NPS Form 10-900 OMB No. 1024-0018

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 *How to Complete the National Registers of Historia Registers* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "NAA" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

Signature of commenting or other official State or Federal agency and Bureau Date 4. National Park Service I, hereby, certify that this property is: entered in the National Register.
2. Location Street & number 9600 Veterans Drive SW
street & number 9600 Veterans Drive SW
3. State/Federal Agency Certification As the designated authority under the National Historic Preservation Act of 1986, 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 et forth in 18 CER Part 60. In my opinion, the property X meets does not meet the National Register criteria. Tecommend that this property be considered significant nationally X statewide locally. See continuation sheet for additional comments.) Additional Certifying official Date In my opinion, the property meets does not meet the National Register criteria. See continuation sheet for additional comments. State or Federal agency and Bureau Date State or Federal agency and Bureau Date 4. National Park Service I, hereby, certify that this property is: entered in the National Register.
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State or Federal agency and Bureau Date 4. National Park Service I, hereby, certify that this property is: entered in the National Register.
4. National Park Service I, hereby, certify that this property is: entered in the National Register.
I, hereby, certify that this property is:
entered in the National Register.
See continuation sheetdetermined eligible for the National Register See continuation sheetdetermined not eligible for the National Registerremoved from the National Registerother, (explain:)
Signature of Keeper Date of Action

National Register of Historic Places Registration Form

218

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NAT. REGISTER OF HISTORIC PLACES
VALUE OF HISTORIC PLACES

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the validational Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. 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 entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property
historic name American Lake Veterans Hospital .
other names/site number Veterans Affairs Puget Sound Health Care System at American Lake .
2. Location
street & number 9600 Veterans Drive SW not for publication city or town Tacoma vicinity.
state Washington code WA county Pierce code 053 zip code 98498
3. State/Federal Agency Certification
As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that th X nomination request for determination of eligibility meets the documentation standards for registering propertion the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally X statewide locally. (See continuation sheet for additional comments.)
Signature of Certifying Official Date Date WACHINITO CO STATE HOSTILLE PRESENCATION CYFICE 2-15-09 State or Federal agency and Bureau Date
In my opinion, the propertydoes not meet the National Register criteria. (See continuation sheet f additional comments.)
Signature of commencing or other official Tederal Iteservation of Sicer 3/5/09 State or Federal agency and Bureau 4. National Park Service
I, hereby, certify that this property is: entered in the National Register. See continuation sheet determined eligible for the National Register. See continuation sheet determined not eligible for the National Register. removed from the National Register.
other, (explain:)

Property Name American Lake Veterans County and State Pierce Co., WA

5. Classification

Ownership of Property Category of Property No. of Resources wi		s within Property		
private	building(s)	contributing	noncontributing	
public-local	X district	45	9 buildings	
public-State	site		sites	
X public-Federal	structure	3	structures	
	object		objects	
		48	9 Total	
Name of related multiple prope (Enter "N/A" if property is no multiple property listing.)			ting resources previously ational Register:	
N/A		<u>N/A</u>		
6. Functions or Use				
Historic Functions		Current Functions		
(Enter categories from instructions.)		(Enter categories from instructions.)		
Defense/Military Facility		Defense/Military Facility		
Domestic/Institutional Housing		Domestic/Institutional House	sing .	
Domestic/Multiple Dwelling		Domestic/Multiple Dwelling .		
Domestic/Secondary Structure		Domestic/Secondary Structure .		
Health Care/Hospital		Health Care/Hospital	•	
Industrial/Energy Facility, Industr	nal Storage	Industrial/Energy Facility, Industrial Storage .		
7. Description				
Architectural Classification (Enter categories from instruc	tions.)	Materials Enter categories from instru	ctions.)	
LATE NINETEENTH AND TWENT	TETH CENTURY REVIVALS:	foundation Concrete	······································	
Spanish Colonial Revival		walls Brick		
Art Deco		Concrete (reinforced); concrete block .		
MODERN MOVEMENT: Modern		roof Clay tile .		
		other Weatherboard; concrete		

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

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.)

$\underline{\boldsymbol{X}}$ A Property is associated with events that hat history.	we made a significant contribution to t	he broad patterns of our	
B Property is associated with the lives of	persons significant in our past.		
X C Property embodies the distinctive charact or represents the work of a master, or po and distinguishable entity whose componen	ssesses high artistic values, or representation		
D Property has yielded, or is likely to yie	ld, information important in prehistory	or history.	
Criteria Considerations (Mark "x" in all the boxe	es that apply.)		
$\underline{\hspace{1cm} X}$ A owned by a religious institution or used	for religious purposes.		
B removed from its original location.			
C a birthplace or a grave.			
D a cemetery.			
E a reconstructed building, object, or structed	cture.		
F a commemorative property.			
G less than 50 years of age or achieved sign	nificance within the past 50 years.		
Areas of Significance (Enter categories from instructions.)	Period of Significance	Significant Dates	
HEALTH/MEDICINE	_1923 – 1958	_1924; 1947	
ARCHITECTURE	1923 – 1958	1923; 1932; 1947; 1958 .	
	Cultural Affiliation		
	<u>N/A</u> .		
Significant Person	Architect/Builder		
n/a	Veterans Bureau; U.S. War Dep	eartment .	
	George W. Stoddard-Huggard A	ASSOC	
	McWilkins, Cole and Weber .	·	
	Hurley-Mason, Builder		
Leonard Dioguardi, Builder .			
Macdonald Building Co., Builder .			

Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References	
(Cite the books, articles, and other sources used in preparing this form	on one or more continuation sheets.)
Previous documentation on file (NPS): preliminary determination of individual listing (36 CFR 67) has been requested previously listed in the National Register X previously determined eligible by the National Register designated a National Historic Landmark recorded by Historic American Buildings Survey # recorded by Historic American Engineering Record #	Primary location of additional data: State Historic Preservation Office Other State agency X Federal agency American Lake VA Hospital Local government University Other Specify repository:
10. Geographical Data	
Acreage of property <u>approximately 50 acres.</u>	
UTM References 1 1/0 5/3/2/7/1/0 5/2/2/0/9/6/8 3 1/0 5/3/2/8/8 5/2/1/9/ Zone Easting Northing Zone Easting Northing	/ <u>8/1/8</u> 9
2 1/0 5/3/1/7/7/0 ///// 4 // ////// ////	X See continuation sheet
Verbal Boundary Description (Describe the boundaries of the property on	a continuation sheet.)
See Section 10.1.	
Boundary Justification (Explain why the boundaries were selected on a co	
11. Form Prepared By name/title Lauren McCroskey/Architectural Historian organization Center of Expertise, Preservation of Historic Buildings a	·
Corps of Engineers date October 2008 street & numberB	
	state <u>WA</u> zip code <u>98124-3755</u> .
Additional Documentation	
Submit the following items with the completed form: Continuation Sheets	
Maps A USGS map (7.5 or 15 minute series) indicating the property's loca A sketch map for historic districts and properties having large acr	
Photographs Representative black and white photographs of the property.	
Additional items (Check with the SHPO or FPO for any additional items.)	
Property Owner	
name Veterans Affairs Puget Sound Health Care System street & num	ber 1660 S. Columbian Way .

telephone 206-764-2005 city or town Seattle state WA zip code 98108-1597

National Register of Historic Places Continuation Sheet

Section number 7 Page 1 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

DISTRICT SUMMARY

The American Lake Veterans Hospital (ALVH) historic district is located along the southwest shoreline of American Lake, directly west of Interstate 5 and the U.S. Army post, Fort Lewis. Set amidst mature Douglas fir, with ample wooded buffers to the southwest and northeast, and an open field to the northwest, the Veteran's hospital campus is a bucolic contrast from surrounding residential and commercial development. The mostly cohesive Beaux Arts theme of Spanish Colonial Revival buildings is reinforced by symmetrical footprints, consistent use of smooth pale yellow exteriors, gray window sills, and hipped roofs clad with red tiles. A strong majority of properties contributes to the district, most buildings dating to the original construction phase and to the years immediately following the hospital's establishment. The district derives its primary significance under the areas of Health/Medicine, and Architecture. Significant landscape values are also exhibited by the hierarchical layout of buildings, in the picturesque curvilinear drives and platting, and in the incorporation of native trees and vegetative with more formal landscape devices.

CONTRIBUTING PROPERTIES

Contributing properties possess historic, architectural and landscape values related to the period 1923 – 1958. In addition to contextual associations, properties meet integrity considerations in the following ways: they retain their original location, have a setting that is compatible with the historic era, and exhibit historic fabric that is sufficiently intact to evoke the stated period of significance.

Many campus buildings and structures have sustained alterations to window units and interiors, but still retain their essential character defining massing, overall design, and stylistic qualities. Where contributing buildings have received non historic modifications, the balance of architectural detailing and Spanish Colonial Revival characteristics survive. It should be noted, however, that some recent renovations in the district do not meet federal historic preservation standards, and that the continuation of non compliant practices may result in individual buildings crossing the critical integrity threshold to noncontributing status. Such critical changes include replacement of original windows with non-divided sashes and the use of applied false muntin grids, remodeling of entrances with projecting vestibules and solid glass doors, the introduction of non historic appliqués and motifs, and unsympathetic additions which depart from Beaux Arts massing and design principles.

National Register of Historic Places Continuation Sheet

Section number 7 Page 2

Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County, Washington</u>

Almost all building interiors have lost integrity of original historic fabric, spatial layout, and floor plan. Due to the constant refinement of medical treatment and the need to accommodate changing patient needs, interior integrity is not essential for contributing status. Where interior spaces retain original stylistic treatments they are so noted.

The district is enhanced by cultural landscape values that portray two primary influences, one the accommodation of pre-existing native vegetation; the other the use of picturesque drives, focal points, and decorative plantings. Although the landscape has been prone to vegetation growth, replacement of species, plant removal, progression and change, contributing landscape features within the ALVH historic district mostly conform to original schemes and layouts. These elements have not diverted from original spatial relationships or circulation patterns. Unless otherwise noted, building designs were executed by the Quartermaster Corps Construction Services Division of the U.S. War Department, and feature smooth concrete or stucco exteriors painted pale yellow/beige, with bold gray window sills. Buildings are identified by original names and functions.

Buildings:

2 Infirmary (1923; 1929; 1945-47)

The building has a mostly I-shaped plan, and features minimal Spanish Colonial Revival detailing and a red clay tile roof. A raised poured concrete basement supports reinforced concrete walls that rise three stories to a hipped roof. A slight, stepped water table marks the transition from the first story painted board-formed concrete surfaces to the painted stucco upper stories. A narrow band wraps the top of the building's walls at the roof transition. Gabled dormer ventilators with louvers punctuate the roof. The dominant feature is the lake-side public entrance, framed by a surround of Doric pilasters supporting a full entablature and capped by two large finials. Modern glass doors have replaced the originals. The entrance is accessed by a series of steps flanked by decorative metal railings. The building was designed with staff and patient entrances at the rear of the building.

Window openings originally contained 6/6 double-hung sashes, since replaced with modern single and paired 1/1 sashes. Projecting sills run beneath each opening with continuous sills beneath the third story front and some rear façade windows. Alterations enclosed the sun porches on the building's wings. Louvers and ventilation systems replaced several of the smaller, first-story sashes on the rear façade.

National Register of Historic Places Continuation Sheet

Section number 7 Page 3

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

The first major alteration occurred in 1929-30 as the north and south elevations were extended into flat-roofed volumes containing open air porches, additional dining room facilities, and kitchen improvements. Between 1945 and 1947, these porch volumes were demolished for longer wings with new porches featuring second story arched openings. Window change-outs began in 1972 with the removal of fourteen windows on the second floor of the north and south wing porches. These were replaced with non historic muntin and mullion configurations. In 1985 all remaining sashes were replaced with the current aluminum units.

#3 Main Kitchen and Dining Hall (1923; 1928)

The symmetrical hipped roof building is two stories of poured concrete resting on a raised concrete foundation, and features a front entrance on Custis Drive with a simple entablature containing modern glass doors. Along the front elevation, two, one-story flat roofed bays were added for additional dining space in 1928. The rooflines of these additions feature inclined clay tile sheds set into the parapet. The original building was extended at the rear northwest corner with an additional flat roofed volume, added to house bakery and additional kitchen needs. Rear wings are distinguished by straight cut out parapets. All elevations feature the original single 6/6, and paired 4/4 double-hung wood sashes with concrete lug.

4 Disturbed Building (1923)

The symmetrical footprint has a mostly U-shaped plan, smooth exterior walls, and hipped red tile roof. Walls are poured concrete resting on a raised concrete foundation. The lake side front elevation features a plain central entrance with a simple entablature containing modern glass double doors, accessed via a concrete ramp. The U-shaped northwest (rear) elevation contains a central projecting bay with scalloped parapet, and a single door; two stairway enclosures; and a raised handicapped ramp. North and south elevations feature flat roofed porches with original Baroque style openings filled with heavy diagonal screens. In 1976-78 the building received seismic reinforcements, including interior sheer walls. All original wood window sashes have been replaced with black aluminum 1/1 units.

#5 Tuberculosis Cottages (1923;1928)

Originally a long rectangular volume, the poured concrete building was expanded in 1928 at the northeast end with two front emerging volumes to house additional tuberculosis patients. The hipped roof one-story profile faces the immediate lake shore with two

National Register of Historic Places Continuation Sheet

Section number 7 Page 4

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

pentagonal bay windows for "day rooms," although the entrance is via Custis Drive. The original recessed entrance has been in-filled with a flat roofed volume and features concrete steps and modern glass doors. The original building section is detected by its thick walls. The walls of the additions have flat roofed with plain parapets and are thinner by comparison. Original windows throughout the building have been replaced with 6/6 dark colored metal sashes.

6 Continuing Therapy Building (1923)

Identical to Building #7, the hipped roofed, two-story building has a long rectangular volume with symmetrically placed, flat roofed bays projecting toward the lake side. Walls rise from a raised foundation with drip. The rear center of the building has been in-filled with a non historic elevator addition featuring single fixed pane windows, and "ghost" frames to suggest openings. The front elevation along Custis Drive has two slightly projecting bays containing single doors, and a centered main entrance with plain entablature containing a new wood transom, side lights, and single metal door. The entrance is by newer concrete steps framed by light standards resting on pedestals with cutout grill appliqués. At the roofline, this elevation features a centered oval oculus window, and staggered window sash indicating stairwell locations. Windows are the original 6/6 double-hung wood sashes, though the original porches in the rear extensions have been enclosed and fitted with modern three-part modern windows. Rooftops carry a number of mechanical features and HVAC equipment.

#7 Continuing Therapy Building (1923)

A companion building to #6, the hipped roofed, two-story building has a long rectangular volume with symmetrically placed, flat roofed wings projecting toward the lake side. Walls rise from a raised foundation with drip. The rear center of the building has been in-filled with a non historic elevator addition featuring single fixed pane windows, and "ghost" frames to suggest openings. The front elevation along Custis Drive has two slightly projecting bays containing single doors, and a centered main entrance with plain entablature containing a new wood transom, side lights, and single metal door. The entrance is preceded by newer concrete walkways, and approached by an elevated concrete handicap ramp instead of steps. At the roofline, this elevation features a centered oval oculus window, and staggered window sash indicating stairwell locations. Original windows sashes have been replaced with modern white clad metal windows, and original rear porches extensions have been enclosed and fitted with modern three-part

National Register of Historic Places Continuation Sheet

Section number _7_ Page _5_	Name of Property American Lake Veterans Hospita
	County and State Pierce County, Washington

modern windows. Rooftops carry a number of mechanical features and HVAC equipment.

#8 Nurses Quarters/Research (1923)

This two-story hipped roof building retains its original long rectangular footprint. Two stories in height, it features a slight bay projection in the center of each long elevation, with a two-story open porch/balcony on the lakeside. This porch is supported by four plain columns linked by metal railings consisting of square balusters. This is preceded by a long handicapped concrete ramp with tubular metal railings. The entrance doorway contains moderns glass doors with transom. The front elevation entrance has a plain entablature and also contains modern glass doors and transom, and features replacement granite steps with plain metal railings. A basement entrance door is accessed via concrete steps, just to the right (south) of the front entrance door. Smaller 2/2 windows flank this entrance, and a continuous lug sill extends at the second floor of the central bay. All windows are the original 6/6 wood double-hung sashes with wood screens. Original metal fire escapes with pulley counterweights survive on the end elevations.

#9 Recreation and Voluntary Services (1923)

This is a prominent T-shaped building, two stories in height, with a hipped roof, smooth concrete exterior and red tiled roof. One of three buildings oriented directly to traffic circle #20, the front elevation rises on granite steps to a one-story shed roof entrance porch with scalloped brackets and exposed rafters, and supported by square columns. Entrance is via three modern paired glass doors with arched glass transoms. Upon entry is a large lobby space with replacement tile flooring and dropped ceiling and modern vinyl wall coverings; although original linoleum tiles remain in the left side offices. Three original paired wood entrance doors with original brass door hardware enter in to the auditorium. The large open space has original hardwood flooring, raised stage with original proscenium framing, and classical window pilasters and moldings.

Long side elevations feature twelve original, classical style barrel arch windows with side lights, muntins, mullions, overlying fan lights, and original wood screens. On the northeast elevation toward the front elevation is a Craftsman style shed roofed secondary entrance with scalloped rafters and lintels. An identical entrance is found on the northwest elevation, where there is an extensive concrete handicapped ramp with tube railings. The rear of the building has a raised stage door shielded by another Craftsman style porch, and contains a pair of heavy battened wood doors.

National Register of Historic Places Continuation Sheet

Section number 7 Page 6

Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County</u>, <u>Washington</u>

10 Director's Quarters (1923)

Located at the end of Chase Drive closest to the traffic triangle, the residence has a side facing gabled form, two stories in height, with a rectangular plan, and a north gabled offset bay, and single end chimney. The front elevation features a shed roof front porch of Craftsman design. Four square porch columns with lain capital moldings support the overlying roof with scalloped rafter tails. Entrance is via a paneled and multi-light single door. Windows throughout are original 6/6, double-hung wood sashes with original wood screens. An arched 6/6 sash window with fan light on the northwest side is located mid-way of the façade and defines the interior staircase. A round louvered vent is placed beneath the gable end. Concrete sidewalks provide access along Chase Drive and to the backyard, where older fruit trees and deciduous shrubs screen the garage alley.

11 - 15 Staff Quarters (1923)

These two-story, side gabled rectangular duplex units have a symmetrical footprint and design, with central chimneys, and two separate chimneys at the rear. Front elevations feature shed roof porches in the Craftsman style, with square porch columns with plain capital moldings supporting the overlying roof of scalloped rafter tails and scalloped lintel ends. Entrance is via two original wood single doors at the outside edges. Windows throughout are original 6/6, double-hung wood sashes with original wood screens (five along the front porches). An arched 6/6 sash window with fanlight on the northwest side is located mid-way of the façade and defines the interior staircase. Round louvered vents are placed beneath the gable ends. The rear elevations have side corner projections featuring flat roofed door vestibules. Concrete sidewalks provide access along Chase Drive and to the backyards, where older fruit trees and deciduous shrubs screen the garage alley.

16 Male Attendants' Quarters (1923)

Designed to house male ward attendants and general staff, the two-story building has a long rectangular plan with entrance along the short southeast elevation. This front side features a one-story shed roofed porch in the Craftsman style, with four square columns, and roof of exposed scalloped rafters and scalloped lintel ends. The original door and transom have been replaced with modern double glass doors; and the left window opening has been fitted with a non-original wood door. Other characteristics are a hipped roof, red tile roof, and smooth concrete exterior finish. All windows are the original 6/6, double-hung sashes with wood screens. The interior has been almost completely modified throughout the years and retains little integrity, aside from

National Register of Historic Places Continuation Sheet

Section number <u>7</u> Page <u>7</u>	Name of Property American Lake Veterans Hospital
	County and State Pierce County, Washington

single hardwood doors that access closets in former quarters, and the two concrete staircases that flank the interior entrance. Stairs have decorative scrolled metal rails with hardwood railings. An exterior metal pulley/counterweight fire escape remains on the rear elevation.

#17 Female Attendants' Quarters (1923)

Identical to Building #16, this property housed female attendants and general staff, the two-story building has a long rectangular plan with entrance along the short southeast elevation. The original door and transom have been replaced with modern double glass doors, and the right window opening has been fitted with a non-original wood door. Other characteristics are a hipped roof, red tile roof, and smooth concrete exterior finish. All windows are the original 6/6, double-hung sashes with wood screens. The interior has been modified but retains original single hardwood corridor doors and closet doors in former quarters, and the two concrete staircases that flank the interior entrance. Stairs have decorative scrolled metal rails with hardwood railings. An exterior metal pulley/counterweight fire escape remains on the rear elevation.

18 Occupational Therapy/Vocational Shops (1923; 1931; 1935)

The present building is roughly "H" shaped in plan and began in 1923 as a single rectangular volume to the rear and west measuring 102' x 34.' This original section is brick. The first east addition of 1931 was inserted into the center of the complex, and is associated with the addition by open breezeways with wood slatted screens. This and the following additions have poured concrete walls with stucco on metal lathe, roof ventilators, fifteen-light metal paired windows and paneled and multi-light doors with transoms, and measures 125' x 34.' The 1935 additions created three more volumes measuring 150' x 34.' All roofs have a slightly gabled profile and are supported by concrete girders. Northeast building ends feature distinctive arched door openings with deep hoods supported by concrete knee brackets and diamond accents, and contain modern replacement doors. The northeast entrance to the complex has an inactive central fountain and symmetrical concrete walkways.

19 Laundry (1923)

Connected to Building #20, this flat roofed, one-story brick building has an "L" plan with multi-light metal industrial windows with concrete lug sills. The roof system is composed of concrete girders and beams. The northeast end section has an added corrugated metal shed roof for loading. Several windows have been painted over or

National Register of Historic Places Continuation Sheet

Section number 7 Page 8 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

replaced with later units. Although the building does not have a strong association with the medical and design values of the period of significance, it represents typical original campus infrastructure.

20 Garage and Protective Section (1923)

Measuring 157' x 34,' the building extends northwest from Building #20. Nearly identical in brick construction and detail, it features high vehicle door openings that have been fitted with modern steel roll up doors. The roof system is composed of concrete girders and beams. Although the building does not have a strong association with the medical and design values of the period of significance, it represents typical original campus infrastructure.

#21 Warehouse (1923)

This is a single, long rectangular building with unreinforced brick walls on a raised concrete foundation, and a very slightly gabled roof. Original twelve-light industrial windows with hoppers are mostly intact. The northeast elevation has a raised concrete loading platform with steps; and two bricked-in window openings. The southwest elevation has two ramped concrete platforms sheltered by shed roofs supported by brackets, one containing a steel rolling door, the other a single leaf solid metal door. Among the hospital's utilitarian buildings, this and the boiler house present the highest levels of integrity.

23 Boiler House (1923)

Rising roughly two tall stories, the building has a slightly rectangular footprint and consists of brick walls overlain with stucco, and has a very slightly gabled roof. The northwest elevation has metal rolling doors for vehicles; the southwest side features long rectangular multi-light industrial windows with hoppers; the northeast side has three deep openings with multi-light windows, and the southeast elevation features a small and large set of multi-light windows with metal bars. Among the hospital's utilitarian buildings, this and the warehouse #21 present the highest levels of integrity.

27 Utility Office and Machine Shop (1923)

This small rectangular brick building is one-story, with a slightly gabled roof. The southeast side features paired 6/6 metal sashes supported by concrete lug sills. The northeast side has a poured concrete, shed roofed addition with concrete lug sills supporting multi-light fixed windows. Although the building does not have a strong

National Register of Historic Places Continuation Sheet

Section number 7 Page 9	Name of Property American Lake Veterans Hospital
	County and State Pierce County, Washington

association with the medical and design values of the period of significance, it represents typical original campus infrastructure.

50 Utility Shops (1923)

The "L" shaped one-story building has a flat roof and is constructed of concrete block with concrete corner quoins. The building's northwest section is constructed of brick. Aside from the windowless northeast elevation, the building features multi-light steel industrial windows resting on concrete lug sills, with sixteen-light windows on the northwest side. Doors are single and double solid metal doors. A large round metal smokestack rises from the roof. Although the building does not have a strong association with the medical and design values of the period of significance, it represents typical original campus infrastructure.

53 Single Garage (ca. 1930)

Located behind the director's quarters along a paved alley is a single garage of concrete block construction, with a flat roof extending as a deep overhang at the front. The overhang is supported by decorative wood knee brace brackets and scalloped rafter brackets that loosely simulate those found throughout the campus. A modern panel and windowed lift door provides single vehicle access. The garage was not part of the original construction of the residence, but appeared sometime in the 1930s and harmonizes in design with the overall architectural theme of the campus.

#54 - 58 Two Car Garages (ca. 1930)

Located behind each duplex along a paved alley are paired garages of concrete block construction, with flat roofs extending as a deep overhang at the front. The overhang is supported by decorative wood knee brace brackets and scalloped rafter brackets that loosely simulate those found throughout the campus. Modern panel and windowed lift doors provide single vehicle access. The garages were not part of the original construction of the quarters, but appeared sometime in the 1930s and harmonize in design with the overall architectural theme of the campus.

#61 Continuing Therapy Building (1932)

This building is three stories in height and based upon a mostly "H" shaped plan, with hipped roofs, and cross gables that feature an oculus near the gable peaks. As originally designed, the lake side entrance was the primary access, emphasized with a prominent center walkway proceeding to the "U" of this elevation into a half circle pavement. The

National Register of Historic Places Continuation Sheet

Section number 7 Page 10

Name of Property <u>American Lake Veterans Hospital</u> County and State Pierce County, Washington

submerged double-sided stairway entrance remains, as does the overlying double-sided stairway with decorative iron railings. The second story entrance doorway surround has a triangular pediment with bold dentils and fluted Doric pilasters. The former entrance door has been fitted with a fixed window.

The reverse (west) elevation has been altered to serve as the main entrance. Major modifications here include a projecting gabled entrance bay centered in the "U" that features two stories of modern glass windows, and a submerged entrance vestibule with sliding glass doors. New concrete pavement and walkways, including handicapped ramps with tube railing have also been installed in this space, and the vehicle drive reconfigured with modern landscape devices such as granite boulders (granite boulders were also added to the outer walkway of lake side elevation).

The northeast elevation has a descending handicapped drive/ramp covered with a flat roof supported by round metal columns. All original wood sashes in the building have been replaced with modern 1/1 metal units with false 6/6 muntin grids. Both southeast wings were altered with the addition of a two-story staircase enclosure. These features have single pane, fixed windows that do not align with original window patterns, and exterior finishes that are not consistent with the concrete finish of the original building. At the ends of these wings, the flat and arched open porches that originally held insect mesh screens and decorative iron railings have been in-filled with modern glass windows and mullion patterns.

62 Exercise Hall (1932)

Designed by the firm of McWilkins, Cole & Weber, the one-plus-story building has a long rectangular volume measuring 165' x 80' and is capped by a parabolic roof. Walls are of poured concrete and the roof consists of exposed ribbed rafters. Continuous clearstory hopper windows surround most of the building. Strong Art Deco influences are evident in the geometrical stepped buttresses on the exterior, in the stepped concrete drinking fountain pedestal between the front doors, and in the stylized incised lettering above the entrance, "Exercise Hall." The centered entrance is inset and contains two original paneled and multi-light metal doors. Most of the interior is an open recreation space, with the southeast end portioned, originally for corrective therapy and now serving as locker and office space. In 1959, the original concrete floor was replaced with tiles and the ceiling was encased in thick vinyl.

National Register of Historic Places Continuation Sheet

Section number 7 Page 11 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

#71 Dining Hall Annex (1932)

This building was constructed as an annex to the main dining hall (#3), and was converted in recent years to serve as a library. The one-story poured concrete building has a square footprint and a front oriented gable roof clad with red tiles. The South elevation features a loggia of broad arched openings that feature molded spring lines. The loggia shelters a ramp that ascends and descends, front-to-back, rising to a center entrance door into the building. Windows throughout the building are the original 6/6 double-hung wood sashes, in both single and paired formats. The annex connects to the main dining hall building via an enclosed flat-roofed breezeway. 1967 repair work included the application of new tar paper under the tile roofing.

#81 Main Building (1947; Constructed by the Macdonald Building Company)
The largest profile on the campus, this building replaced the small one-story
administrative building (Figure 2). Roughly an "H" plan, the building rises three stories
on the side wings, and four stories in the central volume, with the most central bay
extending to a five-story penthouse/pavilion. Roofs are hipped and clad with red tile, and
feature barrel arched louver vents on side wings. The central volume is embellished with
strong crown moldings above the first and third stories, and slightly bracketed window
lug sills. The fifth story of the centermost bay is further ornamented with segmentally
arched windows recessed by piers, recessed diamond spandrel motifs, and a continuous
scrolled molding above the windows. Lower windows in this bay have flat label
moldings above the windows. A strong crown molding separating the fourth and fifth
stories is further emphasized by simulated concrete modillions. The prominent entrance
has a Baroque style surround with a scrolled pediment featuring double finials and
framed by Corinthian pilasters; and an overlying pediment with Baroque style brackets
and flat arch with cartouche keystone. Modern glass double doors provide access.

Side wings feature scalloped parapet bays, and some original decorative metal window grills. A number of alterations have been made to the south elevation, including two-story concrete stairway enclosures with single fixed windows that do not align with original window openings, and screened utility boxes. Rear wings, originally featuring open screened porches have been filled in with glass widows with modern mullion configurations. The greatest change to the building's presentation occurs on the north side where a receiving wing was added in the 1990s. The addition consists of a slightly rectangular one-story volume with a series of five square pavilions with pyramidal roofs clad with red tile. A long handicapped ramp with tube railings and a long bank of glass

National Register of Historic Places Continuation Sheet

Section number <u>7</u> Page <u>12</u>	Name of Property American Lake Veterans Hospital
	County and State Pierce County, Washington

windows are other features of this addition. Though some window units have been replaced, the building retains the majority of its original wood twelve-over-twelve, double-hung window sashes.

In 1967, the main floor was converted to a Health Clinic and Outpatient facility. Although interiors of most campus buildings have been severely altered over the decades and lack integrity, the lobby vestibule of this building retains a significant classical revival motif. Significant features include fully framed window openings with fluted pilaster surrounds, paneled wainscoting, and corner rosettes. Walls have classical style niches framed with triangular pediments, both broken and full. Bronze chandelier style light fixtures have a surprising Art Deco character.

85 Women Patients (1947; Constructed by the Macdonald Building Company)
Adapted soon after construction for drug abuse treatment, the building was designed as the first campus facility to accommodate women veterans. The three-story, mostly I-shaped plan has three cross volumes featuring scrolled parapets, with the center bay extending as a penthouse/pavilion with a pyramidal roof. Walls are stucco over structural clay blocks. Ends wings terminate with hipped roofs and scrolled parapet ends. Beyond are flat roofed porch extensions that were originally open and contained insect screens and decorative metal railings. A continuous concrete label molding runs above the first story. All original window sashes were replaced in the 1990s with metal sashes with false muntin grids.

The front entrance, preceded by an elliptical vehicle drive, has been altered from its original Baroque style design (Figure 12-15). In 2002, the original surround was partially eclipsed by a projecting entrance vestibule containing sliding glass doors. The feature has a Post Modern scalloped pediment, with segmental applied motifs and simulated brackets, and contains modern sash windows with shallow metal muntins. The upper window, framed by the original scrolled pediment and pilaster, is mostly intact. The rear elevation has a three-story barreled arched elevator shaft, and a number of one-story vestibules with louvered vents, as well as a handicapped ramp with decorative metal railings. The roof is punctuated by several barrel arched louver vents.

#86 Switch House (1946)

This small brick building is one-story, and has a flat asphalt-clad roof with high parapet. The building has no material or functional attributes that associate it with the period of significance.

National Register of Historic Places Continuation Sheet

Section number 7 Page 13 Name of Property American Lake Veterans Hospital County and State Pierce County. Washington

#88 Police and Information (1953)

The small rectangular building marks arrival at the main campus. It is a single story, poured concrete structure with a gabled roof clad with red clay tile. Soffits feature scalloped rafters, and plain gable end bargeboards with simple trusses, supported by scalloped brackets. Window openings feature lug sills and original 9/9 and 12/12, double-hung sashes. Entrance is via a single leaf solid metal door. Though built much later than original campus properties, the building demonstrates the strict adherence to the Spanish Colonial Revival theme throughout following decades.

#111 Chapel (1958; George W. Stoddard and Huggard Associates, Seattle)

The building has a cross shape footprint and measures 105' x 68' overall, with a central nave and shed roofed volumes flanking the narthex. Walls are poured concrete and rise to a gently pitched gable roof capped by a slender steel fleche. A smooth stucco finish and red tile roof ease the mostly Modern design into its setting. Details include Modernist nave stained glass windows framed by wide cast stone casings on the exterior; small paired arched windows with thick cast stone label moldings; and "oculus" louvers with keystone moldings on each side of the narthex. The most detail is lavished on the arched entrance surround which is composed of stone Corinthian pilasters, and a barrel vault tympanum embellished with acanthus brackets and dentils. Two wide oak doors have ten multiple panels, with brass door knobs and back plates.

The interior has a strong mid-twentieth century Modern program featuring exposed three-hinged, pre-cast arches, blond brick walls, twelve metal "chandelier" light fixtures, and a raised chancel with paneling and modern stained class window. Interior appointments were designed by the architectural firm, and include original ecclesiastical furnishings such as clergy and choir chairs, blond oak pews, electric organ, lectern, and pulpit. The floor plan includes a chaplain's office and Eucharistic room (Catholic chapel), located off of the narthex.

Minor Support Buildings: The following utilitarian buildings and structures lack architectural affinity with much of the campus' Spanish Colonial Revival theme. They do maintain an association with the period of significance and continue their historical functions, but play a secondary role in the district's medical and architectural significance.

National Register of Historic Places Continuation Sheet

Section number _7 Page _14 Name of Property <u>American Lake Veterans Hospital</u>
County and State Pierce County, Washington

#25 Transformer (1951)

This is a non-descript, rectangular concrete block building with a corrugated steel roof and single leaf metal door.

72 Storage/Building/Maintenance Services (1937)

This simple rectangular building is one story in height and has a gabled roof clad with composition materials. It has concrete block construction with stucco finish. Small rectangular window openings with lug sills have been blocked in. A single leaf door provides access.

91 Transformer (1947)

The small non-descript one-story structure of concrete block features a gabled roof clad with standing seam metal painted red. A single leaf metal door provides access.

92 Transformer (1947)

The small non-descript one-story structure of concrete block features a gabled roof clad with standing seam metal painted red. A single leaf metal door provides access.

95 Transformer (1955)

The small non-descript one-story structure of concrete block and has a flat. A single leaf metal door provides access.

137 Transformer (1951)

This one-story square shaped structure of concrete block has a flat roof, and single leaf metal access door.

T97 Welding Shop (1946)

The welding shop is housed in a single Butler Company Quonset. The structure rests on a poured concrete foundation and features a standing seam metal roof. Alterations include modern single leaf and double metal doors, and multi-light windows and transoms in either end, as well as a shed roof addition on the north side. The Quonset was obtained as Army surplus in 1946 and moved onto the ALVH campus. It denotes the common, post World War II practice of utilizing surplus Quonset huts for multiple uses in non military settings.

NPS Form 10-900-a OMB No. 1024-06
(8-86)

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 7 Page 15 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

#T98 Canteen (1946)

Three Butler Company Quonsets create an H-plan building that originally served as the canteen and briefly housed the chaplain's office. The combined structures rest on poured concrete foundations and feature bent corrugated metal panel roofs, asbestos shingle siding, shed roofed dormers with original sashes, and entrance doors with bracketed hoods. The structure has lost some integrity with the removal of its easternmost wing, leaving only the concrete pad and side walls. Siding and features show deferred maintenance. The Quonsets were obtained as Army surplus in 1946 and moved onto the ALVH campus. They denote the common, post World War II practice of utilizing surplus Quonset huts for multiple uses in non military settings.

Structures:

Entrance Gate (no number; no date)

The entrance is flanked by two free standing piers, and two lower walls framed by pilasters. The walls are finished with concrete moldings, and rise into pyramidal caps on the piers. Irregular, rock faced ashlar blocks are laid up with raised beaded mortar joints. Bronze lanterns cap each gate pilaster. The gate feature was constructed by OT patients, using stone donated by the city of Tacoma.

26 Water Tank and Tower (1923, Pittsburgh Des Moines Steel Company)

The 200,000 gallon steel, riveted structure has an inverted arched base and conical roof. The tank itself measures 28' x 35' in height and is supported by 6 inclined, latticed columns, anchor bolted into concrete footings. Total tower height is 146 feet. Columns are further reinforced by two rows of horizontal bars, and by slender crossing brace rods, all connected by riveted gussets. The 8" service pipe is centered below the tank and enclosed by vertical wood boxing. A lattice railing follows the maintenance balcony/walkway midway of the tower. A service ladder extends along one columns and up along the tank, terminating in a cut-out at the conical roof overhang. As of this writing, the structure is scheduled for demolition.

120 Flag Pole/Traffic Triangle (1923)

The triangular feature is defined by concrete curbing and three intersecting sidewalks that align with the front entrances of buildings #8, 9, and 81, and converge on the steel flag pole. Sidewalks are framed by manicured evergreen shrubs.

National Register of Historic Places Continuation Sheet

Section number 7 Page 16 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

Landscape Features (not included in resource count):

Traffic Circles (1923, not numbered)

Traffic circles framed by concrete curbing are located at the end of Chase Drive and Custis Drive to provide terminuses for passage through these streets.

Vegetation and Plantings

The ALVH's native vegetation consists mostly of native Douglas-fir (*Pseudotsuga menziesii*), Oregon "Garry" oak, and Madrona, with occasional use of deciduous trees. Planting beds, common throughout the campus, are found around most buildings margins and are supported in some instances by foundation plantings. This consists of vegetation placed along building foundations, which served to connect and blend the building with the grounds and surrounding vegetation; enhance the architecture and soften harsh architectural lines; and screen objectionable building features such as unattractive foundation walls, etc. The extensive use of lawns in conjunction with native trees and plantings creates a park-like appearance.

In spite of varying maintenance throughout the years, the ALVH campus retains both its naturalistic and designed landscape, underscored by old growth and mature Douglas-fir that dominate all vistas. Expansive areas of lawn provide a simple backdrop, with occasional use of accent beds and plantings and manicured ornamental trees and bushes around some building entrances. There are several areas where recent landscape schemes have introduced inappropriate features and alignments. Most notably are the large granite boulders placed at the central axis on the lake-side of building # 61, and the realignment and modern pavers used at the main entrance of this building. A consistent approach and adherence to original landscape values better maintains the uniform design aesthetic that has characterized ALVH from the beginning.

Small Scale Features

Other small-scale features of note are the metal light standards that flank Veterans Drive, and walkways and low level concrete curbing with rounded edges and cast with a strong aggregate. Concrete walkways are another contributing pattern, providing definition and reinforcing sight lines and symmetry throughout the campus. In places, recent concrete repairs have been made with a non-compatible concrete mixture with fine aggregate and smooth margins which depart from the historic appearance of original curbs and sidewalks.

National Register of Historic Places Continuation Sheet

Section number 7 Page 17 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

Three wood totem poles with carved relief in the tradition of Northwest native peoples are found across from Building #2, in the traffic circle at the end of Custis Drive, and behind the Quonsets (#T98). Though no construction date was identified at this time, the poles appear to date to the modern era. The features merit a notation here for future planning efforts, should they achieve fifty-year status and be determined significant.

NONCONTRIBUTING PROPERTIES

#131 Generator Building (1985)

This one-story rectangular structure of concrete block has a flat roof, and a single leaf metal access door.

132/150 Canteen (1980; 1995)

This is a one-story rectangular building with a flat roof and metal mansard edges, and features narrow fixed windows running vertically. The building is located behind building # 81 on the site of the original rose garden. A darkened glass smoking shelter (#150) built in 1995 is appended to the rear elevation.

143 Linen Distribution (1989)

The building has a large rectangular mass, flat roof, and large loading docks and inclined driveways oriented toward Veteran's Drive. This elevation has shed roof features clad with red tile roofing. Walls are of poured concrete and exterior concrete panels, with minimal window and door openings fitted with darkened glass.

149 Materials Storage Shed (1991)

This tiny wood frame building has a gabled roof, T1-11 vertical siding, and sliding access doors hung on an overhead track.

153 Gazebo (1998)

This is open structure rests on a concrete pad. It has a square foot print and standing seam metal hipped roof supported by square steel columns.

National Register of Historic Places Continuation Sheet

Section number 7 Page 18 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

OMB No. 1024-0018

155 Party Pavilion (2000)

Located adjacent to #153, this open pavilion rests on a concrete pad and has a similar design and plan but is constructed of wood elements, and has a composition asphalt shingle roof.

199 Research/ISS (2008, under construction)

Nearing completion as of this writing, the large two-story building has poured concrete walls and square hipped roof pavilions anchoring each corner.

X Smoking Shelter (ca. 1985)

This one-story square plan, open structure is constructed of concrete blocks and has a gabled roof clad with standing seam metal.

Index of American Lake Veterans Hospital Properties

Bldg.	Year Built	Current/Recent Name	Historic Name	NR Status
2	1923	Nursing Home Care	Infirmary	Contributing
3	1923	Kitchen/Dining Hall	Kitchen/Dining	Contributing
4	1923	Domiciliary	Disturbed Building	Contributing
5	1923	Blind Rehab	Tuberculosis Cottages	Contributing
6	1923	Police/Safety	Continuing Treatment	Contributing
7	1923	Inpatient Mental Health	Continuing Treatment	Contributing
8	1923	Administration	Nurses Qrts./Research	Contributing
9	1923	Auditorium/Recreation	Auditorium	Contributing
10	1923	Staff Quarters	Director's Quarters	Contributing
11-15	1923	Duplex Quarters	Staff Quarters	Contributing
16	1923	Veterans Services	Female Attendants' Qtrs.	Contributing
17	1923	Vacant	Male Attendants' Qtrs.	Contributing
18	1923/32	Research	Occupational Therapy	Contributing
19	1923	Warehouse Annex	Laundry	Contributing
20	1923	M&O/Transportation	Garage & Protection	Contributing
21	1923	Warehouse	Warehouse	Contributing
23	1923	Boiler House	Boiler House	Contributing
25	1951	Transformer	Transformer	Contributing
26	1923	Water Tank & Tower	Water Tank & Tower	Contributing

National Register of Historic Places Continuation Sheet

Section number 7 Page 19 Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

27	1923	Housekeeping/Locksmith	Utility Office & Shop	Contributing
50	1923	Maintenance Shops	Utility Shops	Contributing
53	1923	Single Garage	Single Garage	Contributing
54-58	1931	•	•	Contributing
	1931	Double Garage	Two Car Garage	•
61		Outpatient Mental Health	Continuing Treatment	Contributing
62	1932	Exercise Hall	Exercise Hall	Contributing
71	1932	Library	Dining Hall Annex	Contributing
72	1937	Storage	Storage/Maintenance	Contributing
81	1947	Ambulatory Care	Main Building	Contributing
85	1947	Audiology/Dental	Women Patients	Contributing
86	1946	Switch House	Switch House	Contributing
88	1953	V.A. Police	Police & Information	Contributing
91	1947	Transformer	Transformer	Contributing
92	1947	Transformer	Transformer	Contributing
95	1955	Transformer	Transformer	Contributing
T97	1946	Storage Quonset	Welding Shop	Contributing
T98	1946	Storage Quonsets	Canteen	Contributing
111	1958	Chapel	Chapel	Contributing
120	1923	Traffic Circle/Flag Pole	Traffic Circle/Flag Pole	Contributing
	· 	Entrance Gate	Entrance Gate	Contributing
131	1985	Generator Building	Generator Building	Noncontrib.
132	1980	Canteen	Canteen	Noncontrib.
137	1951	Transformer	Transformer	Contributing
143	1989	Linen Distribution	Linen Distribution	Noncontrib.
149	1991	Materials Storage Shed	Materials Storage Shed	Noncontib.
150	1995	Smoking Shelter	Smoking Shelter	Noncontrib.
153	1998	Gazebo	Gazebo	Noncontrib.
155	2000	Party Pavilion	Party Pavilion	Noncontrib.
199	2008	Under Construction	Research/ISS	Noncontrib.
X	1985	Smoking Shelter	Smoking Shelter	Noncontrib.
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NIS Form 10-900-a (8-86)

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 1

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County</u>, Washington

SUMMARY STATEMENT OF SIGNIFICANCE

The Department of Veterans Affairs hospital at American Lake is a striking institutional campus of Beaux Arts architectural revivalism that serves the mental and physical needs of veteran service men and women. Set along the western shore of a then pristine American Lake in 1923, the hospital claimed national distinction as a highly equipped neuropsychiatric facility, a reputation that continues today. Its collection of Spanish Colonial Revival buildings with smooth walls and red tile roofs speaks of the real or perceived recuperative power of architectural symbols to invoke dignity and nostalgia, and perhaps even healing. An uncommon architectural idiom for federal institutions in the Pacific Northwest during this period, the Spanish Colonial styling is made more exotic by its lake side setting and native cloak of towering Douglas-fir trees.

The boundaries of the nominated district embrace the most cohesive grouping of buildings and structures associated with the period of significance, 1923 - 1958. Properties built between these years reflect the deliberateness of Veterans Bureau planners in maintaining uniformity of design, a pattern evident from the first construction phase and throughout later decades that continued to honor the Spanish Colonial theme. Only in recent years have new building designs pulled away from these precedents. In addition, 1958 marks a transition in the hospital's primary and original focus from inpatient service to out patient and ambulatory care.

The district is significant under criterion A for distinguished care in neurological medicine and outpatient treatment as administrated to U.S. veterans (Health/Medicine), and under criterion C for an esteemed architectural program that adhered both to institutional mandates and to prevailing American design movements (Architecture). The hospital campus also embodies principles of early twentieth century landscape architecture, expressed by an axial entrance promenade; curvilinear drives, native trees and formal plantings, and a hierarchical platting of buildings and services.

The American Lake Veterans Hospital (ALVH) was formally determined eligible for listing in the National Register of Historic Places in 1980, although at that time, the finding was based upon a larger boundary than this current proposal. The original determination boundary extended northwest of Veteran's Drive, including the former agricultural area – animal buildings and orchard – that once sustained the kitchens and dining halls of the institution. In the years since, many of these buildings have been demolished or severely altered, and intervening spaces filled with golf course related

NRS Form 10-900-a OMB No. 1024-0016

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 2

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

functions. Because the integrity and continuity along this side of the facility has been compromised, the area no longer has a strong visual and spatial association with the more cohesive pattern that has survived southeast of Veteran's Drive. Though not a part of this nomination effort, individual surviving buildings such as the barn and root cellar may merit recordation and possible individual nomination as remnants of the hospital farm.

EARLY HISTORY OF AMERICAN LAKE

Several major military installations and medical facilities converge in this part of the South Puget Sound, including the U.S. Army's Fort Lewis, McChord Air Force Base, the U.S. Army National Guard, Madigan Army Hospital, and the nominated property. All of these occupy lands known as the Nisqually Plain, an area rich in pre-history and early Euro American settlement.

Punctuated by a series of small wooded pocket lakes, including Sequalitchew Lake, Steilcoom Lake, and Gravelly Lake, the plain has drawn much human interest from the beginning. The Nisqually people first called America Lake, "Spootsylth," later named by the British, "Lake Tolmie," after the English Hudson's Bay chief factor; and finally, "Richmond Lake" after a Methodist missionary. The lake's original inhabitants — among them, the Nisqually, Puyallup, Squaxin Island, and Steilacoom — practiced prairie burning and other agricultural pursuits, the record for which lies within a number of recorded archaeological sites and traditional cultural properties, several of these located inside the boundaries of the current ALVH.

White settlement of the area, first by British fur trade interests and by the Hudson's Bay Company near Fort Nisqually took root in the 1840s, with a dozen sub-farms or outposts sprouting in the vicinity. American Lt. Charles Wilkes, explorer of the Pacific, landed him and his crew at Nisqually in 1841 to investigate the value of English held lands there. Soon after, the subject area became American Lake following an Independence Day celebration among the seven Americans that made up the U.S. population north of the Columbia River on that date.

The corporate farms of the Hudson's Bay Company eventually gave way to American interests, as the U. S. border was established at the 49th parallel, eastern Americans and immigrants pushed on to the land, towns with desired amenities. In 1860, the U. S.

¹ "Lakewood, WA - Images of America," by Steve Dunkelberger and Walter Neary, Arcadia Publish, 2005: Charleston, SC; Chicago, IL; Portsmouth, NH; San Francisco, CA.

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United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 3

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

government began constructing wagon roads and other major arterials such as Military Road, attracting greater agricultural settlement and town building throughout the mid to late nineteenth century. Donation Land Claims soon followed, with a major filing in 1855 by Sherwood Bonney in Sections 8, 9, 16, and 17 that included hospital lands, and two structures depicted on an 1871 Government Land Office map associated with E. R. Rogers.

In 1904 the lands to the north were the scene of an encampment of Buffalo Soldiers where the region's first exercises of Army and National Guard troops were staged. These events coalesced in 1912 as the U.S. military sought a permanent installation, culminating in 1918 with the opening of Camp Lewis.

Just before the turn of the nineteenth century, the area that eventually attracted a hospital for American veterans was fondly known as the "Lakes District," a playground for Tacoma's wealthy. The largest among the cluster of lakes, American Lake drew Steven M. Nolan to its western shore in the 1880s, where he built a three-story Victorian confection lavished with turrets, multiple gables, and every kind of millwork ornament (Figure 1).² The mansion, called "Bell Mar Villa," was completed in 1889. The family purportedly built a lakeside cottage to the southeast along the shore. Previous research and current archaeological investigations suggest that the primary house was located on the site of the hospital's current main parking lot.³

The Nolan house reportedly existed at the time the Veterans Bureau was seeking a location for its planned neuropsychiatric care facility. The grand home was, however, no longer standing when ground was broken in January of 1923.

THE DEVELOPMENT OF VETERANS HEALTH CARE

Today's system of medical care for veterans owes a debt to the non-federal care program for disabled soldiers established in the mid nineteenth century. Legislative support for such facilities came in 1851 when Congress authorized the U.S. Soldiers' and Airmen's Home in Washington, D.C. The aftermath of the Civil War compelled new interest in providing for returning war veterans, and on 3 March 1865 Congress created the National Home for Disabled Volunteer Soldiers, an agency to provide a place of residence,

Ibid. Bell Mar Villa is depicted on p. 39.

³ Archaeological investigations conducted in Summer 2008 included comprehensive research, field survey, and testing of both historical and prehistoric archaeological resources.

NPS Form 10-900-a
OMB No. 1024-0018

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 4

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

complete medical treatment, and hospital care. The first home was established in Augusta, Maine, and soon after, others were established in Dayton, Ohio; Milwaukee, Wisconsin; and Hampton, Virginia. Over time, these homes attained a reputation as dilapidated resting places for aging Civil War and Spanish American war veterans. Poorly managed, these facilities had outgrown their earlier esteem for innovation and excellence in medical treatment, and many younger veterans felt slighted by the preference given the older tenants.

The close of World War I brought unprecedented demands for handling the large number of younger soldiers returning from battle. Unable to absorb this challenge, the National Home was eclipsed by a new governmental agency, the Veterans Bureau, established by Executive Order in 1921.⁴ An inauspicious beginning under first director Charles R. Forbes left the Bureau with a further record of scandal and mismanagement, but not before it achieved an ambitious building program of modern hospital facilities with improved staffing. The ALVH is a product of this era.

At the beginning of his tenure, Forbes quarreled with President Warren G. Harding's personal physician, Charles E. Sawyer, who believed in combining all classes of veterans' benefits under one roof. Forbes philosophy of segregated care prevailed, as did his template of prototype buildings for the categories of patients for whom he felt segregation was appropriate. The use of "standard" designs by the Veterans Bureau was not a new concept in government. The military had long standardized designs for barracks, quarters and other facilities at least since the last quarter of the 19th Century when scattered garrisons and frontier outposts were replaced by concentrations of troops into large, permanent posts, usually at railheads. But, the manner in which standard designs were used for the architectural set of hospitals reflected a new direction and application.

The selection of sites for veterans' hospitals during this period was based upon a number of factors. The most important included, 1) Demographics - The nationwide distribution of eligible veterans in need of care and the type of care needed compared to the availability of existing beds; 2) Type of Facility - General siting of neuropsychiatric and tuberculosis hospitals (long term care facilities) on large tracts of land away from major urban centers; 3) Availability of Federal Lands - The transfer of existing federal lands

⁴ Eventually, in 1930, all veterans' benefits would fall under one agency, thereby uniting the National Home and the Veterans Bureau into one agency.

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OMB No. 1024-00,

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 5

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

between agencies and the transfer of facilities with structures suitable for or adaptable to medical care use avoided acquisition and some construction costs; 4) Local Initiatives - Local communities, state governments and citizens' organizations support for the location of a veterans hospital in a specific location with offers to donate land, funds, existing facilities or facilities under construction; 5) Political Sensitivity – Potential site located within the home states or home communities of prominent political leaders.

Other factors which determined the selection of specific land parcels included the suitability of the land for construction, a healthful environment and/or climate, the availability of water and utilities and proximity to regularly scheduled public transportation. In addition to site selection criteria, the Bureau prescribed the following standardized building types and features for its veterans' hospitals. Surviving buildings found at ALVH are noted in parenthesis:

Main Hospital Building (Originally Building #1; replaced by #81) – A main administrative and clinical building, usually four or five stories, including about 200 hospital beds each. The main building provides the medical and surgical center for the hospital. It includes medical administrative space, operating suite, receiving ward and clinics. Basically the Main Building is a combination of the neuropsychiatric features necessary for the treatment, protection and safety of patients and all of the facilities for a general medical hospital.

Acute Building (Disturbed Building # 4) – Designed for the care and treatment of patients disturbed to such an extent that they require intensive treatment or that they may be dangerous to themselves or others. The purpose was two fold; to provide specialized treatment and to keep these patients segregated from the less seriously ill.

<u>Infirmary Building (#2)</u> – Designated for patients suffering from physical deterioration was well as neuropsychiatric disabilities and capable of doing little or nothing toward their own care. Composed of mostly bedridden patients requiring close supervision and constant care, these facilities included dining rooms and kitchens within the building.

Continued Treatment Building (#6, 7, 61) – Housing for able-bodied patients with chronic conditions or a degree of recovery for which restriction and observation are still required. Patients in this category took meals in the main dining hall building and participated in the occupational therapy program.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 6

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

<u>Parole Building</u> – Patients housed in this type of facility were sufficiently recovered physically and mentally to care for themselves with nominal supervision. Parole patients not only took meals in the dining hall but had access to the recreation building.

<u>Dining Hall Building (#71)</u> – The dining hall contained not only dining rooms but kitchens, facilities for refrigeration, food preparation and storage for subsistence supplies.

<u>Recreation Building (#62)</u> – The recreation usually contained a lounge for cards, billiards and other games, an auditorium and library.

Residential & Quarters Buildings (#10-17) — The residential and quarters buildings included a single family dwelling for the Director (then called the Manager), two duplex units for key staff and their families and the appropriate number of non housekeeping or dormitory living units for nurses and attendants. By 1923, quarters for female staff had become available and the ALVH reflected this accommodation in Building #16.

<u>Utility Group (#19-21, 23, 26-27, 50)</u> – Composed of the boiler house, laundry, storehouse, garage, shops, firehouse (if applicable) and farm buildings.

<u>Connecting Corridors</u> – The use of connecting corridors between buildings served two functions; patient control and the movement of patients and staff throughout the complex in adverse weather.

AMERICAN LAKE VETERANS' HOSPITAL NO. 94

Like much early veterans care throughout the country, Washington State's first facility in the area was an Old Soldiers' Home at Orting. Founded in 1891 for the housing of veterans who served in the Civil War, the present Orting campus was constructed in 1905 to provide services for eligible veterans, their spouses and widows living off-campus in the Orting area.

In the first two decades of the twentieth century, just before a veterans' hospital was contemplated for American Lake, many area soldiers were treated at Cushman Hospital, a collection of late nineteenth century wood frame buildings located just east of downtown Tacoma.⁵ The Cushman Veterans Bureau Hospital No. 59 continued to treat veterans through 1926, providing both general and tuberculosis care. The inadequacies of the

⁵ By 1928, the Cushman facility was converted for use as an Indian school and was given to the U.S. Indian Service as a tuberculosis treatment unit. The buildings were demolished to erect the Modern style Tacoma Indian Hospital in the 1943. Formerly located on a hill at the site of present day Puyallup Indian Reservation medical and casino buildings, the facility was demolished in 2003.

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United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 7

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

facility – short patient stays and rapid turnover – were eventually underscored by the proficiencies of the new American Lake hospital. During the 1920s, a few veterans were also receiving care at the Western State Hospital, located west of American Lake at Steilacoom. Altogether, these facilities were viewed as insufficient for the growing medical needs of war veterans. The national move by director Charles Forbes of the Veterans Bureau to bolster the quality and number of veterans' hospital facilities was soon manifested at the bucolic lakeside setting south of Tacoma.

In January of 1923, the Secretary of War granted the Veterans Bureau permission to "occupy and use as a site on which to erect and maintain a hospital for the treatment of neuropsychiatric disease, that portion of the Camp Lewis Military Reservation, Washington . . ." Even today, while ALVH buildings are the products of the former Veteran's Bureau, the land upon which they stand remains, in effect, the property of the U.S. Army. Encroachment of the original hospital grounds by the Army has happened in the past, and a portion of the northwest hospital boundary will soon be consumed by privatized Army housing. The U.S. government paid \$5,000 for the hospital lands, which included "a large frame house which stood near the site of the present building 85." This was presumably the grand Victorian mansion, "Bell Mar."

Soon after the license was granted, a spade turned ground in January 1923 for the construction of Veterans' Bureau Hospital No. 94 at American Lake, consisting of twenty-eight buildings designed to provide the best in neuropsychiatric care (Figures 2 – 11). Construction of the buildings was awarded to the local firm, Hurley-Mason of Tacoma with a contracted cost of almost \$1,400.000. Supervision of all work was conducted by Walter Gordon, construction engineer for the Veterans Bureau. The winter of 1923 saw rapid progress on the first structures, and by December of that year, buildings 1, 9, 11, 12, 13, 14, 15, 16, 17, 18, 20 and 21 were inspected by the medical officer in charge, and approved by U.S. Army Captain Edwin C. Gere, constructing quartermaster. The American Lake facility opened officially on 6 February 1924 under the direction of L. M. Wilbor, M.D., with a total bed capacity of 305.

⁶ A copy of the license dated 3 January 1923 that permitted the use of 377 acres of U.S. Army lands for a veterans' hospital is on file at the American Lake VA Hospital property management office.

⁷ "A History of the United States Veterans Administration Hospital, American Lake, Washington," by Mary A. Curtis, Appendix VIII note: 1924

⁸ Ibid. This personal history by Mary A. Curtis provides a through overview of the hospital's history and chronology of development.

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United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 8

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

A water supply for the hospital was identified at nearby Sequalitchew Creek, the same source used by Fort Lewis. Water was piped to the commanding steel water tower and tank (#26), built in 1924 by the War Department. Adapted from a standardized design of the Pittsburgh Des Moines Steel Company, the Quartermaster plan also called for a gabled concrete sewage tank house finished in stucco and clad with a tile roof in the manner of other hospital campus buildings. Formerly located at the southwest side of the installation, the building was demolished a number of years ago and survives only as concrete foundation footings.⁹

Newspaper accounts spoke favorably of the wooded lakeside setting, and of the aesthetic and architectural refinements intended to help salve the mental wounds of patients. The attractive facility was a clear departure from the grim "asylum" type projects of previous years. The layout and relationship of buildings also fell in line with VB Director Forbes' views about patient segregation and overall campus functionality.

The hospital's final seven buildings (#2, 6, 7, 23, 24, 27, and 28) were completed in January of 1924. Additional amenities included a ball park with grandstands, and tennis courts, previously located on the site of the current main parking lot, and a golf course that was greatly expanded in 1959. The ALVH was a self-sufficient operation, complete with orchards, vegetable gardens, chicken houses, animal quarters, slaughter facilities, and horse barns and other outbuildings (Figure 18). Like the nearby Western State Hospital that produced large amounts of sauerkraut, and featured an orchard area with apples, peaches, cherries, and pears, the American Lake facility was somewhat remote and isolated from major food suppliers. On site animal tending duties also proved therapeutic for patients able to pursue activities outside of the immediate hospital grounds. Both Western State hospital and ALVH ceased their farm operations in the early 1960s, the latter due mostly to expansion of the golf course.

In the early years, most of the hospital's doctors were drawn from the Army Medical Corps, though a shortage of medical personnel during the Second World War pressed a detachment of soldiers into service as ward attendants. Staffing for the facility director and doctors were housed in the residential quarters located along Chase Drive. The one single family home and five duplexes were soon accompanied by vehicle garages, which were modified and enlarged in following decades to accommodate increasingly larger automobiles. The nursing staff was established from the beginning with the first chief

As of this writing, the water tower (#26) is scheduled for demolition.

[&]quot;A History of the United States Veterans Administration Hospital, American Lake, Washington," p.7.

National Register of Historic Places Continuation Sheet

Section number 8 Page 9

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

nurse Olive B. Sweet reporting for duty on 27 November 1923. Building #8 originally served as the nurses' quarters, while quarters for female and male ward attendants were provided in buildings #16 and #17, respectively. In addition to medical staffing, recreational and other services were provided by the American Red Cross, an active program that provided social services from 1924 until 1928. A program for dental care existed upon opening, and continues to this day.

Although an institutional focus upon opening, psychiatric care at ALVH was not fully credentialed until the 1940s. Appointed in 1946, Masters' level psychiatrist, Irene Harmes served as the first civil service psychologist. Soon after, the hospital received its first doctoral level psychiatrist, Dr. James Stauffacher, appointed Chief Psychiatrist in 1947. Psychological evaluation dominated the work of the hospital, with diagnostic testing a standard for all incoming patients. At first, all psychology staff was clustered in a centralized department, a pattern that eventually gave way in the 1960s to individual psychologists stationed in each ward.

Reports describing the new American Lake hospital bore out the progressive treatment approach advocated by Forbes. Residential and recreational buildings were clustered near the entrance, with a gradual progression toward administrative services (# 1, now #81), and the infirmary (#2) that housed treatment rooms, surgery, laundry, and the original canteen. Further down Custis Drive were two identical buildings (#6, #7), both providing living units for patients based upon their type of ailment and compatibility. Beyond was the Disturbed Building (#4), devoted to the care of the most severe mental cases and appointed with special safety mechanisms such as thermostatically controlled water, enclosed stairways and lighting fixtures, and piping embedded in walls, all precautions to eliminate danger to an "irresponsible patient." Directly across from this building was a long, one-story structure (#5) that housed mental patients suffering from tuberculosis. As with all of the patient domiciliary buildings, this one was sited toward the lake, with ample views and orientation to draw in fresh air. Buildings for vocational activities were arranged at a distance, as were facility support structures such as the steam plant, warehouse, and garage.

Among the developments at Veterans Bureau hospitals, occupational therapy stands out as a key legacy of the agency's therapeutic approach. At the ALVH this emphasis is expressed by the structures devoted to this purpose, including building #18 that housed

^{11 &}quot;A History of the United States Veterans Administration Hospital, American Lake, Washington," p. 10.

¹² Tacoma News Tribune, 2 November 1923, "New U.S. Hospital Last Word in Care for Mentally Ill!"

NPS Form 10-900-a
OMB No. 1024-0018

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 10

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

Occupational Therapy services (OT). Upon opening, the hospital had no formal program of vocational training, though arts and crafts and regular outdoor exercise were championed by first superintendent, Major L. W. Wilbor. Soon after, in 1926, A. S. Rennord was appointed as Chief Aide for OT until his retirement in 1946. His legacy includes the establishment of reed, textile, and wood workshops for patients. Many campus outbuildings were built by his patients, including the brooder house, cockerel shed, hen house, labor rest house, implement and temporary sheds, and grandstand, the latter of which remained until 1958. The entrance gates were also constructed by OT patients, who used salvaged stone provided by the city of Tacoma. Bronze lanterns topping these gates are also the product of their handwork, and surviving light fixtures in various buildings may also be attributed to patient craftsmanship. 14

Other therapeutic techniques that found credibility at the new hospital included music therapy. As early as 1928, experiments with music as a healing tool were undertaken on individuals, the study concluding that classical music soothed patient nerves, while jazz caused agitation. By 1955, the curative role of music was fully accepted and many OT convalescents were making sophisticated musical instruments.¹⁵

Though hailed as one of the finest facility of its kind in the nation upon opening ceremonies, the American Lake Veterans Hospital soon required expansion. With the pending closure of the Cushman hospital, administrators anticipated the need for additional beds to treat the large population of World War I veterans. At the end of 1928, U.S. Senator Wesley Jones of Washington secured a \$1,500,000 appropriation for enlargement and improvement at American Lake. Apart from the neuropsychiatric care at ALVH, there was growing interest in applying a portion of the funding to establish a medical and surgical branch.¹⁶

The first of the new building projects added one hundred beds under a general contract awarded to Leonard Dioguardi of San Mateo, California. This was accomplished by extending the wings on Building #2. Other new provisions included a separate dining hall (#71) with a breezeway connection to Building #3, and wing extensions on buildings #3 and #4.¹⁷

Tacoma Daily Ledger, 25 July 1924, "Hospital Here is One of Nation's Finest."

[&]quot;A History of the United States Veterans Administration Hospital, American Lake, Washington," p. 6.

Tacoma Daily Ledger, 19 February 1928; and Tacoma News Tribune, 17 July 1955.

Seattle Times, 1 January 1929, "Johnson Asks Expansion of Vet Hospital."

Tacoma Daily Ledger, 2 July 1929, "Hospital Work to Start."

NIS Form 10-900-a CMB No. 1024-9016

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 11

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

As convalescing and psychiatric needs were being met by the Veterans Bureau, a tuberculosis epidemic pressed some facilities into another kind of service. As a result, the number of hospitals nationwide increased from sixty-four to ninety-one, and the architectural features of buildings responded accordingly. At ALVH, buildings #2 and #3 were extended with flat-roofed, open air porches. The large windowless porches had scalloped openings fitted with thick wire screens and decorative metal railings. With the exception of Building #3, all original tuberculosis porches have been remodeled and infilled with glass windows held in modern mullions.

By 1930, the National Home, the Veterans Bureau, and the Pension Bureau of the Department of the Interior were consolidated to form the Veterans Administration (VA). In spite of the onset of the Depression, American Lake realized several major construction projects, including the addition of another continuing treatment building (#61). A significant addition to the campus, the building's large "H" shaped footprint originally had a main entrance on the lakeside, defined by a grand classical entablature, raised double staircase, and prominent walkway. Another significant project, the Art Deco exercise hall (#62) of 1931, was the hospital's first stylistic departure from the Spanish Colonial Revival formula used exclusively up to that period.

The close of World War II brought not only dramatic pressures on facility infrastructure, but raised the intensity of neuropsychiatric demands. Returning war veterans, combined with existing veterans overwhelmed the system with a total of fifteen million potential users. Unable to meet the need, the VA temporarily directed soldiers to Navy and Army hospitals until new facilities were completed.¹⁹

The psychiatric profession at the time focused its treatment of WWII veterans in three major ways: 1) An increase in mental health services for soldiers, and a move toward group therapy programs; 2) More emphasis on outpatient care; and 3) The development of specialized mental health care programs.²⁰ The ALVH campus responded with necessary building expansion, and bolstered its staffing with the first doctoral level

Neuropsychiatric patients accounted for more than half of the VA's patient population in the 1930s, while only 13 percent of the population was affected by tuberculosis. By 1930, the VA health care system had grown from 54 hospitals to 157 medical centers in 2005. After WWII, 8,633 beds were added in VA facilities throughout the country. This period saw the addition of 25 more hospitals and additions to 11 others. See: http://www.vetscommission.org/pdf/Veterans Past Present_Future-ch-3.pdf

http://www1.va.gov/opa/feature/history/history5.asp

²⁰ The history of psychological treatment by the VA is discussed in <u>Treatment Contributions of VA Psychologists after WWII</u> by Rodney R. Baker.

NPS Form 10-900-a (8-86) OMB No. 1024-0018

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 12

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

psychiatrist, Dr. James Stauffacher, and the establishment of the hospital's first psychological counseling program.

In the spring of 1945, plans were announced to increase the hospital's existing capacity of 710 beds to 2,200. Veterans Administration Chief Hines requested appropriation of \$30,000,000 for VA expansion would pass along \$1,400,000 for the ALVH. The funding resulted in the largest and highest profile buildings to-date, including a total replacement of tiny Building #1 with the three to five-story main building (#81), and a building for women patients and drug abuse cases (#85) of equal scale and stature. Until this time, all hospital structures had been no more than two stories in height. The Baroque entrance treatments, scalloped moldings, and overall detail of these two buildings surpassed that of Building #2, and instituted a more robust Spanish Colonial Revival character on the campus.

Contracts were awarded to the Macdonald Building Company of Tacoma for these two projects. The relatively remote siting of Building #85 at the southwest end of Veterans Drive was clearly a privacy measure to separate female veterans from the male dominated facilities of the core campus. World War II had pressed women in to service as never before, and the creation by Congress in 1943 of the Womens' Army Corps (WAC) meant a new category of veterans returning from war with medical needs. Up to this time, the nearest care for women veterans was in Los Angeles. Completed in 1947, the three-story women's ward had a total capacity of 87 patients, and provisions for occupational therapy, dining room, library, beauty parlor, lab, and clinic. The demand for care units for women would grow as General Dwight Eisenhower and President Truman signed into law, the Women's Armed Services Integration Act, recognizing women as a permanent part of the Army, Navy, Marines and Air Force.²¹

The following two decades saw little construction on the hospital grounds, but mostly the remodeling of existing interiors to fit changing preferences in patient care and treatment. The outpatient emphasis transformed neuropsychiatric care at ALVH, as did the growing use of drug therapy to treat trauma patients. Group therapy sessions, and bio-chemical research were other innovations, as reflected in the conversion of building #8 to laboratory and research facilities.

After 1958, the proposed end date for the period of significance, the ALVH continually revised its programs and services, evolving beyond its original mission of providing in-

^{21 &}quot;Pass the Womens' Health Care Improvement Act," in: http://thehill.com/op-eds/pass-the-womenveterans-health-care-improvement-act-2008-03-10.html

NPS Form 10-900-a

OMB No. 1024-00115

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 13

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

patient neuropsychiatric care. This year also marks the construction of the last contributing member of the district, building #111 (chapel), designed in a modernist, yet compatible design to provide the first-ever permanent quarters for religious services.

In the following years, the hospital's role moved increasingly toward outpatient and multi-care services. Subsequent expansions included the addition of seventy-seven new beds in 1967 for Vietnam War veterans. Further enhancements have included an ambulatory surgical unit, nursing home unit, blind rehabilitation services, and a substance abuse treatment program. In the last two decades, additional special programs for vocational rehabilitation, residential care, and post traumatic stress treatment have been added. In 1998, building #81 was renovated, and relocated the Primary Care Services and a women's health clinic to the building.

ARCHITECTURAL CONTEXT

As the Veterans Bureau assumed the major share of medical care for returning World War I veterans, the design of its buildings fell under the jurisdiction of the Office of the Supervising Architect of the Treasury (OSAT), with assistance from the Quartermaster Construction Services Division of the War Department. The original ALVH complex was a direct response to the carefully controlled design protocol of the former. In the prior decades following the Columbia Exposition of 1893, OSAT designs were almost exclusively faithful to the Beaux Arts classicism showcased at the fair. The agency oversaw the production of public structures throughout the nation for close to a century, and through its Beaux Arts signature, left an indelible mark on America's urban landscape. ²²

James A. Wetmore was Acting Supervising Architect between 1915 and 1933, during the period of the ALVH's design and construction. Just before his tenure, the OSAT began standardizing design work for its projects, much to the frustration of the private architecture community, which continually pleaded for more participation in federal design work. For two decades, Wetmore mostly maintained limitations on private architects, favoring a rigorous classification of buildings based upon location, costs, economy, functions, and availability of materials. He relented briefly after challenges by the Architectural Institute of America, but continued his push for efficient buildings with

In <u>Architects to the Nation</u>, Antoinette J. Lee provides a detailed history of the OSAT, its origins, administrative evolution, and architectural legacy to the nation. The agency was eventually absorbed by the Public Buildings Administration, and finally became the General Services Administration.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 14

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

the best cost savings. In the 1920s, critics disparaged his position, fearing a country blanketed with uninspired "factory type" buildings.²³

In keeping with Wetmore's philosophy, the OSAT's designs for War Department's veterans' hospitals were based upon a standard set, with plans that emphasized the overall integration of functions while isolating health care, administrative, residential, recreational, and maintenance activities. Regardless of revival styling, these hospital complexes adhere to Beaux Arts precepts, with symmetrical massing, a hierarchical layout of building function and placement, and a logical progression to building entrances with embellished surrounds. But by the 1920s the palette of designs included not only classicism, but revival styles such as Georgian, Colonial, Mission, and Spanish Colonial.

Throughout the collection of drawings for the twenty-eight original ALVH buildings, there is rarely an architect attribution, only the signatures of regional War Department Quartermaster Construction Services supervisors and OSAT officials. Identifying particular contributing architects for the ALVH's first buildings is therefore difficult, given that the OSAT's design philosophy was dictated not by individual designers, but by an established institutional format wherein architects had little opportunity for personal expression. However, the onset of the Depression brought new pressures to employ outside the system and relaxed many of the earlier restrictions on the use of private firms. A brief nod to private commissions can be seen at ALVH in the design of the Exercise Hall (#62), which directly cites the firm of McWilkins, Cole and Weber.

Although many veterans' medical centers built during the first decades of the twentieth century exhibit Beaux Arts styling, the particular revival style chosen was often intended to invoke established themes from a region or locale. For example, the National Register listed VA Medical Center District in Alexandria, Louisiana is a campus of eclectic buildings designed in the "French manner." As described in the nomination, "a French style was employed at the hospital complex in Alexandria because it was considered appropriate to the French traditions of Louisiana." Similar uses of the Colonial Revival and other regional idioms are found throughout the VA inventory and mostly reflect an affinity for the dominant local heritage.

The application of a Spanish Colonial Revival theme at American Lake is somewhat of an anomaly among other period VA hospital campuses in that western Washington does

¹³ Ibid, pp. 219-227.

National Register of Historic Places nomination form for the "Alexandria, Virginia Medical Center District."

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 15

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

not have a strong Spanish architectural connection. Given the lack of an overt "Old World" building tradition in the Pacific Northwest, there was little reason to emulate a particular style for the new hospital complex. Planners could draw upon a palate of Beaux Arts revivalist themes then in vogue for federal facilities. This pattern can also be found nearby in the first buildings at Fort Lewis that feature Georgian Revivalism, and the Tudor Revival styled officers' quarters (1938-1942) built at the original McChord Air Field.

Identified by the current Department of Veteran's Affairs as "Neo-Pico: Spanish," the ALVH campus bears only the faintest reference to a Spanish Colonial influence, although some of the more prominent buildings display Spanish Baroque style entrance surrounds with pilasters, scrolled pediments and bold finials. In fact, throughout the catalogue of VA facilities, "Neo-pico: Spanish" is only applied to the American Lake facility, the "pico" nomenclature acknowledging the small degree of Spanish influence.

Apart from smooth exteriors and hipped roofs with red tile cladding, the balance of many of these buildings draws equally from latent Arts and Crafts styling. This is evident in the consistent use of deep soffits with exposed decorative brackets, and shed roof porches with Craftsman style lintels and square porch columns with plain capitals. Another example may be observed in Building #18. Designed in 1922 by A.L.B. Stewart of the War Department's Quartermaster Corps, the building originated as a plain rectangular mass of brick, with no ornament. However, major additions in 1931 increased the building footprint three-fold, with entry door hoods supported by over-scaled knee-brace brackets more typical of Craftsman architecture.

Though not a federal veterans' facility, the former Northern State Hospital for the Insane in Sedro-Woolley, completed in 1912 and expanded in the 1920s, is the region's other prominent example of a Spanish Colonial Revival institution, exhibiting similar smooth exterior walls, hipped roofs, and red tile roofs with scalloped parapets and exposed rafters (Figures 19-20). Converted in 1978, the old hospital now houses a multi-service center, with quarters for the Young Adult Conservation Corps and office space for the Department of Social and Health Services. ²⁵

Information about the history of the Northern State Hospital for the Insane can be found at, http://www.skagitriverjournal.com/NearbyS-W/NSH/NSH1-Intro.html

NIS Form 10-900-a OMB No. 1024-9018

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 16

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County</u>, <u>Washington</u>

Modernism

Although the Spanish Colonial theme prevailed at ALVH, the campus was not academically immune from national trends. The Exercise Hall (#62) is a notable example of Art Deco styling, and reflects the novelty of the design movement that had become a hallmark of many federally funded Public Works Administration (PWA) projects constructed during the Depression era. This design mode has been categorized as PWA Moderne, a movement that occurred mainly in the 1935-1940 period. Like its Spanish Colonial antecedents, the hall is essentially a minimalist variation of Beaux Arts-inspired classicism. Designed by the firm, McWilkins, Cole and Weber, the building sports the stepped geometric ornamentation common to early Art Deco buildings, but is executed within a basic classical composition. Although the building's style departs from the Spanish revival format, its low lying profile, coloring, and smooth walls assimilate with the rest of the hospital campus. Such modern expressions reflect the War Department's later accommodation of other than traditional period revivals.

The district's most recent contributing member (1958) features an anachronistic design that nonetheless blends with the overall Spanish inspired theme. Building #111, the Chapel, boasts a distinctive mid-twentieth century Modernist composition by a prominent Seattle firm of George W. Stoddard-Huggard Associates, Architects and Engineers. Building upon his father's original firm, G. W. Stoddard designed numerous commercial and residential buildings in the Seattle area. The firm's catalogue of work embraces almost every period revival theme, as well as practical industrial compositions. Toward the end of his career, Stoddard formed a partnership with Francis Huggard and produced many designs for schools and institutional buildings.²⁷

Regarded as "Mission Style" by the firm, the chapel building marks the end point of a vastly productive career, and the firm's deft handling of modern trends. Having produced the bulk of their designs for Seattle clients, the American Lake building is somewhat unusual among the firm's works. The use of a Modernist idiom set within a context of Beaux Arts revivalism was no doubt sensational for the time, and in spite of red tile roofing and smooth exterior, was a bold departure from the rest of the campus buildings. Because of the ecumenical nature of the chapel – developed with Protestant, Catholic, and Jewish oversight – the use of a design with little historic or cultural lineage

A useful discussion of the emergence of this design mode is included in Craig, Lois <u>The Federal Presence – Architecture, Politics and Symbols in United States Government Building.</u>

²⁷ A discussion of the firm can be found in the Seattle Landmark Nomination Application for the "Metropolitan Printing Press Company, 1923" by Mimi Sheridan, January 2008.

OMB No. 1024-0018

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 17

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

may have been viewed as an appropriately "neutral" style. The chapel is the singular example of mid-twentieth century Modern architecture on the hospital campus.

The most discordant elements of the district are Quonset huts (#T97, T98). A raw utilitarian presence among the refined Spanish Colonial buildings, the Quonsets recall the common reuse of these durable wartime Army surplus structures. Developed by the Butler Manufacturing Company of Kansas City, Missouri, the all-steel hut had U-shaped arched ribs that created a slightly more than a half circle profile. Butler was among several American companies that adapted the British Nissen hut of World War I into a signature building of the Second World War. Brought onto the campus in 1946 as Army surplus, the structures feature end walls framed with steel and enclosed with standing seam metal sheets, and shed roofed dormers. 28 Both #T97 and T98 have experienced some loss of integrity through removal of a wing, new window and door units, and a shed addition. Campus plans after the late 1940s indicate several other now removed Quonsets identified as "temporary" structures. A review of National Register listings nationwide reveals that few Quonsets are registered, and only in cases where the structures are associated with an historical context or event of consequence, an argument that cannot be made for the ALVH structures. The ALVH Quonsets are not significantly associated with a particular medical event or accommodation, and simply reflect expedience in meeting general space demands.

Site Planning and Landscape Architecture

Upon entrance via the long axis of Veterans Drive, the visitor to the ALVH is stuck by the presence of towering old growth Douglas-fir, and occasional native madrona and Garry oak. The dense wooded setting has a long backdrop of grass, and is interspersed with small deciduous trees that flank the drive, with a mostly unaltered forest buffer that extends along the southeast margin toward the lake and "Picnic Point," a natural area not included in this nomination.

In addition to native trees and vegetation, the ALVH exhibits a designed plan, spatial relationships, and planning devices that reflect the influence of national practitioners in civilian landscape planning and design that emerged at the beginning of the twentieth century. Landscape architects, like engineers and architects, served in the War Department's Construction Division of the Quartermaster Corps. They applied design

²⁸ Chiei, Chris and Julie Decker, editors, <u>Quonset Hut: Metal Living for a Modern Age</u>, Princeton Architectural Press: 2005; and "Seabee Museum and Memorial Park – Quonset Huts" at, http://www.seabeesmuseum.com/Quonset_Huts.html

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 18

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

features central to their profession and, later, to the profession of town and city planning. These features are reflected today in designed circulation patterns and road profiles, specifically defined uses for certain areas, the early association of automobiles with residential areas, and so on. As a result, there is an emphasis on curvilinear drives, ellipses, traffic circles, and both naturalistic and designed vegetation.

National movements in city planning had a direct impact on federal and military facilities such as ALVH, as well as nearby McChord Field and Fort Lewis to the east, where civilian town and city planning principles were clearly at work. The influence of planned communities like Riverside, Illinois; Forest Hills, New York; and Radburn, New Jersey are noted and provide a useful guide by which these facilities may be understood.

The years between WWI and WWII were quiet ones for civilian city planning. By the late 1920s the profession had given rise to an illustrious experiment, a complete city. Radburn, New Jersey, a bedroom satellite for New York City designed by Henry Wright and Clarence S. Stein in 1927 became "a milestone in the history of American town planning." The Radburn idea came to mean separating pedestrians and motorcars by selectively developing large blocks of land. The sides of these irregular-shaped blocks were defined by roads while narrow, cul-de-sac service lanes led to garages and homes, a pattern strongly evident in the residential quarters along Chase Drive and their segregated row of garages behind. ³⁰

At ALVH, the layout, organization, and self-sufficiency reflect these lingering ideas, including curving primary and short secondary roads; an emphasis on open spaces; separation of residential, administrative, recreational and educational areas; and a concern with establishing and maintaining boundaries. At either end of the district traffic circles provide nodes to convey vehicles, slow speeds, and define circulation routes. Concrete walkways laid with a heavy aggregate provide clear pedestrian access between buildings and along streets. The most prominent device, Flag Pole #120 (Figure 17), has three concrete walkways framed by hedges, and reinforces sight lines and unites visual relationships of three primary building (#8, 9, 81). Relatively isolated from urban centers and amenities, the hospital also had provisions for patient recreation, including a waterfront dock, ball field, and tennis courts.

Newton, pp. 491-495.

Normal T. Newton, <u>Design on the Land</u>, (Cambridge: the Belknap Press of Harvard University Press, 1971) p. 482.

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United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 19

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

Another vestige of a national landscape concept popular in the 1920s in the United States, foundation planting, had an impact on the ALVH. It consisted of planting trees and shrubs along building foundations which served to connect and blend the building with the grounds and other plantings; enhance the architecture and soften any harsh architectural lines and; screen objectionable views. Foundation plantings emphasized the largest or most conspicuous plants at accent points – entries and corners of buildings – with smaller, textured plants in between.

At ALVH, little of the original foundation planting scheme remains. In 1954, a major landscaping project redefined much of the immediate vegetation around buildings and called for the removal of overgrown foundation plants and trees. Planting plans denoted the placement of new specimen trees, with an emphasis on flowering plants such as azaleas, magnolias, dogwood, jasmine, and holly. Entrances and corners were accented with denser plantings of shrubs and ornamental trees, with planting beds to feature flowering annuals.

The ALVH grounds are a product of these early twentieth century landscape architecture trends, but may also reflect the aesthetic and cultural sensibilities of the facility's first gardener, Felix Napolealo.³¹ Napolealo, a native of Italy and facility chef, is credited for the original landscape. However, until a comprehensive cultural landscape study is undertaken, it is difficult to identify any original features, species and landscape schemes that may be attributed to him.

An elaborate sunken rose garden once located behind building #61 was a therapeutic device for patients and replenished by the demolished green house. Designed by Malmo and Company of Seattle in 1927-28, the garden was a formal rectangular cartouche with graduated planting beds and stone paved corner pavilions. The rose garden remained until the mid 1950s, and the space was later filled with the present canteen (Building #132).

Subsequent facility gardeners have no doubt introduced new plantings and removed others, though there is little record of their actions. Most recently, grounds were the responsibility of David Nellist, who maintained existing plantings under an often minimal landscape budget and maintenance staffing.³² Recognition of certain original plantings

P. 5, "History of the United States Veterans Administration Hospital, American Lake, Washington."

Related in March 2008 by Dave Nellist, prior to his retirement after thirty years of service at ALVH.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 20

Name of Property <u>American Lake Veterans Hospital</u> County and State Pierce County, Washington

has been evident throughout the past three decades, including the preservation of mulberry trees believed to date to the historic period.³³

Few memorials are found throughout the grounds, aside from donated lakeside benches embedded with plates identifying the giver. Perhaps honoring the area's Native American heritage and multicultural patient base, three wood totems are found on the campus; one placed across Custis Drive from Building #2; one in the traffic circle between buildings # 4 and #5; and one behind Quonset #T98. The modern era poles are brightly painted and feature relief carving with regional animal symbols.

The most prominent landscape feature at ALVH is the entrance gate (Figure 16). Composed as a series of piers and walls, the gate was originally intended to be an all concrete, but was ultimately built of small rock faced granite blocks laid up with thick tuck pointed joints. Piers and walls terminate with concrete copings, with the tallest piers capped by decorative metal lanterns. Salvaged stone was reportedly donated by the city of Tacoma and assembled by hospital patients.

A major revision of the northwest side of the hospital campus occurred in the mid 1950s with the installation of a 9-hole golf course, which has since been expanded. Originally, the agricultural area for animals, and fruit and vegetable growing, the golf course has overwhelmed much of this original landscape, compelled the alteration and demolition of buildings, and introduced new buildings and features, all of which have critically damaged the integrity of the area's relationship with the core hospital.

CONCLUSION

The successful treatment of patients at the American Lake Veterans Hospital is undeniably linked to the physical qualities of the built and natural environment. The hospital is a remarkable campus that from the beginning has exuded the highest standards for disabled veteran care, both in its record of medical service and in the high minded architectural principles that characterized Veterans Bureau planning during the first decades of the twentieth century.

The ALVH is the only facility in the Pacific Northwest identified by the U.S. Department of Veterans Affairs' Office of Construction & Facilities Management as an historic property built expressly for the purpose of treating veterans. Other hospitals in Portland,

³³ Tacoma News Tribune, "Veterans Hospital Saves Old Mulberry Trees," 2 April 1979.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 21

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

Vancouver, Seattle, and Spokane are modern creations not presently considered historically or architecturally significant, and two others in Boise and Walla Walla were adapted from late nineteenth century Army forts. The American Lake hospital is the region's only example of Veterans Bureau Director Charles Forbes' legacy, and of the agency's emergence as the mainstay of veterans care. Change is an ever present reality at the ALVH and will continue to challenge the architectural and historical values of all buildings, and the ability of each property to support the overall National Register integrity of the historic hospital campus.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 9 Page 1

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County</u>, Washington

MAJOR REFERENCES

Publications

- Baker, Rodney R., "Treatment Contributions of VA Psychologists after World War II," Paper presented at the 2008 conference of the Association of Veterans Affairs Psychologist Leaders.
- Chiei, Chris and Julie Decker, editors, <u>Quonset Hut: Metal Living for a Modern Age</u>, Princeton Architectural Press: 2005.
- Craig, Lois, et al, <u>The Federal Presence: Architecture, Politics, and Symbols in United States Government Building</u>, Cambridge: MIT Press, 1978.
- Curtis, Mary A., "History of the United States Veterans Hospital Administration Hospital, American Lake, Washington," an unpublished manuscript by the History Committee, 1969.
- Dunkelberger, Steve and Walter Neary, <u>Lakewood</u>, <u>WA Images of America</u>, Arcadia Publishing, Charleston, SC; Chicago, IL; Portsmouth, NH; San Francisco, CA: 2005.
- Lee, Antoinette J., <u>Architects to the Nation The Rise and Decline of the Supervising Architect's Office</u>, Oxford University Press, New York & Oxford: 2000.
- Newton, Normal T., <u>Design on the Land</u>, Belknap Press of Harvard University Press, Cambridge, MA: 1971.

Government Documents

- Determination of eligibility for listing in the National Register of Historic Places "VA Medical Center, American Lake, Washington," 17 April 1980, Ray W. Luce, Keeper of the National Register.
- National Register of Historic Places nomination form for the "Alexandria, Virginia Medical Center Historic District."
- Seattle Landmark Nomination Application for the "Metropolitan Printing Press Company, 1923," by Mimi Sheridan, January 2008.

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number 9 Page 2	Name of Property American Lake Veterans Hospital
	County and State Pierce County, Washington

Statement of revocable lease to the United States Veterans' Bureau for occupation of Camp Lewis Military Reservation Lands for use as a neuropsychiatric facility, on file at the American Lake Veterans Hospital public works office, Building #6.

Architectural Drawings and Plans

An extensive collection of original and as-built drawings, blueprints and blue line copies of architectural plans and site plans for American Lake Veterans Hospital are on file at the Facilities Management Service, A-138- PRJ in Building #6.

Historic Ground Photography

An extensive collection of construction photographs dating to 1923 is on file at the Facilities Management Service, A-138- PRJ in Building #6.

Newspaper Sources

Seattle Times, "Johnson Asks Expansion of Vet Hospital," 1 January 1929.
Tacoma Daily Ledger, 4 December 1922 (describes how Tacoma manufacturers can obtain specifications and plans from Quartermaster supply).
, "New U.S. Hospital Last Word in Care for Mentally Ill," 2 November 1923.
, "Hospital Here is One of Nation's Finest," 25 July 1924.
, 19 February 1928 (discusses first music therapy experiments).
, "Hospital to Start Works," 2 July 1929.
Tacoma News Tribune, 17 July 1955 (curative powers of music therapy discussed).
, "Acceptance of Chapel Friday," 6 January 1959.
, "Veterans Hospital Saves Old Mulberry Trees," 2 April 1979
Wehcites

Historical information about the Department of Veterans Affairs (Veterans Bureau) can be found at the agency's website: http://www1.va.gov/opa/feature/history/history5.asp

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United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 9 Page 3

Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County</u>, Washington

Information about the history of the Northern State Hospital for the Insane was retrieved 2 August 2008 from the following website: http://www.skagitriverjournal.com/NearbyS-W/NSH/NSH1-Intro.html

- "Pass the Womens Health Care Improvement Act," retrieved on 2 August 2008 from the following website: http://thehill.com/op-eds/pass-the-womenveterans-health-care-improvement-cat-2008-03-10.html
- "Seabee Museum and Memorial Park Quonset Huts," retrieved 2 August 2008 from the following website: http://www.seabeesmuseum.com/Quonset_Huts.html

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number 10 Page 1

Name of Property <u>American Lake Veterans Hospital</u> County and State Pierce County, Washington

Verbal Boundary Description

Beginning at the hospital's entrance gate on Veterans Drive (Point 1), then proceeding southwest on the west edge of Veterans Drive along the chain link golf course fence and beyond, then angling West around the rear elevation of Building #85 (Point 2); proceeding southeast around Building #85, then angling East to Point 3; proceeding southeast around Building #61 to Point 4; meandering along the lake shore North, then curving along the shore line "U" and East to Point 5; proceeding northwest to the chain link fence, then following the chain link fence northeast back to the entrance gate and the beginning (Point 1).

Boundary Justification

The district boundaries are defined by the points noted on the attached sketch map, which enclose the most cohesive grouping of properties representing the original American Lake Veterans Hospital.

United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County, Washington</u>

Photo Index

For all photographs:

American Lake Veterans Hospital Tacoma, Washington; Pierce County Photographer: Lauren McCroskey Date of Photographs: September 2008

Location of Negatives: Seattle District, U.S. Army Corps of Engineers, Seattle, WA

- Photo 1 Building #3, Dining Hall, front elevation looking west
- Photo 2 Building #4, Disturbed Building, front elevation, looking west
- Photo 3 Building #4, Original screened porches, northeast elevation, looking west
- Photo 4 Building #5, Tuberculosis Cottages, front elevation, looking east
- Photo 5 Building #6, Continuing Therapy, front elevation, looking northeast
- Photo 6 Building #9, Recreation Hall, front elevation from Flag Pole/Traffic Circle (#120), looking north
- Photo 7 Building #11 (#11-15) Staff Ouarters from Chase Drive, looking northwest
- Photo 8 Building #17, Female Attendants' Quarters (identical to #16), front and side elevation, looking northwest
- Photo 9 Building #21, Warehouse, looking northwest
- Photo 10 Building #23, Boiler House, looking east
- Photo 11 Building #54 (#54-58), Double Garages, looking northeast
- Photo 12 Building #61, Continuing Therapy, original front elevation, looking west
- Photo 13 Building #62, Exercise Hall, front elevation/entrance, looking southwest
- Photo 14 Building #71, Dining Hall annex, looking northwest
- Photo 15 Building #81, Main Building, front elevation, looking southwest
- Photo 16 Building #85, Women Patients, front and side elevations, looking west
- Photo 17 Building #88, Police and Information, looking northwest
- Photo 18 Building #111, Chapel, front elevation/entrance, looking southeast

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United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>



Figure 1.

Steven Nolan's "Bell Mar" was located between Building #85 and the main parking lot. The late 1880s building was demolished before hospital construction began in 1923.

(Photo source: American Lake Veterans Hospital facilities files)



Figure 2.

The original administrative building (#1) under construction in 1924. In 1947 this building was demolished and supplanted with the present building #81, below.

(Photo source: American Lake Veterans Hospital facilities files)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Name of Property American Lake Veterans Hospital County and State Pierce County, Washington

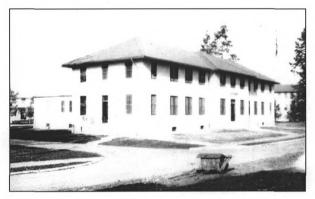


Figure 3.

Rear Front elevation of Building #3 under construction in 1924, without the later dining hall extensions along the front. (Photo source: American Lake Veterans Hospital facilities files)



Figure 4.

Rear elevation of Building #3 under construction in 1924. (Photo source: American Lake Veterans Hospital facilities files)

NPS Form 10-900-a

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County, Washington</u>



Figure 5.

Front elevation of Building #4 in 1924 showing the original entrance door configuration, with glass and panel door, and multi-light transom and side lights. These elements have since been replaced with modern glass double doors.

(Photo source: American Lake Veterans Hospital facilities files)



Figure 6.

View of the northwest elevation of Building #5 under construction in 1924, showing traffic circle and light standards, and original "U" that has since been in-filled with a later entrance.

(Photo source: American Lake Veterans Hospital facilities files)

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United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County, Washington</u>



Figure 7.

Building #8 under construction in 1924.
(Photo source: American Lake Veterans Hospital facilities files)



Figure 8.

Front elevation of Building #8 upon completion, showing the original entrance without the later porch addition. The original traffic triangle, curbing and sidewalks are evident.

(Photo source: American Lake Veterans Hospital facilities files)

NPS Form 10-900-a

OMB No. 1024-0018

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>

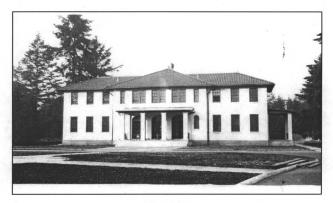


Figure 9.

Front elevation of Building #9 just after completion, with un-landscaped traffic triangle and flag pole area in the foreground.

(Photo source: American Lake Veterans Hospital facilities files)



Figure 10.

Front elevation of Building # 16 just after completion in 1924. (Photo source: American Lake Veterans Hospital facilities files)

OMB No. 1024-0018

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Name of Property American Lake Veterans Hospital County and State Pierce County, Washington



Figure 11.

Front and southwest elevation of Building # 17 just after completion in 1924. (Photo source: American Lake Veterans Hospital facilities files)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u> County and State <u>Pierce County, Washington</u>









Figures 12 - 15.

The original front entrance (upper right) of Building #85 was reconfigured with a vestibule that eclipsed much of the original Baroque revival frame, and introduced non-historic post modern appliqués and pilaster elements, and modern glass sliding doors.

(Photo source: Author; and American Lake Veterans Hospital facilities files)

NPS Form 10-990-a

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County</u>, <u>Washington</u>



Figure 16.Southeast side of stone entrance gates.

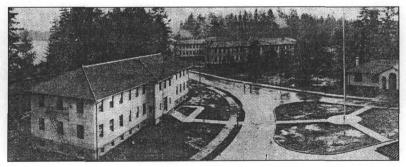


Figure 17.

View of the newly completed American Lake Veterans Hospital, looking southeast. At left is the Nurses' Quarters and Research facility (#8); to the far right is the original administrative building (#1); and in the distant center is the Infirmary (#2).

This view also shows the traffic triangle with walkways and flag pole.

(Photo source: Tacoma News Tribune, 1 November 1923)

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United States Department of the InteriorNational Park Service

National Register of Historic Places Continuation Sheet

Section number <u>Additional Documentation</u> Name of Property <u>American Lake Veterans Hospital</u>
County and State <u>Pierce County, Washington</u>

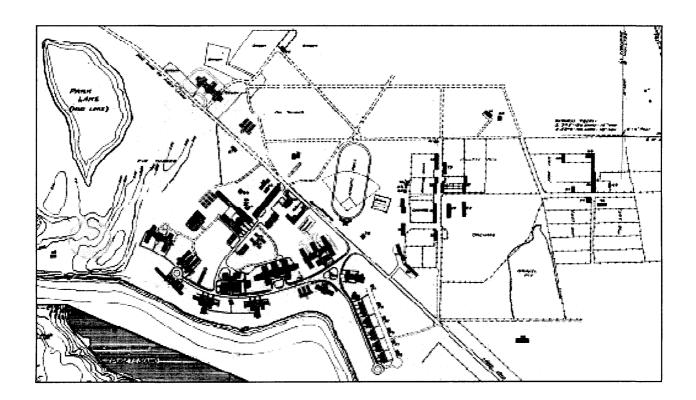


Figure 18.

1941 map showing the relationship of the former agriculture area and orchards (right) to the campus at that time. Many of these outlying buildings and structures have been demolished or have lost integrity due to encroachment by the golf course.

(Source: Adapted by Artifacts Consulting, Inc. March 2007)

OMR No. 1024-0018 NPS Form 10-900-a (8-86)

United States Department of the Interior National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Name of Property American Lake Veterans Hospital County and State Pierce County, Washington



Figure 19.

The Northern State Hospital for the Insane at Sedro Woolley, upon completion on 12 May 1912. (Source: Northern State Historical Society)



Figure 20.

View upon closure in the 1970s. The Northern State Hospital (1912-1930) is the region's other prominent example of the Spanish Colonial Revival style applied to a hospital facility. (Source: Northern State Historical Society)

