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**United States Department of the Interior  
National Park Service  
National Register of Historic Places  
Registration Form**

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

**1. Name of Property**

Historic name Tuskegee Veterans Administration Hospital  
 Other names/site number Tuskegee Veterans Bureau Hospital No. 91; Central Alabama Veterans Health Care System East Campus (Tuskegee, AL) / NA

**2. Location**

street & number 2400 Hospital Road NA not for publication  
 city of town Tuskegee  vicinity  
 State Alabama code AL county Macon code 087 zip code 36083

**3. State/Federal Agency Certification**

As the designated authority under the National Historic Preservation Act, as amended,  
 I hereby certify that this X nomination     request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

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

X national X statewide     local

Kathleen Schmal 2/10/12  
 Signature of certifying official Date  
FPO VA  
 Title State or Federal agency and bureau

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

Elizabeth Ammons 1 February 2012  
 Signature of commenting official Date  
Deputy State Historic Preservation officer Al. Historical Commission  
 Title State or Federal agency and bureau

**4. National Park Service Certification**

I, hereby, certify that this property is:

<input checked="" type="checkbox"/> entered in the National Register	<u>[Signature]</u>	<u>3/19/12</u>
<u>   </u> determined eligible for the National Register	_____	_____
<u>   </u> determined not eligible for the National Register	_____	_____
<u>   </u> removed from the National Register	_____	_____
<u>   </u> other (explain:)	_____	_____

**5. Classification**

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

- private
- public - Local
- public - State
- public - Federal
- private

**Category of Property**  
 (Check only one box)

- building(s)
- district
- site
- structure
- building(s)
- object

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

Contributing	Noncontributing	
36	18	buildings
1	3	sites
5	11	structures
1	0	objects
<b>43</b>	<b>32</b>	<b>Total</b>

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

United States Second Generation Veterans Hospitals

**Number of contributing resources previously listed in the National Register**

N/A

**6. Function or Use**

**Historic Functions**  
 (Enter categories from instructions)

HEALTH CARE / hospital  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Functions**  
 (Enter categories from instructions)

HEALTH CARE / hospital  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Description**

**Architectural Classification**  
 (Enter categories from instructions)

Late 19<sup>th</sup> and 20<sup>th</sup> Century Revivals /  
 Colonial Revival / Classical Revival  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Materials**  
 (Enter categories from instructions)

foundation: Concrete  
 walls: Brick  
 \_\_\_\_\_  
 roof: Asphalt  
 other: \_\_\_\_\_  
 \_\_\_\_\_

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### Narrative Description

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

### Summary Paragraph

The Tuskegee Veterans Administration (VA) Hospital, currently known as the Central Alabama Veterans' Health Care System East Campus, is located at 2400 Hospital Road, Tuskegee, Alabama. The historic district is located in a rural area, approximately 1.7 miles northwest of the center of downtown Tuskegee, the Macon County seat of government. The historic district is also located just north of the Tuskegee University campus. Located within a campus setting, the facility was originally opened in June 1923 as a dual purpose hospital serving African American veterans suffering from tuberculosis and neuropsychiatric illnesses. The Tuskegee veterans hospital was redesignated a general medical and surgical hospital in August 1924 but continued to serve veterans suffering from tuberculosis and neuropsychiatric illnesses.<sup>1</sup> The facility was again designated as a neuropsychiatric facility in 1934, although previous annual reports for the Veterans Bureau and VA from 1925 to 1931 referred to the Tuskegee facility as either a general medical or neuropsychiatric hospital.<sup>2</sup> The Tuskegee VA Hospital is unique among the Second Generation Veterans Hospitals in that it was initially constructed to only serve African American veterans and it combined two sub-types of hospitals, tuberculosis and neuropsychiatric, into a single facility. The surviving campus preserves the characteristics of both of these sub-types of Second Generation Veterans Hospitals. The original and continuing mission of the facility is to provide health care to veterans located in portions of Alabama and Georgia. The National Register of Historic Places (NRHP) district boundary contains approximately 114 acres. Additional property is owned by the facility but the above acreage encompasses the central core of the campus and includes the majority of buildings associated with the period of significance. Seventy-five resources are located within the historic district, with forty-three resources considered as contributing resources. Contributing resources include those that retain integrity and were utilized and/or constructed by the hospital during the historic district's period of significance (1922–1950). Nearly half of the thirty-two noncontributing resources are smaller maintenance, service, and utility buildings constructed after 1950 that do not visually impact the larger contributing resources and the spatial configuration and relationships between the contributing buildings remains intact. The historic district is composed of a large main building, patient ward/treatment buildings, a canteen/recreation building, two kitchen/dining hall buildings, residential quarters, boiler plant, and garage, among other buildings. These buildings are loosely grouped by function into three clusters that may not be totally distinct from one another. The majority of resources throughout the historic district are classified as buildings. The ambulatory care building (Resource 83) is a single-story addition to the historic district constructed in 1982 to the immediate northeast of the tubercular infirmary building (Resource 3, constructed in 1923). Resource 120, completed in 1988, is a four-story intermediate care facility northeast of Resource 3A (1952), the infirmary annex to the tubercular infirmary building. Constructed in a triangular shape, the intermediate care facility was constructed with the upper two stories supported by piers, allowing the lower portion of the building to be utilized for future expansion. Resource 129, completed in 1996, is a two-story nursing home facility located in the northern portion of the historic district. The campus setting of the historic district consists of mature vegetation, relatively level terrain with the facility located on a low rise, curvilinear and linear drives, buildings exhibiting Colonial Revival and Classical Revival architectural ornamentation creating a cohesive architectural campus.

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### Narrative Description

See Continuation Sheets, page 7.1.

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<sup>1</sup> *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1925* (Washington, D.C.: U.S. Government Printing Office, 1925): 50.

<sup>2</sup> Robinson E. Adkins, *Medical Care of Veterans* (Washington, D.C.: U.S. Government Printing Office, 1967): 408; *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1928* (Washington, D.C.: U.S. Government Printing Office, 1928): 106; *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1926* (Washington, D.C.: U.S. Government Printing Office, 1926): 129; *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1931* (Washington, D.C.: U.S. Government Printing Office, 1931): 152.

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The Tuskegee VA Hospital campus originally consisted of approximately 440 acres but has been reduced over the years. The original campus size was large enough to accommodate the farming operations of the facility that were part of the occupational therapy program conducted at Second Generation Veterans Hospitals designated as neuropsychiatric hospitals. The reduction in land ownership is a common trait among Second Generation Veterans Hospitals as land determined to be surplus was removed from the VA's ownership.

The buildings located within the Tuskegee VA Hospital Historic District share similarities with other Period I and II Second Generation Veterans Hospitals in both original function and architectural style/decoration. Because it incorporates buildings from both Periods I and II, the Tuskegee VA Hospital Historic District reveals the evolution of building design for veterans neuropsychiatric hospitals during the period of significance. Construction on the original buildings of the Tuskegee facility was underway by June 1922. The buildings and campus were designed by the office of the Acting Supervising Architect of the Treasury Department probably using designs influenced by the Consultants on Hospitalization committee. Prior to the creation of the Veterans Bureau the Supervising Architect's Office of the Treasury designed the buildings and campuses for World War I veterans hospitals that received appropriations from the first Langley Bill (Public Act No. 384, enacted March 4, 1921). The Supervising Architect's Office of the Treasury received guidance from a committee of medical experts created by the United States Treasury Department. This committee, the Consultants on Hospitalization, interviewed numerous interested parties and working with the Supervising Architect's Office of the Treasury developed standardized plans for veterans hospital buildings that were published in their 1923 report entitled *Report of the Consultants on Hospitalization Appointed by the Secretary of the Treasury to Provide Additional Hospital Facilities Under Public Act 384 (Approved March 4, 1921)*. The buildings constructed under the first Langley Bill appropriation were supervised by the Supervising Architect's Office of the Treasury, with the Consultants on Hospitalization apparently serving in an advisory role.<sup>3</sup>

The initial hospitals built after the creation of the Veterans Bureau and specifically under control of the Veterans Bureau were designed and constructed under the supervision of the Construction Service, Quartermaster Corps of the Army and the Bureau of Yards and Docks of the Navy.<sup>4</sup> The hospitals designed by the Supervising Architect's Office of the Treasury; the Construction Service, Quartermaster Corps of the Army; and the Bureau of Yards and Docks of the Navy from 1919 to the mid-1920s are considered Period I veterans hospitals. For hospitals built afterwards, the Veterans Bureau created an internal department responsible for the design and construction of its facilities entitled the Construction Division of the Veterans Bureau. After the merger of the Veterans Bureau with the National Homes for Disabled Volunteer Soldiers and the Bureau of Pensions, creating the VA in 1930, the Construction Division was redesignated as the Construction Service. The Construction Service of the VA continued to design and oversee the construction of VA hospital buildings through the Second World War. These hospitals, dating from the late 1920s through 1950, are considered Period II veterans hospitals.

The buildings of veterans hospitals dating to Period I have minimal exterior ornamentation, are usually clad in brick or stucco, and range from a single-story to three-stories in height. The initial buildings of the central

<sup>3</sup> F. Charles Starr, "The Design of Neuropsychiatric Hospitals for World War Veterans," *The Modern Hospital* 20, no. 5 (May 1923): 433; *Report of the Consultants on Hospitalization Appointed by the Secretary of the Treasury to Provide Additional Hospital Facilities Under Public Act 384 (Approved March 4, 1921)* (Washington, D.C.: U.S. Government Printing Office, 1923): 28-30, 39-40, 65-66.

<sup>4</sup> "Army and Navy to Build Hospitals for Veterans," *Army and Navy Journal*, about July 1922, Entry 164, Box 21, Record Group 121, National Archives and Records Administration; *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1922* (Washington, D.C.: U.S. Government Printing Office, 1922), 16.

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core group were usually placed around a central courtyard or could be placed in a linear pattern with no courtyard such as at the Tuskegee VA Hospital. The main and patient ward/treatment buildings of the Period I facilities were smaller than those constructed during Period II by the Veterans Bureau and the VA (the main buildings of Period I were commonly two-story buildings with a H-shape), although the combined tuberculosis and neuropsychiatric infirmaries of the Tuskegee VA Hospital were composed of a three-story H-plan building. The neuropsychiatric hospital campuses constructed during Period II as part of the Second Generation Veterans Hospitals contain monumental main buildings with more elaborate ornamentation than earlier examples. The Period II neuropsychiatric patient buildings, in their fully realized H-shape, were also larger than Period I examples and were normally constructed around courtyards. The simple landscaping of the early hospitals, often incorporating straight drives and sidewalks, gave way to curvilinear forms for drives and sidewalks during Period II, when the campuses more fully utilized the natural contours of the hospital site.

The Tuskegee VA Hospital has an original main building that continues to serve as the focal point of the historic district. This main building was composed of three separate resources (Resources 2–4, all constructed in 1923) and additions were added to this configuration in 1944 and 1952 (Resources 4A and 3A). The three-story main building was similar to other main buildings constructed at Period I veterans hospital campuses, except it is larger and has an additional floor when compared to Period I facilities designed by the Construction Service, Quartermaster Corps of the Army. The larger size may be attributed to the dual functions of the main building, which served both tuberculosis and neuropsychiatric patients. As the largest of the buildings constructed within the historic district's period of significance (even though it is comprised of three resources), the main building's massing and placement speaks to its prominence within the historic district, both visually and functionally. The buildings constructed within the period of significance exhibit colonial revival and later classical revival architectural styles that were nationally popular at the time. The evolution in the standard designs of the patient ward buildings from Period I through Period II is clearly evident within the Tuskegee VA Hospital Historic District, with earlier patient buildings (Resources 9, 10, and 18, all dating to 1923) exhibiting minimal ornamentation and being much smaller in size than those erected during Period II (Resources 44, 1929; 50, 1932; 62, 1963; 68, 1945; and 69, 1945). Normally a hierarchy of ornamentation was developed within the campus according to the building's public use and visibility, especially those buildings constructed during Period II. The hierarchy of ornamentation of the initial historic district buildings is not as evident because of the minimal decorative features exhibited by the early hospital facilities.

The officer's quarters (Resources 21–29, all 1923) located within the Tuskegee VA Hospital Historic District are very different to those located at other Period I Second Generation Veterans Hospitals. The special attendants' quarters, the attendants' quarters, and the officers' apartment building (Resources 7, 8, 19, and 20, all 1923) are somewhat similar to other veterans hospitals dating to Period I. The officer's quarters that are single-family residences (Resources 21–29, all 1923) appear to be similar to residences found in southern states dating to the same period with their large central hallway, frame construction, wood siding, integral porches, and brick foundations. None of the residences are duplexes, as are found at other Period I Second Generation Veterans Hospitals. The manager's quarters (Resource 63, 1938) was constructed approximately fifteen years after the other single-family residences that surround a circular drive. The manager's quarters (Resource 63, 1938) more closely resembles manager's residences at Second Generation Veterans Hospitals dating to Period II with its brick exterior, although it also exhibits minimal ornamentation.

Similar to other Second Generation Veterans Hospitals, the buildings of the Tuskegee VA Hospital Historic District are loosely arranged in three clusters according to function: the central core group; the residential quarters; and the maintenance/utility group. While usually distinct groupings, buildings within the central core

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group can be loosely associated. Resources 50, 51, and 62 (domiciliary barracks, 1932; dining hall and kitchen building, 1932; and the continued treatment building, 1936) are located some distance from the central core group, possibly because this group of buildings may originally have been intended to serve as domiciliaries. At the Tuskegee VA Hospital the special attendants' quarters (Resources 7 and 8, both 1923) are located within the central core group comprised of the administration, infirmary, and patient ward/treatment buildings. The residential quarters group is usually distanced from the central core group to allow employees privacy from the workplace. The maintenance/utility buildings of the Tuskegee VA Hospital are located to the rear (north and northwest) of the original central core group.

Buildings continued to be constructed within the historic district, including three Period II H-shape patient ward buildings (Resources 44, 1929; 68, 1945; and 69, 1945) constructed around a semi-enclosed courtyard to the southwest of the initial central core representing an expansion of the central core beginning in the late 1920s and extending through to 1945. These Period II patient ward/treatment buildings are much larger than their remaining Period I counterparts (Resources 9, 10, and 18, all 1923).

Much of the historic district remains open with mature trees found throughout the lawns, especially in the residential quarters group surrounding a shared circular lawn, the partially enclosed courtyard composed of the two acute buildings, the neuropsychiatric infirmary (Resources 44, 1929; 68, 1945; and 69, 1945), and a wooded area to the north and west of the maintenance/utility group of buildings. The formal drive (Resource K, circa 1920s) and the drive to the western gate are both partially lined with trees. Open lawns with trees scattered about are found in the western and southern portions of the historic district. Resources with large footprints that have been introduced to the historic district after the period of significance include the infirmary annex (Resource 3A, 1952), the canteen/recreation building (Resource 90, 1961), the ambulatory care building (Resource 83, 1982), the intermediate care building (Resource 120, 1988), and the nursing home (Resource 129, 1996). Two of these, the ambulatory care building (Resource 83, 1982) and the canteen/recreation building (Resource 90, 1961), are single story buildings. The size of parking lots has been increased over time. The shared lawn of the residential quarters (Resources 20–29, all 1923; and 63, 1938), encompassed by the circular drive, remains intact. The semi-enclosed courtyard created by the two acute buildings, the neuropsychiatric infirmary (Resources 44, 1929; 68, 1945; and 69, 1945) also remains intact.

The majority of the historic district of the Tuskegee VA Hospital remains in open lawns with mature trees. The primary entry to the facility is a formal entrance drive (Resource K, circa 1920s) that is a continuation of Hospital Road. Situated directly in front of the infirmary building, between the tubercular and psychiatric infirmary buildings (Resources 2–4, all 1923) is the flag pole (Resource 76, 1936). The main building (Resources 2–4, all 1923) continues to serve as the focal point of the historic district. The Tuskegee VA Hospital Historic District has examples of both linear and curvilinear drives and sidewalks throughout, suggesting the evolution in campus design that took place during Periods I and II at Second Generation Veterans Hospitals.

### Current Physical Character of the District

The NRHP historic district boundary for the Tuskegee VA Hospital contains approximately 114 acres, although the facility appears to own additional undeveloped acreage. The historic district boundary includes the majority of buildings associated with the Tuskegee VA Hospital. The Tuskegee VA Hospital originally had title to more than 400 acres. At present, the historic district is located on Hospital Road, which extends southward along the edge of Tuskegee University to downtown Tuskegee. West Gate Road extends to the southwest

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from the historic district to Midway Road. The historic district is relatively level, situated on a slight rise with slopes to all sides. The area surrounding the Tuskegee VA Hospital is rural, with forested areas to the north, east, and southeast of the historic district. Wooded areas and open fields are found to the west and southwest of the historic district.

The original administration, infirmaries, and patient ward/treatment buildings of the hospital (Resources 1–4, 9, 10, and 18, all dating to 1923) reflect a restrained level of Colonial Revival architectural style decoration, the decorative style utilized at the majority of Period I Second Generation Veterans Hospitals throughout the nation. Unlike Period II veterans hospitals, the Second Generation Veterans Hospitals of Period I exhibit few decorative details other than door surrounds, stringcourses, and water tables. The massing, symmetrical fenestration, return wings, hip or gable roofs, brick exteriors, and double-hung window sashes are characteristics of the buildings' Colonial Revival elements. The buildings erected for the central core group dating to Period II exhibit greater ornamentation than buildings associated with the initial construction of the facility.

The arrangement of buildings grouped according to their original function is not as clearly defined at the Tuskegee VA Hospital Historic District as at other Period I Second Generation Veterans Hospitals. The loosely grouped central core cluster of buildings initially consisted of the administration building (Resource 1, 1923), the mess hall and kitchen building (Resource 5, 1923), the main building complex (Resources 2, 3, and 4, all 1923), which forms an H-shape, and the patient ward/treatment buildings (Resources 9, 1923; 10, 1923; 18, 1923; 44, 1929; 68, 1945; 69, 1945; 4A, 1944; and 3A, 1952). Normally the main building of a Second Generation Veterans Hospital is an imposing, H-shape building that is centrally located along the drive from the main entrance. Period I examples of Second Generation Veterans Hospitals have a less monumental main building, with ornamentation to a lesser degree than later examples but still constructed in an H-shape. The original administration building (Resource 1, 1923) at Tuskegee does not share the monumentality of Period II Second Generation Veterans Hospitals. The combination of Resources 2–4 creates the monumental H-shape building serving as the original focal point of the Tuskegee VA Hospital Historic District. The construction of Resources 2–4 (infirmery, tubercular, and psychiatric infirmaries, all 1923) seems to be closely associated with the two designs displayed in the final report of the Consultants on Hospitalization.<sup>5</sup> Resources 9 and 10 (continued treatment and re-educational buildings) were constructed for neuropsychiatric patients and are smaller than Period II patient ward/treatment buildings, with return wings extending along only one elevation of the building. Resource 18, constructed in 1923 for tuberculosis patients as an ambulant or semi-ambulant building, only has a central rear wing projection. All three (Resources 9, 10, and 18, all 1923) are indicative of the early designs for patient ward/treatment buildings associated with the development of standardized plans by the Consultants on Hospitalization. Resources 2–4 form a monumental H-shape, while later additions (Resources 3A, 1952; and 4A, 1944) extend the central connecting section to either side elevation of the "H." Resources 50 (1932) and 62 (1936) (domiciliary barracks and continued treatment building) are large, rectangular-shaped patient care buildings located in the southeastern portion of the historic district. These two patient buildings do not reflect the same Colonial Revival architectural style tendencies as the earlier buildings within the historic district. Resources 50 and 62 are joined by a connecting corridor with the dining hall and

<sup>5</sup> *Report of the Consultants on Hospitalization Appointed by the Secretary of the Treasury to Provide Additional Hospital Facilities Under Public Act 384 (Approved March 4, 1921)* (Washington, D.C.: U.S. Government Printing Office, 1923): 83, 90.

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kitchen building (Resource 51, 1932) centered along the corridor. The ambulatory care building (Resource 83, 1982) is a one-story addition to the historic district with a substantial footprint, although its massing does not detract from the forms or central importance of the earlier patient buildings. The intermediate care facility (Resource 120, 1988) and nursing home (Resource 129, 1996) are both later additions to the historic district.

The second group of buildings by original function within the Tuskegee VA Hospital Historic District is the maintenance/utilities buildings. These buildings are located to the north and northwest of the central core of the historic district and are composed of the boiler house, freight house and shops, laundry building, garage, chlorinator house, oil storage reservoir, water tower and tank, newer laundry building, radial brick chimney next to the boiler house, a second water tower and tank, and a warehouse (Resources 12–15, all 1923; 43, 1928; 49, 1923; 52, 1991; 65, 1945; 75, 1923; 82, 1953; and 88, 1957).

The last group of buildings by function are the residential quarters for the staff. The majority of the staff quarters are located in the northeast portion of the historic district. The attendants' quarters (Resource 19, 1923) is a large, three-story building on a raised basement located to the west of the main cluster of residences. The majority of officer's residences are oriented around a circular shared lawn with a single drive providing access to the remainder of historic district. The officers' apartment building (Resource 20, 1923), located at the north portion of the circle, is similar in size to the attendants' quarters building (Resource 19, 1923). The officer's quarters (Resources 21–29, 1923) are frame, single-family residences with massing and plans similar to residences found regionally from the same period. The manager's quarters (Resource 63, 1938) is a later residence built for the manager of the hospital. This two-story residence has a brick exterior and is similar to single-family residences found at Period II Second Generation Veterans Hospitals. None of the residences are currently in use. The placement of the residences enabled employees to easily walk to work but distanced from the medical buildings to provide a private setting. Mature vegetation, including trees and shrubbery, assist in obscuring the residential quarter from direct view of the remainder of the hospital buildings.

Recreation areas and buildings are found southeast, south, and western portions of the Tuskegee VA Hospital Historic District. These recreation areas include a softball field, a baseball field with a grandstand, and basketball and tennis courts (Resources L, circa 1960s–1970s; M, circa 1950s; 80, 1957; and N, circa 1960s–1970s).

### Individual Resource Inventory

The dates of construction, numerical designations, and the original and current use of the following resources are from information provided by the Engineering Service of the Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama, including original architectural drawings.<sup>6</sup> Additional research to determine the original uses of the historic district's buildings was also found on construction photographs located at the National Archives in College Park, Maryland.<sup>7</sup> The numerical designations of the resources were assigned at the time of their construction by the Veterans Bureau and the VA. The letter and numerical designation for Resource T-101 (paint storage building, 1948) was assigned by the VA, with the letter "T"

<sup>6</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

<sup>7</sup> Photographs of recently completed buildings at Tuskegee, Alabama U.S. Veterans Hospital, memorandum from Acting Supervising Architect of the Treasury Department to Dr. White of the Consultants on Hospitalization, February 26, 1923, Entry 164 Box 7, Record Group 121, National Archives and Records Administration.



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usually denoting a building or structure that was originally considered temporary in construction rather than a permanent building. The "circa" dates of construction and letter designations were provided by the surveyors for resources without designated construction dates or numerical labels.

Minor resources that are not substantial in size and scale were not included in the resource count of the historic district. Resources that were not designated in the resource count include small gazebos, an electric switch station, underground utilities, temporary storage buildings, small memorials, benches, a helicopter landing pad, and tennis courts. A few resources are known to no longer exist within the historic district, including: a large attendants quarters that was located to the northwest of the mess hall and kitchen building (Resource 5, 1923) and is now the site of a parking lot; one of the original buildings that probably served tuberculosis patients and was located southeast of the infirmary annex (Resource 3A, 1952) in the current location of the ambulatory care building (Resource 83, 1982); another patient building that was located to the northeast of the infirmary annex (Resource 3A, 1982) in the current approximate location of the intermediate care building (Resource 120, 1988); the building that contained the recreation facilities, library, and chapel, was located to the southeast and across the street from the current ambulatory care building (Resource 83, 1982); and two temporary barracks buildings and a number of Quonset huts were located within the historic district, probably erected after World War II, are no longer extant.

The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A-D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Resource #	Date of Construction	Contributing (C) /Noncontributing (N/C)	Original or Current Use
1	1923	C	Administration Building
2	1923	C	Infirmary Building
3	1923	C	Tubercular Infirmary Building
3A and 83	1952 and 1982	NC	Infirmary Annex to Resource 3 and the Ambulatory Care Building
4	1923	C	Psychiatric Infirmary Building
4A	1944	C	Infirmary Annex to Resource 4
5	1923	C	Mess Hall and Kitchen Building
7	1923	C	Special Attendants' Quarters
8	1923	C	Special Attendants' Quarters
9	1923	C	Continued Treatment Building
10	1923	C	Re-educational Building
12	1923	C	Boiler House
13	1923	C	Freight House and Shops Building
14	1923	C	Laundry Building
15	1923	NC	Garage

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Resource #	Date of Construction	Contributing (C) /Noncontributing (N/C)	Original or Current Use
18	1923	C	Ambulant or Semi-Ambulant Building
19	1923	C	Attendants' Quarters
20	1923	C	Officers' Apartment Building
21	1923	C	Officer's Quarters
22	1923	C	Officer's Quarters
23	1923	C	Officer's Quarters
24	1923	C	Officer's Quarters
25	1923	C	Officer's Quarters
26	1923	C	Officer's Quarters
27	1923	C	Officer's Quarters
28	1923	C	Officer's Quarters
29	1923	C	Officer's Quarters
41	Circa 1920s-1930s	NC	Rear (North) Gate House
43	1928	C	Chlorinator House
44	1929	C	Acute Building
49	1923	C	Oil Storage Reservoir
50	1932	C	Domiciliary Barracks Building
51	1932	C	Dining Hall and Kitchen Building
52	1991	NC	Water Tower & Tank
59	1930	C	Personnel Garage
60	1930	C	Personnel Garage
62	1936	C	Continued Treatment Building
63	1938	C	Manager's Quarters
65	1945	C	Laundry Building
68	1945	C	Neuropsychiatric Infirmary Building
69	1945	C	Acute Building
75	1923	C	Radial Brick Chimney
76	1936	C	Flag Pole
80	1957	NC	Grandstand
82	1953	NC	Water Tower & Tank
88	1957	NC	Warehouse
90	1961	NC	Canteen/Recreation Building
92	1963	NC	Mechanical Equipment Structure
93	1966	NC	Chapel
94	1960	NC	Service Building for Softball Field
96	1965	NC	Pavilion
97	1971	NC	Chiller Plant
99	1971	NC	Cooling Tower
T-101	1948	C	Paint Storage Building
120	1988	NC	Intermediate Care Building

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Resource #	Date of Construction	Contributing (C) /Noncontributing (N/C)	Original or Current Use
121	1976	NC	Emergency Generator Building
122	Circa 1970s	NC	Emergency Generator Building
123	1976	NC	Emergency Generator Building
124	1976	NC	Emergency Generator Building
129	1996	NC	Nursing Home
142	1985	NC	Front Gate Police Booth
A	Circa 1990s	NC	Building near Resource 129
B	Circa 1960s–1970s	NC	Equipment Shelter
C	Circa 1970s–1980s	NC	Picnic Shelter
D	Circa 1970s–1980s	NC	Picnic Shelter
E	Circa 1970s–1980s	NC	Picnic Shelter
F	Circa 1960s–1970s	NC	Building near west entrance
G	Circa 1923–1940s	C	Connecting Corridors
H	Circa 1920s–1930s	C	Back (North) Gate Posts
I	Circa 1950s–1960s	NC	West Gate Posts
J	Circa 1930s–1940s	NC	Front Gate Posts
K	Circa 1920s	C	Formal Entrance Drive
L	Circa 1960s–1970s	NC	Softball Field
M	Circa 1950s	NC	Baseball Field
N	Circa 1960s–1970s	NC	Tennis and Basketball Courts

**Resource 1. Administration Building. 1923. Contributing building.**

Resource 1, the original administration building (1923), is located near the center of the historic district to the southeast of the large, H-shape main building complex composed of Resources 2, 3, and 4 (all 1923). The building was most recently used for security and is currently vacant. This one-story, seven-bay, hip-roof building is a small and understated example of the Period I administration building type. The building exhibits simple Colonial Revival detailing, including symmetrical fenestration of the facade, double-hung windows with replacement six-over-six-light sashes, brick soldier courses above all window openings, fixed shutters to the sides and decorative metal panels below the windows of the facade, an entry porch supported by wood box columns and topped with a pediment with a lunette, a wood soffit, and a cornice, rounded dormer vents, and a concrete water table. A portion of the decorative wood porch railing remains. The central facade entry has a replacement metal frame glass door, sidelights, and a transom. The building has a central, rear, hip-roof ell on a raised basement. The three-bay rear elevation of the ell has a central single-leaf entrance accessed by a small flight of stairs and sheltered by a flat-roof awning. There is also a below-grade basement entrance below the left window on the back of the ell. The building's exterior is finished in four-course common bond brick, and the roof is sheathed in asphalt shingles.

**Resource 2. Infirmary Building. 1923. Contributing building.**

The infirmary building (Resource 2, 1923) is located in the center of the historic district in the group of buildings that originally served as patient accommodations and treatment. The building currently is used for laboratories and travel arrangements. Oriented to the southeast, the infirmary building (Resource 2, 1923)

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forms the center portion of a large "H" created with the tubercular infirmary building (Resources 3, 1923) and the psychiatric infirmary building (Resource 4, 1923). These three buildings were constructed as original medical and patient care buildings and were originally connected by three-story corridors that continue in use today. The eastern portion of the "H" (Resource 3, 1923) was used to treat tuberculosis patients while the western portion of the "H" housed neuropsychiatric patients. This dual treatment of patients suffering from tuberculosis and psychiatric conditions within large, connecting buildings is unusual for Second Generation Veterans Hospitals, as usually these groups of patients were treated at separate facilities or within separate buildings. The central mass of the infirmary building (Resource 2, 1923) is a three-story, eleven-bay, hip-roof building. Three-story, three-bay corridors with central entrances attach the side elevations to the tubercular infirmary building (Resources 3, 1923) and the psychiatric infirmary building (Resource 4, 1923). The seven central bays create a three-story, hip-roof projection with a two-story portico sheltering the central three bays defining the main entrance. The building exhibits simple Colonial Revival detailing, including symmetrical facade fenestration, double-hung windows with replacement six-over-six sashes, brick soldier courses above all window openings, concrete or stone window sills, a concrete or stone water table, a concrete or stone stringcourse below the third-story windows, a wood soffit, and a cornice, rounded dormer vents, and an entry portico supported by wood box columns and topped with a wooden latticework balustrade. The single-leaf main entry has a replacement metal frame glass door with sidelights and a transom. The entry is topped with a brick soldier course and otherwise receives no special distinction.

The massing and fenestration of the rear elevation is similar to the front with some notable differences. One-story, hip-roof towers extend above the two bays to either side of the central seven-bay projection. There is no central entrance on the rear elevation, but the right connecting wing has a double-leaf entry accessed from the poured concrete deck of a partially bricked-in porch. The third story of the central mass is divided into five bays with three-part picture windows in the second and fourth bays. The rear elevation also has below-grade basement-level windows with three-over-three metal sashes located along the length of the foundation. The building's exterior is finished in four-course common bond and the roof is sheathed in asphalt shingles.

**Resource 3. Tubercular Infirmary Building. 1923. Contributing building.**

The tubercular infirmary building (Resource 3, 1923) is located in the center of the historic district in the group of buildings that served as patient accommodations and treatment. The building currently houses a variety of clinics. The tubercular infirmary building (Resource 3, 1923) forms the northeast portion of the "H" created with the infirmary building (Resource 2, 1923) and the psychiatric infirmary building (Resource 4, 1923). The tubercular infirmary building (Resource 3, 1923) and the psychiatric infirmary building (Resource 4, 1923) both appear as return wings to the infirmary building (Resource 2, 1923). The tubercular infirmary building (Resource 3, 1923) is a long, rectangular, three-story, hip-roof building with the last three bays on each side elevation (northeast and southwest elevations) of the facade and rear projecting slightly. These projections, with four bays along the facade, each have a hip roof with the ridgeline extending along the length of the building. Due to the addition of the infirmary annexes (Resources 3A, 1952; and 83, 1982), there is no longer an uninterrupted view of the entire northeast elevation of the tubercular infirmary building (Resource 3, 1923). Original drawings indicate that the northeast elevation is twenty-seven bays in length with three-bay projecting pavilions at each end and a single-leaf entry in the second bay beside each projection along the southwest elevation. The elevation drawing also indicated Resource 3 was originally intended to be utilized for

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patients with tuberculosis.<sup>8</sup> The windows of the main block have replacement six-over-six-light double-hung sashes and the projections are filled with replacement eight-over-eight-light double-hung sashes with paired windows in the central bay. This same basic pattern is repeated on the elevation facing Resource 4. The facade and rear (northwest) elevations of the pavilions are four bays wide with paired windows in the central two bays. Overall, the materials and detailing of the tubercular infirmary building (Resource 3, 1923) are the same as the infirmary building (Resource 2, 1923), with features such as the stringcourse and cornice simply extending from one building to the other.

The tubercular infirmary building (Resource 3, 1923) was connected to the infirmary building (Resource 2, 1923) by a three-story corridor at the time of both buildings' initial construction. Currently Resource 3A connects to the tubercular infirmary building (Resource 3, 1923) on its northeast elevation opposite the point where the tubercular infirmary building connects with the infirmary building (Resource 2, 1923). A connecting corridor (Resource G, circa 1923–1940s) extends from the center of the northwest elevation to the mess hall and kitchen building (Resource 5, 1923).

**Resources 3A and 83. Infirmary Annex to Resource 3 and the Ambulatory Care Building. 1952 and 1982. Noncontributing building.**

The infirmary annex (Resource 3A, 1952) to the tubercular infirmary building (Resource 3, 1923) is located to the northeast of Resource 3. It is part of the group of buildings that served patient accommodations and treatment. The building currently houses clinics, administration, and pharmacy. The infirmary annex (Resource 3A, 1952) is a four-story, flat-roof, L-shape building with wings extending to the northeast and northwest. The ambulatory care building (Resource 83, 1982) spans the first floor of the entire southeast elevation rendering the infirmary annex (Resource 3A, 1952) without a clearly defined facade. Overall the building exhibits very simple detailing and material treatment that is compatible with the earlier buildings except for its massing and flat roof. The building exhibits a brick exterior with soldier courses above the window openings of the southeast wing, concrete window sills, a wide concrete water table, concrete stringcourses above the third and fourth floors, and a concrete parapet cap. Regularly spaced windows with double-hung sashes span all elevations. The majority of windows appear to be filled with replacement sashes. The only clearly defined public entrances to the building are through metal framed doors sheltered by a flat-roof concrete awning on the southeast facade beside the ambulatory care building (Resource 83). Another single-leaf entry with a metal door sheltered under a metal awning is found in the main block adjacent to the intersection of the two wings on the northeast elevation of the building. There is also a small loading dock on the northwest elevation's fully exposed basement near the intersection with the tubercular infirmary building (Resource 3, 1923). A two-story elevated glass pedway on the northeast and northwest elevations connects the third and fourth stories of the northeast and northwest wings of Resource 3A to the intermediate care building (Resource 120, 1988). The building is clad in five-course common bond.

The ambulatory care building (Resource 83, 1982) is located near the center of the historic district. Oriented to the southeast, the ambulatory care building (Resource 83, 1982) is directly attached to the southeast elevation of the infirmary annex to Resource 3 (Resource 3A, 1952). The ambulatory care building (Resource 83, 1982) is a one-story, flat-roof, rectangular building with a large, flat-roof canopy at the front

<sup>8</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

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entrance. A brick soldier course surrounds the building at ground level. The facade has four sets of three long, single-light windows with projecting concrete frames. The main entrance is recessed and contains double automatic doors. On the southwest elevation there are two entries sheltered by a flat-roof porch supported by a square concrete column. The northeast elevation has one set of three windows and a single-leaf entry with a metal frame glass door. The building is clad in stretcher bond brick with a wide concrete band running from the top of the windows to the roofline.

**Resource 4. Psychiatric Infirmary Building. 1923. Contributing Building.**

The psychiatric infirmary building (Resource 4, 1923) is located in the center of the historic district in the cluster of buildings that originally served as patient care buildings. It currently is used for the laboratories and education, and houses the director's suite. The psychiatric infirmary building (Resource 4, 1923) forms the southwest portion of the "H" created with the infirmary building (Resource 2, 1923) and the tubercular infirmary building (Resource 3, 1923). It is a long, rectangular, three-story building that very closely resembles the tubercular infirmary building (Resource 3, 1923). One notable difference is that the psychiatric infirmary building (Resource 4, 1923) is supported by a raised foundation with windows filled with replacement six-over-six-light or similar sashes along the basement level. Also, beside the three-bay end projections on the southwest elevation, the building's wall plane recedes to reveal a narrow walkout roof deck that is six-bays in length above the second story. The northwestern deck has been enclosed with metal frame modern windows. The bays between these decks project slightly and are covered with a hip-roof. An elevation drawing dating to 1922 indicates the psychiatric infirmary building (Resource 4, 1923) was originally intended to be utilized as a psychiatric unit.<sup>9</sup> The psychiatric infirmary building was connected to the infirmary building (Resource 2, 1923) by a three-story corridor at the time of the building's initial construction. The psychiatric infirmary building (Resource 4, 1923) connects to the infirmary annex (Resource 4A, 1944) on its southwest elevation opposite the connection to the infirmary building (Resource 2, 1923), and an elevated connecting corridor (Resource G, circa 1923–1940s) to the mess hall and kitchen building (Resource 5, 1923) extends from its northwest elevation.

**Resource 4A. Infirmary Annex to Resource 4. 1944. Contributing building.**

The infirmary annex (Resource 4A, 1944) is located to the southwest of the psychiatric infirmary building (Resource 4, 1923) in the loosely formed patient care group of buildings. It currently is used for primary care and mental health services. The three-story, hip-roof building is twenty-one bays across the southeast (facade) elevation including: a two-bay connector to Resource 4 (psychiatric infirmary building, 1923), a six-bay section, a three-bay projecting wing, a four-bay section, a smaller three-bay projection, a two-bay section, and a one-bay projection off of the southwest end. The building exhibits typical materials and detailing, including brick soldier courses and concrete sills defining the window openings, windows filled with replacement eight-over-eight-light double-hung sash, a wide concrete water table, a concrete stringcourse under the third story windows, a simple wood cornice, and rounded dormers with vents. The main facade entry is located along the six-bay portion of the building's facade to the northeast of the projecting wing. The entry is embellished with a

<sup>9</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

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poured concrete frontispiece with pilasters and a pediment. The single-leaf entry is filled with a replacement metal frame glass door, sidelights, and transom.

The facade projections are all copied on the rear elevation. The building's raised basement is nearly full-height on the rear elevation and there are five basement entries with modern metal doors. Metal awnings shelter the entrances in the six-bay section. A partially below-grade basement entry is also found on the southwest elevation of the building. The building has a five-course common bond brick exterior and is covered in an asphalt shingle roof.

**Resource 5. Mess Hall and Kitchen Building. 1923. Contributing Building.**

The mess hall and kitchen building (Resource 5, 1923) is located near the center of the historic district to the northwest of the "H" created by Resources 2–4 (all 1923). Originally serving as the mess hall and kitchen and currently used for dietetics, the mess hall and kitchen building (Resource 5, 1923) is located to the rear of the infirmary building (Resource 2, 1923) and is connected to the tubercular infirmary building (Resource 3, 1923) and the psychiatric infirmary building (Resource 4, 1923) by connecting corridors (Resource G, circa 1923–1940s). At the Tuskegee VA Hospital, Resources 2–4 originally served as the monumental "main building" of the facility. The two-story building is composed of two parallel sections joined by a short connecting wing. The original block of the building is the long section with a low hip-roof oriented to the southeast toward the rear courtyard of Resources 2–4 (all 1923) and the current connector section joining the original block to the later flat-roof addition oriented to the northwest. The long, flat-roof northwest addition currently serves as the main facade of the mess hall and kitchen building (Resource 5, 1923).

The original block's facade (southeast elevation) has a central projection that extends one bay from the former facade wall plane. The original block exhibits few details other than a brick exterior of four-course common bond, wood soffits, and windows with concrete sills and brick soldier courses above. The windows throughout the mess hall and kitchen building (Resource 5, 1923) have replacement six-over-six-light double-hung sashes. The majority of the southeast elevation of the first floor is partially below grade, especially the northeast portion, while the second story is fully exposed. A few bays contain vents, and some on the first floor have been enclosed with brick. According to an architectural drawing dating to 1922, the main facade entry to the original block was through a tunnel to the first floor connecting the mess hall and kitchen building to the infirmary building (Resource 2, 1923). Another early architectural drawing indicates that the patient dining rooms were in the northeast and southwest portions of the main block while the attendants dined in the central portion of the building. This may be related to keeping the two groups of patients, tubercular and neuropsychiatric, separated during meals. The kitchen was located in the current connector to the northwest.<sup>10</sup> A diagonal above-ground, enclosed connector currently intersects the second story of the mess hall and kitchen building's former facade (southeast elevation) along the northeast portion of the projection, joining Resource 5 to the rear of the infirmary building (Resource 2, 1923). Elevated corridors (Resource G, circa 1923–1940s) extend from the northeast and southwest ends of the former facade elevation to the tubercular and psychiatric infirmary buildings (Resources 3 and 4, both 1923). These corridors are indicated on the early architectural plans.<sup>11</sup> The original kitchen area that serves as a connection to the northwest addition contains

<sup>10</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

<sup>11</sup> Ibid.

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loading docks with concrete decks sheltered by metal awnings on the southwest elevation. The northeast elevation of this section has a small addition, possibly sheltering mechanical equipment.

The current facade of the building, oriented to the northwest, is composed of a later addition nineteen bays in length with a flat roof. The center three bays project one brick width from the wall plane of the main mass of the building. The central entrance is located in a porch enclosed by brick at the bottom and screen at the top. The building exhibits simple detailing and materials typical of the historic district, including brick soldier courses above all window and door openings and concrete window sills; replacement six-over-six-light window sashes; a wide, concrete band above the second story; and a concrete parapet cap. There are double-leaf entrances in the first, fifth, and eighth bays to the left of the central entry. The other bays all contain windows, some of which are partially or entirely filled with vents. The southwest elevation of this portion of the building is five bays wide with a central single-leaf entry in the second story. It is accessed by a metal staircase that runs along the side of the building. Flat-roof projections extend from the northeast elevation of the later addition, likely housing equipment or utilities relating to the building's function. At least two windows on the upper story of the northeast elevation retain original six-over-six-light double-hung wood sashes. The flat-roof addition is clad in five-course common bond brick. The mess hall and kitchen building (Resource 5, 1923) was renovated in 1954, and the addition may date to the renovation.

Although the Tuskegee VA Hospital's mess hall and kitchen building (Resource 5, 1923) exhibits common characteristics of the kitchen and dining halls at Second Generation Veterans Hospitals, such as proximity to the main/administration building and the scale of the resource in relation to other buildings, Resource 5 is somewhat different in design and massing. The building has minimal detailing, other than the hip roof, exterior cladding, and double-hung window sashes. These differences and the rear flat-roof addition do not detract from the identifying characteristics commonly associated with the kitchen/dining hall building found at other Period I Second Generation Veterans Hospitals. The low-pitched, hip-roof design and minimal decorative elements probably relate to the early development of the Tuskegee VA Hospital. The later addition obscures the original rear elevation of the mess hall and kitchen building (Resource 5, 1923), but the original facade and side elevations have only been minimally impacted by later additions, and the building retains much of its original materials and form. Therefore the mess hall and kitchen building (Resource 5, 1923) is a contributing resource to the historic district.

**Resource 7. Special Attendants' Quarters. 1923. Contributing building.**

The special attendants' quarters (Resource 7, 1923) is located to the west of the mess hall and kitchen building (Resource 5, 1923). Most recently, the building was used for supply storage, and today it is vacant. An original architectural drawing indicates that the special attendants' quarters (Resource 7, 1923) was to be a special attendants' quarters building, but this designation has been marked through with engineering division offices and storage written nearby as the description.<sup>12</sup> This special attendants' quarters (Resource 7, 1923) is a two-story, five-bay building oriented to the northeast. The building is detailed in the typical manner with a wide concrete water table, concrete sills, brick soldier courses above the windows, and a wood cornice. The windows contain six-over-six-light replacement sashes and the central, double-leaf entry has replacement doors. The center three bays are sheltered by a flat-roof porch supported by square wood columns on a brick

<sup>12</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.



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base and a concrete deck. The southeast elevation has two windows in each story and the northwest elevation has three windows along both the first and second stories. The rear elevation has a central single-leaf entrance sheltered by a flat-roof awning. The window above the doorway is lower than the other second-story windows, suggesting that it is in a stairwell. Windows with six-light sashes are found in the raised basement on the rear and side elevations. The building has a brick exterior of four-course common bond. The hip-roof of this special attendants' quarters is covered with asphalt shingles.

**Resource 8. Special Attendants' Quarters. 1923. Contributing building.**

Resource 8, originally a special attendants quarters (1923), is located to the northeast of the mess hall and kitchen building (Resource 5, 1923). Most recently, it served as the psychology building but it is currently vacant. Resource 8 was to be a special attendants' quarters according to an original architectural drawing but this designation has been marked through an engineering division office and storage written nearby as the building description.<sup>13</sup> Oriented to the southwest toward a similar special attendants' quarters (Resource 7, 1923), this special attendants' quarters is a two-story, five-bay, hip-roof building essentially the same as Resource 7. A simple wooden balustrade encloses the ends of the porch and a single eyebrow dormer pierces the roof above the center of each elevation.

**Resource 9. Continued Treatment Building. 1923. Contributing building.**

The continued treatment building (Resource 9, 1923) is located between the central core of the historic district and the western group of H-shape patient ward/treatment buildings, and to the south of the special attendants' quarters (Resource 7, 1923). This continued treatment building (Resource 9, 1923), located within the loosely-formed central core group of buildings, is oriented to the southeast. This building most recently served as the nursing education building, and currently it is vacant. This is a two-story, nineteen-bay, hip-roof building with multiple projecting bays. The central portion of the facade is five bays wide with three-bay, hip-roof return wings flanking the centered entry and four bays extending beyond the return wings. The facade's central single-leaf entrance is sheltered by a flat roof metal awning and contains a replacement metal frame glass door, sidelights, and transom. Overall, the building exhibits typical materials and detailing found on early buildings of the Tuskegee campus, including brick soldier courses above all window and door openings, concrete window sills, and windows with replacement six-over-six-light double-hung sashes. The building has a wood cornice with a Greek key design.

The side elevations each have a central entry sheltered by a bracketed, hip-roof, wood awning. There is a window to either side of the entry and two closely-spaced windows centered above it. The rear elevation has three hip-roof, three-bay return wings, each extending one bay from the wall plane of the main block of the building. The central rear return wing has three standard-sized windows in the first and second stories, while the outer two return wings have two wider windows filled with eight-over-eight-light sashes in the first story and a standard six-over-six-light window flanked by two narrow windows in the second story. There is one bay between each projection and four bays on each end. Each of the outer rear return wings have a second-story entry accessed by a metal staircase located along the rear of the building. The outer three windows of the main block's rear elevation on both the first and second stories have replacement twelve-light windows where the

<sup>13</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

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lower three lights may be awning windows. The continued treatment building (Resource 9, 1923) is clad in five-course common bond brick and rests on a poured concrete foundation.

**Resource 10. Re-educational Building. 1923. Contributing building.**

The re-educational building (Resource 10, 1923) is located to the southeast of the continued treatment building (Resource 9, 1923) on the opposite side of Resource 4A (1944) (infirmary annex to Resource 4). The re-educational building (Resource 10, 1923), located within the loosely formed patient care group of buildings, is oriented to the southeast. This re-educational building most recently served as an office building and at the present time it is vacant. The original architectural drawings indicate it was to be a re-educational building but this designation has been marked through and continued treatment written nearby as the description of the building.<sup>14</sup> It is a two-story, nineteen-bay, hip-roof building with multiple projecting bays. In its massing and detailing, this re-educational building (Resource 10, 1923) is essentially identical to the continued treatment building (Resource 9, 1923). The metal staircases on the rear elevation of Resource 10 are enclosed in metal caging.

**Resource 12. Boiler House. 1923. Contributing building.**

The boiler house (Resource 12, 1923) is located in the northwest portion of the historic district in the group of maintenance and utility buildings. The boiler house (Resource 12, 1923), oriented to the east, is a one-story building with a shallow-pitched, side-gable roof. A large, radial chimney (Resource 75, 1923) rises along the east elevation. The building is entered through the east elevation that has five bays, three vents, a single-leaf entry with a metal door, and a window. The other elevations contain awning and hopper windows. The north elevation of the boiler house (Resource 12, 1923) is spanned by an extension that is approximately one-third the height of the main mass of the building. The boiler house (Resource 12, 1923) exhibits simple detailing, including brick soldier courses above window and door openings, concrete window sills, and a slightly corbelled brick cornice. The building's exterior is brick finished in a five-course common bond. To the west of the main building sits a small, metal-clad building on a poured concrete foundation, possibly serving as an incinerator.

**Resource 13. Freight House and Shops Building. 1923. Contributing building.**

The freight house and shops building (Resource 13, 1923) is located to the north of the boiler plant (Resource 12, 1923) in the group of maintenance/utility buildings. An original architectural drawing indicates that Resource 13 was the freight house and shops building, but this designation has been marked through and industrial therapy and storage written nearby as the building description.<sup>15</sup> The freight house and shops building (Resource 13, 1923) is a one-story, seven-bay (w/w/d/w/d/w/d), hip-roof building oriented to the east. The roof has arched dormers with vents and a large central ridge-line ventilator. The building exhibits simple detailing, including soldier courses above window and door openings, concrete window sills, and a wood cornice and soffits. Two original entries have been resized to accommodate single modern metal doors but they retain original six-light wood transoms. The three-bay north elevation retains an original pair of four-light wood doors with double-leaf entry. The rear elevation has a concrete block addition on the north end beneath

<sup>14</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

<sup>15</sup> Ibid.

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the existing roofline. Concrete block additions also enclose portions of an original concrete loading dock that is supported by poured concrete piers. The original roofline of the building extends down over these additions, ending with exposed rafter tails. The deck of the loading dock extends beyond the south end of the building where it supports a screened smoking hut. The south elevation has three windows and a poured concrete water table. The building has an exterior of four-course common bond brick and is covered with an asphalt shingle roof.

**Resource 14. Laundry Building. 1923. Contributing building.**

The laundry building (Resource 14, 1923), oriented to the southwest, is located to the northeast of the freight house and shops building (Resource 13, 1923) in the maintenance/utility group of buildings. An original architectural drawing indicates that Resource 14 was the laundry building but this designation has been marked through and industrial therapy and storage written nearby as the building description.<sup>16</sup> It is a one-story, ten-bay (dd/w/w/w/w/w/w/dd/d), flat-roof building. The laundry building (Resource 14, 1923) exhibits simple detailing, including brick soldier courses above the window and door openings, concrete window sills, and a concrete water table topped with a soldier course. The windows contain six-over-six-light double-hung replacement sashes and the entries are filled with metal doors retaining original multi-light transoms above. The entrances are accessed by small poured-concrete loading docks at each end of the southwest elevation.

The side elevations each have five windows plus a small projection on the rear of the building. The projection on the northwest portion of the rear elevation is one bay wide, two bays deep, and the full height of the building. The projection on the southeast portion of the rear elevation rises just half the height of the main mass. There are seven windows across the rear of the building. The building's exterior is finished in four-course common bond brick.

**Resource 15. Garage. 1923. Noncontributing building.**

The garage (Resource 15, 1923) is located to the southeast of the laundry building (Resource 14, 1923) in the group of maintenance/utility buildings. It is a one-story, nine-bay (d/d/w/d/w/w/d/w/d), flat-roof building oriented to the southwest. The garage (Resource 15, 1923) exhibits simple detailing, including brick soldier courses above window and door openings and concrete window sills. The two bays on the west end of the facade and one bay on the east end project forward and extend above the central six bays. These end bays contain overhead doors and house the emergency equipment and appear to be later additions. The central six bays are defined by tall segmental arches with replacement plate-glass windows and metal-frame doors. The brick cladding the facade also appears to have been applied after the period of significance. The garage building was renovated in 1939, 1967, and 1984.

The southeast elevation has three windows with replacement sashes, a doorway enclosed with brick, and two large windows with paired, metal, multi-light, awning windows. The rear elevation has multiple overhead and pedestrian entrances and two pairs of large awning windows as on the east elevation. The western portion of the building appears to be a later addition to house larger, modern emergency equipment. The garage's (Resource 15, 1923) west elevation has one pedestrian entry with a metal door and a small shed-roof concrete block addition. The building's exterior is finished in four-course common bond brick.

<sup>16</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

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Because of the additions to either end of the building, the brick along the facade that appears to have been applied after the period of significance, and the arched openings of the facade that are dissimilar to those of the rear of the building, indicating that they were possibly altered with the later brick of the facade, this building does not contribute to the historic district.

**Resource 18. Ambulant (or Semi-ambulant) Building. 1923. Contributing building.**

The ambulant (or semi-ambulant) building (Resource 18, 1923) is located to the northeast of the center of the historic district, east of the intermediate care building (Resource 120, 1988), within the loosely formed central core group of buildings. The building is currently vacant. Oriented to the southeast, this ambulant (or semi-ambulant) building (Resource 18, 1923) is a two-story, seventeen-bay, hip-roof building with a central, three-bay, front-gable projecting pavilion. Most of the building is clad in four-course common bond brick, although the facade bays are clad in stucco with narrow columns of brick between each bay. There are four recessed stucco panels below each window and three bands of stucco between the floors. A soldier course of brick tops each stucco bay. Currently, each bay contains a window with replacement six-over-six-light double-hung sashes but, based upon an image of a similar building in the 1923 *Report of the Consultants on Hospitalization*, it appears that large casement windows originally spanned the entire width of each bay.<sup>17</sup>

The brick portions of the ambulant (or semi-ambulant) building (Resource 18, 1923) exhibits typical detailing, including soldier courses above windows and entries, concrete window sills, a concrete water table, and a wood cornice and soffits. The pediment of the projecting central bays appears to be stuccoed and pierced with a semicircular vent. The projection has windows across both stories with tripartite windows in the center. The building's main entrances are located to either side of the projection, sheltered under small wooden porches with boxed column supports and accessed by a small flight of poured concrete stairs.

The last bay on each end of the building is slightly recessed from the facade elevation. These two-story sections appear to be later additions, with each having a single-leaf entry filled with a metal door sheltered by a small awning and accessed by concrete stairs. The rear elevation has a central hip-roof projecting wing with a double-leaf entry filled with metal doors shaded by a metal awning. A tripartite window is located above the doors. There are three other single-leaf entrances on the rear elevation and all other bays contain standard six-over-six-light replacement sash windows. The rear elevation has an exterior of brick and detailed very simply with no accentuation of the bays.

**Resource 19. Attendants' Quarters. 1923. Contributing building.**

The attendants' quarters (Resource 19, 1923) is located near the north boundary of the historic district, to the west of the group of single-family residential officer's quarters. Originally serving as attendants' quarters, Resource 19 (1923) is located within the residential group of buildings. The attendants' quarters (Resource 19, 1923), oriented to the south, is a three-story, thirteen-bay, hip-roof building on a raised basement. This attendants' quarters building exhibits typical details found on early buildings of the Tuskegee campus, including brick soldier courses above window and door openings, concrete window sills, a soldier course extending between the sills of the third story windows, a concrete water table topped with a brick soldier course, and a wood cornice and soffits. A centered, flat-roof, three-bay, screened porch on brick piers encloses the facade entrance. The double-leaf entry contains metal doors, and similar single-leaf entries with metal doors are found on the other three elevations. The windows of the attendants' quarters (Resource 19, 1923) contain original

<sup>17</sup> *Report of the Consultants on Hospitalization*, 92.

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wood six-over-six-light double-hung sashes except for some of the basement windows that have three-over-three-light sashes. The center three bays of the rear elevation project slightly and the fenestration pattern suggests that the projection contains a stairwell. There are two metal fire escapes on the rear of the building. The building exterior is finished in four-course common bond brick and the roof is sheathed in asphalt shingles. The attendants' quarters (Resource 19, 1923) is currently vacant.

**Resource 20. Officers' Apartment Building. 1923. Contributing building.**

The officers' apartment building (Resource 20, 1923) is located in the northeast corner of the historic district, at the north end of the circular drive within the group of residential officer's quarters. Resource 20 originally served as an officers' apartment building, but it is currently vacant. Oriented to the south, the officers' apartment building (Resource 20, 1923) is a three-story, thirteen-bay, hip-roof building with a three-bay, front-gable, central projection. The building exhibits typical details of the early Tuskegee VA Hospital Historic District buildings, including brick soldier courses above windows and entries, concrete window sills, a brick soldier course extending between the sills of the third story windows, a concrete water table topped with a soldier course, and a wood cornice and soffits. The facade entrance is sheltered by a flat-roof porch supported by paired wood columns and pilasters. The double-leaf entry contains replacement aluminum frame glass doors, sidelights, and transom. Above the door is a two-story arch with ribbons of three windows filled with double-hung wood sashes lighting the interior central stairway. The arch is topped with a keystone. Above it, an oculus with keystones pierces the central gable. The windows all contain six-over-six-light double-hung wood sashes. The windows of the facade and side elevations are shaded by metal awnings. On the rear elevation, the last two bays on each end are filled with metal doors in all three stories opening onto exterior metal staircases providing egress from the building. The rear entries fill former window bays. The building's exterior is finished in four-course common bond brick. The roof appears to be sheathed in asphalt shingles.

**Resource 21. Officer's Quarters. 1923. Contributing building.**

The officer's quarters (Resource 21, 1923) is located in the northeast corner of the historic district, on the southwest side of the circular drive of residential quarters. Oriented to the northeast, this officer's quarters (Resource 21, 1923) is a one-story, three-bay (w/d/ww), side-gable, single family residence. The right two bays of the facade are recessed, creating an integral screened-in porch under the residence's roof. The central facade and rear single-leaf entrances each have replacement sidelights and transom. The facade door has been replaced with a three-light hollow wood door while the rear elevation retains an original nine-light wood door. A small, gable-roof wing extends from the northwest portion of the rear elevation. The wing also contains an integral porch at the rear. To the right of the rear entry is a gable along the roofline. A flat-roof, enclosed porch, or sunroom, extends from the southeast elevation. The windows of the building all contain six-over-six-light vinyl replacement sashes. The building is supported by a brick pier foundation and is clad in replacement vinyl siding. The roof is sheathed in asphalt shingles. The dwelling is currently vacant.

**Resource 22. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 22, 1923) is located in the northeast corner of the historic district and to the northwest of another officer's quarters (Resource 21, 1923). The dwelling is found along the circular drive of residential quarters. Oriented to the northeast, this officer's quarters (Resource 22, 1923) is a one-story, three-bay (w/d/ww), side-gable, single-family residence. The dwelling is currently vacant. The footprint of this officer's quarters (Resource 22, 1923) is quite similar to Resource 21, except the rear wing of this officer's

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quarters (Resource 22, 1923) is two bays wide and the rear entry porch extends beyond the end of the wing. There is a rear gable-roof projection next to the wing. The windows of the building all contain six-over-six-light vinyl replacement sashes. The building is supported by a brick pier foundation and is clad in replacement vinyl siding. The roof is sheathed in asphalt shingles.

**Resource 23. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 23, 1923) is located in the northeast corner of the historic district, to the north of Resource 22 (1923) on the circular drive of residential quarters. Oriented to the east, it is a one-story, three-bay (w/d/ww), side-gable, single-family residence that appears nearly identical to other officer's quarters surrounding the drive (Resources 21 and 24). This officer's quarters (Resource 23, 1923) retains its original fifteen-light wood front door. The dwelling is currently vacant.

**Resource 24. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 24, 1923) is located in the northeast corner of the historic district to the northeast of Resource 23 (1923) on the circular drive of residential quarters. Oriented to the southeast, this officer's quarters (Resource 24, 1923) is a one-story, three-bay (w/d/ww), side-gable, single-family residence that appears nearly identical to Resources 21 and 23. This officer's quarters (Resource 24, 1923) retains its original fifteen-light wood front door and wood screen door. The officer's quarters (Resource 24) is currently vacant.

**Resource 25. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 25, 1923) is located in the northeast corner of the historic district to the southeast of the officers' apartment building (Resource 20, 1923) along the circular drive of residential quarters. Resource 25, oriented to the southwest, is a one-story, three-bay (ww/d/w), side-gable, single-family residence that is identical to other officer's quarters surrounding the circular drive (Resources 21, 23, and 24). Like Resource 21 (1923), the front door of this officer's quarters (Resource 25, 1923) has been replaced with a three-light hollow wood door. The rear entry porch of Resource 25 has been enclosed. This officer's quarters (Resource 25, 1923) is currently vacant.

**Resource 26. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 26, 1923) is located in the northeast corner of the historic district to the south of Resource 25 (1923) along the circular drive of residential quarters. Like other officer's quarters situated around the circular drive (Resources 25, 27, and 28), Resource 26 (1923), oriented to the southwest, is a one-story, three-bay (ww/d/w), side-gable, single-family residence that is the mirror image of Resources 21, 23, and 24 (all 1923). This officer's quarters (Resource 26, 1923) retains its original fifteen-light front door and its rear entry porch. Resource 26 is currently vacant.

**Resource 27. Officer's Quarters. 1923. Contributing building.**

The officer's quarters (Resource 27, 1923), oriented to the west, is located in the northeast corner of the historic district to the south of Resource 26 (1923) on the circular drive of residential quarters. Like other officer's quarters encircling the drive (Resources 25, 26, and 28, all 1923), Resource 27 is a one-story, three-bay (ww/d/w), side-gable, single-family residence that is the mirror image of Resources 21, 23, and 24 (all

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1923). Resource 27 retains its original fifteen-light front door and its rear entry porch. This officer's quarters (Resource 27, 1923) is currently vacant.

**Resource 28. Officer's Quarters. 1923. Contributing building.**

This officer's quarters (Resource 28, 1923), oriented to the northwest, is located in the northeast corner of the historic district to the southwest of Resource 27 (1923) along the circular drive of residential quarters. Like other officer's quarters encircling the drive (Resources 25, 26, and 27, all 1923) it is a one-story, three-bay (ww/d/w), side-gable, single-family residence that is the mirror image of Resources 21, 23, and 24 (all 1923). Resource 28 retains its original fifteen-light front door and its rear entry porch. This officer's quarters (Resource 28, 1923) is currently vacant.

**Resource 29. Officer's Quarters. 1923. Contributing building.**

The officer's quarters (Resource 29, 1923), oriented to the north, is located in the northeast corner of the historic district at the south end of the circular drive of residential quarters. This officer's quarters (Resource 29, 1923) is a one-and-one-half story, three-bay (w/d/d), side-gable, single-family residence with two hip-roof dormers with paired windows. A recessed porch spans the width of the facade and a flat-roof enclosed porch/sunroom extends from the west elevation. The rear elevation has two single-bay, front-gable projections flanking the double-leaf rear entrance with sidelights and transom. A five-bay, flat-roof projection extends from the rear of the east front-gable portion. Windows throughout the dwelling contain six-over-six-light double-hung vinyl replacement sashes. The central facade door has been replaced with a three-light hollow wood door but the entry to the right retains its fifteen-light wood door and three-light transom. Along the rear elevation, the multi-light paired doors at the rear of the residence appear to be replacements but the eight-light door in the center of the five-bay projection appears to be original. Like the other residences, Resource 29 is supported by a brick pier foundation and is clad in replacement vinyl siding. The roof is sheathed in asphalt shingles. This officer's quarters (Resource 29, 1923) is currently vacant.

**Resource 41. Rear (North) Gate House. Circa 1920s–1930s. Noncontributing building.**

The rear (north) gate house (Resource 41, circa 1920s–1930s) is located by Hospital Road along the northern boundary of the historic district. It is a one-bay brick building that is in ruins. The building does not have a roof and it is surrounded by vegetation. Because of its lack of integrity, this building does not contribute to the historic district.

**Resource 43. Chlorinator House. 1928. Contributing structure.**

The chlorinator house (Resource 43, 1928) is located in the group of maintenance/utility buildings adjacent to the oil storage reservoir (Resource 49, 1923). It is a small, one-story, single-bay, front-gable building. The chlorinator house (Resource 43, 1928) has typical detailing found on the Tuskegee VA Hospital early campus buildings, including brick soldier courses above window and door openings, brick window sills, and a wood cornice and soffits. There is a single-leaf entry filled with a wood door on the west elevation, enclosed windows on the east and south elevations, and a window with four-over-four-light double-hung sashes on the north elevation. The structure is clad in stretcher bond brick.

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**Resource 44. Acute Building. 1929. Contributing building.**

The acute building (Resource 44, 1929) is located in the west portion of the historic district along the north portion of the courtyard shared with Resources 68 and 69 (a neuropsychiatric infirmary building and another acute building, both dating to 1945). All three buildings are typical examples of H-shape patient ward/treatment buildings dating to Period II found on the campuses of neuropsychiatric Second Generation Veterans Hospitals. Resource 44 is currently used for storage.

This acute building (Resource 44, 1929) is a two-story, seventeen-bay, gable-roof building on a raised basement with gable-roof return wings creating an overall H-shape. The facade, oriented to the south, has a central three-bay, front-gable, projecting entry pavilion and two three-bay, two-story, front-gable return wings. The building exhibits brick soldier courses above all window and door openings, concrete window sills, a concrete water table, a wood cornice and soffits, and round attic vents in the gable ends. The central facade entry contains a single-leaf, metal-frame replacement glass door, sidelights, and transom. Its wood door surround is partially obscured by the flat metal awning that shelters the entry. Concrete steps and a concrete ramp provide access to the facade entry. The facade elevation also has entrances into small, flat-roof projections located at the corners where the return wings intersect the central block. The windows of the central pavilion and the central windows of the return wings contain eight-over-eight-light double-hung replacement sashes. The majority of windows throughout the building contain six-over-six-light replacement sashes. The basement windows have fixed three-light sashes.

On the side (east and west) and rear elevations, the building rises a full three-stories above grade, so there are full size windows and entrances into the basement level. Gable-roof projections of the main block extend from the east and west elevations of the return wings. The rear elevation has return wings opposite the facade's return wings and a central projecting gable-roof wing. Both return wings originally terminated in second and third story porches defined by brick pilasters, but the porches have since been enclosed with brick and windows. Additional projections, perhaps containing stairwells, have been added to the ends of the return wings. The building's exterior is finished in four-course common bond brick. The roof is sheathed in asphalt shingles. A connecting corridor (Resource G, circa 1923–1940s) extends from the gable end of the west elevation, connecting this acute building (Resource 44, 1929) and another acute building (Resource 69, 1945).

**Resource 49. Oil Storage Reservoir. 1923. Contributing structure.**

The oil storage reservoir (Resource 49, 1923) is located in the group of maintenance/utility buildings adjacent to the chlorinator house (Resource 43, 1928). It is a circular, flat-roof reservoir composed of poured concrete that is partially below grade.

**Resource 50. Domiciliary Barracks Building. 1932. Contributing building.**

The domiciliary barracks building (Resource 50, 1932) is located in the southeast portion of the historic district near the dining hall and kitchen building (Resource 51, 1932) and the continued treatment building (Resource 62, 1936). The style and detailing of this group of three buildings is unique to the campus. An original architectural drawing indicates Resource 50 was initially a domiciliary barracks but this designation has been marked through probably at a later date and C.T. written over the top as the description possibly indicating continued treatment.<sup>18</sup> Most recently Resource 50 served as a nursing home care unit, and it is

<sup>18</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.



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currently vacant. Oriented to the southwest, the domiciliary barracks (Resource 50, 1932) is a three-story, thirteen-bay, flat-roof building with a crenilated parapet. The facade is enhanced by a central three-bay, front-gable, projecting pavilion spanned by a one-story brick porch with three arched openings and a crenilated roof. Concrete is featured in many of the building's details including: parapet cap; stringcourse above the third story; water table; ashlar panels along the foundation; window sills; porch railing; banding and corner detailing on the brick piers of the porch; keystones exhibited in the arches of the porch, jack arches over the pavilion's first-floor windows, and the blind oculus of the front gable end; and the hood above the window of the facade pavilion's gable. The first- and second-story bays of the facade are slightly recessed, and all bays contain paired or triple windows with nine-over-nine metal sashes in the first story and twelve-over-six awning windows in the upper stories. Similar windows are found throughout the building.

The southeast and northwest elevations are three-bays wide with a central, double-leaf entrance with metal frame glass doors set into a concrete door surround with a brick and concrete jack arch. The rear (northeast) elevation has a central, multi-bay, flat-roof projection. A single-story, flat-roof connector to the dining hall and kitchen building (Resource 51, 1932) intersects the rear projection of the domiciliary barracks building (Resource 50, 1932). The connecting corridor (further described as Resource G, circa 1923–1940s) exhibits the same materials and detailing found on the domiciliary barracks building (Resource 50, 1932) and appears to have been constructed at the same time as Resources 50 and 51. The exterior of the domiciliary barracks building (Resource 50, 1932) is finished in five-course common bond brick.

**Resource 51. Dining Hall and Kitchen Building. 1932. Contributing building.**

The dining hall and kitchen building (Resource 51, 1932) is located on the southeastern portion of the historic district near the domiciliary barracks and continued treatment building (Resources 50, 1932; and 62, 1936). The dining hall and kitchen building (Resource 51, 1932) is currently utilized for storage. The facade of the dining hall and kitchen building (Resource 51, 1932) is obscured by the connecting corridor (Resource G, circa 1923–1940s) that links the domiciliary barracks and continued treatment buildings (Resources 50, 1932; and 62, 1936) to the former dining hall and kitchen building, as the corridor is constructed along the facade of the dining hall and kitchen (Building 51). Like Resource 50, the dining hall and kitchen building (Resource 51, 1932) has a flat roof with a crenilated parapet accentuated by a concrete cap, but otherwise the building is more simply detailed with massing and fenestration typical of its utilitarian purpose. The single-story building with sections of varying heights is supported by a raised concrete basement foundation. It is composed of a number of flat-roof sections. The central block rises to the greatest height and has large window bays filled with fifty-four-light metal windows, composed of six-light pivot windows, on the northwest and southeast elevations. The basement level of the southeast elevation of this block is spanned by a poured concrete loading dock with four basement entries opening onto the loading dock. The other blocks that comprise the building have typical windows with six-over-six-light metal or wood sashes. The rear elevation has only window bays, no entries. The kitchen and dining hall building's (Resource 51, 1932) brick exterior is finished in five-course common bond.

**Resource 52. Water Tower and Tank. 1991. Noncontributing structure.**

The water tower and tank (Resource 52, 1991) is located in the northwest portion of the historic district in the maintenance/utility group of buildings. This steel water tank and tower has four supports and a central shaft with bracing between the supports providing additional stability. The tank itself is an elongated sphere. A metal pedestrian walkway with a metal railing is located approximately one-third of the way up the tank.

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**Resource 59. Personnel Garage. 1930. Contributing building.**

The personnel garage (Resource 59, 1930) is a garage located along the north boundary of the historic district within the group of residential quarters. Oriented to the south, this personnel garage (Resource 59, 1930) is a one-story, five-bay, shed-roof garage with replacement metal sectional overhead doors. The building has brick piers between the bays and structural tile on the east and west elevations.

**Resource 60. Personnel Garage. 1930. Contributing building.**

The personnel garage (Resource 60, 1930) is a garage located along the north boundary of the historic district within the group of residential quarters. Oriented to the south, this personnel garage (Resource 60, 1930) is a one-story, five-bay, shed-roof garage with replacement metal sectional overhead doors. The building has brick piers between the bays and structural tile on the east and west elevations.

**Resource 62. Continued Treatment Building. 1936. Contributing building.**

The continued treatment building (Resource 62, 1936) is located in the southeast portion of historic district near the domiciliary barracks and the dining hall and kitchen buildings (Resources 50 and 51, both 1932). The style and detailing of this group of three buildings is unique to the historic district. Today this continued treatment building (Resource 62, 1936) is used as a dormitory and for day treatment. Oriented to the southwest, the continued treatment building (Resource 62, 1936) is a three-story, thirteen-bay, flat-roof building with a crenilated parapet. In its massing, fenestration, and detailing, this continued treatment building (Resource 62, 1936) very closely resembles the domiciliary barracks building (Resource 50, 1932). One notable difference is that this continued treatment building (Resource 62, 1936) has a raised basement with basement windows visible along all elevations. A connecting corridor (Resource G, circa 1923–1940s) extends from the rear projection of the continued treatment building (Resource 62, 1936) to the dining hall and kitchen (Resource 51, 1932).

**Resource 63. Manager's Quarters. 1938. Contributing building.**

The manager's quarters (Resource 63, 1938) is located in the northeast corner of the historic district, to the southwest of the circular drive of residential quarters. Oriented to the east, the manager's quarters (Resource 63, 1938) was originally utilized by the hospital's manager. Unlike the residences identified as Resources 21–29 (all 1923), the manager's residence (Resource 63, 1938) is designed in a simple Colonial Revival style typical of this campus. It is a two-story, three-bay (w/d/w), side-gable, single-family residence. The dwelling exhibits Colonial Revival materials and detailing including: brick jack arches above the first-story windows; concrete window sills; twelve-over-twelve, eight-over-twelve, and six-over-six double-hung wood sashes; a decorative wood door surround with fluted pilasters, a pediment, and a fanlight; and a wood cornice and soffits.

The south elevation has a two-story, side-gable wing that was perhaps originally an open porch. Currently the wing has bands of windows with six-over-six-light sashes on both stories and a central single-leaf entry on the south elevation. The windows are all shaded by metal awnings. The rear elevation has a two-story, two-bay, gable-roof projection with a three-sided bay window in the first floor. There is no rear entry. Instead, the north elevation has a side entrance sheltered by a small, screened, shed-roof porch. A brick chimney is found along the south elevation of the main block. The residence is clad in five-course common bond brick. The roof is sheathed in asphalt shingles. The manager's quarters (Resource 63, 1938) is currently vacant.

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**Resource 65. Laundry Building. 1945. Contributing building.**

The laundry building (Resource 65, 1945) is located in the northwest portion of the historic district, to the south of the boiler plant (Resource 12, 1923) and within the cluster of maintenance/utility buildings. The laundry building (Resource 65, 1945), oriented to the east, is a one-story, multi-bay, side-gable building with a single-story, flat-roof addition. Window openings have concrete sills and wide concrete lintels. A poured concrete loading dock is found at each end of the facade, and each is covered by a flat-roof metal awning. The six bays between the loading docks contain paired windows with replacement six-over-six-light double-hung sashes. The north gable-end has three window bays with similar windows. The rear elevation of the main block has a full walk-out, concrete basement with a double-leaf entry, three single-leaf entries, and one entry filled with an overhead door. The main block's rear first story has single and paired windows with replacement sashes. The building has a poured concrete foundation and the brick exterior is finished in five-course common bond. The roof is sheathed in asphalt shingles.

The flat-roof addition on the south elevation is lined with single windows with replacement eight-over-eight-light double-hung sashes. A double-leaf entry with metal doors is found along the facade of the addition. The flat-roof addition has a poured concrete parapet cap and the windows have metal lintels and concrete sills. A single-leaf metal door shaded by a metal awning is found on the rear elevation of the addition.

**Resource 68. Neuropsychiatric Infirmary Building. 1945. Contributing building.**

The neuropsychiatric infirmary building (Resource 68, 1945) oriented to the north, is located in the western portion of the historic district on the south side of the courtyard shared with two other H-shaped patient ward/treatment buildings (Resources 44 and 69, both acute buildings dating to 1929 and 1945). The neuropsychiatric infirmary building (Resource 68, 1945) currently serves as the engineering and fiscal building. Like the two acute buildings (Resources 44 and 69), the neuropsychiatric infirmary building (Resource 68, 1945) is a two-story, multi-bay, gable-roof building on a raised basement with hip-roof return wings creating an overall H-shape. The overall massing and detailing of the neuropsychiatric infirmary building (Resource 68, 1945) is quite similar to Resource 44 (acute building, 1929), with some notable exceptions. The facade of the neuropsychiatric infirmary building (Resource 68, 1945) has a five-bay, hip-roof central double-projecting pavilion. The pediment of the central pavilion is pierced with a lunette. The central entry has a wood door surround with fluted pilasters, but, as on the acute building (Resource 44, 1929), the top of the door surround is covered by a flat-roof metal awning. The main entrance of the neuropsychiatric infirmary building (Resource 68, 1945) is only accessed by a flight of stairs but the building has an accessible ramp on the east elevation. To the rear of the facade's projecting pavilion is a flat-roof projection through the roof with constructions simulating chimneys at the corners.

The facade and rear return wings of the neuropsychiatric infirmary building (Resource 68, 1945) have hip roofs and the central rear wing has a gable roof. All facade and rear wings have three-story additions at the terminus, perhaps serving as stairwells. As on the neighboring acute building (Resource 44, 1929), the rear elevation has a fully exposed walkout basement above grade. The rear return wings have enclosed, arcaded second and third story porches. A connecting corridor (Resource G, circa 1923–1940s), extending from the west gable end of the neuropsychiatric infirmary building (Resource 68, 1945), links it to the second acute building (Resource 69, 1945).

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**Resource 69. Acute Building. 1945. Contributing building.**

The acute building (Resource 69, 1945) is located in the west portion of the historic district on the west side of the courtyard shared with two other H-shaped patient care buildings (Resources 44 and 68, a second acute building and the neuropsychiatric infirmary building dating to 1929 and 1945, respectively). This acute building (Resource 69, 1945) currently contains Emergency Medical Services. This acute building (Resource 69, 1945), oriented to the east, is a two-story, multi-bay, side-gable, H-shape building similar to Resources 44 and 68 (a second acute building, 1929; and the neuropsychiatric infirmary building, 1945). The overall massing and detailing of this acute building (Resource 69, 1945) is nearly identical to the neuropsychiatric infirmary building (Resource 68, 1945), including the enclosed arcaded porches of the rear return wings. The acute building (Resource 69, 1945) does have an accessible ramp at its main entrance. Connecting corridors (Resource G, circa 1923–1940s) extending from its side gable ends link this acute building (Resource 69, 1945) to Resources 68 and 44 (the neuropsychiatric infirmary building, 1945; and a second acute building, 1929).

**Resource 75. Radial Brick Chimney. 1923. Contributing structure.**

The radial brick chimney (Resource 75, 1923) is located adjacent to the boiler house (Resource 12, 1923) in the maintenance and utility group of buildings. The chimney stack is constructed of nearly-square brick and the top of the stack is accentuated by brick corbelling. A metal door at the base reads, "The W. M. Kellogg Co. Chimney Builders, New York."

**Resource 76. Flag Pole. 1936. Contributing object.**

The flag pole (Resource 76, 1936) is located in front of the infirmary building (Resource 2, 1923) at the northwest end of the lawn between the infirmary, tubercular, and neuropsychiatric buildings (Resources 2, 3, and 4, all 1923). The relatively small, round metal base of the flag pole (Resource 76, 1936) is supported by a square concrete pedestal. The flag pole (Resource 76, 1936) is surrounded by small bushes and is flanked by spotlights on square brick bases.

**Resource 80. Grandstand. 1957. Noncontributing building.**

Resource 80, the grandstand (1957), is located in the south portion of the historic district adjacent to the baseball field (Resource M, circa 1950s) and south of the neuropsychiatric infirmary building (Resource 68, 1945). The grandstand (Resource 80, 1957) is composed of a central section with two diagonally-projecting sections. The bleachers have wood benches, decking, and stairs. The bleachers are sheltered by a shed roof supported by metal posts. Viewed from the rear, the grandstand has an exterior of brick in stretcher bond with a stringcourse composed of alternating soldier and stretcher bricks. There are a number of metal doors and horizontal two-over-two windows across the rear of the building.

This building seems to be associated with the change in the mid- to late 1950s, when substantial outdoor recreational facilities were being constructed at a number of Second Generation Veterans Hospitals to serve as a therapeutic outlet for patients and, in the case of baseball fields, public interaction with the patients. This resource also dates to the period when drug therapy began to surpass the use of vocational farm labor as a form of treatment for psychiatric patients. As patients were no longer working in the farm operations, additional time was available for recreational activities.

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**Resource 82. Water Tower and Tank. 1953. Noncontributing structure.**

The water tower and tank (Resource 82, 1953) is located in the northwest corner of the historic district within the maintenance/utility group of buildings. This steel water tank and tower has six supports and a central shaft with bracing between the supports providing additional stability. The tank itself is an elongated sphere. A metal pedestrian walkway with a metal railing is located approximately one-third of the way up the tank.

**Resource 88. Warehouse. 1957. Noncontributing building.**

The warehouse (Resource 88, 1957) is located near the north boundary of the historic district and the easternmost portion of the maintenance and utility group of buildings. This warehouse (Resource 88, 1957) is a large, one-story, flat-roof building constructed at the base of a small slope and partially obscured from view from areas to the south of the building. The north elevation features a loading dock with pedestrian and vehicular entries sheltered by a metal porch with metal posts. The east and south elevations each have four sets of three windows with replacement six-light sashes. The window openings are defined by poured concrete sills and metal lintels. The west elevation has two typical sets of three windows and two sets of three larger, double-hung windows. The building has a poured concrete foundation and is clad in stretcher bond brick. The exterior walls are topped with a metal parapet cap.

**Resource 90. Canteen/Recreation Building. 1961. Noncontributing building.**

The canteen and recreation building (Resource 90, 1961) is located in the south-central portion of the historic district, to the west of the group of the domiciliary barracks, dining hall and kitchen, and continued treatment building designated as Resources 50 (1932), 51 (1932), and 62 (1936). Oriented to the east, the canteen/recreation building (Resource 90, 1961) is composed of a two-story, flat-roof central block with one-story, flat-roof return wings symmetrically flanking the central entry. The building appears to contain a number of functions, including a canteen and an auditorium. Concrete panels divide the central block into three bays, with the entrance in the center bay. The entry contains paired metal-frame automatic glass doors. The entry is sheltered by a flat-roof awning above which are three vertical panels containing small blue-gray tiles. The bays to either side of the door contain three single-light windows with tiled panels both above and below. Decorative metal grating covers large vents in the second story above the tile paneling.

Each bay of the wings is defined by a panel of small blue-gray tile above and below a one-over-one-light window. The return wings have no windows on their facade elevations. The tile detail continues on the outer elevations of the return wings but the side and rear elevations of the central block exhibit simpler, more utilitarian detailing. The two-story central block projects on the rear elevation with a three- or four-story section toward the back of the building (probably the stage area) and a one-story section at the rear. A large chiller unit sits on top of the one-story section. There are two loading docks on the rear elevation and a one-story extension on the wing to the south of the central projection. The building is clad in stretcher bond brick with a concrete parapet cap.

**Resource 92. Mechanical Equipment Structure. 1963. Noncontributing structure.**

The mechanical equipment structure (Resource 92, 1963) is located in the west portion of the historic district adjacent to the connecting corridor (Resource G, circa 1923–1940s) between two H-shaped patient ward/treatment buildings (Resources 68 and 69, both 1945). It is a rectangular, two-story, brick structure housing mechanical equipment. The bays of the building are divided by brick piers. The first story is clad in five-course common bond brick with a vented window opening in each bay. Paired metal doors provide entry

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on the west elevation. The upper bays appear to be filled with hollow tile, creating the appearance of open latticework. The building is topped with a poured concrete parapet cap.

**Resource 93. Chapel. 1966. Noncontributing building.**

Resource 93, the chapel (1966), is located to the east of the administration building (Resource 1, 1923). Oriented to the west, the chapel (Resource 93, 1966) is a front-gable building with a front-gable facade pavilion. There is a one-story, flat-roof section attached to the south elevation. The building is clad in stretcher bond brick with honeycomb brick detailing on the front pavilion and projecting brick patterning on the rear elevation. The main entrance is located to the right of the central pavilion through double wooden doors with decorative carving. Stained-glass windows flank the entry and adorn the other windows of the side-gable section of the building. The flat roof section is more simply detailed with two double-hung windows with six-over-six snap in grids on the facade, a single-leaf entry on the south elevation, and four windows on the rear. The building has a metal steeple.

**Resource 94. Service Building for Softball Field. 1960. Noncontributing building.**

This is a single-story, three-bay (d/d/d), flat-roof building (Resource 94, 1960) located along the north edge of the softball field (Resource L, circa 1960s–1970s) in the southeastern portion of the historic district. Oriented to the south facing the softball field, the three bays are enclosed with wood boards. Two small window openings located near the roofline along the rear elevation are also enclosed with wood boards. The exterior of the building is clad in brick.

**Resource 96. Pavilion. 1965. Noncontributing structure.**

The pavilion (Resource 96, 1965) is located in the center of the courtyard space created between the domiciliary barracks, dining hall and kitchen building, and continued treatment building (Resources 50, 1932; 51, 1932; and 62, 1936). It is a screen-enclosed, metal-frame picnic shelter over a poured concrete deck. The shelter is covered by a corrugated metal-shed roof.

**Resource 97. Chiller Plant. 1971. Noncontributing building.**

The chiller plant (Resource 97, 1971) is located to the east of the laundry building (Resource 65, 1945) in the south portion of the maintenance and utility group of buildings. It is a one-story building clad in stretcher bond brick. The nearly-flat roof is trimmed with a flat wood cornice topped with a metal cap. The main elevation has two bays with double-leaf entries containing vented metal doors. Two large vents flank either side of each entry and eight vents span the space above. A small, flat-roof extension projects from the rear elevation.

**Resource 99. Cooling Tower. 1971. Noncontributing structure.**

The cooling tower (Resource 99, 1971) is located directly south of the chiller plant (Resource 97, 1971) at the south end of the group of maintenance/utility buildings. It consists of three large cooling units on a poured concrete base. A chain-link fence surrounds the cooling tower.

**Resource T-101. Paint Storage Building. 1948. Contributing building.**

The paint storage building (Resource T-101, 1948) is located north of the original laundry building (Resource 14, 1923) along the north boundary of the historic district and within the group of maintenance/utility buildings. It is a raised Quonset hut with a corrugated metal top and metal panels on the sides. Due to a

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shortage of construction materials both during and immediately following World War II, Quonset huts were frequently recycled at Second Generation Veterans Hospitals to fulfill a variety of uses. Originally considered temporary construction, many Second Generation Veterans Hospitals have removed their Quonset huts, and those that remain are often utilized by the engineering services for storage. The paint storage building (Resource T-101, 1948) has a double-leaf entry on the southwest elevation and seven sets of six-light sashes on the southeast elevation. The entry is accessed by an overhead door, and there is a large ventilator on the roof.

**Resource 120. Intermediate Care Building. 1988. Noncontributing building.**

The intermediate care building (Resource 120, 1988) is located in the central portion of the historic district in the loosely based patient care group of buildings and to the north of the infirmary annex (Resource 3A, 1952) to Resource 3 (1923). The intermediate care building (Resource 120, 1988) is a four-story, flat-roof building with a triangular shape. It is built on square piers creating an open courtyard below the enclosed third and fourth stories. The windows of the upper stories are slightly recessed with concrete sills and soldier courses. The courtyard below the building extends out into the area enclosed by Resource 3A and features brick walkways and low brick walls for sitting. Raised corridors connect the intermediate care building (Resource 120, 1988) to Resource 3A (1952). The building is clad in stretcher bond brick with poured concrete parapet caps.

**Resource 121. Emergency Generator Building. 1976. Noncontributing building.**

The emergency generator building (Resource 121, 1976) is located to the northwest of the infirmary building (Resource 2, 1923) in the courtyard created by the infirmary building, the tubercular infirmary, the psychiatric infirmary, and the mess hall and kitchen building (Resources 2, 3, 4, and 5, all 1923). It is a small, flat-roof building. The southwest elevation has paired metal doors with vents and the southeast elevation has a single vented door. The building is clad in stretcher bond brick and topped with a metal cap.

**Resource 122. Emergency Generator Building. Circa 1970s. Noncontributing building.**

This emergency generator building (Resource 122, circa 1970s) is located southeast of another emergency generator (Resource 121, 1976) in the courtyard created by the infirmary building, the tubercular infirmary, the psychiatric infirmary, and the mess hall and kitchen (Resources 2, 3, 4, and 5, all 1923), and it is a larger, flat-roof building than Resource 121. The southeast elevation has one large vent to the right and paired metal doors with vents above to the left, and the northwest elevation has a single vent to the right and a single entry with paired vents to the left. The building is clad in stretcher bond brick and topped with a metal cap.

**Resource 123. Emergency Generator Building. 1976. Noncontributing building.**

This emergency generator building (Resource 123, 1976) is located on the west side of the historic district on the southeast side of the connecting corridor (Resource G, circa 1923–1940s) linking the two H-shaped acute buildings (Resources 44, 1929; and 69, 1945). It is a flat-roof building. The east elevation has paired metal doors with vents above and the west elevation has a large central vent. The building is clad in stretcher bond brick and topped with a metal cap.

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**Resource 124. Emergency Generator Building. 1976. *Noncontributing building.***

This emergency generator building (Resource 124, 1976) is located to the east of the connecting corridor (Resource G, circa 1923–1940s) linking the domiciliary barracks building and the dining hall and kitchen building (Resources 50 and 51, both 1932). It is a flat-roof building. The south elevation has paired metal doors with vents above and the north elevation has a large central vent. The building is clad in stretcher bond brick and topped with a metal cap.

**Resource 129. Nursing Home. 1996. *Noncontributing building.***

The nursing home (Resource 129, 1996) is located near the north boundary of the historic district to the northeast of the intermediate care building (Resource 120, 1988) and west of the residential quarters. The nursing home building (Resource 129, 1996) is a two-story cruciform building with a hip-roof block on the south and large wings to the rear. The principal facade is the west elevation of the south block. The main entrance is into the second story, which is at grade on this elevation. The main entry has double automatic doors sheltered by a hip-roof canopy supported by columns. On the wings, a wide band separates the first and second stories. Large pilasters accentuate the corners and divide each elevation into three bays. Each bay has three or four sets of paired, single-light windows. There are open exterior staircases on the ends of the north, east, and west wings. The south end has a below-grade courtyard and a loading dock on its east elevation. The building is clad in stretcher bond brick with an asphalt shingle roof.

**Resource 142. Front Gate Police Booth. 1985. *Noncontributing building.***

The front gate police booth (Resource 142, 1985) is located on Hospital Road in the southeast portion of the historic district along its main entry drive (Resource K, circa 1920s). It is a one-story, flat-roof, metal-frame building with a band of single-light windows around its upper half on all elevations. The building has a poured concrete foundation and is clad in vinyl siding.

**Resource A. Building near Resource 129. Circa 1990s. *Noncontributing building.***

Resource A (circa 1990s) is located to the east of the nursing home building (Resource 129, 1996). It is a one-story, flat-roof building clad in stretcher bond brick. There is an overhead metal vehicular door and a single-leaf metal pedestrian door on the north elevation.

**Resource B. Equipment Shelter. Circa 1960s–1970s. *Noncontributing structure.***

This equipment shelter (Resource B, circa 1960s–1970s) is located near the north boundary of the historic district to the north of the garage (Resource 15, 1923). It is an open, shed-roof structure supported by wood posts and covered with a metal roof.

**Resource C. Picnic Shelter. Circa 1970s–1980s. *Noncontributing structure.***

This picnic shelter (Resource C, circa 1970s–1980s) is located in the central grouping of buildings to the northwest of the infirmary annex (Resource 4A, 1944). It is a gable-roof structure on a poured concrete foundation that appears to be a partially enclosed picnic shelter. The east side of the structure is open and supported by wooden posts and the west side is enclosed and clad in vinyl siding. The enclosed portion has six-over-six metal sashes and metal frame doors.



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**Resource D. Picnic Shelter. Circa 1970s–1980s. Noncontributing structure.**

This picnic shelter (Resource D, circa 1970s–1980s) is located east of one of the H-shaped acute buildings (Resource 69, 1945). It is a gable-roof structure on a poured concrete foundation that appears to be a partially enclosed picnic shelter. One side of the structure is open and supported by wood posts and the other side is enclosed and clad in vinyl siding. The enclosed portion has single-light metal sashes and metal doors.

**Resource E. Picnic Shelter. Circa 1970s–1980s. Noncontributing structure.**

The picnic shelter (Resource E, circa 1970s–1980s) is located between the two H-shaped acute buildings (Resources 69, 1945; and 44, 1929). It is an open, gable-roof picnic shelter over a poured concrete deck. The shelter is supported by metal posts and has an asphalt shingle roof.

**Resource F. Building near west entrance. Circa 1960s–1970s. Noncontributing building.**

Resource F (circa 1960s–1970s) is located on the West Gate Road near the entrance to the historic district. It is a small, flat-roof building with a centered metal door that faces the road and is sheltered by a metal awning. The other elevations each have a three-light awning window. The building is clad in stretcher bond brick.

**Resource G. Connecting Corridors. Circa 1923 to 1940s. Contributing structure.**

There are three types of connecting corridors located within the Tuskegee VA Hospital Historic District. The first type connects the tubercular and neuropsychiatric infirmaries designated as Resources 3 and 4 (both 1923) to the mess hall and kitchen building (Resource 5, 1923). These are one-story, gable-roof corridors clad in four-course common bond brick. They are constructed on poured concrete piers to allow passage below. Windows are evenly spaced along the length of the corridors. They all have poured concrete sills, are topped by a row of headers, and contain replacement six-over-six-light sashes.

The second type of corridor connects the H-shaped acute and neuropsychiatric infirmary buildings designated as Resources 44 (1929), 68 (1945), and 69 (1945). These are curved corridors that help to define the inner courtyard space. They are one-story, shed-roof corridors clad in five-course common bond brick. The shed roofs slope away from the courtyard and there are no windows on the courtyard side of the corridors, so the corridors appear as solid brick walls on this elevation. On the opposite side, the corridor is pierced with regularly spaced windows with concrete sills and six-over-six-light replacement sashes.

The third type of corridor connects the domiciliary barracks building, the dining hall and kitchen building, and continued treatment building designated as Resources 50 (1932), 51 (1932), and 62 (1936), and reflects the unique styling of these buildings within the campus. These corridors are one story on a raised ashlar stone or concrete basement. They are clad in five-course common bond brick with archways along their length. Each bay is defined by brick pilasters spanned by a brick arch with poured concrete keystones and detailing. The archways may have been open originally and enclosed by stretcher bond brick at a later date. Currently each bay contains a window with two-over-two-light horizontal metal sashes. The portion of the corridor built joining the facade of the dining hall and kitchen building (Building 51, 1932) features the same decorated arches but they are filled with arched six-over-six-light double-hung wood sashes with four-light sidelights. The corridors are crowned with a crenelated parapet capped in poured concrete.

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**Resource H. Back (North) Gate Posts. Circa 1920s–1930s. Contributing structure.**

The back gate (Resource H, circa 1920s–1930s) is located on Hospital Road at the northern boundary of the historic district, just beyond the abandoned rear (north) gate house (Resource 41, circa 1920s–1930s). The gate consists of four square brick gate posts connected by a decorative iron gate and fence. The gate posts are laid in common bond brick and feature poured concrete bases and molded poured concrete caps. The gate is kept closed and marked with a sign "For Contractor's Vehicles Only."

**Resource I. West Gate Posts. Circa 1950s–1960s. Noncontributing structure.**

A simple gate marks the entrance to the historic district on West Gate Road. The road is flanked by square gate posts (Resource I, circa 1950s–1960s) laid in common bond brick and topped with simple poured concrete caps. A white metal gate is attached to the posts. Chain linked fencing and gates also control access at this entrance. These gate posts do not share similar decorative elements or massing as the gate posts found at the rear or front gates (Resources H, circa 1920s–1930s; and J, circa 1920s–1930s) and appear to have been constructed after the period of significance.

**Resource J. Front Gate. Circa 1920s–1930s. Noncontributing structure.**

The front gate (Resource J, circa 1920s–1930s) marks the entrance to the hospital property on Hospital Road near the front gate police booth (Resource 142, 1985). The front gate (circa 1920s–1930s) is composed of two monumental square gate posts laid in common bond brick and featuring poured concrete bases and molded poured concrete caps. Brick pilasters extend from the side of the post facing the road. A decorative metal gate and fence control access at this entrance.

An archival photograph of the main entrance shows that this gate originally featured a second set of gate posts located inside of the remaining posts. These were of similar design to the surviving posts, but the caps of the inner posts were pyramidal in shape and supported light fixtures. In its overall design, the front gate was similar to the surviving back (north) gate (Resource H, circa 1920s–1930s) but was larger in scale. Although it is not entirely clear in the archival photograph, it appears that this entrance also featured an original gate house that is no longer extant. Due to the removal of the inner gate posts, the front gate no longer retains integrity of design.

**Resource K. Formal Entrance Drive. Circa 1920s. Contributing site.**

As with the majority of Second Generation Veterans Hospitals, the form of the entrance drive is dictated by the topography of the site and the size of the campus, but usually those veterans hospitals constructed in the early to mid-1920s on relatively level terrain have somewhat straight drives and sidewalks rather than curvilinear examples found at many of the Period II veterans hospitals. Curvilinear drives and sidewalks making use of the natural topography are especially found at Period II veterans neuropsychiatric hospitals dating to the late 1920s through 1950, with their larger campuses filled with more patient buildings and courtyards than general medical and surgical hospitals. Therefore, the use of curvilinear drives and sidewalks utilizing the natural contours of the site appears to have evolved from the earlier veterans hospitals to those constructed in the late 1920s through 1950.

The Tuskegee VA Hospital has a formal entrance drive (Resource K, circa 1920s) leading into the historic district. The formal entrance drive (Resource K, circa 1920s) is a continuation of Hospital Road and extends from the southeast portion of the historic district boundary northward before curving to the northwest between the canteen and recreation building and the domiciliary barracks building (Resources 90, 1961; and 50, 1932) and extending to the original central core of the campus. Similar to other entrance drives at facilities dating to Period I, the original entrance drive at the Tuskegee VA Hospital did not lead directly to the front of the main hospital building (Resources 2–4, all

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1923) but intersects the lane that parallels the facade of the main hospital building near the southeast elevation of the tubercular infirmary building (Resource 3, 1923). This parallel lane then connected to the U-shape drive located in the front courtyard created by the H-shape of the main hospital building (Resources 2–4, all 1923). The parallel drive to the front of the main hospital building is part of a rectangular drive arrangement that encircled Resources 2–5 (all 1923) and is illustrated in the Consultants on Hospitalization's 1923 report.<sup>19</sup> While not terminating directly in front of the original main building, the original formal entrance drive (Resource K, circa 1920s) created a processional path from the public road to the federal hospital campus serving the health care needs of disabled veterans.

**Resource L. Softball Field. Circa 1960s–1970s. Noncontributing site.**

The softball field (Resource L, circa 1960s–1970s) is located in the extreme southeast corner of the historic district boundary for the Tuskegee VA Hospital. Situated to the east of the formal entrance drive (Resource K, circa 1920s), the softball field includes a scoreboard, stands for seating spectators, and a metal backstop. The service building (Resource 94, 1960) is located on the northern edge of the softball field. The softball field (Resource L, circa 1960s–1970s) appears in an undated aerial photograph of the campus that was made after Resource 90 (canteen and recreation building, 1961) was completed. An earlier undated map of the campus indicates that the area of the softball field (Resource L, circa 1960s–1970s) was a sports and physical education area. The outline of the softball field is not shown; however, the baseball field (Resource M, circa 1950s) is depicted but the grandstand (Resource 80), which was built in 1957, is not.<sup>20</sup>

**Resource M. Baseball Field. Circa 1950s. Noncontributing site.**

The baseball field (Resource M, circa 1950s) is located to the south of the neuropsychiatric infirmary building (Resource 68, 1945) and southwest and adjacent to the grandstand (Resource 80, 1957). The majority of the baseball field is encompassed by chain link fencing. The baseball field includes a scoreboard, lighting on poles, and two dugouts. One of the dugouts has been demolished with only portions of the lower walls remaining. The second dugout is constructed of concrete block along the lower walls with wood posts supporting a nearly flat roof. The baseball field appears in an undated aerial of the campus that was made after Resource 90 (canteen and recreation building, 1961) was completed. An earlier undated map of the campus indicates the baseball field but not the grandstand (Resource 80), which was built in 1957.<sup>21</sup>

**Resource N. Tennis and Basketball Courts. Circa 1960s–1970s. Noncontributing site.**

The tennis and basketball courts (Resource N, circa 1960s–1970s) are located to the west-northwest of one of the H-shape acute buildings (Resource 69, 1945) to the west of the original central core of the historic district. The two asphalt tennis courts are encompassed by a chain link fence. The asphalt basketball court is located adjacent to and immediately south of the tennis courts. The basketball court has no fencing. Resource N (circa 1960s–1970s) does not appear in an undated aerial photograph of the campus made before the construction of the canteen and recreation building (Resource 90) in 1961.<sup>22</sup>

<sup>19</sup> *Report on the Consultants on Hospitalization*, 105.

<sup>20</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

**8. Statement of Significance**

**Applicable National Register Criteria**

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

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

**Criteria Considerations**

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

Property is:

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

**Areas of Significance**

(Enter categories from instructions)

- Politics/Government
- Health/Medicine
- Ethnic Heritage—Black
- Architecture

**Period of Significance**

1922–1950

**Significant Dates**

NA

**Significant Person**

(Complete only if Criterion B is marked above)

NA

**Cultural Affiliation**

NA

**Architect/Builder**

Office of Supervising Architect of the Treasury Dept.  
Construction Division, Veterans Bureau  
Construction Service, Veterans Administration

**Period of Significance (justification)**

The period of significance begins with the construction of the hospital in 1922 and extends through 1950, the termination date for the period of significance as stated in the United States Second Generation Veterans Hospital Multiple Property Documentation form. The contributing resources all date to the period of significance of the historic district. These buildings relate to the historic district's basic identity as a Period I hospital with characteristics of neuropsychiatric and tuberculosis hospital sub-types within the Second Generation Veterans Hospital typology. As the facility continued to operate as a neuropsychiatric hospital throughout the period of significance buildings associated with Period II veterans neuropsychiatric hospitals continued to be constructed within the historic district, expressing the continual evolution of building designs utilized at Second Generation Veterans Hospitals. Buildings constructed after 1950 no longer relate to the design philosophies developed by the Second Generation Veterans Hospitals.

**Criteria Considerations (explanation, if necessary)**

N/A

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

The Tuskegee VA Hospital Historic District is significant as an excellent example of a Period I Second Generation Veterans neuropsychiatric and tuberculosis hospital that reflects the evolution of building design philosophies through Period II. The Tuskegee VA Hospital Historic District is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the national level in the areas of Politics and Government because of the importance placed on securing the federal facility and its impact on the local community and African American veterans throughout the south. The Tuskegee VA Hospital Historic District is also eligible under Criterion A at the national level in the areas of Health and Medicine because of the physical evidence the hospital provides concerning health care offered to African American veterans, primarily veterans of World War I and World War II. The Tuskegee VA Hospital is also unique among Second Generation Veterans Hospitals in its original organization, by offering full scale neuropsychiatric and tuberculosis treatment to veterans, essentially two veterans hospitals combined into a single facility. The Tuskegee VA Hospital is also eligible under Criterion A at the national level in the area of Ethnic Heritage—Black, as the only Second Generation Veterans Hospital constructed exclusively to serve African American veterans and for its role in promoting African American medical professionals. The Tuskegee VA Hospital Historic District is also eligible under Criterion C at the state level in the area of Architecture, because the Tuskegee VA Hospital Historic District is an intact example of a Period I Second Generation Veterans hospital utilizing the Colonial Revival architectural style and because it reflects the evolution of building designs of veterans hospitals through Period II with the increasing ornamentation of the Classical Revival style. The hospital also exhibits standardized building designs that were incorporated into the campuses of Second Generation Veterans Hospitals. Construction began on the Tuskegee VA Hospital in 1922, and various additions to the historic district were carried out through 1950. Initially it was designated as both a neuropsychiatric and tuberculosis hospital serving African American veterans in Alabama and adjoining states. The use of nationally popular architectural styles create a cohesive architectural campus. The use of revivalist architecture reflects the importance of the Veterans Bureau and VA and their mission to provide medical care to the nation's veterans. Revivalist architecture, such as the Colonial Revival style, was utilized for many federal buildings constructed in the first half of the twentieth century to exhibit patriotism through the use of stylistic elements associated with the early history of the United States and to reflect the permanence of the institutions contained within the buildings. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

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

The Tuskegee VA Hospital Historic District is an excellent example of a Period I Second Generation Veterans Hospital that also exhibits the evolving building designs of Period II veterans hospitals of the neuropsychiatric sub-type. The Tuskegee VA Hospital Historic District is unique among Second Generation Veterans Hospitals constructed from 1919 through 1950 in its mission to exclusively serve African American veterans and during most of the period of significance the hospital was managed by African Americans. It is also unique in its design to initially serve as a combination tuberculosis and neuropsychiatric hospital while other veterans hospitals of this typology were designated for a single purpose, such as tuberculosis, neuropsychiatric, or general medical and surgical hospitals. Construction began on the Tuskegee VA Hospital in 1922 and the campus was dedicated in 1923. The design and construction of the initial buildings was monitored by the office of the Acting Supervising Architect of the Treasury while the Consultants on Hospitalization committee also continued to be involved during the facility's construction. Additional buildings and structures continued to be built within the historic district throughout the twentieth century. The period of significance for the Tuskegee VA Hospital Historic District extends from 1922 to 1950. The period of significance begins with the construction of the medical facility and continues through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals.

See Continuation Sheets, page 8.33.

**Developmental history/additional historic context information** (if appropriate)

See Continuation Sheet, page 8.40.

**9. Major Bibliographical References**

**Bibliography** (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
- 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
  - Federal agency
  - Local government
  - University
  - Other
- Dept. of Veterans Affairs, Historic Preservation Office  
Name of repository: \_\_\_\_\_

Historic Resources Survey Number (if assigned): NA

**10. Geographical Data**

**Acreage of Property** 114 acres  
(Do not include previously listed resource acreage)

**UTM References**

(Place additional UTM references on a continuation sheet)

1	<u>16</u>	<u>620766</u>	<u>3590507</u>	3	<u>16</u>	<u>620836</u>	<u>3590522</u>
	Zone	Easting	Northing		Zone	Easting	Northing
2	<u>16</u>	<u>620785</u>	<u>3590521</u>	4	<u>16</u>	<u>620971</u>	<u>3590560</u>
	Zone	Easting	Northing		Zone	Easting	Northing

**Verbal Boundary Description** (describe the boundaries of the property)

The historic district boundary of the nominated property is delineated by the polygon in solid black lines on the aerial map on page 51. The boundary is also indicated by a polygon on the enclosed United States Geological Survey (USGS)

Tuskegee, Alabama topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above and on Continuation Sheet 10.49, as well as on the USGS topographic quadrangle map. From a point located on a fenceline approximately 65 feet northwest of Resource 82 at UTM N 3590507, E 620766, the boundary of the historic district tends northeast along the fenceline approximately 85 feet to UTM N 3590521, E 620785, then east approximately 150 feet to UTM N 3590522, E 620836, then east-northeast approximately 450 feet to East Gate Road at UTM N 3590560, E 620971. From East Gate Road, the boundary tends east approximately 1,500 feet to UTM N 3590574, E 621427, then south approximately 300 feet to UTM N 3590487, E 621430, then southwest approximately 375 feet to UTM N 3590412, E 621341, then south approximately 125 feet to UTM N 3590363, E 621338, then west-southwest approximately 400 feet to UTM N 3590302, E 621225, then south approximately 200 feet to UTM N 3590237, E 621228, then east-southeast approximately 100 feet then southeast approximately 210 feet to UTM N 3590187, E 621323, then east approximately 150 feet to UTM N 3590196, E 621368, then south approximately 75 feet to UTM N 3590172, E 621372, then east approximately 30 feet and then south-southwest approximately 125 feet to UTM N 3590139, E 621355, then south approximately 425 feet to UTM N 3590015, E 621358, then west approximately 200 feet to UTM N 3590009, E 621289, then south approximately 250 feet to UTM N 3589935, E 621294, then east approximately 330 feet to Hospital Road at UTM N 3589923, E 621188, then north along the road approximately 35 feet to UTM N 3589934, E 621188. From Hospital Road, the boundary tends west approximately 2,200 feet to the southwesternmost corner of the historic district at UTM N 3589920, E 620510, then north approximately 1,170 feet to UTM N 3590281, E 620497, then east-northeast approximately 665 feet to UTM N 3590371, E 620680, then east-southeast approximately 225 feet to UTM N 3590346, E 620757, then northeast approximately 150 feet to UTM N 3590370, E 620780, then north approximately 150 feet to UTM N 3590416, E 620782, then northwest approximately 100 feet to UTM N 3590433, E 620761, then north approximately 240 feet to the beginning, containing approximately 114 acres.

**Boundary Justification** (explain why the boundaries were selected)

The historic district boundary for the Tuskegee Veterans Administration (VA) Hospital in Tuskegee, Alabama, encompasses approximately 114 acres of the 187 acres currently administered by the U.S. Department of Veterans Affairs. The irregular boundary of the historic district includes level to gently rolling topography with undeveloped forested areas to the east, north, and west of the historic district. The majority of the land to the south of the historic district is undeveloped, open land. The boundary follows a clearly defined fence line that surrounds the historic resources. The historic district includes forty-three contributing and thirty-two noncontributing buildings, structures, sites or objects. The boundary was delineated to not only include the significant historic buildings constructed with brick exteriors and incorporating Colonial Revival and Georgian Colonial Revival architectural style decorative elements, but also the majority of the open space and site elements associated with the Tuskegee VA Hospital, including mature trees and vegetation, linear and curvilinear drives, and lawn areas. The boundary for the historic district also includes the main entry road (Resource K). The historic district boundary focuses on the concentration of buildings associated with the Tuskegee VA Hospital while excluding the undeveloped sections of the medical center's property.

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**11. Form Prepared By**

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name/title Trent Spurlock/Architectural Historian & Elizabeth Heavrin/Architectural Historian  
organization Cultural Resource Analysts, Inc. date December 13, 2011  
street & number 151 Walton Avenue telephone 859-252-4737  
city or town Lexington state KY zip code 40508  
e-mail \_\_\_\_\_

Tuskegee Veterans Administration Hospital  
Name of Property

Macon County, Alabama  
County and State

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**Additional Documentation**

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Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.  
A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Continuation Sheets 50–53**
- **Additional items:** (Check with the SHPO or FPO for any additional items)

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**Photographs:**

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

**See Continuation Sheet Photographs 55**

**Name of Property:**

**City or Vicinity:**

**County:**

**State:**

**Photographer:**

**Date Photographed:**

**Description of Photograph(s) and number:**

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

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, PO Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.



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**Areas of Significance:** Criterion A

Politics and Government

The Tuskegee VA Hospital is eligible for listing in the NRHP under Criterion A at the national level in the areas of Politics and Government because of the importance placed on securing the federal facility and its impact on the local community and African American veterans throughout the south. The Consultants on Hospitalization, a committee appointed by the Secretary of the Treasury, were to make recommendations for meeting the federal government's obligations regarding the health care of the nation's World War I veterans. A portion of the committee's final report, dated 1923, included a section relating to the "Problems of Race." The committee recognized that African Americans had served in the military during World War I, and in order to address the "Problems of Race" as they pertained to veterans health care, the committee consulted with various entities and African American leaders. After these consultations, the committee decided the solution would be to construct a separate hospital to serve African American veterans.<sup>21</sup> Dr. Robert R. Moton, president of Tuskegee Normal and Industrial Institute, suggested to the committee that Tuskegee should serve as the location for the future hospital to serve African American veterans. Dr. Moton also offered a substantial donation of land belonging to the Tuskegee Normal and Industrial Institute to help persuade the committee to locate the hospital near the educational facility, indicating the institute of higher learning could provide skilled employees for the federal health care facility. The Consultants on Hospitalization saw the possibility of the federal government assisting in the education of African American doctors and nurses through the cooperation of the Tuskegee VA Hospital and African American medical universities and other institutions of higher learning. The facility was designed by the Office of the Supervising Architect of the Treasury in consultation with the Consultants on Hospitalization committee. United States vice president Calvin Coolidge spoke at the dedication program, along with Governor William W. Brandon and Dr. Robert R. Moton. The dedication was held on the birthday of President Abraham Lincoln.<sup>22</sup> Throughout the 1920s to 1950, the Tuskegee VA Hospital Historic District continued to increase its patient capacity and the number of employees working in the facility. By the mid-1940s the hospital had a capacity of over 1,700 patient beds and over 700 staff members. The facility was also visited twice by President and Mrs. Franklin D. Roosevelt, in 1939 and 1941.<sup>23</sup> The facility continued to play an important role in the region by providing employment to a large workforce, offering specialized medical care to veterans, and serving as an economic engine to the local economy.

Health/Medicine

The Tuskegee VA Hospital Historic District is eligible under Criterion A at the national level in the areas of Health and Medicine because of the role the Tuskegee VA Hospital played in the mission of the federal government through the Veterans Bureau and the VA to provide quality health care to the nation's veterans, primarily those who served in World War I and World War II. Thousands of veterans from Alabama and surrounding states received subsidized neuropsychiatric and tuberculosis care during the period of significance that they may not have received if the federal government had not provided such treatment for them. This

<sup>21</sup> *Report of the Consultants on Hospitalization*, 4-7, 18-19; Vanessa Northington Gamble, *Making A Place For Ourselves: The Black Hospital Movement 1920-1945* (New York, NY: Oxford University Press, 1995), 71-73.

<sup>22</sup> Gamble, 81; Pinkard, 1-2; "Management of New Gov. Hospital," *Tuskegee News*, February 8, 1923; "Dedication of Government Hospital," *Tuskegee News*, February 15, 1923.

<sup>23</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama; Pinkard, 4-5.

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facility is unique among the Second Generation Veterans Hospitals because it was initially constructed specifically to treat African American veterans. The Tuskegee VA Hospital was located in a Southern state because of the concentration of African American veterans living in the South. Originally designated a neuropsychiatric and tuberculosis hospital, the Tuskegee VA Hospital is also unique because it was essentially designed as two hospitals under a single administration. Other Second Generation Veterans Hospitals were initially designated with a single purpose, such as serving as neuropsychiatric, tuberculosis, or general medical and surgical hospitals. While these hospitals may also have provided limited treatment to patients with other illnesses, it was not on the scale of that provided at the Tuskegee VA Hospital, which was one of the largest Second Generation Veterans Hospitals operating during the period of significance. The capacity of the Tuskegee VA Hospital increased from 606 beds in 1926 to nearly 750 beds in 1931. The facility continued to increase its capacity through additions to the historic district and by the mid-1940s had a capacity of 1,700 beds and a staff of over 750 employees.<sup>24</sup> The Tuskegee VA Hospital also provided employment to African American medical professionals, and within a year and a half of its opening, an African American was designated Medical Officer-in-Charge of the hospital.<sup>25</sup>

Ethnic Heritage - Black

The national level of significance for the Tuskegee VA Hospital Historic District is evidenced by its unique place among the Second Generation Veterans Hospitals as the only hospital of this typology constructed during the period of significance to specifically provide health care to African American veterans. Members of the Consultants on Hospitalization committee realized that the African American veterans of World War I, the majority living in the Southern states, were underserved by current federal hospitals and "finally concluded that a separate institution should be provided for the care of the colored beneficiaries of the Government."<sup>26</sup> The Consultants on Hospitalization committee's report also indicated that the hospital would be serving both tuberculosis and neuropsychiatric patients "as two separate institutions with a central administration, with the possibility of the United States Government" contributing to the education of African American medical practitioners, such as doctors and nurses.<sup>27</sup> The importance of the Tuskegee VA Hospital Historic District is further evidenced by the visit of Vice President Calvin Coolidge, who spoke at the dedication of the hospital on February 12, 1923. Coolidge stated during the dedication, "There came also to all Americans, as a result of the war, new duties and new obligations. The first and foremost of these, the one to which the people through their government responded with the greatest readiness and generosity, was the necessity of caring for those who had been injured in the service and for their dependents."<sup>28</sup> The original intent of staffing the hospital with all

<sup>24</sup> *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1926*, (Washington, D.C.: U.S. Government Printing Office, 1926): 342; *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1931* (Washington, D.C.: U.S. Government Printing Office, 1931): 152; Inez Pinkard, history compiler, *Tuskegee VAMC Seventieth Anniversary Celebration 1923-1993* (Tuskegee, AL: VA Medical Center, 1993): 4-5.

<sup>25</sup> Gamble, 100-101; Pinkard, 17.

<sup>26</sup> *Report on the Consultants on Hospitalization*, 18

<sup>27</sup> *Ibid*, 19.

<sup>28</sup> "Speech of Hon. Calvin Coolidge, Then Vice President of the United States, at Dedication of Government Hospital for Colored Veterans of World War, Tuskegee, Alabama, Lincoln's Birthday, Feb. 12, 1923," NAACP Administrative file, Subject file, Tuskegee Institute, 1919-1924 [microform] (Frederick, Maryland: University Publications of America, [c 1990]).

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African American employees was hindered by racial sentiments of the time, which demonstrates the attitudes African Americans had to endure during this segregated period. By July 1924, the Veterans Bureau had assigned Dr. Joseph H. Ward as the first African American Medical Officer-in-Charge of the Tuskegee VA Hospital.<sup>29</sup> The segregated facility continued to play an important role by providing medical careers to African Americans through training and employment, providing employment to a large local workforce, offering specialized medical care to veterans in the region, and serving as an economic engine to the local economy.

### Areas of Significance: Criterion C

#### Architecture

The Tuskegee VA Hospital Historic District is eligible under Criterion C at the state level in the area of Architecture as an excellent example of a Second Generation Veterans Hospital containing neuropsychiatric buildings dating to both Period I and Period II that utilized Colonial Revival and Classical Revival architectural styles. The Colonial Revival and Classical Revival styles were nationally and locally popular during the period of significance, and its use suggests a strong national pride following World War I and continuing beyond the Second World War. This architectural style was the most prevalent style utilized for the Second Generation Veterans Hospitals, and the Tuskegee VA Hospital Historic District is an excellent example of the use of this architectural style within this typology. The Tuskegee VA Hospital Historic District includes examples of veterans neuropsychiatric buildings dating to both Periods I and II, thus exhibiting the evolution in building design from 1922 through 1950. As a sub-group of the Second Generation Veterans Hospitals, the neuropsychiatric hospitals have distinct characteristics that differ from other sub-types of veterans hospitals constructed during the same period. These character-defining features of the neuropsychiatric hospital sub-group dating to Period I include a large campus size, a standard location in a rural area, grouping of buildings into three clusters with similar functions, patient ward buildings grouped in a linear design or around a courtyard, and main building and patient ward buildings that are smaller in massing and scale than those of Period II hospitals. As building and landscape designs evolved through Period II, veterans neuropsychiatric hospitals began to group the larger, H-shape patient ward/treatment buildings around courtyards; incorporated a monumental administration/main building; and made use of the natural landscape of the grounds in the development of building and street placement. The Tuskegee VA Hospital Historic District exhibits building design characteristics from both Periods I and II, since buildings from both periods were constructed within the historic district. A more limited use of landscape design characteristics was found at the Tuskegee VA Hospital. The planners continued to utilize the original plan for the facility. The most visible Period II landscape influence is the use of the partially enclosed courtyard with two acute buildings (Resources 44, 1929; and Resource 69, 1945) and the neuropsychiatric infirmary building (Resource 68, 1945). The Tuskegee VA Hospital Historic District also includes a single remaining tuberculosis patient building (Resource 18, 1923), other than the wing of the main building (Resource 3, 1923), that exemplifies the standardized designs offered by the Consultants on Hospitalization. The historic district also offers the crenelated patient care buildings (Resources 50 and 51, both 1932; and 62, 1936) that offer a rare departure from the Colonial Revival buildings within the historic district and from the normally architecturally cohesive campuses of the Second Generation Veterans Hospitals. The Tuskegee VA Hospital Historic District also utilized standardized designs employed for veterans hospitals by

<sup>29</sup> Gamble, 100-101; Pinkard, 17.

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the Veterans Bureau and later by the VA. Similar, if not identical, buildings can be found at other Period II Second Generation Veterans Hospitals.

### Integrity

As a historic district eligible under both Criteria A and C, the Tuskegee VA Hospital should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the Veterans Bureau and later the VA, to provide neuropsychiatric and tuberculosis medical care to veterans throughout the state and surrounding states. These features are often found in the overall form, massing, and scale of the buildings and their relationship to one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Tuskegee VA Hospital Historic District continues to serve as a veterans medical facility and retains much of its original appearance dating to the period of significance during which the contributing resources were constructed. Contributing buildings retain most of their character defining details, especially those exhibiting Colonial Revival architectural elements, even though the early buildings of the historic district were minimally ornamented. The historic district is situated at its original location, although the current campus is much smaller in total acreage than during the period of significance, as surplus land has been transferred to other ownership. Few buildings/structures dating to the period of significance within the historic district appear to have been lost. Buildings now lost that had existed during the period of significance include a large quarters building (1923), the recreation building, two patient ward/treatment buildings for tuberculosis patients (both 1923), barracks and Quonset huts that were only to be used temporarily after World War II, and buildings associated with the former farm operations. The loss of former land holdings and structures diminishes the integrity of setting and design for the historic district. While the loss of former landholdings and the agricultural buildings diminishes integrity, the historic district retains the majority of buildings associated with the mission of the hospital, to provide medical care to veterans, during the period of significance. Additions and new buildings have been constructed that impact the integrity of certain resources and the historic district. The majority of resources erected during the period of significance and the historic district retains integrity of location, setting, design, materials, workmanship, association, and feeling.

The landscapes of Second Generation Veterans Hospitals appear to have evolved from the earliest hospitals constructed in 1919 to those constructed in 1950 (Periods I and II). The landscapes of the hospitals dating to Period I tend to make greater use of linear drives and sidewalks without emphasizing the natural topography of the sites. This is the case with the Tuskegee VA Hospital, where the formal entry drive is straight, aside from a slight curve to the northwest as it approaches the main building (Resources 2-4, all 1923). Straight drives within the historic district are visible in an aerial photograph of the hospital published in

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the Consultants on Hospitalization's 1923 report. In this photograph the main building (Resources 2–4, all 1923), the mess hall and kitchen (Resource 5, 1923), and the non-extant attendants quarters are encompassed by drives forming a rectangular shape. Straight drives extending from the northeast and southwest parallel the main drive to the rear of the tuberculosis ward building (no longer extant) and the front of Resource 9 (continued treatment building, 1923).<sup>30</sup> Other than the placement of the hospital on a slight rise with slopes along the edges of the rise, there appears to have been no conscious plan to utilize the natural attributes of the site in the placement of the buildings and development of curvilinear drives and sidewalks. The initial buildings constructed within the historic district were arranged in a somewhat dense arrangement around the main building (Resources 2–4), with the residential quarters (officers' apartment building and officer's quarters, Resources 20–29, all 1923) distanced from the central core buildings and the maintenance/utility group of buildings located to the rear of the central core group. The residential quarters (Resources 20–29, all 1923) were aligned around a circular lane sharing a common lawn. Additions in the late 1920s through 1950 (Period II) allowed the historic district to incorporate curvilinear drives and sidewalks around the newly completed buildings, such as the three H-form patient ward/treatment buildings (the two acute and the neuropsychiatric infirmary buildings, Resources 44, 1929; 68, 1945; and 69, 1945). The introduction of these three buildings also allowed the creation of a semi-enclosed courtyard. These patient ward/treatment buildings enlarged the central core group of buildings within the historic district. The domiciliary barracks, dining hall and kitchen building, and continued treatment building (Resources 50, 1932; 51, 1932; and 62, 1936) are located some distance from the other patient buildings along the east side of the formal entrance drive. Since these buildings appear to have been originally planned as domiciliaries, they were probably purposefully distanced from the patient ward/treatment buildings. But the plan to use the buildings as domiciliaries appears to have been short lived, as they quickly were used to house patients. A few buildings with large footprints have been introduced into the historic district's landscape. The design and placement of these buildings assist in reducing their impact to the integrity of the setting of the historic district. The buildings include Resources 3A, 83, 88, 90, 120, and 129. The locations of Resources 3A (infirmary annex to Resource 3, 1952) and 83 (ambulatory care building, 1982) impact the integrity of setting and design, as both are located prominently in the central core group to the immediate northeast of the main building (Resources 2–4, all 1923). Resource 88 (warehouse, 1957) is a low, single-story building located at the bottom of a low slope at the rear of the historic district. Resource 90 (canteen and recreation building, 1961) has a large footprint, but its location to the south of the central core group and its relatively low massing, aside from the stage area, lessen its impact to the integrity of the landscape. Resource 120 (intermediate care building, 1988) is a four-story building with a substantial footprint located in the northeast portion of the central core group. Much of the intermediate care building (Resource 120, 1988) is obscured by the infirmary annex (Resource 3A, 1952) to Resource 3 when viewed from the front of the central core group. The design of the building, supported by two-story piers leaving the first two stories basically an open courtyard, also lessens the impact of the intermediate care building (Resource 120, 1988) to the historic district's design dating to the period of significance. Resource 129 (nursing home, 1996) is constructed on a slope in the rear portion of the historic district and only its upper floor is visible to portions of the historic district. The design and massing clearly identify these six buildings as having been built in the second half of the twentieth century. Most of the buildings constructed after the period of significance are small, such as the emergency generators, picnic shelters, and the front gate police booth (Resources 12–124, C–E, and 142). Other changes to the landscape of the historic district include the creation

<sup>30</sup> *Report on the Consultants on Hospitalization*, 105.

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of the softball field, baseball field, grandstand, and basketball and tennis courts. The size and number of the parking lots increased over time along with the newly introduced buildings. Although parking lots increase the amount of paved surface within the historic district, the parking lots and outdoor recreation facilities continue to provide the open spatial configuration associated with the historic district's period of significance. The majority of the historic district remains an open lawn with mature trees. Open space within the landscape remains in the western and southern portions of the historic district and the circular lawn encompassed by the officers quarters (Resources 20–29, all 1923). The integrity of the historic district's landscape in terms of design and setting has been impacted by the introduction of later buildings, structures, and parking lots, and the loss of the recreation building, the attendants' quarters, and the two tuberculosis patient ward buildings. But these impacts have been mitigated through the design of the buildings and/or their placement after the period of significance within the historic district. While the loss of two tuberculosis patient buildings and the attendants' quarters is problematic, at least one original tuberculosis patient building (Resource 18, 1923) and another attendants' quarters (Resource 19, 1923) remain within the historic district. The integrity of the historic district's setting and design has been impacted by the loss of buildings dating to the period of significance and by the introduction of later buildings, structures, and parking lots. These impacts have been lessened through the design and placement of these later buildings within the historic district, as the landscape continues to provide open areas in keeping with the spatial design associated with the period of significance.

Changes to existing historic district buildings include replacement windows, enclosed or partially enclosed windows for smaller openings, replacement doors, enclosed porches, additions, and replacement siding on the officers' quarters. All of the patient ward buildings and the majority of the staff residences have replacement windows, most with double-hung sashes. The majority of these replacement windows have sashes that simulate the original sash configuration by replicating divided lights, although it is evident the sashes have been replaced. These replacement window sashes therefore impact integrity of design and materials for these resources. Enclosing and partially enclosing window openings to accommodate smaller windows and the use of replacement doors also diminish integrity of design and materials. Enclosing the porches of the Period II patient ward buildings (Resources 44, 1929; 68, and 69, both 1945) with brick and/or windows impacts the design, materials, and workmanship of these resources, but the overall massing and scale of the buildings continue to reflect the period of significance. The former locations of the open porches on the patient ward buildings continue to be visibly recognizable. The former large window openings along the facade of Resource 18 (ambulant or semi-ambulant building for tuberculosis patients, 1923) that appear to originally have been filled with casement windows to provide ventilation and sunlight to the patients have been enclosed with a single window with double-hung sashes and the remainder of the former opening filled with stucco. While the enclosing of the window openings do diminish the integrity of materials and workmanship of the building, the visual difference between the stucco and brick between the former openings clearly demarks the original larger window openings. Other than the enclosed window openings, replacement windows and doors, and the egress/ingress additions along the northeast and southwest elevations, which are set back from the facade wall plane and are sympathetic to the original design of the building, the building remains quite intact. Therefore, although the modifications to Resource 18 (ambulant or semi-ambulant building for tuberculosis patients, 1923) do diminish its integrity of materials and workmanship, as the last example of a Period I tuberculosis patient ward building within the historic district (other than the tubercular infirmary, Resource 3, 1923), Resource 18 continues to contribute to the historic district. The single-family officer's quarters (Resources 21–29, all 1923) are currently clad in replacement vinyl siding. This siding does not replicate the reveals of the original cladding, which were wider than those of the current siding. Although the current

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cladding diminishes the integrity of design, materials, and workmanship, the buildings continue to retain their original fenestration, massing, open or screened porches, transoms, and sidelights to contribute to the historic district. Although the replacement windows and doors, enclosed/partially enclosed windows, enclosed porches, and replacement cladding all diminish the characteristics of design, materials, and workmanship, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the historic district. Although none of these individual changes substantially diminish integrity, these modifications can cumulatively have a major impact on the integrity of the resources and the historic district as a whole. Even with these cumulative modifications, the resources continue to contribute to the historic district. The interiors of the majority of buildings within the historic district, although not fully investigated, appear to have lost integrity because of alterations made over time to adapt them to other purposes and because of changing standards in medical care.

As with the majority of Second Generation Veterans Hospitals, the buildings of the Tuskegee VA Hospital Historic District constructed during the period of significance were built in the nationally popular Colonial Revival and Classical Revival architectural styles utilizing decorative elements to varying degrees according to their date of construction and the prescribed hierarchy of function within the historic district. Those erected during the initial construction period (Period I) exhibit minimal ornamentation while those buildings dating to Period II may exhibit a greater amount of ornamentation. These buildings created a cohesive architectural style within the historic district. Because of its initial construction during Period I, the Tuskegee VA Hospital Historic District exhibits the evolution that took place in the standard designs of buildings and changes in the design of the landscape at Second Generation Veterans Hospitals from the early 1920s through 1950. These changes include the massing and ornamentation of the buildings and grouping Period II neuropsychiatric patient ward/treatment buildings to encompass courtyards. The Tuskegee VA Hospital Historic District has attributes of both time periods in the evolution of the Second Generation Veterans Hospitals.

The introduction of buildings and additions to the historic district's setting after the period of significance also diminishes integrity of design and setting, especially buildings or additions with large footprints or massing. To improve egress/ingress, additions have been constructed to the return wings of the Period II H-shape patient ward/treatment buildings containing stairwells and/or elevator shafts. These normally flat-roof additions are usually small and are constructed of materials sympathetic to the original structure. Exterior metal stairs have been added to the Period I patient ward/treatment buildings also to improve egress in case of emergencies. These additions, while diminishing materials and workmanship, do not automatically render a resource as noncontributing. Nearly half of the buildings/structures added to the Tuskegee VA Hospital Historic District are small and do not interrupt the original spatial qualities of design or setting and do not visually impact the larger contributing resources. These smaller resources include: generator buildings (Resources 121–124, circa 1970s), service building for the softball field (Resource 94, 1960), pavilions and picnic shelters (Resources 96, and C–E), the grandstand (Resource 80, 1957), the small brick building near Resource 129 (Resource A, circa 1990s), equipment shelter (Resource B, circa 1960s–1970s), building near the west entrance of the historic district (Resource F, circa 1960s–1970s), west gate posts (Resource I, circa 1950s–1960s), and front gate police booth (Resource 142, 1985). Noncontributing buildings with large footprints and massing include: the chapel (Resource 93, 1966); infirmary annex to the tubercular infirmary (Resource 3A, 1952); ambulatory care building (Resource 83, 1982); the canteen/recreation building (Resource 90, 1961); intermediate care building (Resource 120, 1988); and the nursing home (Resource 129, 1996). The majority of Resource 90, the canteen and recreation building built in 1961, is single story. Although situated to the west of the formal entrance drive, the flat-roof and setback from the Hospital Road diminishes the impact of the

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building to the qualities of the historic district's design and setting. The infirmary annex to the tubercular infirmary (Resource 3A, 1952) is a four-story, flat-roof building that adjoins a small portion of the northeast elevation of the tubercular infirmary (Resource 3, 1923) of the main building. Constructed in 1952, the infirmary annex to the tubercular infirmary's (Resource 3A) height and massing does detract from the qualities of design and setting of the historic district, as the length of its facade is clearly visible from the formal main entry drive (Resource K, circa 1920s) and it is slightly taller than the main building. The fenestration and massing indicate the building was constructed after the period of significance for the historic district. Mitigating the impact of Resource 3A to the qualities of setting and design are the setback from the entrance drive and the facade wall plane of the main building, and its balancing effect with Resource 4A (infirmary annex to the psychiatric infirmary, constructed in 1944) that is located on the southwest elevation of the main building. While the verticality of Resource 3A is evident, its footprint is smaller than the ambulatory care and canteen and recreation buildings (Resources 83, 1982; and 90, 1961). The ambulatory care building (Resource 83), constructed in 1982, is a single-story, flat-roof building directly to the front of the infirmary annex to the tubercular infirmary (Resource 3A). The ambulatory care building currently serves as one of the main entrances to the medical center, including the entrance to the infirmary (Resource 2, 1923). While the footprint of the ambulatory care building is large, its low flat-roof profile allows a clear view of the majority of the southeast elevation of Resource 3A directly to the building's rear and this low profile does not detract from the prominence of the main building (Resources 2-4, 1923) from within the historic district although it does diminish the qualities of design and setting dating to the period of significance. The placement of Resource 120, the intermedicate care building constructed in 1988, to the rear of Resources 3A and 83 obscures the majority of the intermediate care building from view from the formal entrance drive (Resource K, circa 1920s). While four stories in height, Resource 120 is constructed on piers with an open courtyard below and only the third and fourth stories actually appear as a solid structure. This open space below the building greatly lowers its mass to the historic district and its impact to the historic district's integrity of design and setting. The nursing home, constructed in 1996 (Resource 129), is constructed adjacent to a slope in the rear (north) of the historic district. Because of its placement, only the second story is visible from the front of the building while both the floors of the two-story building are visible from the side and rear elevations. This placement of the building at a lower grade and to the rear of the historic district diminishes its impact to the integrity of the historic district's design and setting. The majority of buildings constructed or utilized by the hospital during the period of significance continue to retain sufficient integrity of materials and workmanship to contribute to the Tuskegee VA Hospital Historic District. The cumulative effect of these buildings and additions constructed after the period of significance diminishes integrity of design and setting, but not to the point as to render the historic district not eligible for listing in the NRHP. Even with the modifications, the historic district retains a high level of integrity of location, design, setting, materials, workmanship, association, and feeling to convey the significance of the historic district. The Tuskegee VA Hospital Historic District continues to communicate its sense of time and place as a hospital constructed during the period of significance and its connection to other veterans hospitals of this typology.

**Historical Narrative**

The development of the Tuskegee VA Hospital is unique among the Second Generation Veterans Hospitals in that it was established specifically for the segregated health care of African American disabled veterans. Segregation of medical facilities appears to have occurred at other Veterans Bureau and Veterans



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Administration hospitals through the mid-twentieth century with separate attendants' quarters or patient ward/treatment buildings constructed specifically to house African American patients. The realization that African American veterans of World War I were not able, in many instances, to receive medical treatment comparable to white veterans was voiced in the Report of the Consultants on Hospitalization in 1923. The Consultants on Hospitalization, a committee of four medical specialists appointed by the Secretary of the Treasury, Andrew Mellon, were to make recommendations for meeting the federal government's obligations to the health care of the nation's World War I veterans through existing facilities and the possible expansion of federal hospitals in the future. According to the section of the committee's report entitled "Problems of Race," approximately 385,000 African American soldiers served in the military during World War I.<sup>31</sup> As stated in Vanessa Northington Gamble's book, *Making A Place For Ourselves: The Black Hospital Movement 1920-1945*, health care afforded to African American veterans was often of a lesser standard than that given to white veterans and in many cases African American veterans were refused medical treatment. Because of the segregated and substandard medical care given to them, the percentage of African American veterans seeking medical treatment was far below that of white veterans.<sup>32</sup>

The Consultants on Hospitalization "concluded that a separate institution should be provided for the care of the colored beneficiaries of the Government."<sup>33</sup> The committee determined the site of the hospital should be in the southern states, as the largest proportion of African American veterans resided in the south, and that the facility could serve as a training center for African American physicians and nurses. Dr. Robert R. Moton, President of Tuskegee Normal and Industrial Institute, suggested to the Consultants on Hospitalization that Tuskegee, Alabama, be selected for the site of the proposed veterans hospital. Dr. Morton was the second President of Tuskegee Normal and Industrial Institute, following its founder, Booker T. Washington. Tuskegee Normal and Industrial Institute was an African American institution of higher learning that included training for nurses.<sup>34</sup> During a meeting with the Consultants on Hospitalization in the autumn of 1921, Dr. Moton offered 300 acres of Tuskegee Normal and Industrial Institute's property for the construction of the veterans hospital. The committee accepted the offer in November 1921 for the placement of the veterans hospital in Tuskegee, Alabama. An additional 140 acres were acquired by the government for an access road and to enlarge the land holdings.<sup>35</sup> In November 1921, the committee requested funding for the Tuskegee hospital in the amount of \$2.25 million from the United States Secretary of the Treasury. The Consultants on Hospitalization suggested the facility be constructed to accommodate 270 tuberculosis patients and 230 neuropsychiatric patients, for a capacity of 500 patients. The committee's request included planning for the future expansion of the facility to a capacity of 1,000 patients. The request was approved with a capacity of 600 beds and a total of 27 campus buildings.<sup>36</sup>

<sup>31</sup> *Report of the Consultants on Hospitalization*, 4-7, 18; Vanessa Northington Gamble, *Making A Place For Ourselves: The Black Hospital Movement 1920-1945* (New York, NY: Oxford University Press, 1995), 71-73. The chapter "Where Shall We Work and Whom Are We to Serve? The Battle for the Tuskegee Veterans Hospital" provides an in-depth account of the selection of Tuskegee for the Veterans' Hospital, the racial difficulties confronted in the selection of a hospital site, and in staffing the facility with African American administrators, physicians, and nurses.

<sup>32</sup> Gamble, 73-74.

<sup>33</sup> *Report of the Consultants on Hospitalization*, 18.

<sup>34</sup> *Report of the Consultants on Hospitalization*, 18; Gamble, 75-76.

<sup>35</sup> Gamble, 77-78; *Report of the Consultants on Hospitalization*, 18-19; Inez Pinkard, history compiler, *Tuskegee VAMC Seventieth Anniversary Celebration 1923-1993* (Tuskegee, AL: VA Medical Center, 1993), 1.

<sup>36</sup> Gamble, 79-80; *Report of the Consultants on Hospitalization*, 19, 53-54; Pinkard, 1.

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The request sent to the Secretary of the Treasury by the Consultants on Hospitalization stated the types of buildings that would need to be erected on the campus to serve both neuropsychiatric and tuberculosis patients. The buildings suggested in the request included an administration building, a mess hall and kitchen, a recreation building, laundry, power plant, storage buildings, quarters for staff, and garages. At the end of fiscal year 1922, the hospital was under construction and was approximately 16 percent complete.<sup>37</sup>

A photograph of Resources 1, 2, 3, and 4 (administration, infirmary, tubercular infirmary, and psychiatric infirmary buildings) is included in the final report by the Consultants on Hospitalization that was published in 1923. An aerial view of the central portion of campus is also pictured in the report. Visible in the aerial photograph are Resources 1–5, a large attendants' quarters (no longer extant), Resources 7–10, 12–15, two buildings serving tuberculosis patients (no longer extant), Resource 75 (radial brick chimney), and the original water tower (no longer extant). Resources constructed by 1923 included: the administration building (Resource 1); medical and patient buildings (Resources 2-4, 9, 10, and 18); mess hall and kitchen building (Resource 5); special attendants' quarters (Resources 7 and 8); boiler house (Resource 12); freight house and shops and laundry buildings (Resources 13 and 14); garage (Resource 15); attendants' quarters and officers' apartment building (Resources 19 and 20); officer's quarters/residences (Resources 21–29); an oil storage reservoir (Resource 49); and the radial brick chimney (Resource 75) associated with the boiler house.<sup>38</sup> Other buildings or structures may also have been constructed by the opening of the hospital but they are no longer extant. A number of the early architectural drawings of the original campus buildings have the Treasury Department stamp and are signed by the Acting Supervising Architect of the Treasury, James A. Wetmore. As one of the early hospitals authorized under the first Langley Bill, expenditures and designs were overseen by the Treasury Department with recommendations by the Consultants on Hospitalization. The buildings were designed within the department of the Supervising Architect of the Treasury.<sup>39</sup>

On February 12, 1923, the dedication ceremony for the Tuskegee Veterans Bureau Hospital No. 91 was held at the chapel of the Tuskegee Normal and Industrial Institute. Conducted on the birthday of President Abraham Lincoln, the featured speaker of the dedication was United States Vice President Calvin Coolidge. Other speakers included Governor William W. Brandon and Dr. Robert R. Moton, President of Tuskegee Normal and Industrial Institute.<sup>40</sup> After the dedication, the United States Treasury Department transferred the hospital to the United States Veterans Bureau. The hospital contained approximately 600 beds with the number of beds for neuropsychiatric and tuberculosis treatment approximately evenly divided.<sup>41</sup> According to the Consultants on Hospitalization report, the hospital was divided "as two separate institutions with a central

<sup>37</sup> *Report of the Consultants on Hospitalization*, 53–54; *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1922*, (Washington, D.C.: U.S. Government Printing Office, 1922): 16, 80.

<sup>38</sup> *Report of the Consultants on Hospitalization*, 90, 105; United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama.

<sup>39</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama; John R. McDill, "A Development of Hospital Facilities for Disabled Veterans of the World War," *The Modern Hospital* 20, no. 1 (January 1923): 35; "Committee of Eminent Physicians Hard at Work Providing Hospitals for Disabled Service," *Washington Star* (Washington, D.C.), July 2, 1922, Entry 164 Box 21, Record Group 121, National Archives and Records Administration.

<sup>40</sup> Gamble, 81; Pinkard, 1–2; "Management of New Gov. Hospital," *Tuskegee News*, February 8, 1923; "Dedication of Government Hospital," *Tuskegee News*, February 15, 1923.

<sup>41</sup> *Report of the Consultants on Hospitalization*, 19, 112.

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administration.<sup>42</sup> The hospital, designated as Veterans Bureau Hospital Number 91, officially opened on June 15, 1923. During the month of June, 1923, the Tuskegee VA Hospital averaged three occupied beds.<sup>43</sup>

The hospital was to have opened April 1, but staffing issues arose immediately after the dedication exercises. It was the understanding of African American leaders involved with the inducement of bringing the hospital to Tuskegee that the hospital administration, physicians, and nursing positions were to be filled by African American applicants. But the initial medical officer in charge assigned to the Tuskegee Veterans Bureau Hospital was white, and it was determined by local African American leaders that the majority of supervisory and nursing positions would soon be filled by whites. The Veterans Bureau stated there were not sufficient African American applicants who met civil service eligibility and that the majority of employees would be white with the exception of attendants and unskilled workers. The opening of the hospital was postponed until the staffing situation was somewhat resolved. The new administrator of the Veterans Bureau, Frank T. Hines, moved to fill staff positions at the Tuskegee veterans hospital with qualified African American personnel and President Warren G. Harding ordered a special civil service examination to provide qualified applicants for staffing the hospital. White business and civic leaders voiced opposition of assigning control of the Tuskegee veterans hospital to African American administrative staff. Upon its opening, the hospital was administered by whites with only a handful of African American nurses having been hired. The administration of the Veterans Bureau under Frank T. Hines was determined to staff the Tuskegee VA Hospital with qualified African American personnel but the matter was not immediately resolved. Opposition to the hospital possibly being administered by African Americans created a hostile environment for local African American leaders throughout the summer months, with a number of the local leaders leaving town for the remainder of the summer. The Ku Klux Klan held a march in Tuskegee on July 3, 1923, to protest the government's intentions of the hospital being administered by African Americans.<sup>44</sup> Even with the racial discord of the community, the Veterans Bureau continued with its goal of the hospital being staffed with African Americans in leadership, skilled, and unskilled positions. Gamble states that by the middle of July over half the nurses and attendants employed at the facility were African American, but the doctors and administrative roles were filled by whites. Progress continued to be made in filling positions with qualified African American applicants, according to Gamble, six African American doctors began working at the hospital in October 1923 and African Americans constituted the vast majority of those employed by the facility at the time.<sup>45</sup> By July 1924, the Veterans Bureau assigned Dr. Joseph H. Ward as the first African American Medical Officer-in-Charge of the Tuskegee Veterans Bureau Hospital.<sup>46</sup>

By the fiscal year end 1926, the Tuskegee Veterans Bureau Hospital had been reclassified as a general medical and surgical hospital with a capacity of 606 beds, although another source indicates that this redesignation took place in August 1924. But the 1928 annual report indicates the hospital is once again classified as a neuropsychiatric hospital with an increased capacity of 658 beds. More than likely the hospital was serving both general medical and neuropsychiatric patients. Capacity increased to 747 beds by the fiscal

<sup>42</sup> Ibid, 19.

<sup>43</sup> *Report of the Consultants on Hospitalization, 19; Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1923*, (Washington, D.C.: U.S. Government Printing Office, 1923): 105.

<sup>44</sup> Gamble, 70, 80–86, 89–100.

<sup>45</sup> Ibid, 96, 100.

<sup>46</sup> Gamble, 100–101; Pinkard, 17.

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year end of 1931.<sup>47</sup> With the creation of the VA in 1930, the facility began to be referred to as the Tuskegee VA Hospital. Buildings continued to be constructed on the campus during the decade of the 1930s, including the domiciliary barracks and continued treatment building (Resources 50, 1932; and 62, 1936) with their associated dining hall and kitchen, Resource 51 (1932). Although the domiciliary barracks building (Resource 50) opened in 1933 the domiciliary was discontinued in May 1934 and the facility was redesignated as a neuropsychiatric hospital that same month. A new residence for the director of the hospital was constructed in 1938 (Resource 63).<sup>48</sup>

In 1940 the Tuskegee VA Hospital was situated on 486 acres with 110 acres under cultivation for occupational therapy for the patients, 55 acres with the central campus, and the remainder undeveloped. The hospital had a capacity of 1,087 beds for neuropsychiatric patients and 411 for general medical and surgical patients, for a total capacity of 1,498 beds. Tuberculosis patients were no longer treated at the Tuskegee VA Hospital unless they were also suffering from neuropsychiatric illnesses. According to a 1940 article by Eugene H. Dibble, Jr., manager of the Tuskegee VA Hospital, the facility employed 621 persons, including: twenty-three doctors, two dentists, sixty-seven nurses, 257 attendants, and ninety-three persons working in the kitchens/dietetic department. The number of employees had more than tripled from the 176 persons working at the facility in mid-1923.<sup>49</sup> Occupational therapy conducted at the facility in 1940 included the paint shop, woodworking, sewing pajamas for patients use and hammocks for the therapeutic baths utilized for acute neuropsychiatric patients, working in the laundry, kitchen, landscaping the grounds, and agricultural activities for the hospital's farm. Recreational activities offered to patients in 1940 included hiking, tennis, baseball, volleyball, swimming, dances, movies shown twice a week, and less strenuous activities such as checkers, billiards, and use of an extensive library.<sup>50</sup> Manager Eugene H. Dibble, Jr., states in his 1940 journal article: "While Negro veterans are treated in many of the Veterans' Administration facilities throughout the country, with particularly large units for them at Columbia, S.C.; Lake City, Fla.; Waco, Tex.; etc., much the largest number of such beneficiaries receive their treatment and care at Tuskegee."<sup>51</sup>

During the 1940s two H-shape patient ward/treatment buildings (Resources 68 and 69) were constructed to the west of the central complex. These two buildings, along with a similar H-building constructed in 1929 (Resource 44) and the associated connecting corridors, created a semi-enclosed courtyard. Resource 4A, an addition to the psychiatric infirmary building (Resource 4, 1923), was completed in 1944 to accommodate patients. A new laundry facility (Resource 65) was constructed in 1945. By the mid-1940s, the capacity of the neuropsychiatric hospital was more than 1,700 beds. The hospital employed 763 staff members including

<sup>47</sup> *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1926*, (Washington, D.C.: U.S. Government Printing Office, 1926): 342; Adkins, 408; *Annual Report of the Director United States Veterans' Bureau for the Fiscal Year Ended June 30, 1928*, (Washington, D.C.: U.S. Government Printing Office, 1928): 106; *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1931* (Washington, D.C.: U.S. Government Printing Office, 1931): 152.

<sup>48</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama; Adkins, 408; *Annual Report of the Administrator of Veterans' Affairs for the Fiscal Year Ended June 30, 1940* (Washington, D.C.: U.S. Government Printing Office, 1941): 121.

<sup>49</sup> Eugene H. Dibble, Jr., "The Veterans' Administration Facility For Negro Beneficiaries, Tuskegee, Ala.," *Medical Bulletin of the Veterans' Administration* 17, no. 2 (October 1940): 158-159.

<sup>50</sup> *Ibid.*, 159-160.

<sup>51</sup> *Ibid.*, 162.

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thirty-eight doctors, three dentists, and 116 nurses. Along with the growth of the 1930s and 1940s were two visits to the hospital campus by President and Mrs. Franklin D. Roosevelt in 1939 and 1941.<sup>52</sup>

The Tuskegee VA Hospital conducted farming operations as a therapeutic treatment for patients suffering neuropsychiatric disorders. Similar agricultural endeavors took place at a number of Second Generation Veterans Hospitals serving neuropsychological patients, as they were usually sited in rural areas and laboring on the farms was determined to be an effective treatment for patients. The farm products were then utilized by the hospitals' kitchen staffs to serve patients fresh vegetables and meats. The farm operation at the Tuskegee VA Hospital consisted of approximately 116 acres and included raising hogs, vegetables, and poultry. Farm operations at the Second Generation Veterans Hospitals were phased out as new pharmaceutical treatments were introduced in the 1950s and became common in the care of neuropsychological illnesses.<sup>53</sup>

After World War II, surplus Quonset huts were placed in the hospital campus and housed a library, canteen facilities, clinics, and a bowling alley. The Quonset huts were later replaced once the temporary buildings were no longer necessary.<sup>54</sup> A multi-story clinical addition was dedicated on April 10, 1951. This addition, Resource 3A, contained fifty general medical beds, fifty surgical beds, four operating rooms, twelve recovery rooms, a new autopsy room, and a dental clinic. Air conditioning cooled the surgical rooms of the building, located on the fourth floor. With the completion of Resource 3A, the capacity of the Tuskegee VA Hospital was increased to 2,300 beds. At the time, it was the fifth largest hospital operated by the Veterans Administration.<sup>55</sup>

The 1960s saw the integration of the facility, including both patients and staff. Residencies in medical training were also taking place in conjunction with university medical programs such as Meharry Medical College, Emory University School of Medicine, and the University of Alabama Medical School. The annual budget of the Tuskegee VA Hospital was nearly eleven million dollars. By the early 1970s, the updating of the buildings included the installation of air conditioning.<sup>56</sup>

By the mid-1980s the facility's capacity had decreased to 943 beds; 112 for nursing home patients, and 831 beds for those requiring general medical, surgical, and psychiatric services. An intermediate care facility containing more than 100,000 square feet was dedicated on July 7, 1987. Enumerated as Resource 120, this four-story building is unusual because it is triangular in shape and its upper two floors are supported by piers.

<sup>52</sup> United States Department of Veterans Affairs, files of the Engineering Service, Central Alabama Veterans Health Care System East Campus, Tuskegee, Alabama; Pinkard, 4-5.

<sup>53</sup> "VAMC created to aid blacks," *Tuskegee News Spotlight*, March 27, 1980, located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; Sharon B. Varner, "Tuskegee VA Medical Center, 60 Years in Serving Our Veterans," *Opelika-Auburn News*, July 24, 1983.

<sup>54</sup> "VAMC created to aid blacks," *Tuskegee News Spotlight*, March 27, 1980, located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

<sup>55</sup> "\$1,500,000 Tuskegee VA Clinic Will Be Dedicated April 10," *Montgomery Advertiser*, April 6, 1951, located in the vertical files of the Alabama Department of Archives and History, Montgomery, Alabama; "New Wing Is Dedicated At Tuskegee VA Hospital," *Alabama Journal*, April 10, 1951, located in the vertical files of the Alabama Department of Archives and History, Montgomery, Alabama.

<sup>56</sup> Pinkard, 7-8.

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United States Department of the Interior  
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Tuskegee Veterans Administration Hospital

Macon County, Alabama

Name of multiple property listing (if applicable)  
United States Second Generation Veterans Hospitals

Section number 9

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United States Department of the Interior  
National Park Service

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Tuskegee Veterans Administration Hospital

Macon County, Alabama

Name of multiple property listing (if applicable)  
United States Second Generation Veterans' Hospitals

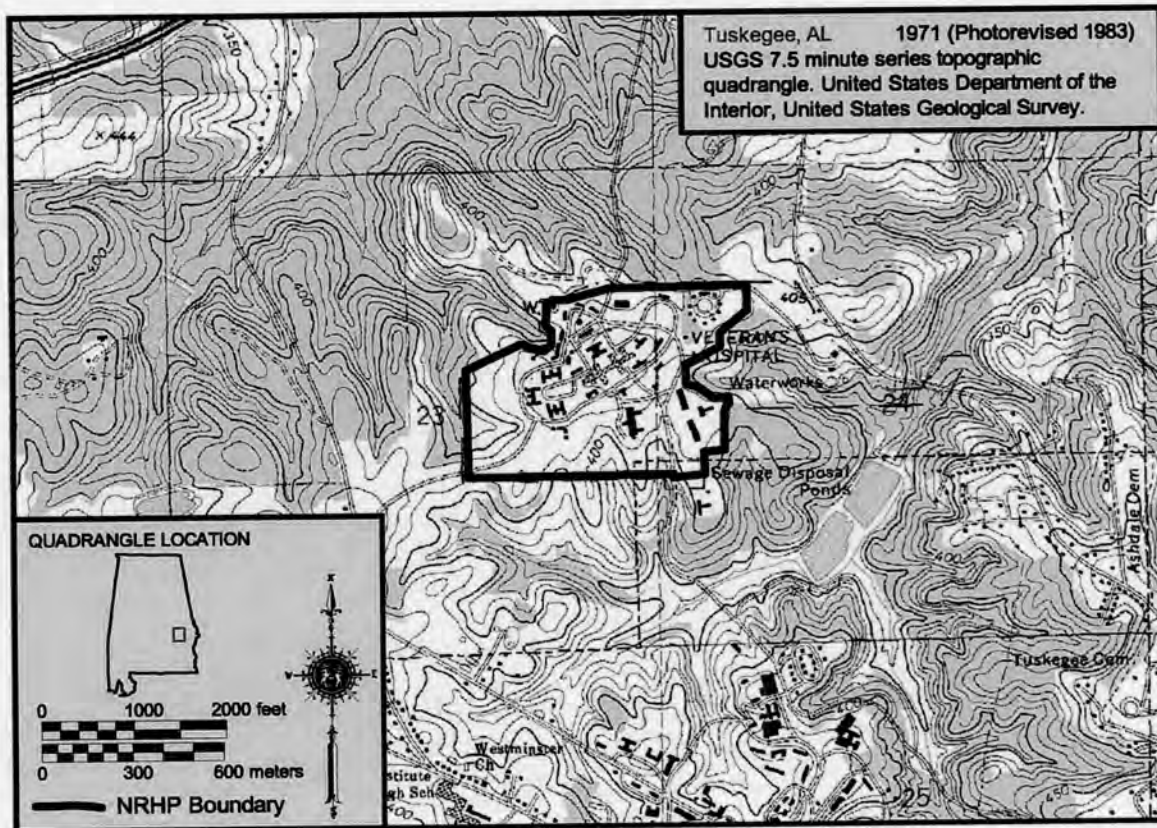
Section number 10

Page 49

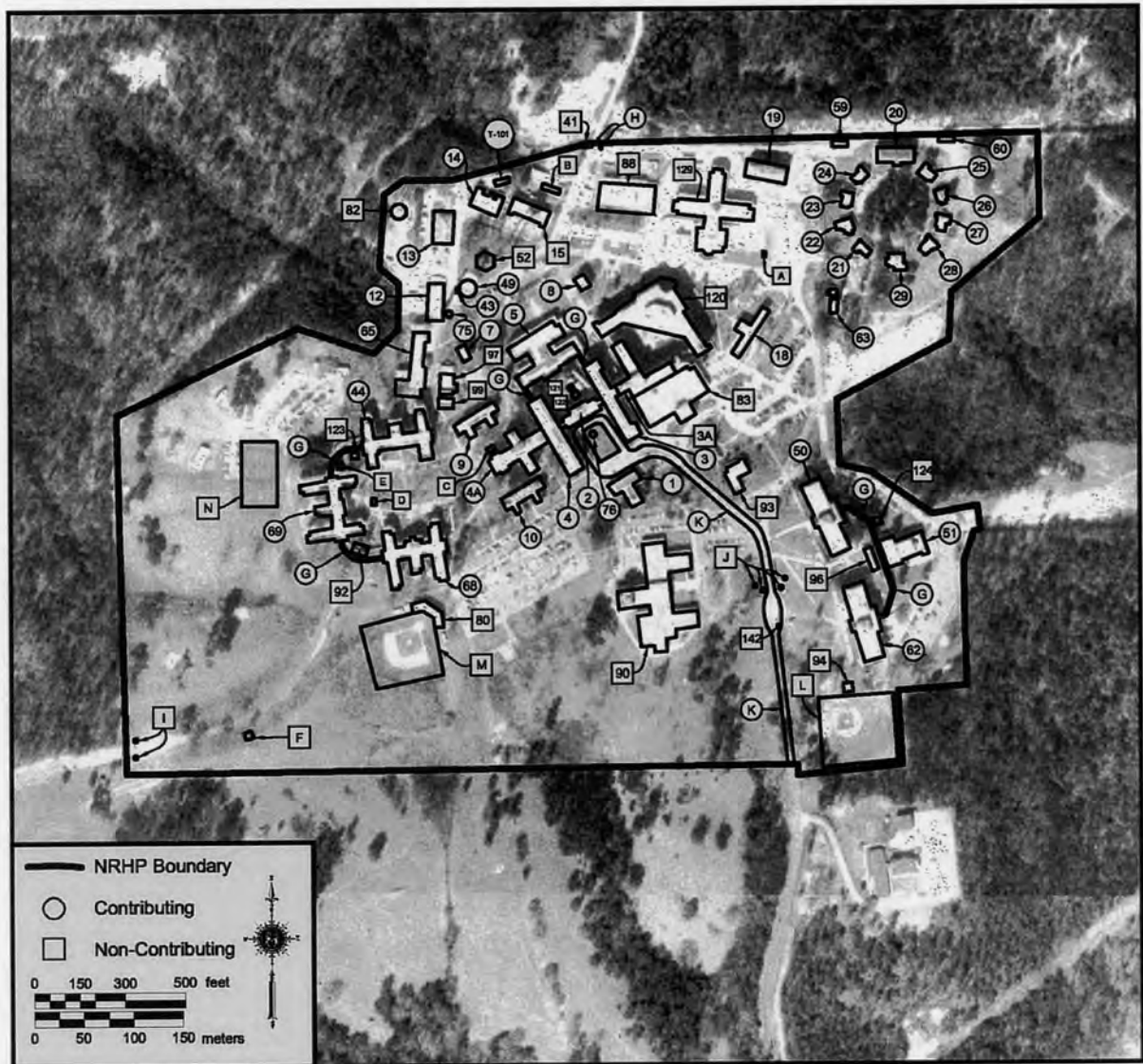
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5	<u>16</u>	<u>621427</u>	<u>3590574</u>	16	<u>16</u>	<u>621289</u>	<u>3590009</u>
	Zone	Easting	Northing		Zone	Easting	Northing
6	<u>16</u>	<u>621430</u>	<u>3590487</u>	17	<u>16</u>	<u>621294</u>	<u>3589935</u>
	Zone	Easting	Northing		Zone	Easting	Northing
7	<u>16</u>	<u>621341</u>	<u>3590412</u>	18	<u>16</u>	<u>621188</u>	<u>3589923</u>
	Zone	Easting	Northing		Zone	Easting	Northing
8	<u>16</u>	<u>621338</u>	<u>3590363</u>	19	<u>16</u>	<u>621188</u>	<u>3589934</u>
	Zone	Easting	Northing		Zone	Easting	Northing
9	<u>16</u>	<u>621225</u>	<u>3590302</u>	20	<u>16</u>	<u>620510</u>	<u>3589920</u>
	Zone	Easting	Northing		Zone	Easting	Northing
10	<u>16</u>	<u>621228</u>	<u>3590237</u>	21	<u>16</u>	<u>620497</u>	<u>3590281</u>
	Zone	Easting	Northing		Zone	Easting	Northing
11	<u>16</u>	<u>621323</u>	<u>3590187</u>	22	<u>16</u>	<u>620680</u>	<u>3590371</u>
	Zone	Easting	Northing		Zone	Easting	Northing
12	<u>16</u>	<u>621368</u>	<u>3590196</u>	23	<u>16</u>	<u>620757</u>	<u>3590346</u>
	Zone	Easting	Northing		Zone	Easting	Northing
13	<u>16</u>	<u>621372</u>	<u>3590172</u>	24	<u>16</u>	<u>620780</u>	<u>3590370</u>
	Zone	Easting	Northing		Zone	Easting	Northing
14	<u>16</u>	<u>621355</u>	<u>3590139</u>	25	<u>16</u>	<u>620782</u>	<u>3590416</u>
	Zone	Easting	Northing		Zone	Easting	Northing
15	<u>16</u>	<u>621358</u>	<u>3590015</u>	26	<u>16</u>	<u>620761</u>	<u>3590433</u>
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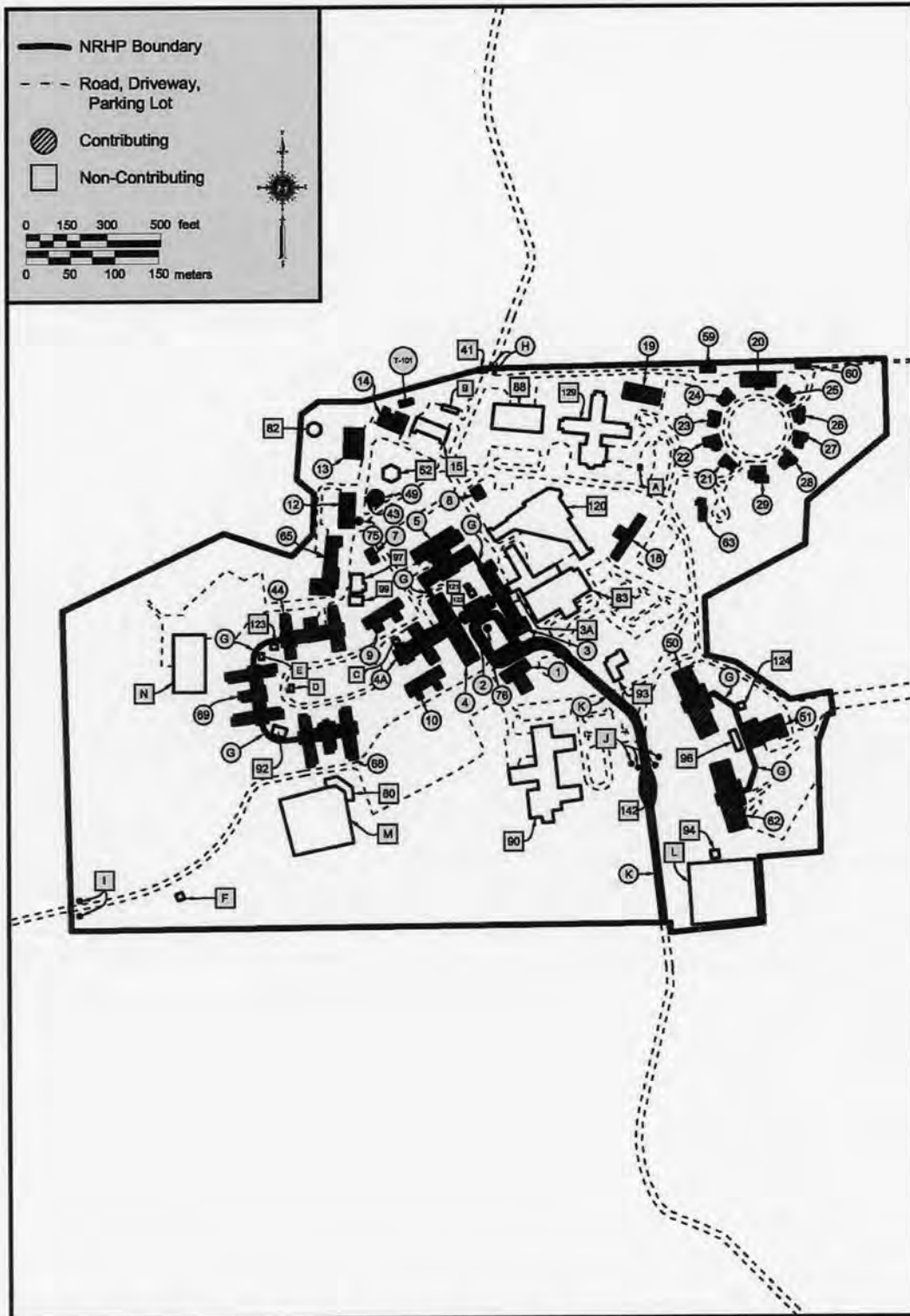




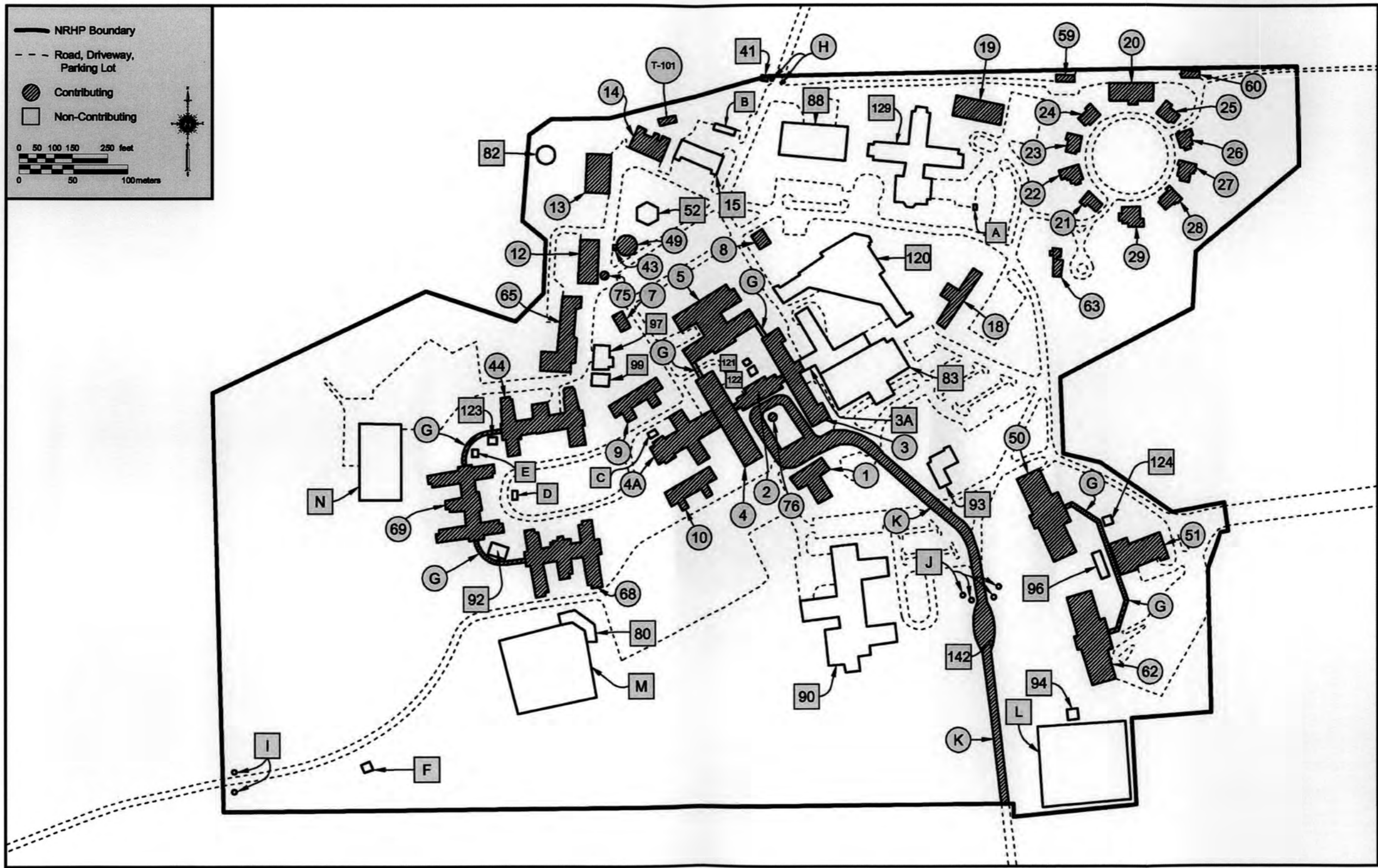
1971 (Photo revised 1983) Tuskegee, Alabama 7.5-minute topographic quadrangle map showing National Register boundary.



Aerial map indicating contributing and noncontributing resources and the National Register boundary.



Overall National Register boundary, contributing and noncontributing resources indicated on a sketch map.



Overall National Register boundary, contributing and noncontributing resources indicated on a sketch map (oversize).

United States Department of the Interior  
National Park Service

National Register of Historic Places Continuation Sheet

Tuskegee Veterans Administration Hospital

Macon County, Alabama

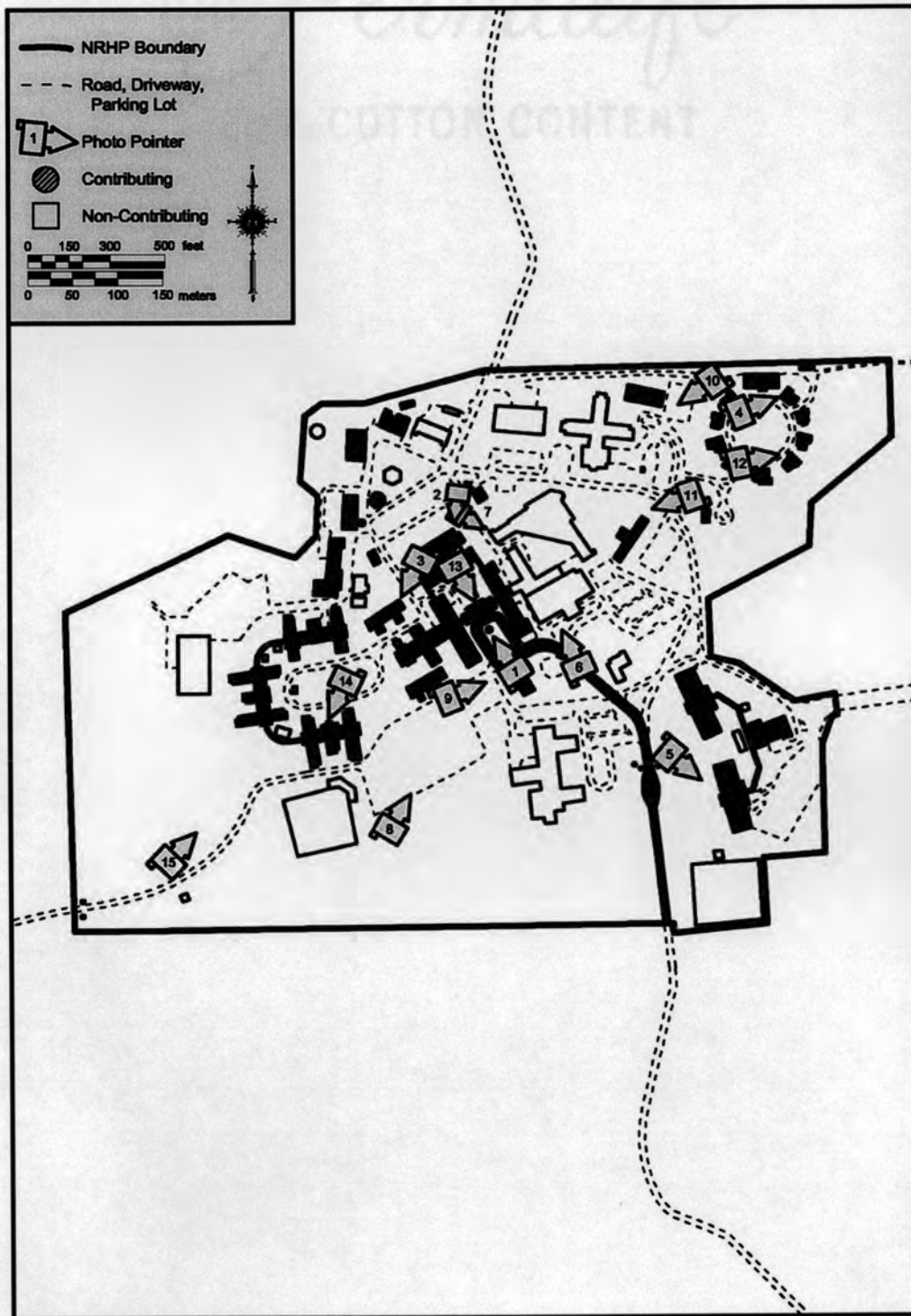
Name of multiple property listing (if applicable)  
United States Second Generation Veterans' Hospitals

Section number Photographs Page 55

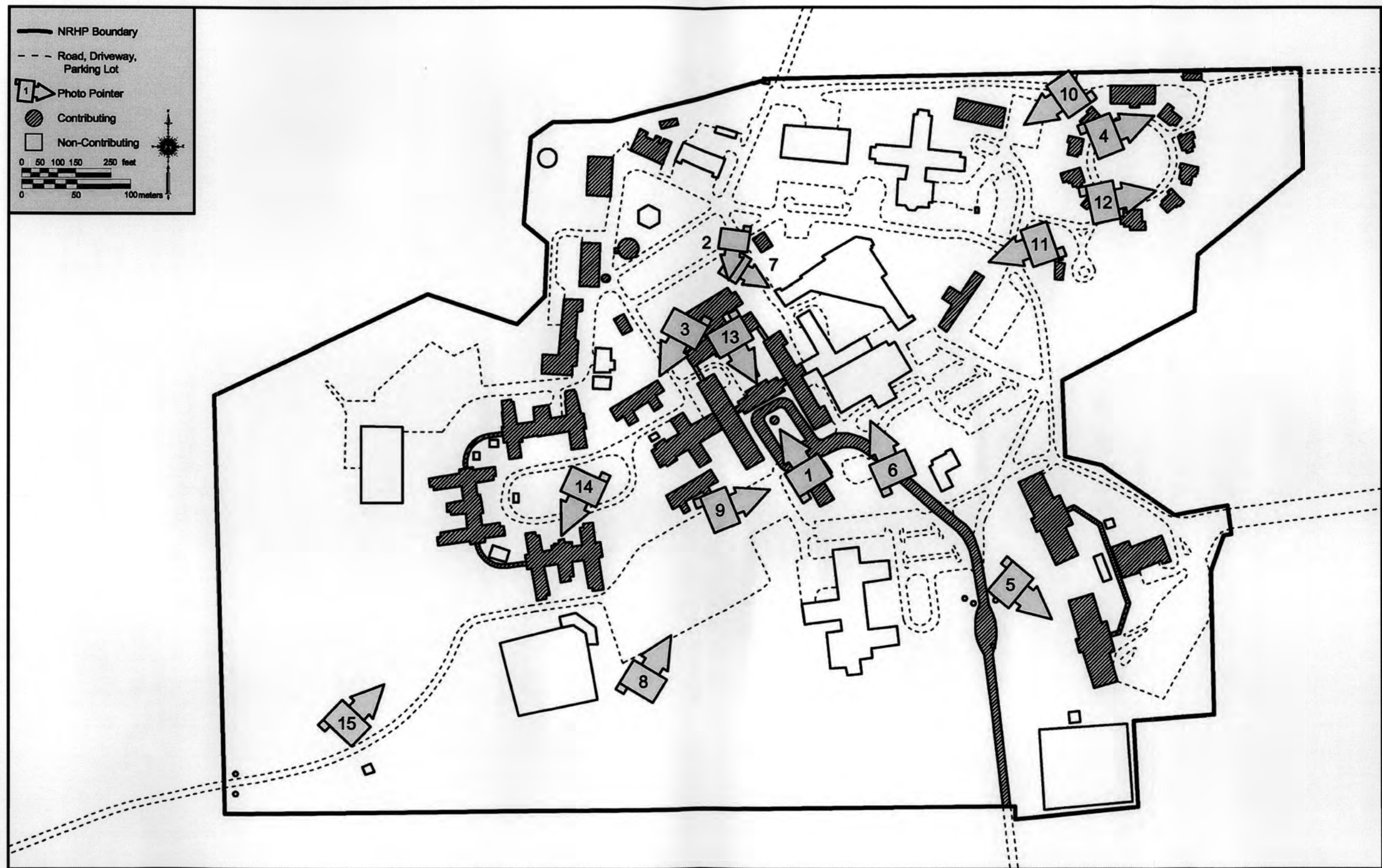
Photograph Continuation Sheet

Name of Property: Tuskegee Veterans' Bureau Hospital (same for all photos)  
City, County, State: Tuskegee, Macon County, Alabama (same for all photos)  
Photographer: Kathryn M. Joseph and Trent Spurlock (same for all photos)  
Photo date: November 4-6, 2008 (same for all photos)  
Original Negative: N/A (submitted compact disc, same for all photos)

1. Resource 76 and facade of Resource 2. View looking to northwest.
2. Northeast and northwest elevations of Resource 5. View looking to southwest.
3. Northeast and northwest (rear) elevations of Resource 9. View looking southwest.
4. Northwest and facade elevations of Resource 25. View looking northeast.
5. Facade of Resource 62. View looking southeast.
6. Facade (southeast) elevations of Resources 83 and 3A. View looking northwest.
7. Northwest and southwest elevations of Resource 120. View looking southeast.
8. View looking northeast to Resources 10, 4, and 3.
9. View looking northeast to Resources 3, 83, and 1.
10. View looking southwest to Resources 120, 129, and 19.
11. View looking southwest to Resources 18, 120, 52, and 82.
12. View looking northeast to Resources 25, 26, 27, and 28.
13. View looking southeast to Resources 121, 122, and rear (northwest) elevation of Resource 2.
14. Facade (north) elevation of Resource 68. View looking southwest.
15. View looking northeast from near Resource F to Resources 52, 69, G, 68, and 80.



Map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet.



Map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet (oversize).

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Tuskegee Veterans Administration Hospital

MULTIPLE NAME: United States Second Generation Veterans Hospitals

STATE & COUNTY: ALABAMA, Macon

DATE RECEIVED: 2/10/12      DATE OF PENDING LIST: 3/02/12  
DATE OF 16TH DAY: 3/19/12      DATE OF 45TH DAY: 3/28/12  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12000140

REASONS FOR REVIEW:

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

COMMENT WAIVER: N

ACCEPT     RETURN     REJECT    3/19/12 DATE

ABSTRACT/SUMMARY COMMENTS:

**Entered in  
The National Register  
of  
Historic Places**

RECOM./CRITERIA \_\_\_\_\_

REVIEWER \_\_\_\_\_ DISCIPLINE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

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

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





AL - Macon County - 2nd Generation Veterans Hospital MPS - Tuskegee VA Hospital - 0001



Al - Macon County - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - 002



AL - MAcon county - 2nd Generation Veterans Hospitals MTS - Tuskegee VA Hospital - 0003



AL. Macon County - 2nd Generation Veterans Hospitals MTS - Tuskegee VA Hospital - 0004





AL - Macon County - 2nd Generation Veterans Hospitals MHC - Tuskegee VA Hospital - 0005



CAVHCS - EAST

83



AL - Macon County - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - 000 B



Ar - MAcon county - 2nd Generation Veterans Hospitals MIPS - Tuskegee VA Hospital - 0007



AL-Macon County - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - 0008





Al-Macon county - 2nd Generation Veterans Hospital MPS - Tuskegee VA Hospital - 0509



AL - Macon County - 2nd Generation Veterans Hospital & MPG - Tuskegee VA Hospital - 0010



AL - MACON COUNTY - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - CO 11



Al - Macon county - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - 0012





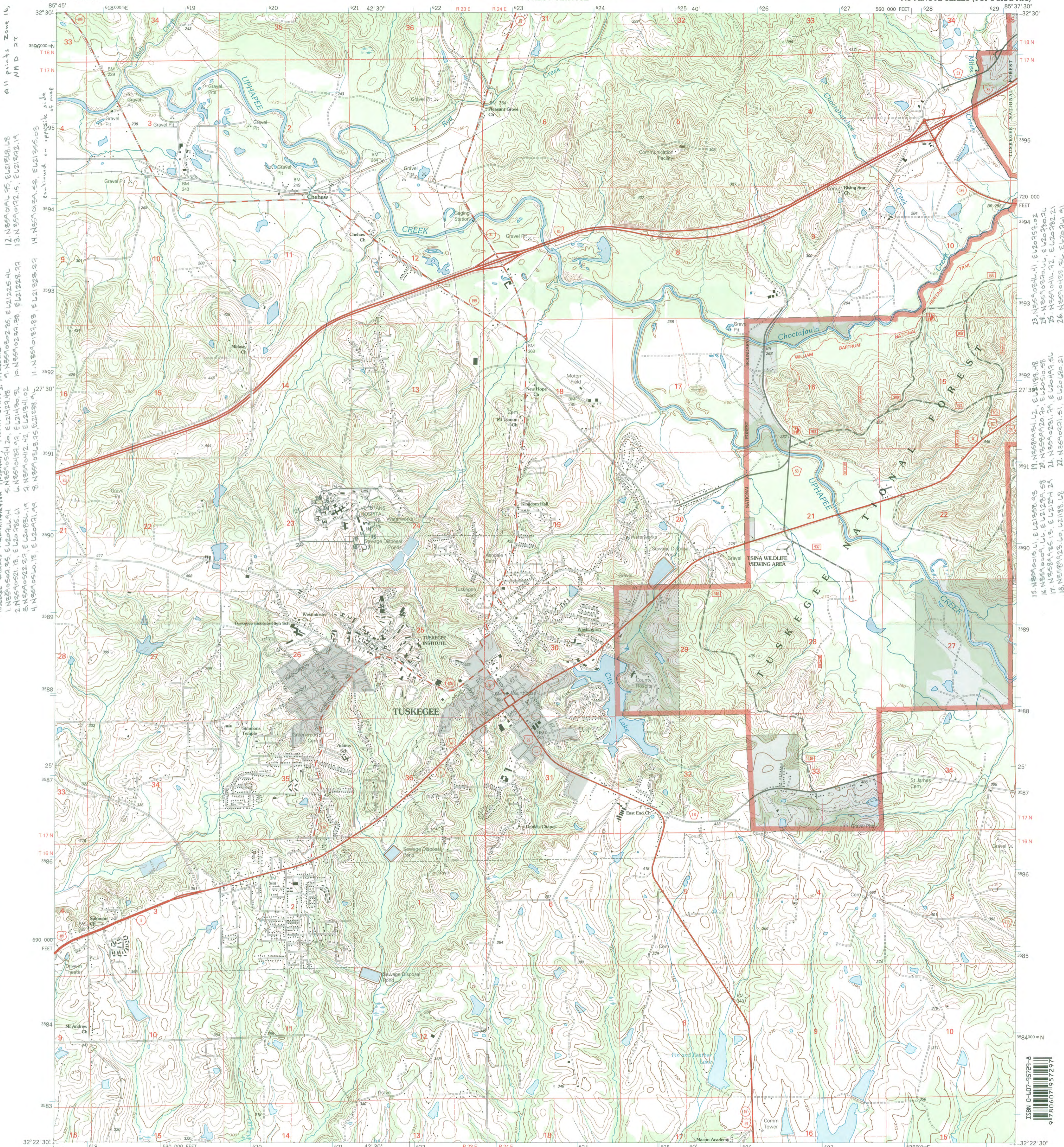
AL - macon county - 2nd Generation Veterans Hospital MPS - Tuskegee VA Hospital - 0013



AL - macon county - 2nd Generation Veterans Hospitals MPS - Tuskegee VA Hospital - 0014



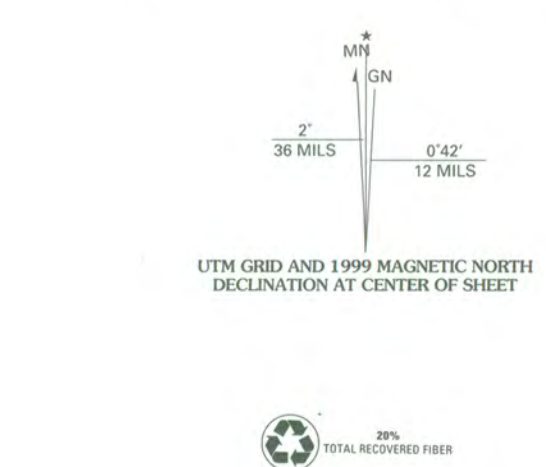
AL-Macon County-2nd Generation Veterans Hospitals MPO - Tuskegee VA Hospital - 0015



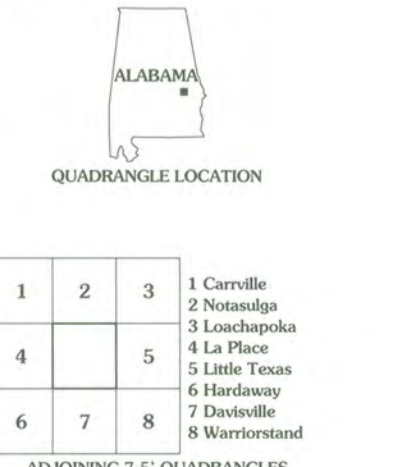
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Produced by the United States Geological Survey 1983  
 Revision within and adjacent to National Forest System  
 lands by USDA Forest Service 1998  
 Topography compiled 1969. Planimetry derived from imagery taken 1997  
 and other sources. Public Land Survey System and survey control current  
 as of 1998  
 North American Datum of 1927 (NAD 27). Projection and 10 000-foot  
 ticks: Alabama coordinate system, east zone (transverse Mercator)  
 Blue 1000-meter Universal Transverse Mercator ticks, zone 16  
 North American Datum of 1983 (NAD 83) is shown by dashed corner ticks  
 The values of the shift between NAD 27 and NAD 83 for 7.5-minute  
 intersections are obtainable from National Geodetic Survey NADCON software  
 Non-National Forest System lands within the National Forest  
 boundaries may exist in other National or State reservations  
 This map is not a legal land line or ownership document. Public lands are  
 subject to change and leasing, and may have access restrictions; check  
 with local offices. Obtain permission before entering private lands



SCALE 1:24 000  
 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10 000  
 FEET  
 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10 000  
 METERS  
 CONTOUR INTERVAL 10 FEET  
 NATIONAL GEODETIC VERTICAL DATUM OF 1929  
 TO CONVERT FROM FEET TO METERS, MULTIPLY BY 0.3048  
 THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
 FOR SALE BY U.S. GEOLOGICAL SURVEY, P.O. BOX 25286, DENVER, COLORADO 80225  
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



HIGHWAYS AND ROADS	
Interstate	Thick red line with blue and red borders
U.S.	Red line with blue border
State	Red line with white border
County	Red line with black border
National Forest, suitable for passenger cars	Red line with black border and 'NFS' symbol
National Forest, suitable for high clearance vehicles	Red line with black border and 'NFS' symbol
National Forest Trail	Red line with black border and 'NFS' symbol
Primary highway	Red line with black border
Secondary highway	Red line with black border
Light-duty road	Red line with black border
Composition:	
Paved	Red line with black border
Gravel	Red line with black border
Dirt	Red line with black border
Unimproved: 4 wheel drive	Red line with black border
Trail	Red line with black border
Gate: Barrier	Red line with black border

1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8