C. B. Davis designed the original buildings and T. B. Van Home laid out the grounds. Van Home, a landscape designer and a former army chaplain, also designed the Northwestern Branch’s grounds. Whereas the Northwestern Branch’s plan focused on the central Main Building, the Central Branch plan reflected that of military installations, with administrative and residential areas grouped around a parade ground. The first group of buildings included barracks, a three-story hospital, a chapel, officers’ residences and auxiliary buildings. By the end of 1867, the Central Branch held nearly six hundred veterans. Captain (and Chaplain) William B. Earnshaw is believed to have designed the associated National Cemetery; the first burial there occurred in 1867.\textsuperscript{32}

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

\textsuperscript{30} Kelly, \textit{Creating a National Home}, pp. 112-113.
percent of the Union Army was African-American, by the turn of the century these men represented only 2.5 percent of the NHDVS population.33

This initial attention to the needs of African-American veterans helped inspire the Board of Managers to establish a fourth branch despite their original three-branch conception. The Southern Branch opened in Hampton, Virginia, in 1870, a location the Board believed would appeal to African-American soldiers whose homes were further south than the regions the more northerly branches served. The facility occupied the former Chesapeake Female College on a small peninsula on Chesapeake Bay. The buildings had been used as a military hospital during the war and a national cemetery had been established adjacent to the grounds in 1867. Benjamin Butler held an interest in the property, which the Board of Managers purchased for $50,000. That purchase, as well as Butler’s unorthodox bookkeeping—by 1870 he served as both president and treasurer of the Board of Managers and sometimes mingled NHDVS money with his personal funds—prompted an investigation by the House of Representatives Military Committee which found no serious wrong doing. In March 1871, Butler resigned as acting treasurer of the Board, but was reelected its president. The Board began a construction program at the Southern Branch to augment the existing buildings and by 1878 the institution included thirty buildings.34

As disabled veterans occupied existing buildings and new construction began to shape the physical structure of the NHDVS, the governance and operations of the institution formed its culture. The primary officers of the individual branches were veterans themselves and included a governor, a deputy governor, a secretary, and a treasurer. Eventually, other officers were added, with some variations among the branches: quartermaster, surgeon and assistant surgeon, chaplains, and farmers, for example. NHDVS members were subject to the Articles of War and they were organized into companies, lived in barracks and wore uniforms. The men were issued passes that allowed them to leave the branch grounds at will during set hours; they could also apply for furloughs and be absent from the branch for longer periods. Each morning, the branch governor or his deputy held a court and imposed punishment on men for infractions such as bringing liquor onto the grounds or disorderly conduct. If necessary, men were detained in the branch guardhouse. The Board of Managers may have considered such discipline necessary in order to maintain a smoothly running operation, but they also believed that the discipline should be administered with a light hand. In addition, they maintained flexible policies regarding residence at the facilities. Men were often discharged and readmitted, sometimes repeatedly. Some men moved around to different homes, either by a process of transfer, or by discharge and readmission. The Board also instituted a policy of providing outdoor relief, which enabled disabled veterans who were able to remain in their own homes or live with family members to receive cash in lieu of daily rations and other benefits of the NHDVS.35

From the beginning, the Board of Managers determined that members of the NHDVS should retain their dignity and be perceived by the public as a group of men deserving respect. The change in name from “asylum” to “home,” the care taken to construct aesthetically pleasing campuses and plan attractive grounds, and efforts to provide entertainment and work all pointed to the Board of Managers’ insistence that the veterans not be viewed as paupers or dependents, but as men who had earned the right to a government-provided home. The message was not easily absorbed. Elizabeth Corbett, whose father was an official of the Northwestern Branch, recalled in a memoir that members often justified their presence by recalling the hardships that had brought them to the Home, even though its officials continually reminded them that membership was their right.36 Despite their efforts, however, the Board could not provide the veterans with the most intimate elements of domestic life—the privacy of a family circle and the love and care of family members. Nor could they duplicate the social atmosphere of a community; communities did not require its citizens to dress in uniforms, march in formation, or leave and enter via passes.37 The NHDVS branches were not homes or communities. They were institutions that acknowledged the service of disabled veterans and provided them pleasing environments in which to live. The initial development of the institution set the stage for further growth of the institution.

**Phase Two: Growth of the NHDVS: 1871-1883**

Until the mid-1880s, the Eastern Branch, the Northwestern Branch, the Central Branch and the Southern Branch constituted the NHDVS. During that period the Board of Managers continued building programs at the individual branches and refined the operations of the institution as a whole. These actions formed the basis of an institution that would continue to grow, change, and adapt well into the twentieth century.

Initially, the Board of Managers tried to develop programs to help disabled veterans gain training or education that would enable them to make a living, and some men were able to return to private life as a result. For example, programs at the Central Branch included cigar-making and stocking-weaving shops and a printing plant which did the printing for all the branches; men could take classes in telegraphy and other practical subjects at the branch’s school. The Eastern Branch ran a shoe-making operation, and the Northwestern and Southern branches also offered school classes, at least for a short time. In 1877, the Board of Managers centralized the system’s schools at the Central Branch and offered to transfer any men who wanted to attend the school to the Dayton facility. By 1881, there were only 82 students and 1 teacher in the system and 317 men working at trades. The Board closed the school in 1883 because so few men were taking advantage of it, a fact the managers attributed to the aging of the population. In 1918, an inspector of the home noted that the NHDVS provided no vocational training for its members. Federally-sponsored and organized programs for vocational rehabilitation of veterans were

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37Kelly, *Creating a National Home*, pp. 122-123 discusses the contradiction between the concept of a domestic home and the military organization of the NHDVS branches.
established in the World War I era and members of the NHDVS were able to take advantage of these programs in the 1920s.\textsuperscript{38}

Beyond training and education goals, the NHDVS Board of Managers encouraged the employment of members to perform functions within the individual branches. Such tasks, the Board believed, would give the veterans a sense of productivity and lend structure to their days, alleviating the boredom that could curse institutional life. The work also provided a ready-made, low cost work force available to the branch administrators. By the 1870s, more than two thousand members of the four branches—nearly a third of the population—held jobs that contributed to the operations of the institution. Men cared for the grounds, repaired buildings, and nursed the ill. They also grew food: the Northwestern, Central, and Eastern branches maintained sizable farms that provided produce for the men and revenue for the institutions, and the Southern Branch developed a large garden. As the population grew older, however, fewer of the men were capable of maintaining such employment. By the turn of the century, the Board of Managers found it necessary to hire civilians to do much of the essential work of the NHDVS and at higher wages than the members had earned.\textsuperscript{39}

Just as the Board members believed productive work was considered important to the well-being of the disabled veterans in the NHDVS, they also encouraged entertainment and recreation. Carefully designed and maintained grounds lent a park-like atmosphere to the branch environments and included features such as lakes, ponds, grottoes, and other landscape elements that refreshed and amused the members. The branches established post funds where proceeds from home stores and other sources were deposited and used for constructing buildings such as libraries, canteens, theaters, and chapels, for buying books and other diversions, and as payment for professional entertainment. Several theaters were funded from a bequest by Virginian Horatio Ward, and were referred to as “Ward Memorial Theaters.” Chaplains provided regular services church services; attendance was voluntary.\textsuperscript{40}

Thus, throughout the 1870s and into the 1880s, the NHDVS developed as a place where disabled veterans were afforded living quarters, basic medical care, wage-earning work, and entertainment. Their attention to the well-being of the disabled veterans reinforced the consistent theme sounded by the Board of Managers during the developmental stages of the institution and throughout its existence: unlike institutions for the blind, the insane, or

\textsuperscript{38} \textit{Annual Report, 1867}, pp. 2-3; \textit{Annual Report, 1871}, pp. 2-3, 9; \textit{Annual Report of the Board of Managers, 1873 43d Congress, 1\textsuperscript{st} Session, Serial 1621, p. 3; \textit{Annual Report, 1877}, p. 27; \textit{Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for Fiscal Year ending June 30, 1881}, 47\textsuperscript{th} Congress, 1\textsuperscript{st} Session, 1882, (\textit{Annual Report, 1881})/\textit{H. Misc. Doc. 24, p. 6; Report of Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year ending June 30, 1883, 48\textsuperscript{th} Congress, 1\textsuperscript{st} sess. 1883-1884, H. Misc Doc 14, , p. 60; Cetina, “A History of the Veterans Homes,” pp. 376-377; Obermann, \textit{A History of Vocational Rehabilitation in America}, pp. 146, 213.


the poor, the NHDVS sheltered a special class of people who were there by merit of their military service. This was an institution based not upon a moral obligation to care for the helpless but on the provision of services to people who had earned the right to be provided for by their country.41

During the 1871-1883 period, expansion of membership requirements increased the numbers of veterans entering the NHDVS. Originally, applicants needed to prove that they had been honorably discharged and that their disability was related to their service in the Union Army. In 1871, Congress expanded the opportunity for admission to the NHDVS to veteran volunteer soldiers and sailors of the War of 1812 and the Mexican War, as long as they had not served in the Confederate army and they could prove their disability was service related. Increased application for membership after the 1871 policy change, as well as the aging of the veteran population as a whole, pressed the capacity of the NHDVS. In 1877, the NHDVS experienced the greatest number of admissions in its history when 1821 men—more than the total housed during the first four years of the institution’s existence—entered the NHDVS.42 By 1883, more than half of the members of the NHDVS were over fifty years old. In their report for the 1882-83 fiscal year, the Board noted that many of the men entering the NHDVS had been able to maintain self-sufficiency until advancing age exacerbated the effects of their war-related injuries or conditions. These factors were particularly apparent at the Central Branch, which served the largest number of veterans, and at the Southern Branch, which offered a comfortable, moderate climate.43

In an attempt to accommodate and serve the numbers of veterans seeking access to the NHDVS, the Board of Managers instituted expansion projects. In 1877, for example, the Board expended nearly $56,000 on new construction and improvements at the Central, Northwestern and Southern branches, although no construction occurred at the Eastern Branch. New buildings added at the Central Branch included four frame barracks, an icehouse and a slaughter house, a boiler house, an addition to the conservatory, a treasurer’s residence, gas works, and a new kitchen, dining room and porches for the hospital, bringing the total number of buildings there to 132. The Northwestern Branch gained a laundry and a greenhouse, and the basements of both the branch’s hospital and the Main Building were concreted. At the Southern Branch, new construction included a quarters building, a gatehouse and a sentry box, and the establishment of a breakwater that resulted in the creation of the branch’s beachfront promenade.44

A similar building program was completed during the 1879-1880 fiscal year at the Central and Northwestern Branches. At the Central Branch, two brick barracks were built as well as a house for the branch’s farmer and a wagon and blacksmith shop. Additions were made to the fire department, bakery, and kitchen. A new hospital, new bakery, and new

41 Kelly, *Creating a National Home*, pp. 89-90. Kelly discusses the concept of NHDVS as a home on pp. 91-98.
44 *Annual Report, 1877*, pp. 9-11, 55, 68, 95, 113, 124, 129.
quartermaster’s storehouse were constructed at the Northwestern Branch and stone guttering was installed on the streets.\textsuperscript{45} The 1883 Board of Managers report noted continued building programs at the Central, Northwestern, and Southern branches. The Central Branch constructed a barracks building to blend with those existing, a new subsistence department building, a new carpenter shop, and a brick engine house. The Northwestern branch installed an elevator in the Main Building and built a new hay barn and a cattle barn. At the Southern Branch, the main building was remodeled and an addition to it provided new quarters; a treasurers’ residence was also constructed.\textsuperscript{46} The physical growth of the individual branches during the period from 1871 through 1883 reflected the increasing number of veterans seeking admittance to the NHDVS. In 1884, a crucial change in policy would further accelerate those admissions and prompt expansion of the NHDVS system as a whole.

**Phase Three: Expansion of the NHDVS, 1884-1900**

The period from 1884 to 1900 saw a dramatic expansion of the NHDVS system as broadened membership requirements opened NHDVS doors to increasing numbers of members. The average number of men present in all the homes in 1883 was 6,738; that number reached 10,681 in 1888 and 18,556 in 1898.\textsuperscript{47} The Board of Managers established four new branches, providing services to disabled veterans across the United States.

The Board of Managers attributed at least part of the surge in admissions in the late 1870s and early 1880s to a financial depression and hoped that the demand would subside as the impact of that crisis eased. However, a major policy change—one supported by the Board itself—led to a dramatic increase in membership and facilities. In the early 1880s, the Board of Managers recommended that \textit{all} disabled veterans—not only those who could prove service-related injuries—be considered for membership in the National Home. Many deserving men, the Board held, could not prove a link between their disability and their military service, even though aging and loss of supportive family members might be exacerbating conditions that indeed had their roots in war action. At the same time, other men with relatively minor disabilities enjoyed the benefits of the institution because they could make such a connection. The Board stated that a change in policy would address this inequity and that the resulting increase in membership would be nominal.\textsuperscript{48}

These recommendations occurred as the political power of veterans, strong since the Civil War, was growing even stronger. By the late 1880s, more than a third of the Congressmen from northern and border states were Union veterans. Five of the eight presidents who


\textsuperscript{46} Annual Report, 1883, pp. 60, 111, 132, 120.

\textsuperscript{47} Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1924, Part I (Annual Report, 1924), Veterans Administration Central Library, Washington, D. C., p. [42]. The census page has been copied from another report, updated by hand, and included in this manuscript.

served between 1865 and 1901 were veterans, and two others had worked with the military as civilians during the Civil War. During the 1880s the membership of the Grand Army of the Republic, the Civil War veterans’ leading organization, went from about 60,000 to more than 400,000. The visibility of veterans in public office, the association of veterans as a political pressure group, and the sheer numbers of voters who were veterans or shared veterans’ interests combined to equal an increasingly powerful special interest group. As an illustration of this power, the Dependent Pension Act of 1890 granted pensions to any Civil War veteran who could prove he was unable to perform manual labor for any reason other than “vice or misconduct.” The number of men on the pension rolls increased from slightly less than 500,000 to nearly 1,000,000 within three years.\(^4\)

Congress initially rejected the Board of Manager’s recommendations to extend membership to more veterans. In 1884, however, that body passed legislation stating that any honorably discharged Union soldier or sailor and any volunteer soldier or sailor in the War of 1812 or the Mexican War who had not fought for the Confederacy was eligible to enter the NHDVS if he could not support himself due to a disability. The law specifically referred to age as one cause of disability, thereby creating federal responsibility for veterans who could no longer care for themselves due to their advancing years. Any expectation that the change in admission standards would not affect enrollment was short-lived. The increase in numbers as well as the aging population created need not only for more living space, but for additional attention to medical needs. Even before the change in policy, the Board of Managers recognized that the aging population created a demand for more hospital services and would eventually result in an institution more focused on medical care than other services. By 1886, the Board noted that all of the system’s hospitals were overcrowded.\(^5\)

Perhaps anticipating just such an outcome, Congress called for the establishment of a Western Branch of the NHDVS in the legislation expanding the admissions standards and suggested the Board of Managers also consider the creation of a Pacific Branch in California. In September of 1884, the Board met at the Central Branch and allowed delegations from several states, cities, and towns west of the Mississippi to present information about the desirability of their localities. The Board eventually chose Leavenworth, Kansas, as the Western Branch site, with the stipulation that the city donate 640 acres of land and $50,000 for development of the facility. Construction of the home and the associated Leavenworth National Cemetery for the Western Branch began in 1885. By 1890, some forty buildings occupied the site on an elevation south of Leavenworth.\(^6\)

Following Congress’ suggestion, members of the Board traveled to San Francisco by train in the fall of 1887. Once in California, they visited some of the more than seventy sites vying for the location of the Pacific Branch, including Monterey, Santa Cruz, Santa Barbara and San Bernardino. Initial balloting on the return trip showed that Los Angeles,

\(^4\)Department of Veterans Affairs, *The Veterans Benefits Administration*, p. 11.
Santa Barbara, Oakland, San Diego, and Monterey were the front-runners. The Board reconvened in Las Vegas to accept propositions from the various communities and accepted an offer from private citizens for a significant amount of cash and acreage near the booming town of Los Angeles and a burgeoning community at Santa Monica. The Pacific branch opened in 1888 and within the year held a hospital, barracks, and mess hall and a National Cemetery.  

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

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

52 Proceedings of the Board of Managers Of the National Home for Disabled Volunteer Soldiers, April 19, 1887, p. 127; Proceedings of the Board of Managers of the National Home for Disabled Volunteer Soldiers, September 10, 1887, pp. 154-167.


state homes received inferior care, and the men who came to the NHDVS from those facilities “were the worst we received into our establishment.” The Board also viewed the state homes as overly susceptible to political influences.

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

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

By 1930, when the functions of the NHDVS system were absorbed, the Board was inspecting thirty-one state homes annually. These were located in Napa, California; Homelake, Colorado; Noroton Heights, Connecticut, Boise, Idaho; Quincy, Illinois; LaFayette, Indiana; Marshalltown, Iowa; Fort Dodge, Kansas; Chelsea, Massachusetts; Grand Rapids, Michigan; Minneapolis, Minnesota; St. James, Missouri; Columbia Falls, Montana; Grand Island, Nebraska; Milford, Nebraska; Tilton, New Hampshire; Kearny, New Jersey; Vineland, New Jersey; Oxford, New York; Lisbon, North Dakota; Sandusky, Ohio; Oklahoma City, Oklahoma; Roseburg, Oregon; Erie, Pennsylvania; Bristol, Rhode

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Island; Hot Springs, South Dakota; Bennington, Vermont; Orting, Washington; Retsil, Washington; Waupaca County, Wisconsin, and Buffalo, Wyoming.\textsuperscript{59} A review of the 2006 list of state veterans’ homes indicates that at least twenty-six of these homes are still in operation.\textsuperscript{60}

In addition to supporting the expansion of the state home system, the Board of Managers constructed two new NHDVS branches in the last decades of the nineteenth century. In 1888, Congress appropriated $200,000 for a new facility in Grant County, Indiana. Promoted by Congressman George W. Steele, Sr., a Civil War veteran from Marion, Indiana, the branch was located near that community to take advantage of a recently discovered “gas belt” that could provide economical fuel for its operations. Marion citizens donated funds to assist with the purchase of property and to pay for gas well drilling. Peters and Burns, a Dayton, Ohio, architectural firm that designed buildings for several of the branches, was responsible for the prominent Queen Anne style hospital and six barracks buildings. A cemetery was established for internment of the men who died there. By 1900, the facility’s structures included a dining hall and kitchen, a chapel and a theater, and by 1901, the Marion Branch membership had reached 1700.\textsuperscript{61} In 1897, Congress appropriated $150,000 for the establishment of a branch in Danville, Illinois. The location of the branch was influenced by Illinois Congressman Joseph Cannon, who would serve as Speaker of the House of Representatives from 1903 until 1910. Construction began in 1898 with the erection of the branch hospital and the Georgian Revival barracks and mess hall. The original members were admitted in the fall of that year. A small plot of land set aside as a burial site was designated a National Cemetery in 1898. By 1901, the average men present total at the Danville Branch was 1,448.\textsuperscript{62}

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

\textsuperscript{59} National Home for Disabled Volunteer Soldiers Report of Board of Managers for the fiscal year ending June 30, 1930, 71\textsuperscript{st} Cong., 3\textsuperscript{rd} Sess. H. Doc. 546, 71\textsuperscript{st} Cong., 3\textsuperscript{rd} Sess., H. Doc. 546, (Annual Report, 1930), pp. 55-70 reports on state soldiers’ homes; 71-202 reports on individual branches.


\textsuperscript{61} Hubbard, “Marion Branch,” pp. 8/15, 19, 21-23.


Kelly, Creating a National Home, p. 103.
As formerly independent men who had become debilitated by age entered the NHDVS in increasing numbers and joined the aging population already in place, the Board of Managers dealt with new problems and rising operational costs. Older members were less able to do the work necessary to operate the homes and administrators found it necessary to hire more civilian employees. Professional nursing services increased, not only because members were less able to do the work, but because more men needed nursing. The Board approved the employment of female nurses in the Northwestern Branch in 1890 and by 1898, such nurses worked in all branches.64

Throughout this period of growth, the Board of Managers continued to emphasize the institution as a benefit the veterans had earned. In 1890, for example, the Board issued a statement to notify veterans of the benefits of the NHDVS Branches. In part, it read: “the Home is neither an [sic] hospital nor alms-house, but a home, where subsistence, quarters, clothing, religious instruction, employment when possible, and amusements are provided by the Government of the United States. The provision is not a charity, but is a reward to the brave and deserving.”65 The veterans’ perception of this message is illustrated in a letter written by a new member of the Marion Branch to friends in Illinois. The Civil War soldier entered the facility in December of 1890 and spent the first few days in bed, exhausted and ill. By January 1, he was feeling “in better health than I have been for a year” and appreciative of the officers of the branch, his comrades, and the pleasant environment. He noted, “I feel what I get here is mine. That the government owed me a debt, contracted 25 years ago, the consideration for which was the weary march, the desperate fight and the hopeless imprisonment.”66 By viewing membership in the National Home as a reward rather than as an act of charity, veterans avoided the stigma of pauperism and helplessness, thus fulfilling one of the major goals of the Board of Managers.

The efforts by the Board of Managers and local officials to keep members occupied, entertained, and content in their rural enclaves, however, were not entirely successful, and these administrators constantly struggled with the problems caused by the significant numbers of members who thirsted for alcohol. Alcohol emerged as a problem almost as soon as the National Home was established and the Board of Managers noted early in its administration that veterans were well behaved unless they drank too much. In 1885, the Central Branch prohibited inmates from walking on the railroad tracks near the home because several of them had been killed while negotiating the tracks in an inebriated condition, and in 1909, Sawtelle, California’s city council complained of the burden of dealing with drunken members of the Pacific Branch. The availability of a willing clientele encouraged the development of disreputable businesses just off the grounds of


65 Proceedings of the Board of Managers, September 24, 1890.

66 N. A. Hunt to “Dear Friends,” January 1, 1891, transcription of original letter, Marion and Grant County File, Marion Public Library. Letter was transcribed from the original by Marguerite Butzow, St. Joseph, Illinois, March 26, 2002. Ms. Butzow’s research revealed that an Alexander Hunt was buried in the Marion National Cemetery in 1915.
some of the branches. In 1890, the Board’s report stated it had “given up all hope of breaking up these vile dens, which spring up like poisonous weeds.”

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

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

The sale of alcohol on the grounds, however, ended in the twentieth century. In 1906, an appropriations bill stated that any branch maintaining a bar or canteen that sold beer, wine, or intoxicating liquor after March 4, 1907, would not receive its funding. Although NHDVS officials protested the change, the sales of alcohol ended. The problems caused by drinking veterans did not. Inspection reports continued to note problems caused by

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67 Cetina, “A History of Veterans’ Homes,” pp. 436-437; General Orders no. 32, October 7, 1885, Dayton Veterans Administration Medical Center Archives; Proceedings of the Board of Managers, December 8, 1909, p. 392; Kelly, Creating a National Home, pp. 175-178; Commemorative History.
68 Annual Report, 1890, p. 11.
70 House, Investigation of the Soldiers’ Home at Leavenworth Kans., 54th Cong., 1st sess, H. rept. 3035, pp. IV-V.
71 Proceedings of the Board of Managers, December 11, 1906, pp. 278-281; Kelly, Creating a National Home, pp. 164-165. For a detailed description of the initial “experiment” at the Northwestern Branch, including copies of letters from local citizens expressing their opinions, see Annual Report, 1879, pp. 73-99.
72 Proceedings of the Board of Managers, July 8, 1890, p. 328.
drunkenness and by sales of alcohol near branches, and alcohol continued to be a major issue in the administration of the NHDVS.73

During the late 1800s the NHDVS, established to aid Civil War veterans, became an important component of development in many of the areas in which its board located branches. Communities always recognized the value of a NHDVS branch nearby, but after the expansion of membership requirements in 1884 prompted NHDVS expansion, the benefits to localities became more obvious. When the City of Leavenworth was notified that it had received the NHDVS site, officials ordered all church bells, school bells and fire whistles sounded and that evening nearly one thousand men from various civic clubs paraded through Leavenworth in celebration.74 After Indiana Congressman George Steele wired his wife that the president had signed the bill creating the Marion Branch, word spread through town to “general and genuine exultation.” The local paper noted that many citizens considered the acquisition of the branch more important to Marion than the development of numerous local factories since the beginning of the gas boom, and that the location of an NHDVS branch “makes Marion a point of national interest.”75 The proposed establishment of the Pacific Branch in 1888 prompted intense competition among dozens of localities, as local promoters recognized the value of a prominent, prestigious institution. The selected site of the Pacific Branch on land near Santa Monica fostered a new community called Sawtelle when veterans’ families, as well as veterans themselves who were drawing outdoor relief, settled there. The institution provided many economic benefits to the region, and one prominent member of Los Angeles’ boom era society later noted the designation of the Pacific Branch as a highlight of that growth period.76

Beyond the obvious economic advantages such facilities offered, the amenities that the branches of the National Home provided to members also enriched the lives of local citizens. Home bands were instituted in each branch and by 1915 the bands included a total of 165 professional musicians, two of whom were home members and the remainder civilians. Local citizens enjoyed listening to the regular band concerts as well as picnicking and strolling on the well-kept grounds of the branches, boating or fishing on the lakes, and attending concerts and theatrical productions at the theaters.77 The National Home facilities in effect became public parks and entertainment complexes for the communities near which they were located.

Towns and cities near branches also enjoyed the fruits of tourism as a result of the NHDVS presence. According to historian John F. Sears, institutions like prisons and insane

74 Commemorative History.
75 Marion Daily Chronicle July 23, 1888.
asylums became tourist attractions during the early nineteenth century, in part because of
an interest in social reform but also because of their appearances. These facilities boasted
grand buildings located on prominent sites and surrounded by well-kept grounds. Their
landscapes represented the social conscience of the country and its emerging prosperity as
well as oases of peace and tranquility in a society rapidly becoming urbanized. Citizens in
this era were aware of the tourism potential and eager to capitalize upon it, and the
NHDVS branches were powerful magnets for the visitors. As the Dayton Weekly Journal
had predicted in 1867, the Central Branch became a major destination for tourists, drawing
one hundred thousand visitors a year by the mid-1870s. The Northwestern Branch’s
commanding Main Building began attracting tourists as soon as it was built. Excursion
trains from cities in Indiana and surrounding states brought visitors to tour the Marion
Branch. In the 1890s, after a narrow-gauge railroad and a trolley car reached the Eastern
Branch, it became popular among visitors and offered a zoo and a hotel for tourists’
enjoyment. In 1904, the Pacific Branch was included in a streetcar tour known as the
“Balloon Route” which visited prominent sites in the area west of Los Angeles.78  The
NHDVS Board of Managers had succeeded in building a system that entertained hundreds
of thousands of Americans and impressed upon them the link that had been forged between
the federal government and the care and protection of disabled veterans.

As the nineteenth century closed, the Board of Managers could look at a successful record.
Since 1866, the group had established eight branches of the national institution, building
six of them from the ground up; heightened the public visibility of the institution by
developing complexes that featured imposing architecture and elaborate grounds; opened
the system to larger numbers of veterans by recommending broadened admittance
standards, forged a new alliance with state institutions, and formed a somewhat
paradoxical solution to the vexing problem of alcohol abuse. By 1900, the National Home
for Disabled Volunteer soldiers had served more than a hundred thousand veterans and had
expended more than fifty million dollars in the process.79  The next two decades would see
further expansion and new challenges as the existing population aged and was augmented
by veterans from new wars with new medical needs. Consequently, medical care, rather
than social support or residential services, became the primary concerns of the Board of
Managers and administrators of the institution.

Phase Four: New Challenges for the NHDVS 1900-1917

During the 1880s and 1890s, the NHDVS Board of Managers concentrated on maintaining,
expanding, and establishing facilities serving primarily Civil War veterans who were
growing older. With United States military involvement in Cuba and the Philippines and

University Press, 1989), pp. 87-99; Dayton Weekly Journal, September 10, 1867; Hull and Jeffery, “Central
Branch,” pp. 8/26-28; Hull and Jeffery, “Central Branch,” pp. 8/26-28; Rose B. Marsh, “Marion in the
Mirror,” newspaper clipping, n. d. [1933], Marion Branch NHDVS, Marion and Grant County File, Marion
(Ind.) Public Library; Everett Chasen and James Simpson, “Care for Veterans: Civil War Legacy Lives on at
Togus,” Vanguard (U. S. Department of Veterans Affairs), September/October 1991, p. 7; Duncan Underhill,
“Sawtelle, Fairest of Warriors’ Retreats,” Wiltell News, April 10, 1963, reprinted from Westways 48 (June
1956); Kelly, Creating a National Home, pp. 183-191 discusses the NDVHS branches as tourist attractions
and components of local social life.

79 Kelly, Creating a National Home, p. 130.
further expansion of NHDVS membership requirements, the system was called upon to absorb new categories of ex-soldiers, both regular and volunteer, as well as young veterans with diseases and conditions that called for special attention. As a result, two new branches with particular emphasis on medical care were created and some existing branches shifted in function.

In 1898, the United States went to war with Spain, primarily as a means to intervene in the struggle between that country and its colony, Cuba. The conflict widened to include a separate military action in the Philippines, where citizens were also fighting for independence from Spain. The war in Cuba lasted only a few months and resulted in less than 500 U. S. casualties, but poor conditions in the field fostered diseases like malaria and typhoid, which killed thousands of soldiers and left others chronically ill. The action in the Philippines descended into guerilla warfare and more than four thousand U. S. troops were killed and nearly three thousand wounded.80

Spanish-American War veterans began applying for membership in the NHDVS even before they were legally eligible. In 1900, Congress expanded NHDVS admission to Spanish-American War veterans as well as to all honorably discharged officers, soldiers, or sailors, regular or volunteer, who had served in any war, who were disabled by "disease, wounds, or otherwise," and who could not support themselves because of their disability.81 Thus, the law expanded admission to a wide range of men. Despite their encouragement of this expansion, NHDVS officials recommended that only service-disabled Spanish-American war veterans be allowed to enter the home, and that they receive discharges as soon as they were able to manage on their own. Official policy, however, continued to offer broad benefits to veterans. In 1901, Congress reiterated that all honorably discharged soldiers and sailors who were veterans of the Civil War and the Spanish American War, as well as provisional army and the volunteer soldiers and sailors of the War of 1812 and the Mexican War who were unable to earn a living because of disease, age, or any other disability, were eligible to be admitted to the NHDVS.82

In addition to adding new disabled veterans to the NHDVS system, the Spanish-American War also produced new health problems. Many men returning from that conflict and from the Philippine action suffered from tuberculosis or yellow fever, and even leprosy presented a risk. A yellow fever epidemic at the Southern Branch in 1899 was attributed to men or luggage returning from Cuba, and the Northwestern Branch admitted a leper in 1909. Tuberculosis, however, was the most serious threat posed in the early twentieth century. Although tuberculosis had been relatively common among veterans before the turn of the century, incidences of the disease increased as men returned from war. That increase coincided with efforts by the medical community and Progressive reformers to educate the public about the disease led to new awareness of its dangers. In general, the

81 Language of the act pertaining to NHDVS admission is quoted in Weber and Schmeckebier, *The Veterans' Administration*, p. 77.
public believed tuberculosis sufferers needed to be isolated for treatment. The NHDVS provided such isolation for disabled veterans who suffered from the disease. In 1908, NHDVS facilities treated more than 500 men with tuberculosis, a nearly twenty-five percent increase from the previous year.83

The new medical demands as well as political considerations led the NHDVS Board of Managers to create two new facilities between 1900 and 1910. In 1904, the Board stated that the newly created Mountain Branch in Tennessee was particularly suited to serve Spanish American War veterans and veterans of war to come.84 Battle Mountain Sanitarium, located in the Black Hills of South Dakota, was the only NHDVS branch developed as a medical rather than a residential facility and signified the NHDVS emphasis on development of medical care after 1900.

Walter Preston Brownlow, a Congressman from East Tennessee, convinced the Board of Managers to locate the ninth NHDVS branch near Johnson City in part because of the region’s support of the Union and its contribution to Union forces during the Civil War. Congress passed legislation establishing the Mountain Branch there in 1901. Although essentially a residential site, the Mountain Branch included a large hospital and was considered particularly suitable for men with respiratory conditions because of its cool mountain climate and its elevation. New York architect J. H. Freedlander was chosen over five others in a competition for the commission and designed the original buildings. The most visible structures featured a sophisticated Beaux Arts design that contrasted with the rural mountain environment. A National Cemetery was also established at the home. The Mountain Branch admitted its first member in 1903 and by mid-1904, 363 men were in residence there. The establishment of the Mountain Branch illustrates the continued significance of NHDVS facilities in the development of the areas surrounding them. In 1901, Johnson City, Tennessee held 5000 residents; by the time the initial Mountain Branch construction was finished three years later, the Johnson City’s population and assessed valuation had doubled.85

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

84 Cetina, p. 357
of a mineral springs resort—as an excellent location for an NHDVS facility. In 1902, the Board of Managers inspected property in the Hot Springs vicinity and concluded that the climate was ideal for tuberculosis patients and that its mineral waters would be beneficial for the treatment of gastrointestinal and musculoskeletal problems. The citizens of Hot Springs donated the land for the facility and provided a long-term lease to one of the community’s mineral springs. Thomas Rogers Kimball, an Omaha architect, designed the original buildings of the Battle Mountain Sanitarium, located on a bluff overlooking the resort district of Hot Springs. The hospital unit consisted of a main building with six patient wards radiating as spokes from a central, enclosed court. Kansas City landscape architect George Kessler designed the grounds, which emphasized the site’s rolling terrain. The Battle Mountain National Cemetery was established to the east of the complex.

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

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

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of men were living in ten homes as had occupied seven branches in 1895, and suggested the Northwestern Branch be closed.89

The 1914 inspection of each of the branches provides a picture of the condition of the NHDVS during this period. General W. P. Jackson reported on the inspection, which took place between the end of August and the end of November, 1914. On June 30, 1914, the number of present and absent officers and members totaled 21,165, a net loss of 742 members over the previous year. The institution employed 1773 civilian employees, 976 men and 797 women. Average per capita expenditure for the NHDVS was $216.53; the Battle Mountain Sanitarium was the most costly branch, spending $455.36 per man. A total of eighty-five members came forward with complaints during the inspection process; Jackson considered six of these issues relatively important and took steps to have the problems rectified. He believed most of the complaining men simply had questions they could have addressed through other avenues.90

After nearly fifty years of existence, the NHDVS was a stable institution providing benefits to including specialized medical care to a relatively satisfied population of disabled veterans, a population that was slowly declining. Soon, however, the Board of Managers would face another influx of war veterans and a new set of medical demands. World War I exerted a dramatic impact on the facilities of the NHDVS and gave rise to new complexities in the provision of veterans’ benefits.

Phase Five: NHDVS Era of Change, 1918-1930

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

The United States entered World War I in the spring of 1917, ending what historian Nell Irvin Painter has called “the uncertain twilight” that existed while citizens debated the nation’s role in the conflict.91 Before the war ended, about four million men had been drafted into military service, and half of them were sent overseas. By early 1919, injured and ill soldiers were returning from Europe in numbers averaging more than twenty-three thousand per month.92 The influx of these soldiers taxed the capacity of the federal government to care for them. As the federal government prepared for and responded to the needs of these men, the NHDVS system experienced sweeping changes.

90 House, Report of an Inspection of the Several Branches of the National Home for Disabled Volunteer Soldiers, 63d Cong., 3rd Sess., H. Rept. 1354, pp. 9-20. The “present and absent” number reported is a variation from the “average present” number used in other reports.
92 Painter, Standing at Armageddon, p. 331; Department of Veterans Affairs, The Veterans Benefits Administration, p. 16.
Before World War I, the Bureau of Pensions and the NHDVS comprised the federal entities that served all disabled veterans. The Pension Bureau, like the NHDVS, had broadened its parameters over the years; the Pension Act of 1890 had removed restrictions that tied payments to service-related disabilities, and soon almost a million veterans and their dependents were receiving pension payments. As World War I loomed, the government put new programs into place. In 1914, Congress created the Bureau of Risk Insurance under the War Risk Insurance Act. Initially, the insurance covered ships and cargoes, but in 1917, under an amendment to the War Risk Insurance Act, Congress established vocational rehabilitation and medical care benefits for men with service-related disabilities and created a low-cost insurance system to protect dependents and totally disabled servicemen. 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.93

The impact of World War I and the benefits granted under the War Risk Insurance Act created a demand for additional facilities. Initially, Public Health Service hospitals and contracted hospitals were used to provide the expanded medical services, but these resources proved inadequate. In 1919, Congress authorized the Secretary of the Treasury to establish additional facilities and appropriated more than nine million dollars for that purpose; subsequent legislation provided for further growth. In 1921, Congress passed legislation giving the Secretary of the Treasury the discretion to allot funds to the NHDVS Board of Managers for use in improving their facilities.94

The government’s support of use and expansion of existing facilities helped the NHDVS system contribute to the care of a new group of veterans disabled by modern warfare. The Southern Branch was transferred to the War Department in 1918 to serve as a military hospital. Men in residence there were sent to other branches until 1920, when the branch was returned to NHDVS and its members reinstated at Hampton. Hospital beds at Battle Mountain Sanitarium not needed to serve NHDVS members were put at the disposal of the Public Health Service in 1919. In the early 1920s, the Marion Branch was converted to a neuropsychiatric unit with a new, one-thousand bed hospital, a special facility for psychiatric patients with tuberculosis, and auxiliary buildings. The Mountain Branch


became a tuberculosis hospital, containing treatment facilities for non-ambulatory and semi-ambulatory patients and a separate annex for African-Americans veterans suffering from tuberculosis. Thus, two of the branches which had been primarily residential became hospitals, joining the Battle Mountain Sanitarium in that status. At the Central Branch, five barracks were transformed into hospital units and the existing hospital and tuberculosis facilities were improved. At the Northwestern and Pacific Branches, original hospitals were modernized and new tuberculosis facilities constructed. The increasing numbers of young veterans being served in NHDVS hospitals led to improvements in buildings, modernization of equipment, expansion of occupational therapy programs, and increases in staff. By 1923 the system held a total of 10,774 domiciliary beds, 3381 general hospital beds, 2664 tuberculosis beds, and 1554 neuropsychiatric beds, and all branches except the Pacific had room for additional residents and patients.95

The federal effort to aid World War I veterans led to improvements at the NHDVS branches but also began to affect how those benefits were offered. In the past, the Board of Managers had directed the institution’s operations; by the early 1920s, both the Public Health Service and the Department of the Treasury were involved in some functions of the institution. This broadening of responsibility and control illustrated a problem that was affecting veterans’ benefits issues as a whole. A committee appointed to study the care of federal soldiers concluded the government was failing in its responsibilities to veterans, mainly because of a lack of coordination between independent entities. In an effort to consolidate these functions and avoid duplication, Congress established the Veterans’ Bureau in 1921 to administrate the laws pertaining to World War I veterans. The Veterans’ Bureau replaced the Bureau of Risk Insurance and took administrative authority of vocational education under the Vocational Rehabilitation Act. The new agency was soon mired in controversy. The problems eased with a change in leadership, but the provision of veterans’ benefits continued to present complicated issue, and the move toward consolidation of services would ultimately affect the NHDVS.96

World War I dramatically changed the make-up of the NHDVS population. Of 5982 new members accepted during the 1923 fiscal year; 692 were Civil War and Indian campaign veterans, 927 were Spanish-American War and Philippine campaign veterans, and 4363—nearly seventy-three percent—were veterans of the recent world war. At the end of the nineteenth century, the NHDVS had been serving primarily aging or elderly men; now, young men with medical or psychiatric issues made up the bulk of its residents and patients. By 1926, NHDVS officials were particularly concerned with the demands created by the need for psychiatric care.97 Veteran servicewomen also were being admitted to

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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.98

The institution continued to provide residences and medical care for significant numbers of veterans throughout the decade. On May 1, 1929, when NHDVS acquired a ten-year lease on the New York State Soldier’s Home at Bath, New York. The population of the state home had been declining and bringing it into the NHDVS system added badly needed capacity. The total membership of the NHDVS had increased ten per cent in one year and the Central, Southern and Mountain branches, which served the populous eastern section of the country, were filled to capacity. The Board of Managers instituted a program to repair buildings at the Bath Branch, and a few hundred men took up residence there.99 The NHDVS system was performing an important function in providing federal benefits to veterans; in 1930, however, changes in the administration of veterans’ benefits would officially dissolve the NHDVS and change the way its programs were administered.

The change was presaged not only by the creation of the Veterans’ Bureau in an attempt to consolidate veterans’ benefits functions, but by internal examination of the NHDVS. In 1918, an inspector had suggested that the War Department assume the administration of the NHDVS, which would give the Secretary of War the power to control budgets, expenditures, and management of the institution, prepare for the anticipated increase in membership in an efficient and economic manner, and institute a vocational training program.100 Twelve years later, the duplication of hospitalization and residential services by the NHDVS and the Veterans’ Bureau led Congress to recommend that the NHDVS, a corporation described as a “federal instrumentality” serving as a trustee for the United States, be dissolved, its Board of Managers discontinued, and its property turned over the United States.101 Subsequently, President Herbert Hoover issued Executive Order No. 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.102

102 H. Rept No. 2645, pp. 1-5; Department of Veterans Affairs, The Veterans’ Benefits Administration, pp. 25-26; Weber and Schmeckebier, The Veterans’ Administration, p. 1.
The former NHDVS headquarters was moved from the Central Branch at Dayton, Ohio, to Washington, D. C., where the functions of the NHDVS, including inspection and supervision of payments to state homes and administration of medical and domiciliary services, were absorbed by the new Veterans’ Administration. The medical and domiciliary operations became the responsibility of the Office of Assistant Administrator in Charge of Medical and Domiciliary Care, Construction, and Supplies, and development of domiciliary units during the 1930s was carried out under this office. Treasury Department architects who had been working for the Veterans Bureau were transferred to the Veterans’ Administration and the use of standardized building designs for medical facilities became increasingly common.103

For more than sixty years, the NHDVS Board of Managers had controlled the administration of the institution with minimal oversight from Congress. This administrative model had resulted in a system of branches created and maintained to care for disabled veterans. Despite this unity of purpose, each branch was different in setting, in architecture, and in local governance. After the onset of World War I, the strong NHDVS identity began to weaken as other federal programs utilized and supported the institution’s functions. With the establishment of the Veterans Administration, the NHDVS ceased being an independent entity and its functions became the responsibility of a large, growing bureaucracy for whom standardization was an important tool for efficiency and cost effectiveness.104

Between 1866 and 1930, the NHDVS medical and residential services were expanded and made available to an ever-broadening base of veterans. The institution created instituted to provide for volunteer Civil War veterans who had been disabled by their service became a system that provided medical, psychiatric, and geriatric care to veterans of multiple wars. Individual veterans and veterans’ organizations recognized the significance of these benefits both as financial assistance to veterans and as an acknowledgement of their service to their country. Through the growth of its services and its facilities, the National Home for Disabled Volunteer Soldiers influenced the development of the present wide-ranging system of veterans’ benefits in the United States, particularly its medical system.105

Architecture and Landscape Architecture of the NHDVS

The history of the National Home for Disabled Volunteer Soldiers is reflected in its architecture and landscape architecture. The architecture and landscape design of the NHDVS are the physical manifestation of the Board of Manager’s goal to build a system to provide disabled volunteer veterans with the security of a peaceful, ordered and comfortable home and reflect the changes that occurred with the expansion of membership and medical needs.106 The Board of Managers insisted that the institution’s members and

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104 H. Rept 2645, pp. 1-5.
105 Kelly, Creating a National Home, p. 82.
106 Ibid., p. 122.
the public view residence in the institution as a reward for service. As a result, the branches
designed and constructed under their authority featured significant buildings and elaborate
designed landscapes and became prominent features of their localities.

The architecture of the NHDVS also represents the growing connection between the
federal government and veterans after the Civil War. The federal pension system was the
most significant source of this connection, providing benefits to hundreds of thousands of
veterans and affecting even larger numbers of family members and associates. The
NHDVS exerted a direct impact on a much smaller number of veterans, but the visibility
and prestige of the facilities served to reinforce the link between Americans and their
government, not only to veterans and their families, but also to local residents and those
who visited the branches. Until the 1852 establishment of Supervising Architect’s Office
within the U. S. Treasury Department, few non-military federal buildings existed in the
country. After that time, the government began to build custom houses, post offices,
courthouses, and other functional buildings in communities around the country. These
buildings were not only symbols of the federal presence and of common citizenship, but
also economic assets and signs of status for the communities who acquired them. In
addition, the federal building program afforded federal politicians an opportunity to gain
support by arranging for the placement of such buildings in their political districts.107

The NHDVS building program was carried out under the authority of the Board of
Managers rather than the Office of the Supervising Architect, but its effects mirrored and
even magnified that of the Treasury Department work. The NHDVS Board of Managers
held ultimate responsibility for the design and construction of the branches; they never
developed a standard landscape plan or architectural style, although institutional
development generally followed popular trends. The appearance of the homes was
designed to be pleasing to both the members and the visiting public. The branch homes of
the late nineteenth century celebrated a mix of eclectic architectural styles. Gothic Revival,
Italianate, Second Empire, Queen Anne and Georgian Revival buildings predominated in
the 1870s and 1880s, Romanesque Revival Renaissance Revival, and Shingle Style
appeared in the 1890s. Classical Revival, Colonial Revival, Beaux Arts and Mission styles
were used after the turn of the century. Although the NHDVS complexes differed from
military installations, which utilized standardized plans for most structures, the military
model was evident in specific types of NHDVS buildings, particularly barracks, hospitals,
and storehouses. NHDVS Barracks, for example, were typically two-story, rectangular
buildings with porches and multiple windows to allow men access to sunlight and fresh air,
and were nearly identical to military barracks found across the country. Storehouses of the
late nineteenth century homes tended to be brick structures with few detail, again recalling
military models.108

Following popular pavilion-plan designs of the mid and late nineteenth century, NHDVS
hospitals were typically constructed with central administrative sections and long, narrow
ward wings which would provide adequate ventilation to rid the buildings of bodily

emissions considered detrimental to health. Branch officers’ residences were large, stylish frame houses, surrounded by large lawns. Staff housing, consisting of dormitories, duplexes, and smaller single family houses, was simpler and set on smaller pieces of land. Common buildings such as chapels, theaters, and recreation halls were usually placed in some proximity to each other and finished with elaborate ornamentation, in recognition of their greater importance to the community. Construction was generally wood frame or brick, although some stone buildings were constructed.

Landscape design was an essential component of NHDVS development. When the NHDVS was founded in 1865, few models of large institutions for convalescent care existed, and the formal layout of military installations had only limited relevance to the new institutions. The natural setting and the prominence of early buildings impacted the development of the grounds more than the influence of the military plans with their formal parade grounds, and planners of the NHDVS facilities incorporated a more romantic landscape philosophy. Grounds featured picturesque/romantic plans popularized by prominent landscape architects including Frederick Law Olmsted, Calvert Vaux, H. W. S. Cleveland, and Andrew Jackson Downing. The romantic-style included flowing curves, lush plantings, and open spaces; the picturesque style similarly embraced meandering paths and roadways, but also featured natural and even wild growth, irregular surfaces, and unexpected features such as fast-running water, artificial lakes or ponds, and animal parks. Conversely, as operational and administrative demands changed, later branch landscapes became more formalized. Danville and Mountain Home branches exhibited elements of formal landscape design. The barracks area at the Central Branch reflected nineteenth-century military fort design, which in turn was modeled after New England village design, with buildings grouped around a central open space. Conversely, the Victorian trend of colorful, exuberant floral displays.

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

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Brief Histories of the Individual Branches

Eastern Branch, Togus, Maine

The NHDVS Board of Managers established the first branch of the National Home for Disabled Volunteer Soldiers in 1866 at a failed health resort at Togus Springs, Maine, five miles from the state capitol of Augusta. Horace Beals, a Rockland granite dealer, built the resort in 1858 on a nineteen hundred acre tract of land. Although its owner hoped the resort would become as successful as New York’s Saratoga Springs, the enterprise closed after three years. Beals died during the Civil War and the Board of Managers purchased the property from his widow. The grounds included a 134-room frame hotel, a race course, bowling alleys, bathhouse, stables, and other recreational facilities, as well as extensive woodland, a fruit orchard, and pasturage. Although the site was isolated, it could serve veterans in the northeastern part of the country, the springs were considered a healthful advantage, and the existence of the commodious buildings meant less construction time and cost for the Board.110 W. E. S. Whitman, who wrote a history of the Eastern branch published in 1879, noted that the location was chosen over other sites in part because of the “great moral benefits” that the “absolute quiet and freedom from the excitement and temptation of metropolitan life” afforded.111 The remoteness of the Eastern Branch reinforced the era’s romantic view of the healing properties of nature as well as the stereotype of urban areas as centers of vice and temptation, a concern reinforced as the Board of Managers established other branches.

Within a year of its establishment, more than four hundred veterans had been admitted to the Eastern Branch. In January, 1868, fire destroyed its principal building and damaged its new hospital. Within the next two years, barracks, a barn, a governor’s residence and other structures were built; the complex was situated on level ground, immediately southeast of a steep hill. A building program during the 1870s produced a bakery, butcher shop, soap works, a carpenter’s shop a blacksmith shop, a boot and shoe factory, harness shop, retail store and a saw mill, evidence of a large measure of self-sufficiency. By 1880 the Eastern Branch housed more than one thousand veterans. The area became a local tourist destination in the 1890s and visitors were served by a narrow gauge railroad, an electric trolley system, a hotel, and a zoo. An 1891 bird’s eye lithograph depicts a quadrangle core area created by frame Second Empire style barracks and the hospital. Less formally arranged beyond the core were several frame Queen Anne style buildings including the headquarters, a turreted opera house, a chapel, and Queen Anne and Shingle Style


After the initial development of the Eastern Branch, the Board of Managers concentrated its development efforts at the other branches. While significant building programs were occurring at other facilities during the post-world war era, improvements at the Eastern Branch were limited to additions to hospital equipment and expansion of dental service. By June 30, 1930, the Eastern Branch was 1884 acres in size and held fifty buildings: seven barracks (six brick and one frame), two frame hospitals, and forty-one additional buildings, four of which were brick and the remainder frame. The operations included a farm and a dairy. In its final year as an NHDVS branch, the facility cared for a total of 2480 veterans. After the 1930 transition to the Veterans Administration, the former Eastern Branch was transformed by a significant building program into a modern masonry Art Deco style medical facility. In place of the largely frame campus stood a new hospital, administration building, and theater, focused about a large central lake.\footnote{Annual Report, 1922, p. 2; Annual Report, 1923, p. 2; Annual Report, 1924, p. 2; Annual Report, 1930, pp. 101, 109.} The original Second Empire Governor’s House remains on the grounds and is a National Historic Landmark.

The Togus National Cemetery, as it is now named, began serving the NHDVS in about 1867. In that year an 1865 cemetery was moved to a site about one-half mile west of the Eastern Branch and near the top of the adjacent hill. It is visually shielded from the campus by deciduous trees. When the cemetery closed for internments in 1936, a new East Cemetery was created east of the campus. Features at the western cemetery include a soldier’s monument established in 1889 and a mausoleum constructed during the 1890s.\footnote{National Cemetery Data, Togus N/C, September 30, 1977; http://www.cem.va.gov/CEM/ Lucas/vetdata/States/ME/togus.asp.}

\section*{Northwestern Branch, Milwaukee, Wisconsin}

During the Civil War, women who formed the Wisconsin Soldiers’ Home Society worked to provide care and transitional housing to returning Civil War veterans in Wisconsin. As the Civil War drew to a close, the membership of the Society began planning for a more permanent structure and a fair organized to raise funds for the purpose realized more than $100,000. By the fall of 1865, the Wisconsin Soldier’s Home Society was able to purchase land and begin planning for construction of a state soldiers’ home.\footnote{Halverson, et. al., “Northwestern Branch,” p. 8/41.}

The following year, George Walker, a member of the reorganized National Home for Disabled Volunteer Soldiers Board of Managers, proposed that the Wisconsin group turn over their resources to the NHDVS in order to help gain location of a branch in Milwaukee. Although they believed a state institution might be more responsive to the soldiers’ needs than a national one, the members of the society somewhat reluctantly...
agreed to dedicate their funds and their land to the NHDVS. Subsequently, the Board of Managers decided to locate the Northwestern Branch in Milwaukee, and it was established west of the city on a rolling tract of land of about four hundred acres that included trees and water features. The Branch initially used existing buildings to serve the early members, who numbered 183 during the first year.116

Milwaukee architect Edward Townsend Mix designed the first structures built under the Board of Managers’ administration. The branch’s five story, multi-chromatic Gothic Revival style Main Building, constructed on the site’s highest elevation, was designed to hold administrative, domiciliary, and medical functions, dining facilities, and a chapel and meeting hall, as well as a laundry and bath rooms. The Main Building was a striking and highly visible addition to the landscape. Three gatehouses allowed access from three points on the grounds. The core road system would remain essentially unchanged over the years. A bird’s eye lithograph dating to 1867-1878 confirms the dominance of the Main Building over the campus, which also included the governor’s residence and another home. Cost overruns slowed the construction of the Main Building and until the mid-1870s, the massive structure was poorly ventilated, inadequately heated, and inconvenient for disabled veterans, problems that had to be remedied in order to create a comfortable environment for the veterans. As the Northwestern Branch developed, the Board of Managers utilized the more decentralized plan followed in other branches: single purpose buildings, including barracks, a hospital, a headquarters building, and an assembly hall were built beside and behind the Main Building. Several of the buildings were designed by architect Henry C. Koch, whose designs reflect his interest in practicality and budget. By the 1890s, facilities included a library, a post office, a powder house, and a recreation hall, and a Ward Memorial Theater. In 1892 the Milwaukee Railway Company built an elevated, Queen Anne style depot near the main entrance for their electric streetcar line. A circa 1890 bird’s eye lithograph illustrated a proliferation of buildings on the campus set within a maturing picturesque landscape.117

Local manager E. B. Wolcott, who supervised the initial development of the Northwestern Branch, described its prominent site as “beautifully undulating,” with brooks from springs through the valleys.118 The grounds were enhanced by the work of Thomas Budd Van Home, a landscape gardener and former army chaplain chosen by the Board of Managers; he also designed the grounds of the Central Branch in Dayton, Ohio. During his service in the army, Van Home planned military cemeteries at Chattanooga, Tennessee,

117 Halverson, et al., “Northwestern Branch,” 8/43-47 51-56; Kelly, Creating a National Home, pp. 113-114; Planning and Design Institute, Inc., Growth and Change at the Northwestern Branch, 1879-1889: Clement J. Zablocki Veterans Affairs Medical Center Historic Preservation Plan, 1992, p. 17, map 2; Northwestern Branch bird’s eye lithograph, 1867-1878, untitled, copy on file at the Clement J. Zablocki VA Medical Center Library, Department of Veterans Affairs, Milwaukee; Milwaukee Lithography and Engraving Company, “National Home for Disabled Volunteer Soldiers, Near Milwaukee, Wis,” bird’s eye lithograph, copy on file at the Clement J. Zablocki VA Medical Center Library, Department of Veterans Affairs, Milwaukee.
118 Quoted in Kelly, Creating a National Home, pp. 109-110.
The plan for the Northwestern Branch used the Main Building, placed on the property’s highest point, as a focal point. The curving, tree-lined roads and paths, manicured lawns, formal flowerbeds, and four small artificial lakes combined and contrasted with the natural rolling, wooded environment. Land to the north and east was used for farming, supported by a collection of farm buildings. By 1876, Milwaukee residents and tourists from further away could reach the branch by rail, take boat rides on the lakes, enjoy dancing at a dance hall, and listen to outdoor concerts given by the Home band.119

As the population of the NHDVS declined after the turn of the century, growth at the Northwestern Branch slowed and in 1916, Inspector General W. P. Jackson suggested that the branch close. He noted that the Northwestern Branch was the NHDVS facility most in need of expensive repairs and renovations, and its members could easily be transferred to other branches. The onset of World War I and the subsequent movement to develop additional medical facilities for veterans, however, forestalled consideration of such a move. The Northwestern Branch received a new tuberculosis hospital, sited at the southern boundary of the property, a location far removed from the remainder of the campus. Nearby were three new employee’s quarters. The existing hospital was updated, a greenhouse constructed, and two additional quarters for medical staff built at the northern end of the campus during the 1920s. At the end of the 1929-1930 fiscal year, the Northwestern Branch was 382.25 acres in size and held seventy-one buildings: six barracks (one veneer and five brick), two brick hospital buildings, and sixty-three other buildings, sixteen of which were brick and forty-seven frame. No farming was underway at the branch by this point. In the last year of its existence as an NHDVS branch, the unit served 7313 veterans. After the transition to the Veterans Administration, a new hospital complex was constructed at the former Northwestern Branch adjacent to the tuberculosis hospital. Completed in 1933, the facility was located south of original buildings, as were other major building projects in the 1960s and 1970s. With the construction of the Milwaukee County Stadium (1953-2001), and the subsequent Miller Park Stadium (1996) at the northwest corner of the campus, the Northwestern Branch’s historic boundary was reduced.120

The architecture of Northwestern Branch helps to illustrate its development. The 1879 Italianate, pavilion plan hospital reflects the branch’s decentralization. A Queen Anne style fire engine house, a brick and frame Queen Anne Governor’s Residence and the exuberant polychromatic Queen Anne Ward Memorial Theater from this early development period also survive. Twelve major buildings from the subsequent 1884-1900 expansion period are present, including two Italianate style barracks buildings, two neighboring Classical Revival style buildings—the Wadsworth Library and the Social Hall, the Shingle style Chapel, private residences executed in Queen Anne and Shingle styles, a steam plant and the Headquarters building, a mix of Colonial Revival and

Renaissance Revival style elements. The hospital, barracks, administration building, theater, steam plant and social hall were built in close proximity to the Main Building, while the private residences were located to the periphery. Six buildings from the 1901-1917 period remain, all of them quarters for chaplains and staff and built in a vernacular style with some Colonial Revival references. These quarters represent the expansion of medical staff in the early part of the twentieth century as the NHDVS facilities became increasingly focused on providing medical care.\textsuperscript{121}

The Soldiers Home Cemetery, designed by Thomas Van Home, was established at the Northwestern Branch in 1871; prior to that time, the Home buried its soldiers in private cemeteries in the Milwaukee area. There are two sections of cemetery at the Northwestern Branch. The main section of the cemetery, about 36 acres, is west of the historic campus and physically divided from it by the railroad line, but clearly visible from the western area of the historic core. Another five acre section is west of the building complex. The cemetery holds a 1900 reception building and a 1928 comfort station. The granite Civil War Soldiers and Sailors Monument was erected in 1903. In 1937 the name was changed to the Wood Cemetery, in honor of General George Wood. In 1973, it became a National Cemetery.\textsuperscript{122}

**Central Branch, Dayton, Ohio**

The Board of Managers made an early decision to develop one of its original branches in an area that would serve the large number of veterans who lived between the far northeast and the upper Midwest. The political strength of Ohio’s congressmen and the influence of prominent Civil War veterans who were Ohio natives helped to insure the location of the Central Branch in that state. After a site at a state-sponsored facility at Camp Chase near Columbus proved unsatisfactory, the NHDVS Board of Managers considered several locations before choosing Dayton. Their choice was influenced by Dayton native Lewis Gunckel, who served as secretary of the Board of Managers, and by the donation of funds from the citizens of Dayton to purchase land for the facility. In 1867, the Board acquired 380 acres of farm land on a ridge west of Dayton and transferred veterans who had been living at Camp Chase. The first members of the Central Branch resided in temporary quarters created by dismantling buildings at Camp Chase and reconstructing them at the Dayton site. Within two years, the facility could accommodate one thousand men. Seven veterans of the U. S. Colored Troops were among the early admissions; they were the first African-Americans to enter the NHDVS.\textsuperscript{123}

Architect C. B. Davis designed the original buildings of the Central Branch. By 1870, the grounds held forty structures, including a Gothic Revival chapel, hospital, officers’ residences, barracks, shops, and auxiliary buildings. In 1871, the Board of Managers claimed that the three-story, three hundred bed pavilion plan, Italianate hospital was one of

\textsuperscript{121} Halverson, et. al., “Northwestern Branch,” Section 7 provides descriptions and discussion of individual buildings.
\textsuperscript{122} Ibid., pp. 7/32, 8/51.
the finest and best-equipped buildings of its kind in the country. By the 1880s, a two and one-half story Moorish-inspired commissary was built southwest of the hospital, and a polychrome Second Empire Memorial Hall had been erected west of the chapel. Ranks of closely-spaced Italianate style frame barracks faced the parade ground. Frame Italianate and Queen Anne style houses located at the perimeter of the development housed the chaplain, governor, and treasurer. Between 1899 and 1900, two Early Classical Revival barracks replaced six of the early frame barracks that originally fronted the parade grounds. To the west, a Neo-Colonial Revival barracks/dining hall was added to the greater barracks area.124

Thomas Budd Van Home, the former army chaplain who also served as landscape designer for the Northwestern Branch, laid out the grounds of the Central Branch. In comparison to the extreme picturesque qualities of the Northwest Branch, Van Home’s Central Branch plan suggested a military influence and featured a central grid-type roadway with barracks on one side and administrative buildings on the other, with a prominent parade ground as a focal point. The buildings were set on the crest of a hill overlooking the parade ground and a landscaped park, which served as a transition area between the public-oriented entrance area and the private barracks area. The picturesque park plan featured curvilinear roads, numerous plantings and several notable features including four lakes, a grotto with extensive walking paths, flower gardens, groves, and plantings of vines and wild flowers. The Central Branch also developed a conservatory, a deer park, 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 of the facility. Innovative businesspeople developed other tourist attractions close to the site and a 2 ½ story hotel was erected in 1879 to serve visitors near the east entrance, and in the mid-1870s, the Board of Managers reported that one hundred thousand people visited the branch annually. An 1898 bird’s-eye lithograph illustrates a formal grid arrangement in the barracks area, with the picturesque layout to the north and east. Gardens, greenhouses, plantings and water features greeted the visitors. The 1870 hospital dominated the skyline to the northwest, with the large commissary to the rear. Housing for the governor and the treasurer were located south of the barracks in a more residential type of setting. The west end of the campus held support buildings and fields.125

Conveniently located and strongly supported by Board of Managers member Gunckel, the Central Branch quickly became the largest branch in population and central to the administrative operations of the NHDVS. By 1884, the branch served more than sixty percent of NHDVS members. Like other branches, the Central Branch initially developed

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124 Hull and Jeffery, “Central Branch,” 8/1-2, 17-22, 26-28; Halvorson, et. al.,” Northwestern Branch,” pp. 8/50-51; Kelly, Creating a National Home, pp. 121-122. The Home Chapel at the Central Branch has been referred to as the first church in the country constructed with federal funds. However, the chapel at West Point Academy, built by federal funds, predates the Central Branch Chapel by some thirty years. Army and Navy Chronicle (1835-1842); Jan 3, 1835; 1,1; “Report of the Board of Visitors to the Military Academy,” The Military and Naval Magazine of the United States (1833-36); Nov. 1834; 4,3; Charleston Southern Patriot, March 29, 1833.

workshops to provide men with wages and training that might allow them to become independent, as well as a school for those who wanted more formal education. In 1877, the Board of Managers centralized the educational function at the Central Branch; the school operated until 1883, when it closed due to low enrollment. This branch became the Central Depot for the NHDVS, distributing supplies and manufacturing uniforms. In 1916 the National Home headquarters was transferred from Kansas City, Missouri, to the Central Branch, where it remained until the transition to the Veterans Administration in 1930.126

During the 1920s, the Central Branch gained a three hundred bed tuberculosis hospital, as well as additional officers and nurses quarters, generally located in the same area as the 1870 hospital.127 As of June 30, 1930, the Central Branch was 578.87 acres in size; 175 acres of the property was in farm land, which was being cultivated on shares. 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 the Central Branch.128

The National Cemetery for the Dayton Branch was established on August 1, 1867. The first internment took place the next month. Chaplain William B. Earnshaw, a Union Army veteran who had served as superintendent of the Stones River and Nashville national cemeteries, is credited with planning the cemetery. The Dayton Soldiers’ Monument, completed in 1877, is the cemetery’s centerpiece. It depicts a Union soldier on a thirty-foot column surrounded at its base by four figures that represent the infantry, the cavalry, the artillery, and the navy, two cannons, and two mortars. The cemetery is located north of the campus and extends to the western and eastern boundaries of the property. Still active, the cemetery has been enlarging into areas that had originally held some of the earliest buildings on campus.129

Southern Branch, Hampton, Virginia

The Southern Branch of the National Home for Volunteer Soldiers was established at Hampton, Virginia, in 1870. Located on a peninsula on Chesapeake Bay, the original parcel was only 26 acres; an additional land lease in 1884 increased its size to 69 acres. Like the Eastern Branch, the original Southern Branch facility was not designed as an element of the NHDVS. Built as the Chesapeake Female College in 1854, the institution served as a military hospital during the Civil War, and a National Cemetery was established on the property in 1867 while it was in use as a military hospital. Benjamin Butler, Union Commander of nearby Fort Monroe in 1861 and first president of the Board of Managers of the NHDVS, owned an interest in the grounds, which were sold to the NHDVS in 1870 for $50,000. Intended particularly to serve African-American veterans

who would be comfortable in the southern setting, the branch also provided homes for white veterans who enjoyed its mild climate and who consistently outnumbered its African-American members. In 1870, the branch could accommodate 350 men; by 1880, the average number of men present was over nearly seven hundred, and by 1900, it was more than three thousand.130

Within eight years of its creation, the Southern branch included thirty buildings, including a main building, an amusement hall, hospitals and a dispensary, a greenhouse, residences for the administrative staff, a multi-purpose building that housed a store, billiards room and bowling alley, a library, police quarters, a boat and bathhouse, a fire engine house, soap factory, bakery, barbershop, gas house, laundry, stables, and a quartermaster’s warehouse. Several shops, including blacksmithing, tinsmithing, knitting, and tailoring shops, provided employment for residents. The National Cemetery was located contiguous to the home, and beyond its northern border. After 1884, when the new admission policy encouraged more veterans to enter the NHDVS, the Southern Branch expanded onto grounds leased from the nearby Hampton Normal School and constructed several buildings including a two-story pavilion plan hospital, two new barracks, a boiler house and a laundry. Within a few years, additional one-story pavilion plan hospital buildings were located along the streets, creating a residential feel with the scale and rooflines of small cottages.131

The landscape of the Southern Branch was influenced both by its setting on a peninsula and the orientation of the original women’s college buildings facing the water. Design under the NHDVS followed the romantic style typical of other branches developed in the nineteenth century and included curved paths, flower beds, naturalistic tree plantings, and statuary. Hospital structures were located in the center of campus; the residential section positioned near the water, and service buildings constructed along Jones Creek at the rear of the campus. New landscaping developed between 1884 and the early 1890s resulted in the Harbor Walk, an esplanade on Chesapeake Bay. Like other facilities in the NHDVS system, the Southern Branch attracted visitors with its attractive buildings and grounds, and by 1900, a hotel for guests had been constructed. Prior to 1900, the branch leased 125 acres off-site to grow food and maintained another small farm on-site.132

In 1899, a yellow fever epidemic broke out at the Southern Branch—the most densely populated of all the branches. The incident began on July 16, lasted for about two weeks, and included forty-three diagnosed cases, twelve of whom died. Officials attributed the outbreak to the presence of men who had recently been in Cuba or to infected luggage. The sick men were isolated and barracks and hospital buildings thoroughly disinfected. A doctor at the facility credited the low number of deaths and the lack of spread of infection to the high sanitary standards at the branch.133

131 Lampl and Fetzer, “Hampton Veterans Affairs Medical Center Historic District,” pp. 7/6, 8/19-26.
Beginning in 1906, architect John Calvin Stevens implemented a master plan for the property by designing several significant buildings and structures for the campus, including a Colonial Revival/Renaissance Revival power plant, eight barracks, a mess hall, a bridge, a circular sewage pumping station and a v-shaped chapel. The Gothic style chapel, like several others in the NHDVS system, was designed to allow two separate congregations to hold services at the same time. Prior to this time, most of the branch’s buildings were frame; Stevens’ buildings were predominantly brick. In 1918, the Secretary of War took jurisdiction of the Southern Branch for use as a hospital under the Medical Department of the U. S. Army, and the members were transferred to other branches. In 1920, the Southern Branch was transferred back to the NHDVS; subsequently, a major building program focused on the construction of hospitals and staff residences.134

At the end of the 1930 fiscal year, the Southern Branch was 85.36 acres in size, two acres of which were utilized for farming. The property held sixty-seven buildings: nine barracks (six brick and three frame); six brick hospital buildings; and fifty-two additional buildings: forty brick and twenty-seven frame.135 After the transition to the Veterans’ Administration in 1930, significant building programs continued into the 1980s.

Two cemeteries are associated with the Southern Branch. The National Cemetery was established in 1867 and is contiguous to the grounds just beyond its northern border. A small cemetery with twenty-two graves was created in 1899 within the grounds of the branch as the result of the yellow fever epidemic.136

**Western Branch, Leavenworth, Kansas**

The Western Branch was the first branch of the NHDVS constructed west of the Mississippi River and the first to be established after the 1884 change in policy that allowed veterans with non-service related disabilities to enter the institution. In order to compete with other sites under consideration as the Western Branch, the city of Leavenworth donated fifty thousand dollars and land which was once part of the Delaware Indian Reservation and had held a mission in the mid-1840s. The original property encompassed 640 acres on a rolling landscape immediately west of the Mississippi River. Between 1885 and 1890, some forty buildings were constructed at the site, including Georgian Revival style barracks, a mess hall and kitchen, a hospital, greenhouses, and a physical plant. Their architect is unknown, but contractor James A. McGonigle was responsible for the construction of the original buildings. McGonigle was a Leavenworth contractor well-known throughout the state and is credited with building more than two thousand structures in the trans-Mississippi west. Kansas City architect Louis Curtiss designed the Gothic Revival 1893 chapel; like several others in the system, it provided space for Protestant and Catholic congregations under the same roof. Most of the Western

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Branch buildings were constructed of brick, much of it produced on the grounds from a large deposit of clay discovered during the excavation for the original hospital. The clay was also used to produce materials for road paving and curbs. For a short time, the Board of Managers ran the brick plant as a profit-making business, but in 1890 discontinued brick and curbing manufacture except to meet the needs of the branch.137

The original plan of the Western Branch grounds, including circulation patterns, location of buildings and some plantings, is attributed to nationally known landscape architect Horace W. S. Cleveland, based on references in his correspondence and an 1891 list of projects. The broadly curving tree-lined roads, informal arrangement of buildings, and large open areas with groups of trees and shrubs are inspired by the topography of the site and reflect both the popular picturesque aesthetic, and Cleveland’s own design philosophy of working in harmony with the existing natural landscape. Landscape development included the creation of a lake from a crater resulting from the removal of clay for brick production. Lake Jeannette, named for a daughter of the Surgeon General, whose home sat on its shore, served as an entertainment and recreational center and provided ice for the facility’s use. Original terra cotta curbing and brick paving remain in the area around the lake. At the turn of the century the Western Branch was described as a pleasure ground visited by thousands, and a hotel on the site served its guests. One of the attractions was the “World,” a large representation of the planet Earth done completely in flowers. The display was the subject of many postcards. The branch’s outlying lands were dedicated to crop production and animal grazing. A bird’s-eye lithograph circa 1890 depicts the landscape dominated by hills and shows the campus centered around the General Mess Hall. The main buildings are set on the ridge in a crescent shape where they command views of the surrounding countryside and take advantage of breezes. The map depicts the uniformity of building style and the sensitive placement of service and support buildings below the barracks.138

The issue of alcohol use among the veterans found sensational expression in a scandal at the Western Branch in 1892. The branch’s governor brought to the facility the “Keeley Cure,” a popular program to help people stop drinking. Although nearly 1500 members and other area men joined the league, some veterans at the branch as well as people in the community became deeply offended by the operation. The controversy reached its peak when a man set off a dynamite explosion at the governor’s residence in an apparent attempt to murder him. The controversy led to an extensive public investigation.139

Following World War I, the Western Branch’s medical facilities were modernized and additional nurses’ quarters constructed. Although the branch developed tuberculosis wards,
reports indicate that they were underutilized. At the end of the 1929-30 fiscal year, the Western Branch was slightly over 644 acres in size, operated a dairy, and cultivated 120 acres in oats, corn, forage crops, orchards, vineyards, and flowers. The property held sixty-six buildings, including fourteen brick barracks, a brick hospital, a tuberculosis annex and fifty-one additional buildings: thirty brick, two stone, eighteen frame, and eleven combination. During that year the Western Branch served an average of 2,987 men. After the transition to the Veterans’ Administration in 1930, a new four-to-six story Classical Revival hospital complex was built at the northwest corner of the campus at the Western Branch. This complex, completed in 1933, signified an increasing emphasis on medical care, as an additional hospital building, constructed in 1939 at the south end of the campus in the Georgian Revival style. Nurses quarters were also constructed during this period. From 1944 to 1946 the branch served as a neuropsychiatric hospital.

The National Cemetery, established in 1886, is located to the west separated by a sloping grade but within view of the facility. It is also attributed to Horace W. S. Cleveland and follows the park-like cemetery layout popular in the late nineteenth century. Historic structures within this project’s period of significance include a 1921 “rest house,” and 1928 tool house.

**Pacific Branch, West Los Angeles, California**

In March 1887, as NHDVS membership grew as a result of the 1884 widening of admission standards. Congress approved the establishment of a Pacific Branch. Subsequently, more than seventy communities in California tried to convince the Board to build the new facility in their vicinities. Members of the Board of Managers investigated several of the sites and chose a rolling, treeless location west of the booming city of Los Angeles and near the new community of Santa Monica. Their decision was influenced by donations of land and cash from Senator John P. Jones and Robert Baker, Arcadia Bandini Stearns de Baker, and John Wolfkill. Jones and Robert Baker were involved in the development of Santa Monica and believed the Pacific Branch would contribute to the growth of the community and the area.

The Pacific Branch opened in 1888 on 713 acres of land. Among the first members were men from the state soldiers’ home at Napa, who walked from northern California to the new facility. By the end of the year, barracks, a mess hall, and the hospital were completed, and within four years the branch included additional barracks, staff quarters,
and auxiliary buildings. Prominent architect Stanford White is credited with designing the original Shingle style frame barracks and may have designed other original buildings as well; the firm of Peters and Burns appears to have served as supervising architects. By 1892 the Pacific Branch held five barracks, a headquarters building, the mess hall, residences for the branch governor and surgeon, laundry, hospital, farmer’s house and barn. J. Lee Burton designed a streetcar depot and a chapel built in 1900. The Shingle style chapel, like several others in the NHDVS system, was designed to allow Protestant and Catholic congregations to hold services within the same building at the same time. By 1909, Pacific Branch buildings included additional barracks and Barry Hospital, which was built in sections in 1891, 1893, 1900, 1904, and 1909. Barry Hospital was replaced by Wadsworth Hospital in 1927.144

Landscape design transformed the site from its treeless state. An irrigation system aided in the development of orchards and vegetable gardens which helped provide food for the institution. Curving roads through the grounds were highlighted with plantings of pines, palm trees, and eucalyptus groves. An attempt to create an artificial lake on the property failed when heavy rains washed it out. A 1901 lithograph shows winding drives in front of the barracks bordered by manicured round shrubs and waist-high palm trees. Few traces of the original landscape plan are evident, although numbers of century-old palm trees remain.145

The Pacific Branch served as an attraction for both tourists and local real estate speculators. In 1904, the Pacific Branch became part of the “Balloon Route,” a popular tour of local attractions conducted by an entrepreneur who escorted tourists via a rented streetcar.146 In 1905, the Los Angeles Times ran an ad for the new Westgate Subdivision, owned and promoted by the Santa Monica Land and Water Company, which the original donors of the VA land held an interest in. Residential lots and larger tracts were for sale on this land, which adjoined “the Beautiful Soldier’s Home on the West.”147

The branch twice became the object of local controversy, fueled by newspaper coverage. In late 1889 and early 1890, the Board of Managers conducted an investigation of the Pacific Branch after the Los Angeles Tribune leveled a number of charges against its administration, including poor treatment of members, bad food, and corrupt management. Thirty-eight members testified about their complaints during the investigation. The Board found little cause for concern, as their only action was to remind the chief officer of the


Branch of his responsibilities. In 1913, the Grand Army of the Republic, prompted by newspaper reports, investigated the operations of Pacific Branch but found little basis for the charges.\textsuperscript{148}

By 1919 the branch included ninety-one buildings and could accommodate twenty-three hundred members. The development of medical facilities for veterans during the 1920s fueled a burst of construction during that decade, including Colonial Revival staff residences. The James W. Wadsworth Hospital, a 562 bed facility, opened in 1927, replacing Barry Hospital. The next year, new barracks and a new mess hall were constructed. At the end of the 1929-30 fiscal year, the Pacific Branch property included slightly over 671 acres; 255 acres of that land were leased out for agricultural purposes and forty-seven acres were in branch gardens and hay land. The Pacific Branch had 157 buildings, including four brick and twenty-nine frame barracks, six brick and stucco hospital buildings, and 118 other buildings, four of them concrete, four brick, and 110 frame. During that twelve month period, the branch cared for an average of 4671 veterans.

In 1931, after the transition to the Veterans Administration had taken place, planning began for a major building campaign, including Mission/Spanish Colonial style hospital buildings and a group of Romanesque-inspired research buildings. The present Wadsworth hospital was constructed in the late 1930s, and has been modernized since that time; a new theater replaced the former Ward Theater in 1940. Most of the 1890s era buildings were demolished in the 1960s as building on the campus continued.\textsuperscript{149}

The cemetery associated with the Pacific Branch was dedicated on May 22, 1889. The original gatehouse and entrance gates have been removed. The burials include a dog named “Old Bonus,” a pet of NHDVS residents; canine burials are now prohibited.\textsuperscript{150}

**Marion Branch, Marion, Indiana**

In 1888, Congressman George W. Steele, Sr., a Civil War veteran from Marion, Indiana, introduced legislation calling for the establishment of a branch of the National Home for Disabled Volunteer Soldiers in Grant County, Ohio. Grant County began to experience a boom in the early 1880s with the discovery and development of natural gas in the area, and the availability of an economical source of energy was one of the incentives to locate a branch there. The bill was approved, and in March of 1889, the Board of Managers selected as the site of the new facility a level 217 acre site southeast of Marion, with the Mississinewa River flowing at the southeast side of the property. Local citizens contributed money for part of the purchase price and paid for the gas well drilling.\textsuperscript{151}

\textsuperscript{148} H. Rept. 1363, pp. 24-28.  
The Dayton, Ohio architectural firm of Peters and Burns designed the original buildings of the Marion Branch, including six barracks in the Romanesque Revival style and an imposing Queen Anne style hospital. Other structures, including additional barracks, a dining hall and kitchen, a memorial hall, a chapel, greenhouses, a fire station, a morgue, a library, and residences for officers and staff were built by 1900. Additional staff quarters and utilitarian buildings were constructed in the early part of the twentieth century. The original membership of the Marion Branch was only fifty-six, but reached seventeen hundred by 1901. The years between 1902 and 1919 saw declining enrollment, but membership increased after World War I.\textsuperscript{152}

The grounds of the Marion Branch were the last to be designed in the picturesque style with tree-lined, curved roads and walkways. Roughly circular drives formed the center of the plan. The architectural focal point was the main hospital in the northeast area of the historic core. The circular center separated the hospital from the original barracks to the southeast, which were situated in two straight rows of three each. Administrative and recreational buildings were located to the south.\textsuperscript{153}

In 1920, as the NHDVS adjusted to the post-World War I demands, the Board of Managers transferred members there to other branches and converted the Marion Branch to a non-residential neuropsychiatric unit. Additional buildings, including a Georgian Revival style neuropsychiatric tuberculosis hospital, a gymnasium, and residences for physicians, were constructed during the 1920s to accommodate the branch’s new function. The tuberculosis hospital, designed by the Dayton firm of Schenck and Williams, was demolished in 1965. As of June 30, 1930, the Marion Branch was 299.03 acres in size, eighty-nine acres of which were used for farming and dairy operations. The branch held sixty-eight buildings including twelve brick barracks (referred to as “cottage buildings”), four brick hospital buildings, and fifty-two additional buildings, twenty of which were brick, twenty-eight frame, and four concrete. During the 1929-1930 fiscal year, the Marion Branch cared for an average of 1126 men. After 1930 and the transition to the Veterans Administration, the facility was renamed the Marion Veterans Administration Hospital. New construction included a laundry and police station. A Veterans Administration architectural set Georgian Revival mess hall and kitchen building was constructed in 1937 and 1938; a Georgian Revival style neuropsychiatric hospital was completed in 1942. Other hospital and supporting structures, including a ward building in 1958, a 1986 greenhouse and several structures completed in the 1990s, including a geropsychiatric building and a dietetics building.\textsuperscript{154}

The Marion National Cemetery, to the east of the branch’s developed area, was established in 1890. The original section was planned in a circular pattern; in the 1920s, the cemetery expanded to the north, and this section was developed along a grid pattern. The cemetery includes a monument depicting three Civil War Soldiers, which was dedicated in 1888. A Spanish American War monument was dedicated in 1901, and a monument to the Minnesota 2\textsuperscript{nd} Regiment was placed in the cemetery in 1913. A sundial dates from the

\textsuperscript{152} Hubbard, “Marion Branch,” pp.8/14-15, 19, 21-23.
\textsuperscript{153} Hubbard, “Marion Branch,” pp. 7/1, 7/28, 8/21-22.
early twentieth century. Marion National Cemetery was listed in the National Register of Historic Places in 1999.155

**Danville Branch, Danville, Illinois**

Congressman Joseph Cannon of Illinois, who served in the House of Representatives almost continuously for forty-six years and as Speaker of that body from 1903 to 1910, was instrumental in bringing a branch of the NHDVS to his adopted home town of Danville, Illinois. Congress authorized the Danville Branch of the NHDVS in 1897. Construction began in 1898 on a site at the eastern edge of the city and the first veteran was admitted on October 13 of that year.156

By 1900 the Danville Branch held more than forty buildings, including barracks, farm-related structures, a Classical Revival Carnegie library, a Classical Revival style theater, headquarters and commissary buildings, residences for its governor, treasurer and surgeon, a lavatory building, a hospital building, nurses quarters, a greenhouse, and a hotel. The barracks and many of the administrative buildings were designed in the Georgian Revival style. A print shop, paint shop, tin shop, harness-making shop, and shoe shop provided members with productive work and opportunities for training. The southern end of the property was used for small crop farming and separate plots tended by members. The arrangement of the campus landscape was a departure from the Romantic style, being more formal. The barracks were placed along and within the edge of a large circular road with the mess hall located at its center. Residential and administrative buildings were sited outside the circle along very slightly curving roads and paths. A boating pond named Lake Clements on the east side of the campus provided recreation; area residents came to the branch to enjoy the lake and the branch’s gardens, and the Home Band played concerts from the Classical Revival bandstand. An electric streetcar that ran from the northwest side of the property midway into the campus provided transportation to the branch and included a turnaround which featured a waiting station and small grocery. Another railroad spur ran south on the east side of the campus to provide coal to the heating plant.157

In 1900, within three years of its establishment, the Danville Branch held 1,583 residents; by 1923, records show a daily average of 1,388 men cared for. During the 1920s, as the NHDVS became increasingly focused on medical care, medical facilities at the branch were modernized, an isolation ward added, nurses’ quarters expanded and new staff housing constructed. As of June 30, 1930, the Danville Branch included 324.56 acres of land, forty-two acres of it devoted to hay land and farming. The Branch had fifty-seven buildings including fourteen brick barracks, one brick hospital and forty-two additional buildings, eighteen of them brick, three brick and frame, nineteen frame, one frame and glass, and one frame and stone. During that year, the branch provided services to a total of 2,809 men. After the transition to the Veterans Administration in 1930, the Danville

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Branch became a neuropsychiatric hospital. A new medical and surgical unit was constructed in 1934, and a golf course replaced Lake Clements in 1949. The administration building was demolished in 1959, the original hospital complex torn down in 1964 and five of the barracks were demolished in the 1960s. The canteen was removed in 1972. The northwest portion of the campus has been occupied by the Danville Area Community College since 1965.\textsuperscript{158}

The associated National Cemetery was originally established in 1898 in a small plot northwest of the present cemetery. In 1901, with the acquisition of additional land, the current cemetery was plotted out east of and within view of the campus, and the remains of those buried in the original cemetery were reinterred. The Soldiers Monument, depicting a Civil War soldier, was created by sculptor Clark Noble and dedicated in 1917.\textsuperscript{159}

\textbf{Mountain Branch, Johnson City, Tennessee}

In convincing the Board of Managers to create a branch near Johnson City, Tennessee, Congressman Walter Preston Brownlow pointed out that large numbers of eastern Tennessee citizens had opposed secession from the Union in 1861, and that the region had provided significant numbers of volunteers to the Union Army. Other factors less honorary in nature also influenced the Board's decision. The climate in Eastern Tennessee was milder than the weather at the more northern branches, and its relatively high elevation—about 1,750 feet above sea level—insured low humidity and dry air, making the area comfortable for men suffering from respiratory conditions.\textsuperscript{160}

In 1901, The Board of Managers purchased 375 acres of relatively level land immediately west of Johnson City and bounded closely on all sides by steep terrain. The site was on the Southern Railway line and the railroad company agreed to provide switches and sidings for the branch’s use. The Mountain Branch admitted its first members on October 15, 1903; because the residential units were not completed at that time, members lived and ate in the hospital building until the mess hall and barracks were finished in 1904. By June of 1904, the branch had 363 members and the administration building, Carnegie Library, eight barracks, a stable, a greenhouse, and officers’ quarters were nearly completed and a refrigeration plant awaited inspection. Foundations had been laid for guard barracks, gates, and gatehouses.\textsuperscript{161}

The construction program was an ambitious one and resulted in a distinctive set of buildings. Chosen over five others in a competition for the commission, New York architect Joseph H. Freedlander designed thirty-three of the original buildings of the

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Mountain Branch, including the barracks, mess hall, hospital, administrative structures, theater, and chapel. By 1908, the initial construction had been completed. The core of the campus was laid out in a formal style with the principal buildings on streets designed in a grid-like system. The mess hall, with its prominent clock tower, provided a focal point, and the hospital and administration buildings were placed at each end of the main avenue. A parade grounds, bandstand, and lake were located on land sloping away from the main buildings and towards the town of Johnson City. Joshua S. Gray, a landscape gardener, developed the grounds of the gently undulating site, designed elaborate flower beds in vivid colors, and constructed a metal circle that supported climbing roses and became a local attraction. A baseball field, zoo, and the lake provided entertainment for members, local residents, and visitors. Both the architecture and the site plan may have been influenced by the 1893 Columbian Exposition in Chicago and its “White City” which emphasized Beaux Arts style buildings and a movement away from romantic and picturesque landscaping and a return to more formal modes.

At the end of World War I, the Mountain Branch was converted to a tuberculosis sanitarium. Special quarters were built for tuberculosis patients—including one unit for African-American veterans, constructed in the northeast portion of the campus—and additional housing was erected to accommodate the expanded medical staff. By mid-1930, the Mountain Branch was 447.8 acres in size, with nearly 200 acres devoted to farming and dairy operations. The campus held fifty-nine buildings: five brick barracks, four hospital buildings (three brick and one frame), and fifty additional structures, twenty of them brick, twenty-eight frame, and two concrete. During the twelve-month period the branch served a daily average of 2206 men. After consolidation into the Veterans Administration in 1930, the medical staff at Mountain Home was expanded, new hospital and nursing care facilities were constructed, mainly at the east end of the campus, and many of the buildings were updated with elevators, modern baths, and terrazzo floors. In the 1980s, VA officials began planning a building program which resulted in a new hospital and a new nursing care unit. A number of the barracks buildings are now occupied by the Quillen-Dishner College of Medicine, East Tennessee State University.

The associated National Cemetery was originally established for the internment of veterans who died while in residence at the Mountain Branch. Walter Brownlow, Congressman who was influential in the establishment of the Mountain Branch and who served as its local manager, is buried here along with his wife.

Battle Mountain Sanitarium, Hot Springs, South Dakota

Hot Springs, South Dakota, a nineteenth century mineral springs resort, was designated the site of the territorial soldiers’ home in 1889. Within a few years, state politicians began to urge the establishment of a branch of the NHDVS in this southern Black Hills community. In 1893, thirty men from the Western Branch at Leavenworth were sent to Hot Springs for two months of treatment, and reportedly experienced significant relief of rheumatism. In 1898, the Grand Army of the Republic passed a resolution in support of an NHDVS branch at Hot Springs and in 1902, Theodore Roosevelt signed the bill that created the Battle Mountain Sanitarium. Local citizens donated land and owners of nearby mineral springs granted rights for use by the facility. Battle Mountain Sanitarium was the only NHDVS branch established as a medical rather than a residential facility.165

Architect Thomas Rogers Kimball of Omaha designed the original Battle Mountain Sanitarium complex, located on a plateau immediately adjacent to and overlooking the town of Hot Springs. The Mission-inspired main building originally included administrative offices with six patient wards radiating from a circular court; the four-story administrative section of the main building featured a dome reminiscent of Byzantine cathedrals. The spoke arrangement of the wards allowed for separation of patients, optimal circulation of air, and exposure to sunlight and to views of the surrounding scenery. Rogers also designed the officers’ quarters, a stable and carriage house, and an engineering building. George E. Kessler, a Kansas City landscape architect, created the overall design of the grounds, which included open spaces, a pond and broadly curving roads and walkways in the residential areas. The facility’s small scale, its site on a bluff above a resort community, its views of surrounding mountain foothills, and its role as a medical rather than a residential facility may have eliminated the motivation for more elaborate landscaping.166

In April, 1907, Charles Wibert of the Marion Branch became the first patient at the sanitarium. Shortly thereafter, twenty-five men from the Danville Branch arrived at the new NHDVS medical facility. During the 1908-1909 fiscal year, 865 veterans were treated at Battle Mountain Sanitarium. The facility specialized in the care of musculoskeletal, gastrointestinal, and respiratory conditions, as well as skin diseases. Men were allowed to remain at the sanitarium only as long as they were benefiting from treatments offered there. They were discharged or transferred to one of the other branches when treatments were no longer necessary or helpful.167

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The healthful climate of Battle Mountain Sanitarium and the presence of its mineral springs were counterbalanced by the isolation of the institution. In 1908, the Board of Managers reported that fewer than expected members were traveling to the site for treatment, in part because the long trip was hard on the ill and the elderly. Building continued, however, with a bandstand, conservatory, and additional housing constructed between 1910 and 1919. In addition, an elaborate concrete and sandstone stairway was built in 1915 to link the grounds of the sanitarium with the business district of Hot Springs directly below. The importance of the facility became more evident with the onset of World War I. In 1919, the Battle Mountain Sanitarium was made available to the Public Health Service for treatment of veterans for five years. Following the war, additional staff housing was constructed at Battle Mountain, and a Veterans’ Bureau hospital for tuberculosis patients was built there in 1926. On June 30, 1930, Battle Mountain Sanitarium was 101.36 acres in size, with sixteen acres devoted to farming. The grounds held twenty-three buildings: two stone hospital buildings and twenty-one others including one of brick, two concrete, and sixteen frame. During the 1929-1930 fiscal year, the sanitarium provided care to an average of 820 men. Post 1930s construction included additions to the 1926 hospital, a 1940s laundry building, several garages, and a fire station and incinerator building, constructed in the 1980s.\footnote{168 Julin, “Hot Springs Historic District,” pp. 7/32-35’Cetina, “A History of the Veterans’ Homes,” p. 368-370; Medical Care of Veterans, p. 104; Annual Report, 1930, p. 190. Battle Mountain Sanitarium’s building count is inexact because some subsequent studies have counted the hospital wards and the chapels as separate “buildings” although they are incorporated into one complex.}

The National Cemetery associated with Battle Mountain initially was established for the internment of veterans who died while being treated at the Sanitarium. The cemetery contains a 32-foot obelisk inscribed with the name of the facility and dedicated in 1914.\footnote{169 National Cemetery Data, Hot Springs N/C, September 30, 1977; http://www.cem.va.gov/CEM/cems/nchp/hotsprings.asp.} The cemetery is on a slightly sloping site east of the former Branch grounds and at the foot of Battle Mountain. The terrain hides the cemetery from view from the site.

**Bath Branch, Bath, New York**

The Bath Branch of the NHDVS originated as the New York State Soldiers’ and Sailors’ Home, established by the state legislature in 1876. The Grand Army of the Republic provided the majority of the funds to build the facility, and several communities—including Watkins Glen, Penn Yan, and Lake Keuka vied for the home location. Bath area residents helped secure their town as the site for the state home by donating twenty-three thousand dollars towards the cost of the new institution, which opened in 1878. Within a year, the facility included a three-story main building and two three-story barracks, all constructed of brick on stone foundations. The barracks buildings featured wide verandahs on all sides. The main building included the dining hall and kitchen. By 1907, more than two thousand veterans lived at the home, but that number declined dramatically over the following two decades. In 1928, the home served only 192 veterans, and the Bath Chamber of Commerce asked the federal government to assume responsibility for the

The Board of Managers acquired the New York State Soldiers’ Home by means of a ten year lease and converted it to the Bath Branch of the NHDVS because of the increasing numbers of war veterans accessing NHDVS services. Like the resort at Togus, Maine, and the women’s college at Hampton, Virginia, the Bath state home offered property and a set of buildings that could be put into use to serve veterans without the need for significant new construction, although many of the Queen Anne-style buildings did require extensive repairs. The Bath facilities were scenically situated on a stretch of ground between the Conhocton River and a steeply sloping hillside. The buildings were closely situated on the property, with the chapel and some private quarters located at the immediate base of the hill and facing a central lawn. To the north were several two and three-story barracks; at the northwest corner was a pavilion plan hospital with a first-story open porch encircling the primary building. A staff housing area was removed from the barracks, administrative and service areas. As of June 30, 1930, the Board of Managers reported that the Bath Branch held sixty-nine buildings, including five brick barracks, two hospital buildings, and sixty-three other buildings, seventeen brick and forty-six frame. The branch cared for an average of 311. In less than a year after its designation, the Bath Branch, like the other NHDVS branches, became a part of the new Veterans Administration. Post-1930 construction by the VA included a seven-story “Architectural Set” Georgian Colonial Revival hospital southwest of the lawn. Addition VA construction occurred east of the lawn\footnote{Annual Report, June 30, 1929, pp. v, 202; Gjore Mollenhoff, Determination of Eligibility Notification, “Veterans Administration Center, Bath, Steuben County, New York,” Determination of Eligibility Notification, May 23, 1980.}

Summary Assessment of Significance

Theme III: Expressing Cultural Values: architecture, landscape architecture, and urban design.

The architecture and landscape architecture of the NHDVS branches represent the policies and practices instituted by the Board of Managers in the development of the institution and reflect national trends in architecture and landscape design. The NHDVS architecture and landscape architecture also represent the growing connection between the American public and the federal government after the Civil War.

The architecture and landscape architecture of the National Home for Disabled Volunteers represent its Board of Managers’ goal of providing residences and care to war veterans. The emphasis on significant buildings and designed landscapes reflect their commitment to establishing institutions that would be a source of pride for veterans and instill respect for them among the general public. The highly visible NHDVS branches reminded citizens of the federal government’s support of veterans and helped to forge a link between the public and that government. The development of new branches and new medical facilities after 1884 illustrate changes in the veteran population and the increasing development of medical care for veterans on the part of the NHDVS Board of Managers.

Theme IV: Shaping the Political Landscape: governmental institutions.

The NHDVS under its Board of Managers established policy concerning veterans benefits during the period 1865-1930 and directly influenced the development of a national system for veterans’ health care in the United States.

The National Home for Disabled Volunteer Soldiers exerted a significant impact on the development of veterans’ benefits in the United States and particularly upon the evolution of the medical system which continues to serve veterans today. Initially, the establishment of the branches symbolized the commitment of the federal government and the country’s citizens to the well-being of Civil War volunteers who had suffered injury or debilitating illness during the war. The broadening of admittance standards eventually expanded membership to all veterans of all wars who could not live independently for any reason, regardless of the nature of their disability. As Civil War veterans aged and young veterans from other conflicts entered the system, the NHDVS Board of Managers increasingly turned their attention to medical care. Until World War I, NHDVS members were the only veterans receiving medical care regardless of the cause of illness or disability. The federal government’s expansion of medical care to World War I veterans and the subsequent development of the current Veterans Administration medical system reflects the foundation established by the National Home for Disabled Volunteer Soldiers.
National Historic Landmark Nomination Recommendations

National Historic Landmarks Criteria

The eleven branches of the National Home for Disabled Volunteer Soldiers have been evaluated by the standards established in the National Register Bulletin *How to Prepare National Historic Landmark Nominations*. The national significance of the National Home for Disabled Volunteer Soldiers under NHL Criterion 1—“Properties that are associated with events that have made a significant contribution to, and are identified with, or that outstandingly represent the broad patterns of United States history and from which an understanding and appreciation of those patterns may be gained”—is established in this report’s historical narrative. These recommendations for nomination as National Historic Landmarks concentrate on integrity of the properties and their ability to convey the significance of NHDVS history.

Part IV of *How to Prepare National Historic Landmark Nominations* guides this decision. The introduction to Part IV states that “A property should . . . be exceptionally important compared to other properties within that theme,” and the explanation of Criterion 1 states “The events associated with the property must be outstandingly represented by that property.” In addition, Part IV requires “a high degree of integrity” in such properties, determined by evaluated the seven “aspects or qualities” of integrity: location, design, setting, materials, workmanship, feeling, and association. “For NHL designation,” the bulletin states, “a property should possess these aspects to a high degree. The property must retain the essential physical features that enable it to convey its historical significance.” These concepts—exceptional historical significance and a high degree of integrity—have been carefully considered in developing the recommendations for NHL nomination.

Properties Recommended for National Historic Landmark Nomination.

The eleven NHDVS properties—complexes of buildings, structures, sites, objects, and landscapes—were established during the period spanning 1865-1930, the period of national significance. This period begins with the legislation that created the National Home for Disabled Volunteer Soldiers and ends with the incorporation of the NHDVS into the Veterans Administration. The year 1930 marks the end of the NHDVS as an independent entity and the creation of a larger bureaucracy—the VA—which absorbed and divided the NHDVS functions and responsibilities and implemented standardized development procedures. Although 1930 marks the end of NHDVS, the succeeding historical periods continued to shape the facilities through the advancement of the science of health care, changes in the kinds of disabilities that veterans suffered, and evolving approaches to caring for veterans.

The NHDVS branches were designed for a variety of reasons and functions over a broad period of time, and evolved in response to specific changes in NHDVS policies. Such policies are physically reflected in the campuses, and can be associated with the five general periods of evolution. No one property has survived fully intact from one period, but some branches retain pivotal and important resources that are associated with specific
periods. Pivotal resources are those that were necessary to carry out the primary missions of the NHDVS during the period of national significance and include barracks, hospitals, officers housing, monumental social buildings, and designed landscapes. Important resources include supporting buildings such as commissary warehouses, staff residences, shops, power plants, and garages.

In order to meet the requirements of National Historic Landmark designation, an NHDVS property must possess a high degree of integrity for specific resources and overall property and serve as an outstanding example of the development of the National Homes. An NHDVS property that is eligible for NHL designation must contain a significant collection of both important and key buildings, structures, sites, objects and landscape that clearly convey the association between the property and the history of its evolution during the period of national significance. Such properties must create a historic “core” or district with very limited instructions by elements constructed outside of the period of national significance, or with very limited intrusion by modifications to particular buildings sufficient to remove important character-defining features.

The following four properties outstandingly represent the history and evolution of the National Homes for Disabled Volunteer Soldiers and are recommended for nomination as National Historic Landmarks:

**Northwestern Branch, Milwaukee, Wisconsin**

Period of Significance: 1866-1921.

The Northwestern Branch, established in 1866 by the NHDVS Board of Managers, represents the origins of the system and its evolution into the twentieth century. One property at the branch, the Ward Memorial Hall, was listed on the National Register of Historic Places in 1984, and the branch was determined eligible for listing in 1980. Another feature of the property, the Soldier’s Home Reef (an outcropping of Silurian rock unrelated to NHDVS history) was designated a National Historic Landmark in 1992.

The campus core is remarkably intact, with the loss of relatively few of the pivotal or important resource types. The overall integrity of the resources is very high. All five phases of development are represented in the Northwestern Branch and the picturesque landscape, with its curving roads that respond to the topography, is largely intact. While structures such as the original train depot, hotel, nurse’s quarters, entrance gate, guard house, smaller service buildings, greenhouse, flower gardens, orchard and farm are now gone, new construction has generally not taken place on the sites of former buildings. Instead, post-1930s development and the modern buildings of the Clement J. Zablocki VA Medical Center are removed from the core NHDVS property by railroad tracks, a water channel, and the area’s topography.

The Northwestern Branch retains buildings from all phases of NHDVS history and thus represents the origins of the NHDVS system as well as its evolution into the twentieth century. Its historic district includes the original Main Building and the Governors House, built in 1867. These are the oldest remaining buildings in the country constructed for the
NHDVS under the oversight of the Board of Managers. The historic core landscape retains many of the features developed during the period of significance. Most obvious is the placement of the Main Building on the crest of a bluff which is the highest point on the grounds. The Main Building dominates the immediate skyline and is clearly visible from the surrounding areas. Curving paths and roads indicate both the original design and the necessity of connecting the buildings constructed beside and behind the Main Building after the centralized concept was abandoned. One of the original lakes, Lake Wheeler, still exists, but it has been re-designed and slightly reoriented.

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

Twenty-nine buildings from the period of significance form the historic core of the original Northwestern Branch. Buildings outside the period of significance are limited to eight garages, a paint shop and a laundry, and a group of Quonset huts; no significant modern buildings intrude on the historic core, although Miller Park, a major league baseball stadium located to the northeast, creates a visual intrusion to the historic view from the Main Building. The cohesiveness and the variety of buildings represented at this site signify the origins of the NHDVS and the Northwestern Branch as well as the development of the NHDVS system.

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**Western Branch, Leavenworth, Kansas**

**Period of Significance:** 1884-1930.

Established shortly after the 1884 policy change which dramatically broadened standards for admission to the National Home and created a demand for additional facilities, the Western Branch is an outstanding example of the expansion of the NHDVS. The property was listed on the National Register of Historic Places in 1999, and illustrates the expansion of the NHDVS during its third phase of development. The Western Branch was the first branch built west of the Mississippi, and retains a significant number of its original buildings and its designed landscape as well as a majority of resources erected during the following two developmental phases of NHDVS history.

In addition to the designed landscape, the Western Branch retains more than fifty of its pre-1930s buildings, including twelve three-story Georgian Revival-style brick barracks built by James A. McGonigle in 1885 and 1886, and a Romanesque Revival general mess and kitchen referred to as Franklin Hall, also built by McGonigle in 1886. A Queen Anne theater was built in 1888. Surviving residential housing constructed during the period includes the Queen Anne Governor’s and Treasurer’s residences, built in 1887 and moved to a new site in 1930; Surgeons Quarters, a twin to the Treasurer’s residence, three additional single residences and a nurses’ quarters. Many of the physical plant buildings from 1884-1900 period remain, including the boiler plant, paint shop, supply warehouse, lumber shed, and storage shed. The facility’s most striking building, the Late Gothic Revival chapel, was designed by Kansas City architect Louis S. Curtis and built in 1893. The original four-story Georgian Colonial hospital, built near the lake site in 1886, and a subsequent Shingle Style annex, were demolished in 1933.  

Surviving buildings from the 1900-1917 era and the 1918-1930 period include administrative, medical, physical plant and residential buildings. A Renaissance Revival guardhouse, a police station, an administration building, a wagon shop, paint spray shot and wagon shed were built between 1900 and 1917. A garage and fire station, milk house,

173 Ibid., pp. 7/4-7/17, 8/7-10.
mason and tin shops, and two gas meter houses were constructed between 1918 and 1930. Residences for the Quartermaster and the chaplain, as well as two single residences, all in the Queen Anne Style, were built between 1900 and 1917. In addition, a Georgian Revival barracks building and a duplex showing Classical Revival influence were built between 1900 and 1917, and a nurses quarters building and two duplexes, all with Classical Revival features, were built between 1918 and 1930. Two single garages from this period also survive, illustrating the onset of the motor age. The original hospital at the Western Branch was replaced by the existing hospital, construction of which began at about the same time as the system’s incorporation into the Veterans Administration. This building is sited on the edge of the historic core. Another 1930s-era hospital building is located within the historic core and presents a greater intrusion, although a 1992 remodeling was sympathetic to the architecture of the surrounding buildings. A modern library is an unobtrusive intrusion.\(^{174}\)

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

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**Surviving Western Branch NHDVS Buildings and Structures:**

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<tr>
<th>BLDG #</th>
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<tr>
<td>1</td>
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<td>43</td>
<td>Vacant (Treasurer’s Residence)</td>
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<td>Vacant (Surgeon’s Residence)</td>
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<td>Protestant and Catholic Chapels</td>
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<td>Storage (General Mess and Kitchen)</td>
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\(^{174}\) Ibid., pp. 7/4-7/22.
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<td>42</td>
<td>Training Center (Governor’s Residence)</td>
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<td></td>
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**Mountain Branch, Johnson City, Tennessee**

Period of Significance: 1901-1930.

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

The Mountain Home branch’s symmetrical plan and J. H. Freelander 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. The branch retains twenty-seven buildings from the 1901 to 1917 period, including the central mess hall, completed in 1904. Its clock tower, decorated with an elaborate keystone and swags, rises above two long, rectangular bays and serves as a focal point for the property. The Carnegie Library, also built in 1904, features ornamental keystones and brackets at the windows and the entry door. The theater was completed in 1903 and its façade is dominated by three large arched windows overlooking a stone balcony. The eight brick barracks buildings are in symmetrical rows with the front buildings exhibiting Beaux Arts decoration while the barracks to the rear are less elaborate. Other buildings from this era include the chapel, bandstand, officers’ quarters, engineering building, laundry, administration building and post office. Sections of the 1904 hospital have been demolished, but its central element remains and has received sympathetic additions on the north and south; additions to the rear are nearly invisible from the historic core. The majority of the buildings from this period represent the initial building program from 1902
to 1908. Five Classical Revival style duplexes built in 1921 illustrate the transition of Mountain Home to a specialized medical facility and the need for additional medical staff.\textsuperscript{175}

The most visible of Freedlander’s buildings face a broad avenue leading from the administration building to the original hospital. The avenue is bounded on the south by the parade grounds, which hold the original bandstand, and its focal point is the Beaux Arts mess hall with prominent clock tower. The formal plan of the core campus and the Beaux Arts architecture suggest the influence of the 1893 Columbian Exposition’s “White City.” The grounds south of the bandstand include “The Lake,” a prominent landscape feature and part of the initial landscape design. Original officers’ quarters were built east of the main campus in a more typically residential setting with large lawns and trees. The National Cemetery is a significant element of the property’s landscape.

A number of the barracks have been modified for use by East Tennessee State University’s medical school, but retain excellent exterior integrity. The major intrusions are a 1990s domiciliary/primary care building, which is on the edge of the historic core, and a new medical school building in the barracks area. A modern boiler plant is less obtrusive, and a new nursing home is sited well away from the historic buildings; modern additions to the rear of the hospital are nearly invisible from the historic core. The buildings from the period of significance remain and exhibit excellent to high individual integrity, illustrating the maturing of the National Home’s architectural and planning standards and the advance of veterans’ medical care. The original landscape plan is largely intact and the associated cemetery is a visible contribution to the landscape and the site’s integrity. The Mountain Home Branch is an outstanding example of the development of the NHDVS after 1900.

\textbf{Surviving Mountain Home Branch NHDVS Buildings and Structures:}

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<tr>
<th>BLDG #</th>
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<td>7</td>
<td>Barracks</td>
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<td>10</td>
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<td>1905</td>
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<td>16</td>
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<td>1908</td>
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<td>1905</td>
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</table>

\textsuperscript{175} Taffey Hall, “The Mountain Home Veterans Complex,” pp. 48-53.
Battle Mountain Sanitarium, Hot Springs, South Dakota

Period of Significance: 1902-1926

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

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

George E. Kessler, a Kansas City landscape architect, designed the grounds. His plan reflects the topography of the site and its unique setting on a plateau above a picturesque mountain resort. Winding roads and paths are retained and the property holds the original conservatory and bandstand; a pond originally in front of the conservatory has been drained. An elaborate sandstone stairway built in 1915 leads from the plateau upon which the facility is sited to the town of Hot Springs in the valley below. The associated cemetery, to the southeast of the main campus, is a significant element of the property’s landscape.

Battle Mountain Sanitarium retains nearly all of the buildings constructed during the 1900-1917 and 1918 to 1930 phases. The centerpiece of the site is the original Thomas Rogers Kimball Mission-inspired administration-hospital complex, with its prominent dome and ward buildings emanating from a center court. Original supporting buildings, including
the Colonial Revival engineering building and the Mission style refrigeration plant, stables building and boiler plant, all built in 1907, are behind and below the main building. The 1913 greenhouse is set in an open space near the site of the original pond. The Colonial Revival officers quarters, also designed by Kimball and include the Governor’s House, which retains an unusual degree of interior and exterior integrity, as well as three other residences, and a duplex. Classical Revival bachelor’s quarters were constructed in 1910. Buildings constructed during the 1918 to 1930 period symbolize the increasing importance of medical care to veterans after World War I. They include a Classical Revival duplex built in 1920, a Classical Revival nurses quarters built in 1926, and a Colonial Revival duplex built in 1927. The most representative post-World War I structure is the 1926 hospital, built by the Veterans’ Bureau. The hospital combines Mission, Tudor Revival, and Romanesque Revival influences. Post 1930s construction includes a 1941 laundry, a 1949 dietetic building directly northeast of the 1926 hospital, and rear additions to the 1926 hospital built in 1937, 1959, and 1985. Three car garages were constructed to the rear of the staff housing during the 1930s. Several small storage and shop buildings were built in the 1970s and 1980s, and incinerator building and a fire station and security building date to the mid-1980s but are sited well away from the historic core.

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

### Surviving Battle Mountain Sanitarium NHDVS Buildings and Structures:

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<td>Equipment Repair (Storage)</td>
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<td>28</td>
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</table>
Properties Not Recommended for National Historic Landmark Nomination

The following properties are not recommended for National Historic Landmark nomination as part of this study because they do not exhibit a high degree of integrity for the 1865 to 1930 NHDVS era. However, some of them may be found to be nationally significant and possess a high degree of integrity for later historical periods in the development of federal government facilities that cared for veterans. Evaluations of their significance and integrity for later periods may be made on a case-by-case basis.

Eastern Branch, Togus, Maine

The Eastern Branch was the first to be established by the NDHVS Board of Managers and originally occupied the buildings of a defunct mineral water resort. Fire destroyed several of the facility’s 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 such as the building program of the 1870s and 1880s that produced numerous frame buildings in the Queen Anne and Stick Styles. Few key buildings or structures remain to represent the subsequent phases of NHDVS development. Staff residences built around the turn of the century remain on the perimeter of the property, but the collection of hospitals, workshops, barracks and recreational buildings that convey NHDVS history are gone. The large construction campaign carried out by the Veterans Administration in the 1930s replaced a majority of the building stock with new resources, and these new buildings dominate the campus. Because the Eastern Branch is not outstandingly representative of the history or design of the NHDVS, it is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Surviving Eastern Branch NHDVS Buildings and Structures:

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<tr>
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<th>BLDG NAME</th>
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<td>27</td>
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Central Branch, Dayton, Ohio

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

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

The Central Branch’s historic district retains twenty-eight of the buildings constructed under the oversight of the NHDVS Board of Managers between 1866 and 1930. The campus’ oldest building, the Gothic Revival Home Chapel, was built in 1868. Other surviving buildings and features from the 1866-1870 period are the basic layout of the road system, the grotto, the Gothic Revival gatehouse and the Italianate Treasurer’s residence. During the 1871-1883 period, the Central Branch experienced rapid development. Eight buildings from that era remain, including its elaborate Italianate bandstand, the Second Empire headquarters building, three residential units reflecting Queen Anne or Italianate influences, a Renaissance Revival social hall, a quartermaster’s building with Flemish design influences, and a boiler house. A shops building and boiler house, the Gothic Revival Catholic Chapel, two Classical Revival-style barracks (on the site of the earlier frame Italianate barracks) and the Stick-style Swan House gazebo represent the 1884 to 1900 period. Two Neocolonial domiciliary buildings and a train depot remain from the 1900 to 1917 time frame, and a canteen, an eleven car garage, and five Tudor Revival residences reflect the final period, when increased medical staff served World War I veterans.176

After the 1930 transition to the Veterans Administration, expansion of the former Central Branch affected its historic core. Changes at the site include the loss of the 1880 commissary building in 1932 to fire and removal of the remaining 1880s-era barracks area, replaced by a Colonial Revival style quadrangle hospital, two barracks and a dining hall.

176 Hull and Jeffery, “Central Branch,” Section 7 describes the existing buildings.
The 1870 hospital was demolished in 1942, and a recreational building was added to the quadrangle. Nurses cottages and a hospital annex were also lost, and the National Cemetery expanded into that area. A new hospital complex was developed on the west side of the campus in the 1980s and 1990s which is visible from the historic core, and in 1981 a single story pod-configuration domiciliary was built on the former sweeping parade grounds, obscuring one of the focal points and significant features of the Central Branch.

The Central Branch is most closely comparable to the Northwestern Branch. Both were among the original NHDVS branches and both retain buildings from each identified phase of its history. The Northwestern Branch site, however, includes a broad range of buildings which illustrate the history of the NHDVS, and these buildings are grouped with few intrusions in a historic core that offers an unusually rich representation of the facility’s history. In addition, while the Northwestern Branch also experienced replacement and loss of buildings under NHDVS administration, there have been fewer instances of the replacement of newer buildings on the footprints of original buildings. The Central Branch does not present the high degree of integrity necessary to serve as an outstanding example of the development of the NHDVS and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

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Southern Branch, Hampton, Virginia

The Southern Branch, established in 1870 to serve African-American veterans and those who wanted to live in a warm climate, was the fourth branch of the NHDVS. A National Register of Historic Places nomination was prepared in 1994.

The Southern Branch retains buildings pre-dating NHDVS management: buildings 35 and 36 were part of a women’s college, later a Civil War era military hospital and reflect the first phase of development in which existing buildings were adapted for NHDVS use prior to planned design. Restricted by its small acreage, development at the Southern Branch by necessity impacted the property’s earlier structures. Only one of the buildings constructed in the 1870s survive. The Second Empire Treasurer’s Residence, the Romanesque Revival Boiler House and four service buildings remain from the 1880s. Resources associated with the campus plan of 1906 are present, particularly the classically inspired barracks, the chapel, and service buildings. The esplanade developed in the 1890s also survives, but the associated landscape of wide, gently curving roads, a formal turning circle and open spaces are largely gone, filled in by post-1930 Veterans Administration construction. The 1885 hospital was replaced in 1938 with a new centrally located Georgian Revival style building that accessed views, fresh air, and sunshine. The hospital and two accompanying domiciliary units represent the Veterans Administration’s “Architectural Set,” a group of fifty hospitals developed through standardized plans incorporating local architectural features by the Veterans Bureau and the Veterans Administration from 1920 through 1947. Several structures at the former Southern Branch were demolished in the 1950s to make way for automobile parking space and new medical facilities. A new dining hall was constructed in 1956, a chronic patients’ building in 1963, a nursing home in 1977, and a single story pod-configuration domiciliary in 1987. By the mid-1980s, the medical center had been substantially modernized and new construction occupies about half of the property.177

While important collections of buildings do survive at the Southern Branch, the site does not outstandingly represent either the evolution of the NHDVS or a specific development phase because of the loss of roughly half of the NHDVS-era landscape and buildings on the east side of the property. Therefore, the Southern Branch is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

177 Bradley, *From Croton Oil to Isotopes,* pp. 5-7; Cetina, “A History of the Veterans’ Homes,” pp. 361-363; Lampl and Fetzer, “Hampton Veterans’ Affairs Medical Center Historic District,” pp. 7/7, 8/21-23.
### Surviving Southern Branch NHDVS Buildings and Structures:

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### Pacific Branch, West Los Angeles, California

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

There are few resources remaining from the Pacific Branch’s earliest phases of development. Only seven of the original NHDVS buildings remain at the site of the Pacific Branch—the chapel, the depot, and four officer’s/staff quarters—and they are separated by post-1930 Veterans’ Administration structures. Palm trees planted during the third or fourth phase of NHDVS history are present, but the original landscape is no longer visible due to development and major street construction. Therefore, the site is not an outstanding example of the NHDVS program and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.
Surviving Pacific Branch NHDVS Buildings and Structures:

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<td>90</td>
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Marion Branch, Marion, Indiana

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

The Marion Branch site retains sixty buildings from the NHDVS era that illustrate the institution’s history. Buildings from the 1884-1900 era include brick barracks buildings, a fire station, a greenhouse, Queen-Anne style officers’ quarters and duplexes, a Romanesque Revival gatehouse, and a barn. The Late Gothic Revival chapel built in 1898 and 1899 holds both a Protestant and a Catholic chapel. The large Queen Anne-inspired brick hospital, built in 1890, also remains, although it is vacant and in poor condition. Twelve of the buildings constructed between 1900 and 1917 are on site, including a second barn, four Queen Anne-style residences, an engineering building and engineering shops, and the 1915 Prairie-style library. Due to declining enrollment, construction during this period was limited. Buildings remaining from the years 1918 to 1930 include six Colonial Revival duplexes built from 1921 to 1923 and three Georgian Revival hospital ward buildings built under the Treasury Department using standardized plans in 1928. Alvin Strauss, a Fort Wayne, Indiana architect, designed a hospital annex. These facilities were constructed after the Marion Branch’s conversion to a neuropsychiatric facility and reflect the need for additional wards and staff housing.178

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 significant resources, including the hospital and the barracks, suffer from the removal of architectural elements such as dormers, chimneys, cupolas and particularly the very prominent porches which played an important role in the social lives and well-being of the members. The buildings in the Western Branch retain a significantly higher degree of integrity. In addition, the location and visibility of 1930s construction intrudes more directly into the historic core at the Marion Branch. Therefore, the Marion Branch does not represent an outstanding example of the NHDVS program and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

178 Hubbard, “Marion Branch,” pp. 7/3-21, 8/15, 25.
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Danville Branch, Danville, Illinois

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 more formal than picturesque, focused on the central core. The branch retains twenty-eight buildings from the NHDVS era, including ten of its original fifteen barracks, later referred to as treatment wards. Other important resources in the central core include a warehouse, staff quarters, chapel, mess hall, and greenhouse. However, the loss of five barracks disrupted the original plan. The original hospital is also gone, and Lake Clements has been drained and replaced by a golf course. In addition, extensive infill of post-1930s Veterans Administration construction disrupts the property’s cohesiveness. Because of the loss of resources and the post-1930s intrusions, the Danville Branch is not considered an outstanding example of the history of the NHDVS and is not recommended for nomination as a National Historic Landmark for the period 1865-1930.

Surviving Danville Branch NHDVS Buildings and Structures:

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</table>
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 Veteran’s Administration and the termination of the NHDVS as a distinct entity. The NHDVS obtained a ten-year lease on the property, repaired many of its buildings, and enrolled a few hundred members there just months before the system was incorporated into the Veterans Administration and the Board of Managers dissolved. The Bath Branch has a very brief history as an NHDVS facility and its architecture does not reflect NHDVS policy or management and is not recommended for Nomination as a national Historic Landmark for the period 1865-1930.

Surviving Bath Branch Pre-1930 Buildings and Structures:

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National Home for Disabled Volunteer Soldiers
Assessment of Significance

Sources Cited


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National Register of Historic Places Inventory-Nomination Form


Note: Reports issued by the NHDVS Board of Managers from 1866 through 1921 and 1927 through 1930 are in the *United States Congressional Serial Set;* copies were also printed by the Government Printing Office and are available in many archives and libraries. Reports from 1922 through 1926 are not included in the *Serial Set.* These reports were accessed in original manuscript at the Veterans Administration Central Library, Washington, D. C. This listing notes those reports as separate from government documents. For purposes of clarity, reports in the Serial Set or printed by the GPO are listed by order of date rather than alphabetical order of title.