

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

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

1. Name of Property

historic name Eastern Oklahoma Tuberculosis Sanatorium

other names/site number Oklahoma Veteran Center Talihina Division

2. Location

street & number 10014 SE 1138th Ave

city or town Talihina

state Oklahoma code OK county Latimer code 077 zip code 74571

X

not for publication

vicinity

3. State/Federal Agency Certification

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

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

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

national X statewide local

Signature of certifying official/Title

Date

State or Federal agency/bureau or Tribal Government

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

Signature of commenting official

Date

Title

State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:



entered in the National Register

determined eligible for the National Register

determined not eligible for the National Register

removed from the National Register

other (explain):

Signature of the Keeper

Date of Action

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5. Classification

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

☐ private
☐ public - Local
☒ public - State
☐ public - Federal

Category of Property (Check only one box.)

☐ building(s)
☒ district
☐ site
☐ structure
☐ object

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

Contributing	Noncontributing	
14	6	buildings
0	0	district
1	0	site
3	1	structure
0	0	object
18	7	Total

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

N/A

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions (Enter categories from instructions.)

Health Care: Sanatorium
Agriculture/Subsistence: Processing, Storage
Recreation and Culture: Auditorium
Domestic: Institutional Housing

Current Functions (Enter categories from instructions.)

Health Care: Hospital
Domestic: Single Dwelling

7. Description

Architectural Classification (Enter categories from instructions.)

Late 19th and Early 20th Century Revivals:
Classical Revival

Materials (Enter categories from instructions.)

foundation: Stone
walls: Brick, Wood: Clapboard
roof: Metal, Asphalt
other:

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Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

The Eastern Oklahoma Tuberculosis Sanatorium was opened for patients on November 1, 1921. The campus includes 20 buildings, 4 structures and one site. Located on Winding Stair Mountain, the Sanatorium is three miles northwest of the community of Talihina. Approaching the Sanatorium, one travels through densely wooded area which opens at the edge of the Sanatorium property. Currently functioning as the Oklahoma Veterans Center-Talihina Division, some modifications have been made to allow the Center to function as a modern long-term care facility.

The road pattern within the boundaries of the Sanatorium resembles a four rung ladder. The eastern two roads (in a north/south alignment) segment the large open park setting of the Sanatorium. The north and south roads (in an east/west alignment) generally front the built resources of the Sanatorium. At the west end of the "ladder" is a large fishing pond and agricultural buildings.

Narrative Description

1) Harper Building, ca. 1930, Contributing Building

Constructed of red brick and limestone, the two-story Classical Revival style building is designed in an "E" plan and was designed to serve children suffering from the ills of tuberculosis or from families suffering with tuberculosis. The building is located on the east/west alignment with the façade facing north. The central portion of the building projects and has a central entry. The double doors have an elaborate limestone surround which includes a frieze and cornice. Inscribed in the frieze is "HARPER." Located at the corners of this project are pilasters with composition capitals. All of the windows are a pair of eight pane metal casement windows with limestone sills and brick lintels with a limestone keystone and an eight pane transom window unless otherwise noted. The first floor has four windows while the second floor has six windows. The east and west elevations of this projection are identical. Each has two pairs of eight pane casement windows and two openings with a brick herringbone pattern on the first floor. The second floor has three windows and one opening with a brick herringbone pattern with a limestone sill on the second floor. The entire projection has a limestone cornice. A brick parapet wall extends above the roof and has limestone decorative details.

The north elevation of the two hyphen sections that connect the projecting wings are identical. The first floor has four sets metal casement windows in each section. The windows have a four pane transom window and a limestone sill. The second floor has four sets of metal frame casement windows with a lunette transom. Each window has a limestone sill, limestone keystone, brick round arches and limestone caps at the end of the arches. Limestone details are located above the second floor windows. The brick parapet is capped with limestone. The east and west wings are identical on the north elevation. The first floors each have two sets of metal casement windows with four pane transom windows, limestone sills and brick headers. The second floor is identical to the first floor except that the headers have a limestone keystone. This elevation also has brick pilasters with limestone composite capitals. It also has limestone details above the pilasters and a limestone cornice with a brick parapet.

The true east and west elevation of the building are also identical except where noted. The first floor has multiple casement windows and large multi-pane windows with limestone sills on the front portion and brick sills on the rear portion. The second floor has multiple casement windows and large multi-pane windows with limestone sills on the front portion and brick sills on the rear portion. One window on the rear portion has a lunette transom. The east elevation also has a pane and panel door with brick knee walls. The rear, or south elevation, has an expansive patio that extends along one-third of the elevation. The center three bays project. The first and second floors have multi-pane windows, metal casement windows and fixed four-pane windows. A brick parapet capped with limestone conceals the flat roof on this elevation.

The interior has an entry vestibule with rooms on either side. The room to the west, a reception room, has a stone fireplace with built-in wood bookcases and wood doors separating it from the vestibule and corridor. The doors to this sitting room have multi-pane sidelights. The first floor also has a large sitting room on the south elevation with large windows allowing in natural light and air circulation. It also has a kitchen and dining room. Each floor has double loaded corridors. The second floor has patient rooms, nurse's quarters and a classroom that in 1948 were converted into employee housing.

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2) House #1, ca. 1930, Contributing Building

This side gable house is clad with red brick and has no distinctive style. The pane and panel wood door is centered on the north elevation and is covered with a gable front roof. This elevation also has a set of three six-over-six double hung wood windows, a wood framed plate glass window, and three evenly spaced six-over-six double hung wood windows. All windows have brick sills. An additional entry is located on the east elevation. The entry is flanked by a single six-over-six wood frame double hung window. Located in the gable peak is a square window opening that has been covered with wood. Also located at the corners of the east elevation are brick columns that extend above the roof line. They are capped with limestone.

3) House #2, Ca. 1958, Contributing Building

This brick Ranch style house was constructed circa 1958. The hipped roof is clad with asphalt shingles. The façade has a bay window at the northeast corner with diamond pane windows. Extending across the façade is a recessed entry and two additional diamond pane windows. The east elevation has three diamond pane windows and a pane and panel wood door. Adjacent to the house is a modern brick storage shed.

4) Shelter, Ca. 2000, Non-Contributing Structure

This open air picnic shelter is located on the original hospital site. It is constructed of treated lumber and has an asphalt shingled gable roof.

5) Hospital, 1937, Contributing Building

Constructed of red brick and limestone, the three-story Classical Revival style building has a raised foundation. The building is located on the east/west alignment with the façade facing north. All windows on the building are ten-pane louvers with limestone sills unless otherwise noted. The center six bays project slightly. Steps with limestone knee walls lead to the recessed entryway. Above the doors is a carved limestone arch panel in a Florentine pattern that features a keystone inscribed with a modified Cross of Lorraine in red (the symbol in the fight against tuberculosis). Located on either side of the entry are two, two-story pilasters of limestone which support an entablature. The first floor of this projection has four windows; the second floor has five windows with the center window having a wrought iron balconette supported by limestone brackets and the third floor has two eight-pane louver windows and four ten-pane louver windows. The remainder of the façade is symmetrical; seven bays on each side of the central projection. Adjacent to the central projection is a window between the first and second floor and between the second and third floors that follow an interior stairway. The next four bays have four windows on each floor. The sixth bay has three narrow three-pane louver windows on each floor. The seventh bay has one window on each floor.

The east and west elevations are identical. Each floor has three ten-pane louver windows and a wood panel door. The doors lead out to a metal fire escape. The south elevation has twenty-two windows on each floor. The first floor also has a pane and panel wood door slightly off-center. A limestone cornice surrounds the entire building and is located just below the brick parapet that conceals the flat roof. The parapet is capped with limestone.

The interior has double loaded corridors. The first floor had a kitchen, dining room, waiting room, nurses' office and doctor examine rooms. Patient rooms were located on the second and third floors. The facility also includes surgical rooms and an entry vestibule. Located in the center is a large elevator but it also has a dumbwaiter for food transportation. The facility is currently utilized for records storage.

6) House #3, ca. 1925, Non-Contributing Building

This house is clad with vinyl siding and has metal frame two-over-two replacement windows. The entry is on the east side with a large handicap accessible ramp with a small bump-out addition adjacent to the handicap ramp. This house also has a modern vinyl clad storage building.

7) Outbuilding #1, ca. 1925, Contributing Building

This wood clapboard outbuilding was constructed ca. 1925. The side gable roof is clad with asphalt shingles and has exposed rafter tails. The side elevations each have a fixed wood frame four-pane window. The gable end entry is open for vehicles.

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8) Pond, ca. 1940, Contributing Structure

This is a small pond constructed at the same time as the road to outbuilding #1. It was used as a recreational fishing pond.

9) Dairy, 1936, Contributing Site

This site is located west of the pond. In ruins today, the building was described by Minnie Wagoner's report as: with the completion in 1936 of a modern brick building to replace the former cramped, small milk house, the institution had one of the best equipped milk plants in Oklahoma. The equipment included a 200 gallon pasteurizing machine. Equipment was also purchased to enable this plant to manufacture its own milk products, such as cottage cheese, cultured buttermilk, butter, etc.

Remains on the site include a footprint of a building that was situated at a northwest/southeast orientation. At the southeast end of the building are brick walls that extend to what would have been window sills. At the northwest end of the building is an intact one-story building, sans roof, that has sixteen-pane windows and a pane and panel wood door.

10) Outbuilding #2, ca. 1940, Contributing Building

This is an arched roof outbuilding clad in corrugated metal roofing and siding. The east elevation has large sliding doors for equipment. Located at the center of the roof are four metal ventilators.

11) Outbuilding #3, Ca. 1930, Contributing Building

This is a side gable brick building. The roof is clad with asphalt shingles and is punctured by four metal ventilators. The west elevation has one panel door and an additional door opening that is covered. There are no other openings on this building.

12) Outbuilding #4, Ca. 1970, Non-Contributing Building

This is a "L" shaped building. Constructed of concrete block, it has a standing seam metal roof.

13) Water tower, 1924, Chicago Bridge and Iron Works, Contributing Structure

The barrel designed tower is fabricated from metal with rivets and welded seams. The roof is conical. The base of the barrel rests on four metal I-beams with lattice. It is 112 feet high.

14) Shop Building #1, ca. 1950, Contributing Building

This one-story side gable building is clad with red and brown brick. The east elevation has a twelve-pane window, metal slab entry door and garage door. The south elevation has three twelve pane windows and one nine-pane window. All windows have stone sills.

15) Shop Building #2, Ca. 1930, Contributing Building

This is a one-story, flat roof building. The west elevation has a central entry door. On either side of the door are three nine-pane metal frame windows with stone sills. The south elevation has a central door with a window on either side. All openings on the south elevation have been bricked in. This elevation also has a decorative stone detail near the stone coping.

16) Service Building, 1928, Layton, Hicks and Forsyth Architects, Contributing Building

Constructed of red brick and limestone, the two-story Classical Revival style building is imposing and welcoming with a large portico. Eight two-story columns support the roof of the portico. The columns have Ionic capitals. The limestone entablature is unornamented. Eight urns adorn the roof of the portico. The first floor of the façade has a central entry. On either side of the door is an opening for additional doors but they have been in-filled with windows. Above each of these three openings are two six-over-six double hung wood windows. Each set of windows is capped with a multi-pane lunette window. Each is surrounded by brick details and has a limestone keystone. Between the entries and the windows is a running bond in a herringbone patten with diamond shaped limestone insert. On each side of the portico is a set of stacked six-over-six double hung wood windows. The windows are each capped with a multi-pane lunette window. Each window is surrounded by brick details and has a limestone keystone. A brick beltcourse surrounds the building at the level of the limestone window sills.

The gable end of the south elevation has two stacked six-over-six double hung wood windows. The windows are each capped with a multi-pane lunette window. Each window is surrounded by brick details and has a limestone keystone. Located in the gable peak is a louver vent. The two story wing extending to the west has a one-story shed roof addition that covers the first floor. The second floor has ten six-over-six double hung wood windows with limestone sills and brick

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lintels. Remaining elevations are concealed by other buildings. The interior of the building retains the stage and seating area. The upper floor has a double loaded corridor with individual rooms which once served as housing for employees.

17) Infirmary, 1932, 1952, & ca. 2000, Non-Contributing Building

This "Y" plan building has had multiple additions; from a covered walkway to a multi-storied addition ca. 2000. The 1932 brick Infirmary was a three story building with metal casement windows and was designed as the women's hospital. The first floor windows were arched while the second and third floor windows were rectangular. All windows had limestone sills and lintels. Two pair of columns with Doric capitals flanked the entry and supported an entablature and pediment. In the center of the pediment was a modified Cross of Lorraine, the symbol for the crusade against tuberculosis since 1902. The 1952 brick additions were constructed north and south of the 1932 building and cover the façade with the exception of portions of the second and third floor. The 1952 additions feature concrete cantilevered awnings on the south elevation, entry areas sheltered by brick walls, stone sills and lintels and a stone beltcourse. The 1952 additions created the basic "Y" pattern of the building. The historic components of the Infirmary still maintain a double loaded corridor with patient rooms on all three floors, nursing stations, elevators, and surgical rooms.

The north elevation has a ca. 2000 cross gable addition constructed by the Veterans Administration. This two-story wing is clad in brick and has a standing seam metal roof. The ca. 2000 addition has stone sills and lintels and arched windows. The ca. 2000 addition doubles the floor plan of the Infirmary. The addition is so dramatic that it completely overshadows the historic components of the building.

18) Power House, 1924, Contributing Building

This is a one-story building with a three bay side gable wing on the west end and a five bay wide hipped roof wing on the east end. Each roof is clad with standing seam metal. The walls are clad with red brick. The west end has a central entry with a metal panel door. To the west of the door is a louver vent and to the east of the door is a multi-pane window with a stone sill. The east wing has the following sequence of openings: multi-pane window, wood panel door, multi-pane window, wood sliding doors, and a multi-pane window. All windows have stone lintels. The east elevation has four multi-pane windows with a continuous stone lintel. The south elevation has multi-pane windows and a six-over-six double hung wood window.

19) Laundry, ca. 1924, Contributing Building

This is a one story side gable brick building. The roof is clad with standing seam metal. Located slightly off center on the façade is a set of sliding wood doors with two small windows. To the west of the door are four louver windows. To the east of the doors are four louver windows and a wood panel door. All openings have brick sills and lintels. The east elevation has four louver windows. The north elevation has a one-story shed roof addition with four two-over-two double hung windows and a garage door. The west elevation has a wood pane and panel door and a vent in the gable peak.

20) Nurses Hall, 1926, Contributing Building

Constructed of red brick, this two story asphalt shingled hipped roof seven bays wide. This building is significantly altered but all alterations have occurred during the period of significance. The building has a central entry with multi-pane wood doors with sidelights. Engaged columns are located on either side of the sidelights and appear to support the pediment above the door. The first floor has eight one-over-one double hung wood windows. The remaining openings have been closed with brick in a herringbone pattern. The second floor is identical to the first floor except that the entire window opening above the entry has been closed with brick in a herringbone pattern. The east elevation has seven one-over-one double hung wood windows on both the first and second floors. This elevation also has exposed rafter tails and a wood panel door into the basement. The basement level of the north elevation has three, three-over-three hung wood windows and two panel wood doors. The basement housed a kitchen and laundry facility. The first and second floors are identical with six one-over-one double hung windows and one opening closed with brick in a herringbone pattern. The roof has exposed rafter tails. The interior of the Nurses Hall has double loaded corridors with each room having water, linen closets and an open common space with a fire place on each floor.

21) House #4, ca. 1970, Non-Contributing Building

This is a one story hipped roof Ranch style house with a partial width porch and carport on the façade. The façade has a central entry and four one-over-one metal frame windows. The house is clad with brick and has a standing seam metal roof.

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22) House #5, ca. 1958, Contributing Building

This brick Ranch style house was constructed circa 1958. The hipped roof is clad with asphalt shingles. The façade has a recessed entry under a shed roof porch. The house has double hung windows set in pairs. The house also features a walk-out basement level.

23) House #6, ca. 1970, Non-Contributing Building

House #6 is a side gabled brick clad building with an asphalt shingled roof. The façade has a slightly off-centered entry which is sheltered by a gable front one-bay wide porch. The façade has six one-over-one hung windows.

24) House #7, ca. 1970, Non-Contributing Building

This one-story house is clad with brick and has an asphalt shingled roof. The entry is at the southwest corner and is accessed via a handicap ramp. The house has one-over-one hung windows throughout. Located on the west elevation is a carport.

25) Drainage Ditches, ca. 1937, WPA, Contributing Structure

Located along the entrance road, from the Harper Building to the Hospital, crossing under the entrance road at the Hospital and continuing along the road in front of the Infirmary and then continuing between the Laundry and Nurses Hall to the north side of the Sanatorium property is a stone lined drainage ditch constructed by the Works Progress Administration ca. 1937.

Landscape

Located on the side of Winding Stair Mountain, the Eastern Oklahoma Tuberculosis Sanatorium took advantage of the natural landscaping. Wilderness/forested areas are located on every side of the facility. Once on the campus, it has a deliberate design. Road patterns represent a ladder pattern that follows the contours of the mountain. Buildings are placed to take advantage of wind patterns as well as vistas. Buildings are primarily located on the north side of the northern east-west road and on the south side of the southern east-west road leaving the center of the campus open. The supportive buildings and the Infirmary are located approximately one-third of a mile into campus in the center.

An effort to increase the natural beauty of the campus included planting shrubs around the buildings, creating lawns through the center of the campus, constructing sidewalks adjoining the buildings and at one time, Dr. Baker created an area of exotic plants between the Harper building and House #1 based on his time in Panama. None of the exotic plants remain. Also, in 1932, evergreens were planted around the buildings.

The western edge of campus has a change in elevation; as the road wraps around the pond the elevation is lower than the rest of campus. It is in this area where, separated from the rest of campus by a fence, the agricultural facilities are located. Again, this is a deliberate plan; keeping the buildings away from the main facilities on the campus. Very few landscaping elements were planted in this area. This area also lacks sidewalks.

INTEGRITY

The Eastern Oklahoma Tuberculosis Sanatorium retains the distinctive qualities of design, setting, and massing that distinguish it as an early-twentieth century medical facility. The size and placement of the buildings communicates the organic growth this facility experienced over a forty-six year period of development. Many of the buildings retain their original configurations of openings. The most conspicuous alterations to buildings at the Sanatorium reflect the enclosure of window sashes. However, these alterations, which occurred during the period of significance, have left the original openings and spatial relationships of the primary façade intact. Other changes are more-easily reversible, such as the addition of carports and applications of wood or metal sheathing over openings or transoms. The buildings retain their original appearance and decorative details which are the principal means to identify the building's architectural style.

The Eastern Oklahoma Tuberculosis Sanatorium boasted three "hospital" facilities on the campus specific to the clientele, children, men and women. The Harper Building and the Hospital Building maintain a high degree of architectural integrity. The Infirmary, however, is a non-contributing building to the district due to the massing of the ca. 2000 addition. This non-contributing status does not detract from the overall historic integrity of the Sanatorium as there were three separate hospital facilities; two of which maintain a high degree of architectural integrity.

All buildings outside the period of significance were deemed non-contributing as well as buildings whose dominant physical characteristics were damaged or destroyed by later alterations. Historic buildings categorized as non-contributing were deemed to have lost their architectural and historic integrity.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Areas of Significance

(Enter categories from instructions.)

Health/Medicine

Period of Significance

1924-1967

Significant Dates

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Layton, Hicks and Forsyth Architects

Period of Significance (justification)

The period of significance begins when the first extant building from the Sanatorium was constructed to when the sanatoriums state-wide are consolidated in 1967.

Criteria Considerations (explanation, if necessary)

In 1967 the State of Oklahoma consolidated tuberculosis hospitals throughout the State. In doing so, they left the facility at Tahihina as the tuberculosis hospital and closed/converted the remaining facilities. The EOTS significance carries through to 1967 when the consolidation occurred.

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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance and applicable criteria.)

The Eastern Oklahoma Tuberculosis Sanatorium (EOTS) is significant at the state level under Criterion A for its association with health and medicinal history of Eastern Oklahoma. Opened in 1921, it was the only tuberculosis hospital available in eastern Oklahoma for white Oklahomans. Built in the Sanatorium model of the time, the facility provided long-term and out-patient care for those Oklahomans suffering from the ills of tuberculosis. With funds allocated by the Governor, the first patients were admitted in 1921 to a facility with open air sleeping porches, cottages for employees and an administration building which housed the traditional hospital facilities including patient rooms, surgical rooms, cafeteria and offices. The period of significance extends from the first extant property constructed in 1924 through 1967 when the tuberculosis hospitals throughout the State of Oklahoma consolidated.

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

The construction of Eastern Oklahoma Tuberculosis Sanatorium took place during a time of transition in the field of medicine and medical care. Medical schools were being established across the nation, which lead to more standardized medical education and training. Doctors who graduated from these medical schools were taught to value modern equipment and techniques. The use of radium, x-rays and laboratories to make diagnoses transitioned from experimental practices to standard procedures. As medical science advanced and changed the practice of medicine, it also changed the way in which hospitals were designed, constructed and utilized.

During the early part of the twentieth century, the need for hospitals became more and more apparent to the State of Oklahoma as more citizens were becoming afflicted with tuberculosis. Hospital buildings, however, were expensive and difficult to build. The fight began in 1918 when the Oklahoma State Legislature responded to a survey completed by the Oklahoma Tuberculosis Association showing that the state was woefully lacking in any ability to address the growing number of people infected with the dreaded disease.¹ The response was legislation authorizing the creation of a tubercular sanatorium. Governor James B. A. Robertson signed the bill appropriating one hundred thousand dollars for two hospitals, the first one in Tahlequah named the Eastern Oklahoma Tuberculosis Sanatorium, more widely known as EOTS, and the other in Clinton named the Western Oklahoma Tuberculosis Sanatorium. A third institution was established in Boley for Negro citizens. The Colored hospital lasted until 1931 when the state moved it to Clinton out of economic necessity.

The idea of creating sanatoriums to fight tuberculosis found its most significant champion in Dr. Edward L. Trudeau, one of the founders of the American Lung Association, who established the first sanatorium on Saranac Lake, New York in 1884.² Efforts by Dr. Trudeau and his staff proved a rousing success. The treatment worked; patients got better, if not cured. At least, Saranac Lake provided a lifestyle of rest and tranquility for the patients who might be required to stay in the sanatorium for years. Tuberculosis hospitals were sited in rural areas on elevations higher than that of the surrounding terrain, if possible. While the elevated sites could provide the patients with improved ventilation within the buildings and expansive vistas, the prominent location also served as an expression to visitors and the nearby community the commitment to physical rehabilitation of those suffering from the disease.

So too it was for the patients at EOTS. Consensus among the EOTS staff reflected the beliefs within the nationwide medical community, that a true cure for tuberculosis was only a dream. Nature offered a better medicine than science. Rest and sunlight, doctors believed, were the only treatments that alleviated the symptoms and this treatment was provided through sleeping porches and outdoor activities. The facilities at EOTS reflected the medical trends of the time; it was located in a rural area at an elevation dominating the surrounding terrain. By 1924, new research revealed that a variety of surgical procedures could serve as a treatment. These surgical procedures would be practiced at EOTS and throughout medicine until the middle of World War II when anti-bacterial drugs would offer not just relief but a cure and a return to normal life.

¹ Horowitz, Murray P., Schevitz, Jules, *The Oklahoma Public Health Surveys* [on-line] (Oklahoma City, Oklahoma, Oklahoma Tuberculosis Association, 1919), <http://books.google.com/>, 110.

² "From Koch to Today," *American Lung Association Bulletin, Special Anniversary Issue* 68, (March 1982), 2.

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Whatever treatment was used, EOTS fast became the largest tuberculosis hospital complex in the state. There was so much expansion that the entire sanatorium became its own village. Over time the facility boasted three hospitals; Harper (#1) for children who were afflicted with tuberculosis or had family members with tuberculosis; the Hospital (#5) which was first utilized for all patients then for specifically for men; and, the Infirmary (#17) which was constructed as the women's facility on the campus. No one hospital building was any more important than the others as each served a specific need/clientele. Doctors and nurses resided on the campus in housing provided by the Sanatorium; farming practices were maintained on the grounds to serve the patient's needs; and recreational opportunities abounded in the bucolic setting.

The Eastern Oklahoma Tuberculosis Sanatorium was used as a tuberculosis hospital from its earliest construction in 1924 through 1967 when tuberculosis hospitals state-wide were consolidated. The Sanatorium was a distinct form of construction specifically designed to treat tuberculosis patients. The Eastern Oklahoma Tuberculosis Sanatorium is significant under Criterion A for the important role it played in eastern Oklahoma in the treatment of tuberculosis from 1921 through 1967.

Developmental history/additional historic context information (if appropriate)

The Eastern Oklahoma Tuberculosis Sanatorium saw fourteen thousand first admissions to the sanatorium between 1921 and 1967. Add the fourteen thousand figure to the thousands more people who passed through the institutions' out-patients section, and those who had to be readmitted three, four, maybe five times, those hundreds of medical personnel around the state trained by its outreach programs, and the impact EOTS had in the fight against tuberculosis in the State of Oklahoma is realized.³

Tuberculosis is a disease that was misunderstood for centuries and killed indiscriminately among the social classes. Referred to as consumption and the "white death" during the last two centuries, deaths from tuberculosis peaked in the mid-nineteenth century. The tuberculosis bacterium was not isolated until 1882 by Robert Koch. Various curative treatments were adopted by the medical field and the general public during the nineteenth and early twentieth centuries. Many of these treatments, while purportedly successful, were never scientifically proven to eliminate the disease. In many cases the tuberculosis bacteria simply became dormant and in many of those cases never became active again.⁴

The tuberculosis bacterium, officially the mycobacterium *Tuberculosis humanis*, is closely associated with the bacterium that causes leprosy. The bacteria can live outside the body for long periods (six to eight months) depending on the conditions (they must have oxygen to survive), and they reproduce in dark, moist environments (thus its propensity to develop in the lungs). Individuals are usually infected through inhalation or by swallowing the bacteria. The slowly developing symptoms are not evident until the illness has a firm grip on the victim. Symptoms include sporadic coughing that eventually leads to coughing blood in the sputum, fevers, night sweats, tiredness, and weight loss. While the lungs are the usual locus of infection, other parts of the body can also be infected and lead to death, such as the heart, joints, bones, stomach, and intestines.⁵

By the turn of the twentieth century, treatments included traveling to and living in dry and/or warm climates; residing in higher altitudes along mountain sides; the use of various mechanical devices and medicines/elixirs; surgical procedures to collapse the lung; and taking residence in a sanatorium, which provided rest, nourishing diets, fresh air, exercise, and detachment from the stresses of everyday life. The sanatoriums were usually located in rural, idyllic surroundings to isolate tuberculosis patients from possibly infecting others. Once the patients had recovered their strength, many took advantage of outdoor activities, such as hiking, to further strengthen their stamina. The sanatoriums could consist of large institutional buildings sheltering hundreds of patients or groups of small cottages housing a single patient or groups of residents.⁶ The number of sanatoriums had increased dramatically in this nation during the first quarter of the twentieth century. Thirty-four sanatoriums existed in the United States in 1900; this number had increased to 536 such facilities by 1925.⁷

³ McCawley, Laverne, *A Short Story: The Oklahoma State Sanatorium to...Oklahoma Veterans Center, Talihina Division*. (Talihina, Oklahoma: Oklahoma Department of Veterans Affairs, Talihina Division, 1975), Oklahoma City, State Historic Preservation Office, 1.

⁴ Mark Caldwell, *The Last Crusade: The War on Consumption 1862-1954* (New York, NY: Atheneum, 1988), 3-4, 11.

⁵ Ibid, 5, 8-9.

⁶ Ibid, 10-12.

⁷ Thomas Dormandy, *The White Death, A History of Tuberculosis* (Washington Square, NY: New York University Press, 2000), 176.

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In October of 1920, the medical community in Oklahoma was pleading with the legislature to appropriate more funds for the already constructed and in-process tuberculosis hospitals in the State. At the time, medical experts stated that "when these are finished it will mean not more than 250-bed capacity and there are approximately 3,000 deaths because of tuberculosis in the state each year."⁸ It was estimated that there were 40,000 tuberculosis cases in the State in 1920.⁹

In November, 1921, EOTS accepted its first patients – a man from Enid, one from Comanche, and a third from Tulsa.¹⁰ These three men entered an institution consisting of three structures – an open-air framed pavilion with screened-in sleeping porches and private dressing rooms which gave the patients a place to sleep in the open air when weather permitted; three framed cottages for staff and guests, and a two-story brick administration building which housed the general offices, a fifty-bed unit, a laboratory and drug room, an x-ray room, an examination room, an operating room, the kitchen for the staff and patients, and a large dining hall. The second floor provided dorm rooms and a sitting room for all female employees. The entire complex sat in an open rural setting nestled against Winding Stair Mountain, a bucolic spot overlooking the Kiamichi Valley three miles northwest of Tahlequah. The Oklahoma medical community considered such a setting as ideal for treating people afflicted with tuberculosis. There were no cures for tuberculosis in 1921. Doctors proscribed isolation, nourishment, fresh air, and lots of bed rest to bolster the natural immune systems of the human body.

By 1923, EOTS had a maximum capacity of 50 patients and had already handled 130 cases. Patients who had advanced cases were kept in the hospital wards while those who were almost cured and about to be dismissed were kept in the houses on the other side of the facility. Patients were well tended; 8 hours of sleep, 6 additional hours of rest, balanced meals, and recreation (including movies).¹¹

In the summer of 1925, contractors finished construction on a second hospital building, doubling the bed capacity to one hundred. Each patient was assigned an individual room which opened onto a screened sleeping porch. Accommodations also featured in-door plumbing with hot and cold running water, – something maybe only fifty percent of the homes in Oklahoma had in 1924 – a toilet and a linen closet. Three years after its completion, the hospital staff installed the most powerful X-ray in the state.¹²

By 1924, those solutions to tuberculosis that had evaded medical researches began to come to pass. Rest and sun still provided the best solutions; everyone who knew anything about tuberculosis agreed with that. "Let the lungs rest," became the mantra of the medical profession.¹³ The latest research indicated that one good lung could inhale enough volume of air for normal daily activity, if that activity was not too strenuous. Thus, the logic went, collapse the infected lung. Not only could a person live with only one lung, the collapsed one could not fill with the fluids that bred the bacteria the infected coughed into the air and spread the disease. In other words, the lung would rest. By the mid-twenties, doctors at EOTS were first in the state to try the new, somewhat controversial, surgical procedures that offered hope. The procedure named pneumothorax had the attending physician inject the infected lung with air, or a more slowly absorbed gas such as nitrogen, until the lung collapsed.¹⁴ One could choose the procedure phrenicectomy. Primarily used for pulmonary tuberculosis, the doctor cut an incision in the back end of the rib cage, and removed a section of the phrenic nerve paralyzing the diaphragm and collapsing the lung.¹⁵ Patients undergoing phrenicectomy remembered feeling a "pricking" sensation during the operation and a considerable amount of chest and back pain afterward.¹⁶ These surgical procedures would be practiced at EOTS and throughout the medical community until the middle of World War II when anti-bacterial drugs would offer not just relief but a cure and a return to normal life.

By 1924, three years after opening its doors, one could see a water tower, an absolute necessity for the ability to control water contamination. By then the grounds also included a laundry where staff and patients daily cleaned sheets, linens, and uniforms, a power plant that generated electricity for the complex, and a steam plant which heated all the buildings

⁸ Oklahoman, October 24, 1920.

⁹ Ibid.

¹⁰ McCawley, A Short Story: Oklahoma State Sanatorium to...Oklahoma Veterans Center, 1.

¹¹ Oklahoman, February 11, 1923.

¹² Ibid., 2; McCawley, A Short Story, 1.

¹³ "From Koch to Today," 1.

¹⁴ A History of Tuberculosis Treatment, [on-line] (Newark: New Jersey, Global Tuberculosis Institute, 2010)

<http://www.umdni.edu/ntbc/tbhistory.htm>

¹⁵ Singer, J.J., *Pneumothorax in Tuberculosis*, [on-line] *American Journal of Medical Sciences*, volume 165, issue 1, January, 1923, http://journals.lww.com/amjmedsco/citation/1923/01000/pneumothorax_in_Tuberculosis.7.aspx, 1.

¹⁶ Stella Long interviewed by Roger Harris, *tape recording*, June 24, 2005, Oklahoma Historical Society, Oklahoma City, Oklahoma

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and furnished the hot water and steam for sterilizing operating rooms joined the other buildings in a self-contained complex.¹⁷ 1925 saw two new houses completed. 1926 the nursing staff was treated to a red-bricked nursing hall. Two years later, a new service building was added. 1930 witnessed the construction of more housing to handle the numbers of a growing staff, as well as the growing number of patients and their visitors, an outbuilding and a new shop building.¹⁸

The expansion of the first decade reached its pinnacle in 1930 with the dedication of the Harper Building, a red-bricked, two-story, sixty-five bed unit for undernourished children with symptoms of tuberculosis. There was no more pressing issue to the leaders of the anti-tuberculosis movement than to have a place where children could be protected from advanced complications. Hundreds of Oklahoma's children came to live at EOTS. Some had tuberculosis; others were children the authorities had removed from homes where parents or siblings were battling the disease. So as not to disrupt their schooling, a fully accredited public school opened as an extension of the Talihina Public School System.¹⁹

In an effort to be truly self-contained and reduce costs to the State, EOTS maintained its own herd of Holstein cattle, processed its own milk, raised vegetables, raised chickens both for eggs and consumption, maintained an orchard and made their own butter. Patients would later recall that EOTS as not a place to dread, but a place that provided them with some of their happiest days.²⁰ Here they found acceptance which did not happen often in the outside world where people tried to avoid them out of fear and misunderstanding. Many of the children grew into adulthood to tell of their attachment to the institution, of their memories of a kind staff, and of a tranquil place where children went on nature hikes, planted gardens, slept on open-air porches, and formed a network of friends that lasted far beyond their days at the hospital.

Under the direction of F. P. Baker, M.D., the Superintendent of Eastern Oklahoma Tuberculosis Sanatorium from 1927 until his retirement in 1967,²¹ the institution made strong efforts to educate the general public about tuberculosis by publishing, *Mountain Air*, a monthly newsletter dedicated to educating the general public. Each edition was filled with articles about the causes of the disease, new theories for cure, how to see the signs of infection, and articles about the importance of public awareness in the struggle.²² Few issues missed the chance to rhapsodize about the wonders of clear, clean air, the joys of camping and walking, and admonitions to drink plenty of pure water. There is no way of knowing what the circulation numbers might have been, but so important did *Mountain Air* become in the eyes of the anti-tuberculosis leaders, that it received funding from the state legislature above what lawmakers appropriated for the sanatorium.

The nurses teaching program was another example of education and public outreach. Instituted in 1927, the purpose remained through out its life to train nurses affiliated with other hospitals or private care facilities on how to teach patients how to treat themselves at home and how to prevent spreading germs. Outreach training to staff in other medical institutions would remain a major focus well into the post-World War II era.

The Thirties and the Great Depression saw multiple changes in the physical outlay of the complex despite the dwindling of public funds. Dr. Baker proved an exceptional administrator able to move the hospital forward despite cuts in funds appropriated from the state. In 1932, a new three-story, red-bricked infirmary for women provided eighty new beds.²³ The building was used to take care of the more advanced patients and also used as a receiving ward. An expanded milk barn with equipment to produce 200 gallons of pasteurized milk was completed in 1936. 1937 saw the largest and most expensive building constructed in part with Public Works Administration funding.²⁴ When completed, it expanded the capacity of the complex with the addition of one hundred and forty beds. Unfortunately, the new facilities offered only partial relief of the waiting list. In 1937, the administration still turned away 200 people in need.²⁵

In attempts to meet the ever-present demands, Dr. Baker and his staff undertook an extensive review of their rules for admittance and their operating procedures. They decided to prioritize those patients who had a chance to recover and who

¹⁷ Wagoner to Glenn P. Dewberry, 1; McCawley, *A Short History*, 2.

¹⁸ "Where Hundreds Successfully Fight White Plague," *Muskogee Daily Phoenix* March 24, 1929, 3-B; McCawley, *A Short History*, 2; Wagoner, *A Short History*, 2.

¹⁹ McCawley, *A Short Story*, 3; Wagoner, *A Short History*, 3.

²⁰ Eula Sharp to Dr. Forrest. P. Baker, M.D. December 22, 1930. Oklahoma City: State Historic Preservation Office, file.

²¹ "Dr. F.P. Baker is new Superintendent at State Sanatorium," *The Talihina American*, July 3, 1927, 1.

²² Feldman, Floyd M., *The Tuberculin Test*, *Mountain Air*, vol. 32, 3, March 1956, 9.

²³ Wagoner, *A Short Story*, 5.

²⁴ *Ibid.* 6.

²⁵ *Ibid.*

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would hopefully be hospitalized for a year or less.²⁶ They placed more emphasis on outreach programs to train more doctors and nurses in the current treatments. The better trained medical help outside the institute, capable of offering treatment to the citizens of the state, the greater relief for EOTS from taking on more patients than there was capacity to serve. By the end of the decade, renewed emphasis on the training program was a major success. By 1941, Dr. Baker concluded EOTS could safely stop admitting children with primary tuberculosis, a mild case that could be treated by properly trained physicians without hospitalization.²⁷ Children and adults with progressive tuberculosis were still admitted for long-term care into the late nineteen fifties.

By then, major changes had arrived in the world of tuberculosis treatment. World War II brought stress to the staff as all the physicians except for Dr. Baker were called to the war. But there were other changes at EOTS that proved more lasting – the first sign of a drug that cured. Success came in 1944, when a new anti-biotic, streptomycin, was administered to a critically ill tuberculosis patient. Almost immediately, the patient's symptoms began to improve as the bacteria in his body began to disappear. New anti-tuberculosis drugs arrived in quick succession. By 1963, the doctors at EOTS were administering six different drugs to clients with progressive tuberculosis with marvelous success.²⁸

The impact these new drugs had on the citizens of the State of Oklahoma in general and on EOTS in particular was most dramatic and almost immediate. As the number of people infected with tuberculosis or cured from tuberculosis dropped, so too did the need for sanatoriums. The Indian Sanatorium in Shawnee closed in the nineteen sixties as did the tuberculosis unit of the Veterans Hospital in Sulphur with all remaining patients being placed at EOTS. By March, 1970, the Western Oklahoma Tuberculosis Sanatorium in Clinton, the sister institution of the Eastern Oklahoma Tuberculosis Sanatorium, shut its doors. Perhaps the largest change at EOTS came with the retirement of Dr. Baker in 1967 after 39 years of service. EOTS closed its doors in 1975. Today the buildings still stand; a living tribute to the anti-tuberculosis fight in the State of Oklahoma.

The Eastern Oklahoma Tuberculosis Sanatorium offered, for the first time, continuing medical care in the treatment of tuberculosis in Eastern Oklahoma. The facility is significant as the physical manifestation of the State of Oklahoma commitment to providing medical care to citizens suffering from tuberculosis.

²⁶ Ibid. 7

²⁷ Ibid.

²⁸ Butler, Bill, *Fighting Tuberculosis*, Tulsa Daily World, March 16, 1958, 22.

Eastern Oklahoma Tuberculosis Sanatorium
Name of Property

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9. Major Bibliographical References

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Wagoner, Minnie, to Glenn P. Dewberry, M.D., *History of Eastern Oklahoma Tuberculosis Sanatorium*, unpublished (August, 1973) Eastern Oklahoma Tuberculosis Sanatorium file Oklahoma City: State Historic Preservation Office, 1 - 7

"What is Tuberculosis?"

"Where Hundreds Successfully Fight White Plague," Muskogee Daily Phoenix March 24, 1929, 2-A, 3-B.

Eastern Oklahoma Tuberculosis Sanatorium
Name of Property

Latimer, Oklahoma
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Previous documentation on file (NPS):

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

Primary location of additional data:

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

Historic Resources Survey Number (if assigned):

10. Geographical Data

Acreage of Property 320 acres

(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>15S</u> Zone	<u>309957</u> Easting	<u>3849713</u> Northing	3	<u>15S</u> Zone	<u>308687</u> Easting	<u>3848868</u> Northing
2	<u>15S</u> Zone	<u>3086687</u> Easting	<u>3849713</u> Northing	4	<u>15S</u> Zone	<u>309065</u> Easting	<u>3848868</u> Northing

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

The Southeast quarter of the Southwest quarter and the South half of the Southeast quarter all in Section Thirty-Four (34), Township Four (4), Range Twenty-One (21) East; and the Northeast quarter and the Northeast quarter of the Northwest quarter, and the North one-half of the Northeast quarter of the Southeast quarter of Section Three (3), Township Three (3) North, Range Twenty-One (21) East contained in 320 acres more or less.

Boundary Justification (Explain why the boundaries were selected.)

The Eastern Oklahoma Tuberculosis Sanatorium Historic District includes the entire built environment of the hospital complex and the surrounding forested land as it retains sufficient integrity to merit listing on the National Register. The boundary was drawn to include all of the buildings and associated land that were utilized during the period of significance for the Sanatorium.

Eastern Oklahoma Tuberculosis Sanatorium
Name of Property

Latimer, Oklahoma
County and State

11. Form Prepared By

name/title Stacey Bayles, citizen; Glen Roberson, Director of CLG Program; Lynda B. Schwan, National Register
Program Coordinator

organization OK SHPO date July 28, 2010

street & number 800 Nazih Zuhdi Drive telephone 405-522-4478

city or town Oklahoma City state OK zip code 73105

e-mail Stacey Bayles sbayl@cox.net; Glen Roberson groberson@okhistory.org; Lynda Schwan
lschwan@okhistory.org

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.
A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Continuation Sheets**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Photographs:

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Eastern Oklahoma Tuberculosis Sanatorium
City or Vicinity: Talihina
County: Latimer State: Oklahoma
Photographer: Lynda B. Schwan
Date Photographed: April 29, 2010/February 16, 2011
Description of Photograph(s) and number:

No.	Subject	Dir.
0001	Harper Building	South
0002	Houses #1 & #2	West
0003	Hospital	Southwest
0004	Dairy	West
0005	Service Building	West
0006	Power House and Laundry	North
0007	Nurses Hall	North
0008	Drainage Ditches	North
0009	Streetscape	East
0010	Infirmary, Rear Elevation	East
0011	Infirmary, Façade	West
0012	Streetscape	West
0013	Streetscape	Southwest
0014	Streetscape	North

Eastern Oklahoma Tuberculosis Sanatorium

Name of Property

Latimer, Oklahoma

County and State

Property Owner:

(Complete this item at the request of the SHPO or FPO.)

name Oklahoma Department of Veterans Affairs

street & number PO Box 53067, 2311 N Central

telephone _____

city or town Oklahoma City

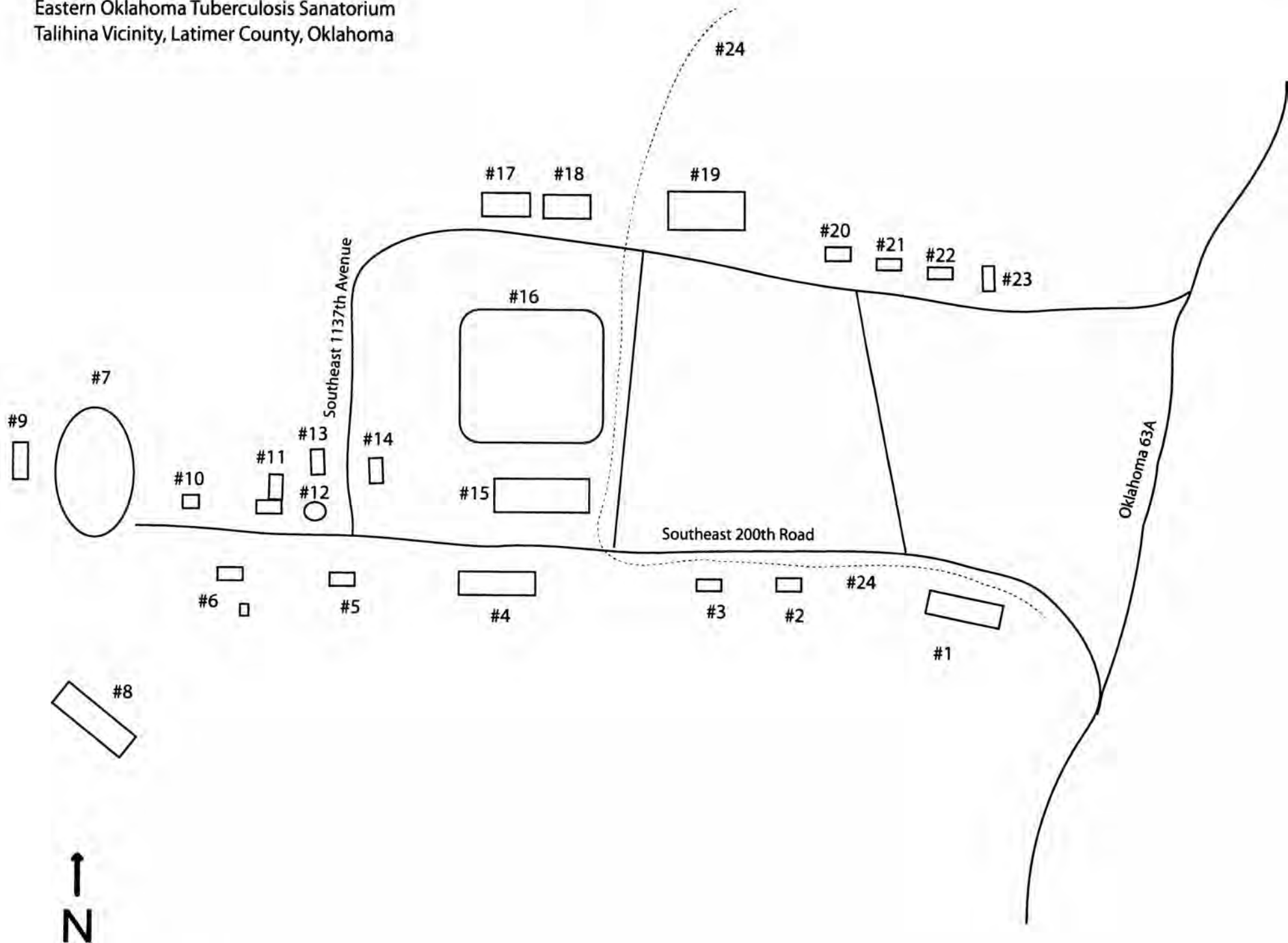
state OK

zip code 73152/73105

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

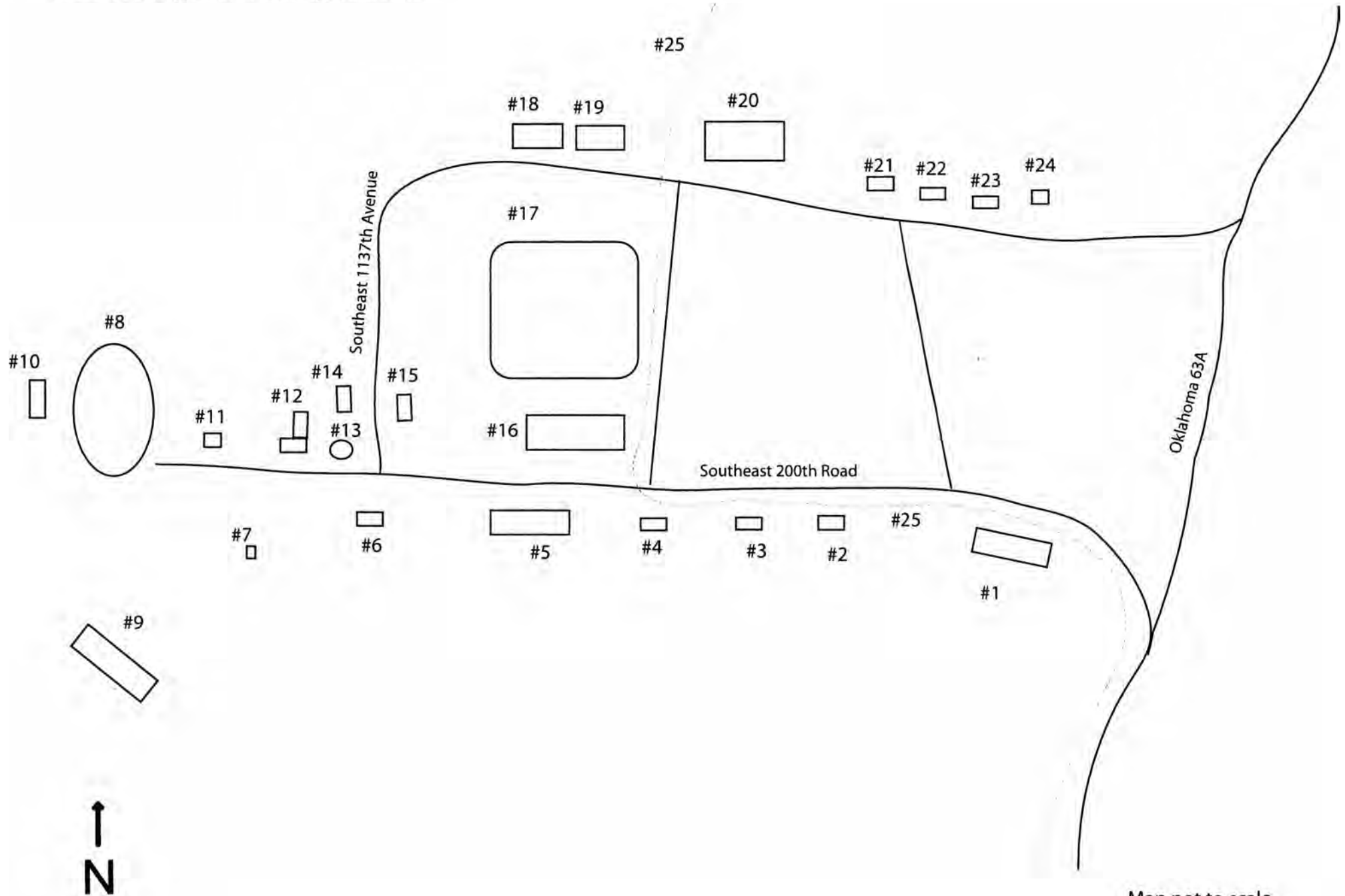
Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Eastern Oklahoma Tuberculosis Sanatorium
Talihina Vicinity, Latimer County, Oklahoma



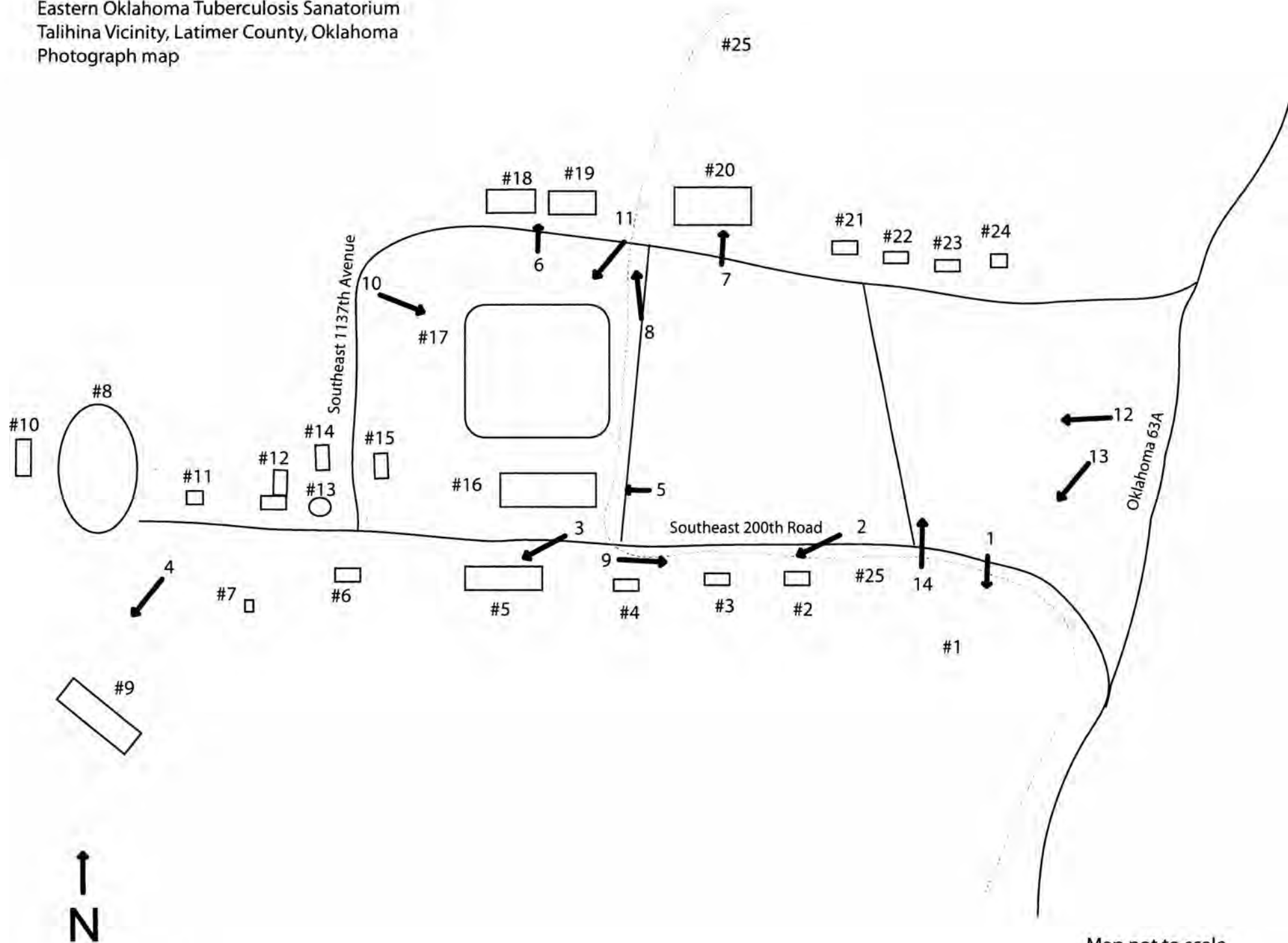
Map not to scale

Eastern Oklahoma Tuberculosis Sanatorium
Road and Building Layout
Talihina Vicinity, Latimer County, Oklahoma



Map not to scale

Eastern Oklahoma Tuberculosis Sanatorium
Talihina Vicinity, Latimer County, Oklahoma
Photograph map



Map not to scale

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Eastern Oklahoma Tuberculosis Sanatorium
NAME:

MULTIPLE
NAME:

STATE & COUNTY: OKLAHOMA, Latimer

DATE RECEIVED: 10/26/10 DATE OF PENDING LIST: 11/30/10
DATE OF 16TH DAY: 12/15/10 DATE OF 45TH DAY: 12/11/10
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 10001008

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: Y
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: Y SAMPLE: N SLR DRAFT: Y NATIONAL: N

COMMENT WAIVER: N

___ ACCEPT ___ RETURN ___ REJECT ___ DATE

ABSTRACT/SUMMARY COMMENTS:

RETURN

SEE ATTACHED COMMENTS

RECOM./CRITERIA RETURN

REVIEWER Paul R. Lusignan

DISCIPLINE HISTORIAN

TELEPHONE 202-354-2229

DATE 12/3/10

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

Latimer County, OK

National Register of Historic Places - Return Comments:

The current nomination is being returned for technical and substantive revisions. The basic documentation appears to outline a district worthy of listing in the National Register. Approval may be completed upon correction of the items noted below and resubmission of the required materials to the National Park Service.

Classification/Description

The Resource Count provided under the Classification section does not seem to conform to the information provided in the description narrative. The resource count, summary paragraph, and narrative sections all provide conflicting numbers. The materials should be corrected as necessary, possibly with the inclusion of a single inventory list, or citations in the individual resource descriptions clearly stating which resources are contributing buildings, structures and sites. [See additional discussions regarding specific resources below.]

Building # 17 Infirmary.

The building appears to be one of the more dominant physical resources in the district, yet no photographic documentation was provided with which to assess the physical integrity of the building and its impact on the larger district. Likewise, it is unclear if the basis for its evaluation as a non-contributing resource was based on its 1952 alterations or the ca. 2000 changes. If it is the 1952 alterations, then some discussion has to be provided as to why these are not considered "historic changes" based on the selected period of significance. As a central physical feature, as well as core programmatic element, of the sanatorium campus, the building needs to provide additional clarifications regarding its status. [See Significance below]

When stating that certain buildings have undergone "significant alterations" it is useful to provide documentation as to those specific changes, even when they may have occurred during the period of significance (e.g. #20 Nurses Hall).

Buildings #21-23 Houses

Why are these three buildings included in the nominated district given their proximity to the boundary line? The rationale for their inclusion might serve to expand the Integrity discussion provided on page 7, and address the following concerns regarding the description of the general grounds of the site (see below).

Sanatorium Landscape

The nomination could benefit from additional discussion of the physical character of the open landscape/parklands included in the property. What is their current condition? What features are contained in the landscape (paths, trees, lawn, etc.). The current photographs provide little if any information regarding what would appear to have been an important element of the campus setting and rehabilitative therapy of the site. Do these areas retain historic integrity, or were they once developed with buildings that were later removed? Is the landscape sufficiently intact and important to merit consideration as an independent contributing resource? Does this apply to areas both interior and exterior to the district core. This discussion might also augment the integrity discussion by providing an important linking element to the extant historic buildings, particularly in light of the potential negative impacts of Building 17 (see above).

Integrity

See the Building 17 discussion (above) and the need for an accurate assessment of its impact on the overall integrity of the district given its central location, and the discussion of the Sanatorium Landscape above.

Interiors

At least passing mention should be given to the general integrity of the interior spaces, or lack thereof. Given that a number of buildings represent very particular medical property types any information on basic interior integrity might be important.

Significance

Period of Significance

The current nomination provides an excellent, detailed discussion of the sanatorium's development history, clearly addressing the specific area of significance for the district. The period of significance selected, however, does not appear consistent with the extant resources. The description does not appear to note any resources that pre-date 1924. Generally, the period of significance selected for a nomination cannot predate the extant resources, as the property cannot convey the physical or historical character of that earlier period. It appears from the narrative that the extant buildings best reflect the second phase of construction that centered around 1925. This date may serve as a better start date to the period of significance unless other district features can be identified to justify the earlier period.

Since the period of significance goes into the late 1960s, at least some direct justification should be provided for extending the period into the less than fifty year era. Even if Criterion Consideration G is not checked, a statement acknowledging the special consideration of the end date should be provided. If 1967 is accepted as an appropriate end date for the period of significance, then all buildings built or altered during that period would be considered contributing, unless otherwise noted. There is no clear discussion of why Building # 3, House 2 (1958) is noted as non-contributing. [In general the reasoning behind the decisions regarding contributing on non-contributing status should be clearly provided in the building narratives, or in a general statement that pertains to all buildings; "*all buildings outside the period of significance were deemed noncontributing as well as those buildings whose dominant physical characteristics were damaged or destroyed by later alterations, unless otherwise noted historic sanatorium buildings categorized as non-contributing were deemed to have lost their historic integrity.*"]

If the period of significance ends at 1967, it would appear that the 1952 alterations to the Infirmary (#17) would be considered historic changes to the campus. Given this scenario would the building still be considered non-contributing? Were the ca. 2000 changes so dramatic as to overshadow the historic elements of the resource? Did the later changes also impact the earlier building components or were they stand alone additions? The lack of descriptive materials or photographic documentation precludes a proper assessment at this time [See Description above].

Page 11, final paragraph, line 3. Should be power plant not powder plant.

Geographical Data

Drop "MOL" from the acreage count.

Verbal Boundary Description/Justification.

The current verbal boundary description cites the attached boundary map, yet the map provided fails to meet the necessary NR standards. The map does not include specific boundary delineations and is clearly noted as "not to scale." Any map used as part of the verbal boundary description must be drawn to a scale of at least 1" = 200 feet. If the USGS map and the corresponding UTM's are to serve as an alternative

source of boundary identification, this should be so noted in the verbal boundary description. Please note: It is unclear if the UTM's adequately convey the historic grounds as outlined in the nomination.

The verbal boundary justification should also note the inclusion of the grounds of the campus within the immediate proximity of the buildings. (Based on final boundary description.)

Map

The current maps do not accurately convey the extent of the nominated resources. The major error is that it appears that one resource is not pictured on the map (#4. Shelter). All subsequent resources on the map are then off by 1 in their notation [e.g. Pond #8 (narrative) is labeled as #7/large oval, photo #3 showing Building #5-Hospital is shown on the map as pointing to Building #4 (correct location, but wrong numbering). In addition the lack of a scale, approximate building shape configurations, and accurate location positions further clouds the utility of the map. While "not to scale" maps are acceptable, these cannot be used as part of the verbal boundary description. The maps should also convey accurate locational information, which based on aerial photos may not be correct. District maps should also note all contributing and non-contributing resources.

Photographic Documentation

If possible, the photographic coverage of the district should include representative landscapes that convey both the relative integrity of the district as well as the broad diversity of resources. Given the ratio of contributing to noncontributing buildings and the dispersion of non-historic resources throughout the district such streetscapes are invaluable to any assessment. Several of the photographs were less than optimal quality.

If you have questions regarding these comments, please contact me directly at the number or e-mail listed below.



Paul R. Lusignan, Historian
(for) Keeper of the National Register
(202) 354-2229
Paul_lusignan@nps.gov

S:\nr\lusi\slrtemp\eots.rtn

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: RESUBMISSION

PROPERTY Eastern Oklahoma Tuberculosis Sanatorium
NAME:

MULTIPLE
NAME:

STATE & COUNTY: OKLAHOMA, Latimer

DATE RECEIVED: 2/25/11
DATE OF 16TH DAY:
DATE OF WEEKLY LIST:

DATE OF PENDING LIST:
DATE OF 45TH DAY: 4/12/11

REFERENCE NUMBER: 10001008

DETAILED EVALUATION:

___ACCEPT ___RETURN ___REJECT _____DATE

ABSTRACT/SUMMARY COMMENTS:

The Eastern Oklahoma Tuberculosis Sanatorium is of statewide significance under National Register Criterion A in the area of Health/Medicine. First established in 1921, the current medical campus reflects the 1924-1967 development of the facility, as it evolved into a model tuberculosis treatment center for Eastern Oklahoma.

RECOM./CRITERIA Accept Criterion A

REVIEWER Paul R. Lusigan

DISCIPLINE HISTORIAN

TELEPHONE _____

DATE 4/6/2011

DOCUMENTATION see attached comments Y/N see attached SLR Y/N



Eastern Oklahoma Tuberculosis Sanatorium

Harper Building

10014 SE 1138th Avenue

Tahlequah Vicinity, Letimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OK SHPO

0001



Eastern Oklahoma Tuberculosis Sanatorium

Houses #1 & #2

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OKSHPO

0002



Eastern Oklahoma Tuberculosis Sanatorium
Hospital

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OKSIHPO

0003



Eastern Oklahoma Tuberculosis Sanatorium
Dairy

10014 SE 1138th Avenue

Tahleah Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OK SHPO

0004



Eastern Oklahoma Tuberculosis Sanatorium
Service Building

10014 SE 1138th Avenue

Talihina Vicinity, LeFlore County, Oklahoma

Lynda B Schwan

April 29, 2010

OKSHPO

0005



Eastern Oklahoma Tuberculosis Sanatorium

Power House & Laundry

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OK SHPO

0006



Eastern Oklahoma Tuberculosis Sanatorium
Nurses Hall

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OK SHPO

0007



Eastern Oklahoma Tuberculosis Sanatorium

Drainage Ditches

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

April 29, 2010

OK SHPO

0008



Eastern Oklahoma Tuberculosis Sanatorium
Streetscape

10014 SE 1138th Avenue

Tulhine Vicinity, Latimer County, Oklahoma
Lynda B Schwan

February 16, 2011

OKSHPO

0009



Eastern Oklahoma Tuberculosis Sanatorium
Infirmary, Rear Elevation
10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma
Lynda B Schwan

February 16, 2011

OKSHPO

0010



Eastern Oklahoma Tuberculosis Sanatorium
Infirmary, Facade
10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma
Lynda B Schwan

February 16, 2011

OXSHPO

0011



Eastern Oklahoma Tuberculosis Sanatorium
Streetscape

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma
Lynda B Schwan

February 16, 2011

OK SHTPO

0012



Eastern Oklahoma Tuberculosis Sanatorium
Streetscape

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

February 16, 2011

OKSHPO

0013



Eastern Oklahoma Tuberculosis Sanatorium

Streetscape

10014 SE 1138th Avenue

Talihina Vicinity, Latimer County, Oklahoma

Lynda B Schwan

February 16, 2011

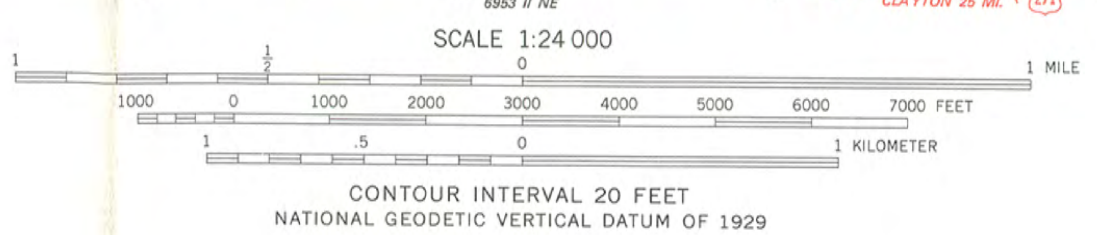
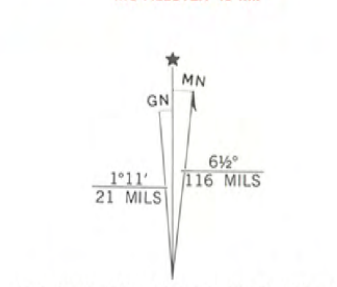
OKSHPO

0014



Eastern Oklahoma
Tuberculosis
Sanatorium
10014 SE 113th N 43rd W
Talihin, Oklahoma
County
Oklahoma
Z=15
1) E 309957
N 3849718
2) E 308637
N 3849713
3) E 308687
N 3848846
4) E 309005
N 3848868
5) E 309005
N 3848477
6) E 309957
N 3849718

Mapped, edited, and published by the Geological Survey
in cooperation with the Oklahoma Highway Department,
Oklahoma Water Resources Board, and Oklahoma State Soil
Conservation Board
Control by USGS and NOS/NOAA
Topography by photogrammetric methods from aerial photographs
taken 1976. Field checked 1977. Map edited 1979
Projection and 10,000-foot grid ticks. Oklahoma coordinate
system, south zone (Lambert conformal conic)
1000-meter Universal Transverse Mercator grid, zone 15
1927 North American datum
To place on the predicted North American Datum 1983
move the projection lines 6 meters south and
21 meters east as shown by dashed corner ticks
Fine red dashed lines indicate selected fence and field lines where
generally visible on aerial photographs. This information is unchecked



ROAD CLASSIFICATION
Primary highway,
hard surface
Secondary highway,
hard surface
Unimproved road
Interstate Route
U. S. Route
State Route

TALIHINA, OKLA.
SE/4 RED OAK 15' QUADRANGLE
N3445-W9500/7.5

1979
DMA 6953 1 SE-SERIES V883

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AND BY THE OKLAHOMA GEOLOGICAL SURVEY, NORMAN, OKLAHOMA 73069
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



Oklahoma Historical Society

Founded May 27, 1893

State Historic Preservation Office

Oklahoma History Center • 800 Nazih Zuhdi Drive • Oklahoma City, OK 73105-7917
(405) 521-6249 • Fax (405) 522-0816 • www.okhistory.org/shpo/shpo.htm



October 25, 2010

Ms. Carol Shull
Acting Keeper of the Register
National Park Service 2280, 8th floor
National Register of Historic Places
1201 "I" (Eye) Street, NW
Washington D.C. 20005

Dear Ms. Shull:

We are pleased to transmit nine National Register of Historic Places nominations for Oklahoma properties. The nominations are for the following properties:

KATY Historic District, Tulsa, Tulsa County
North Cheyenne Historic District, Tulsa, Tulsa County
Oil Capital Historic District, Tulsa, Tulsa County
Downtown Ponca City Historic District, Ponca City, Kay County
Main Public Library, Oklahoma City, Oklahoma County
Eastern Oklahoma Tuberculosis Sanatorium, Talihina vicinity, Latimer County
Archeological Site 34LV181, Love County
Archeological Site 34LV184, Love County
Archeological Site 34JF109, Jefferson County

We look forward to the results of your review. If there may be any questions, please do not hesitate to contact either Lynda B. Schwan of my staff or myself.

Sincerely,

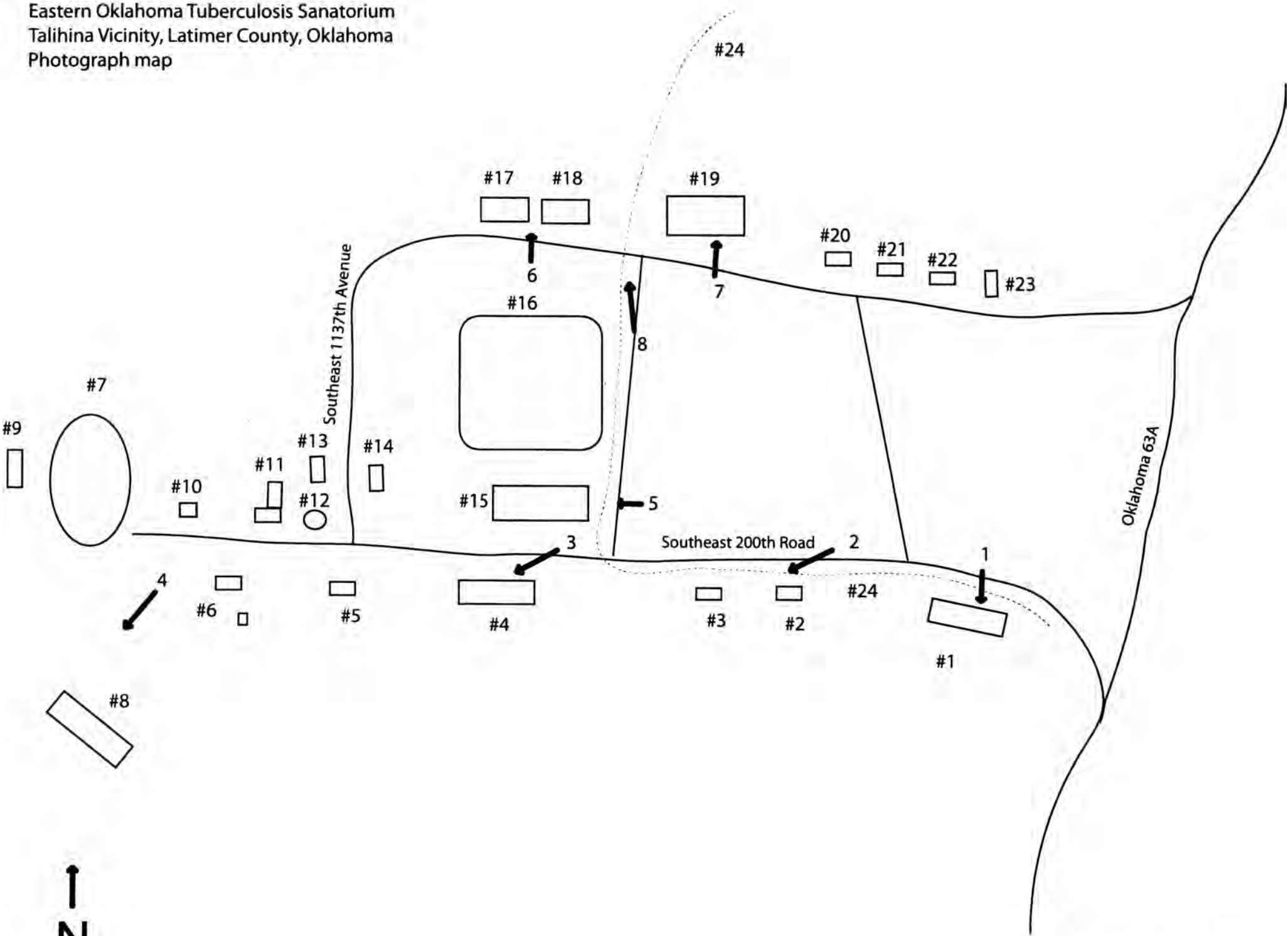
A handwritten signature in cursive script that reads "Melvena Heisch".

Melvena Heisch
Deputy State Historic
Preservation Officer

MKH:lbs

Enclosures

Eastern Oklahoma Tuberculosis Sanatorium
Talihina Vicinity, Latimer County, Oklahoma
Photograph map





Oklahoma Historical Society
State Historic Preservation Office

Founded May 27, 1893

Oklahoma History Center • 800 Nazih Zuhdi Drive • Oklahoma City, OK 73105-7917
(405) 521-6249 • Fax (405) 522-0816 • www.okhistory.org/shpo/shpom.htm

February 23, 2011

Mr. Paul Lusignan
National Park Service 2280, 8th floor
National Register of Historic Places
1201 "I" (Eye) Street, NW
Washington D.C. 20005

Dear Mr. Lusignan:

Enclosed you will find the re-submittal National Register nomination for the **Eastern Oklahoma tuberculosis Sanatorium**.

We look forward to the results of your review. If there may be any questions, please do not hesitate to contact me at either lschwan@okhistory.org or 405-522-4478.

Sincerely,

Lynda B. Schwan
National Register Program Coordinator

Enclosures

