

United States Department of the Interior  
National Park Service

MP 3205

# 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 the 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.



## 1. Name of Property

Historic name: Dublin Veterans Administration Hospital  
Other names/site number: Dublin Naval Hospital, Carl Vinson VA Medical Center

Name of related multiple property listing:  
United States Third Generation Veterans Hospitals, 1946-1958  
(Enter "N/A" if property is not part of a multiple property listing)

## 2. Location

Street & number: 1826 Veterans Boulevard  
City or town: Dublin State: Georgia County: Laurens  
Not For Publication:  Vicinity:

## 3. State/Federal Agency Certification

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

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

       national      x statewide      x local

Applicable National Register Criteria:

x A             B      x C             D

William R. Hover William R. Hover, Deputy SHPO      10 October 2018  
Signature of certifying official/Title:      Date  
Historic Preservation Division, Georgia Department of Natural Resources  
State or Federal agency/bureau or Tribal Government

[Signature], VA Federal Preservation Officer, 10/22/18  
In my opinion, the property        meets        does not meet the National Register criteria.  
Signature of commenting official:      Date  
Title :      State or Federal agency/bureau or Tribal Government

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**4. National Park Service Certification**

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:)

*[Handwritten Signature]*

*12/10/18*

Signature of the Keeper

Date of Action

**5. Classification**

**Ownership of Property**

(Check as many boxes as apply.)

- Private
- Public – Local
- Public – State
- Public – Federal

**Category of Property**

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

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

<u>9</u>	<u>8</u>	buildings
<u>          </u>	<u>          </u>	sites
<u>          </u>	<u>3</u>	structures
<u>1</u>	<u>          </u>	objects
<u>10</u>	<u>11</u>	Total

Number of contributing resources previously listed in the National Register 0

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**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

HEALTH CARE/hospital

**Current Functions**

(Enter categories from instructions.)

HEALTH CARE/hospital

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

Colonial Revival

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**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: Brick, Stone

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

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### Summary Paragraph

The Dublin Veterans Administration Hospital is located in the middle piedmont region of the State of Georgia, in Laurens County and just to the west of the historic downtown of Dublin. The city of Dublin is roughly halfway between Atlanta, the state capital, and Savannah on the coast. The Dublin Veterans Administration Hospital campus consists of seventeen buildings, three structures, and one object. The campus is oriented northeast towards Veterans Boulevard (U.S. 80), shown at the top of the site plans (Figures 1-5).

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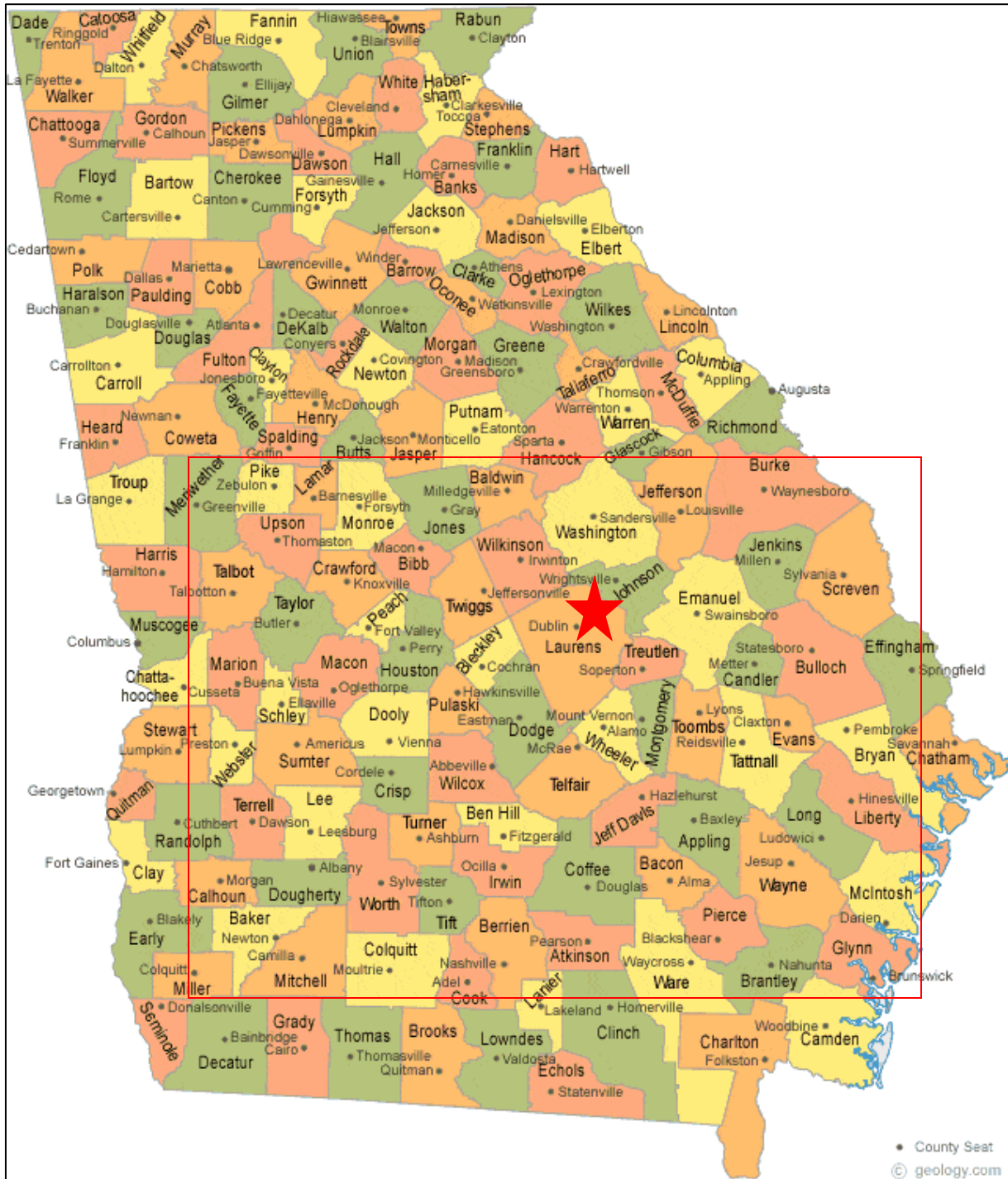


Figure 1. State map with 52-county area in middle and southern Georgia served by the Dublin VA Hospital highlighted. Note Laurens County location in the middle of the state.

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Figure 2. Site map showing the location of the hospital relative to the city of Dublin (VA).

Note detail of the hospital campus below. The property line for the U.S. Navy property is noted on the site map; that line is outlined (broadly) in red for emphasis in the detail below. The footprint of the main building with its chevron extensions is present as well as Building Nos. 34 and 35 to west (upper left), the planned location of the water tower at the far eastern edge, the greenhouse (Building No. 30) to the southeast, and L-shaped fire station and garage (Building No. 29) and maintenance shops (Building No. 28), boiler plant (Building No. 27) and proposed railroad spur to the south. Also shown is the quarters (Building No. 25) to the southwest and laundry (Building No. 26).

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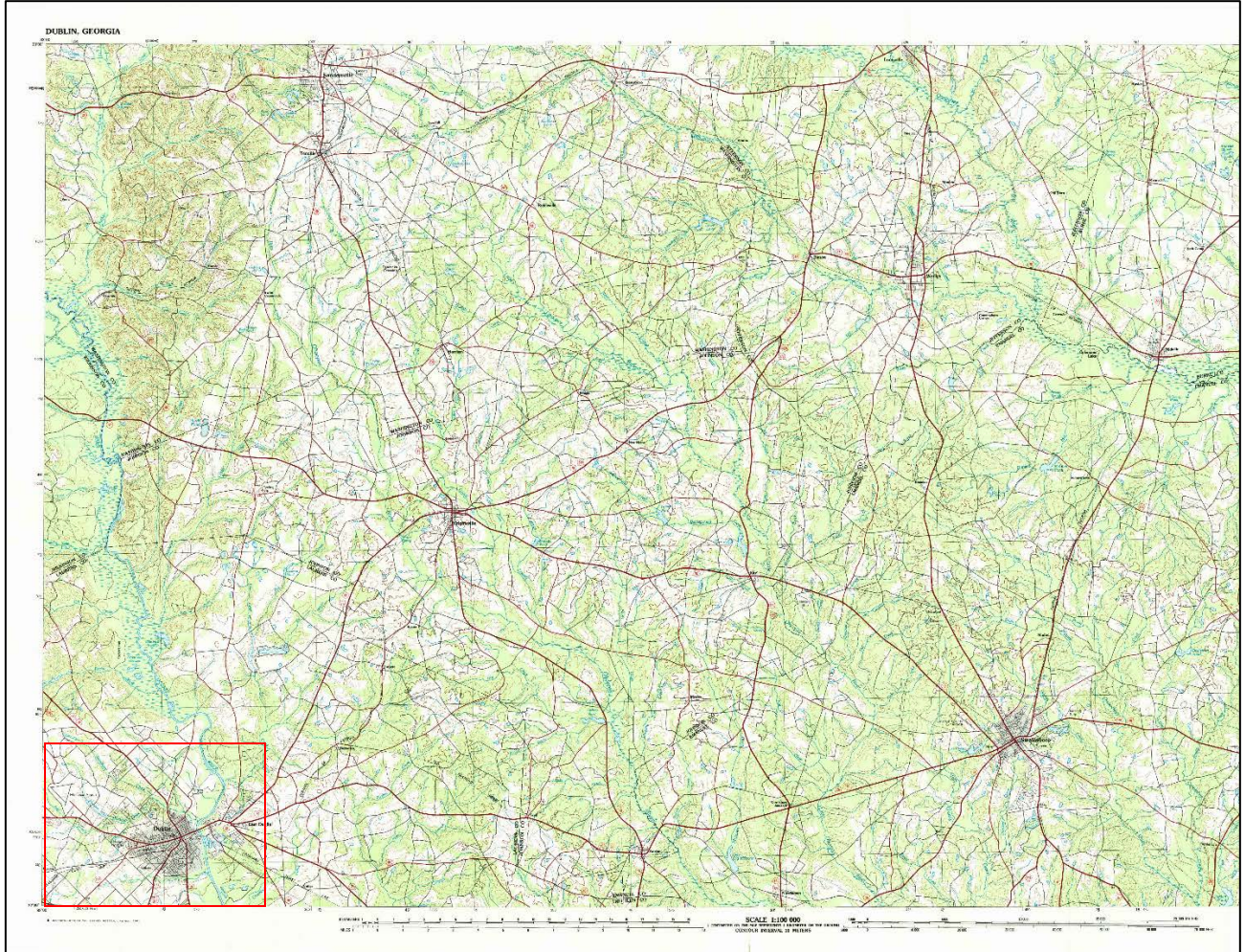


Figure 3. Site location relative to the city of Dublin shown in the USGS topographic map (1981) (VA).



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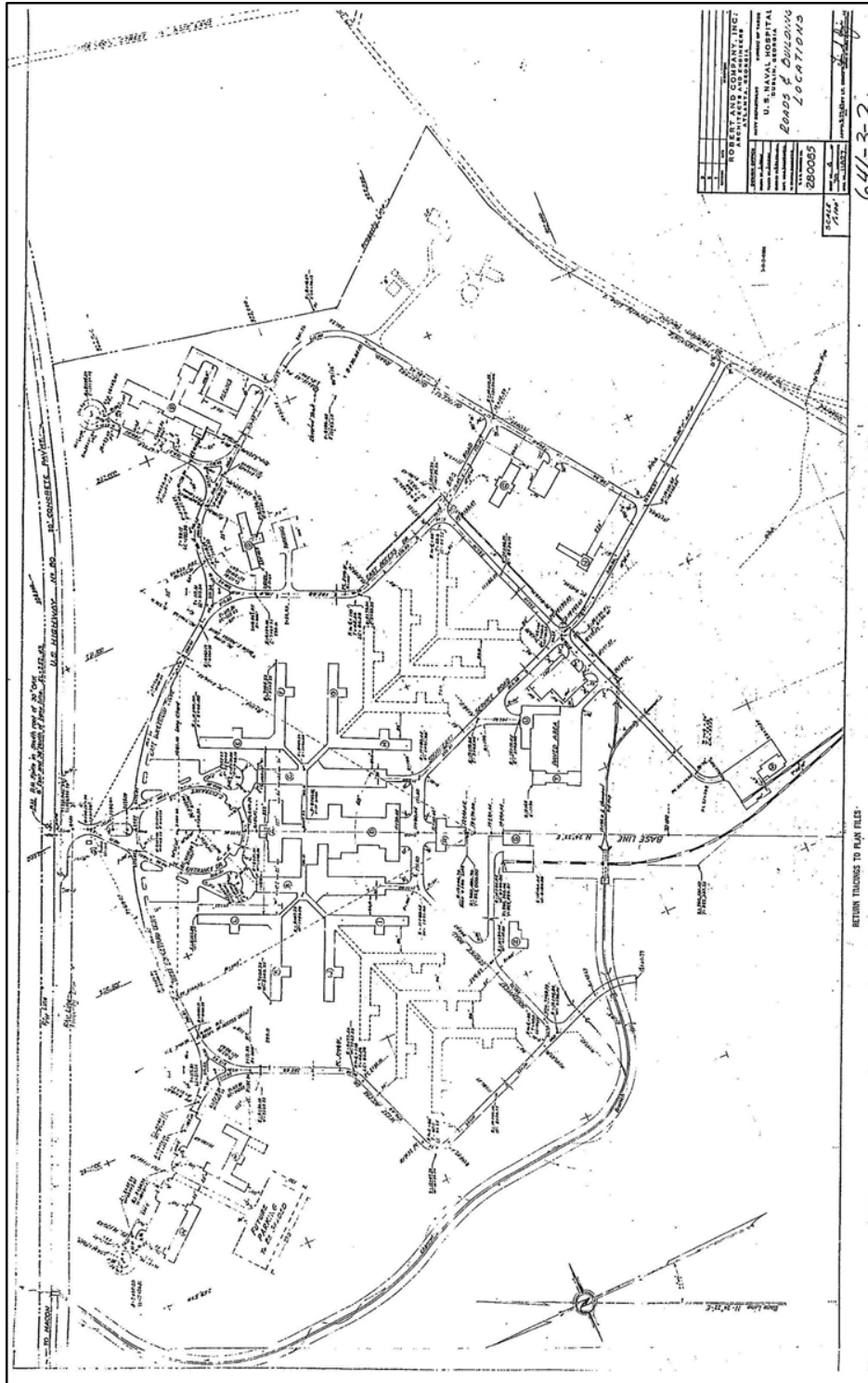


Figure 4. Site map showing the location of roads and buildings within the hospital campus in 1943 (VA).

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Figure 5. Aerial views of the hospital campus in Dublin, Georgia, n.d. (VA). (top) View looking north to the main entrance and (bottom) view looking south.

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The Veterans Administration (VA) folded the medical center in Dublin into its post-World War II healthcare program that began in 1946. The VA's postwar initiative is described today as the third generation of veterans' hospitals by the federal agency's cabinet-level successor, United States Department of Veterans Affairs (VA). The third generation of the VA's hospital design and construction followed the Civil War-era facilities known as the National Homes for Disabled Volunteer Soldiers and the post-World War I medical centers built by the federal government from 1919 to 1950. The historic context for the World War I –era of the Veterans Administration's medical centers is provided in the National Register of Historic Places multiple property documentation form, *United States Second Generation Veterans Hospitals, 1919-1950*, listed in 2012.

In Dublin, Georgia, the hospital facilities encompassed around two hundred acres and the property was built by the United States Navy for sick and wounded naval personnel (see Figure 2).<sup>1</sup> During World War II, the U.S. Navy Bureau of Yards and Docks oversaw the construction of the core of the medical campus from 1943 to 1945. The naval hospital continued to operate after the war. In 1948, the U.S. Navy transferred the medical center to the Veterans Administration (Figures 6-7).<sup>2</sup> The development of the naval hospital and its transfer to the Veterans Administration represents a level of coordinated planning for postwar use that distinguishes the Dublin VA Hospital from others of its era. The coordination between the U.S. Navy and the Veterans Administration garnered support for the establishment of the medical center during the war and, in turn, gave the VA a ready-made, modern hospital for veterans of World War II as they returned home to Georgia. Thus, the Dublin Veterans Administration Hospital is an example of the transitional hospital property type outlined in Section F of the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*, listed in May 2018.<sup>3</sup>

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<sup>1</sup> The acreage reference is to provide a sense of scale only. Extrapolating from the ca. 2000 deed records and 2014 VA map, the original parcel contained 175.47 acres. This number includes Tract E, the .53 acre parcel where the water tower is located, as well as the core of the campus. Other accounts outlining site history, such as those printed in newspapers, indicate the tract of land purchased contained 231 acres, more or less. Perhaps the difference is in what was developed for the hospital not what was acquired. See Section 8 below.

<sup>2</sup> "Several Georgia Plants To Be Retained – Vinson," *Atlanta Constitution*, September 28, 1945, 1; "The VA To Operate Two Hospitals in Georgia," *Atlanta Constitution*, February 16, 1948, 8; "VA To Manage Dublin Hospital," *Atlanta Constitution*, June 15, 1948, 12.

<sup>3</sup> During the survey and evaluation of Veterans Administration hospitals developed during this postwar period, two properties constructed by the U.S. Navy were identified. They are located in Dublin, Georgia, and Long Beach, California. The hospital campus in Long Beach was determined to be ineligible for listing at this time. Together with the hospital campuses built by the U.S. Army, these VA hospitals represent the transitional hospital, Army/Navy subtype under the contextual narrative for the VA's third generation program. Regarding the transfer, see, for example, newspaper accounts: "The VA to Operate Two Hospitals in Georgia," *Atlanta Constitution*, February 16, 1948, 8; "U.S. Probs Navy Plan to Shift Hospital to VA," *Detroit Free Press*, January 30, 1948, 28; [Civic Siftings], *Atlanta Constitution*, June 3, 1948, 25; "VA to Manage Dublin Hospital," *Atlanta Constitution*, June 15, 1948, 15; "Dublin Hospital to Hear Speech by Rep. Vinson," *Atlanta Constitution*, September 7, 1948.

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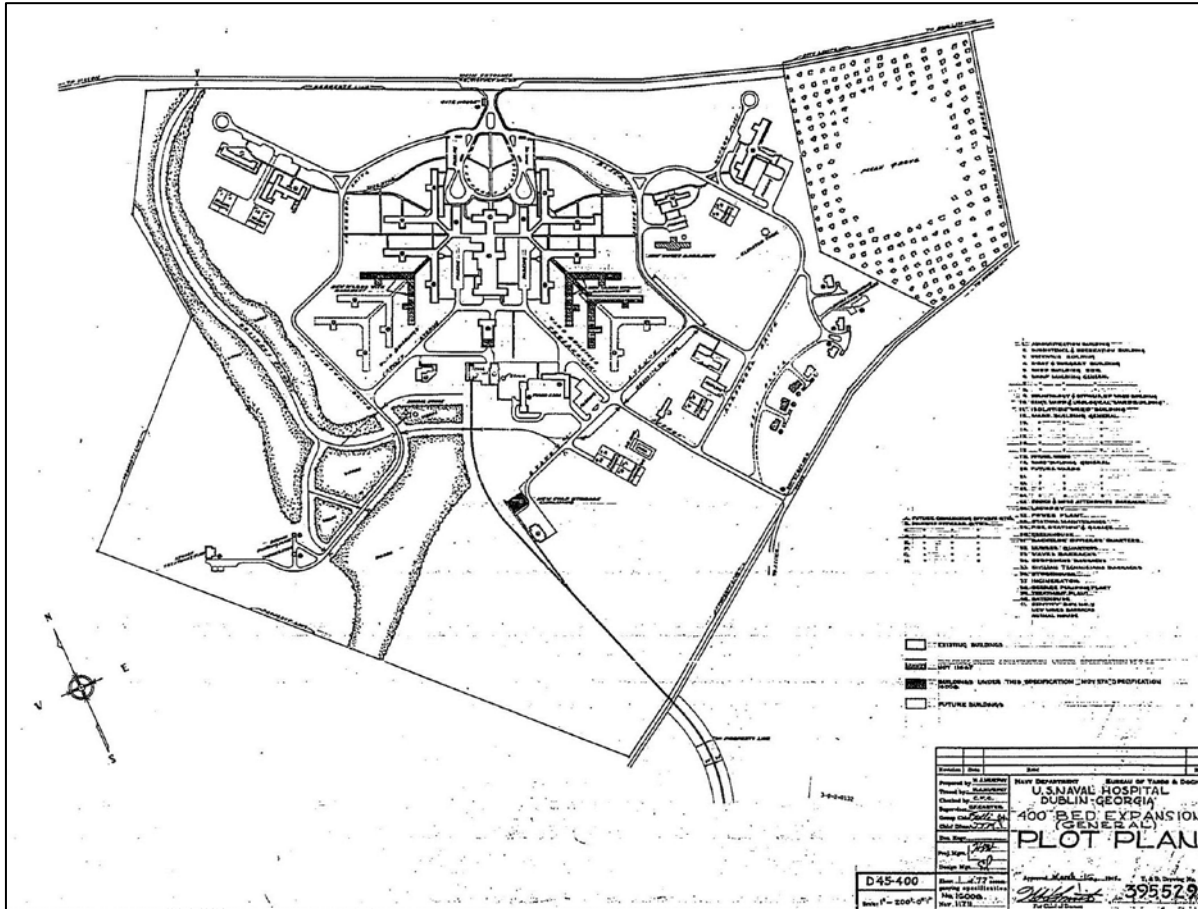


Figure 6. Site map, 1945 (VA).

This site map illustrates an addition to the hospital that would provide another 400 beds in the three chevrons shown in bold (each with two patient wards – Building Nos. 13, 15, 17 and 19 (right, east or starboard) and 14, 16 (west, left or port side). Three additional chevron wings are sketched on the plan; while never built, the phased expansion speaks to the planning for wartime need and future use by the Veterans Administration.

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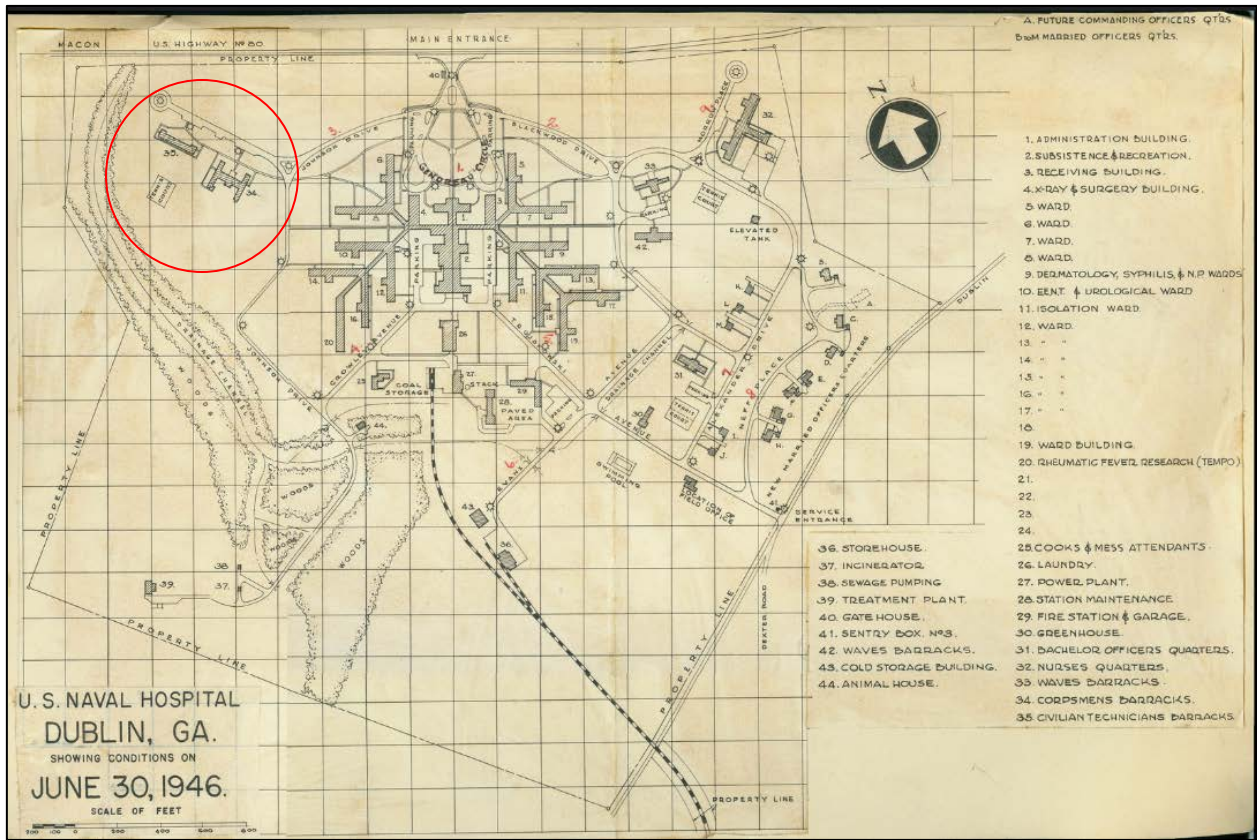


Figure 7. Site plan, 1946 (VA). Note the location of Building Nos. 34 and 35, highlighted in red.

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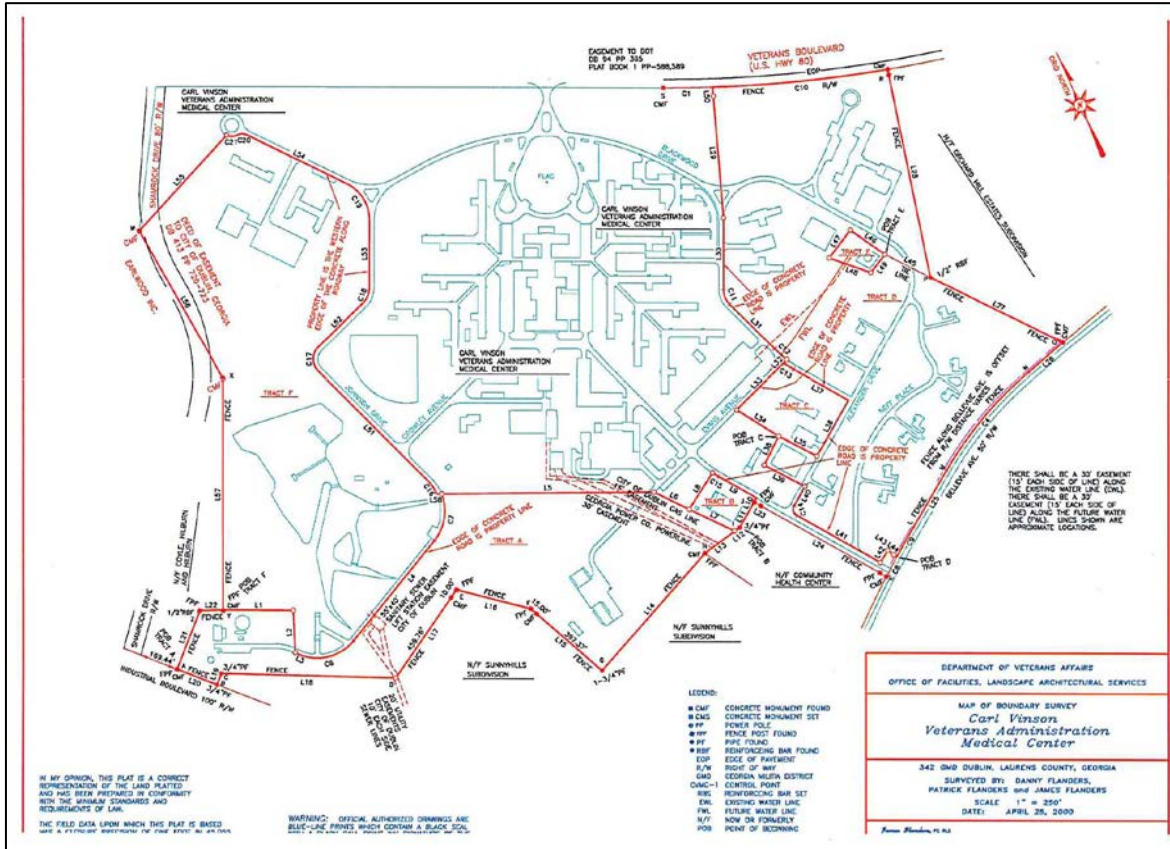


Figure 8. Plat map created to accompany the deed transfer of title from the federal government to the State of Georgia, April 2000 (VA).

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Figure 9. Aerial view of the Dublin VA Hospital, with the location of Building Nos. 33 and 42 highlighted, 2018 (Google Maps). Note the presence of Building No. 87 east of the entrance.

Since acquiring the Dublin Veterans Administration Hospital in the 1948, the VA has overseen the property, and in 2001 the federal government divested portions of the naval hospital campus, reducing the veterans' hospital campus to about 77 acres (Figure 8).<sup>4</sup> In 2014, a portion of a 59-acre tract that had been transferred to the State of Georgia, more particularly the Community Service Board of Middle Georgia, reverted to the VA. It included almost 17 acres to the west, with the improvements thereon, most notably two historic resources referred to by the VA as Building Nos. 34 and 35.<sup>5</sup> The U.S. Department of

<sup>4</sup> Map of Boundary Survey, April 25, 2000, copy on file, VA; Veterans Benefits and Health Care Improvement Act of 2000, Pub. L 106-419, Section 244, 114 Stat. 1849, November 1, 2000; Georgia, Laurens County, Deed Book 1193, 239-45, for the QuitClaim Deed recorded June 4, 2001, between the United States of America and the State of Georgia Board of Regents. This deed references the 39 acres transferred in two tracts B (.93 acres) and D (38.07 acres); see also, Georgia, Laurens County, Plat Book 8, 164-65. The other tracts (A: 20.47 acres, C: 2.37 acres, F: 36.63 acres) represent the 58 acres, more or less, referenced in Pub.L 106-419, Sec. 244. See Georgia, Laurens County, Deed Book 1193, 246-52, QuitClaim Deed recorded June 4, 2011, between the United States of America and the Community Service Board of Middle Georgia; and Georgia, Laurens County, Plat Book 8, 164-65.

<sup>5</sup> Georgia, Laurens County, Deed Book 2564, 297-99, Warranty Deed recorded September 26, 2014, between the

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Veterans Affairs recently reacquired almost 8 acres from an approximately 38-acre tract, also transferred to the State of Georgia in 2001, on the east side of the campus.<sup>6</sup> Two buildings on that 8-acre tract were demolished in early 2018 (Figure 9).<sup>7</sup> With these reacquisitions, the campus of the Dublin VA Hospital consists of 101.28 acres (Figure 10).<sup>8</sup> This nomination proposes the listing of the VA's approximately 101-acre hospital campus, a district with ten contributing resources and eleven noncontributing resources representing the core of the naval hospital transferred to the Veterans Administration in 1948 (Figure 11).



Figure 10. Site map, with the 16.94-acre portion of Tract F (and Building Nos. 34 and 35, highlighted in orange) included in the boundary, marked in red, 2014 (VA). Note the 8 acres from Tract D, on the east side, however, are not.

Community Service Board of Middle Georgia and the United States of America, pursuant to the reversionary clause, transferring a portion of Tract F (16.948 acres). The U.S. government held 93.94 acres after the reversion.

<sup>6</sup> Georgia, Laurens County, Deed Book 2741, 5-9, in fee simple recorded November 21, 2016, between the Board of Regents of the University System of Georgia and the United States of America, regarding the real property consisting of 7.344 acres more or less, in Tract D.

<sup>7</sup> The two buildings are Building No. 33 and Building No. 42. Moreover, a comparison of the 1946 naval property map (see Figure 7) with the 2000 VA boundary map (see Figure 8) reveals that buildings constructed during naval period of ownership are located on the parcels transferred to the state Georgia, including those in Tract A to the south (Building Nos. 36, 39, and 43), in Tract C south of Evans Avenue (Building No. 31), in Tract D to the east (Building Nos. 32, A-M), and in Tract F to the west (Building Nos. 37-38). These were on the periphery of the medical campus.

<sup>8</sup> See Section 10, below.



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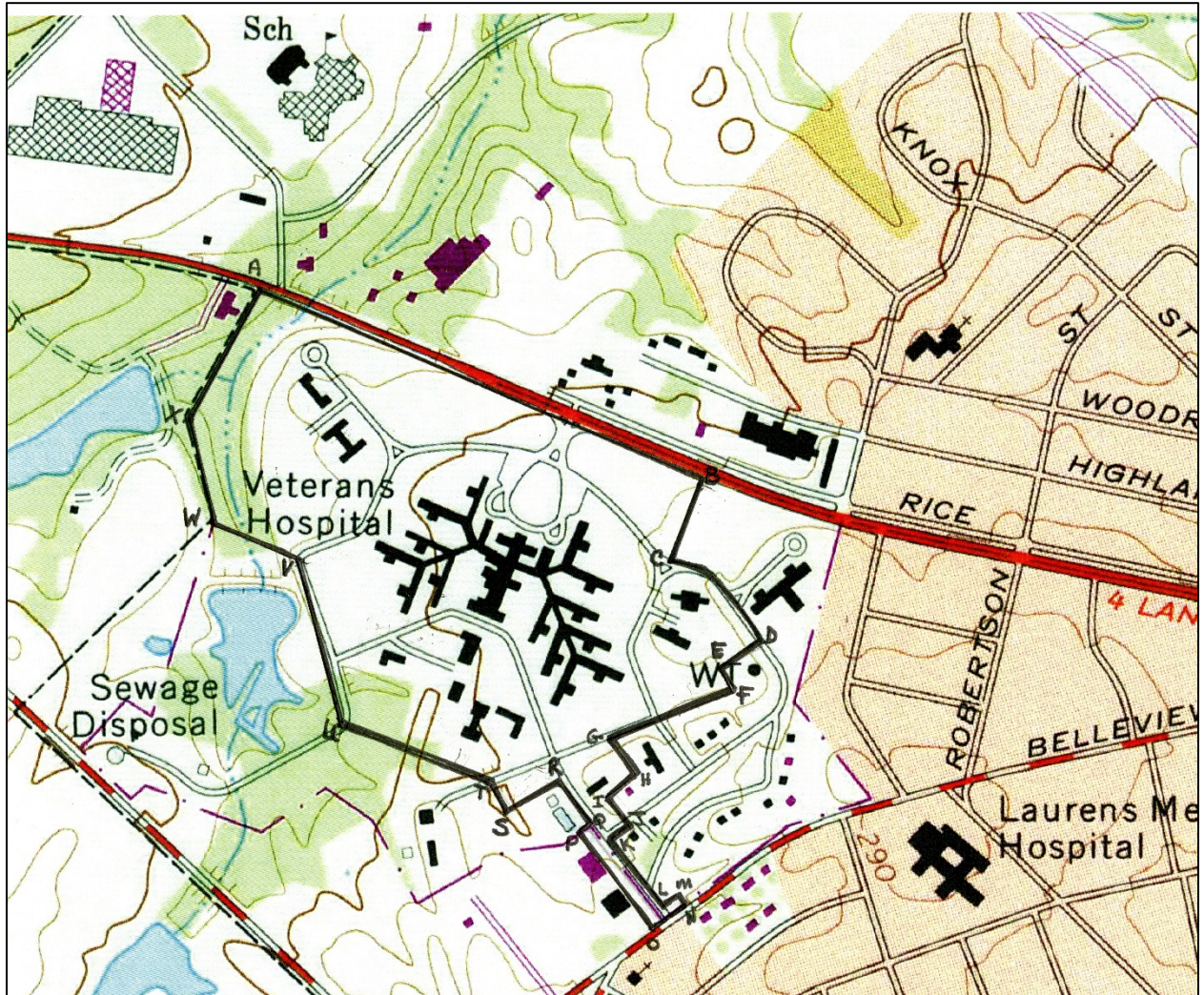


Figure 11. Site map with boundary marked with a black line and referenced to latitude/longitude coordinates A-X. See Section 10, below.

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The proposed boundary for the nomination excludes the mid 1980s water tower and associated utilities building (Figure 12). The multi-column, elevated water tower is made of metal and painted a light blue with “VA” across the top. The one-story, metal clad utilities building dates to 2002. Although historically a water tank has been in this location, it is separated from the core of the hospital campus by property currently owned by the State of Georgia.<sup>9</sup>



Figure 12. General view looking to the water tower.

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<sup>9</sup> The water tower parcel was platted in April 2000, marked as Tract F. See Figures 2 and 8 above, and note 4.

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Figure 13. General view looking south from the main entrance to the campus to the main hospital (Building No. 1), ca. 1950 (VA).

The buildings of the Dublin VA Hospital share a style of construction and ornament that unifies the campus and accommodates differences in scale and function. Massing varies from the multi-story patient wards to the small linen service office (Building No. 41), and yet all the original buildings feature an exterior treatment of red brick laid in common bond with brick jack arches above the windows. The main entrance of the hospital leads to the administration building which displays high Colonial Revival styling, and this building serves as the nucleus of the campus plan as well as its primary organizing component (Figure 13 and Photos 1, 13). Patient treatment spaces and wards extend outward from the main building in a chevron pattern and are connected through covered corridors. These corridors are a distinctive feature of the post-World War I veterans' hospitals and of those built by the military at the time the naval hospital in Dublin was built. The spatial arrangement of the campus follows the pavilion model, which had the main building as a focal point in the site plan and placed the support buildings, such as the boiler plant, to the rear of the campus. At Dublin, these engineering and service buildings are clustered behind the chevron patient wards, to the south generally and above the internal drive known as Thomas Lane (see Figure 18).<sup>10</sup> Located near the front of the campus, and often in an area set apart from the treatment buildings, were the accommodations for staff. At Dublin, personnel quarters were constructed at the

<sup>10</sup> Thomas Lane connects Crowley Road on the west to Russell Drive on the east. The support buildings of the medical campus are framed by Crowley to the west and north, Russell to the east, and Thomas Lane to the south. The resources identified by the VA as the laundry (No. 26), the boiler plant (No. 27), maintenance area (Nos. 28, 29, 66, 81), quarters (No. 25), and former animal house (No. 44) are within this area.

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eastern edge of the campus in cul-de-sacs off of Neff Place between Alexander Lane on the west and Bellevue Road on the east (see Figures 6-7).<sup>11</sup> Overall, large alterations to the campus building stock have been limited and the campus plan remains intact (see Figures 4 and 18). However, recreational facilities, such as the tennis courts and swimming pool shown on early maps, are gone and open spaces of the campus are devoted to surface parking more so than ballfields or landscaped grounds.<sup>12</sup> Landscaping, in fact, was kept to a minimum during this period of hospital design to distance the new campuses from the older properties in the federal government's healthcare network (see Photo 2).<sup>13</sup>

The legibility of the initial site plan and circulation patterns within the campus is enhanced by the number of extant historic resources on the property. The preservation of spatial relationships and the architectural cohesion of the building forms and ornamentation lend the Dublin VA Hospital a high degree of integrity in design, setting, materials, workmanship, feeling, and association. Moreover, the medical campus remains in its original location and continues in service as a federally-administered healthcare center for military personnel, shifting from the U.S. Navy to veterans of all branches of the armed forces (see Figure 44).<sup>14</sup> The property, therefore, maintains integrity of location as well. The Dublin VA Hospital, known today as the Carl Vinson VA Medical Center, clearly communicates a sense of time and place through the use of Colonial Revival architectural forms tied to national identity and civic buildings and, at the same time, commonly adapted in the region for domestic and commercial architecture.<sup>15</sup> The monumental main building with the patient care buildings stretching behind the porticoed facade visually ties the Dublin VA Hospital to a military and Veterans Administration tradition of site design and campus planning that informed construction through World War II, although few of the military hospitals from the period are extant.<sup>16</sup> The chevron pattern further distinguishes this property from others considered under the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*.

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<sup>11</sup> These were part of Tract D. The buildings are no longer extant. See Figure 9. Initially Alexander Lane was called Alexander Drive, see note 18 below.

<sup>12</sup> In a summary of the Dublin VA Hospital's history that was prepared in 1978 to mark the hospital's thirtieth anniversary as part of the Veterans Administration healthcare network, it was noted in 1949 that there were basketball courts, six tennis courts, a swimming pool, a small golf course, and bowling alleys for the patients to use as they recovered. By 1978 only the tennis courts and swimming pool remained in use. The swimming pool was across the road from Building No. 30, and the tennis courts behind Building Nos. 34 and 35 to the west, adjacent to Building Nos. 33 and 42 to the east, and by Building Nos. 30 and 31 to the south. See Figure 45.

<sup>13</sup> In 1971 the VA added "Lake Leisure" to the property, creating a recreational feature at the western edge of the campus. It covers six acres and, at its opening, was "stocked with bream, catfish, and bass." History, 1978, VA files.

<sup>14</sup> In August 1949 there were 265 patients occupying six of the twenty-eight open wards; today 38,000 veterans receive medical services at the hospital, including acute care and outpatient visits, and the facility staff numbers around 1300. In 1949, there were fourteen doctors and thirty-five nurses on staff. The average patient stay was twenty-three days. History, 1978, VA files.

<sup>15</sup> This was remarked upon in 1950. See "Vet Hospital Marks Birthday at Dublin," *Atlanta Constitution*, January 24, 1950, 17.

<sup>16</sup> Adam Smith and Sunny Stone, *Department of Defense, Legacy Resource Management Program: Military Hospitals Historic Context*, U.S. Army Corps of Engineers, Engineer Research and Development Center, 2008, 4-5, 222, 279-80.

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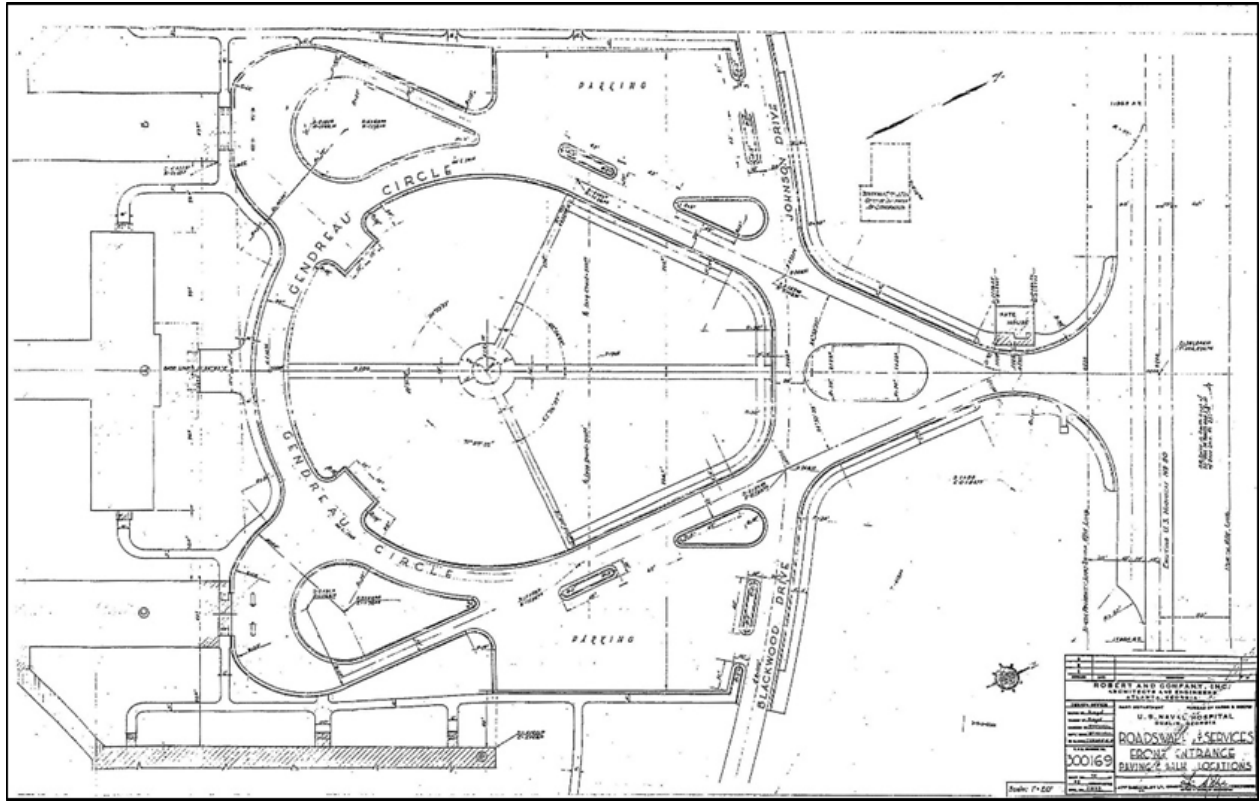


Figure 14. Entrance plan showing roads, walks, and services (VA).

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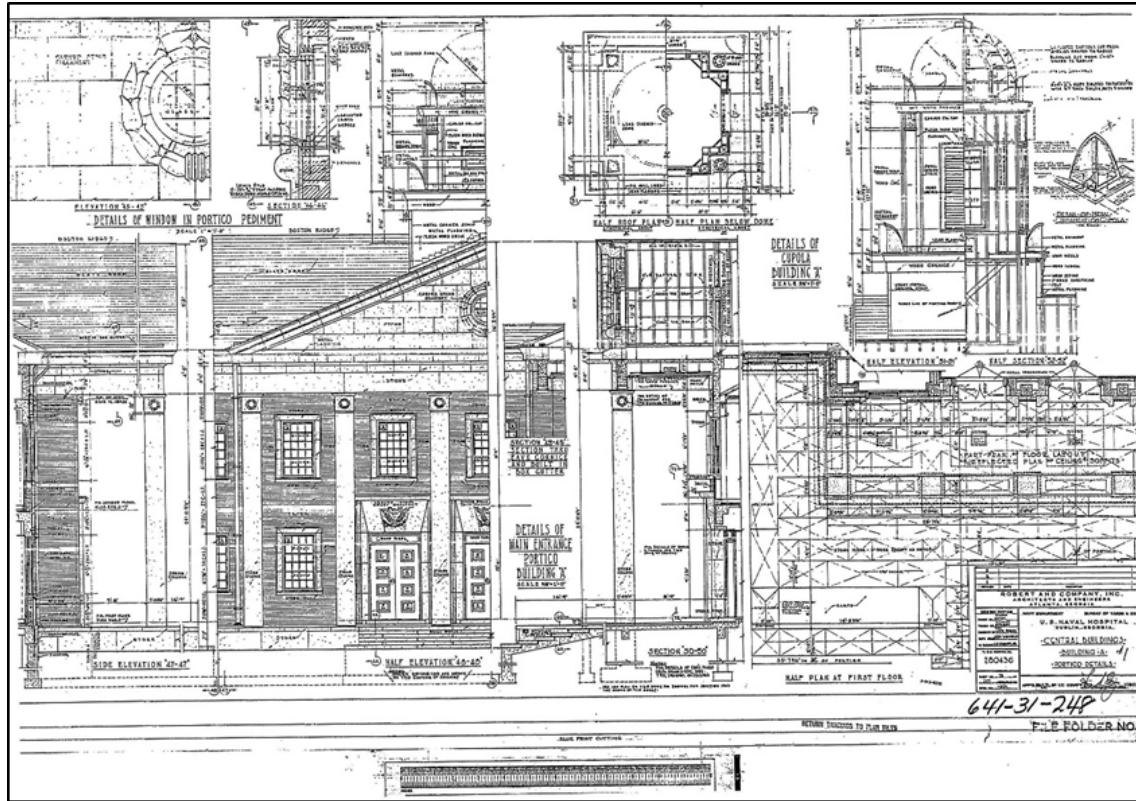


Figure 15. Architectural drawing of the main building showing its Colonial Revival details including portico and cupola (VA).

### Narrative Description

The Dublin Naval Hospital campus consisted of a central block of administration and medical units, surrounded by open patient wards that projected from the hospital center in chevron patterns. The interior of the wards has been changed, but otherwise the original plan remains intact. Corridors connect all wards and units, creating a monolith in the center of campus (Figures 6-7 and 16-17). Support structures and personnel quarters are detached but are similar to the main hospital in building materials. The buildings are clad in red brick with Colonial Revival detailing popular to many buildings in Georgia (Figure 15).

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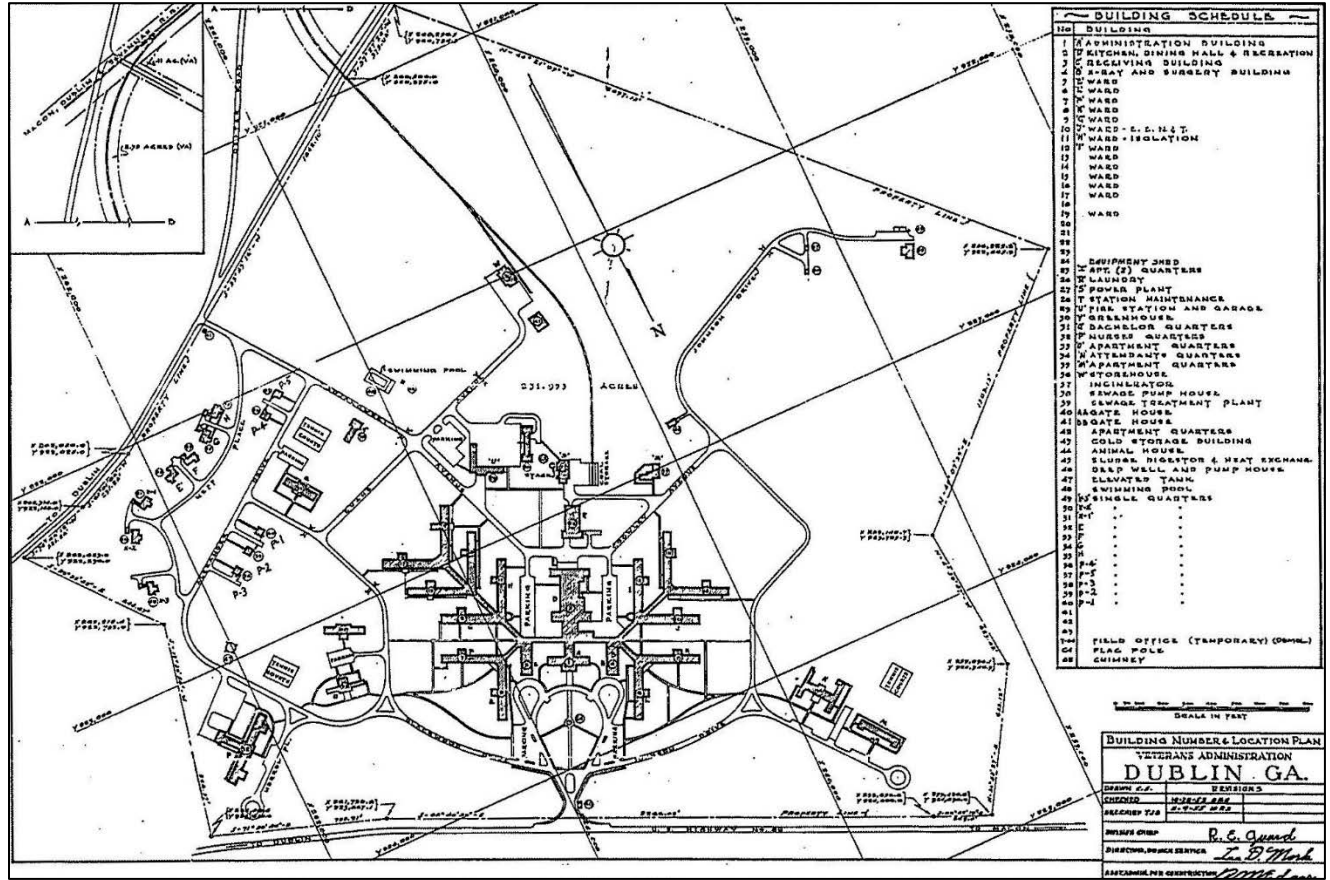


Figure 16. 1953 site plan (VA).

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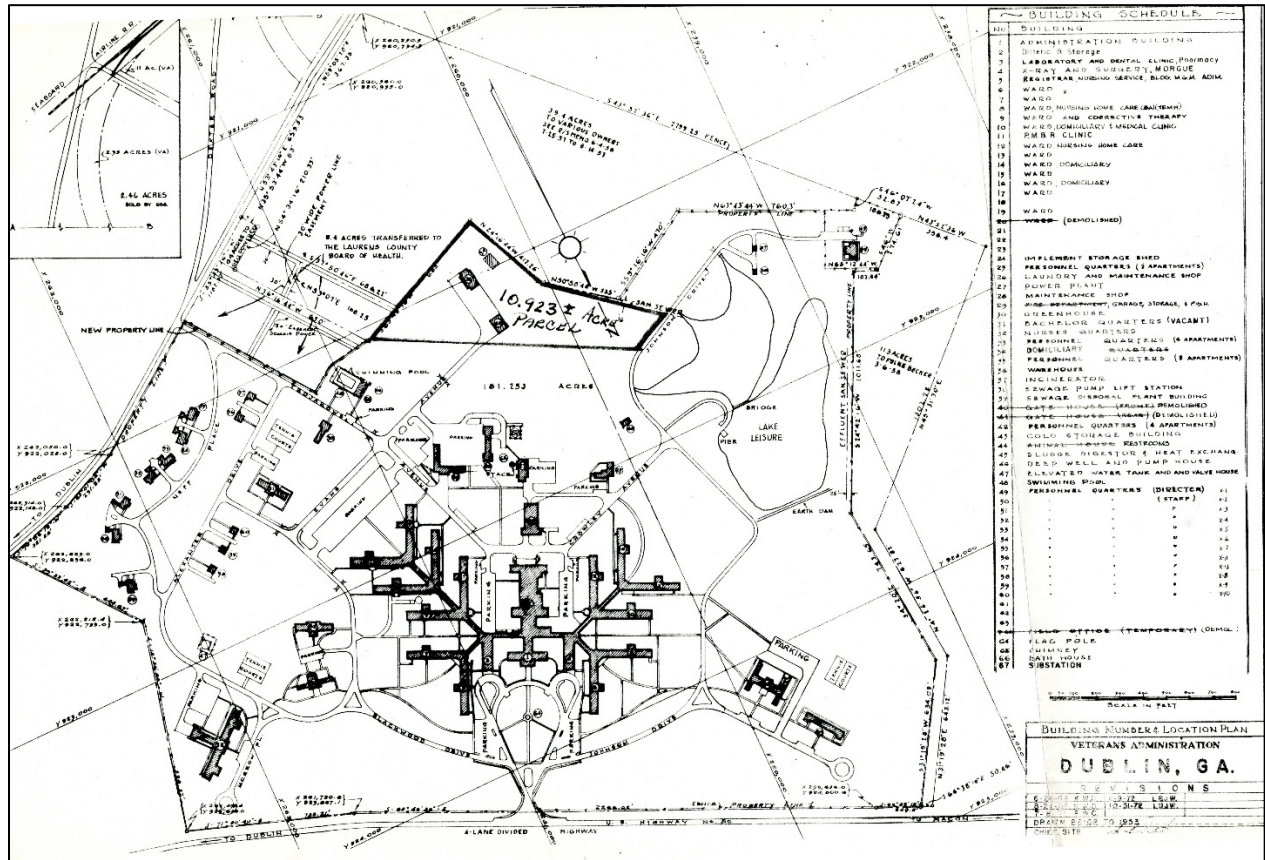


Figure 17. Site map, 1953, revised 1972 (VA).

The “Building Schedule” to the right of the map notes the demolition of the gatehouses (Nos. 40-41) near the entrances, shown in earlier site plans, as well as the demolition of the temporary building (No. 20). This was a wing, more so than a separate building, connected by covered corridor to the main hospital. It projected southward from the patient wards identified as Building Nos. 14 and 16. It is shown in Figure 7 and noted for its association with rheumatic fever research.<sup>17</sup> Also by the early 1970s the animal house (No. 44) had been converted to restrooms.

<sup>17</sup> The site plan of 1946 is comparable to that mapped by the Veterans Administration in 1948, including the note about the temporary building for rheumatic fever research (No. 20); unfortunately, the available file copy of the 1948 map is too difficult to read for inclusion here.



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The hospital buildings of the medical center are clustered in the center of a large, open campus (see Figures 16-17). The main entrance is located on Veterans Boulevard (U.S. Highway 80) and a long primary entrance drive leads to a teardrop-shaped memorial greenspace in front of Building No. 1. This greenspace historically has contained the campus flagpole and limited landscaping (Figure 14 and Photo 2). Internal roadways of the Dublin hospital campus were named for nine members of the Medical Department killed on active duty since the bombing of Pearl Harbor; these are Gendreau Circle, Blackwood Drive, Johnson Drive, Alexander Drive, Crowley Avenue, Evans Avenue, Neff Place, Trojakowski Avenue, and Morrow Place.<sup>18</sup>

Administrators at the Dublin Naval Hospital arranged the hospital room designations to help recovering sailors feel at ease. Buildings along the left (port) side of the main hospital block were given even numbers in keeping with the naval ship tradition. Buildings to the right (starboard) side similarly were assigned odd numbers. This tradition carried over to the VA hospital era, continued as a tribute to the campus's naval roots. In addition, floors are numbered from the primary entrance up, and then from the first basement down, as decks are identified on ships. At Dublin, the first floor is designated "A," the second-story "B," and the basement "C."

The Naval Bureau of Yards and Docks was charged with construction of the Dublin Naval Hospital. The Bureau typically hired local firms to ensure regional expertise and efficient management. Noted Georgia architecture firm, Robert and Company, designed the buildings. Beers Construction, a company now subsumed into Skanska USA, erected the eight initial ward buildings,<sup>19</sup> and then constructed the main hospital and administration units.<sup>20</sup>

### Robert & Company

Robert and Company, Associated Architects and Engineers (Robert & Co.) of Atlanta, Georgia, prepared plans and specifications for the Dublin Naval Hospital.<sup>21</sup> Lawrence Wood "Chip" Robert, Jr., engineer, started the firm in 1917. He later was joined by noted architects and engineers, including Cherry Emerson, Alexander Almond, and Alan Stanford. Robert worked tirelessly throughout the 1920s to bring industrial development to Georgia, specifically textile and tire manufacturing. Emerson became president of the company in 1933, after President Franklin D. Roosevelt appointed Robert Assistant Secretary of the Treasury, responsible for Public Works. As company president, Emerson secured over \$350 million in military construction contracts between 1938 and 1945.<sup>22</sup>

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<sup>18</sup> "Name Nine Streets in Honor of Americans Killed in Action," *Wilkes-Barre (Pennsylvania) Times Leader Evening News*, September 6, 1943, 2.

<sup>19</sup> These are referenced today as Building Nos. 5-12.

<sup>20</sup> Advertisements for painters and finish carpenters appeared in regional newspapers attesting to the work in progress and, perhaps, subcontractors. See "Painters Wanted," *Atlanta Constitution* November 27, 1944, 16; and "Finish Carpenters Wanted," *Atlanta Constitution*, August 21, 1945, 16.

<sup>21</sup> "Works on \$5,000,000 Dublin Hospital Starts," *The Atlanta Journal*, October 31, 1943, 17.

<sup>22</sup> David W. Moore, Jr., Justin B. Edgington, and Emily T. Payne, *A Guide to Architecture and Engineering Firms of the Cold War Era* (Project 09-434 of the Department of Defense Legacy Resource Management Program, 2010) 335-36, accessed June 20, 2013, [http://www.denix.osd.mil/cr/upload/FINAL\\_Report\\_A-Guide-to-Architecture-Engineering-Firms\\_Cold-War-Era\\_09-434.pdf](http://www.denix.osd.mil/cr/upload/FINAL_Report_A-Guide-to-Architecture-Engineering-Firms_Cold-War-Era_09-434.pdf).

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During World War II, Robert & Co. worked for both the U.S. Army Corps of Engineers and the Navy Bureau of Yards and Docks to design military bases and wartime manufacturing companies. In 1940, Bell Aircraft Company and the U.S. Army broke ground on the Robert & Co. designed facility for construction of B-29 bombers in Marietta, Georgia. Robert & Co. went on to design Naval Air Stations at Corpus Christi, Texas; Kingsville, Texas; and Chase Field in Beeville, Texas.<sup>23</sup>

After the war, Robert & Co. continued to design for the armed forces and for the private sector. In the 1950s, Robert & Co. designed the Naval Air Station at Atlanta, Georgia. Their long history of aviation building design helped to win the company the contract for design in the Atlanta Airport (1961). The firm has designed several buildings on the campuses of Georgia Institute of Technology and Emory University.<sup>24</sup> Robert & Co. remains a fixture in the Atlanta architecture and engineering industry today.

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<sup>23</sup> Moore et al., 335.

<sup>24</sup> Moore et al., 335.

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Figure 18. Site map drawn to illustrate parking lot locations but illustrative of the resources within the historic district in 2018, shown in yellow (VA).

Note: Locations of the contributing and noncontributing resources are keyed to this map in the descriptions below.

### **Contributing Resources (10)**

**Buildings (9):** Administration/Main Hospital Building (Building Nos. 1-19, 40-41, 62), Quarters (Building No. 25), Laundry (Building No. 26), Boiler Plant (Building No. 27), Maintenance (Building No. 28), Fire Station/Garage (Building No. 29), Greenhouse (Building No. 30), Barracks (Building No. 34), Quarters (Building No. 35).

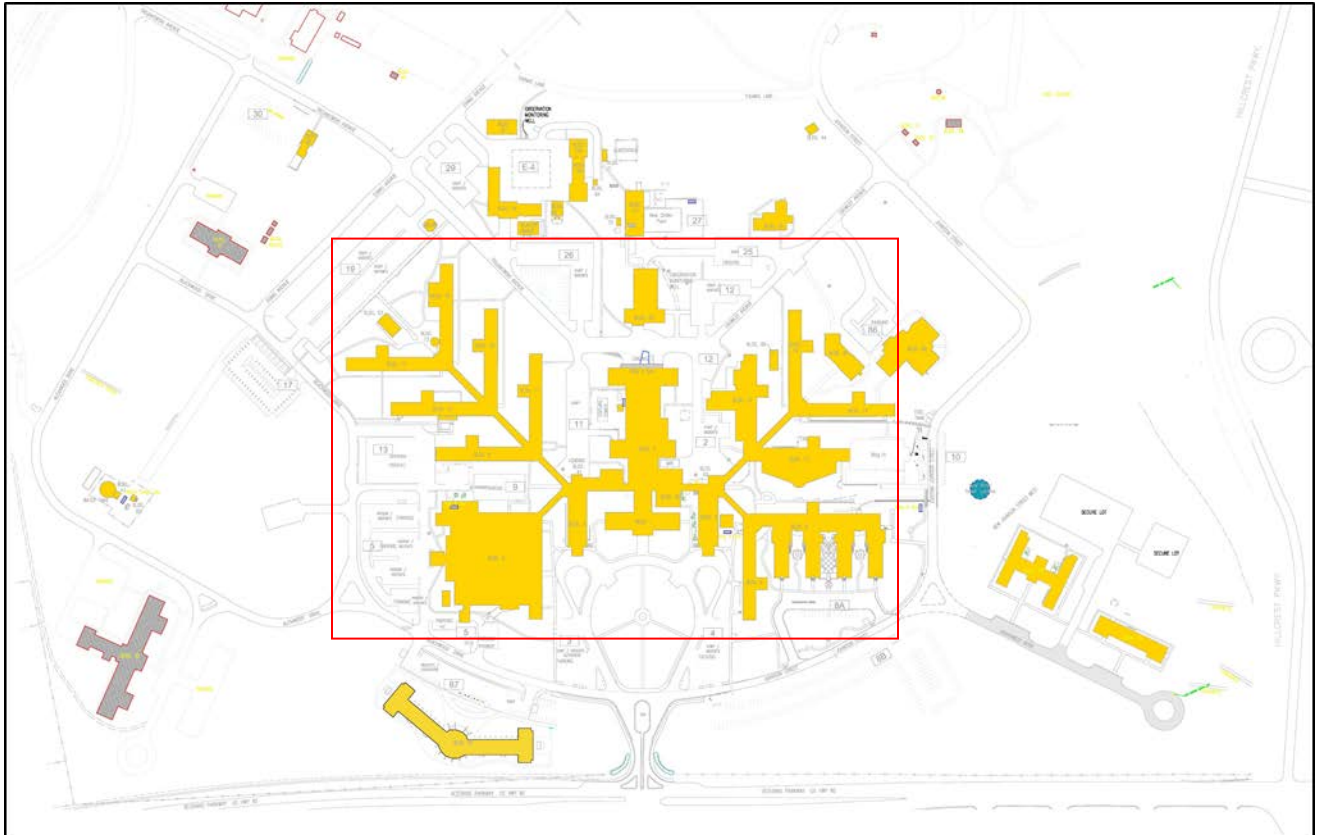
**Object (1):** United States Flagpole.

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**Buildings**

Administration/Main Hospital Building  
(Building Nos. 1-19, 40-41, 62)



Note: Highlighted area of Figure 18 to show the main hospital building.

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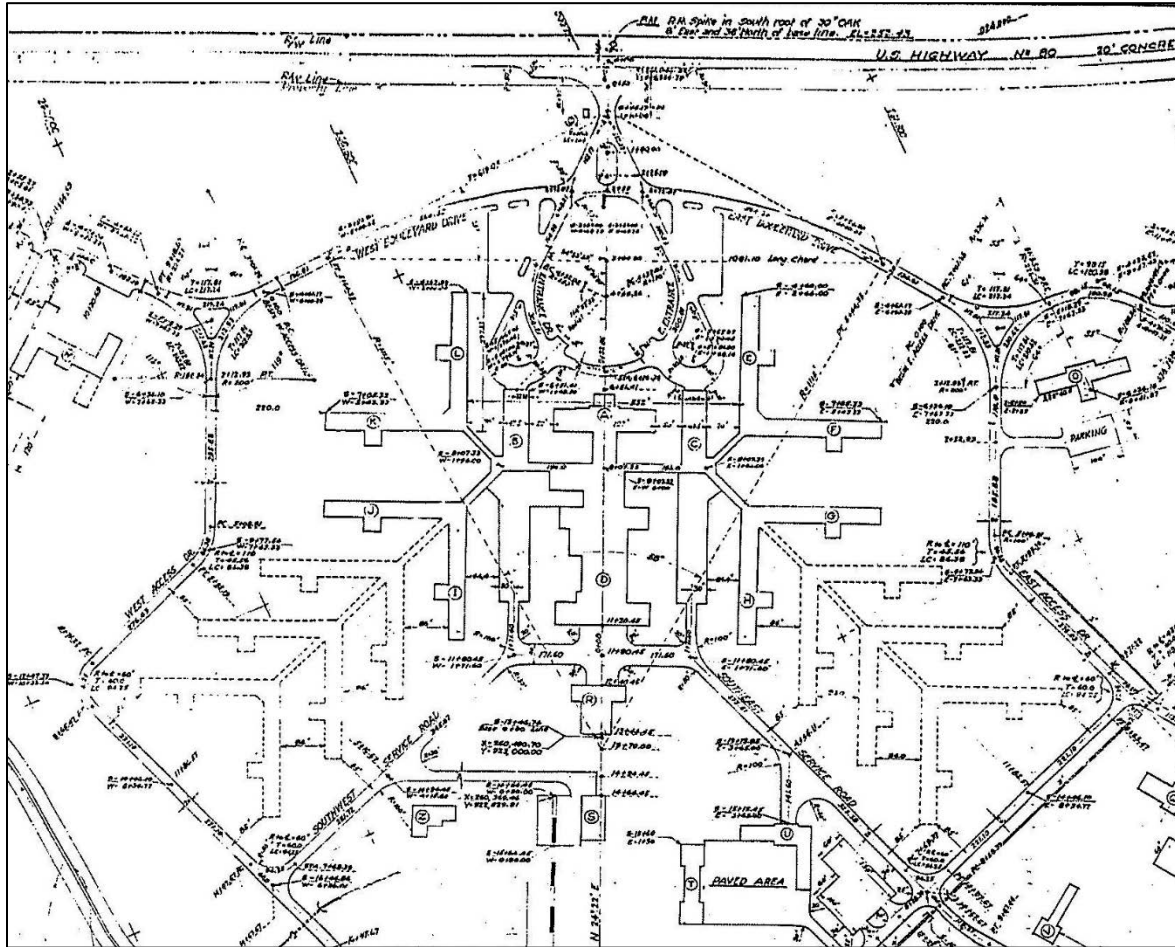


Figure 19. Detail of the site plan of the hospital in 1943 that shows its footprint and planned extensions. Here the components are identified by letter rather than by number, and “E” through “L” are the first eight patient wards completed (VA).

The Dublin Naval Hospital was constructed between 1943 and 1945 (Figure 19). The nexus of the expansive hospital consists of a multi-story, gable roofed building that is fifteen bays wide and is crowned by a cupula. The exterior is clad in red brick laid in common bond. The front façade consists of a portico with six piers or square columns, a form reminiscent of the hexastyle temples seen in classical building traditions that are the source for colonial and early federal period temple-front churches, meeting houses, courthouses and other building types that informed Colonial Revival architectural styling (see Photo 13). A series of connecting corridors of substantial size and similar architectural form extend the footprint of this main building (“A”) or portal to the Dublin medical center (Figure 20). The connecting corridors draw on the planning principles of military cantonment design and precedents found in the Veterans Administration’s post-World War I medical campuses; covered passages linked patient buildings and eased movement between wards and treatment spaces.<sup>25</sup> These served the same purpose but are integral to

<sup>25</sup> Adam Smith and Sunny Stone, *Department of Defense, Legacy Resource Management Program: Military*

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the construction of the naval hospital in Dublin and its distinctive chevron pattern of patient wards (Building Nos. 5-19 historically). For these reasons the corridors are considered part of the main hospital for this nomination. The corridors are clad in a red brick and initially had windows glazed with nine-over-nine lights. The windows have been replaced, and the interior finishes stripped as healthcare standards changed.

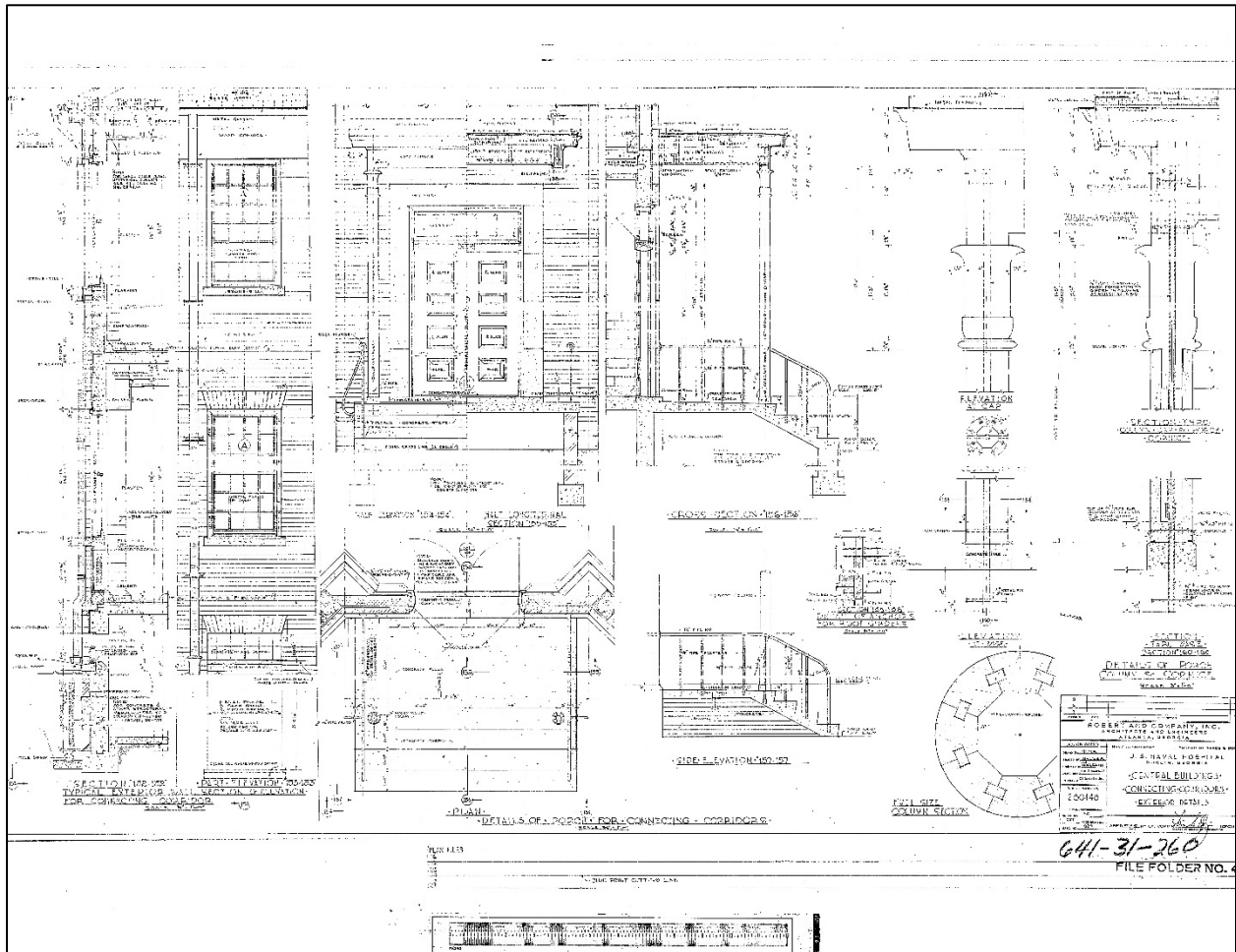


Figure 20. Exterior details of the connecting corridors, Robert and Company (VA).

*Hospitals Historic Context*, U.S. Army Corps of Engineers, Engineer Research and Development Center, June 2008; Trent Spurlock, Craig A. Potts, and Karen Hudson, *United States Second Generation Veterans Hospitals*, National Register of Historic Places Multiple Property Documentation Form 2012; and Lindsay Hannah, *United States Third Generation Veterans Hospitals, 1946-1958*, National Register of Historic Places Multiple Property Documentation Form 2018, Section F.

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Similar to the corridors, the extensions of the porticoed façade (Building Nos. 3 and 4) that run north-to-south to either side of Building No. 1 and that to the rear (Building No. 2) date to the initial construction phase. These, too, are considered part of the main hospital for the purposes of the nomination even though the Veterans Administration refers to the wings by individual building numbers, as seen in this detail of the site map (Figure 18):



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The administrative entrée to the hospital is known as Building No. 1 and this porticoed hallmark of the hospital was built in 1944. It faces Veterans Boulevard and is placed on axis with the campus entrance and flagpole area (see Figure 14). The fifteen-bay, two and one-half story main block is extended by one-story, flat roofed wings to each side and covered corridors to the rear (see Photo 13). Windows are glazed with nine-over-nine lights; however, the original wood sash has been replaced with metal. The fenestration is regularly spaced, and the windows of the portico have stone sills and brick jack arches. Windows outside of the portico have flat stone surrounds. A stone cornice runs the length of the portico.

Behind the two-story portico are the three entrance doors into the hospital (see Photo 13). These were made of wood originally and the wood has since been replaced with glass. The surrounds are stone. The stone surrounds match that used in the portico and gable. The square columns are capped by capitals with a wreath to each side, and this wreath motif is mimicked in the surround of the gable window. The gable was constructed of carved stone; it sharply contrasts with the brickwork in both color and texture. A cupola extends an additional story from the center of the side-gable roof. The original was clad in wood with a lead dome. The cupola formerly served as a guard post with window, but the naval watch details have been discontinued since the facility became the Dublin Veterans Administration Hospital. The original cupola was removed and replaced with a structure made of aluminum over ten years ago. The VA retained most of the original ornamentation.

Inside are the main lobby, conference room, and offices for staff (Figure 21). The primary campus lobby is just inside the portico of Building No. 1, and it is finished in terrazzo tile and white marble walls. A door at the rear of the lobby leads to the main corridor. Visitors to the VA Medical Center Director's Office suite enter through a door in the southeast wall of the lobby. The opposite door leads to additional offices. Nearly all interior features in the offices have been altered, including flooring, ceiling materials, and wall finishes. The main corridor still retains sections of terrazzo; however, most has been covered over or changed to tile.



Figure 21. Views of the main lobby, 2018 (VA).

The large conference room on Floor 1B (the second story above grade) of Building No. 1 retains the greatest quantity of original interior finishes in the building, such as its coved ceiling and wood panels.



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The honey-colored wood panels are original, and the square paneling for the doors were once ubiquitous features throughout the campus. Televisions, telephones, projector screens, and other modern devices have been added, to make it a functioning modern conference room (Figure 22).



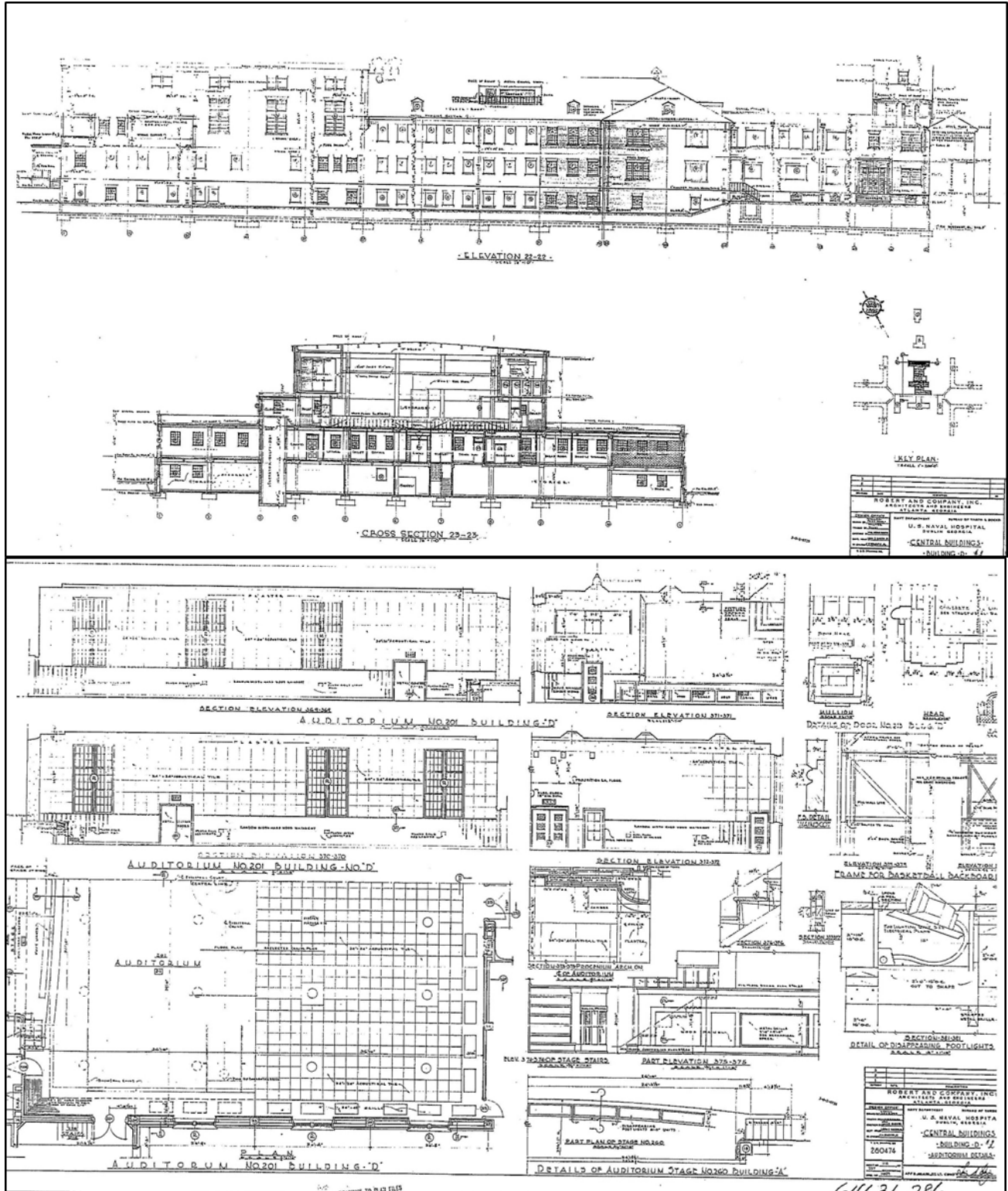
Figure 22. View of the conference room, 2018 (VA).

To the rear of the porticoed entrance to the hospital is Building No. 2, initially labelled “D” in the plans. Like the face of the hospital, Building No. 2 is clad in red brick laid in common bond and its fenestration is defined by regularly spaced sash glazed with nine-over-nine lights. The original wood sash has been replaced with metal; similarly, the exterior doors are replacement metal or glass. Building No. 2 is two stories above grade, and one below. In plan, it is irregularly shaped and is completely obscured from the campus entrance (see Photo 6). It is part of the original campus constructed by the U.S. Navy.

Building No. 2 contains the primary support facilities for the Dublin Veterans Administration Hospital, including the kitchen, cafeteria, records offices, and mail room. It also contains the auditorium with its full-theater stage (Figure 23). A small projector room is located opposite the stage, and the medical center has the original film equipment, even though the theater is now digital. The auditorium also includes small dressing rooms, formerly used by traveling actors and actresses visiting the campus. The stage and dressing rooms retain many of the original finishes.

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Figure 23. (top) Drawings of “Building D” (Building No. 2) showing elevation and section details, interior of the lobby area and auditorium, as well as an interior view of the theater (VA).

Like the auditorium, the campus chapel also is located on the second floor (Floor 2B). It is non-denominational, but does have a colored glass dove of peace behind the pulpit. A moveable altar can be relocated and used as a table. The ceiling has been dropped, and the floors covered in plush carpeting.

To the east and west of the porticoed entrée are medical services spaces; these wings are known today as Building No. 3 (“C” to the east or starboard side) and Building No. 4 (“B” to the west or port side). They were built in 1944. These spaces are connected by corridors and, with those links, have a L-shaped footprint. Building Nos. 3 and 4 form arms of a courtyard area around the flagpole and axial entrance drive, as shown on the site map detail above (see also Photos 14-15). Tear-drop loops from the flag circle provide access to the entrances in the north end elevations of Building Nos. 3 and 4. The use of red brick laid in common bond, gable roofs, and regularly spaced fenestration characterize these areas of the hospital as well. Small porticoes define the gable ends (see Photos 14-18, 24-26). Dormer windows punctuate the roof slope of Building Nos. 3 and 4 that faces the flagpole area.

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Building No. 3 housed the laboratory and dental clinic, while Building No. 4 contained medical offices. X-ray and surgery units are now located in Building No. 4. Exterior doors and windows have been replaced throughout the buildings. As found in Building No. 2, both Building Nos. 3 and 4 are two stories above grade (Floors A and B) with one below grade (Floor C). The campus morgue is located on Floor 3C. To the rear of Building No. 3 is Building No. 41, a one-story, flat-roofed extension constructed in 1944. It housed the hospital's linen service and continues in that role today. Two additions to Building No. 4 provided space for information management and for an infectious waste room. The information management area (Building No. 40) is one-story in height and adjoins the corridor linking Building Nos. 1 and 4. It has brick faced exterior walls, is covered by a hipped roof, and is lit by evenly spaced windows. This area is not visible from the campus entrance (see Photo 27). Nor is Building No. 62, the Infectious Waste Room, located to the south or rear of Building No. 4. Building No. 62 has no windows. Both additions to Building No. 4 were completed in 1991.

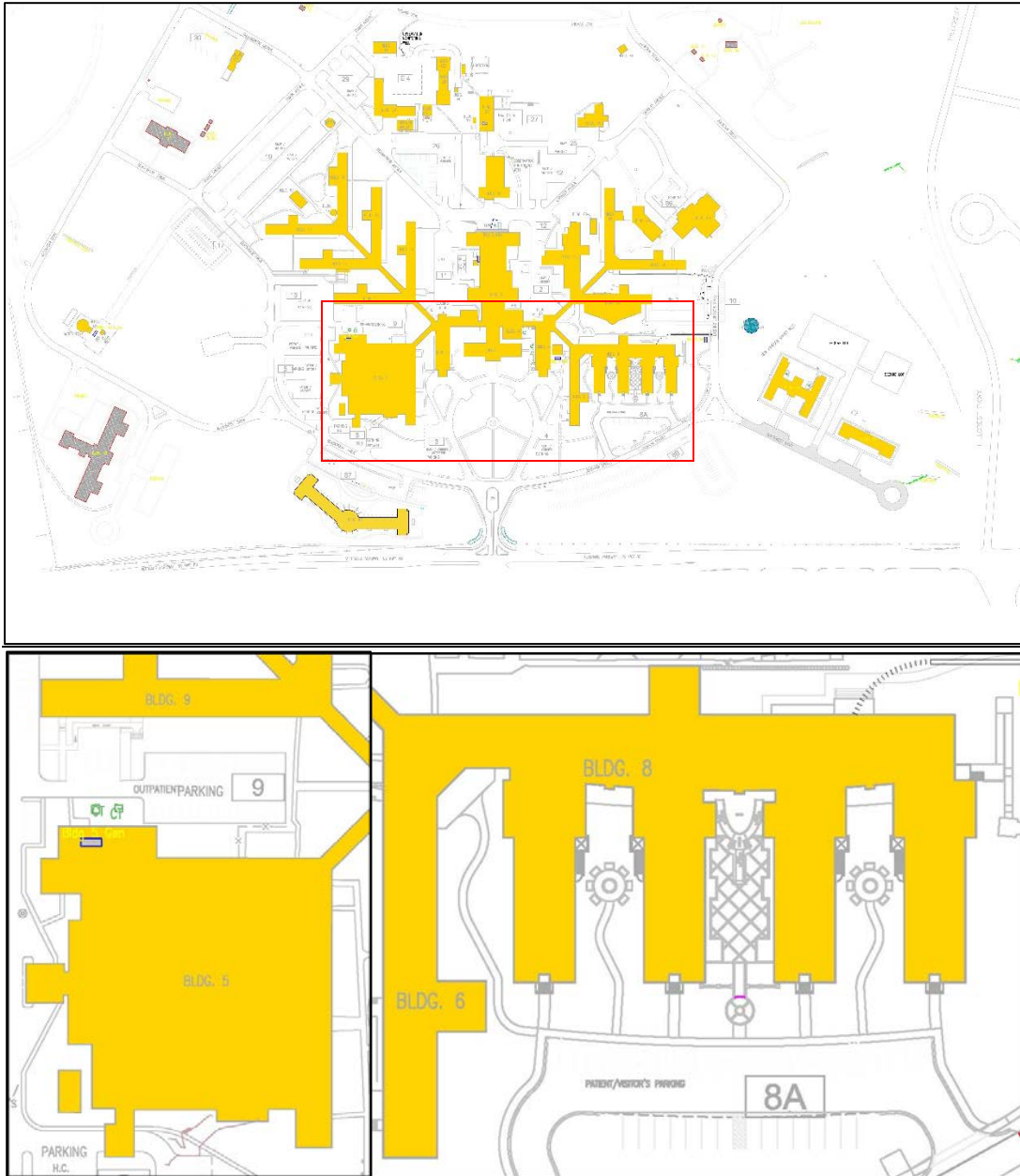
The chevrons that extend outward from the building core (Building Nos. 1-4) initially served as patient wards and were part of the original Dublin Naval Hospital. The paired wards, Building Nos. 5 and 7 on the east (starboard) and Building Nos. 6 and 8 on the west (port), project northward from the core while the other chevron extensions are oriented toward the rear (south) of the medical campus. The four chevrons connect to Building No. 1 by a corridor.

The northeast pair of patient wards (Building Nos. 5 and 7) were part of the original building campaign (see Photo 3). The open ward defined the patient spaces, and presently those open wards have been reconfigured for contemporary medical services and clinics. Additions to the paired wards subsumed the original ward known as Building No. 7 and, in 1992, expanded square footage for the outpatient facility exceeded 100,000 square feet. The addition has an irregular footprint and includes both one and two-story sections (see Photos 21-23). The cladding alternates ten rows of red brick with three rows of dark brown brick, all laid in stretcher bond. The windows are glazed with a single pane. A large ambulatory entrance projects toward Veterans Boulevard.

Balancing the starboard (east) side pair on the port (west) side of the campus is the chevron made of present-day Building Nos. 6 and 8. These patient wards were also completed by the U.S. Navy, and have the signature red brick exteriors and evenly spaced fenestration that characterizes all naval period buildings. Today the interior space is given over to nursing and volunteer services.

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In 2012-13, the VA constructed four wings projecting to the northeast from Building No. 8 (see Photos 9-10, 29). These wings house a new nursing home and Community Living Center. The projections completely obscure the original façade (see detail of site map, above). Corridors with plate glass windows connect the wings to one another.

To the east (starboard) are three chevrons bisected by a central corridor. Each was a pair of patient wards initially: Building Nos. 9 and 11, Building Nos. 13 and 15, and Building Nos. 17 and 19. The first pair of

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patient wards (Building Nos. 9 and 11) were constructed in 1943 and 1944; the others followed in 1945 (see Photos 4-5). The wards are two stories above grade, with red brick walls, and each has a rectangular footprint. A small covered entrance projects into the interior of the chevron. Gutters and dormer windows divide the elevations into five bays. The roofs are hipped (Figure 24 and Photo 37).

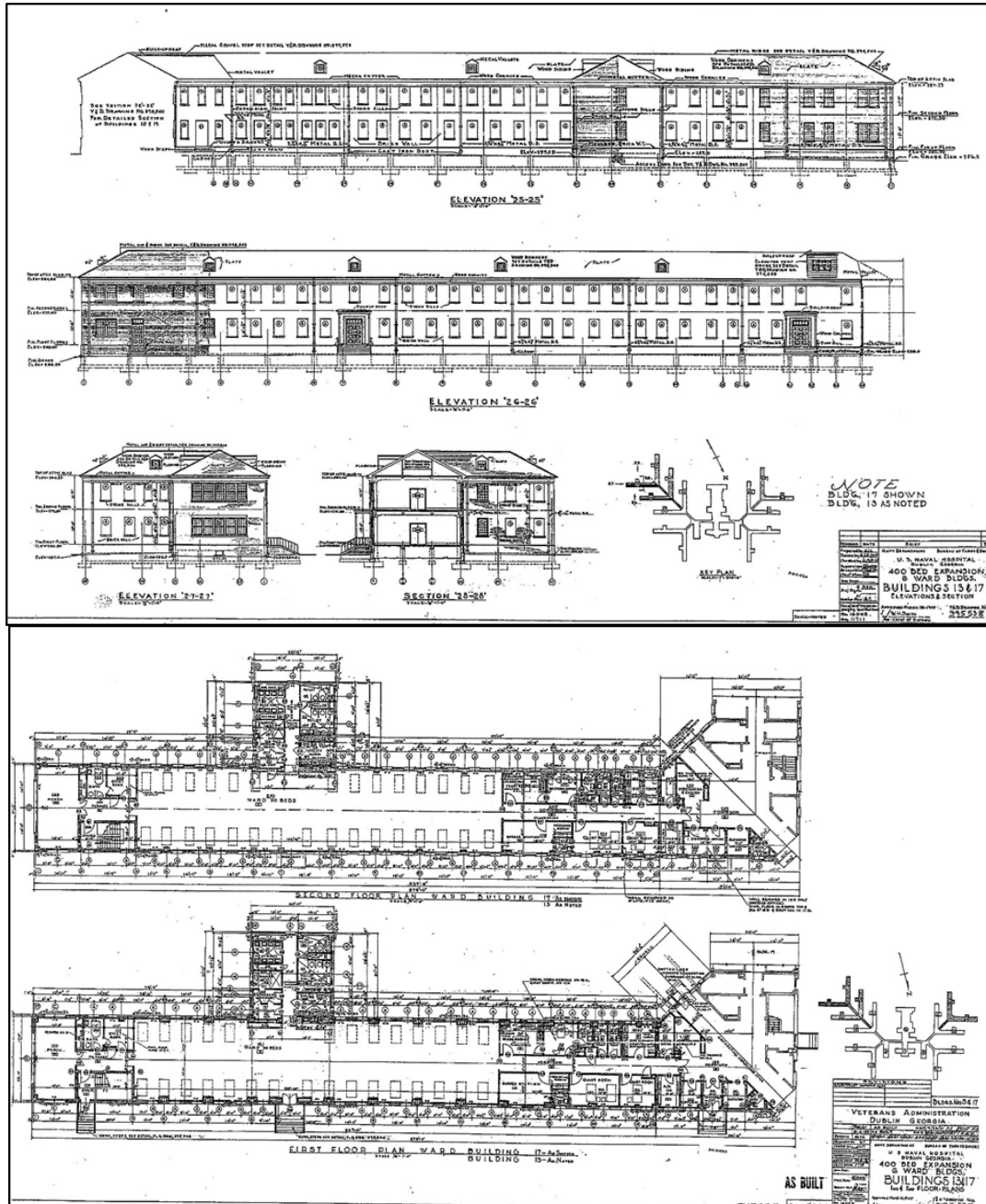
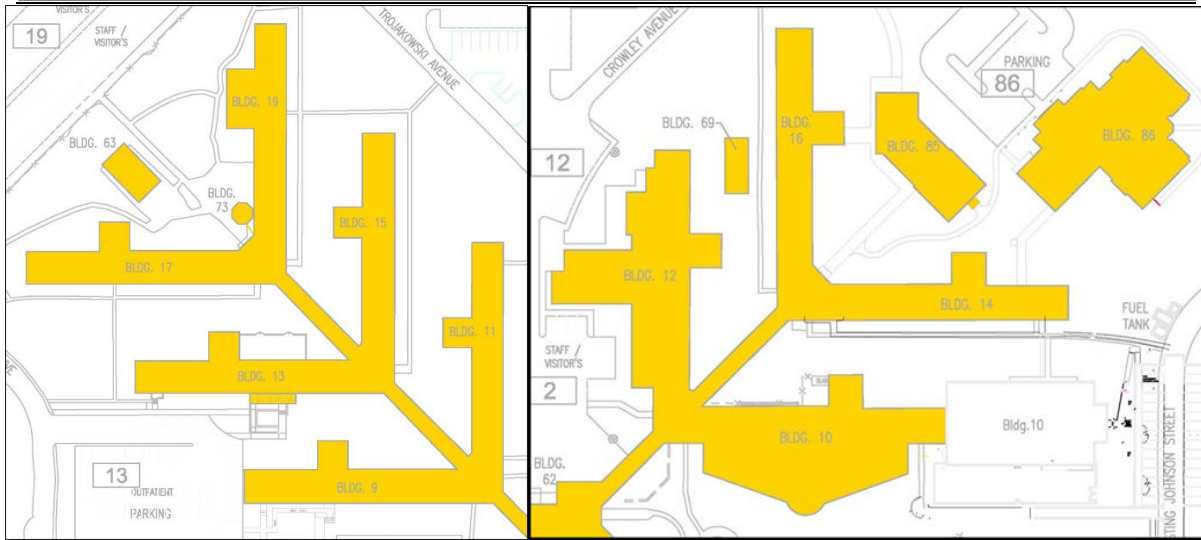
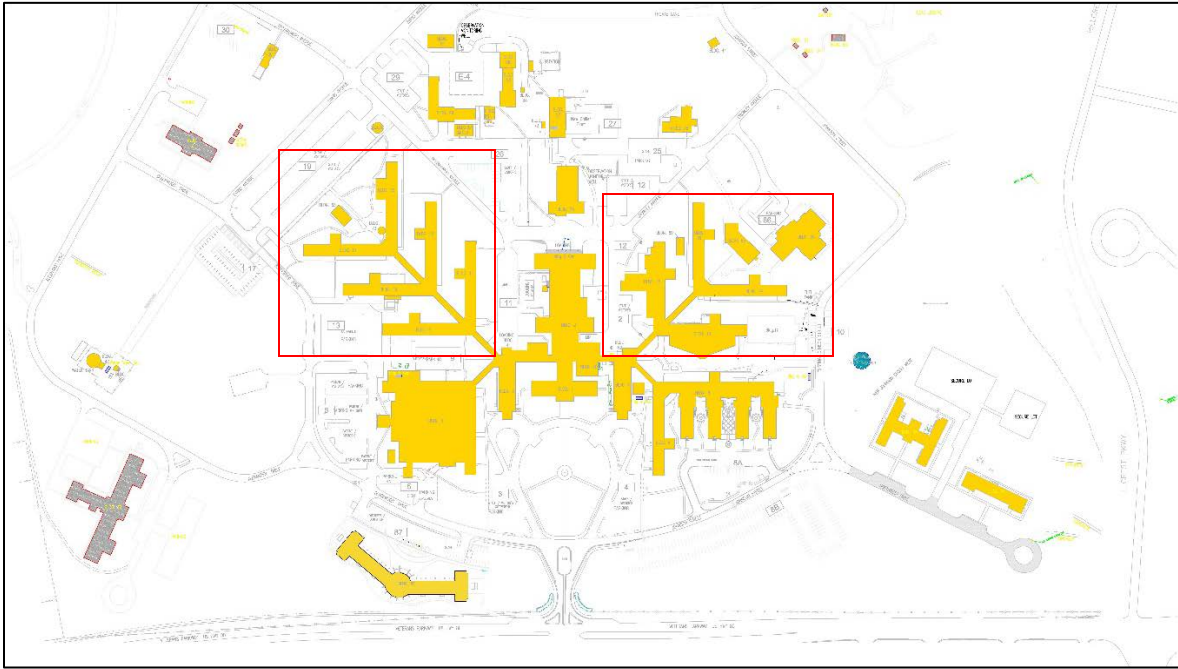


Figure 24. Architectural drawings showing Building Nos. 13 and 17 in plan and elevation, as representative of the paired patient wards that made the arm of the chevron (VA).

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Building No. 9 today serves as clinical space for the Dublin Veterans Administration Hospital. Building No. 11 today houses physical and respiratory therapy units. Building No. 15 provides inpatient mental health space, while Building Nos. 13, 17, and 19 have been renovated for nursing care patients. The original footprints and spatial relationship between the wards remains intact, as shown in the site map detail here.

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Patient wards on the port side (west) side include two chevron extensions: Building Nos. 10 and 12 and Building Nos. 14 and 16 (see Photos 32-34). The former wards now serve as community living centers and storage for the medical center (see Photos 7-9).

Building Nos. 10 and 12 and Building Nos. 14 and 16 extend from the rear (west) corner of Building No. 4, with Building Nos. 10 and 12 closest to the center (Building No. 4). As seen on the starboard (east) side of the campus, the units are arranged in a chevron pattern and bisected by a central corridor. Each is two stories above grade and one below. The interior, open ward floor plan has been altered to accommodate private or semi-private rooms and/or offices.

Building Nos. 10 and 12 and Building Nos. 14 and 16 are clad in red brick laid in common bond. Many of the windows have been replaced with sympathetic double-hung windows, though some are single pane rather than the original multi-light glazing. External devices, such as the gutters and dormers, give the appearance of five units across the longer facades, though the internal floorplan is devoid of division. Building Nos. 14 and 16 have rectangular footprints, but modifications to Building Nos. 10 and 12 to create more internal space produced irregular footprints (Figure 25 and site map detail above). Moreover, there is a dedicated area and atrium for dementia patients that extends from Building No. 10 toward Building No. 8, and Building No. 12 now includes a small atrium and entrance wing facing Building No. 2.



Figure 25. Views of Building No. 10 (top) and Building No. 12 (bottom) in 2018 (VA).



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Building No. 25

Historic Use: Quarters  
Present Use: Administrative Offices  
Year Built: 1945

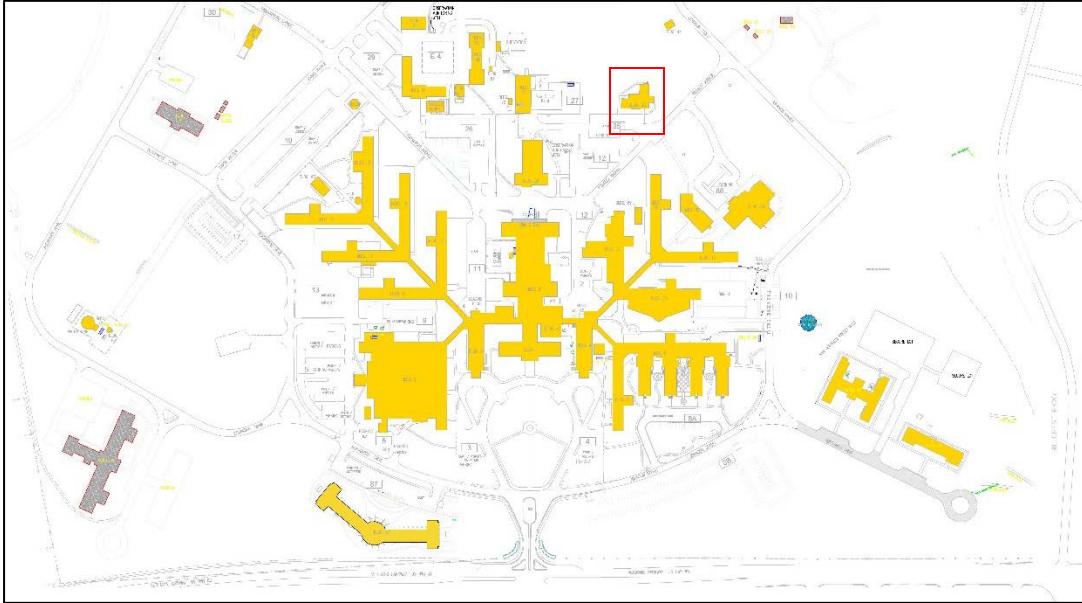


Figure 26. Perspective view of the historic Quarters, now administrative offices (Building No. 25), 2018 (VA).

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Building No. 25 is one of the former personnel quarters constructed for the Dublin Naval Hospital. As-built drawings of the original campus note it was designed as a two-unit Cook's Barracks. The building is located near the western edge of the property as shown on the site map (Figure 18 and detail above), and its building footprint resembles a "W," rather than a traditional L- or T- plan (Figure 27).

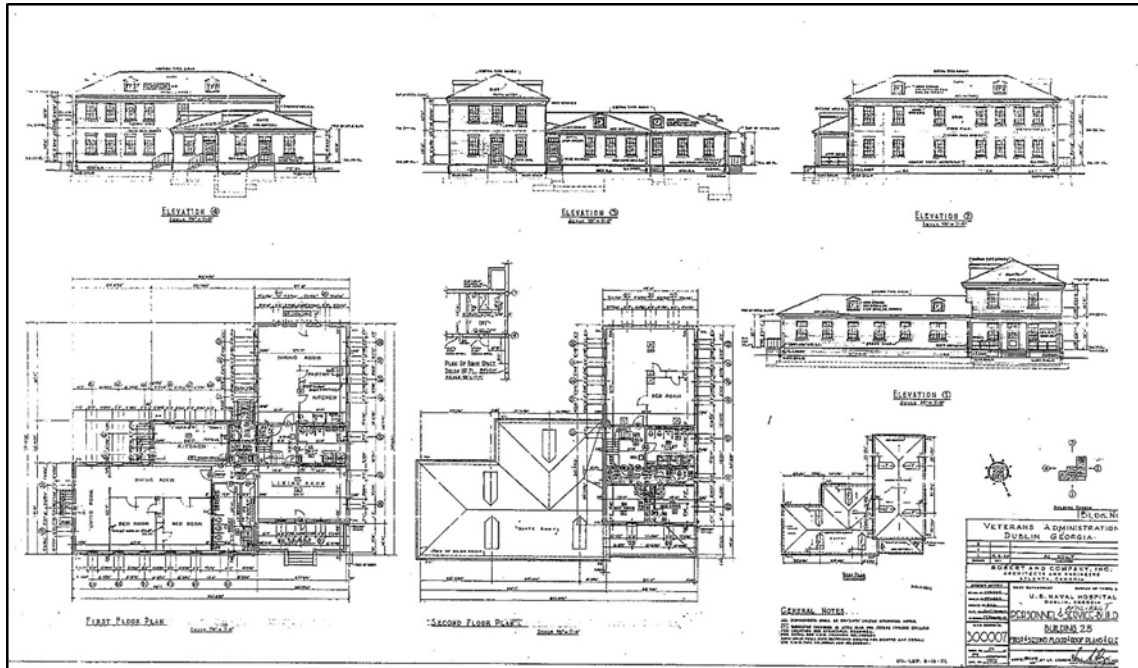


Figure 27. Architectural drawing showing Building No. 25 in plan and elevation (VA).

Building No. 25 consists of a two-story wing intersecting a single-story. The buildings are slightly juxtaposed, creating the W-shaped footprint. The building is clad in red brick, laid in common bond. Like Building No. 1, the stone sills and brick jack arches frame the windows, many of which are original. Building dormers have been recovered in vinyl siding.

A small addition has been placed on the west elevation. The building entrance is shaded by a deep porch, reminiscent of vernacular Georgia residences (see Photo 11). The porch railing has been replaced but the entrance door is original.

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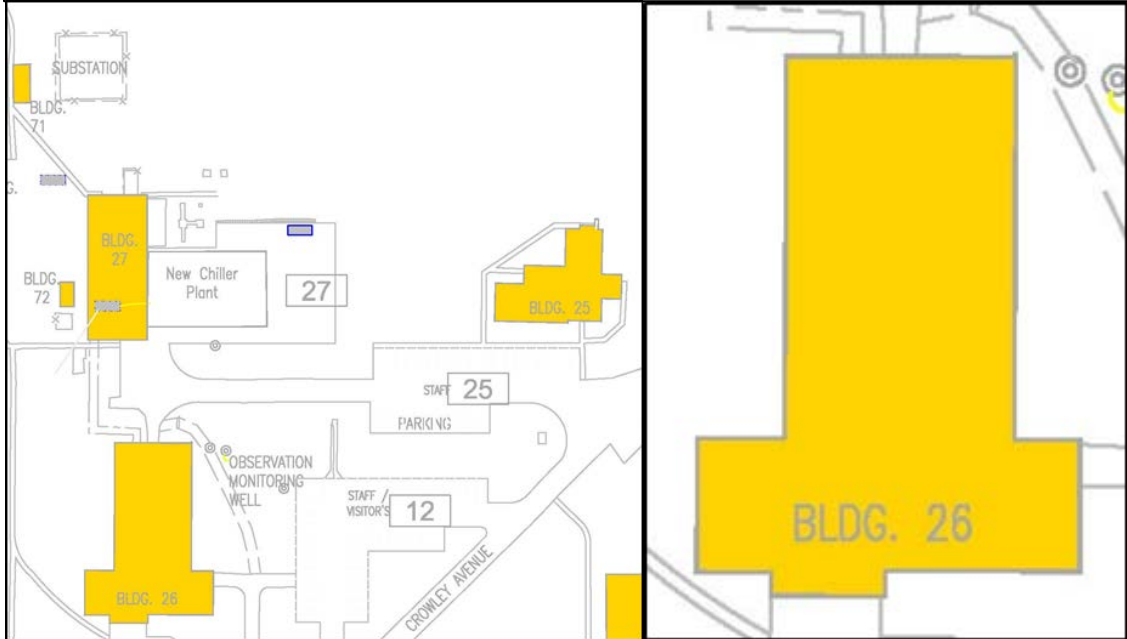
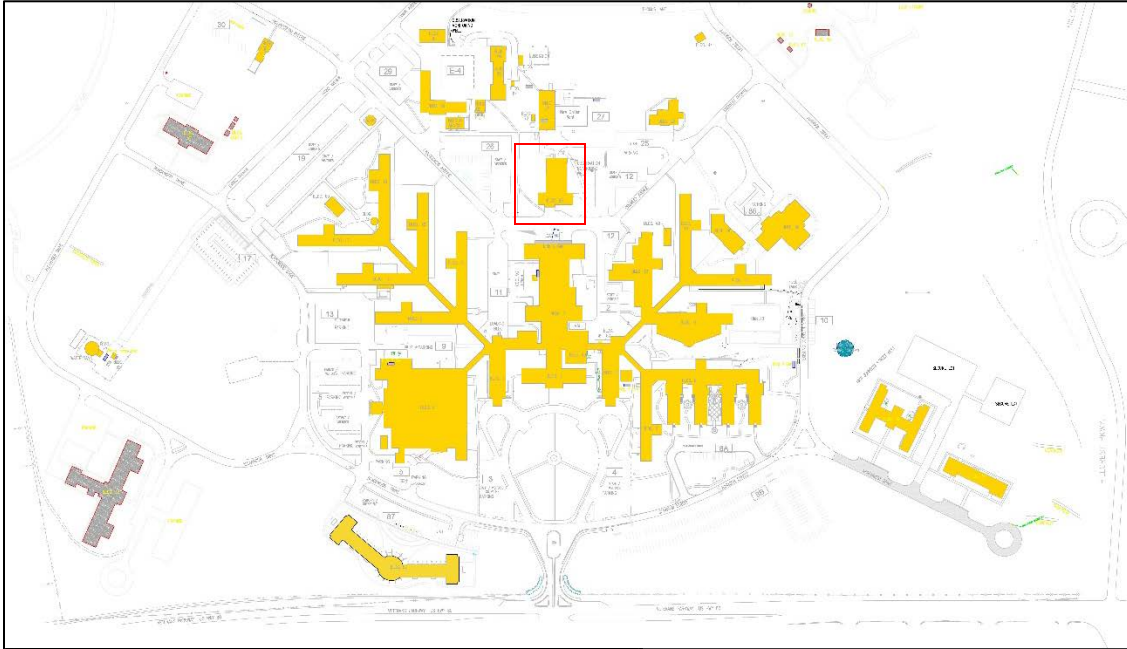
East of Building No. 25, and behind the main hospital, is the service or engineering section of the medical center campus. In plan these support buildings were removed from patient care facilities historically and today the industrial plant of the hospital campus remains distinct. A detail of the site map (Figure 18) highlights the area:



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Building No. 26  
Historic Use: Laundry/Engineering  
Present Use: Administration  
Year Built: 1945



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Building No. 26 is located between Building Nos. 2 and 27. The building has been used as a laundry facility, warehouse, maintenance shops, and, most recently, administrative offices (Figure 28). These interior alterations have had little effect on the building exterior. It is two stories above grade. The building is clad in red brick and features nine-over-nine, double-hung sash windows, many of which have been replaced.



Figure 28. Views of the laundry (Building No. 26) in 2018 (VA).

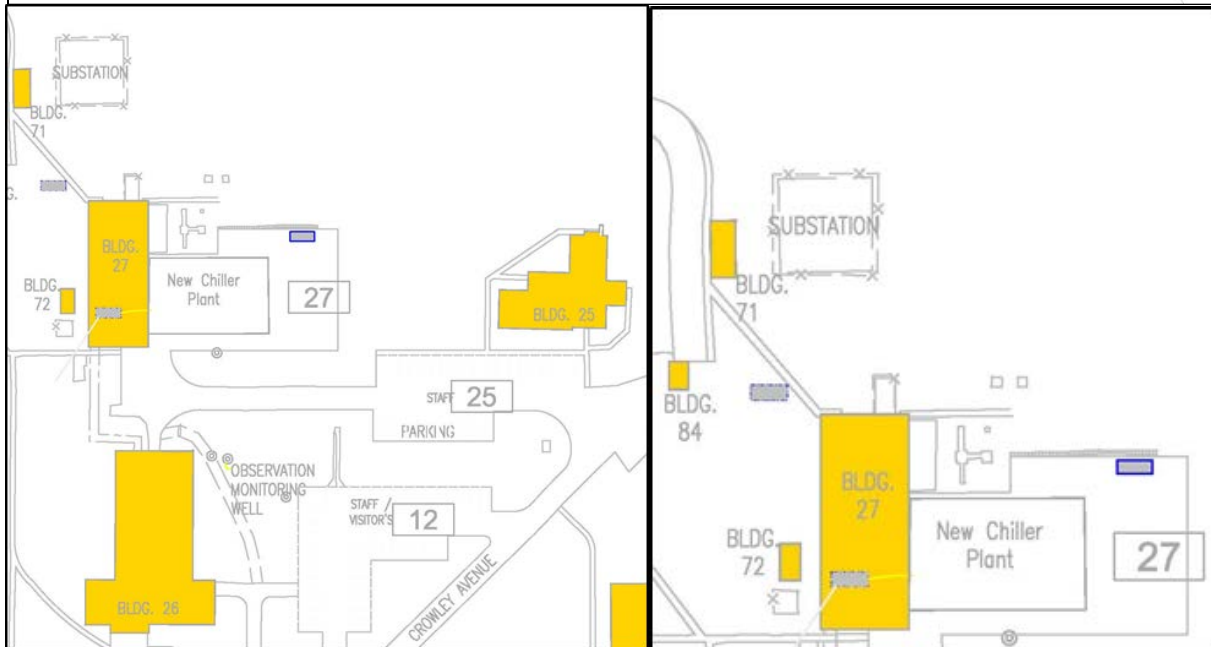
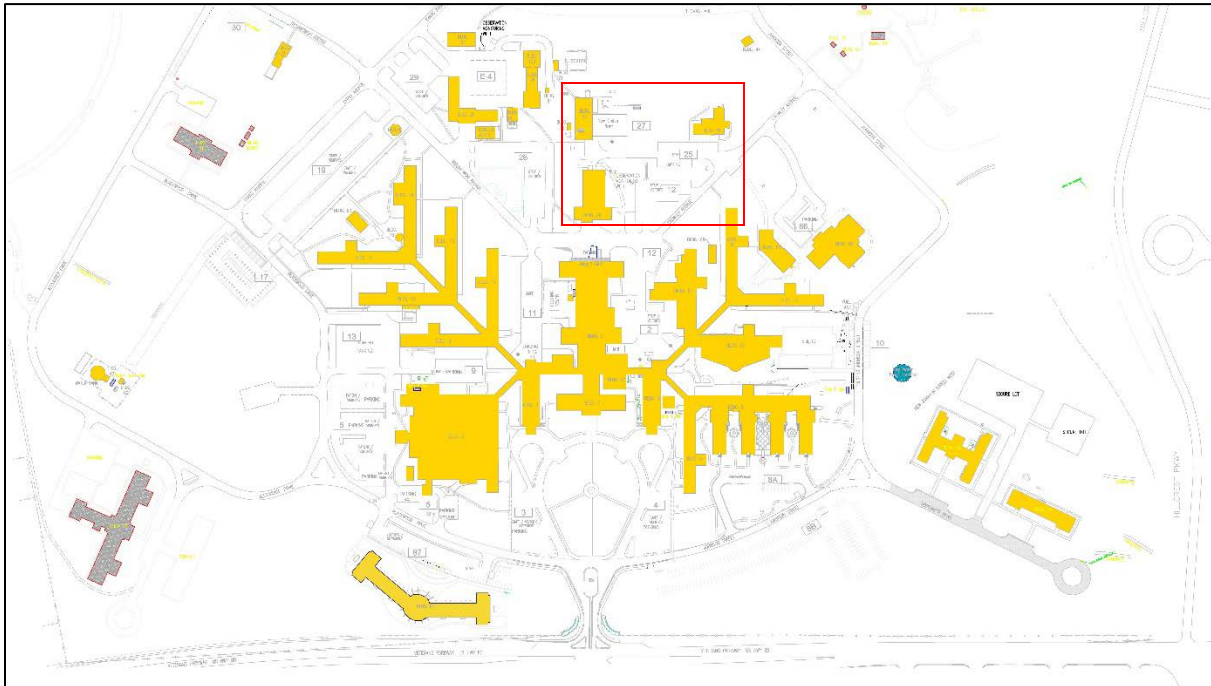
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Building No. 27

Historic/Present Use: Boiler Plant

Year Built: 1943



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The Dublin Veterans Administration Hospital maintains and uses the boiler plant originally constructed for the naval hospital (Figure 29). The boiler plant (Building No. 27) is located to the rear of Building No. 26, northwest of the Engineering Offices (Building No. 29). It has a rectangular footprint that is three bays by five bays and clerestory awning windows light the interior. The exterior is clad in red brick in keeping with the campus architectural theme and use of building materials, albeit more utilitarian than the porticoed administrative building. Similarly, the interior tile and concrete is exposed.

The campus boiler stack, once visible from the campus entrance, was located just east of Building No. 27. The stack has been demolished. The rail line ran generally northward from the rear campus property line and stopped adjacent to the boiler plant. The rail line has been removed. There was a small coal storage area in this location to allow easy movement into the boilers, and these facilities have been removed and replaced with modern equipment. The chiller plant adjoins the west elevation of the boiler plant and is sympathetic in scale, materials, and building elements to that seen throughout the historic campus (Figure 30).

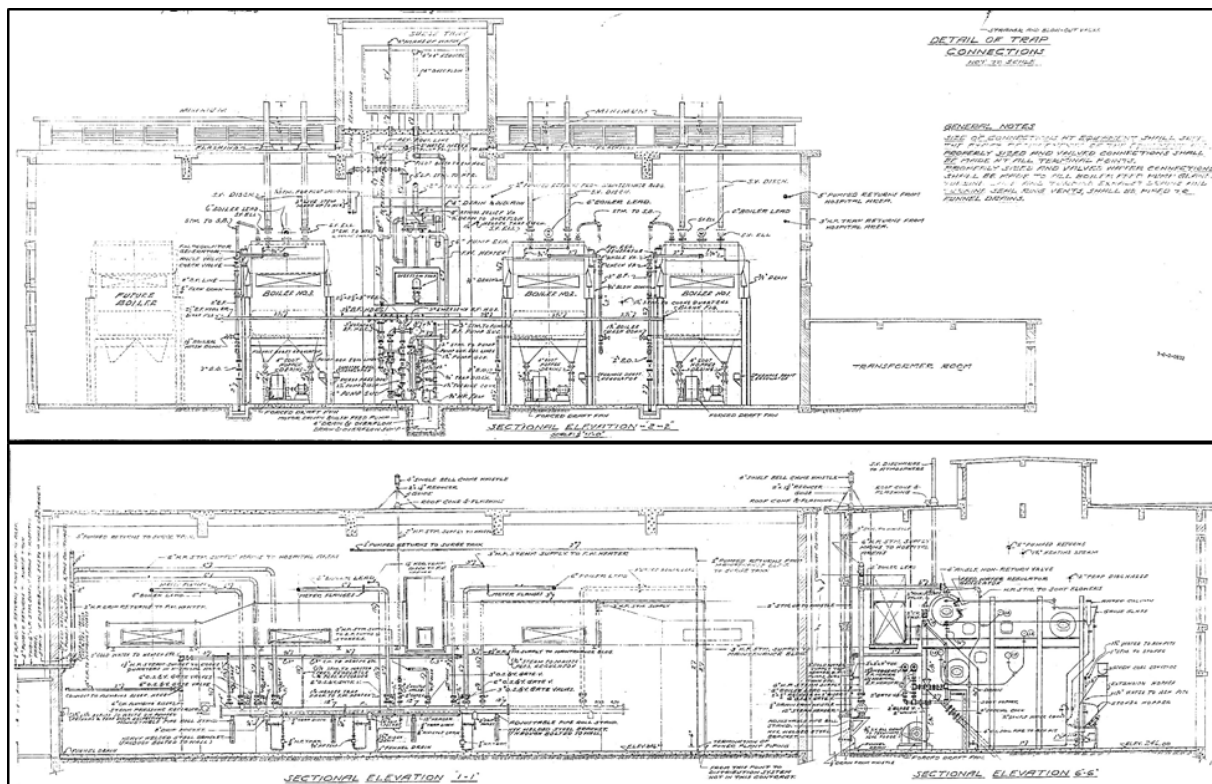


Figure 29. Architectural drawings by Robert & Co. for the boiler plant, shown in plan and section (VA).

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Figure 30. Views of the boiler plant that include Building No. 72 in front and the chiller plant to the rear, 2018 (VA).



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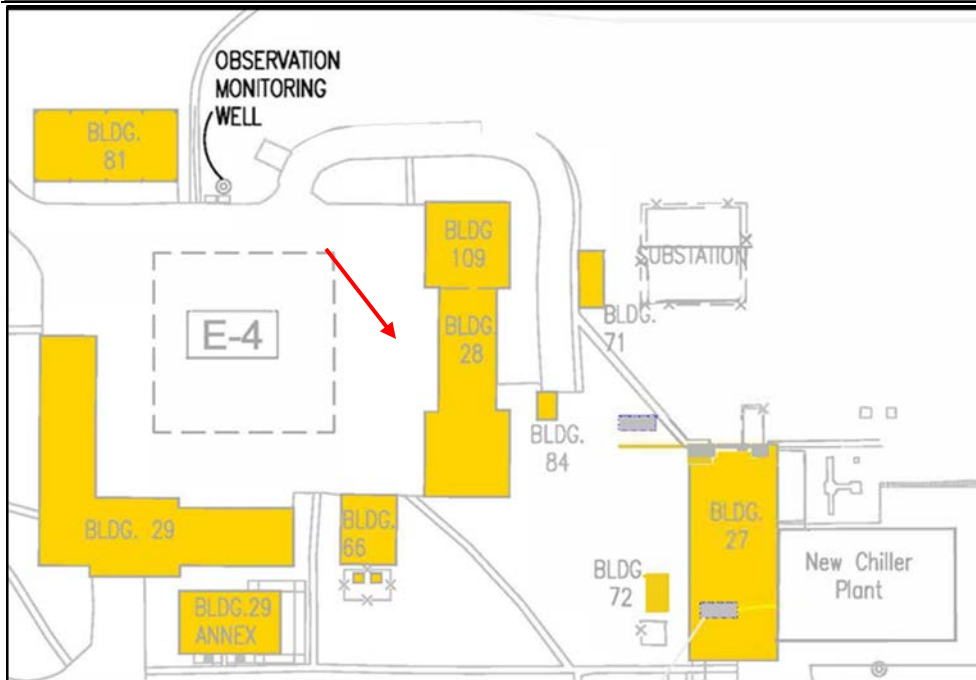
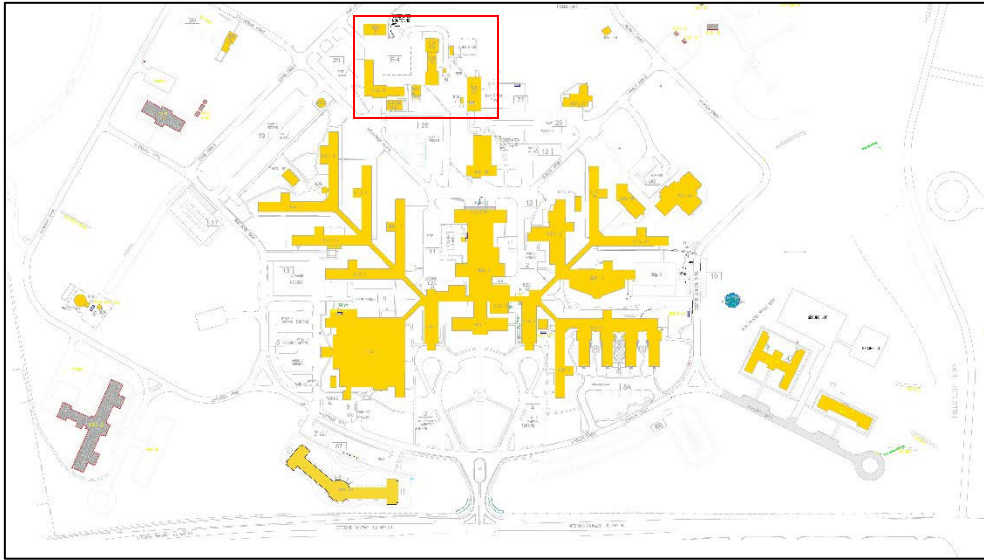
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Building No. 28

Historic Use: Station Maintenance

Present Use: Mechanical Shops

Year Built: 1943



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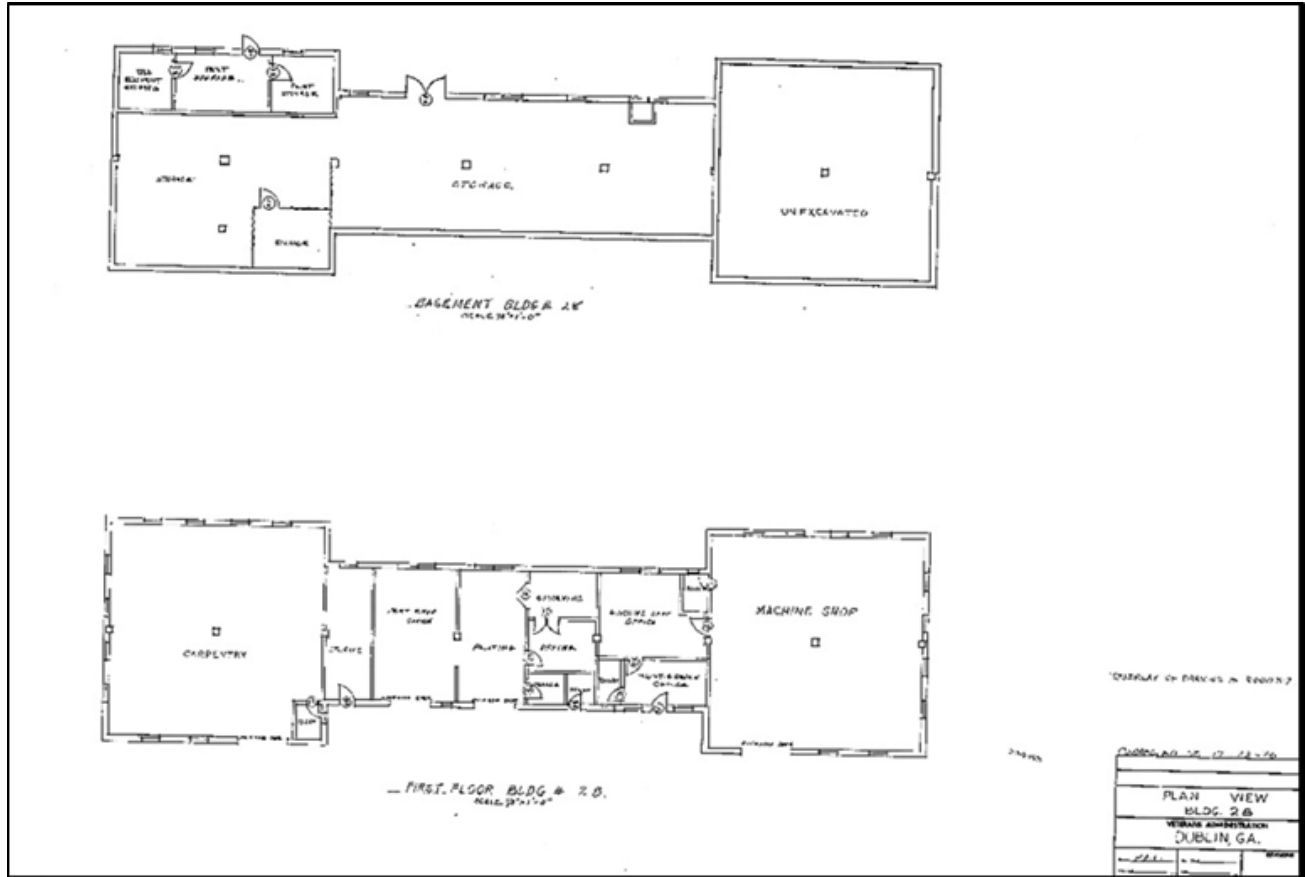


Figure 31. Architectural drawing showing the I-shaped plan of Building No. 28 (VA).

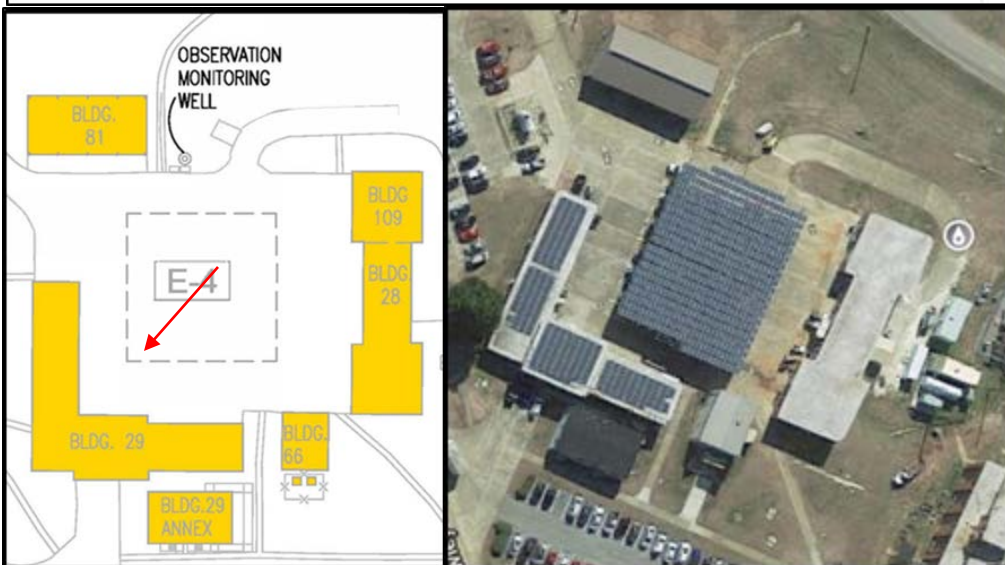
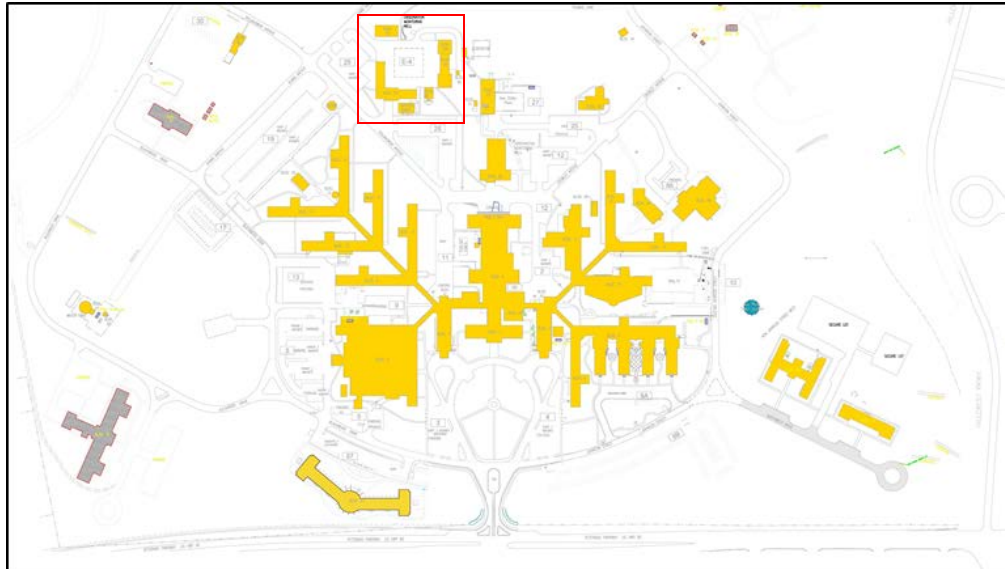
Building No. 28 is an I-shaped building located between Building Nos. 27 and 29 in the engineering or service quarter of the medical campus. It is two stories above grade, and clad in red brick. The building is devoid of ornamentation save the brick jack arches above the windows. Many of the windows retain the original nine-over-nine glazing pattern. The building houses a few offices, but the remaining space is used for storage and shops (Figure 31).

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Building No. 29

Historic Use: Fire station/garage  
Present Use: Engineering Offices  
Year Built: 1944



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Detail of Figure 5 to show the configuration of the fire station and garage ca. 1950.



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Figure 32. Contemporary views of Building No. 29 – (top, left) view looking north into the maintenance quadrangle with the L-shaped building on the right of the photograph; (top, right) view looking southeast to Building No. 29 with Building No. 81 in the background; (middle, left) view looking northwest into the maintenance quadrangle, note the latticed parking area in the center and Building No. 66 in the background; (middle, right) oblique view looking west with building No. 66 in the background; (bottom, left) perspective view looking southwest at the north elevation, note the annex in the background; (bottom, right) closer view (VA).

Building No. 29 is an L-shaped building located east of Building No. 28 and southeast of the main hospital block in the service or engineering area of the medical campus. It is one-story in height with a flat roof. The exterior is clad in red brick. The building once housed a fire station and garage; these openings have since been bricked over (Figure 32). However, the overall form is legible and the L-shaped footprint shown on early site maps and aerial photography is intact. The windows are original, with lights arranged in a nine-over-nine pattern, and topped with brick jack arches like those found on other naval hospital buildings on campus. The interior space has been subdivided into offices for Engineering staff. The building also contains a large conference room.

Behind the north arm of the fire station/garage, now Engineering Offices, is an “annex” two bays deep. It is a temporary building made of metal similar to that identified as Building No. 66 at the north/northwest corner of the quadrangle.

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Building No. 30

Historic Use: Greenhouse  
Present Use: Veterans Transportation Service Program & Dispatch Center  
Year Built: 1944

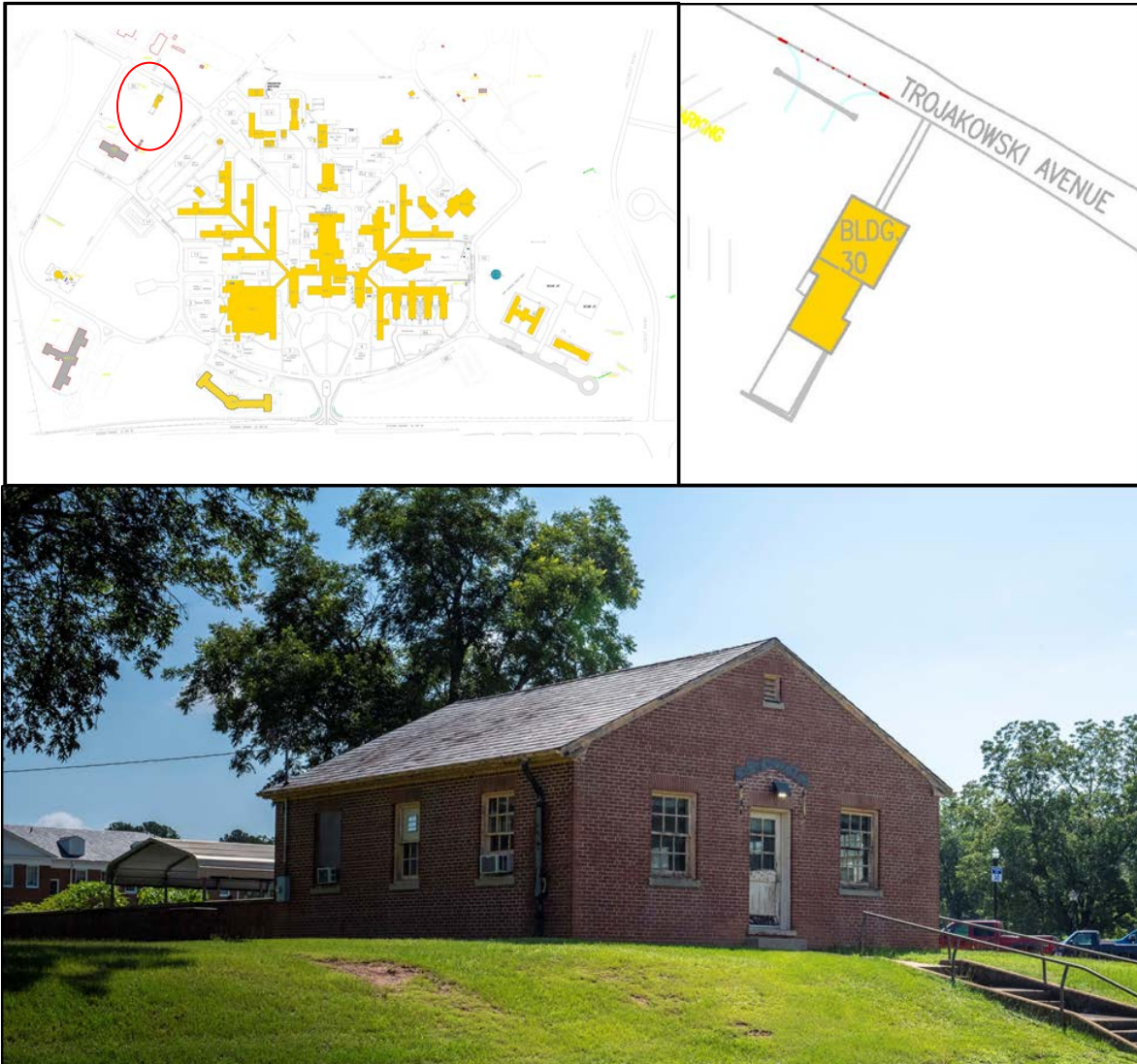


Figure 33. Perspective view of the greenhouse (Building No. 30), 2018 (VA).

Building No. 30 is a small, one-story building located along Trojakowski Avenue, southeast of the Building No. 1 and east of the engineering or industrial plant for the medical center. It is a one-story, rectangular building with an entrance on the gable end (see Photo 12 and Figure 33). The windows are framed by brick jack arches and concrete sills. Unlike most campus windows, which are nine-over-nine, windows in the former greenhouse building are six-over-six in keeping with the building's small stature

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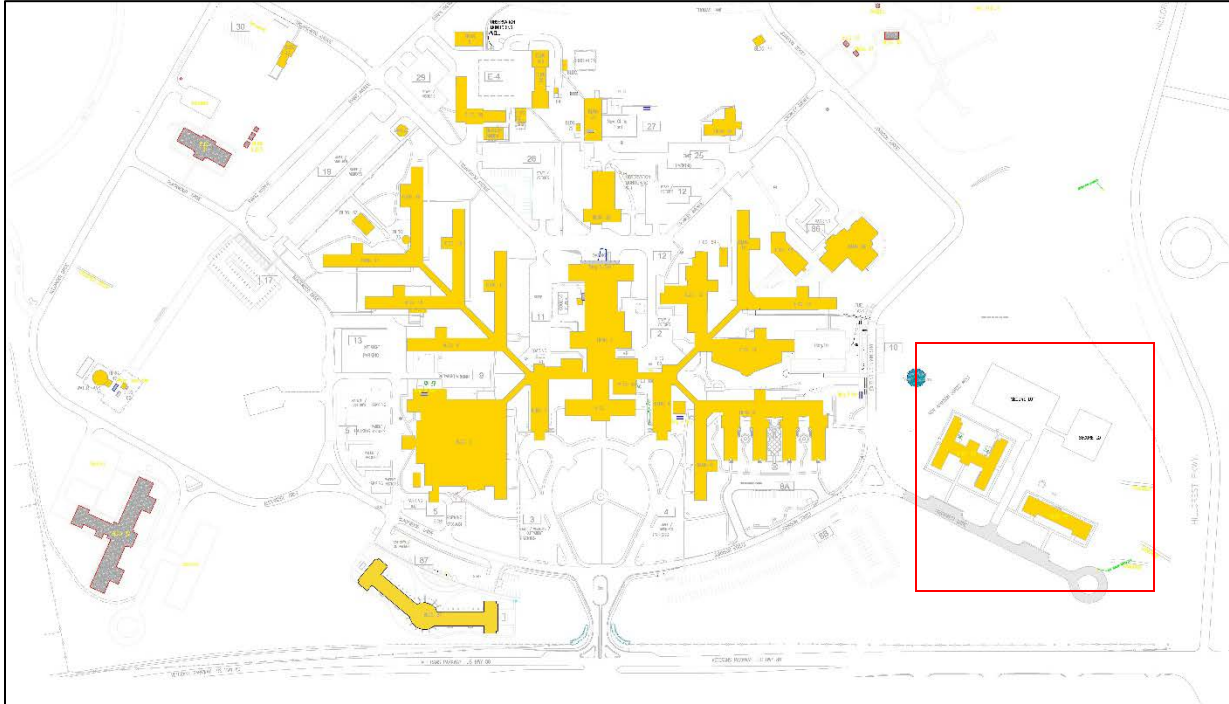
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(Figures 35-36). The footprint of the building measures approximately 30' x 34' and it contained a work room, office and storage as well as toilet facilities. Behind the building was the plant area (measuring approximately 75' x 25'), the outline of which is visible today.

In 2010, the Dublin Veterans Administration Hospital teamed with Auburn University's Detector Canine Development Program (DCDP) to help train dogs to aid humans in the fight against global terrorism and crime. The DCDP employed formerly homeless veterans to help raise and socialize puppies until the canines reached the age appropriate for training (12-14 months). The dogs then were returned to Auburn University to complete their education.<sup>5</sup> Building No. 30 served as the campus training center and included a large fenced yard for the canine residents when the program was active. Currently the historic greenhouse (Building No. 30) is used as a Veterans Transportation Service program office and dispatch.

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Building No. 34

Historic Use: Barracks/Domiciliary  
Present Use: Unknown  
Year Built: 1945

Building No. 34 is an H-shaped building located west of Building Nos. 6 and 8 (see Photo 31). The two-story building is clad in red brick. The primary entrance is on the north elevation. It is shaded by a simple, one-story porch supported by four columns. The sash windows are glazed with six-over-six lights with the exception of those on the gable ends. These are set in triplicate: four-over-four, six-over-six, four-over-four. All the windows appear to be wood-framed, though some are covered in metal-framed screen. The building has a hip roof with vented dormers (Figure 34).



Figure 34. Front and side elevations of Building No. 34 in 2018 (VA).

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Building No. 35

Historic Use: Personnel Quarters

Present Use: Unknown

Year Built: 1945

Building No. 35 is a brick-clad building located west of Building No. 34. It has a rectangular footprint. It is two stories in height and clad in red brick. It has a hip roof with dormers (Figure 35). The building is similar in appearance to other former apartment-style campus quarters.



Figure 35. (top) Photograph of the front elevation in 2018, and (below) photographs of the side and rear elevations in 2018 (VA).



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## Objects

### United States Flagpole

Historic/Present Use: Flagpole  
Year Built: 1945

The U.S. Navy erected the standard flagpole in time for the dedication of the hospital in January 1945 seen here.<sup>26</sup> The flagpole is placed in the teardrop shaped greenspace located in front of the administration building (Building No. 1) or main entrée to the hospital (see Figure 14).

In recent years, additional flagpoles were installed, as pictured here in July 2018:

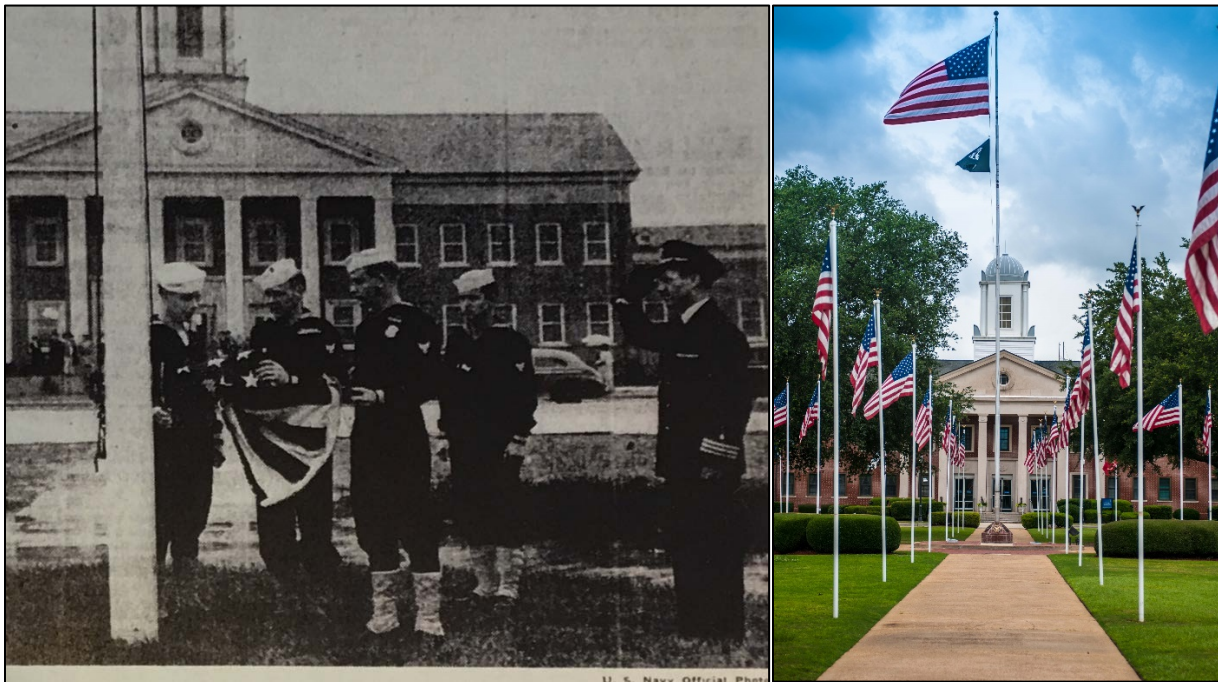


Figure 36. Main flagpole of the Dublin VA Hospital in 1945 and 2018 (VA).

The Avenue of Flags, coming from Veterans Boulevard, was installed before 1998 and in 2011 the flagpole area was renovated with memorial brick pavers. The pavers are just visible in the photograph, and the flags in a circle around the main flagpole were added at the same time.<sup>27</sup>

<sup>26</sup> The U.S. Navy photograph accompanied a notice in the *Atlanta Constitution*, January 23, 1945, 4, and a copy of the photograph is in the lobby of the Dublin VA Hospital today.

<sup>27</sup> Scott M. Holley, Supervisory General Engineer, to Virginia B. Price, NCA Historian, electronic communication, August 7, 2018.

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**Noncontributing Resources (11)**

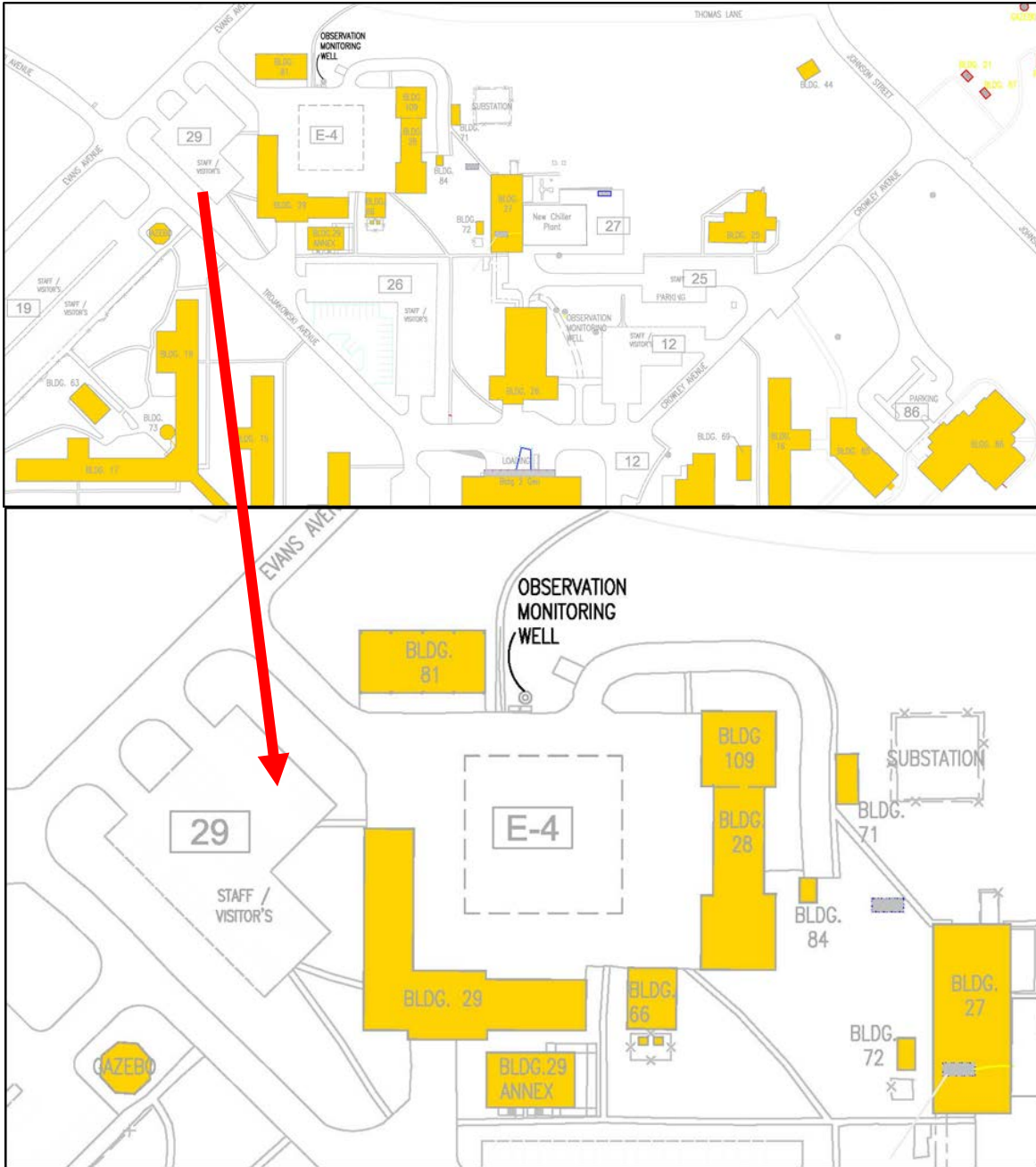
**Buildings (8):** Animal House (Building No. 44), Recreational Patio (Building No. 63), Engineering Warehouse (Building No. 66), Greenhouse (Building No. 69), Equipment Storage (Building No. 81), Recreation (Building No. 85), Hospice Care Unit (Building No. 86), Building No. 87.

**Structures (3):** Electrical Sub-Station (Building No. 71), Water Filtration (Building No. 72), Smoking Shelter (Building No. 73).



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Note: Details of the site map (Figure 18) to show locations of the noncontributing resources in the proposed district for the nominated property.

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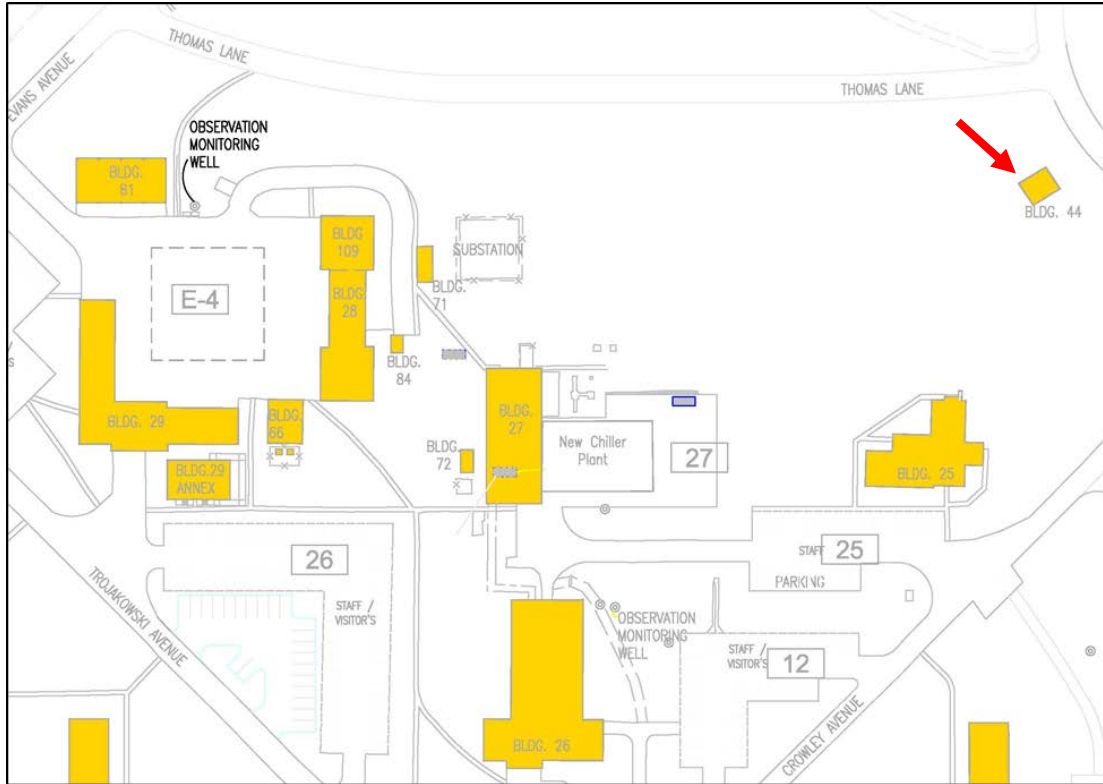
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**Buildings**

Building No. 44

Historic Use: Animal House

Year Built: 1945



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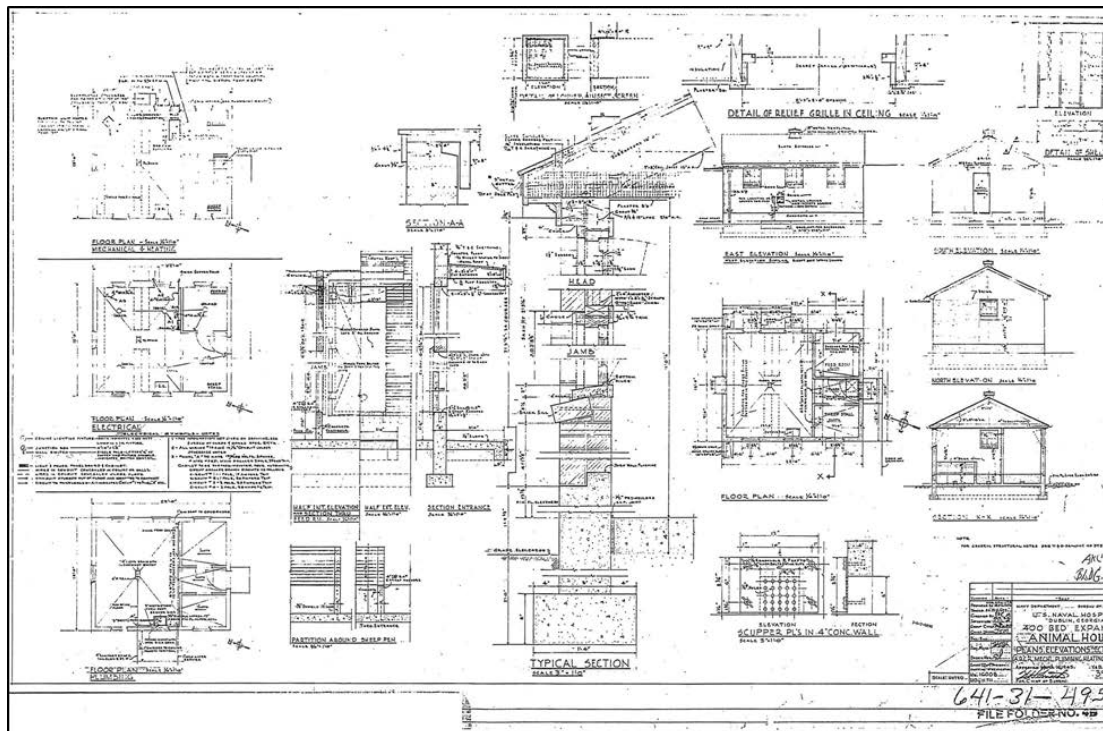


Figure 36. Architectural drawings for the animal house or Building No. 44 on the Dublin VA Hospital campus showing the building in plan and section (VA).

Building No. 44 is located by Thomas Lane as shown on the detail of the site map above. It is a one-story, gable-roofed, brick-clad building measuring 18' x 22' with three bays on the east and west elevations. The building was used as an animal house and this is reflected in the floor plans drawn in 1945 – note the sheep stall and feed areas in the plans reproduced here (Figure 36).<sup>28</sup> By the last quarter of the twentieth century, it was used as restrooms (see Figure 17). The building since fell out of use and is abandoned. Today the condition of the building is poor and it was inaccessible during the survey.

<sup>28</sup> Given its date and use, this building was likely constructed in conjunction with the U.S. Navy's research unit, announced in May 1945, that focused on rheumatic fever research and added 400 beds to the hospital wards, plus a research building (No. 20) and personnel quarters. The construction phase was estimated and bid at almost \$190,000. The research building was semi-permanent and removed in 1954. History, 1978, VA files.

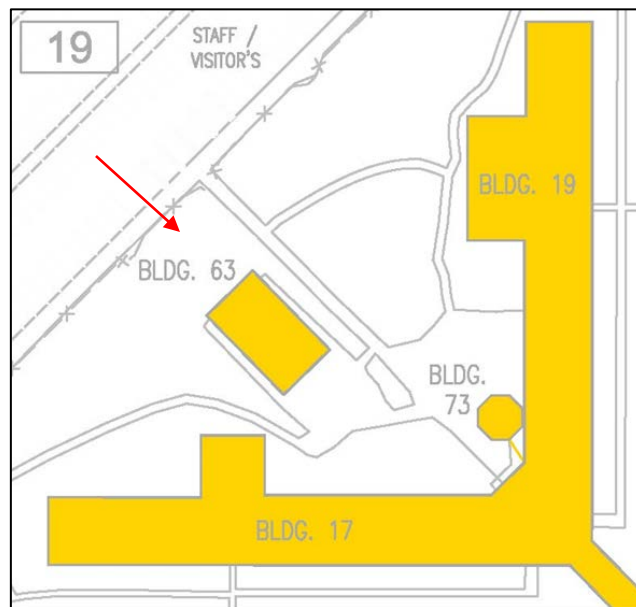
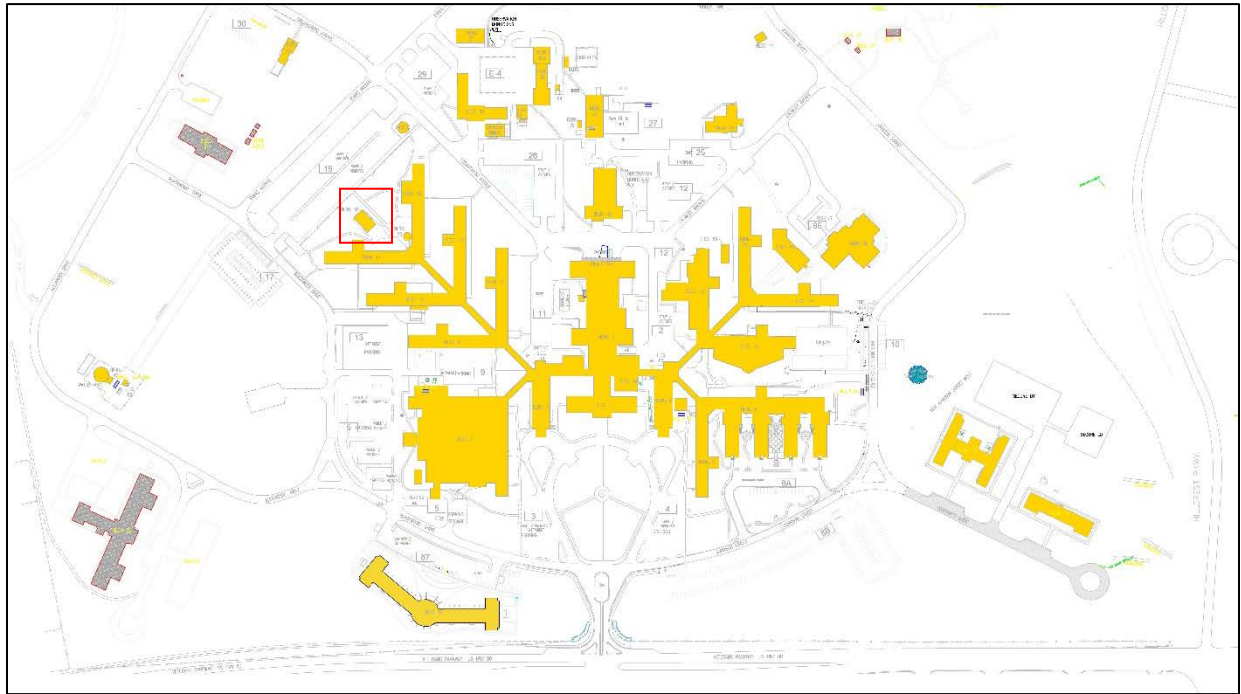
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Building No. 63

Present Use: Recreational Patio Building

Year Built: 1979





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Figure 37. General view of Building No. 63 in 2018 (VA).

The Recreational Patio Building (Building No. 63) is a one-story, square-shaped building located between Building Nos. 17 and 19. It is made of brick, and features panes of glass at the entrance to allow natural light into the interior space. Picnic tables inside provide patients and staff with a space to socialize outside of the main hospital (Figure 37).

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Building No. 66  
Present Use: Engineering Warehouse  
Year Built: 1984

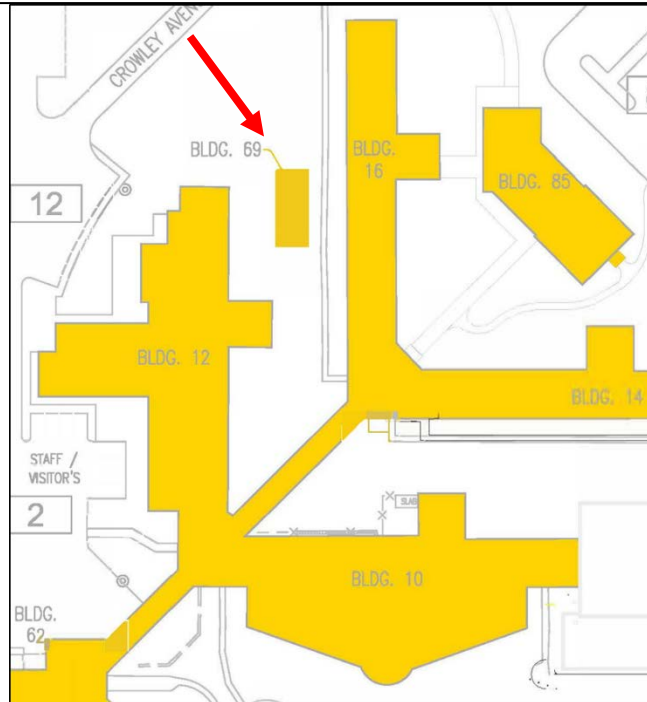
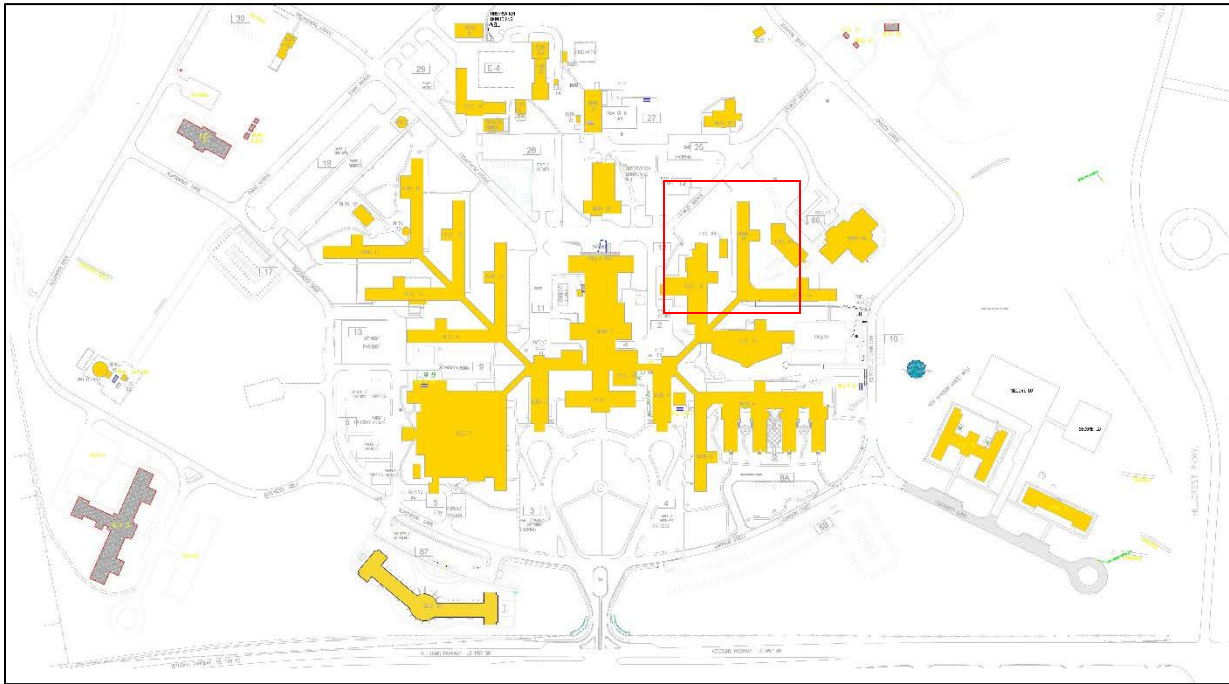


The Engineering Warehouse is a one-story building constructed of metal. It is used for storage.

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Building No. 69  
Present Use: Greenhouse  
Year Built: 1980



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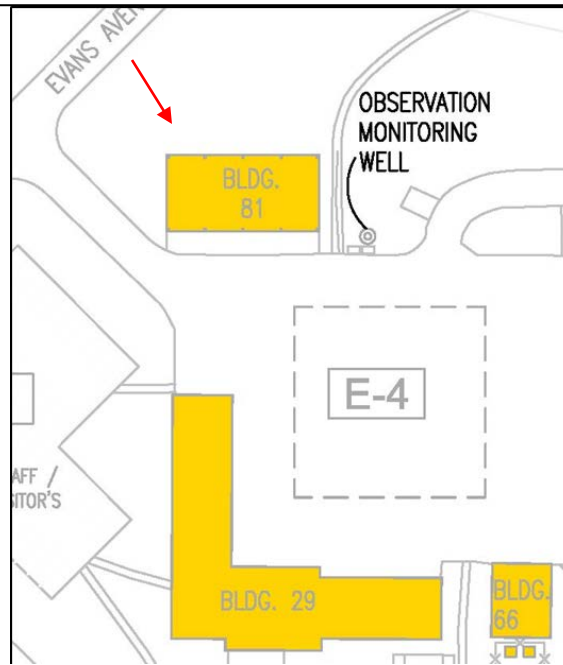
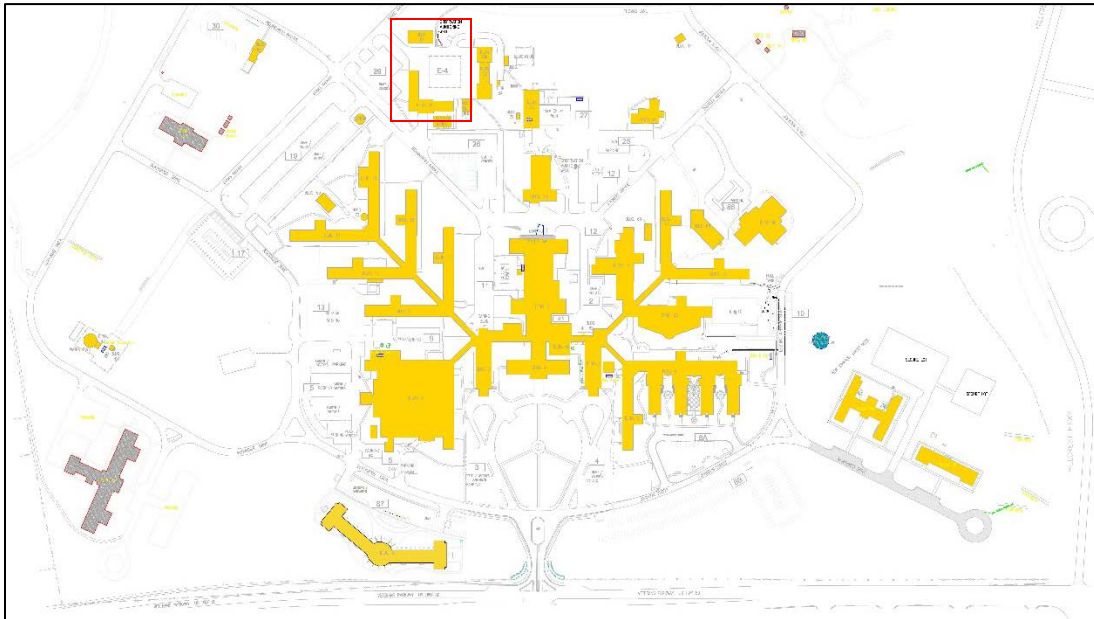
Figure 38. Perspective view of the greenhouse with Building No. 16 in the background, 2018 (VA).

The greenhouse is located between Building Nos. 12 and 16. It is a small, gable-ended, rectangular building partially set in the ground (Figure 38). The roof is composed of glass panels with retractable panels. It was constructed in 1980.

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Building No. 81  
Present Use: Equipment Storage  
Year Built: 2001



Building No. 81 is a metal, one-story building used for equipment storage. It has four large open bays for ease of equipment transport. The roof is side-gabled.

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Building No. 85

Present Use: Recreation

Year Built: 2011

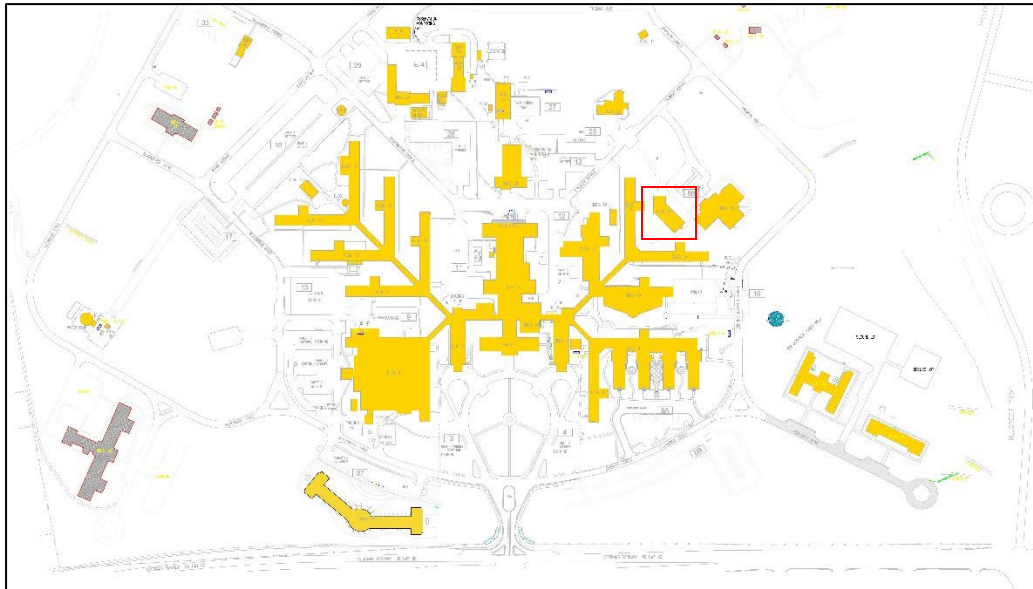


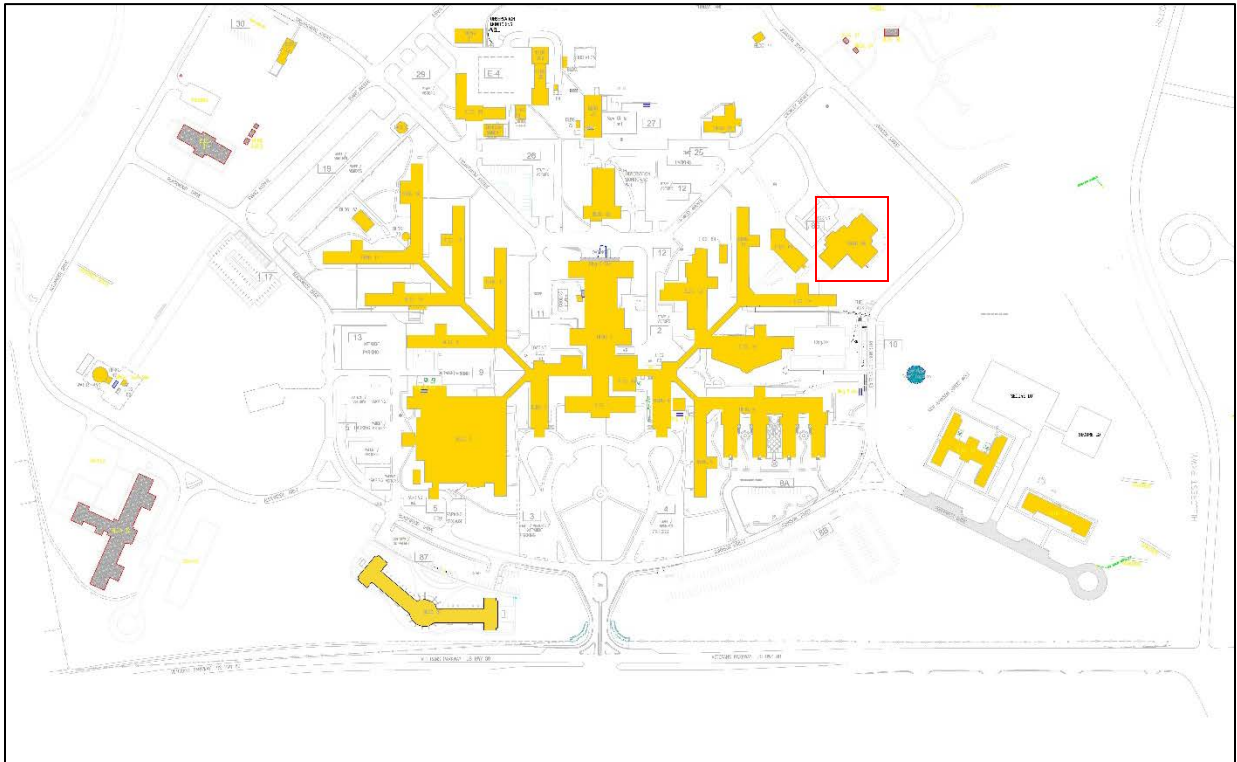
Figure 39. View of Building No. 85 in 2018 (VA).

Building No. 85 is a recent campus addition, located between Building Nos. 14 and 16 (see Photos 7-8, 34-36). A two-story multi-purpose room and a single-story corridor of recreation rooms comprise the irregularly shaped building (Figure 39). The building is clad in red brick and features a hipped roof. Ribbon windows just below the second-story roof allow natural light into the interior space.

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Building No. 86  
Present Use: Hospice Care Unit  
Year Built: 2015



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Figure 40. Views of Building No. 86 in 2018 (VA).

Building No. 86 was not accessible at the time of the initial survey; however, photographs document the use of red brick in keeping with the traditional building materials of the medical center campus and a low-scale silhouette, just one story above grade (Figure 40). The columned porch, multi-light windows, dormer windows, and gabled ends recall the Colonial Revival style architecture of the adjacent historic buildings.



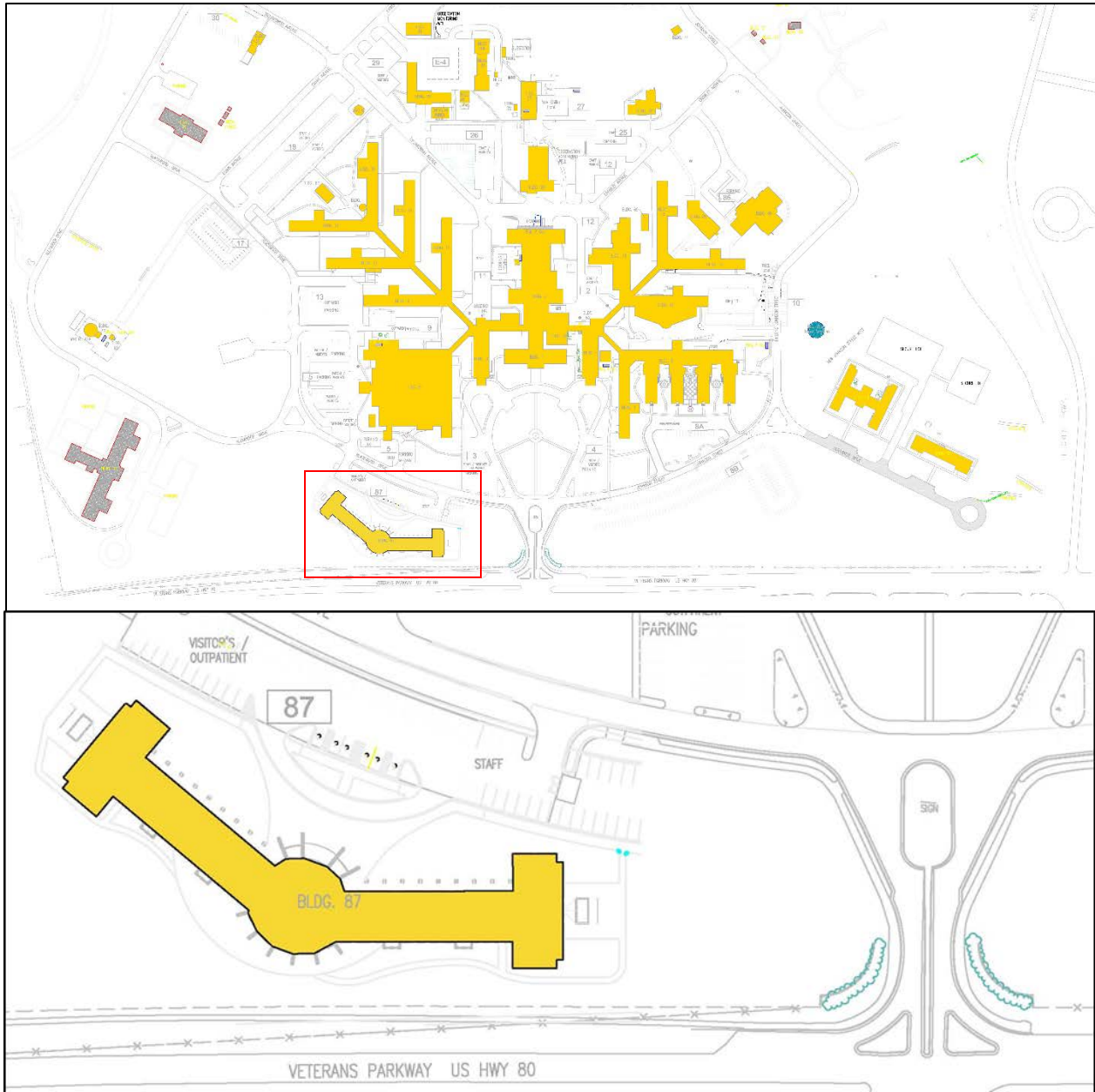
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Building No. 87

Present Use: (under construction, due to open early 2019)

Year Built: 2018



Building No. 87 is located east of the main entrance drive and is under construction. As seen in the detail of the site map above, rectangular arms extend from a central core. These arms or wings are covered by a side gable roof punctuated by dormers with two windows each on the north slope. The terminus of each

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wing is set perpendicular to the main corridor; these end caps are covered in gable roofs as well. Parking for visitors and outpatients is to the south of the building. The exterior will be clad in red brick and the gable roofs shingled in keeping with the materials traditionally used in the area and on the property historically.

It is anticipated that the building will be complete in early 2019. It is designed to serve as an outpatient facility and mental health clinic.

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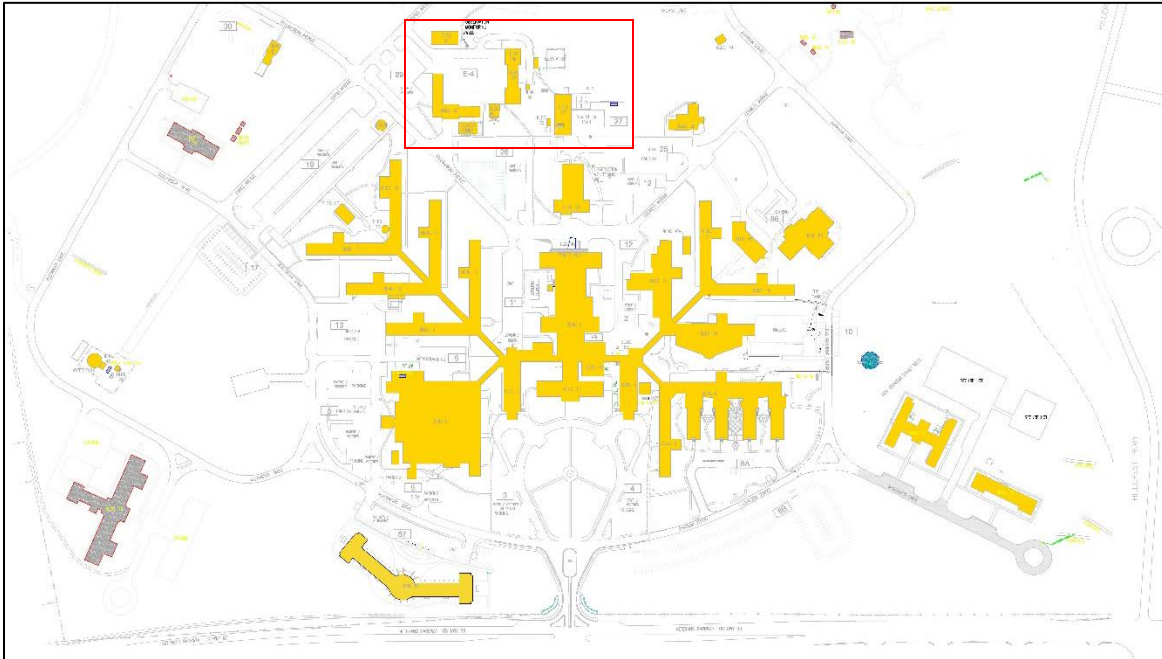
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Structure No. 71

Historic Use: Electrical Sub-Station

Present Use: Substation

Year Built: After 2013<sup>29</sup>



<sup>29</sup> The grey structure known as Building No. 71 was not identified in the field survey/photography of April 2013. The current structure was in place in early 2018.

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Figure 42. General view looking southwest across the area west of the Maintenance Shops (Building No. 28) that includes Structure No. 71 furthest away with a small green generator next to it and the Kohler generator closer to the camera. The small concrete pad in the foreground is where the Dublin VA Hospital Building No. 84 (shown on the map) was. It was taken down earlier in 2018. (Photograph, VA, 2018).

Building No. 71 is a small metal clad structure installed west of the maintenance shops (Building No. 28) in the service or engineering section of the medical campus, as shown in the detail map above. This structure, and two generators, are adjacent to the electrical substation, which was in place by 1980 as shown in the site map here (No. 67):

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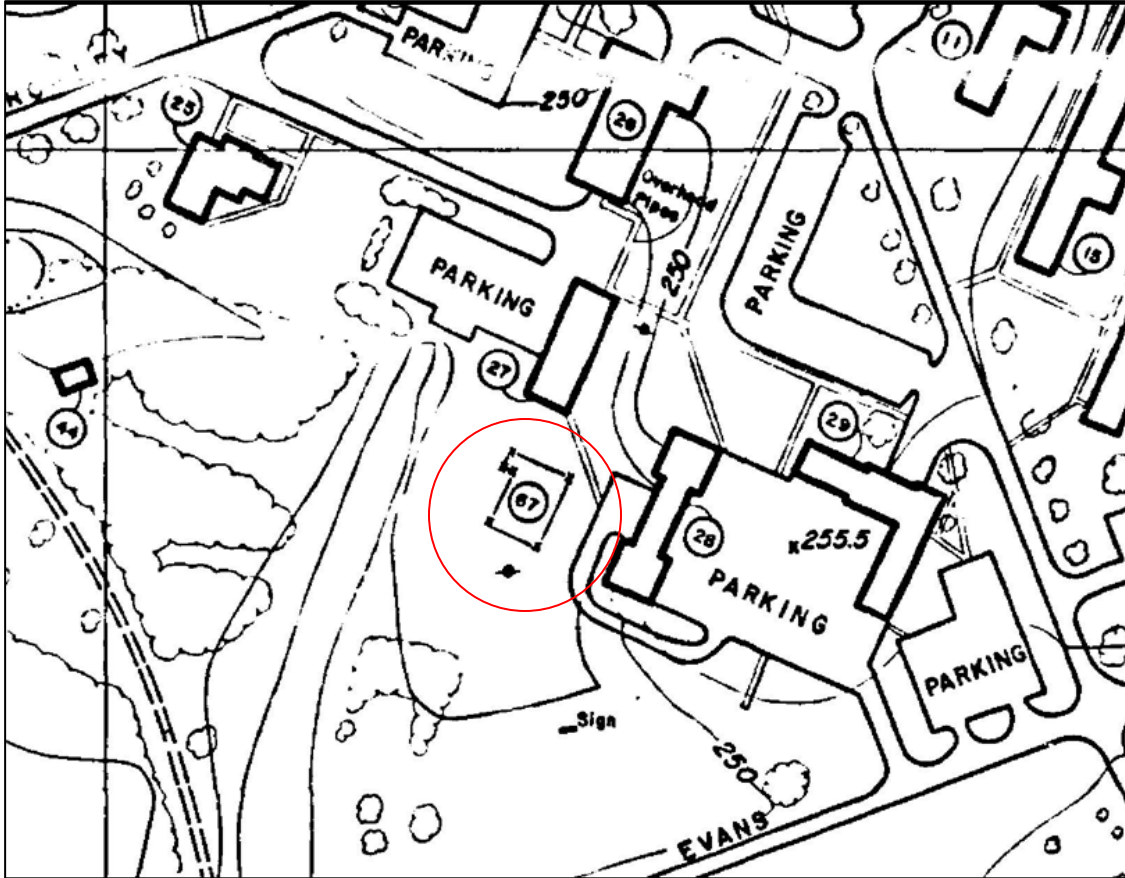
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See detail below:

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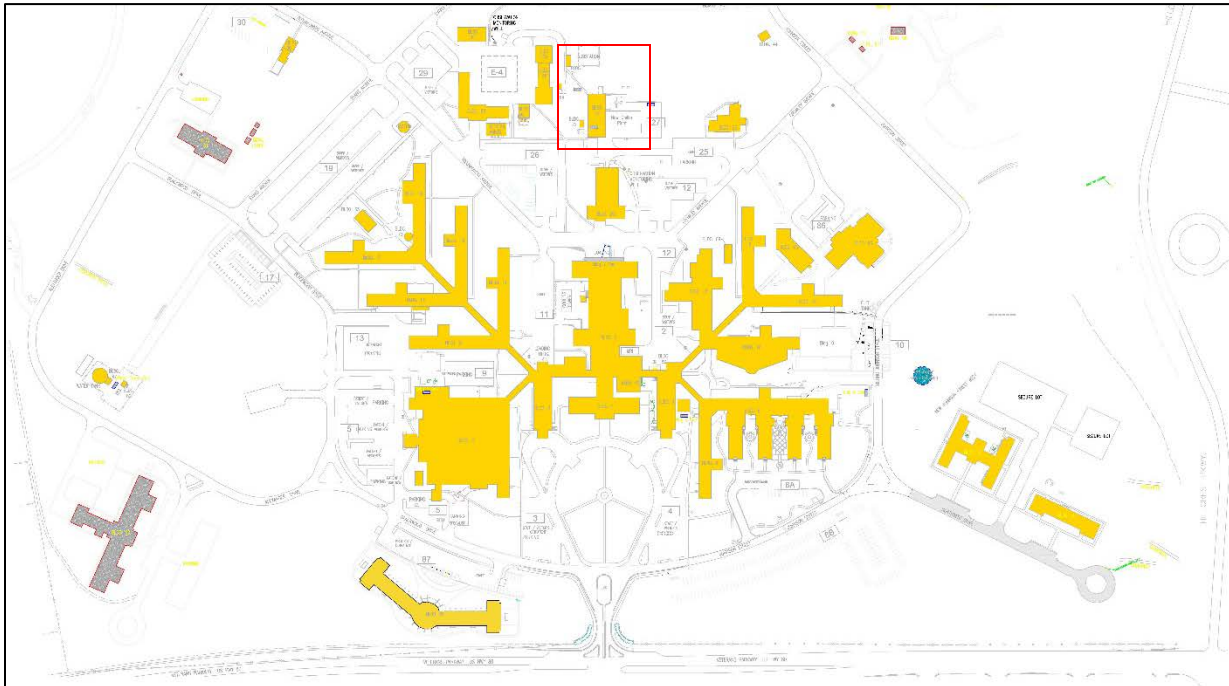
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Structure No. 72

Present Use: Water Filtration

Year Built: 1990



Structure No. 72 is a one-story in height, has a hipped roof, and is clad in brick. Access is through a metal door. Structure No. 72 houses water filtration equipment. It is adjacent to Building No. 27 at the foot of a small knoll.

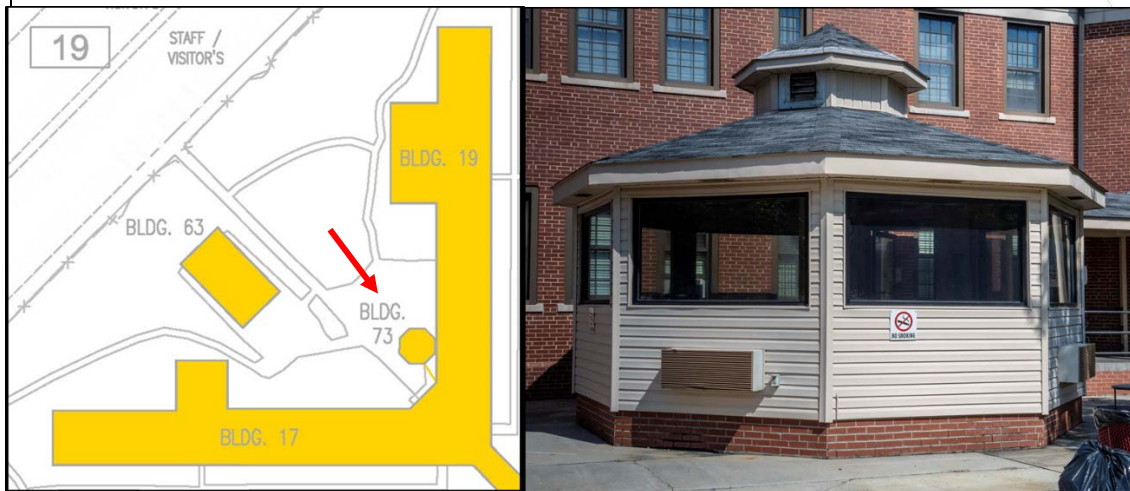
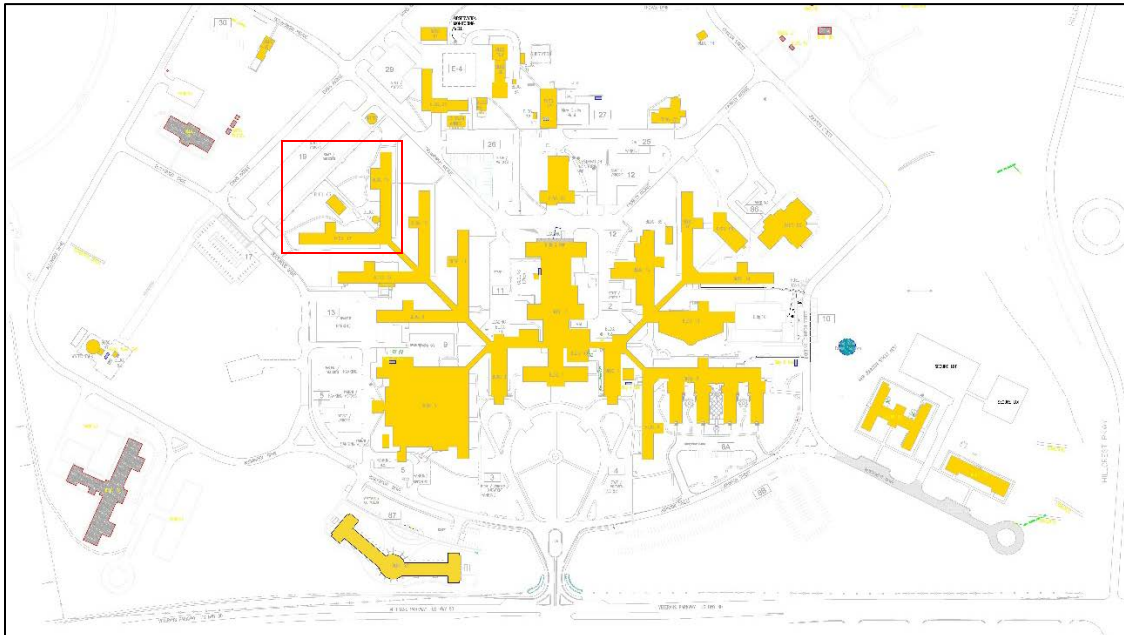
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Structure No. 73

Present Use: Smoking Shelter

Year Built: 1995



Structure No. 73 is a covered pavilion adjacent to Building Nos. 17 and 19. It is used as a smoking shelter.



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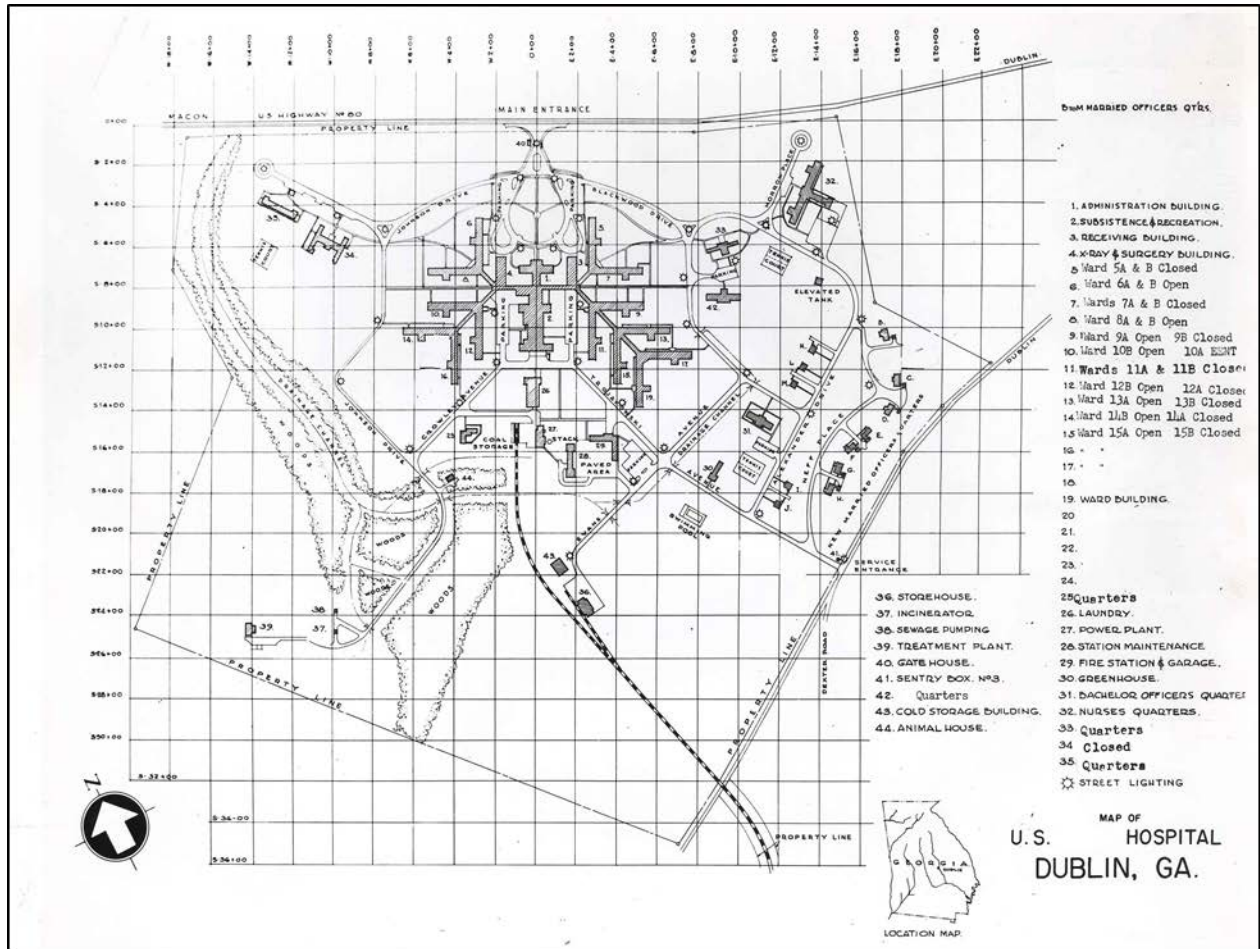


Figure 43. Site plan for the Dublin VA Hospital ca. 1950 (VA).

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## 8. Statement of Significance

### Applicable National Register Criteria

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

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

### Criteria Considerations

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

- 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

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**Areas of Significance**

(Enter categories from instructions.)

Health/Medicine

Politics/Government

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of Significance**

1943-1958

\_\_\_\_\_  
\_\_\_\_\_

**Significant Dates**

1943

1948

\_\_\_\_\_

**Significant Person**

(Complete only if Criterion B is marked above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architect/Builder**

United States Navy, Bureau of Yards & Docks

Robert and Company

\_\_\_\_\_

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**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Dublin Veterans Administration Hospital meets National Register of Historic Places Criteria A and C and is significant at the state and local level within the context of the third generation or post-World War II era of veterans' hospitals developed and administered by the federal government as identified through the study undertaken to support the *United States Third Generation Veterans Hospitals*, multiple property listing. The period of significance for the Dublin VA Hospital begins in 1943 when construction of the then-naval hospital campus started. It ends in 1958 when the Veterans Administration's postwar hospital building program concluded. The Dublin VA Hospital exemplifies a transitional hospital property type in this national context of veterans' healthcare and it retains a high level of integrity to the period of significance (1943-1958).

The U.S. Navy built the hospital in Dublin with the expectation of transferring the medical center to the Veterans Administration when the war ended. Its construction predates the 1946 launch of the VA's hospital program that would modernize healthcare for veterans through collaborative research and training for medical staff, in rehabilitative and clinical care, and in architectural expression and site design. The medical center in Dublin was part of the VA's answer to a pressing healthcare need after World War II. Already in service, the Dublin VA Hospital functioned as a general medical and surgical hospital when it came under the VA's purview in 1948.<sup>30</sup> It also was a center of medical research, specifically for rheumatic fever.<sup>31</sup> Links like that in Dublin between research and medical care distinguished the VA's third generation program; these ties fostered the development of clinical trials, pharmaceuticals, rehabilitative therapies and prosthetics, and out-patient care among other medical advancements in education and practice. Moreover, research and medical training were shared among military medics, VA doctors, and medical school faculty and staff. Proximity to a medical school guided the placement of many of the third generation of veterans' hospitals, and Dublin shared in this healthcare consortium. However, the location of the naval hospital in Dublin was influenced by the congressional district's elected representative, the Honorable Carl Vinson.<sup>32</sup> Some objected to the pending transfer of the facility to the Veterans Administration because its location appeared counter to the postwar program's commitment to center the modern campuses near medical schools and because of potential staffing shortages. Regardless the property passed to the Veterans Administration as planned. The Dublin VA Hospital operated at a smaller capacity than the naval hospital had done as patient numbers dropped and as recruitment of medical personnel proved challenging.<sup>33</sup>

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<sup>30</sup> "Dublin To Get Navy Hospital, Vinson States," *Atlanta Constitution*, June 4, 1943, 4; "VA To Manage Dublin Hospital," *Atlanta Constitution*, June 15, 1948, 12; "Dublin Hospital To Hear Speech By Rep. Vinson," *Atlanta Constitution*, September 7, 1948, 25; *Administrator of Veterans Affairs Annual Report for the Fiscal Year Ending June 30, 1950* (Washington, DC: Government Printing Office, 1951), 139, 147.

<sup>31</sup> "Biological Warfare Is Future Threat," and [photograph caption] "Two Admirals Talk It Over with Atlanta Doctor," *Atlanta Constitution*, May 31, 1946, 10.

<sup>32</sup> "Dublin To Get Navy Hospital, Vinson States," *Atlanta Constitution*, June 4, 1943, 4; "Dublin Hospital To Hear Speech By Rep. Vinson," *Atlanta Constitution*, September 7, 1948, 25; "Several Georgia Plants To Be Retained – Vinson," *Atlanta Constitution*, September 28, 1945, 1.

<sup>33</sup> "Navy Hospitals," *Pensacola News Journal*, August 13, 1944, 4; *Annual Report 1950*, 9, 139; "U.S. Probes Navy Plan to Shift Hospital to VA," *Detroit Free Press*, January 30, 1948, 28; "VA Official Hits Bed Increase," *Atlanta*

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The Dublin VA Hospital is eligible for listing at the state level of significance in the National Register of Historic Places under Criterion A for its significance to the community served – namely naval personnel and then veterans in Georgia – and is especially notable for the anticipation of healthcare needs of the war’s veterans that influenced its construction. It is also significant in the VA’s provision of modern medical treatments and therapies throughout the post-World War II or third generation period. In addition to its association with the history of healthcare and medicine in the context of the *United States Third Generation Veterans Hospitals*, the Dublin VA Hospital reflects the influence of politics in the siting of veterans’ hospitals that had characterized earlier generations of veterans’ hospitals. Congressman Carl Vinson was an advocate for the establishment of the medical center and its transfer to the Veterans Administration. For the hospital campuses planned by the VA after the war, the locations were driven by a number of factors – primarily veteran demographics and medical schools – while the Dublin VA Hospital reflects interwar period planning and war time needs. The medical campus, once operational, pushed healthcare forward in the mid-twentieth century and continues to respond to medical trends. It was renamed for Vinson in 1984.

The Dublin VA Hospital is also eligible for listing in the National Register of Historic Places under Criterion C at the local level for architecture as a rare, extant example of a third generation, transitional hospital erected by the military during World War II and taken over by the Veterans Administration after the war ended. Its distinctive plan, particularly the chevron patterned extensions of the main hospital, is unique among the third generation of veterans’ hospitals. The Colonial Revival detailing of the buildings further ties the campus together visually through the brick walls, entablatures, gable fronted dormers, and sash windows. This aesthetic complements the architectural style of the region and of that seen in Dublin during the period. The Dublin VA Hospital is eligible under these criteria and retains integrity to the period of the significance (1943-1958).

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*Constitution*, April 27, 1950, 1; “To Urge Hospital Use,” *Atlanta Constitution*, January 28, 1950, 2. The Dublin Naval Hospital was planned as a 1000-bed facility, although 900 is sometimes reported. The VA Hospital was about half that size, at 500 beds, but in practice, only had capacity for about 300 to 400 beds. In 1950, of the 500 authorized beds, the hospital had staffing capacity for 378, and in 1956, 385 on average. *Annual Report 1956*, 176. The staffing challenges were reflected in the thirtieth anniversary historical summary of the hospital, observing the under-utilization of the patient beds was due to needed medical personnel. The hospital offered training programs beginning in 1965 to help fill the need for ancillary personnel at the property. History, 1978, VA files.

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### **Narrative Statement of Significance**

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

The swell of veterans returning home after World War II strained the financial and physical capabilities of existing Veterans Administration health care facilities. Due to these pressing needs, the Veterans Administration (VA) developed a nationwide building program to construct new hospitals, a necessary step to providing modern healthcare for these returning heroes. In some cases, the Veterans Administration found it more expedient and cost effective to take over existing military hospitals rather than build new facilities. While many of these hospitals were constructed to be temporary and to be replaced by new permanent hospitals almost immediately, a handful of these facilities were constructed with enough substance that they remain open to the present day. The Dublin Veterans Administration Hospital at Dublin, Georgia, is one of those hospitals. It was built by the U.S. Navy and, from the outset, planned to be administered by the VA. The U.S. Navy designated the facility to the study and treatment of rheumatic fever, a debilitating disease that left young sailors bedridden for weeks, in 1946. The Veterans Administration took over the Dublin medical campus in 1948.

#### The Dublin Naval Hospital

World War II brought new advances in warfare technology and associated medical care. Many weapons were refinements and improvements to weapons developed during World War I. In particular, advances in radar and sonar technologies allowed both Allied and Axis powers to better pinpoint enemy ships, aircraft carriers, and submarines. Of the more than 3,500,000 persons who served in the U.S. Navy during World War II, nearly 52,000 died of service-related causes, while another 37,000 were wounded. Medical services also expanded, resulting in greater survival rates for injured combatants. The widespread use of sulfa drugs and penicillin, combined with advancements in the rapid evacuation of wounded personnel from the front, contributed to a significantly increased survival rate. Improved surgical techniques for amputation also enhanced the survival of sailors and soldiers who likely would have died from similar wounds during World War I.<sup>34</sup>

Prior to the bombing of Pearl Harbor, the U.S. Navy maintained 6,000 beds for wounded personnel at bases across the United States.<sup>35</sup> Rapid enlistment and the two-ocean war strategy quickly demonstrated the need for urgent expansion of medical facilities. In June 1940, the Navy operated fourteen hospitals in the United States. By June 1945, that number had increased to forty-five facilities, hosting more than 72,000 beds.<sup>36</sup>

From his position as chair of the House Naval Affairs Committee, powerful Congressman Carl Vinson of Georgia exercised considerable influence over the state of naval expenditures throughout the war. Vinson

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<sup>34</sup> Michael Gambone, *The Greatest Generation Comes Home: The Veteran in American Society* (College Station: Texas A&M University Press, 2005), 39.

<sup>35</sup> Department of the Navy, Bureau of Yards and Docks, *Building the Navy's Bases in World War II: History of the Bureau of Yards and Docks and the Civil Engineers Corps, 1940-1946*, 1947, accessed 19 June 2013, [http://www.ibiblio.org/hyperwar/USN/Building\\_Bases/bases-14.html](http://www.ibiblio.org/hyperwar/USN/Building_Bases/bases-14.html), 355.

<sup>36</sup> *Annual Report, Navy and Marine Corps Military Personnel Statistics, June 30, 1964* (Washington, DC: Bureau of Naval Personnel, Headquarters- US Marine Corps, 1964) 76-77, accessed June 19, 2013, [http://www.history.navy.mil/library/online/ww2\\_statistics.htm](http://www.history.navy.mil/library/online/ww2_statistics.htm).

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believed a strong navy was in the best interest of the United States, and he fought for increased Congressional spending on navy ships, equipment, and personnel. His efforts earned him the nickname “the Admiral.”<sup>37</sup>

Vinson demonstrated the same level of commitment to his Georgia constituents. In 1942, Vinson began preparations to locate a naval hospital in his home district. Objectors cited the lack of airports for the transportation of wounded to the hospital and for recovered sailors back to duty. The Laurens County Board of Commissioners assisted in rebutting that objection by securing 640 acres northwest of Dublin for use as an airport. The construction paved the way for a large hospital in the town.<sup>38</sup> Political officials justified the expenditures because, from the outset, the Dublin Naval Hospital was intended to be a permanent fixture in the community. The realities of war would not last and, once the fighting had ended, the hospital would be transferred to the Veterans Administration, ensuring jobs for decades to come.<sup>39</sup>

Construction of the Dublin Naval Hospital began in 1943. The federal government purchased a 231-acre farm and orchard just west of Dublin for \$112 an acre. The site was rural, and the City of Dublin had to build sewer lines to the site. Lack of funding slowed the completion, and this project ultimately had to be finished by the Federal Works Agency. The Macon, Dublin, & Savannah railroad extended a rail spur to the site to facilitate the delivery of construction materials, and, later, of hospital supplies. By September 1943, crews had begun clearing and grading the site.<sup>40</sup> The hospital opened on January 22, 1945.<sup>41</sup>

The original Dublin Naval Hospital featured a central hospital and administration building, surrounded by eight ward buildings that were connected by corridors. Support facilities such as a boiler plant and personnel quarters were located to the sides and rear of the main hospital block. Recreation facilities included a swimming pool, tennis courts, basketball courts, and a small golf course (see Figures 6-7). The U.S. Navy allocated funds for Colonial Revival detailing to better blend aesthetically with the surrounding Dublin architecture. The style is displayed on campus buildings to varying degrees; the main hospital (Building No. 1 specifically) displays the highest style, while the boiler plant (Building No. 27) contains only the most minimal ornamentation.

#### Rheumatic Fever

The Dublin Naval Hospital hosted one of only two rheumatic fever units operated by the U.S. Navy during World War II. Rheumatic fever affected U.S. sailors and soldiers in wars throughout the nineteenth and twentieth centuries, but it received less press than diseases such as dysentery in the Civil War and influenza in World War I. More than 25,000 American sailors suffered from the disease between 1941 and 1945.<sup>42</sup> This number is small given the number of enlisted men in World War II, but rheumatic fever accounted for the second-highest number of lost work days in 1944. Only bone fractures caused more lost

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<sup>37</sup> Herman Eugene Talmadge 1972, in Melin B. Hill, Jr., and Robert G. Stephens, Jr., *Carl Vinson: A Legend in His Own Time*. 2013, accessed June 11, 2013, NAMRU-4, *An Introduction to NAMRU-4, History and Accomplishments*, 1972, page 1, accessed June 14, 2013.

<sup>38</sup> Scott Thompson, “Carl Vinson VA Celebrates 60 Years,” *The Courier Herald* January 11, 2005, 4a.

<sup>39</sup> “Work on \$5,000,000 Dublin Hospital Starts,” *The Atlanta Journal*, October 31, 1943, 17.

<sup>40</sup> Thompson, “Celebrates,” 4a.

<sup>41</sup> Dublin VAMC, “History of the Veterans Administration Center, Dublin, Georgia,” ca. 1975, 1.

<sup>42</sup> “Epidemiologic Study of Seven Hundred and Fifty-Seven Cases of Rheumatic Fever,” *Archives of Internal Medicine (Chicago)*, 80, no. 6 (1947): 709-27, accessed June 13, 2013.

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time.<sup>43</sup> Moreover, this number may be artificially low, as the difficulty in diagnosing rheumatic fever means that the total number of sufferers was likely far greater than reported.

The Mayo Clinic describes rheumatic fever as “an inflammatory disease that can develop as a complication of inadequately treated strep throat.” Rheumatic fever usually occurs a few weeks following a strep throat infection or, more rarely, scarlet fever. Symptoms may include fever, joint pain, chest pain, heart palpitations, fatigue, shortness of breath, painless rash, and, in severe cases, uncontrollable body movements.<sup>44</sup> These symptoms often mimic other diseases and infections, leading to inaccurate diagnoses. If treated incorrectly, patients can suffer permanent heart damage, which can lead to a weakened cardiac state, or even death.

Today, doctors treat strep throat infections with antibiotics to prevent the occurrence of rheumatic fever. Use of antibiotics was not widespread in World War II, and the U.S. military relied on doctors to make their own recommendations regarding treatment of rheumatic fever. Most prescribed high doses of salicylates (non-steroidal anti-inflammatories) to control the fever and joint pain, coupled with prolonged bedrest. Many patients recovered after two to three weeks rest, and then would either return to service or, if the illness had been severe, leave the service.<sup>45</sup> Other physicians believed rheumatic fever to be an allergic response to the bacteria that causes strep throat and treated patients with antihistamines.<sup>46</sup>

Field medical units could not handle a high volume of convalescing rheumatic fever patients, and many were shipped to hospitals elsewhere to recuperate. Since strep throat is contagious, and the most concentrated living conditions could be found in training units stateside, 17- to 25-year old enlisted men in basic training were particularly susceptible to the disease.<sup>47</sup> Weeks of bedrest left muscles atrophied, and rendered many young patients unprepared for duty. In 1944, the military began a system of progressive reconditioning to aid patients in returning to active service.<sup>48</sup>

On May 31, 1946, nearly a year after World War II ended, the U.S. Navy commissioned the McIntire Research Unit for Rheumatic Fever at the Dublin Naval Hospital. The program’s imprint on the medical campus included a (temporary) research building and an animal house (Building No. 44).<sup>49</sup> The program brought new equipment to the facility and patients to Dublin, as suggested by the 400 new beds associated with it.<sup>50</sup> The unit included four doctors, four laboratory technicians, and four laboratory helpers.<sup>51</sup> Dublin was one of only two naval hospitals specifically dedicated to rheumatic fever recovery; the other was located in Corona, California.<sup>52</sup> It should be noted that both facilities also contained general

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<sup>43</sup> NAMRU-4, *Introduction*, 1.

<sup>44</sup> Mayo Clinic staff, “Rheumatic Fever,” 2013 (accessed June 12, 2013, [www.mayoclinic.com/health/rheumatic-fever/DS00250](http://www.mayoclinic.com/health/rheumatic-fever/DS00250)).

<sup>45</sup> Rantz 2011, 233.

<sup>46</sup> NAMRU-4, *Introduction*, 10.

<sup>47</sup> NAMRU-4, *Introduction*, 1.

<sup>48</sup> Rantz, 236.

<sup>49</sup> See Section 7, above. The temporary research building was identified as Building No. 20 in the 1946, 1948, and 1953 site maps (Figures 7, 16-17).

<sup>50</sup> Dublin VAMC, “History,” 2. It is unclear at the time of the nomination draft which quarters were built for or occupied by the research unit.

<sup>51</sup> NAMRU-4, *Introduction*, 1.

<sup>52</sup> Quinn, “Study.”; Nita Hiltner, “NORCO: Historian’s book tells of The Navy in Norco,” *The Press-*



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medical staff, and tuberculosis wings. The U.S. Navy's emphasis on rheumatic fever studies continued after the transfer of Dublin to the Veterans Administration, however, the focus of the hospital under the VA was broader and the McIntire Research Unit was relocated to another naval installation.<sup>53</sup> In the context of the third generation program, the research initiated by the navy is representative of the military, and VA, studies that advanced healthcare through greater understanding and use of antibiotics.

### The Veterans Administration

The need for large military hospitals decreased after World War II ended. The Dublin Naval Hospital had less than seventy patients by June 1948, fifty of whom already had been discharged and technically were under the care of the Veterans Administration. On July 1, 1948, the U.S. Navy decommissioned the Dublin facility and transferred the hospital to the VA at a joint ceremony. Felix Bobbitt, a native of Dublin and a service-wounded paraplegic, was the first new VA patient.<sup>54</sup>

In 1953, President Dwight Eisenhower announced plans to desegregate Washington, D.C. and all federal facilities. This announcement came five years after President Harry Truman desegregated U.S. military forces. The VA Administrator Harvey Higley agreed to integrate Veterans Administration hospitals within one year. At the time, Higley estimated that forty-seven facilities remained segregated. In 1954, the Dublin VA Hospital ended desegregation by removing excess drinking fountains and signs referring to the race of visitors and patients; allowing patients and family members to access all campus rest areas; and, moving patients into racially-mixed wards.<sup>55</sup> Higley reported integration to be successful, completed by the Veterans Administration with "an absolute minimum of untoward incidents."<sup>56</sup>

The VA constructed few buildings in its long history in Dublin, more often adapting extant buildings for new uses on the medical campus in keeping with modern healthcare needs. For example, in 1956, the Veterans Administration designated 180 beds to intermediate care, later designated as domiciliary care. These beds became part of a 500-bed domiciliary unit in 1959. A nursing home care unit opened in 1956, and, by 1974, the campus contained an intensive care unit, a respiratory care unit, nuclear medicine services, and hemo-dialysis beds.<sup>57</sup> These new functions, as well as the shift in modern medical standards, have resulted in the abolition of open wards in favor of private and semi-private rooms; however, exterior changes to the buildings of the medical center have been minimal.

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*Enterprise* (Riverside, California), September 10, 2011, accessed June 13, 2013,  
<http://www.pe.com/local-news/riverside-county/corona/corona-headlines-index/20110910-norco-historian-s-book-tells-of-the-navy-in-norco.ece>.

<sup>53</sup> NAMRU-4, *Introduction*, 2, 10-21.

<sup>54</sup> Dublin VAMC, "History," 1.

<sup>55</sup> Dublin VAMC, "History," 1.

<sup>56</sup> Harvey Higley 1954, quoted in "Segregation Eliminated at VA Facilities," *The Reading Eagle* October 27, 1954, accessed June 19, 2013,  
<http://news.google.com/newspapers?nid=1955&dat=19541027&id=bAUrAAAAIBAJ&sjid=JcFAAAAIBAJ&pg=2882,5381075>.; Dublin VAMC, "History," 3.

<sup>57</sup> Dublin VAMC, "History," 5. Although the campus histories do not indicate specific locations for the updated functions, on a 1980 site map, Building No. 12 was designated for nursing home care whereas Nos. 15, 17, and 19 were intermediate care. Nos. 8, 10, 14, and 16 were domiciliary wards.

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On May 28, 1984, the Dublin VA Hospital celebrated Memorial Day by rechristening the facility in honor of former Congressman Carl Vinson.<sup>58</sup> Vinson died in 1981. Speakers at the dedication recalled Vinson's years of public service and his commitment to establishing a military hospital in Dublin.

#### Carl Vinson

The Dublin VA Hospital was renamed for Congressman Carl Vinson in 1984. Vinson (1883-1981) served over fifty years in the U.S. House of Representatives. From his seat as chair of the House Naval Affairs Committee, Vinson authored bills throughout the late 1930s to prepare the U.S. Navy for the impending war. Vinson faithfully represented his home district, and, in the 1940s, used his influence to ensure a new naval hospital, later the Dublin Veterans Administration Hospital, was located in his district.

Carl Vinson was born on November 18, 1883, to Edward Storey Vinson and his wife, Annie. The Vinsons had seven children on the family farm in Baldwin County, Georgia. Vinson diligently applied himself in school as a young man at the Middle Georgia Military & Agricultural College in Milledgeville, and worked in local stores after school. Vinson aspired to a legal career, and he enrolled in Mercer University Law School at the age of sixteen. He was admitted to the State Bar following graduation in 1902.<sup>59</sup>

Vinson briefly practiced law under his mentor, Judge Edward R. Hines, but left the practice in 1909 to run for a seat in the Georgia General Assembly. He won, and served as Speaker Pro Tempore in his second term. Vinson was defeated in his 1912 election by a mere five votes. Two years later, Vinson ran for an open seat in the U.S. House of Representatives and won. He was fifteen days shy of his thirty-first birthday. This election was the first of twenty-six consecutive elections in which voters sent Vinson to Capitol Hill.<sup>60</sup>

Vinson maintained a lifelong interest in naval military affairs, despite never serving in the U.S. Navy. In 1917, he acquired a seat on the Naval Affairs Committee. He became chairman in 1931 and continued in the post when the committee merged with another to become the House Armed Services Committee in 1947. When questioned about a possible appointment to be Secretary of Defense, Vinson reportedly quipped, "No, I'd rather run the Pentagon from here."<sup>61</sup> Vinson used his seat to advocate for a strong national defense in the 1920s and 1930s, an unpopular idea in the aftermath of World War I. His positions finally found traction under President Franklin D. Roosevelt, former Assistant Secretary of the Navy under President Woodrow Wilson.<sup>62</sup>

Vinson sponsored several pieces of legislation in the late 1930s that increased the size of America's naval forces and prepared the nation for the brewing war in Europe. The Naval Act of 1936 allowed for the construction of Navy battleships, an authorization not permitted since the close of World War I. Two years later, Vinson sponsored another bill which increased the size of American naval forces by 20

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<sup>58</sup> Thompson, *Profile*, 57.

<sup>59</sup> Melvin B. Hill, Jr., and Robert G. Stephens, Jr., *Carl Vinson: A Legend in His Own Time*, 2013, accessed June 11, 2013, <http://georgiainfo.galileo.usg.edu/c-vinson.htm>.

<sup>60</sup> Hill & Stephens, *Vinson*.

<sup>61</sup> Hill & Stephens, *Vinson*.

<sup>62</sup> James F. Cook, "Carl Vinson," 2002, accessed June 11, 2013, <http://www.georgiaencyclopedia.org/nge/Article.jsp?id=h-514>.

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percent.<sup>63</sup> World War II Fleet Admiral Chester Nimitz later said of Vinson, “I do not know where this country would have been after December 7, 1941, if it had not had the ships and the know-how to build more ships fast, for which one Vinson bill after another was responsible.”<sup>64</sup> His advocacy on behalf of the Navy gained him the nickname “the Admiral.”<sup>65</sup>

Vinson served in Congress throughout World War II, and he lobbied for a naval medical campus in his home district. In 1943, the U.S. Navy started construction on a large naval hospital in Dublin, Georgia. The campus cost approximately \$10,000,000 to construct.<sup>66</sup> Vinson also ensured Laurens County received a Prisoner of War camp during the war, an additional boost for the local economy.<sup>67</sup>

Vinson retired from Congress in 1965. In 1980, he became the first living American to have a U.S. Navy ship named in his honor. Vinson died on June 1, 1981.<sup>68</sup>

The Dublin VA Hospital and the *United States Third Generation Veterans Hospitals, 1946-1958 MPL*

As noted above, the Dublin VA Hospital is eligible for listing in the National Register for its significance to the history of health and medicine during the naval period from 1943 to 1948 particularly for rheumatic fever as well as under the postwar initiative of the Veterans Administration to provide modern healthcare facilities and treatments to veterans of World War II that extended through 1958. The emphasis on medical research and patient care seen at the Dublin property during World War II was continued under the Veterans Administration’s postwar program, wherein collaborative research with universities shaped the third generation of veterans’ hospitals from location to staffing to design of patient treatment spaces within the hospital campus. In built form and medical history, the Dublin VA Hospital stands at the forefront the third generation of veterans’ hospitals administered by the federal government as described in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*. While the campus of the Dublin VA Hospital reflects the new standards of medical care and research that were fundamental to the postwar or third generation promise, the Veterans Administration received the property from the U.S. Navy. The research was forward looking, and the architectural landscape was a continuum of existing building practice. As such, the Dublin VA Hospital is classified as a transitional hospital property type under the *United States Third Generation Veterans Hospitals* multiple property documentation form listed in the National Register.

Of the hospitals built by the federal government following World War II, there are two property types identified under the *United States Third Generation Veterans Hospitals* context that represent continuity in care and innovation in delivery as the new facilities came into service. Phased construction from the end of the 1940s to the end of the 1950s brought new hospitals into the VA healthcare network. These

<sup>63</sup> Lt. Commander J. David Rogers, USN, *Development of the World’s Fastest Battleships*, 2013, accessed June 11, 2013,

[http://web.mst.edu/~rogersda/american&military\\_history/World%27s%20Fastest%20Battleships.pdf](http://web.mst.edu/~rogersda/american&military_history/World%27s%20Fastest%20Battleships.pdf).

<sup>64</sup> Fleet Admiral Chester Nimitz, quoted in Cook, “Carl Vinson.”

<sup>65</sup> Herman Talmadge 1973, quoted in Hill & Stephens *Vinson*.

<sup>66</sup> Dublin VAMC, “History,” 1.

<sup>67</sup> Don and Mildred Lamb, *A Profile of Dublin & Laurens County, Georgia: From an Economic and Quality-of-Life Perspective*, 1995, 57; Scott B. Thompson, “A Bicentennial History of Laurens County,” *The Courier Herald*, January 31, 2007, 14.

<sup>68</sup> Hill & Stephens, *Vinson*.

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facilities embody one of the property types identified under the *United States Third Generation Veterans Hospitals*: the new hospital. The new hospital property type includes those campuses designed by architects in private practice according the guidelines developed by the VA and those built by the VA to a standardized plan to economize costs as the agency's third generation program progressed.



Figure 44. Plaques in the main lobby of the Dublin VA Hospital documenting its administrative history from the U.S. Navy to the Veterans Administration and visually summarizing what made a transitional hospital in the context of the multiple property listing of third generation veterans' hospitals (2018).

The other property type considered under the *United States Third Generation Veterans Hospitals* multiple property documentation form is the transitional hospital. Transitional hospitals filled an immediate need. The property type consists of existing facilities adapted and expanded to provide up-to-date care while the new hospitals were erected from the ground up. Coming from a number of sources, the transitional hospitals do not have a singular plan or appearance. The transitional hospital campuses include those constructed by the military and transferred to the VA, such as the navy facilities in Long Beach, California, and in Dublin, Georgia, as well as army facilities. The military properties were already operating as hospitals for servicemen and women; most dated to the war period itself, such as the Dublin medical campus (Figure 44). Primarily the military hospitals were modeled on a pavilion plan and the army's cantonment-type building tradition. The Dublin VA Hospital is illustrative of the low-scale, multi-building campus design of the world war-era military hospitals, yet here the use of the connecting corridors produced the architecturally distinctive chevron pattern rather than the rows of buildings in the cantonment-type like that seen in the Winter Veterans Hospital in Topeka, Kansas (Figure 45). The hospital campus, therefore, is eligible for listing under National Register Criterion C for architecture at a local level reflecting the site-specific characteristics and local building traditions in materials and aesthetics that convey a strong sense of place – reflective of location and of architectural styles favored in middle Georgia at the time.

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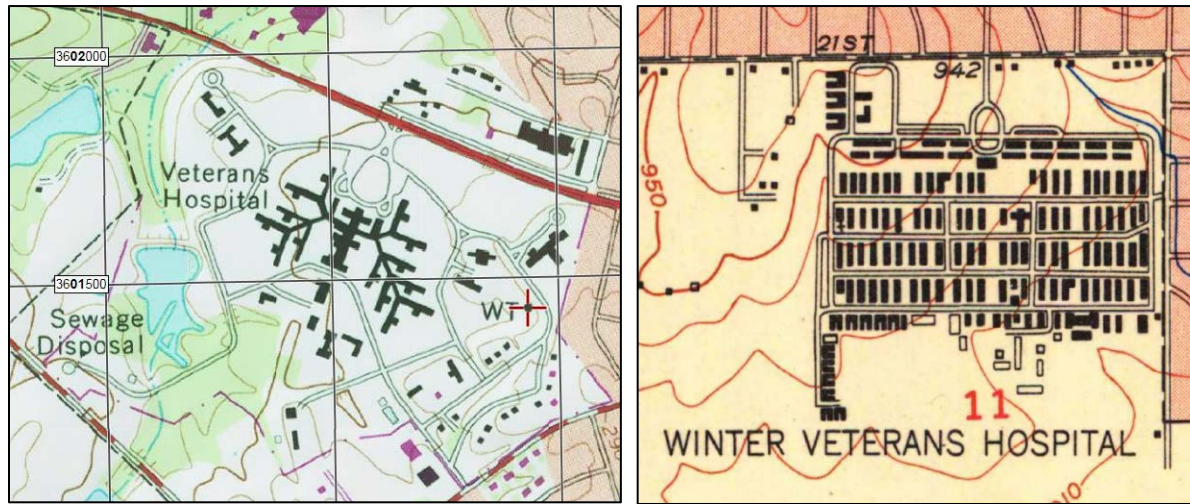


Figure 45. (left) footprint of the Dublin VA Hospital versus that of Winter in Kansas (right) (VA).

The Dublin VA Hospital is representative of the Veterans Administration's third generation program that was at once practical and innovative. The VA reused the existing naval infrastructure as it defined new standards for hospital construction that would symbolize modernity and satisfy contemporary needs during the third generation program. The Dublin VA Hospital is an important example of the national program, as an extant military hospital folded into the VA network and for its provision of medical services to veterans living in Georgia. It is the only VA hospital campus in Georgia that is eligible for listing considered under the post-World War II context. Registration requirements for transitional hospitals under the *United States Third Generation Veterans Hospitals* multiple property listing emphasize the scale and site layout of the property. To fully convey the integrity of place, a number of the buildings must survive, as at the Dublin VA Hospital where the campus remains largely intact, particularly evident in the chevron extensions from the main building and the clusters of former support buildings to the side and rear of the property. Original circulation patterns and spatial relationships are also visible.

In sum, the former military facilities transferred to the VA and adapted during the postwar or third generation initiative must include a majority of original buildings remaining in their original configuration without modern intrusions to be eligible for listing under the *United States Third Generation Veterans Hospitals* multiple property submission. The Dublin VA Hospital does that – distinguished as it is by the chevron footprint and by the Colonial Revival-style detailing in the building exteriors that provides visual cohesion across the medical campus and conveys integrity in feeling and association as well as in materials and workmanship. Integrity of design and setting for the campus is enhanced by that of location.

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## 9. Major Bibliographical References

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(Cite the books, articles, and other sources used in preparing this form.)

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Vertical files, Laurens County Library, Oconee Library Regional Library, Dublin, Georgia.

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**Previous documentation on file (NPS):**

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

**Primary location of additional data:**

- State Historic Preservation Office
  - Other State agency
  - Federal agency
  - Local government
  - University
  - Other
- Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

**8. Geographical Data**

**Acreeage of Property** 101.28

Use either the UTM system or latitude/longitude coordinates

**Latitude/Longitude**

**Coordinates** Datum if other

than WGS84: \_\_\_\_\_ (enter coordinates to 6 decimal places)

- A. Latitude: 32.540635 Longitude: - 82.946897
- B. Latitude: 32.537924 Longitude: - 82.939916
- C. Latitude: 32.536774 Longitude: - 82.940354
- D. Latitude: 32.535797 Longitude: - 82.938850

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E. Latitude: 32.535433	Longitude: - 82.939280
F. Latitude: 32.535201	Longitude: - 82.938876
G. Latitude: 32. 534275	Longitude: - 82.941390
H. Latitude: 32.533799	Longitude: - 82.941019
I. Latitude: 32.533585	Longitude: - 82.941372
J. Latitude: 32.533116	Longitude: - 82.940935
K. Latitude: 32.532917	Longitude: - 82.941237
L. Latitude: 32.531947	Longitude: - 82.940393
M. Latitude: 32.532010	Longitude: - 82.940299
N. Latitude: 32.531908	Longitude: - 82.940182
O. Latitude: 32.531729	Longitude: - 82.940403
P. Latitude: 32.533190	Longitude: - 82.941694
Q. Latitude: 32.533238	Longitude: - 82.941661
R. Latitude: 32.533670	Longitude: - 82.942054
S. Latitude: 32.533420	Longitude: - 82.942583
T. Latitude: 32.533752	Longitude: - 82.943009
U. Latitude: 32.534822	Longitude: - 82.945695
V. Latitude: 32.536832	Longitude: - 82.946507
W. Latitude: 32.537376	Longitude: - 82.947991
X. Latitude: 32.528871	Longitude: - 82.947955



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**Or**

**UTM References**

Datum (indicated on USGS map):

NAD 1927 or  NAD 1983

1. Zone: Easting: Northing:
2. Zone: Easting: Northing:
3. Zone: Easting: Northing:
4. Zone: Easting: Northing:

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

The National Register boundary is indicated with a heavy black line on the attached National Register map, drawn to scale.

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

The boundaries of the nominated property include the parcel currently owned by the federal government and overseen by the U.S. Department of Veterans Affairs, as identified in Figure 11 above and shown in the locational maps for the Carl Vinson VA Medical Center.

**9. Form Prepared By**

name/title: Kelly Sellers Wittie/Project Manager  
organization: R. Christopher Goodwin & Associates, Inc.  
street & number: 309 Jefferson Highway, Suite A  
city or town: New Orleans state: Louisiana zip code: 70121  
telephone: 504-837-1740  
date: 2013; revised, VA, 2018

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### **Additional Documentation**

Submit the following items with the completed form:

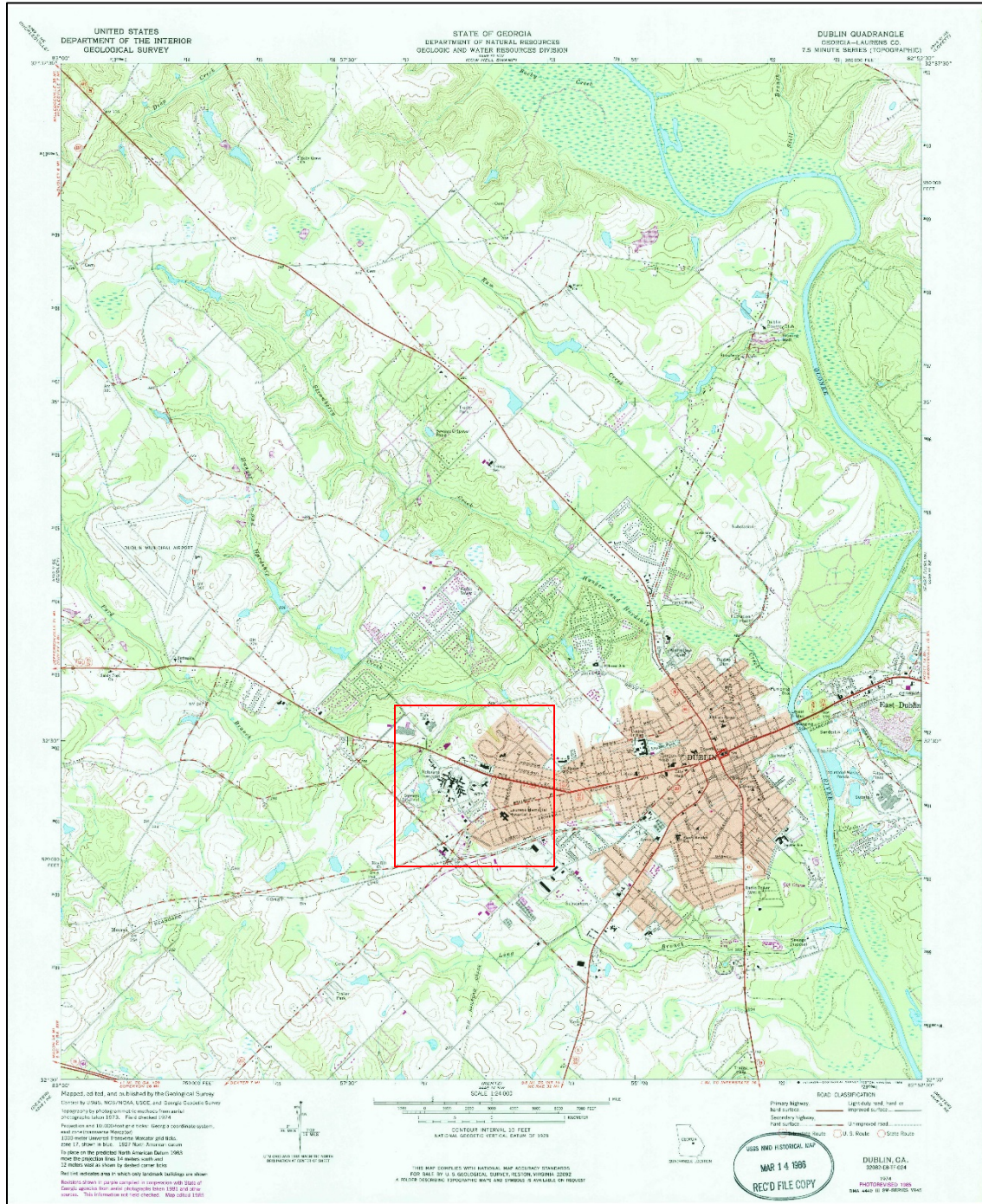
- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any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

*(see next page)*

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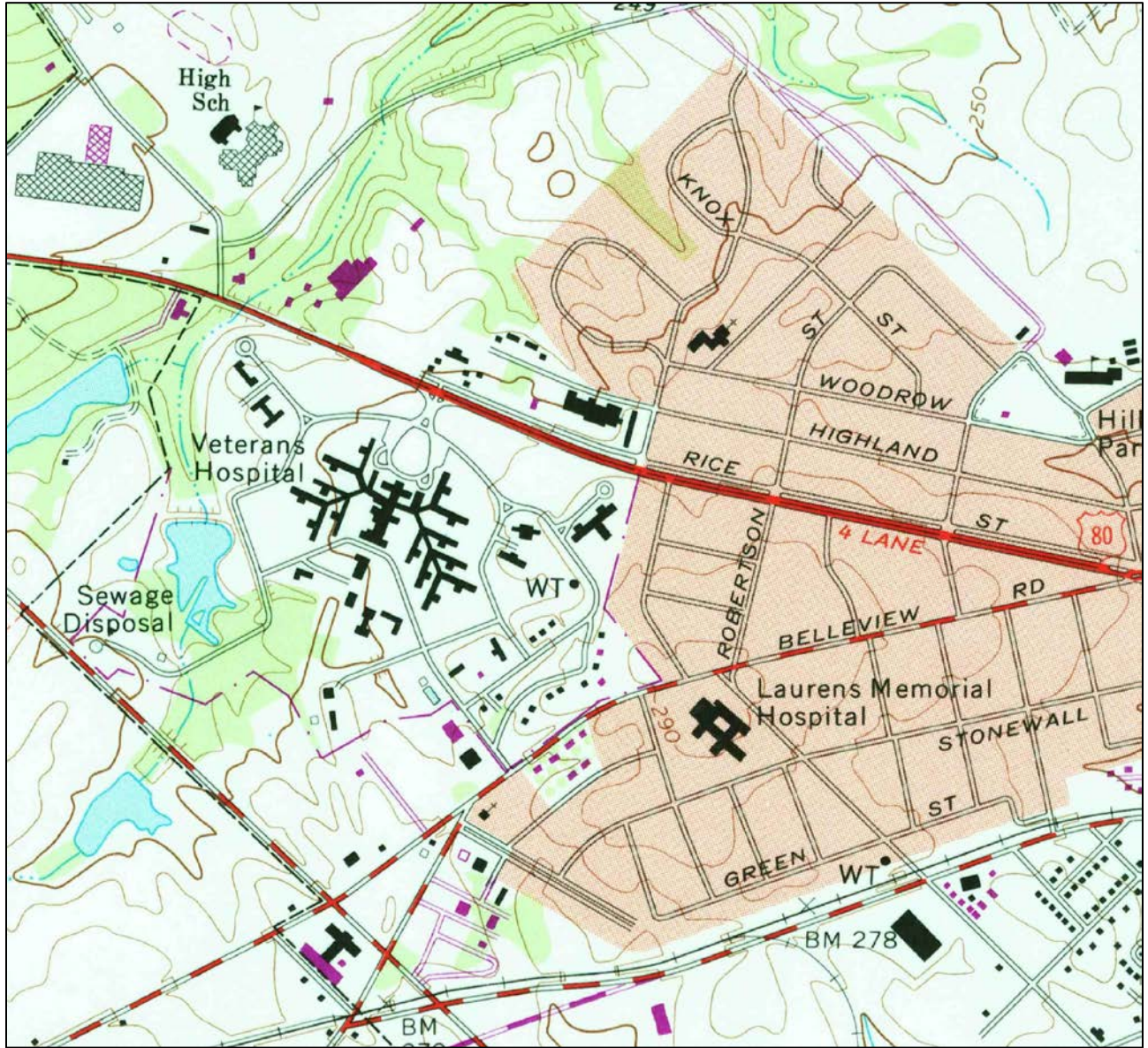
**General Locational Map: USGS Map, Dublin Quadrangle**



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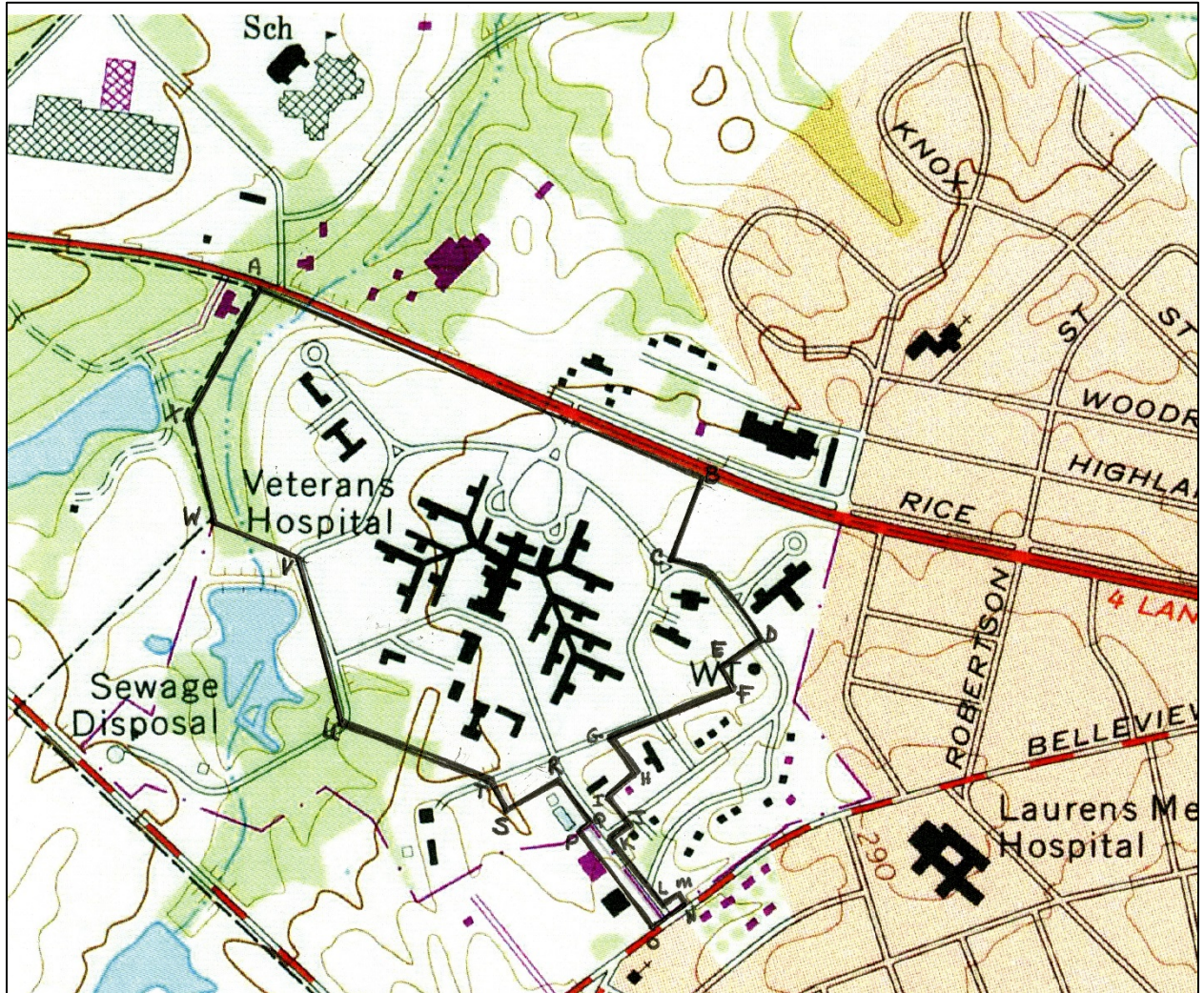
**Locational Map: Detail, Dublin Quadrangle**



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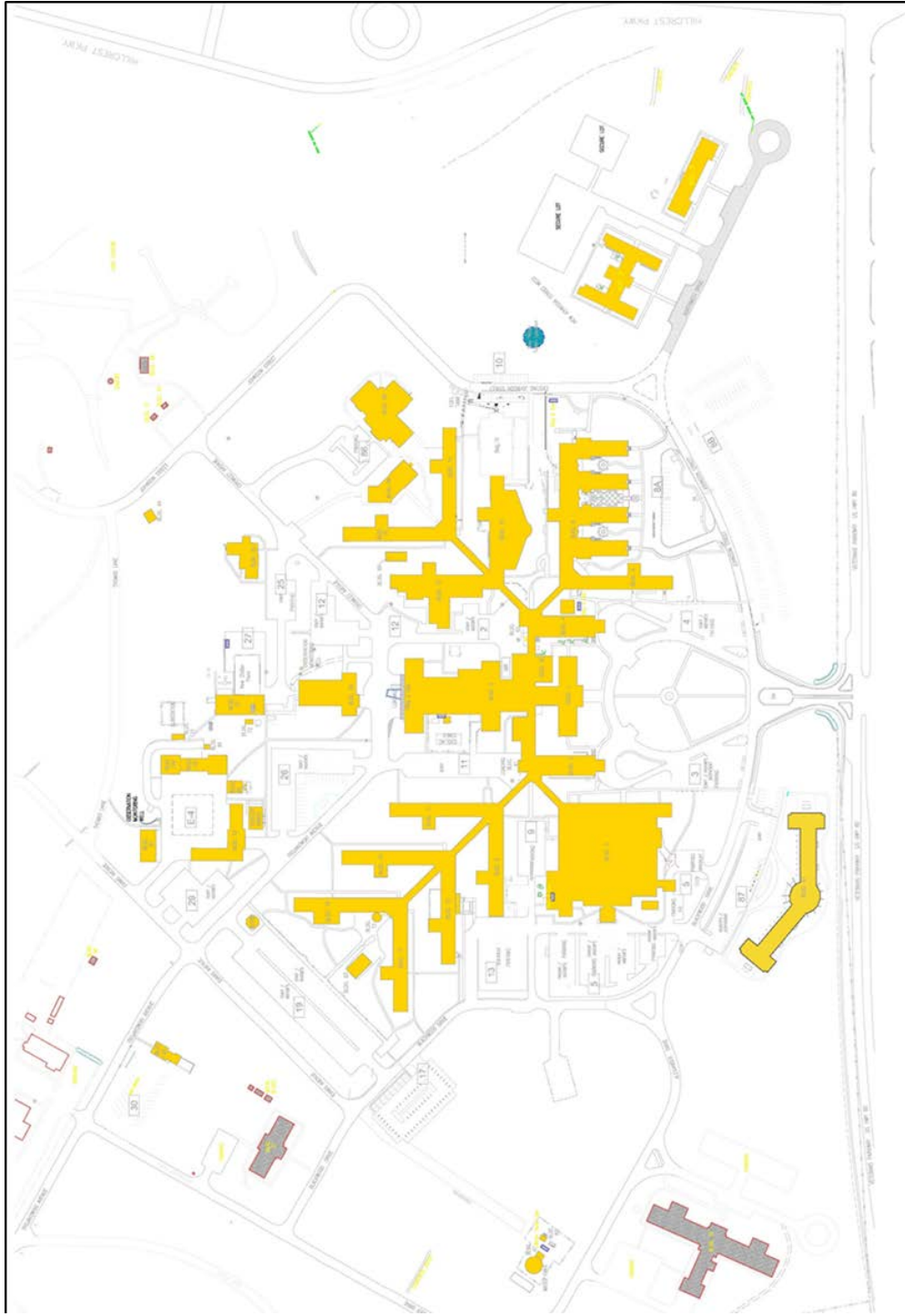
**Locational Map: Detail, Dublin Quadrangle with Boundary**



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**Sketch Map (2018)<sup>69</sup>**

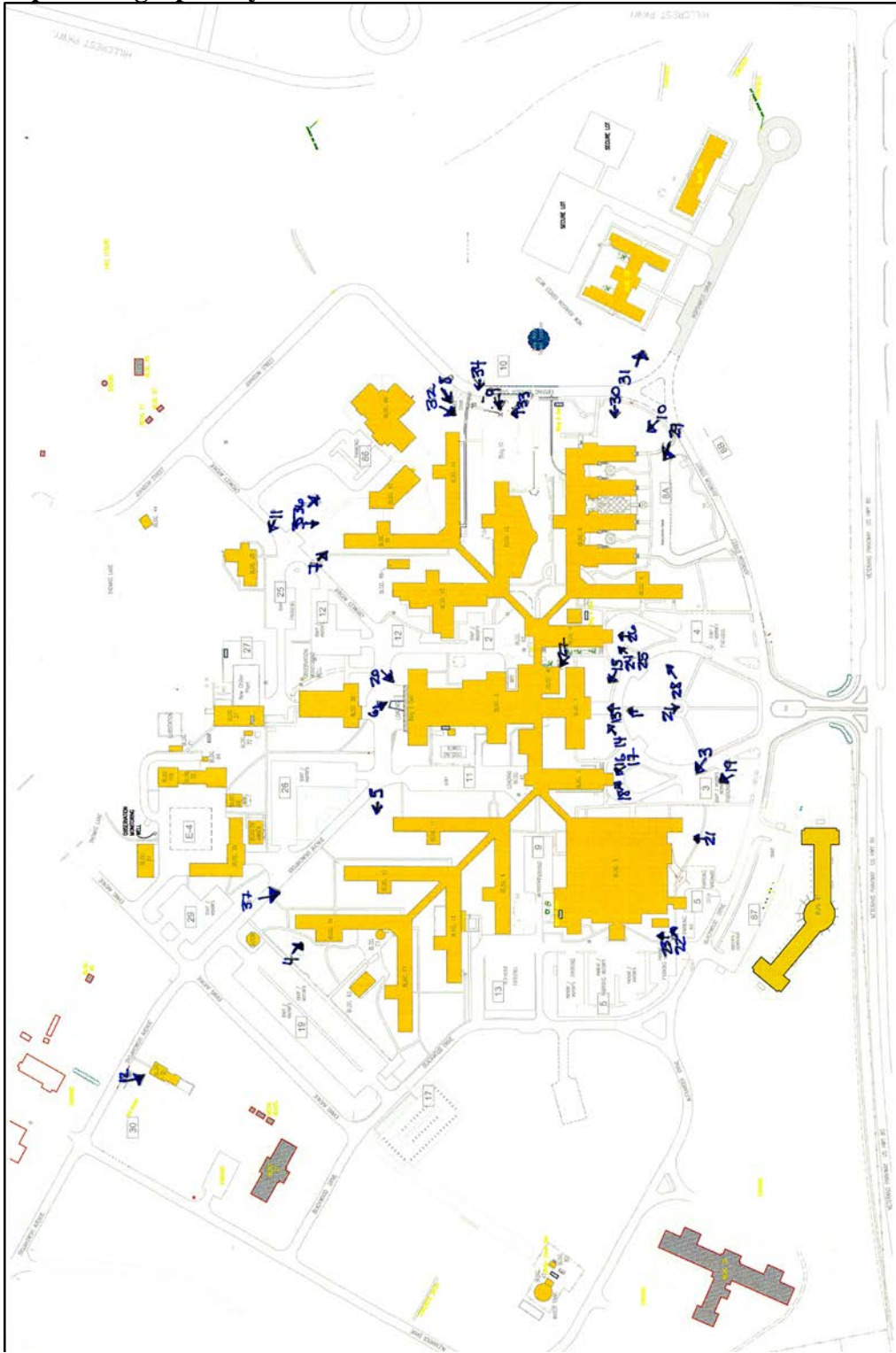


<sup>69</sup> This map is also included in Section 7 as Figure 18.

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**Sketch Map: Photograph Key**



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### **Photographs**

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

### **Photo Log**

Name of Property: Dublin VA Hospital (Carl Vinson VA Medical Center)

City or Vicinity: Dublin

County: Laurens

State: Georgia

Photographer: Kelly Sellers Wittie

Date Photographed: April 15-16, 2013

Description of Photograph(s) and number, include description of view indicating direction of camera:

1. Primary entrance (Building No. 1). Camera pointed southwest.
2. Flag area and primary campus entrance. Camera pointed northeast.
3. Northeast elevation of Building No. 5, mix of old and new construction. Camera pointed southeast.
4. Southeast elevation of Building No. 19. Camera pointed north.
5. Southeast elevation of Building No. 11. Camera pointed north.
6. Rear entrance to Building No. 2. Camera pointed northeast.
7. Southwest elevation of Building No. 16. Building No. 85 to left. Camera pointed northeast.
8. Northwest elevation of Building No. 14. Building No. 10 to left, Building No. 85 to right. Camera pointed east.
9. Building Nos. 8, 10, and 14. Camera pointed southeast.
10. Northeast elevation of Building No. 8, mix of old and new construction. Camera pointed south.
11. North elevation of former Cook's Barracks (Building No. 25). Camera pointed south.
12. Southwest elevation of the 1940s-era greenhouse, now office for transportation services (Building No. 30). Camera pointed east.

Photographer: Greg Swars, Carl Vinson VA Medical Center

Date Photographed: July 23, 2018

13. Close view of the front (north) elevation of the main hospital, administration building (Building No. 1) with its portico and the three entrance doors behind.
14. Perspective view looking southwest to the front façade of Building No. 1 and the north and east elevations of Building No. 4.



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15. Perspective view looking southeast to the front façade of Building No. 1 and the north and west elevations of Building No. 3.
16. Perspective view looking southeast to the north elevation of Building No. 3.
17. Closer view of the north elevation of Building No. 3 to show entrance.
18. Close view of Building No. 3 showing the north elevation entrance.
19. General view looking southeast of Building No. 3 and Building No. 5.
20. Perspective view of the south (rear) elevation of Building No. 2 that faces Crowley Road.
21. View looking to the west end of the north elevation of Building No. 5 (note the original L-footprint of Buildings No. 5 and 7 is discernable in this view).
22. Perspective view looking southwest at the east elevation of Building No. 5.
23. View looking south past the west elevation of Building No. 5 to the west end of Building Nos. 9, 13, and 17.
24. Perspective view looking southwest to the north end of Building No. 4.
25. Closer view of the north elevation of Building No. 4 to show entrance.
26. Detail view of the north elevation of Building No. 4.
27. Perspective view looking southeast to Building No. 40 (note view includes the north elevation of the connecting corridor behind).
28. Perspective view looking southwest to Building Nos. 4 and 6.
29. Perspective view looking east southeast to Building No. 8 to show the north elevation and the wings added by the VA.
30. View looking to the mid and south end of the west elevation of the western most addition to Building No. 8.
31. View looking northwest toward (and past) Building Nos. 34 and 35 from the vicinity of Building No. 8.
32. View looking northeast to the west end of Building No. 10 (note Building No. 8 in background and Building No. 14 to the right/south).
33. Close view looking southeast of the west end of Building No. 10 (note view includes Building Nos. 14 and 86).
34. Elevation view of south end, west elevation of Building No. 10, west end of Building No. 14 (note connecting corridor in background as well as clerestory windows and roof of Building No. 85 in background, to right/south).
35. View looking north northeast to Building Nos. 85, 16, and 12 (note Building No. 14 in the background).
36. View looking northwest to Building Nos. 85 and 86.
37. View looking northeast from across Trojakowski Avenue to the open space between Building Nos. 19 and 15 (note connecting corridor in background, Building No. 11 to the left/west, and Building No. 2 to the far left/northwest).

**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 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.







5





11



2



16





14







NO PARKING ANYTIME

HOSPITALITY HOUSE

25

Handicap parking sign

Handicap parking sign



Detector Canine  
Development  
Program

30

AUTHORIZED PERSONNEL  
ONLY  
K-9 DEVELOPMENT  
PROGRAM



1  
Executive Office  
Human Resources









3

NO PARKING



3

NO SMOKING

NO PARKING



NO SMOKING

NO PARKING

NO SMOKING

U







5



Main Entrance  
Urgent Care

10' CLEARANCE

5

OUTPATIENT  
PARKING  
LOT  
5



 Main Entrance  
Urgent Care 

12'-0" CLEARANCE

5

VA  
Urgent Care  
Hours: 8:00 AM - 8:00 PM





4

NO SMOKING



4

NO SMOKING

NO PARKING

NO SMOKING



4

NO SMOKING

DO NOT  
BLOCK  
EXIT

NO SMOKING







PARKING LOT  
8A





NO  
PARKING  
ANYTIME











85

16

12





UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

Requested Action: Nomination

Property Name: Dublin Veterans Administration Hospital

Multiple Name: United States Third Generation Veterans Hospitals, 1946-1958 MPS

State & County: GEORGIA, Laurens

Date Received: 10/25/2018      Date of Pending List: 11/16/2018      Date of 16th Day: 12/3/2018      Date of 45th Day: 12/10/2018      Date of Weekly List:

Reference number: MP100003205

Nominator: Federal Agency, SHPO

Reason For Review:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Appeal           | <input type="checkbox"/> PDIL            | <input type="checkbox"/> Text/Data Issue    |
| <input type="checkbox"/> SHPO Request     | <input type="checkbox"/> Landscape       | <input type="checkbox"/> Photo              |
| <input type="checkbox"/> Waiver           | <input type="checkbox"/> National        | <input type="checkbox"/> Map/Boundary       |
| <input type="checkbox"/> Resubmission     | <input type="checkbox"/> Mobile Resource | <input type="checkbox"/> Period             |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> TCP             | <input type="checkbox"/> Less than 50 years |
|   | <input type="checkbox"/> CLG             |   |

Accept       Return       Reject      12/10/2018 Date

Abstract/Summary Comments: POS: 1943-1958; AOS: Health/Medicine, Politics/Government; LOS: State and local. Example of a third generation, transitional hospital erected by the the military during WWII and taken over by the Veterans Administration after the war ended. Facility designated to study and treat rheumatic fever.

Recommendation/ Criteria: NR Criteria A and C.

Reviewer Lisa Deline

Discipline Historian

Telephone (202)354-2239

Date 12/10/18

DOCUMENTATION:      see attached comments : No      see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



**DEPARTMENT OF VETERANS AFFAIRS**  
Office of Construction & Facilities Management  
WASHINGTON DC 20420



October 22, 2018

Julie Ernstein, Acting Chief  
National Register of Historic Places  
National Park Service  
1201 Eye Street, NW  
8<sup>th</sup> Floor  
Washington, DC 20005

Dear Julie:

The Department of Veterans Affairs (VA) is pleased to submit the enclosed National Register of Historic Places nomination for the Dublin VA Hospital, in Laurens County, Georgia, as part of our multiple property cover, *United States Third Generation Veterans Hospitals, 1946-1958*.

If you have questions regarding the nomination, please feel free to contact me. I can be reached at 202-632-5462.

Sincerely,

A handwritten signature in blue ink, appearing to read "Douglas Pulak".

Douglas Pulak  
Federal Preservation Officer

Encl.