

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form



02

1. Name of Property

historic name Ashland Tuberculosis Hospital

other name/site number Ashland TB Hospital, BD-A-207

2. Location

street & town 3700 Landsdowne Drive NA not for publication

city or town Ashland NA vicinity

state Kentucky code KY county Boyd code 019 zip code 41102

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this 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 meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Donna M. Neary 12/20/2007
Signature of certifying official/Title Donna M. Neary, SHPO Date

Kentucky Heritage Council/State Historic Preservation Office
State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register. See continuation sheet.
- determined eligible for the National Register See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:) _____

Eric
Signature of the Keeper 2-7-08
Date of Action
Erson H. Beall

Ashland Tuberculosis Hospital
Name of Property

Boyd County, KY
County and State

5. Classification

Ownership of Property

(check as many boxes as apply)

Category of Property

(check only one box)

Number of Resources within Property

(Do not include previously listed resources in the count.)

		Contributing	Noncontributing	
<input type="checkbox"/> private	<input checked="" type="checkbox"/> building(s)	5	1	buildings
<input type="checkbox"/> public-local	<input type="checkbox"/> district	0	0	sites
<input checked="" type="checkbox"/> public-State	<input type="checkbox"/> site	0	0	structures
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure	0	0	objects
	<input type="checkbox"/> object	5	1	Total

Name of related multiple property listing

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

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Function

(Enter only categories from instructions)

HEALTHCARE / Sanitarium
DOMESTIC / Institutional Housing

Current Function

(Enter only categories from instructions)

VACANT / Not in use
DOMESTIC / Institutional Housing
COMMERCE/TRADE / Business

7. Description

Architectural Classification

(Enter only categories from instructions)

MODERN MOVEMENT / Art Deco

Materials

(Enter only categories from instructions)

foundation Concrete
walls Brick
roof Asphalt
other N/A

Narrative Description

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

See continuation sheet(s) for Section No. 7

National Register of Historic Places Continuation Sheet

Section # 7 Page # 1

Ashland TB Hospital
Boyd County, Kentucky

Narrative Description

The main building of the State Tuberculosis Hospital District Four (BD-A-207) at Ashland, Kentucky is a four-story steel frame structure with concrete floors and composite roof. It was typical of fire-proof construction in the mid-20th century. Constructed in 1946, the hospital was integral to the state's crusade against tuberculosis in the twentieth century and retains a high level of integrity of association, materials, and design. Located just inside the city limits of Ashland Kentucky, the hospital itself is presently vacant.

History and Character of the Site

A 30-acre tract of land was purchased by the Commonwealth of Kentucky for the use and benefit of the Kentucky Tuberculosis Sanatoria Commission as noted in the deed from March 21, 1945 (Deed book 199 page 98). It was purchased from Alfred Hanses for \$1. During the years 1945-1973, the property remained 30 acres in size. The site is heavily wooded and on steep terrain. In 1973, a 4.88 acre portion of the site at the termination of Landsdowne Drive was deeded to Landsdowne Mental Health-Mental Retardation Board (see site plan). Landsdowne constructed a building on this site and continues to occupy this space today to provide mental health services to the Ashland Area. The remaining 25 acre tract is the nominated district. The fact that the remainder of the site is on un-buildable areas has reduced incentives to subdivide further.

This location was perfect because of the abundance of fresh air, trees, and oxygen producing vegetation. Tuberculosis patients were mostly encouraged to rest. The staff cultivated some of the acreage as a garden for fresh vegetables for the patients. Today, the immediate site of the hospital contains a parking lot, which is certainly bigger than the one that is original to the site, and an alley that surrounds the building and connects it to the maintenance building and boiler/laundry facility. Several pine trees and large shrubs are located next to the building façade on the southwest side and three large trees are located on the northwest side of the building. Other than that, very little landscaping exists besides the large forested areas that encompass the entire campus.

The State Tuberculosis Hospital campus in Ashland has undergone minimal physical change since its construction. It is a significant example of the early modernist medical architecture, showing the pre-war influence of the art deco era as well as post-war influence in its construction methods and materials. Furthermore, these structures echo Kentucky's institutional architecture of this period, as it was designed by the firm of Gillig-Hartsten & Wilson—all very popular designers of the State's higher education landscape.

There are six structures on the site, five of which clearly contribute to its historic character. Original to the 1946-51 design and construction of the hospital complex are five structures: the main hospital building described above, a boiler house/ laundry, a nurse's home, a director's home and a staff residence. An additional building was added to the facility in the late 1950s, a maintenance building. Its utilitarian design marks it as clearly different from the other buildings. It is assigned non-contributing status within this documentation; the State Historic Preservation Review Board recommended a contributing status if a construction date of 1958 or earlier can be verified.

A sketch of the site layout is attached. As you approach the facility off of U.S. 60, you make a right hand turn onto Landsdowne Drive at the entrance to the property. Landsdowne Drive climbs steeply into the hills, and at the top of the hill is the TB Hospital. Behind the hospital is the boiler room and laundry facility. A quick left takes you along the hilltop to the nurses' housing, staff housing, and director's residence in that order. These three buildings overlook Landsdowne Drive as it climbs the hill. None of the buildings can be seen from U.S. 60 or from Landsdowne Drive until you approach the TB Hospital.

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Ashland TB Hospital
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The old nurses' residence, director's residence, and staff residence are in use today by Safe Harbor, Inc., a regional non-profit domestic violence center which has leased the land from the Commonwealth of Kentucky since 1989. Currently, those buildings are used as an emergency shelter and a transitional shelter for victims of domestic violence. One of the buildings houses the administrative offices for Safe Harbor. The fourth floor of tuberculosis hospital itself was reused from the 1980s till 2005 as a part of the state crime lab. The other floors have remained vacant since the late 1970s. The other contributing resource, the laundry/boiler room, has remained vacant and boarded since the hospital closed.

Main Hospital Exterior

The Main Hospital looks much today as when it was built in the 1940s. The modified cross/t-shape (see site plan) has many entrances although the façade of the building is fairly consistent. The entire building is brick in a running bond pattern. The partial third-floor roof is circled by a parapet which contains decorative brickwork. All roofs are built-up, flat, and made of composite material. The roofs are edged with coping caps, and scuppers drain rainwater into metal gutters. Stone sills are present at each of the original combination windows, many of which are missing and have been boarded (especially on the lower floors) or have had muntins cut for window air conditioner installations.

The main entrance of the hospital is its most grand aspect. A large stone portico welcomes visitors and is stamped with a bronze seal of the Commonwealth of Kentucky. A limestone cornerstone marks the entrance dated 7/12/1946, and has the name of the governor, Simeon Wells, who marked the occasion. The decorative lentil has Corinthian dentils and originally displayed the word "Sanatorium" in metal. The metal has since been removed. However, the mark of the Tuberculosis Hospitals, the double cross, is etched into the stone which flanks the doors. Near the top of the portico and above the seal was originally a decorative window that is now boarded. The entry doors have been replaced, but from the original plans we know that they were dual metal-paneled doors. There are also dark stone spandrels between the windows above the main entrance. A stone rail (drip line) surrounds the building at the approximate height of the sill of the first floor windows and stone coping surrounds the roof at the entrance.

Of the five other entrances, three have simple porches connected only to the main building by the roof. Two of those entrances have original dual half-light flat-panel doors, while the third is the same without the half-lighting. The fourth entrance can be reached by a long sloping-stone handicapped entrance. It has a small brick portico and the same half-light doors as the previous entrances. However, the brick portico does have a decorative window (now boarded). This final entrance also contains a graduated brick portico, but it is decorated with stone on the top side and approached by stone steps. Rising above the portico is a bay of steamship glass that rises two stories and sheds light on the enclosed stairwell.

Main Hospital Interior

The interior of the main hospital building also looks much as it did upon opening. Three floors remain very similar to when the hospital closed in the late 1970s while the fourth was used from the 1980s until 2005 as a state crime lab. In terms of design, the upper floors have solariums facing south. The following is a rough summary of the finish schedule as specified by the architect in the plans stamped January 2, 1947.

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	Floor	Base	Wall	Ceiling
Ward Rooms	Asphalt Tile	Plaster	Plaster	Plaster/Acoustic Tile
Halls	Asphalt Tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Acoustic Tile
Restrooms	Ceramic Tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Plaster
Kitchens	Quarry Tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Plaster
Solariums	Asphalt Tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Acoustic Tile
Dining Rooms	Quarry Tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Acoustic Tile
Exam Rooms	Ceramic tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Plaster
Common & Meeting Rooms	Asphalt tile	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Plaster
Storage/Work Rooms	Concrete	Plaster	Plaster	Plaster
Stairwells	Concrete	Dark Brown Glazed Tile	Yellow/Clear Finish Glazed Tile	Acoustic Tile

The first floor (partially underground) had a large kitchen and many staff work rooms, offices, and commons areas. Ward rooms, solaria, and dining rooms were located on the 2nd -4th floors only. The waiting and reception rooms were on the 2nd floor. Each floor had a kitchen or preparation area and public restrooms. The examination and procedure rooms, as well as storage and janitorial service rooms, were located intermittently throughout the building on each floor.

The fourth floor is the floor that has been altered as the state crime lab occupied some space there. Main modifications included adding dropped ceilings to all office spaces. Those appear to be the only alterations to the building other than windows that are missing and have been boarded. However, much of the acoustic tile ceiling and asphalt tile floors are in disrepair.

Boiler House and Laundry Room

The boiler house and laundry room is a one-story brick building with a slab-on-grade foundation. Its large circular chimney extends more than 30 feet above the building. The windows appear to be single glazed 4-over-4 windows with limestone sills which are confirmed via the original plans; however, most of them are missing and have been boarded. The two front entrances each have dual half-light flat panel doors with a five pane transom running over both doors. All windows in the doors are missing and have been boarded. The roof is flat and topped with asphalt composite material. This building has been vacant since 1977.

Nurses' Home

The former Nurses' Residence now serves as the Emergency Shelter for Safe Harbor, Inc. It is a three-story brick split-level building. The entrance to the building is protected by a porch, which is connected to the brick façade of the building and held by additional wrought iron columns, which have decorative x-shaped detail. The copper roof of the porch slopes upward from all sides to meet the brick façade. The brickwork is laid in a standard running bond pattern with no ornamentation. The sills on standard double hung windows are made of stone. The building has a Boston hip-and-ridge roof with asphalt shingle covering. The cornice is of simple design and the gutters were copper. Exterior lighting and security cameras have been added to the building since construction.

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Ashland TB Hospital
Boyd County, Kentucky

Director's Home

The former Director's office now serves as the Administrative Offices for Safe Harbor, Inc. It is a two story brick building with an unfinished basement. The entrance to the building is protected by a porch which is connected to the brick façade of the building and held by additional wrought iron columns, which have decorative s-shaped detail. The copper roof of the porch is flat. The brickwork is laid in a standard running bond pattern with no ornamentation. The sills on standard double-hung windows are made of stone. A decorative round window is centered above the porch. The metal entry panel door is topped by a lentil with x-shaped decoration. The building has a Boston hip-and-ridge roof with shingle covering and simple cornices, and the brick chimney has limestone coping. Exterior lights have been added since the building was initially constructed.

Staff Residence

The former Staff Residence on the Ashland Tuberculosis Hospital campus is now occupied by the Transitional Shelter for Safe Harbor, Inc. It is a three-story split-level brick building. The paneled entrance door is protected by a porch, which is connected to the brick façade of the building and held by additional wrought iron columns which have decorative x-shaped details. The copper roof of the porch is flat and holds a non-functioning balcony surrounded by wrought iron railings in oval shapes. The brickwork is laid in a standard running bond pattern with no ornamentation. The sills on the standard double-hung windows are made of stone. The double-hung window above the balcony is topped with an opaque wooden fan light. The metal entry panel door is simple and the brick chimney has stone coping. The hipped roof is somewhat more intricate than the Nurses' or Director's housing, as it also has a gabled dormer above the balcony.

Maintenance Building

The maintenance building was a late-1950s addition to the Tuberculosis Hospital Campus. It is located on the left side of the boiler room/laundry facility and perpendicular to the boiler room. It faces the north side of the TB hospital itself and is less than 70 yards from the exterior of the hospital. While it is a brick building with a running bond brick pattern, like the other building, it uses multi-colored bricks and has a shed roof with a low slope. The three entry doors to the maintenance building have dual- and single-panel half-light flat-panel doors without a transom. This building is also vacant. While it matches the original buildings in scale, it lacks their window types and ornamentation, such as decorative cornice and limestone sills. This building is considered non-contributing until further research can be completed documenting its date of construction within the Period of Significance, thus leading to an evaluation of contributing status.

Integrity Considerations

The State Tuberculosis Hospital Campus at District Four, Ashland, KY retains a high level of all seven integrity factors.

The **locations** of the hospital and outbuildings have not moved since their initial construction.

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Ashland TB Hospital
Boyd County, Kentucky

This isolated **setting** still works to shelter the site from the busy streets and Blazer High School which bound the site. New off-site development has not detracted from the hospital's setting, as the thirty wooded acres keep the property hidden and isolated from the general public's view. It appears that the amount of pavement for parking and road access have increased from what was originally designed, but this does not severely compromise the setting's overall integrity.

All contributing buildings retain integrity of **design**, remaining largely unaltered in the many years since their construction. The Tuberculosis Hospital Commission's Annual Report for 1957-1958 gave a list of basic maintenance and repairs conducted and planned for all of the state hospitals. It appears that almost all of the sites were having moisture problems in their walls and required roof repairs at that time. Most of the original interior remains, but new frame walls were frequently inserted throughout the open areas of the structure once it became used for office space; certain rooms, particularly on the fourth floor, were made suitable for police training and laboratory testing. These alterations have had a minimal impact on the character-defining space of the building; the hallways, solaria, and stairwells are in good condition. The current state of the hospital is closely aligned to the original plans created by Gillig-Hartstern and Wilson for the new facilities. As was the mandate of the day, the solaria were to be built facing south in order to obtain the most sunlight and ventilation. Annemarie Adams writes:

"Hospitals built in the 1950's were freestanding, high-rise towers....The hallmarks of the post-World War II hospitals were standardized floor plans, undecorated facades, flat roofs, vertical circulation and controlled ventilation. Their massing often comprised clear rectangular volumes colliding at right angles. The image of the post-World War II Canadian hospital was sleek and modern, whereas the interwar institution had been romantic and highly decorative"¹

The sleek modernity is also present at the Ashland TB Hospital, particularly on its rear façade, where streamlined railing and corbelled brickwork define two entrances located at each end of the building. Furthermore, an uninterrupted bay of "steamship glass" vertically highlights each entry's corresponding stairwell. The other contributing buildings exhibit all of the same characteristics of the larger TB hospital; however, in less grandeur. They were built at the same time and of the same materials but are significantly less ornate.

The integrity of **workmanship** and **materials** also remains at a high level today. Original materials which are distinctive include: the decorative brickwork, ceramic-tiled hallways colored in various shades of yellow and brown, and the period-specific millwork. The vacant TB hospital clearly exhibits these traits and the other contributing buildings do to a lesser extent, although it is clear that the TB hospital is the main architectural and focal point of the campus as well as the most historically and socially relevant structure.

The integrity of **feeling** is preserved in the seclusion of the site and the appearance of the buildings, both of which indicate the property's identity and the purpose it served. While the main hospital building is not currently in use, the site still operates as a state-owned public health facility and the other contributing resources are used for health-care related functions. The changes to the setting outside the site have had little to no impact upon the property's feeling of seclusion, which is integral to the historic idea of TB treatment.

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Ashland TB Hospital
Boyd County, Kentucky

Closely connected with feeling is the integrity of **association** which also remains to a large degree at this site. While the word "SANATORIUM" no longer protrudes in stone from the main entrance of the hospital building, the equally associative, double-barrel crosses mark either side of the entry. Previously the symbol of the fight against tuberculosis, the cross now represents the American Lung Association. Indicating the identity of the complex as an official site is the seal of the Commonwealth of Kentucky, which rests above the main doorway.

¹ Adams, Annmarie, "Hospital Architecture," The Canadian Encyclopedia © 2006 Historical Foundation of Canada.
<http://www.thecanadianencyclopedia.com/PrinterFriendly.cfm?Params=A1ARTA0011590> (Accessed Jan. 23, 2006)

Ashland Tuberculosis Hospital
Name of Property

Boyd County, KY
County and State

8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Narrative Statement of Significance

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

Areas of Significance

(enter categories from instructions)

Health/Medicine

Period of Significance

1946 – 1958

Significant Dates

N/A

Significant Person (only if Criterion B selected)

NA

Cultural Affiliation

NA

Architect/Builder (use last names first for individuals)

Architects: Gillig, John T.; Wilson, John F; Hartstern, Fred J.

Builders: Warren and Ronald

See continuation sheet(s) for Section No. 8

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

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

Primary location of additional data:

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

See continuation sheet(s) for Section No. 9

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Ashland TB Hospital
Boyd County, Kentucky

Statement of Significance

The Ashland Tuberculosis Hospital (BD-A-207) meets National Register Criterion A. This state-owned property is significant for its association with significant major efforts to address public health in Kentucky, as detailed below in the historic context "Treatment of Tuberculosis in Kentucky, 1912-1977." More specifically, this property reflects the Commonwealth's unprecedented measures "...to give a knock-out blow to tuberculosis...,"¹ increasing support for its eradication. Construction of this and several other TB facilities throughout Kentucky at the same time showed that the state had moved from an advisory and educational role into that of leading facilitator and manager of treatment for the disease. The construction of these facilities showed the Commonwealth had accepted social and fiscal responsibility for the public welfare at large and played a lead role in the disease's abatement. The property is undoubtedly significant in the historic context of tuberculosis treatment within the Commonwealth and its effort to both contain the communicable disease and cure the sick. This would be the second TB Hospital in Kentucky to gain listing; Waverly Hills TB Hospital in Jefferson County was added to the register in 1984.

The state Tuberculosis Hospital in Ashland provides an insightful glance into the material substance that founded and continued to define the disease in post-World War II Kentucky. Coupled with the five other Commonwealth operated facilities, this sanatorium was a tangible symbol of progress to the citizens and was certain to have a measurable impact upon the preventable illness that was plaguing Kentucky's population. An excerpt taken from an article, originally published in "The Kentuckian-Citizen" on June 14, 1950, celebrating the opening of the state's facility in Paris illustrates this perspective.

It was an occasion full of significance. Because, apart from the magnificence of the building, apart from their impressive cost and the cost of the modern facilities with which they are equipped, lies a deeper, more meaningful fact: the fact that a great State, mindful as never before of its humanitarian obligation to care for its ill, has begun a vast program for giving those ill the best treatment that modern medical science can devise...With the opening of this institution,...Kentucky puts into reality a plan for the solving of her tuberculosis problems.²

HISTORIC CONTEXT: Treatment of Tuberculosis in Kentucky, 1912-1977

The history of Tuberculosis in the United States is well documented. The fact that TB was a communicable disease allowed its control to fall under the state's jurisdiction without much argument at the turn-of-the-century. Preventive measures were understood to be part of the state's implied police powers given by the 5th amendment. Remedial medicine, however, was not considered the job of the government.

In *Medicine and Its Development in Kentucky* (1940), compiled by the WPA's Medical Historical Research Project, officials recognized the need for greater understanding of the disease on a statewide scale. Citing that "The appalling tuberculosis death rate especially among the Negroes, was not a local problem...,"³ local supervision was not enough, and state involvement was necessary. Therefore the General Assembly established the State Tuberculosis Commission, published in the Acts of 1912 that authorized:

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"...the creation of a Commission to be known as the Kentucky Board of Tuberculosis Commissioners...to authorize and provide for the establishment of Districts of one or more than one county and provide in such...for the location, erection, organization and management of a District Sanitarium for the care and treatment of tuberculosis and authorizing County and District Taxation for the purpose of making an appropriation for the purchase of the necessary land and construction and equipment of necessary building, and an annual appropriation for the maintenance of such Sanitarium, approved by the Governor, March 18, 1912..."⁴

Yet this act of legislature left the financial backing for these ventures up to the local government and citizen tax base. Louisville was the only city in Kentucky to take on such a task, perhaps setting the model for the Act of 1912, after they established a tax, levied by the City and County, which enabled the construction of Waverly Hills Tuberculosis Sanitarium, built 1909-1911.

According to the first report of the Kentucky Tuberculosis Commission, released in 1914, Kentucky's title as the "highest tuberculosis death rate" could be attributed to the fact that the Commonwealth had a larger proportion of the negro population than any other state in the "...Registration Area, since no State south of Kentucky is included in that area."⁵ Prior to the Commission's creation, there were three sanatoria existing in Kentucky in 1911. Two of which, Hazelwood and Waverly Hills, were located in Louisville and one, Jackson Hill Sanatorium, was in Paducah. Provisions have also been made for tubercular inmates at both the Eddyville Penitentiary and the Western State Asylum for the Insane. All of these facilities were meant primarily for incipient cases; those individuals who were afflicted with a more advanced case had to seek medical attention outside of the state if they could afford it or had any interest in receiving it. Furthermore, these state institutions could house less than 100 patients altogether.

Author Charlotte Baumgarten writes that "Kentucky's biggest move against tuberculosis came in 1944, when the General Assembly created the State Tuberculosis Hospital Commission and six districts, each to be served by a TB Hospital."⁶ Each of these districts was headed by their own Tuberculosis Commission. Nevertheless, care over the next 30 years in Kentucky lagged far behind tuberculosis care in many other states.

Sanatoria Come to the Commonwealth

In an article entitled, "At Long Last - Tuberculosis Hospitals," published in the Commonwealth of Kentucky's *Bulletin of the Department of Health* of October 1945, the Governor Simeon Willis accepted a report from the Kentucky Tuberculosis Sanatoria Acts of 1944's Sanatoria Commission, and "...employed a group of architects to draw the plans of construction for five hospitals."⁷ It was the Governor's decision to hire the architects of Gillig-Hartstern, and Wilson out of Lexington and Louisville. These professionals were then aided by the construction engineering firm of Warren & Ronald.

Initiating the design of these hospitals sometime in the summer/early fall of 1945, it appears that the principal plans of the main sanatorium buildings were complete by December of the same year; however, plans for the outside utilities had not been finalized as late as August of 1948. By this time, records from the meeting of the Tuberculosis Sanatoria Commission indicate that 95% of the main buildings were finished, but issues concerning the water and utilities' supply were surfacing in each community. The majority of the municipalities agreed to extend their water and gas lines for the support of the new hospitals, at Ashland

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however, complications arose surrounding the water pressure needed, and this matter delayed the opening of the District Four hospital until May of 1951, making it the last of the state facilities to receive patients.

Further issues emerged after the State sought federal funding to aid with construction. The Hill-Burton Act, passed in Congress in 1946, gave states money for the creation of such public welfare facilities; however, Gillig-Hartstern and Wilson's design was initially refused any allotment. The architects for Kentucky hospitals defended the success of their design despite failing to meet the Hill-Burton standards, arguing that their work was done prior to the passing of these regulations and that their solutions were appropriate for this kind of facility. The matter was clarified after Mr. Hartstern and a few members of the Commission went to Washington, D.C. to meet with representative from the U.S. Health Department, after which the building did receive a small portion of federal funding to furnish the hospitals and insure adequate operations. This dispute and its resolution illustrate the uncertainty of hospital architecture within the rapidly changing field of medical practice, particularly as it pertained to treating tuberculosis.

End of the Epidemic

Even as far back as 1948, the Governor had other plans for the sanatoria following the TB epidemic. In the board meeting minutes of September 5, 1948, the Tuberculosis Sanatoria Commission noted that "It was generally agreed that the sanatoria now under construction would in years to come be turned over to the counties as district state hospitals, or as general charity hospitals."⁸

But it wasn't until the mid-1970s that advanced medical research and technology led to the abandonment of the idea of a sanitarium. Research in the 1970s documented that regimented bed rest was generally accepted as ineffective.⁹ This widespread realization signaled the end of the tuberculosis sanatorium on the American landscape, particularly as:

"Finally, in 1977,... in 10 controlled clinical trials that compared ambulation with bed rest in a sanitarium (2 studies), or treatment at home with treatment in a sanitarium (7 studies), or normal work with rest in bed (one study), none demonstrated any benefits from rest or hospitalization! And this was true even in patients with far-advanced disease who lived in developing countries where housing, diet, and climate were unfavorable, and the work-load was quite arduous."¹⁰

Such studies, combined with increasingly effective drug-therapy such as streptomycin—which became widely available in the 1950s—and outpatient treatments, signaled the decline of government involvement, as well as that of the medical industry, in curing TB in the United States.

Sanatoria as Historic Properties

It is unclear how many patients the Ashland TB Sanatorium served while it was open. Records kept regarding tuberculosis in Kentucky only are available back to 1952 according to the Commonwealth's TB Control Program, the tuberculosis data collection, history, and control agency in Kentucky. They do have vital statistics for this period to the present on file by county, but they do not have any patient data from the Commonwealth's six sanatoria. The London and Madisonville Sanatoria are currently used as Commonwealth offices, while the Glasgow Sanitarium is still a health care facility. The Paris hospital is vacant.

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Tuberculosis worldwide kills over 2 million people annually, and over the span of world history, it has been the leading cause of death from a single infectious organism annually and cumulatively.¹¹ For over a half century, the United States fought the battle against this infectious disease by isolating those who were contagious and treating them with the latest medical technology. Kentucky followed suit, using state money and resources to build six tuberculosis hospitals. These hospitals are all significant parts of the history of tuberculosis in Kentucky. Standing on equal footing, they, as a whole, are the visible supports of the Commonwealth's call to duty during an epidemic. The Ashland tuberculosis hospital campus is significant, not because of its superior status and performance in relation to the other identically-built tuberculosis hospitals in Kentucky, but because it represents an important component of our larger socio-cultural medical history.

The Tuberculosis Hospital Architects

John T. Gillig, a Lexington architect, is known for designing several structures on both University of Kentucky's and Transylvania College's campus. Gillig has several structures listed on the National Register already, including the Lexington Courthouse (built c. 1934) and the Morrison-Kenyon Library in Wilmore, both done in conjunction with local architect, H. A. Churchill. In addition to designing governmental facilities, Gillig also lays claim to the Falmouth Baptist Church and the Falmouth Deposit Bank, both dating to the 1930s and done in Classical Revival Style. Mr. Fred J. Hartstern worked in cooperation with other Louisville architects to design a couple of structures on Eastern Kentucky University's campus (such as the Begley Building and Alumni Coliseum), but may be more notable for his participation with architects Louis and Henry in their creation of the Frank H. and Fannie W. Caldwell Chapel at the Louisville Presbyterian Seminary (c. 1962).

¹ Baumgarten, Charlotte, "Kentucky is Winning Fight Against the TB Killer: Aggressive Program Cuts Deaths 92%," *The Commonwealth* (October-November 1958). Vol. 2, No. 6.

² "Paris, Bourbon County Welcome Tuberculosis Hospital," *Bourbon Co. Citizen*. (Mar. 15, 1989) p. 15. [reprinted from the files of *The Kentuckian-Citizen*. (June 14, 1950)]

³ Compiled and written by the Medical Historical Research Project of the Works Progress Administration for the Commonwealth of Kentucky, *Medicine and Its Development in Kentucky*. (Louisville, KY: The Standard Printing Co., Inc.) 1940. p. 272.

⁴ Medical Historical Research Project of the Works Progress Administration, *Medicine and Its Development in Kentucky*. 1940. p. 279.

⁵ *First Biennial Report of the Kentucky Tuberculosis Commission*, p. 21.

⁶ Baumgarten, p.6.

⁷ Baumgarten, p.6.

⁸ "Annual Report, 1956-57" "Annual Report, 1957-58" "Annual Report, 1959-60," *State Tuberculosis Hospital Commission*, Commonwealth of KY, State Library and Archives.

⁹ "A Brief History of Tuberculosis," New Jersey Medical School National Tuberculosis Center, Online. <http://www.umdnj.edu/ntcbweb/history.html>. (Accessed Jan. 4, 2006).

¹⁰ "A Brief History of Tuberculosis," <http://www.umdnj.edu/ntcbweb/history.html>. (Accessed Jan. 4, 2006).

¹¹ <http://www.cureresearch.com/t/tuberculosis/>

**United States Department of the Interior
National Park Service**

National Register of Historic Places Continuation Sheet

Ashland TB Hospital
Boyd County, Kentucky

Section # 9 Page # 11

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"Annual Report, 1956-57" "Annual Report, 1957-58" "Annual Report, 1959-60," *State Tuberculosis Hospital Commission*, Commonwealth of KY, State Library and Archives.

Baumgarten, Charlotte, "Kentucky is Winning Fight Against the TB Killer: Aggressive Program Cuts Deaths 92%," *The Commonwealth* (October-November 1958). Vol. 2, No. 6.

"A Brief History of Tuberculosis," New Jersey Medical School National Tuberculosis Center, Online. <http://www.umdnj.edu/ntcbweb/history.html>. (Accessed Jan. 4, 2006).

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First Biennial Report of the Kentucky Tuberculosis Commission, p. 21.

Goins, Teresa (Kentucky Department of Public Health, TB Control Program). Personal interview. October 2007

Medical Historical Research Project of the Works Progress Administration, *Medicine and Its Development in Kentucky*. 1940. p. 279.

"Paris, Bourbon County Welcome Tuberculosis Hospital," *Bourbon Co. Citizen*. (Mar. 15, 1989) p. 15. [reprinted from the files of *The Kentuckian-Citizen*. (June 14, 1950)]

<http://www.cureresearch.com/t/tuberculosis/>

Ashland Tuberculosis Hospital
Name of PropertyBoyd County, KY
County and State**10. Geographical Data**Acreage of Property 25 acres**UTM References**

(Place additional boundaries of the property on a continuation sheet.)

1 17 3/5/4/3/0/0 4/2/5/7/4/3/0
Zone Easting Northing3 17 3/5/4/3/2/0 4/2/5/6/9/2/0
Zone Easting Northing

USGS Topographic Quad name: Ashland Quadrangle

2 17 3/5/4/6/3/0 4/2/5/7/1/7/0
Zone Easting Northing4 17 3/5/4/1/2/0 4/2/5/7/1/1/0
Zone Easting Northing**Verbal Boundary Description (Describe the boundaries of the property.)**

See Continuation Sheet

Boundary Justification (Explain why the boundaries were selected.)

See Continuation Sheet

 See continuation sheet(s) for Section No. 10**11. Form Prepared By**name/title Johan Graham / Financial Managerorganization AU Associates, Inc.date 10/25/07street & number 535 West Second Street, Suite 104telephone 859-233-2009city or town Lexingtonstate KY zip code 40508email address johan@auassociates.com**Additional Documentation****The National Register requires each nomination consist of the following beyond this 4-page cover form:**

- Continuation Sheets for narrative
- A **USGS topographic quad map** (7.5 or 15 minute series) indicating the property's location
- A **Sketch map** for historic districts or properties having large acreage or numerous resources
- A **Photo identification map** for districts; one map can serve both as sketch and photo ID map.
- black and white photographs** of the property. See policy statement for acceptable use of digital photographs

The Kentucky Heritage Council requires the following for all nominations:

- An **additional set of black and white photographs** that remains at the KHC
- Floor plans** of properties whose significance is based on their plans
- Color slides** or **PowerPoint images** and presentation of the property to the Kentucky State Review Board

Property Ownername/title Commonwealth of KY, C/O Scott Aubrey; Division of Real Propertiesstreet & number 403 Wapping Streettelephone 502-564-2205city or town Frankfortstate KY zip code 40601

email address (if available) _____

**United States Department of the Interior
National Park Service**

National Register of Historic Places Continuation Sheet

Ashland Tuberculosis Hospital
Boyd County, Kentucky

Section # 10 Page # 12

Verbal Boundary Description

Boyd County PVA Map and Parcel #:
023-05-00-003.00

Boundary Justification

The PVA boundary above includes the 25-acre tract of the Kentucky Tuberculosis Sanatorium. Originally a 30 acre tract, 4.88 acres at the termination of Landsdowne Drive was conveyed to Landsdowne Mental Health-Mental Retardation Board (now Pathways, Inc.) in April of 1973. The remaining 25-acre retains its historic integrity and besides the non-contributing maintenance building mentioned in this report, which was built in the late 1950's, remains undeveloped and wooded.

**United States Department of the Interior
National Park Service**

National Register of Historic Places Continuation Sheet

Ashland Tuberculosis Hospital
Boyd County, Kentucky

Section # ___ Photos ___ Page # ___ 13 ___

KY_BoydCounty_AshlandTB4.tif

1. Ashland Tuberculosis Hospital;
2. Boyd County, Kentucky;
3. Melissa Esenboch;
4. September 25, 2007;
5. N/A – Digital Photographs;
6. View looking northwest of the old Nurses' Residence; now used as an emergency shelter for victims of domestic violence for Safe Harbor, Inc.
7. 4.

KY_BoydCounty_AshlandTB5.tif

1. Ashland Tuberculosis Hospital;
2. Boyd County, Kentucky;
3. Melissa Esenboch;
4. September 25, 2007;
5. N/A – Digital Photographs;
6. View looking east from behind the Tuberculosis Hospital. This vacant and boarded building is the old boiler and laundry facility for the entire Sanatoria campus.
7. 5.

KY_BoydCounty_AshlandTB6.tif

1. Ashland Tuberculosis Hospital;
2. Boyd County, Kentucky;
3. Melissa Esenboch;
4. September 25, 2007;
5. N/A – Digital Photographs;
6. View looking northeast from the northern side of the Tuberculosis Hospital. This building was added in the late 1950's to serve as a maintenance building for the Sanatoria campus. It is a non-contributing building and is currently vacant and boarded.
7. 6.

**United States Department of the Interior
National Park Service**

National Register of Historic Places Continuation Sheet

Ashland Tuberculosis Hospital
Boyd County, Kentucky

Section # ___ Photos ___ Page # ___ 14 ___

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6. View looking northeast from the northern side of the Tuberculosis Hospital. This building was added in the late 1950's to serve as a maintenance building for the Sanatoria campus. It is a non-contributing building and is currently vacant and boarded.
7. 6.

per Architect's plans 2/4/1947
updated 1973 April



SYMBOLS
--- Hospital Property
--- Base Lines, Roads, and etc.
--- Existing Roads

1. Director's Residence
2. Staff Residence
3. Nurses' Residence
4. TB Hospital
5. Laundry/Boiler Facility
6. Approximate Location of Maintenance Building (now contributing)
7. Portion of original site conveyed to Landsdowne

PLOT PLAN
SCALE: 1 IN = 100 FT.

MH-MRB in 1973 (not part of nominated district)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Ashland Tuberculosis Hospital
NAME:

MULTIPLE
NAME:

STATE & COUNTY: KENTUCKY, Boyd

DATE RECEIVED: 12/27/07 DATE OF PENDING LIST: 01/15/08
DATE OF 16TH DAY: 01/30/08 DATE OF 45TH DAY: 02/09/08

DATE OF WEEKLY LIST:

REFERENCE NUMBER: 05001598

REASONS FOR REVIEW:

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

COMMENT WAIVER: N

ACCEPT RETURN REJECT 2/7/08 DATE

ABSTRACT/SUMMARY COMMENTS:

Eligible under Criterion A For its Association with state-sponsored tuberculosis treatment. Kentucky was one of the worst states in terms of TB, but did not begin a systematic treatment program until after WWII. This hospital was one of six regional TB hospitals. It retains excellent integrity.

RECOM./CRITERIA Accept/crit A

REVIEWER J. Gubert DISCIPLINE Historic

TELEPHONE _____ DATE 2/7/08

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

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



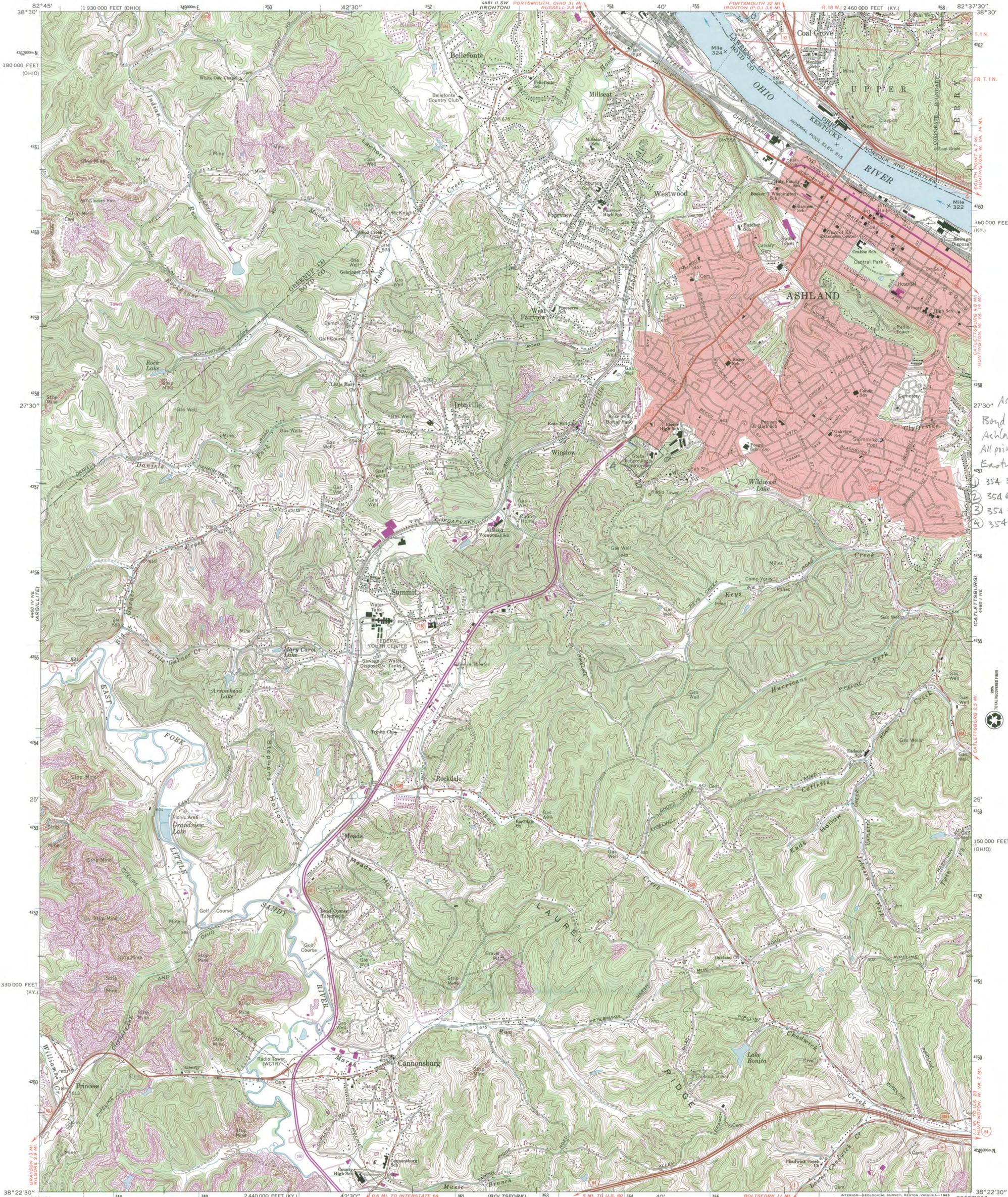












Ashland TB. Hospital
Bond Co., KY
Ashland Quad
All points zone 17
Easting / Northing
① 354 320 / 4257 430
② 354 630 / 4257 170
③ 354 320 / 4256 920
④ 354 120 / 4257 110

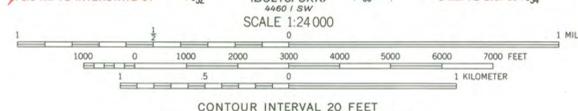
Maped, edited, and published by the Geological Survey in cooperation with State of Kentucky agencies. Revised in cooperation with State of Ohio agencies. Control by USGS, USC&GS, USCE, and Tennessee Valley Authority. Topography by photogrammetric methods from aerial photographs taken 1952. Field checked 1953. Revised from aerial photographs taken 1967. Field checked 1968.

Polyconic projection. 1927 North American datum 10,000-foot grid, based on Kentucky coordinate system, north zone, and Ohio coordinate system, south zone 1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue.

The state boundary as shown represents the approximate position of the low water line as determined from U. S. Corps of Engineers Ohio River charts, surveyed 1914, and supplementary information. Red tint indicates area in which only landmark buildings are shown. Ohio area lies within Congress Lands East of the Scioto River. Land lines based on the Ohio River Base.

UTM GRID AND 1985 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

To place on the predicted North American Datum 1983, move the projection lines 6 meters south and 11 meters west as shown by dashed corner ticks.



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092. KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506 AND KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601. A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST.

ROAD CLASSIFICATION

Primary highway, all weather, hard surface	Light-duty road, all weather, improved surface
Secondary highway, all weather, hard surface	Unimproved road, fair or dry weather

Interstate Route
 U.S. Route
 State Route

ASHLAND, KY.—OHIO

38082-D6-TF-024

1968
PHOTOREVISED 1985
DMA 4460 I NW—SERIES V853

Revisions shown in purple compiled in cooperation with State of Ohio agencies from aerial photographs taken 1983. This information not field checked. Map edited 1985.

BRUNNEN
E-1005-5
9 780607 218053



COMMERCE CABINET
KENTUCKY HERITAGE COUNCIL

~~Steve Beshear~~
~~XXXXXXXXXX~~
Governor

The State Historic Preservation Office
300 Washington Street
Frankfort, Kentucky 40601
Phone (502) 564-7005
Fax (502) 564-5820
www.kentucky.gov

~~Marcheta Sparrow~~
~~XXXXXXXXXX~~
Secretary

Donna M. Neary
Executive Director and
State Historic Preservation Officer

December 20, 2007

Jan Snyder Matthews, Ph.D., Keeper
National Park Service 2280
National Register of Historic Places
1201 "I" (Eye) Street, NW, 8th Floor
Washington, DC 20005

Dear Dr. Matthews:

Enclosed are nominations approved at the December 13, 2007 Review Board meeting. We are submitting them for listing in the National Register:

- ✓ Ashland Tuberculosis Hospital, Boyd County
- Ft. Thomas Historic District (Boundary Increase), Campbell County
- Liberty Downtown Historic District, Casey County
- Fannie Harrison Farm, Hardin County
- Woodbourne House, Jefferson County
- Hamilton Brothers Warehouse, Jefferson County
- Business Women's Club Building, Jefferson County
- Lewis Martin House, Jessamine County
- Beattyville Grade School, Lee County
- Campbellsville Historic District, Taylor County
- Adams-Kentucky District, Warren County
- Hatchett Tobacco Barn, Washington County

We appreciate your consideration of these nominations.

Sincerely,

Donna M. Neary, Executive Director
Kentucky Heritage Council and
State Historic Preservation Officer

DMN:MP