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United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

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

1. Name of Property

historic name Togus VA Medical Center and National Cemetery
other names/site number Eastern Branch, National Home for Disabled Volunteer Soldiers

2. Location

street & number 1 VA Center

N/A	not for publication
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city or town Augusta and Chelsea

N/A	vicinity
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state Maine code ME county Kennebec code 11 zip code 04330

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 at the following level(s) of significance:
 X national statewide local
Kathleen Achanuel FPO 8/13/12
Signature of certifying official/Title Date
Dept Veterans Affairs
State or Federal agency/bureau or Tribal Government

In my opinion, the property X meets does not meet the National Register criteria.
Ernest S. Fitzsimmons 7/31/12
Signature of commenting official Date
State Historic Preservation Officer Maine Historic Preservation Commission
Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:
 entered in the National Register determined eligible for the National Register
 determined not eligible for the National Register removed from the National Register
 other (explain):
Don DeLine 10/3/12
Signature of the Keeper Date of Action

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5. Classification

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

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

Category of Property
 (Check only one box.)

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

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

Contributing	Noncontributing	
49	14	buildings
2		sites
3	4	structures
		objects
54	18	Total

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

Number of contributing resources previously listed in the National Register

1

6. Function or Use

Historic Functions
 (Enter categories from instructions.)

- DOMESTIC/Institutional Housing
- HEALTH CARE/Hospital
- HEALTH CARE/Sanitarium
- FUNERARY/Cemetery
- LANDSCAPE
- AGRICULTURE/Agricultural Field
- RECREATION AND CULTURE/Tourist Attraction

Current Functions
 (Enter categories from instructions.)

- HEALTH CARE/Hospital
- HEALTH CARE/Clinic
- FUNERARY/Cemetery
- LANDSCAPE

7. Description

Architectural Classification
 (Enter categories from instructions.)

- LATE VICTORIAN: French Second Empire
- LATE VICTORIAN: Queen Anne
- MODERN MOVEMENT/ Art Deco

Materials
 (Enter categories from instructions.)

- foundation: Stone and Brick
- walls: Brick, Wood/Weatherboard, Stone
- roof: Tin, Asphalt shingle, Slate
- other: Asbestos siding

Narrative Description

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

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Summary Paragraph

The Togus VA Medical Center, the former Eastern Branch of the National Home for Disabled Volunteer Soldiers founded in 1866, is the oldest veteran's facility in the country. It is presently home to the Department of Veterans Affairs Medical and Regional Office Center. The center consists of a medical complex with historic and modern residential, hospital, and support buildings, along with two historic national cemeteries, in a historic landscaped setting. The site is approximately 506 acres and is characterized by heavily wooded areas, hilly terrain to the west and a flat valley at the east, creeks, ponds, and curving roads. The historic buildings constructed between 1869 and 1960 consist of well-designed examples of popular Victorian and Art Deco styles executed in brick and stone, with a few wood-frame examples. The evolution of the Home into a major regional Veterans Administration medical center in the 1930s is reflected in the extant resources from both the NHDVS period (1866-1930) and the VA period (1930-1960). Though numerous buildings from the NHDVS period are no longer extant and some historic buildings from the VA period have undergone various alterations and additions, the historic district retains overall integrity of buildings and landscape. The district includes buildings constructed since 1960 and contains a total of 73 properties, one of which (Quarters 1) is a previously listed National Historic Landmark (NHL). Not counting the previously listed resource, the district contains 72 historic resources of which 54 contribute to the significance of the district: 49 buildings, 2 sites, and 3 structures. The 18 noncontributing properties were constructed after 1960. An inventory and description of these resources is included following the descriptive narrative.

Narrative Description

Site

The Togus VA Medical Center is located in the town of Chelsea, Maine, with a small portion of the property located in the city limits of Augusta, Maine. The facility is south of Eastern Avenue (State Highway 17) and west of Togus Road (State Highway 226). The surrounding landscape includes a mix of rural, wooded properties and suburban single-family residences. Currently, the property measures roughly 506 acres, with irregular property boundaries. The main entrance leads to the hospital from the north, from Eastern Avenue. A secondary route from the southeast provides access to the property from Togus Road (SH 226) along Hallowell Road. The topography of the area is hilly, with the western portion sitting atop a bluff and the eastern portion within a relatively flat valley. Numerous creeks and ponds occupy the area. A string of large ponds is located just north of the hospital, including Togus Pond and Greeley Pond. A small creek flows from Greeley Pond south into the hospital property, creating two small ponds known as the Ice Pond (or the Reservoir) and the Duck Pond. Both of these ponds are near the hospital's north entrance. The creek then continues flowing south along the eastern edge of the hospital property, eventually veering southwest and emptying into the Kennebec River. The site is heavily wooded, although woods have been cleared for lawns, ornamental landscaping, and parking lots around the hospital buildings and associated residences and cemeteries.

North Gate Road, the winding main road leading into the property from the north entrance, serves as the principal arterial through the hospital. As North Gate Road approaches the Duck Pond, it bifurcates into two roads – North Gate Road and Pond Road. North Gate Road travels to the east of the Duck Pond, while Pond Road circles around to the west of the Duck Pond then reconnects with North Gate Road. The medical and administrative buildings within the hospital campus (*Building Nos. 200, 203, 204, 205, 206, 207, 208, 209, 210, 210, 221, 235, 248 and MB3*) are aligned along the west sides of Pond Road and North Gate Road. These buildings are arranged side-by-side and connected by one-story interior corridors. Along Pond Road, the buildings are oriented toward the view of the Duck Pond and the surrounding lawn and naturalistic plantings. The Main Hospital (*Building No. 200*) is located along Pond Road, on a slightly elevated site near the north end of the string of medical buildings. A circular driveway connects the entrance to the Main Hospital (*Building No. 200*) to Pond Road. Along North Gate Road, the buildings are oriented perpendicular to the street and parallel to one another, creating deep courtyards between the buildings. In contrast to the naturalistic landscape around the Duck Pond, these courtyards are formally landscaped, with geometric sidewalks in a diamond pattern.

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The industrial and auxiliary buildings that support the function of the hospital (*Building Nos. 67, 69, 88, 201, 202, 211, 212, 229, 232, 238, 239, 240, 242, MBI and T222-T228*) are located to the rear (west) of the string of medical and administrative buildings. The surrounding ground is paved with asphalt. While the medical and administrative buildings are neatly aligned, the industrial and auxiliary buildings are arranged at angles to one another in order to fit numerous small, freestanding buildings in close proximity to the medical buildings. The steep bluff to the west further confines the space in which the industrial and auxiliary buildings must fit. Also, many of these buildings are functionally interconnected, which requires their close proximity to one another. For example, a tall smokestack is located toward the rear of this cluster of industrial buildings, and the adjacent boiler plant and laundry are integrally related to the smokestack.

One isolated residence (*Building No. 69*) is located among the industrial buildings behind the medical and administrative buildings. This residence pre-dates the construction of the extant medical buildings ca. 1935, and its continued presence in this location is a remnant of the site plan of the original NHDVS, which included this area as a semi-rural complex of residences, agricultural outbuildings, and pasture.

Additional remnants of the agricultural activity on the site during the NHDVS period are located further south of the campus' core of medical and administrative buildings. The Farm Building (*Building No. 36*), which historically housed farming equipment, is separated from the medical buildings by only about 500 feet across a large, grassy lawn. During the NHDVS period, horse stables were kept nearby. The Barn (*Building No. 21*) remains extant further afield, about 0.3 miles southeast of the hospital's core. In the NHDVS period, this area was occupied by pasture for dairy cows, a milk shed, and grain silos.

Clusters of residences dating from the NHDVS period are arranged around the campus as well. Four residences (*Building Nos. 1, 2, 3, and 4*) are located along North Gate Road to the east of the Main Hospital (*Building No 200*), beyond the Duck Pond. Two residences are on the west side of the road, and two are on the east. A detached, one-car garage is associated with each of these residences, connected to North Gate Road by winding circular driveways. The site surrounding these residences is in a slight hollow, and the landscape is dense with tall trees, and each house is set back deeply from the road, so that the residences feel tucked away from the hospital despite their relative proximity.

Another grouping of residences is located along Knox Road to the southwest of the core of medical and administrative buildings, beyond the industrial and support buildings. Three residences (*Building Nos. 32, 33, and 34*) are located in close proximity to one another on the west side of Knox Road. A single driveway leading to and from Knox Road encircles all three houses. The houses are oriented to the east, and the site is elevated slightly, giving the residences a view across the lawns to the east. Shallow grass lawns front each house, and the steep, densely wooded bluff encroaches near the rear of the houses. One additional residence (*Building No. 27*) is located slightly further southeast, along West Gate Road, and oriented to the north. A shallow grass lawn borders this house to the front and rear, with woods beyond.

A final cluster of residences is located on either side of South Gate Road, southeast of the hospital's core. Three residences are aligned on the north side of the road (*Building Nos. 15, 16, and 17*), and three are across the street to the south (*Building Nos. 18, 19, and 20*). On either side of the street, a driveway encircles the houses. Each cluster of three houses shares a detached three-car garage. The land surrounding this residential cluster is flat and grassy, and shared lawns flow between the houses in the front and rear.

Infrastructure resources are located at the far southern end of the property, along South Road. These include the decommissioned sewage treatment plants (*Building Nos. 222 and 245*) and the salt shed (*Building No. 250*). A new sewage treatment building is located just east of North Gate Road and north of East Cemetery Road. Undeveloped forest land separates these utilitarian resources from the associated hospital and residences.

Two cemeteries are similarly isolated at the far western and eastern ends of the property. The West Cemetery is located on a hilly, wooded site. Driveways through the cemetery are curvilinear, separating grassy burial plots at varying elevations. Within each burial section, headstones are regularly arranged in parallel rows, but the angle of the headstones varies from section to section. Large-scale monuments are arranged picturesquely throughout the cemetery in irregular locations. The

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East Cemetery, on the other hand, is located on a flat site. The cemetery itself is arch-shaped. Throughout the East Cemetery, headstones are regularly arranged in parallel rows. Although the cemetery is surrounded by woods, the burial plots are evenly cleared, with the exception of a linear alley of trees in the center of the cemetery's northern end. Large-scale monuments are arranged on axis with this alley.

Summary of Development

The evolution of the development of the site that follows was determined through analysis of historic documentation such as bird's eye view illustrations, site plans, aerial photographs, and architectural drawings.

Beals Ownership, 1858-1866

Under Horace Beals' ownership, a number of buildings were erected so that the property could serve as a resort centered around the Togus mineral springs, named after a Native American word for mineral water. Improvements were constructed just north of the center of the property. These buildings included a hotel that housed 300 guests, a farm house, stables, bowling alleys, and various outbuildings. Landscape features included a racetrack, walking paths, and driveways lined with ornamental trees. During this period, most of the property was converted into pasture land (about 750 acres). The remainder was vegetated with grass (300 acres), second-growth forest (50 acres), and a fruit orchard (5 acres). No remaining maps or images document the appearance of the property during this period. However, because many of the circulation patterns and land-use patterns established during this period were continued throughout the property's use, it is reasonable to deduce that the forested area was located on the steep hill at the northwest edge of the property, while pasture and grasslands were located in the lower portions to the south and east. The orchard likely was located somewhat near the cluster of buildings at the center of the property.¹

National Home Period, 1866-1930

The United States Government purchased the 1,100 acre property in 1866 with the intention of opening a national home for soldiers on the site. The preexisting farm buildings constructed by Mr. Beals were retained and altered as necessary for the new use. The network of roads developed during Beals' ownership was retained as well. When the National Home originally opened November 10, 1866, it accommodated 300 soldiers in the former hotel building. As early as 1867, new buildings were planned to increase capacity. The first building constructed was a brick dining hall with dormitories and workshops on the second floor and basement levels, respectively. Almost complete by the publication of the 1867 annual report, its presence would double the capacity of the institution. Around the same time, in 1867, a cemetery was established to the west of the complex of new buildings. In a fire in early January 1868, the main building (the former hotel) was completely destroyed. The new dining hall suffered some damage but was repaired. After the fire, three additional brick buildings were constructed adjacent to the dining hall. These new buildings were sited so that, together with the dining hall they formed a square quadrangle of the four buildings around a central courtyard. The four buildings provided accommodations for 600 men, school rooms, a hospital, a chapel, officers' quarters, and office and storage space. The brick buildings—a detached hospital, planned since 1867, a shop building, and a large barn were also constructed. In 1870, a residence for the home's deputy governor was built at the northwest edge of the site (extant *Building No. 1*). The following year, a two-story recreation building with lecture room, also replacing a building with the same function that was destroyed in the fire, was built. This amusement hall also served as a chapel.²

A lithograph from 1872 provides the earliest extant documentation of the physical appearance of the overall National Home property viewed from the east (*Figure 1*). At the center of the image are the newly erected main quadrangle and the adjacent Amusement Hall. At the far right is the Deputy Governor's House and its associated formal gardens. The shop building, with a machine shop on the first floor and tailor and shoe shops on the second is not visible. Various agricultural buildings can be seen in the distance to the south, with the brick barn at the far left of the print. The foreground is

¹ Gjore Mollenhoff and Karen R. Tupek, "Eastern Branch – National Home for Disabled Volunteer Soldiers," National Register of Historic Places Inventory-Nomination Form, National Park Service, 1980.

² Mollenhoff and Tupek, "Eastern Branch – National Home for Disabled Volunteer Soldiers;" *Report of the Board of Managers, of the National Asylum for Disabled Volunteer Soldiers*, 1867, p. 2; 1868, p. 1-2; 1871, p. 3; Timothy L. Smith, *Togus, Down in Maine: The First National Veterans Home* (Charleston: Arcadia Publishing, 1998), p. 13, 15, 16.

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occupied by the rural landscape around the institution, through which roads were constructed to aid in the transportation of building materials from the surrounding countryside.³

The annual reports note that a large new hospital was under construction in 1875 and completed by 1876. In 1878, a bakery and the Surgeon's House (extant *Building No. 69*) were built. A contemporary description of the National Home also notes the presence of the boot and shoe shop, a pest house, and a soap house in addition to the various farm buildings.⁴

A lithograph of the Eastern Branch of the National Soldier's Home from 1878 illustrates these changes (*Figure 2*). By 1878, a complex, curvilinear circulation pattern had developed. From the main entrance at the north of the property, the main road through the property led to the south past the reservoir, crossed over a stream, then curved to the southeast, traveling around the cluster of buildings at the center of the property before curving south again. (The main road today closely follows this historic route.) The bird's eye view is the only nineteenth-century depiction of the site from the south. As such, the agriculture-related buildings—which included a farmhouse, stables, and sheds—and the soap house are clearly depicted in the left foreground. The main quadrangle and courtyard, as well as the Amusement Hall, are shown at the center. The new hospital, constructed in 1876, a two-and-a-half story brick building with a wrap-around porch and a clipped front-gabled roof, is visible to the southwest of the quad. Behind the quad, to the northwest, are the machine shop, bakery and two additional service buildings. Along the main drive between the reservoir and the central core of buildings is the new Governor's House.

A birds' eye view illustration from 1885, with labels identifying prominent, provides the next depiction of the institution (*Figure 3*). The main quad and courtyard are shown at the center of the foreground. Formal landscaping is illustrated in the quad, organized around an x-shaped pattern of paths radiating from a central roundabout. By 1885, a number of additional buildings had been constructed. Along the main drive beyond the reservoir were the Deputy Governor's House (*Building No. 1*) and the Treasurer's House (*Building No. 3*).⁵ The two residential buildings are depicted in the top corner margins, outside of the primary frame of the 1885 print. From these buildings, a circular driveway veered off from the main road, providing access to the hospital building and the main quad. The 1884 third floor addition to the dining hall building on the west side of the quad is visible. A flagpole was situated at the entrance to the circular driveway, flanked by four cannons. Within the central courtyard of the main quad, foot paths were laid out in a diagonal pattern, intersecting at a central roundabout. Auxiliary buildings were shown to the west and south of the main quad. The buildings located west of the main quad were industrial and mechanical in character—two large smokestacks plus one smaller smokestack are illustrated. New buildings include the Guard House and Tailor Shop and the Carpenter Shop, as well as additions to the kitchen, boiler house, and laundry funded in 1884. Across the main drive, to the east of the main quad was a barracks building. To the south of the main quad and hospital, residential and agricultural buildings are revealed, including the Surgeon's House and the Engineer's and Band Master's House. Across the main road from the quad is a new barracks building not previously depicted in historic views. Pasture land surrounded the campus on all sides, with the steep, forested hill rising to the northwest of the buildings. An orchard, fenced deer park, and reservoir were arranged at the foot of the hill. Although some small sections of the site were formally landscaped, the overall arrangement of the buildings along the curvilinear roads was somewhat scattered and haphazard, reflecting the pastoral aesthetic popular in landscape design of the day.⁶

Yet another bird's eye view, completed in 1891, shows that, while new buildings had been constructed, the layout of the campus remained relatively unchanged (*Figure 4*). Railroad access to the site was provided in 1890, illustrated along the western perimeter of the cluster of main buildings, and the road pattern was altered slightly with the straightening and realignment of the main road leading past the quad (today known as North Gate Road). The most notable change that occurred between 1885 and 1891, however, is that the small 1876 hospital had been dramatically expanded. The new front addition to the hospital, constructed beginning in 1886, was three stories in height and composed of a central brick

³ Smith, 9.

⁴ *Report of the Board of Managers, of the National Asylum for Disabled Volunteer Soldiers*, 1875, p. 23; 1876, p. 83; 1878; Mollenhoff and Tupek,

⁵ Eastern Branch – National Home for Disabled Volunteer Soldiers.

⁶ The documented date of construction for *Building No. 3* is not until 1893, which contradicts its presence in the 1885 and 1891 bird's eye views.

⁶ *Report of the Board of Managers, of the National Asylum for Disabled Volunteer Soldiers*, 1884, p. 16.

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pavilion flanked by frame pavilions with full-width porches and balconies. The hospital was expanded further in 1896. The old farmhouse was converted to a hospital annex. Other new buildings that are newly visible in the 1891 bird's eye view include the Opera House (completed in 1893, also known as the theatre, Chapel and the Headquarters building. These buildings are located east of the main quad, on the other side of the winding road leading from the north entrance (today known as North Gate Road). At the southern end of the road is a new residence for the surgeon (extant *Building No. 69* then became home of the Assistant Surgeon). West of the quad, the Quartermaster's Depot appears to have been moved westward to accommodate a new Laundry, and the Beer Shop was constructed behind the Amusement Hall. Formally landscaped, park-like areas appear north of the Amusement Hall and the Beer Shop. In addition to a variety of plantings, these areas contain several fountains, probably those "ornamental fountains" mentioned in the 1887 annual report, and a rockery. The agricultural complex expanded as well, with the addition of a greenhouse and a large Hay Barn (extant *Building No. 21*). Additionally, the 1891 bird's eye shows a broader view of the campus, so it illustrates some buildings that were extant by 1885 but not included within the immediate boundaries of the 1885 bird's eye view—the Deputy Governor's House and the Treasurer's House. The Quartermaster's Residence (*Building No. 4*), a new building completed in 1890, is depicted in the vicinity of the other administrators' houses. A restaurant and depot was constructed for the increased number of visitors who arrived via the new railroad. The majority of these late nineteenth-century improvements—including the hospital and addition, chapel, opera house, and laundry—were made by architect Edwin E. Lewis. Lewis owned a practice in Gardiner, Maine and was prolific throughout the central region of the state. The projects with which he was involved at Togus prompted his appointment as the facility's Chief Engineer and General Superintendent of Construction. He held the position until he retired in 1917 due to ill health.⁷

During the following two decades, the campus continued to grow following earlier organizational patterns. By 1912, though, the site plan of the Togus campus illustrated significant developments in infrastructure, such as the addition of electric light and power lines, steam lines, and sewer lines (*Figure 5*). Although elements of this infrastructure system may have been extant earlier, they are not documented until 1912. With the availability of electricity, a number of new industrial-related buildings were constructed on the property. With increased ease of transporting goods via the railroad, more storage buildings were constructed, and the importance of agriculture for subsistence declined. During this era, the railroad also enabled an increase in the number of visitors to the site, triggering the construction of a hotel. New buildings constructed between 1891 and 1912 include:

- A new Quartermaster's Quarters (extant *Building No. 2*) along the main drive near the three nineteenth-century homes for the facility's administrators (the old Quartermaster's Quarters, *Building No. 4*, became the home of the Chaplain)
- A Club House located across from the main quad, between the Theater and the Chapel;
- Barrack No. 7, located southeast of the main quad, across from the agricultural outbuildings depicted in earlier bird's eye views;
- A series of cottages (extant *Building Nos. 15-20*) located near the southeast entrance to the campus;
- A grouping of quarters located near the western entrance to the property from Hallowell Road, housing the Adjutant and Inspector, the Assistant Surgeon, and the Catholic Chaplain (extant *Building Nos. 27 and 32-34*);
- Several new support facilities located within the agricultural complex south of the main hospital, such as the Quartermaster's Storehouse and Lumber building, the Farm Building, Shops & Dormitories (extant *Building No. 36*), and the Pest House;
- The Hotel, located northwest of the main quad, near the new electric railroad depot;
- The new Grand Stand and Baseball Ground as well as the Civil Employees Quarters located at the far west of the hospital site;
- A cluster of industrial and support buildings located west of the main quad, near the terminus of the Kennebec Central Railroad line, such as the Quartermaster's Storehouse, Oil & Painter's Tools building, the Paint Shop, the Coal Shed, the Power House, the Dry-Cleaning Plant (extant *Building No. 67*), a Store, the Laundry, and a Chemical Engine House; and

⁷ *Report of the Board of Managers, of the National Asylum for Disabled Volunteer Soldiers*, 1887; 1888; *Views of the Eastern Branch National Home for Disabled Volunteer Soldiers, Togus, Maine*. Portland Maine: Lakeside Press, n. d.; Earle G. Shettleworth, Jr. "Edwin E. Lewis, Gardiner, Maine Architect, 1846-1928," http://www.gardinermaine.com/Public_Documents/GardinerME_WebDocs/crematoriumdocs/Oak%20Grove%20Cemetery%20Historical%20Data.pdf (accessed May 25, 2010).

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- The Ice House, located on the banks of the reservoir, near the north entrance.

Because the boundaries of the 1912 site plan are broader than the earlier bird's eye view illustrations, a number of additional buildings are depicted, but these might have been extant earlier. These include multiple agricultural buildings, such as the Hay Barn (extant *Building No. 21*). The Summer Barrack also is newly depicted in a 1909 promotional booklet and listed in the legend of the 1912 site plan, but because its location is not shown, it may have been extant earlier.

Modern Veterans Affairs Period, 1930-present

Documentation does not indicate any new construction at the hospital between 1912 and 1929, when a fire partially destroyed a wing in the main hospital at Togus, prompting Congress to appropriate funds for a new, modern, fireproof hospital. Plans for new buildings at Togus were also timely with the establishment of the Veterans Administration and the home's designation as a VA facility in 1930. Construction on the new hospital began in May 1932 and was complete by October 1933. The new main hospital building (extant *Building No. 200*) was located northwest of the main quad and south of the reservoir, on an undeveloped section of land that historically had functioned as the Deer Park. This site was slightly elevated above the remainder of the campus, and immediately behind the new hospital the terrain inclined steeply. Given its size, scale, and elevated position, the new hospital became the most prominent building on the campus, as shown in aerial photographs taken between April and September 1935 (*Figure 6*). The existing road from the north entrance led around the back of the new hospital, and the new road constructed at the front led to a circular drive and formal terraced stair up to the hospital's main entrance. These site planning elements – the hierarchical use of an elevated site and symmetrical driveway and stair – created a formal, axial setting for the new hospital, as opposed to the Romantic, pastoral setting present in the original nineteenth-century design.⁸

The construction of the new hospital initiated a campaign to completely modernize the buildings at Togus. A contract was made for the construction of a Boiler Plant (*Building No. 201*) and Utility Building (*Building No. 202*) a few weeks after construction started on the hospital. In November 1934, bids were opened for six additional buildings as part of a Public Works Project—two 300-foot long barracks; a combination dining hall, subsistence warehouse, kitchens, and refrigeration building; an administration building, a nurses' home, and a laundry. A new recreation building was also to be funded with Veterans Administration Department monies. Contemporary newspaper articles describe the intent of the layout of the new buildings as a new arrangement with the focal point of the home being relocated from the central quadrangle to a northeast-facing arc from the new hospital and nurses' home to the nineteenth-century Chapel. The site plan, however, conformed to the preexisting network of roads, and new buildings were constructed in the location of older ones. The majority of the existing medical, administrative, and support buildings on the campus were demolished and replaced by these new buildings in various phases.⁹

The first buildings to be razed were the former shops, power house, coal shed, and fire station. The new Laundry (*Building No. 212*), completed by September 1935, was constructed across from the new Power Plant. The seven buildings forming the quad, known as Barracks Square by the early 1930s, were demolished next. In their place, the two new barracks (*Building Nos. 205 and 206*) and a new Dining Room, Kitchen and Refrigeration Building (*Building No. 204*) were erected. The three buildings formed a U open to the southeast with a new plaza in place of the former courtyard. In the area closer to the hospital, the new Administration Building (*Building No. 203*) became the centerpiece of the new curve of buildings. The Nurses Home (*Building No. 209*) was built adjacent to the new hospital on the rise at the northern edge of the site. A Garage Building was also built at the veterans home (*Building No. 211*). The ca. 1935 aerial photos show the gradual demolition and construction with older buildings coexisting with newer buildings. In total, 28 buildings were demolished and 11 new buildings constructed as part of the Public Works Administration project.¹⁰

⁸ "Construction Completed on Million Dollar Hospital to Alleviate Pain and Suffering of Nation's Defenders," *Kennebec Journal*, October 18, 1933; "Federal Officials Accept Veterans' Home Hospital," *Kennebec Journal*, October 7, 1933.

⁹ "Construction Completed on Million Dollar Hospital;" "Bids on \$1,250,000 Program of New Construction at the Veterans Home to Be Opened January 3rd," *Kennebec Journal*, November 15, 1934. Bids were actually opened on November 20, 1934, and closed on January 3, 1935.

¹⁰ "Bids;" "Razing of Old Barracks Togus Home Starts Today," *Lewiston Journal*, March, 21, 1935; "Air View Shows New Building Alignment at Veterans Home," *Kennebec Journal*, September 16, 1935; "What You Should See In Maine," *Portland Herald*, September 30, 1936; "Togus Veterans' Home Will Be Complete Town Within Its Four Walls," *Lewiston Journal*, June 19, 1936.

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During the first phase of construction, the 1886 hospital was used as a temporary barracks. It was demolished for a third barracks unit (*Building No. 207*) completed in fall 1937. With *Building Nos. 205* and *206*, *Building No. 207* fanned out to the southeast of the new main hospital, forming an E-shaped plan with deep courtyards that preserved the idea of the formally landscaped courtyard formerly present at the center of the main quad. The buildings served as the terminus for string of buildings curving from the main hospital.¹¹

Construction of the new Recreation Building (*Building No. 210*) began in April 1937 where the Civil Employees Quarters once stood; it was completed by January 1939. With its construction, the baseball diamond was shifted, and the Opera House/Theater and Club House became obsolete and were demolished. Also around this time, the (Home) Hotel, across from the new Administration Building, and Headquarters Building were razed. The last of the wooden barracks (*Building No. 14*) and the original Amusement Hall were demolished in March 1938. The nineteenth-century Chapel and the various administrators' residences were renovated and preserved. A ca. 1939 aerial photograph depicts a number of ancillary buildings from the nineteenth century remaining, located to the southwest and northeast of the new string of buildings. These include the Chapel as well as the Quartermaster's Office & Storehouse, the Commissary Storehouse and Bakery (pictured with a tall smokestack), and the Guard Barrack.¹²

A January 1940 article from the *Kennebec Journal* describes the facility as a "modern 'city' of brick" with 62 old buildings having been demolished. With the first phase of construction complete, plans were being made for additions to the barracks, a new library between the Hospital and Administration Building, and landscape development at the north and south entrances to the site. By September 1941, new bituminous roads, mostly connecting the main building at the north, had been added, and two parking lots were under construction behind the Administration Building. The Y-shaped drive presently at the entry to the site was also contemplated at this time. In 1943, following the designation of the facility as a neuropsychiatric hospital, the barracks buildings were repurposed from domiciliary to neuropsychiatric functions. In 1947, the East Cemetery was opened in the far southeastern region of the facility property in 1947.¹³

An updated campus site plan from 1971 documents that nearly all of the buildings associated with the National Home period had been replaced, and the campus closely resembled its present appearance (*Figure 7*). Of the buildings that remained from the National Home period, most were residential, but a few were agricultural. The nineteenth-century Chapel had been demolished and replaced by a new Chapel (*Building No. 235*) in 1960. Whereas the original Chapel had been located across from the old main quad, the new Chapel was located southeast of the new main hospital, along the interconnected string of buildings, between the Recreation Building (now referred to as the Theater) (*Building No. 210*) and the Administration Building (*Building No. 203*). *Building No. 248*, the present-day VBA Regional Office, also appears in the string of primary buildings between the Administration Building and barrack buildings. Other new buildings in place by 1971 include:

- A therapy building (*Building No. 221*) and the present Gym Pool (*Building No. 232*) connected to the southwest end of the barracks wings
- A large Warehouse (*Building No 240*) behind the Administration Building
- A new Boiler Plant (*Building No. 238*) behind the 1930s Boiler Plant (*Building No. 201*)
- In the far southeast corner of the property a Sewage Treatment Plant (*Building No. 222*), constructed in 1948, and *Building Nos. 243* and *245*
- Quonset hut storage units (*Building Nos. T222-T228*) south of the Utility Building

¹¹ "Air View."

¹² "New and Modern Theatre opened At Veterans Administration Home," *Kennebec Journal*, January 13, 1939; "new Theater at Veterans Facility Incorporates Most Modern Features," *Kennebec Journal*, November 3, 1938; "Razing of Theater and Old Hotel at Togus Will Remove Two Historic Landmarks," *Kennebec Journal*, April 14, 1937; "Last of Old Wooden Barracks Being Razed At Veterans Administration Home, Togus," *Kennebec Journal*, March 29, 1938; "Togus Veterans' Home."

¹³ "War Veterans Facility is Modern Steel City," *Kennebec Journal*, 8 January 1940; "New Roads and Landscaping on Togus Improvement Program," *Kennebec Journal*, 29 September 1941; Department of Veterans Affairs, "Togus National Cemetery," <http://www.togus.va.gov/about/Cemetery2.asp> (accessed May 24, 2010).

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The old Quartermaster's Office and Storehouse, which had been visible in aerial photographs as late as ca. 1970, and the old Commissary Storehouse and Bakery had been demolished by 1971 as well. A new park-like landscaped area with a gazebo (*Building No. 241*) appears south of the barracks buildings. In a pattern still visible today, industrial and support buildings were located to the rear of the string of interconnected medical and administrative buildings, with the lingering residential and agricultural buildings located at the periphery of the property. The landscape and circulation patterns on the property remained largely as it had since the inception of the National Home, but some changes appeared. A new duck pond appeared just southeast of the reservoir, with the former duck pond on the southern end of the campus no longer evident. Additionally, by 1971, the railroad bed was indicated as abandoned.

Subsequent site plans and aerial photographs document that very few changes to the site have occurred since 1971. Notable changes include the construction of the Clinical Addition (*Building No. 200E*) abutting the front of the main hospital (*Building No. 200*) ca. 1990, and the demolition of the nineteenth-century Assistant Surgeon's Quarters (*Building No. 68*) ca. 1995. The main hospital also underwent a small one-story rear addition on the south side ca. 2010. Three additional buildings were added ca. 2010 and include *MB1* (adjacent to *Building 212*), *MB3* (located between *Building 200* and *Building 209*), as well as *Building 208* (located in the courtyard between *Building 206* and *Building 205*). Overall, though, the general landscape, circulation network, and organizational pattern extant on the site today have changed little since the mid-twentieth century.

The issue of integrity deserves especially close attention at Togus because of the many alterations and modifications that have taken place since the founding of the facility in 1866. Integrity is defined as the ability of a property to convey its significance; thus, knowledge of the reasons why Togus is significant and what aspects of integrity must be retained for the campus to demonstrate its significance becomes imperative. Togus derives significance from its continuous operation and the evolving level of services it has provided since 1866. The many changes and construction activities that have occurred over time underscore the nature and quality of its significance as well as the eclectic character of the district and its varied types of resources. These modifications contribute to the rich heritage of Togus and play an important role in the campus' significance. They do not diminish or detract from its sense of the past but instead reflect such a quality. The compound retains a strong sense of the past that spans almost an entire century and reflects the evolving mission of the NHDVS and its successor, the Department of Veterans Affairs.

NPS guidelines are often interpreted in such a way that seems to place a greater emphasis on those aspects of integrity dealing with the physical characteristics of a resource, such as integrity of design, materials, and workmanship. However, the guidelines also state that integrity involves other factors, such as integrity of setting, association, feeling, and location. A property that derives significance from its physical attributes or quality of design should retain its integrity of design, materials, and workmanship to a high degree. A property, such as Togus, having significance because of its historical associations, must also retain those aspects of integrity but not to such a high level since its significance is not derived from its physical characteristics. As part of the integrity assessment, any property under consideration for NRHP designation must remain recognizable to the period in which it achieved significance and retain the salient qualities to convey that significance. For a historic district, integrity of both the individual resources in addition to the entire grouping, its overall sense of cohesiveness and its ability to convey a sense of the past must be taken into account. For example, integrity of design applies to the individual buildings but also to the overall concept, scheme, and organization of the complex, as the organization, layout, and configuration of the complex and the relationships among the buildings resulted from a deliberate process to fulfill an intended function or purpose.

Changes that have taken place after the period of significance diminish the ability of the property to convey significance. The most notable non-historic change at Togus VAMC is the large addition onto the front of the main hospital. This addition detracts from many of the salient features and qualities of the building and introduces new elements that compromise some aspects of the building's historic character. Nevertheless, the hospital remains the focal point of the entire complex and continues to fulfill its intended function. Additional new construction includes *Buildings 208, MB1* and *MB3*, none of which detract from the overall historic character of the district. Other common changes seen on other buildings include the installation of new windows and the painting of masonry walls, all of which diminish, in varying degrees, its integrity of design, materials, and workmanship, and to a lesser extent, integrity of feeling. However, Togus also retains its integrity of association, setting, and location to an exceptional degree, illustrating its operation as the

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nation's oldest, continually operating facility devoted to the care of veterans. Thus, despite the presence of several modern buildings, additions and the loss of some early fabric to modern alterations, the Togus VA Medical Center possesses significance and integrity for National Register eligibility under Criterion A.

Extant Contributing and Non-contributing Resources

Contributing historic resources consist of 55 buildings, sites and structures constructed during the NHDVS period (1866-1930) and the VA period (1930-1960). These buildings reflect the historic functions associated with the evolution of Togus as a long-term, domiciliary care facility to a short-term, rehabilitative care VA facility. Non-contributing resources consist of 18 buildings and structures built after 1960, the end of the historic district's period of significance.

Number	Contributing/ Non-contributing	Date of construction	Resource Type	Historic Name/Use	Current Use
1	C	1869	Building	Governor's Mansion	Residence
2	C	1901	Building	Quartermaster's Quarters	Beal's Hospitality House
3	C	1893	Building	Treasurer's Quarters	Housekeeping Duplex
4	C	1890	Building	Chaplain's Residence	Housekeeping Duplex
15	C	1900	Building	Cottage No. 9	Housekeeping Quarters
16	C	1900	Building	Cottage No. 8	Housekeeping Quarters
17	C	1900	Building	Cottage No. 7	Housekeeping Quarters
18	C	1896	Building	Cottage No. 6	Housekeeping Quarters
19	C	1896	Building	Cottage No. 5	Housekeeping Quarters
20	C	1896	Building	Cottage No. 4	Housekeeping Quarters
21	C	1887	Building	Hay Barn	Barn Storage Building
27	C	1899	Building	Cottage No. 3	Housekeeping Quarters
32	C	1910	Building	Bandmaster's Cottage	Nursing Coding Center
33	C	1910	Building	Assistant Surgeon's Quarters	Housekeeping Quarters
34	C	1910	Building	Milker's Quarters	Housekeeping Quarters
36	C	1909	Building	Farm Building, Shop, and Dormitories	Storage Building
67	C	1891	Building	Dry Cleaning Plant	SPD Storage
69	C	1878	Building	Surgeon's House	Resident's Quarters
79	C	1930	Building	Garage	Storage
82	C	1930	Building	Garage	Same
83	C	1930	Building	Garage	Same
84	C	1930	Building	Garage	Same
85	C	1930	Building	Garage	Same
88	C	1940	Building	Garage	Same
89	NC	ca. 1980	Building	N/A	Garage
200	C	1933	Building	Hospital	Same
201	C	1933	Building	Boiler House	Garage
202	C	1933	Building	Utility Building	Engineering Building
203	C	1935	Building	Administration Building	Same
204	C	1936	Building	Dining Hall	Same
205	C	1936	Building	Regional Office Building	Administration Building
206	C	1936	Building	Continued Treatment Building	Administration Building

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Number	Contributing/ Non-contributing	Date of construction	Resource Type	Historic Name/Use	Current Use
207	C	1937	Building	Acute Building	Nursing Home
208	NC	ca. 2010	Building	N/A	Office Building
209	C	1901	Building	Nurses' Home/Nurses' Qtrs./Medical Administration	Same
210	C	1937	Building	Theater	Same
211	C	1935	Building	Garage	Fire Station
212	C	1936	Building	Laundry Building	Same
214	C	1933	Structure	Flagpole	Same
215	C	ca. 1930	Building	Garage	Same
216	C	ca. 1930	Building	Garage	Same
221	C	1947	Building	OT & Maintenance Shop	Same
222	C	1950	Building	Sewage Pumping Plant	Same
228	NC	1970	Structure	Gazebo	Same
229	NC	ca. 2000	Building	N/A	Storage
232	C	1956	Building	Gym/Pool	Same
233	NC	ca. 1965	Structure	N/A	Water Tank
235	C	1960	Building	Chapel	Same
238	NC	1963	Building	Boiler Plant	Same
240	NC	1971	Building	N/A	Supply Warehouse
241	NC	1970	Structure	Gazebo	Same
242	NC	1995	Building	N/A	Utility Building
244	NC	1978	Building	N/A	Emergency Generator
245	NC	1984	Building	N/A	Sewage Treatment Plant
246	NC	ca. 2005	Structure	N/A	Main Switchgear
247	NC	ca. 2010	Building	N/A	Sewage Building
248	NC	1984	Building	N/A	VBA/Administration Building
249	NC	1991	Building	N/A	Chiller Building
250	NC	2008	Building	N/A	Salt Shed
1CC	C	1937	Building	Connecting Corridors	Same
MB1	NC	ca. 2010	Building	N/A	Office Building
MB3	NC	ca. 2010	Building	N/A	Office Building
T05	C	1866	Structure	Dam and Canal	Same
T28	C	ca. 1875	Structure	Stone Cistern	N/A
T222	C	1945	Building	Storage Units (Quonset Huts)	Same
T223	C	1945	Building	Storage Units (Quonset Huts)	Same
T224	C	1945	Building	Storage Units (Quonset Huts)	Same
T225	C	1945	Building	Storage Units (Quonset Huts)	Same
T226	C	1945	Building	Storage Units (Quonset Huts)	Same

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Number	Contributing/ Non-contributing	Date of construction	Resource Type	Historic Name/Use	Current Use
T227	C	1945	Building	Storage Units (Quonset Huts)	Same
T228	C	1945	Building	Storage Units (Quonset Huts)	Same
West Cemetery	C	1867	Site	West Cemetery	Same
East Cemetery	C	1936	Site	East Cemetery	Same

Detailed Descriptions – All Extant Resources

Building No. 1, Governor’s House (Residence), 1869

Contributing Building

Building No. 1, constructed in 1869, was originally designated the Governor’s House for the National Home. The residence is the only remaining building from the 1868-1869 building campaign undertaken to replace earlier buildings damaged by fire and to expand the National Home for Disabled Soldiers. The residence is located along North Gate Road, within a grouping of three other residences. These buildings, some of the earliest structures extant on the site, are among the first structures encountered when approaching the Togus VA Medical Center from the northern entrance gate from Hallowell Road. The Italianate center-passage residence faces south and is set among mature native trees and a man-made pond sited northeast of the property. A two-story wing is centered on the rear (west) façade. A semi-circular drive provides access to the building from the main road. A sidewalk also leads from North Gate Road to the front entrance of the residence. A rear, detached garage, constructed ca. 1935, is located north of the main building.

The two-story brick masonry residence features a raised basement constructed of granite perimeter walls. A concrete buttress and footer have been added along a portion of the exterior walls. Three-light wood window units with granite headers punctuate the perimeter wall of the raised basement, following the same three-bay composition of the upper floors. The granite header above the basement windows is continuous along the east and west facades and forms a water table with load-bearing red brick masonry walls above, capped by a mansard roof. The facades of the original house are divided into three bays; most bays feature a single, wood, six-over-six, double-hung window unit framed by wood shutters and protected by a vinyl storm window. Storm windows were added in 1993. The first and second floor windows have a segmented-arch lintel with granite sills. Paired windows are located on the first floor of the east façade. The rear two-story wing features eight-over-one light single window units.

A partial-width enclosed porch is centered on the front façade. The porch features wood base panels set between columns with Tuscan capitals and bases. Vinyl, one-over-one, window units enclose the space, and a vinyl screen door serves as the primary entrance to the porch. The cornice at the porch is similar to the cornice of the main roof with decorative scrolled brackets. The porch enclosure is topped by a low-slope hipped roof. The primary entrance door located through the porch enclosure is a single, six-panel wood door framed by a fan transom and sidelights. The west façade features a bay window projection at the center of the first floor. The one-story mansard roof projection has four, single, one-over-one, wood windows and decorative wood panels at the north and south end walls. The cornice at the bay window is similar to the cornice above the enclosed front porch with decorative scrolled brackets.

The cornice of the main mansard roof exhibits decorative scroll knee braces and egg molding at the soffit. The roof is sheathed in composition shingles, and each façade is punctuated by dormers, placed in line above each window of the main façade. The dormers feature similar six-over-six, wood windows with vinyl storm windows. The front and rear

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façades feature three dormer windows, while the east and west façades each feature two dormers. A total of four brick chimneys are located at the front and rear façades. The two chimneys located at the front façade are interior chimneys that penetrate the mansard roof, while the two chimneys located at the rear façade are exterior chimneys. All feature a corbelled chimney cap.

The interior of the 22-room Governor's House is relatively intact. The first floor is organized around a center hall, with a parlor and dining room north of the hall and a living room and office to the south. The rear wing houses a kitchen, glazed porch, and laundry room. Two sets of stairs led to the second floor living spaces. The first stairwell, located south of the main hall between the office and living room, features a turned spindle balustrade and a simple wood newel post. The second stairwell is located in the rear wing with a similar turned spindle balustrade. The second floor contains three bedrooms, a dressing room, a bathroom, and a living room/office. The rear wing contains a work room, storage space, and bathroom. Four bedrooms, a bathroom, and a living room are located on the third floor, accessed by the primary staircase. A skylight above the stair hallway illuminates this space. Original millwork remains throughout the house and includes fireplace surrounds and mantles, built-in cabinets, basemolds, door and window surrounds, and crown molding. Original light fixtures, doors, and hardware are also present in most spaces.

The exterior and interior remain largely intact, with only minor additions and alterations. One of the most significant changes in the recent past has been the removal of the exterior paint covering that was present at the time the residence was designated as a National Historic Landmark in 1974.

Building No. 2, Quartermaster's Quarters (Housekeeping Quarters, Beals Hospitality House), 1901

Contributing Building

Building No. 2 was constructed in 1901 and originally functioned as the Quartermaster's Quarters.¹⁴ The site of the building lies east of the main hospital on North Gate Road, just beyond the duck pond, and oriented to the southeast. The building is a two-and-a-half-story single-family residence with an irregular L-plan form executed in the Shingle Style of the late-Victorian era. A distinctive side-gabled roof characterizes the building form, along with a front-gabled dormer. A projecting turret with a five-sided bay and a pyramidal roof also characterize the building form. The second floor of the building cantilevers slightly beyond the third floor. The edifice rests upon a brick foundation, which encloses a raised basement at the rear of the building, where the topography slopes down. Wood shingle siding covers the building's wood frame structure. Today, the shingles are painted white, but a historic photograph obtained from the VA archives reveals the shingles were originally unpainted. A partial-width porch stretches across the front façade, recessed under the side-gabled roof. A secondary porch projects from the rear façade, covered by a hipped roof and situated atop the raised basement. The front and rear porches were enclosed with metal windows and metal storm doors ca. 1950, according to revised as-built architectural drawings from the VA; however, the original forms of the porches remain unchanged. The rear porch was extended around the same time with a flat roof and a wood exterior stair. The original wood front door with glazing and brass hardware remains intact on the enclosed front porch but is now concealed by a non-historic metal storm door. Historic photographs indicate that two-over-two double-hung wood-sash windows originally provided light to the building's interior, but today, extant windows consist of one-over-one vinyl-sash units installed ca. 1990. Currently, a single internal brick chimney rises from the roofline toward the front façade. The brick chimney hood has been replaced. The building once featured an identical brick chimney near the rear façade, as depicted in historic photographs. In about 1990, the VA constructed a wood stoop and wheelchair ramp at the front porch, replacing the historic front stoop. This alteration was completed when the building's function shifted to the Beals Hospitality House, which provides temporary living quarters for veterans' families. Overall, the building is in good condition.

Building No. 3, Treasurer's Quarters (Housekeeping Duplex), 1893

Contributing Building

The treasurer's quarters, originally constructed in 1893 as the house of Col. A.J. Smith, today functions as living quarters for housekeeping staff. The site of the building lies east of the main hospital on North Gate Road and is oriented to the

¹⁴ Building No. 2 bears close resemblance to Building No. 32, and it is possible that the architect of Building No. 32, Victor Hodgens of Bangor, Maine, also designed Building No. 2. However, research efforts did not locate original architectural drawings for Building No. 2 that would establish the architect definitively.

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west. The architectural firm of Fasseth and Stevens of Portland, Maine designed the Queen Anne Style residence with an irregular form rising two-and-a-half stories in height. The load-bearing brick walls support a complex gable-on-hip roof form. A white painted finish covered the red brick walls during much of the twentieth century, as shown in photos from the VA archives and from the 1973 NHL nomination report, but today the original red brick is revealed. Segmental-arched brick lintels define most of the window openings within the brick walls, and flat brick arches articulate the remaining window openings at the front gable end. Original architectural drawings and historic photos depict double-hung wood sash windows, with a combination of one-over-one lights and two-over-two lights. Extant one-over-one vinyl-sash windows were installed ca. 1990. Currently, composition shingles cover the roof. Original architectural drawings and historic photographs do not clearly exhibit the historic roofing material. Two internal brick chimneys with corbelling protrude from the roof line, one toward the front façade and the other at the rear of the building toward the south side façade. Original architectural drawings include an additional chimney at the center of the building, but no chimney exists in this location today. According to original architectural drawings, a wrap porch with turned posts, segmental-arched openings, and a hipped roof extended across the front façade and south side façade. A new, partial-width, enclosed porch with a shed roof replaced the original wrap-around porch ca. 1950, as displayed in revised as-built drawings from 1950. However, the original front-gabled portion of the porch roof, featuring organic tree-like decorative woodwork, remains intact above the main entry. Underneath the enclosed porch, the original wood double doors at the main entrance were replaced with a single wood door with glazing at the upper portion. A secondary front entrance with an identical single wood door was added to the north of the original main entrance, to accommodate the building's new function as a duplex. The edifice expresses its Queen Anne architectural style through detailing such as the checkerboard corbelling at the front gable end, the multiple dormers with scalloped shingle siding, the projecting bay window on the north side façade, the molded wood cornice with dentils and brackets, and the decorative half-basket weave brick bond pattern just below the cornice line on the front façade. Original architectural drawings and historic photos show a widow's walk on the rooftop as well, but photos indicate that it was removed by 1973. Non-original slatted wood shutters appear alongside the windows today; these likely were added ca. 1950, when the porch was altered and enclosed. Overall, the building is in good condition.

Building No. 4, Chaplain's Residence (Housekeeping Duplex), 1890

Contributing Building

Building No. 4 was constructed in 1880 as the chaplain's residence. The site of the building lies east of the main hospital on North Gate Road, across the road from the duck pond. The house is oriented to the west. The two-and-a-half-story single-family residence has an irregular modified L-plan form, influenced by the late Victorian-era Queen Anne Style. The house was constructed with a wood frame on a brick pier-and-beam foundation. A two-story octagonal turret projects from the southwest corner of the front façade. The core of the house has a gable-on-hip roof form, with a hipped roof over the turret. Originally, the front porch extended beyond the width of the front façade, continuing to the south, one bay beyond the side façade, as illustrated in historic architectural drawings. Today, however, the porch is truncated, and encompasses only the full width of the façade. A historic postcard indicates the porch's gable-on-hip roof originally was supported by turned wood columns, and decorative features included wood railings and a wood spindle freeze. Currently though, the porch is enclosed with vinyl siding and aluminum-sash windows, and the decorative features no longer remain. The original decorative carving does appear at the gable end of the porch roof, above the main entrance. An elongated one-story octagonal library addition with a hipped roof projects from the north side façade. Construction of this addition occurred early in the house's history, ca. 1910, and is compatible with the design and Queen Anne character of the original house. Originally, the house was clad in wood siding, but today it has white vinyl siding. The historic one-over-one wood sash windows have been replaced with one-over-one aluminum-sash units. Overall, the building is in good condition.

Building No. 15, Cottage No. 9 (Housekeeping Quarters), 1900

Contributing Building

Building No. 15 is part of the residential cluster located southeast of the main hospital on South Gate Road. Constructed in 1900, the residence faces the south-southwest and sits on a grassy lot. A semi-circular paved drive provides rear access to the cottage, as it does to the other two residences on the north side of South Gate Road. Functioning as housekeeping quarters today, it was identified as Cottage No. 9 on the 1912 site plan. Research efforts did not yield information on the architect. A brick foundation supports the wood-frame building that, originally clad in clapboard siding, is now covered in

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white vinyl siding. A painted red brick skirt wall wraps around the building's modified L-plan, and a clipped-cross-gable roof with return eaves distinguishes Building No. 15 from the other five residences in the cluster. Standing two stories in height, the building has an enclosed porch located at its southwest corner. The porch, topped with a shed roof, originally was a sun porch enclosed only with windows and a door, but ca. 1930 the roof and porch were extended to the corner of the building and siding was added to its lower half. It could not be determined from the historic photographs how the window glazing pattern originally appeared; however, currently there are single-hung vinyl units like those found on the other façades. The primary single door entrance still occupies the porch area. The roof is protected by non-original compositional shingles, and its original stepped cornice, red brick chimney is extant. A rear wood porch at the northwest façade, an original feature, also remains. Additionally, a rear storm cellar is extant. Many of the cottage's original materials have been replaced over the years but its defining features remain largely intact.

Building No. 16, Cottage No. 8 (Housekeeping Quarters), 1900

Contributing Building

Constructed in 1900, Building No. 16 composes part of the cluster of six residences situated southeast of the main hospital. Built on the north side of South Gate Road, the residence is oriented to the south-southwest on a partially-wooded lawn. The cottage, along with the other two northern residences of the cluster, has rear access provided by a semi-circular paved drive. Research efforts did not yield information on the architect, but a 1912 site plan identifies Building No. 16 as Cottage No. 8. Today the building functions as housekeeping quarters. Constructed on a brick foundation with a painted red brick skirt wall, the two-story wood-frame building is covered in white vinyl siding. "As Built" plans indicate that exterior walls originally were clad in clapboard siding. A cross-gabled roof with return eaves tops the modified L-plan building. An enclosed porch with a shed roof sits at the building's front southwest corner. Originally a sun porch enclosed by walls composed of only windows, the porch, altered ca. 1930, now features siding along its lower half, windows, and a storm metal door. It was also extended to the corner of the building. Single-hung vinyl window units appear on all the façades. A primary single door entrance marks the porch area. Non-original compositional shingles cover the roof, and an original stepped red brick chimney with a cornice protrudes from the roof line near the center of the house. Many of the original materials once included in Building No. 15 have been replaced over the years, but most of its character-defining features remain intact.

Building No. 17, Cottage No. 7 (Housekeeping Quarters), 1900

Contributing Building

Constructed in 1900, Building No. 17 is part of the residential cluster of six houses situated southeast of the main hospital. Built on the north side of South Gate Road, the residence is oriented to the south-southwest on a partially-wooded lawn. The three northern residences of the cluster have rear access provided by a semi-circular paved drive. Research efforts did not yield information on the architect, but a 1912 site plan identifies Building No. 17 as Cottage No. 7. Today the building functions as housekeeping quarters. The two-story building has an L-plan form with a steeply-pitched cross-gabled roof, covered with non-historic composition shingles. Wood bargeboards and a wood cornice trim the roofline, and a red brick chimney with a corbelled cornice rises from the center of the roof. Constructed on a brick foundation with a painted red brick skirt wall, the wood-frame edifice is covered in white vinyl siding. "As Built" plans indicate that exterior walls originally were clad in clapboard siding. Original windows have been replaced with single-hung one-over-one vinyl-sash units. At the building's front southwest corner is a front porch with a shed roof. Historic photographs illustrate that this porch originally was open, but today it is enclosed with six-over-six double-hung wood-sash windows, a metal storm door, and vinyl siding. The porch enclosure likely occurred ca. 1930. However, the building's original massing, roof form, and fenestration pattern remain intact, so that the house as a whole continues to communicate its historic character.

Building No. 18, Cottage No. 6 (Housekeeping Quarters), 1896

Contributing Building

Constructed southeast of the main hospital on South Gate Road in 1896, Building No. 18 is oriented to the north-northeast. Set on a partially wooded-lawn, the building is one of a grouping of six similar residences. Building No.18 and the two other residences located on the south side of South Gate Road have accessible parking off the paved drive to their rears. Identified as Cottage No. 6 on the 1912 site plan, the building presently functions as housekeeping quarters. Research efforts did not provide information on the building's architect. Building No. 18 has an L-plan, and is topped

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with a cross-gabled roof. The projecting front-gabled ell stands one-and-three-quarters stories in height, and the recessed side-gabled wing stands only one story in height. A wood-frame building, it sits atop a painted red brick foundation and has a raised basement. White aluminum siding clads the exterior of the house and the partial-width front porch. Clapboard siding originally covered the exterior walls. Concrete stairs with a black metal railing provide access to the porch. Enclosed ca. 1930 with fixed wood-sash windows and a metal storm door, the porch presently contains only a few original features, such as the windows flanking the storm door. Partial-height wood square posts support the porch's gabled roof. The building's original single wood door remains intact within the porch. Historic photographs and "As Built" drawings show the recessed wing originally had a door with a walkway leading to it, similar to the configuration on the front wing. There is no remaining evidence of either the door or the walkway. Original windows were all replaced by double-hung aluminum units ca. 1981. Historic photographs do not provide clear evidence of how the glazing pattern on the original windows originally appeared. The roof has bargeboards and is covered with non-historic compositional shingles. Historic photographs identify the building as having two chimneys, one within each wing. Today only the brick chimney on the front gable remains. A dormer with a shed roof was added to the south-southwest rear of the side gable. Building No. 18 is in good condition with a majority of its original features intact, however, a good portion of the building's original materials has been replaced over the years.

Building No. 19, Cottage No. 5 (Housekeeping Quarters), 1896

Contributing Building

Constructed in 1896, Building No. 19 sits between two near-identical residences on the south side of South Gate Road. Grouped with three similar buildings on the north side of the road, these six buildings create a residential cluster situated southeast of the main hospital. Oriented to the north-northeast, the building is set on a partially wooded-lawn with a paved drive to its rear. The 1912 site plan identifies the building as Cottage No. 5, but at present it is used as housekeeping quarters. Research efforts did not yield information about the original architect. The residence has an L-plan with the front extension standing one-and-three-quarters stories tall, while the recessed wing rises only one story in height. A cross-gabled roof caps the wood-frame building that sits atop a painted red brick foundation and has a raised basement. Originally clad with clapboard siding, white aluminum siding now covers the exterior of the house except on the partial-width front porch. The enclosed porch is clad in white vinyl siding and covered by a gabled-roof supported by partial-height wood square posts. Concrete stairs with a black metal railing provide access to the porch. Double-hung aluminum windows, currently enclosing the porch, replaced the original fixed wood-sash windows used to enclose the area. The porch metal storm door has been removed. The original single wood door remains intact within the porch. The original windows were replaced ca. 1981 with double-hung aluminum units. Non-historic compositional shingles protect the roof. A corbelled brick chimney on the front wing is extant but a second chimney, originally on the recessed wing, according to historic photographs, no longer remains. A second-floor addition with a shed roof was built onto the recessed wing ca. 1981. The majority of Building No. 19's original features remain intact; however, numerous original building materials have been replaced over the years.

Building No. 20, Cottage No. 4 (Housekeeping Quarters), 1896

Contributing Building

Building No. 20, currently identified as housekeeping quarters, was constructed in 1896 and was known as Cottage No. 4, according to the 1912 site plan. Built as one of three near-identical residences along the south side of South Gate Road, Building No. 20 is oriented to the north-northeast on a partially-wooded lawn with a paved drive to its rear. Along with three additional residences on the north side of South Gate Road, these six buildings create a residential cluster situated southeast of the main hospital. Research efforts could not locate information on the building's architect. Building No. 20 is a wood-frame building with a painted red brick foundation and a raised basement. The L-plan building has a cross-gabled roof and stands one-and-three-quarter-stories tall at the front ell and one-story in height at the recessed wing. Non-original white aluminum siding replaced the original clapboard siding on the house's entire exterior. Concrete steps with a black metal railing rise to the partial-width porch, which was modified ca. 1930. Enclosed with fixed wood-sash windows and a metal storm door, all extant, the porch sits beneath a gabled-roof supported by partial-height wood square posts. The historic single wood door within the porch is intact. The residence originally had another entrance on the front north-northeast recessed wing façade according to historic photographs and "As Built" plans. In ca. 1981, double-hung aluminum windows replaced the original windows having glazing pattern still unknown. Non-original compositional shingles protect the roof. Originally the building had two chimneys, as exhibited in historic photographs, but today only

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one chimney exists, rising from the front wing. The chimney is red brick and corbelled. Solar panels were installed ca. 1980 on the rear of the recessed wing. The majority of Building No. 20's original features remain intact; however, a good portion of the building's original materials has been replaced over the years.

Building No. 21, Hay Barn (Barn Storage Building), 1887

Contributing Building

The hay barn (Building No. 21) is a wood-frame building constructed in 1887. The original architect for the building remains unknown. The building probably originally housed farm animals and stored hay, but today it stores maintenance equipment and excess building materials. Accordingly, the site of the barn storage building sits southeast of the main hospital buildings, near the historic location of agricultural activities, on South Gate Road. (The 1912 site plan of the campus shows several other hay barns, a milk room, and a silo nearby.) The building stands two-and-a-half stories in height, with a front-gabled roof and two-inch wood siding. Heavy timber posts and beams joined with wood pegs and iron tie-rods form the structure of the building. The topography of the land slopes away to the rear of the building, revealing a stone foundation partially finished with concrete stucco that encloses a raised basement. At the center of the front façade, a non-historic metal overhead door opens onto the interior, which includes an open central space surrounded by lofts above. The historic intact hardware above the door opening suggests that the overhead door probably replaced an original sliding, hung door. A wood transom is located above the door opening, but wood siding conceals the original glass. A hinged single door located beside the overhead door provides a secondary entrance from the front façade. This door consists of a wood panel with glazing in the upper portion and brass hardware. The location of the secondary door lies underneath the path of the historic sliding door, so it probably was not installed until the sliding doors were replaced. Additional overhead doors are located at the basement level, on the southeast side and at the rear. At the southeast, another non-historic metal overhead door has replaced the original basement-level door. At the rear, though, a historic wood overhead door remains intact. The barn is fenestrated with a string of square windows along the ground floor of the side façades, one square window at the ground floor of the front façade, and three stepped windows at the third floor of the front and rear façades. Only three window units on the ground floor are visible, and these are two-by-three wood sash units; plywood boards cover the remainder of the windows. Overall, the building is in good condition.

Building No. 27, Cottage No. 3 (Housekeeping Quarters), 1899

Contributing Building

The 1912 site plan of the Togus campus designates Building No. 27 as "Cottage No. 3," and today the building is known as the "Housekeeping Quarters." The edifice sits southwest of the main hospital on West Gate Road, near the exit to Hallowell Road, and is oriented to the northeast. Research efforts could not locate original elevation drawings or historic photographs of the building, and the original architect for the building remains unknown. As a result, analysis relies on existing physical conditions and comparison to other buildings on the Togus campus constructed during the same era. The cottage is a one-and-a-half-story wood frame structure with an L-plan form and a cross-gabled roof. Currently, white aluminum siding enwraps the exterior walls, but the original wood siding probably remains extant underneath. Composition shingles cover the roof today, but original roof shingles likely were wood. The cottage sits atop a red brick foundation with a raised basement. One red brick interior chimney rises from the side-gabled portion of the roof. Also at the side-gabled portion of the roof, a front-gabled dormer breaks the cornice line. A partial-width enclosed porch with a hipped roof lines the front façade, filling the interior angle of the L-plan. Revised as-built architectural drawings indicate that the porch was enclosed ca. 1950. Windows on the porch enclosure are one-over-one metal sash units dating from ca. 1950, and windows on the remainder of the building are one-over-one vinyl sash units dating from ca. 1990. Underneath the porch enclosure, the original wood door with glazing at the upper portion remains intact. Overall, the building is in good condition.

Building No. 32, Bandmaster's Cottage (Adjutant and Inspector's Quarters, Assistant Surgeon's Quarters, Nursing Coding Center), 1910

Contributing Building

Building No. 32 originally was constructed as the bandmaster's cottage, designed by Victor Hodgins, architect, of Bangor, Maine. The building is located on Knox Road, south of the main hospital, within a cluster of similar cottages. The front façade faces east. The cottage historically served as a single-family residence for various hospital officials, including the adjutant, inspector, and the assistant surgeon. Today, the nursing coding center occupies the building. Victor Hodgins

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originally designed the two-and-a-half-story cottage in the late Victorian-era Shingle Style, with a wood frame, a side-gabled roof, a hipped-roof dormer, and a projecting three-sided turret with a pyramidal roof. The building sits upon a brick foundation with a raised basement. Original architectural drawings and historic photographs from the Togus archives record the building's original unpainted shingle exterior. However, aluminum siding replaced the original exterior wall material ca. 1980. Around the same time, walls clad in aluminum siding enclosed the front and rear porches. The front porch enclosure dramatically altered the appearance of the front façade. Originally, a large round arch opened onto the deeply recessed front porch, as shown in original architectural drawings and historic photographs. Additional non-historic alterations to the building include removal of the rear brick chimney (the front brick chimney remains intact), replacement of the original two-over-one double-hung wood sash windows with one-over-one vinyl sash windows, replacement of original wood shingles with modern composition shingles, and addition of an exterior stair at the rear façade. Overall, the building is in good condition.

Building No. 33, Assistant Surgeon's Quarters (Housekeeping Quarters), 1910

Contributing Building

Building No. 33 was constructed in 1910 on a site south of the main hospital on Knox Road amid a cluster of similar residences, with an orientation to the east. The 1912 site plan of the Togus campus designates Building No. 33 as the assistant surgeon's quarters, and today the building is known as housekeeping quarters, although it is vacant. Research efforts could not locate original elevation drawings of the building, and the original architect for the building remains unknown.¹⁵ Building No. 33 is a wood-frame structure atop a brick foundation with a raised basement. The building has an L-plan form with a cross-gabled roof; the projecting front-gabled ell stands one-and-three-quarters stories in height, while the recessed side-gabled wing measures only one story in height. A front-gabled porch projects from the center of the front façade, at the juncture of the two wings. Wood siding covers the exterior walls of the house, and wood shingles clad the porch and the gable end on the front façade. The porch was enclosed with fixed wood-sash windows and a metal storm door during the early-twentieth century. Within the porch enclosure, the original wood porch floor and wood door are extant. Composition shingles protect the roof currently, but historic photographs reveal that wood shingles originally appeared on the roof. The historic photographs additionally illustrate two original brick chimneys, one located within the front-gabled wing and the other within the side-gabled wing, but today only the chimney in the front-gabled wing remains. Plywood boards conceal many windows on the building, but the visible windows consist of original two-over-two wood-sash units. Metal storm windows supplement the original windows on the south side façade. Few non-historic alterations have been made to Building No. 33, and the majority of its original fabric and features remain intact. However, exterior wooden elements require paint and some selective repair, and the condition of the building appears to be only fair.

Building No. 34, Milker's Quarters (Chaplain's Quarters, Housekeeping Quarters), 1910

Contributing Building

The single-family dwelling constructed in 1910 to house the milker's quarters sits south of the main hospital on Knox Road, amid a cluster of similar residences, and has an orientation to the east. According to the 1912 site plan of the Togus campus, the building also served as the chaplain's quarters in the early-twentieth century. Later, the building became housekeeping quarters, although today it is vacant. The wood-frame structure rises one-and-three-quarters stories in height and rests on a brick foundation with a raised basement. The form of the building is generally rectangular, with a clipped side-gabled roof and wood siding exterior walls. A partial-width porch with a hipped roof projects from the center of the front façade. Directly above the porch, a dormer with a hipped roof disrupts the cornice line. This theme is echoed at the porch, where a front-gabled pediment breaks the porch cornice line. Architectural drawings illustrate that the original porch was open, with square wood posts and wood railings. Photographs from the early-twentieth century depict a screened front porch enclosure. Subsequently, wood siding has enclosed the front porch. The porch door and many of the windows are currently concealed behind plywood boards. Where windows are visible, the original two-over-two double-hung wood-sash units remain intact beneath metal storm windows. Two brick chimneys originally rose from the roofline, shown in original architectural drawings and historic photos at either end of the roof ridge. Today only the southern chimney still protrudes from the roof. Although exterior wood elements require paint, the building appears stable and remains in good condition.

¹⁵ Building No. 33 closely resembles Building Nos. 18, 19, and 20, and it is likely that the same architect designed all of these buildings.

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Building No. 36, Farm Building, Shop, and Dormitories, 1909

Contributing Building

Building No. 36 sits south of the main hospital on Patriots Street, south of Beal's Folly Road and north of West Gate Road, and is oriented toward the southeast. The 1912 site plan of the campus indicates that associated industrial and agricultural sites and structures occupied the vicinity of Building No. 36. They included a tool house, junk and lumber yards, the lumber storehouse, "hot beds," the pest house, the stables and carriage house, and sheds for carts, wood, and junk. The Kennebec Central Railroad line travelled to the west of this cluster of support buildings, enabling transportation of lumber and other supplies. Original architectural drawings indicate that, when originally constructed in 1909, the ground floor of the building contained a horseshoe shop, a wheel wright [sic] shop, several work benches, a forge, a boiler, a coal bin, a storeroom for farm tools, and a farm office. Meanwhile, the second floor had domestic dorm rooms and a sitting room. Today, the building stores hazardous materials and excess building materials. The original architect for the building is not known.

Building No. 36 stands two-and-a-half stories in height, with a wood frame structure, a hipped roof, and a generally rectangular form. A small one-story-wing that historically housed the boiler room protrudes from the rear façade. The building's foundation is a poured concrete slab. Wood siding sheaths the exterior walls, and composition shingles cover the roof. Original architectural drawings do not specify the original roofing material, but it probably consisted of wood shingles. One interior brick chimney is located near the north corner of the building. Six dormers with hipped roofs project from the roofline – two are located at the front façade, one at either side, and two at the rear. The walls of the dormers are clad with composition shingles, which most likely replace the historic wood shingles. Original double-hung wood sash windows with six-over-six lights remain intact. Five vertical bays compose the front façade. Original architectural drawings indicate that, historically, a separate entrance opened onto each of the five bays at the ground floor. The central bay and the two bays at the southwest each included a single hinged door at the right side of the bay, flanked by a window or windows to the left. The original fenestration pattern within these bays remains largely intact, although the door on the far southwestern bay has been enclosed. Extant single hinged doors are original, featuring a three-by-three grid of lights in the upper portion and inset panels in the lower portion. At the two bays at the northeastern end of the front façade, the original fenestration pattern included hinged double doors tall enough to permit horses and carriages to enter the building, as well as an additional single hinged door located between these two bays. A series of changes significantly altered the fenestration pattern at the northeast end of the front façade. The single door was enclosed, and the double door opening at the far northeastern end was shifted slightly to the southwest. The dates of these fenestration alterations are not known, but they likely occurred during the late-twentieth century. Both sets of original wood double doors were removed, and non-historic metal overhead rolling doors were installed. At the second floor of the front façade, a balcony is recessed within the central three bays. The balcony cantilevers slightly beyond the front façade, supported by wood rafters with curved ends. Wood railings line the balcony, spanned between square wood balusters topped with wood globes and adorned with a bull's eye medallion. Beneath the balcony roof, the original wood screen door opens onto the upstairs sitting room space. In general, the exterior of the building is in fair condition.

Because the ground floor and second floor housed such different functions, their interior finishes varied significantly. The utilitarian ground floor spaces feature floors of unfinished concrete or raw wood planks, walls with shiplap siding, and bead board ceilings. A pressed tin ceiling is included in the central ground floor space that historically served as the wheel wright shop. Above, walls are finished with plaster with a wood wainscot, floors are wood, and all ceilings are pressed tin. Wood interior doors with wood transoms connect the interior spaces at the second floor. Although interior finishes throughout the building are in poor condition, very few non-historic interior alterations have occurred.

Building No. 67, Dry Cleaning Plant (Paint Shop, SPD Storage), 1891

Contributing Building

Building No. 67 was constructed in 1891. According to the 1912 site plan of the Togus campus, the building historically functioned as the dry cleaning plant. Architectural drawings from the early twentieth century refer to the building as the paint shop, and today the building functions as a storage facility. The building is located on the west side of Patriots Street, behind the main hospital buildings to the southwest, within the complex of support and storage buildings. The front-gabled one-story building originally was oriented to the north, with large wood double doors located on the north façade. Today these doors are boarded over, but the secondary entrances with single doors remain accessible on the east

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and south façades. Historic architectural drawings indicate that a partial-width open porch was present along the south façade, but this porch is not extant today. A number of original Italianate Style architectural details remain intact on the building. The roofline is adorned with eave returns and a wood cornice with molded brackets and dentils. A decorative metal chimney protrudes from the ridgeline of the roof. Historic metal roof covering is intact, visible underneath a layer of modern composition shingles. Wood cornices with dentils adorn the window and door lintels; however, these elements appear new, and may be compatible replicas of the original elements. The original two-over-two wood window sashes remain intact, although the glazing has been replaced. Original wood doors remain intact on the east and south façades. The doors at the original main entrance are concealed under plywood, but the original wood transom is visibly intact above the original main entrance at the north façade. The wood siding cladding the exterior of the building is not original, but it is compatible with the historic appearance of the building. The original wood roof cornice requires paint, but overall the building is in good condition. Alterations have been made sensitively, with attention to the building's historic character.

Building No. 69, Surgeon's House (Treasurer Chief Clerk's Quarters, Commissary of Subsistence Quarters, Resident's Quarters), 1878

Contributing Building

Building No. 69 was constructed in 1878 at a cost of \$3,500. A bird's eye view of the Togus campus from 1885 identifies the building as the Surgeon's House. At that time, it was situated in a pastoral field behind the original hospital building, oriented to the southeast, toward the rear of the hospital. Building No. 69 became the Treasurer Chief Clerk's Quarters by 1909, and then the Commissary of Subsistence Quarters by 1919. Today, the building maintains its original domestic use and functions as the Resident's Quarters. The context surrounding the building, however, changed significantly during the twentieth century, and today the building sits on Veterans Road, behind the string of medical buildings and industrial support buildings.

Building No. 69 is a four-square plan house, constructed of load-bearing brick masonry with Italianate Style detailing. Historic images indicate that the red-brick masonry has been painted white throughout the building's history, until 2010, when lead paint was removed. The building measures two-and-a-half stories with a raised basement, constructed on a granite foundation with a granite skirt wall. A clipped front-gabled roof tops the building, trimmed with a molded wood cornice supported by wood brackets. Below the cornice line, the brick wall features a string of corbelling detail. Front gabled dormers project from the roof, detailed with carved wood filigree at the gable ends. A single red brick chimney rises from the center of the roof form. The masonry walls are fenestrated with segmental-arched window openings and granite sills. Historic images depict wood shutters on the windows, but these are no longer extant today. Similarly, the original wood-sash windows have been replaced with vinyl-sash units. A full-width porch stretches across the front façade of the house. The porch's flat roof is supported by full-height wood columns with chamfered profiles, supported by wood plinths. A molded wood cornice with carved wood brackets adorns the porch roof. The porch was enclosed with aluminum windows and plywood spandrels ca. 1980. The original wood door was replaced with a contemporary door with three small lites in a stair-step pattern. Although Building No. 69 has experienced some alteration of its historic materials, and although its setting has changed significantly, it continues to express its historic character, and it is an important remnant of the campus' original 1878 site plan.

Building No. 79, Garage, ca. 1930

Contributing Building

The garage (Building No. 79) is located east of Building No. 212 and south of Building No. 69. The building most likely originally served as the garage for the Surgeon's House, Building No. 69. The garage is three bays wide, constructed of a wood frame on a stone pier foundation, with a hipped roof. The exterior walls are wood siding, and the roofing material is composition shingle. Original double-hung wood-sash windows are extant on the garage's side elevations.

Building Nos. 82, 83, 84, and 85, Garages, ca. 1930

Contributing Buildings

Four identical garages – Building Nos. 82, 83, 84, and 85 – are located within the residential cluster along North Gate Road – behind Building Nos. 1, 2, 3, and 4, respectively. Each garage is two bays wide, constructed of a wood frame on a concrete slab, with a front-gabled roof. The foundation of Building No. 85 has been reinforced with concrete piers. The

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exterior walls are wood siding, and the roofing material is composition shingle. Within the garage door openings, historic wood overhead rolling doors remain intact. Original double-hung wood-sash windows are extant on the garages' side elevations. The garages continue to be used by the residents of their associated quarters, and all garages are in good condition.

Building No. 88, Garage, ca. 1940

Contributing Building

The garage (Building No. 88) is located west of the cluster of Quonset Huts, amid the grouping of service buildings south of the main hospital. The garage was constructed ca. 1940, as indicated by historic aerial photographs. The wood frame building has a front-gabled roof form and two garage bays. The exterior of the building is clad with non-original vinyl siding, and the original wood overhead rolling doors that opened onto each garage bay have been replaced with metal doors. Original double-hung wood sash windows are extant on the side façades of the garage.

Building No. 89, ca. 1980

Non-contributing Building

The garage (Building No. 89) is located south of West Gate Road adjacent to Building No. 27, amid the grouping of residential quarters south of the main hospital. The wood frame building has a front-gabled roof form and one garage bay. The exterior of the building is clad with aluminum siding.

Building No. 200, Main Hospital (G&S Hospital) and Clinical Addition, 1933 and ca. 1990

Contributing Building

Building No. 200 is the Main Hospital, constructed in 1933. The abutting addition, Building No. 200E, was completed ca. 1990. Another smaller addition was added in 2010. The Main Hospital occupies a site on Pond Road and has an orientation to the east, toward the pond. When entering the Togus hospital campus from the main north gate at Togus Road, the Main Hospital appears as the most prominent building visible to the right. A connecting corridor links the Main Hospital with the adjacent Nurses' Quarters (Building No. 209) to the northeast and the Theater (Building No. 210) to the south.

The original construction of the Main Hospital consisted of a red brick edifice in the Art Deco Style, visually compatible with the other medical buildings erected on the campus during the 1930s. The structure of the original Main Hospital consists of load-bearing red brick masonry walls in combination with steel columns supporting concrete floor slabs and resting upon a concrete foundation. The plan of the original Main Hospital is linear, 31 bays wide but only 5 bays deep. Engaged brick pilasters define each structural bay. The original configuration of the interior featured one room on either side of a long central corridor, thereby maximizing the number of windows possible to include in each room. The form of the building is stepped, so that the outer bays stand only five stories in height, but a central tower reaches nine stories. The main mass of the building has a flat roof, but the central tower has a pyramidal copper roof with a copper pinnacle shaped like a caduceus, the medical emblem of intertwined snakes with an eagle. At its parapet, the Main Hospital features limestone spandrels carved with an Art Deco-influenced zigzag motif. Originally, the Main Hospital featured an array of additional Art Deco decorative features on the front façade – including a limestone water table at the ground-floor level; a projecting limestone portico carved with intricate, geometric Art Deco motifs; fanciful Art Deco metal grills at the doors of the main entrance and the flanking windows; and stone steps that cascaded down from the main entrance toward the circular entrance driveway and the Duck Pond. All of these features on the front façade, however, were destroyed or obscured by the construction of the Clinical Addition (Building No. 200E) ca. 1990. In addition, the building's original windows were replaced with aluminum-sash units.

Building No. 200E is the clinical addition abutting the front façade of the Main Hospital constructed ca. 1990. The addition rises four stories with a five-story central tower. The foundation of the Clinical Addition is lower in elevation than the original Main Hospital (at the bottom of the original terraced steps), so that the roof level of the addition sits two floors below the roof level of the Main Hospital. However, the parapet of the clinical addition is so high that only the top floor of the original Main Hospital is visible from the ground. Constructed of a concrete frame with a red brick veneer, the design of the clinical addition attempts to mimic the original design of the Main Hospital. The Art Deco detailing and variation in façade depth are absent, but there is a limestone veneer at the ground floor. Like the Main Hospital, most of

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the clinical addition has a flat roof, but the central tower has a pyramidal metal roof in a copper-toned green. A projecting three-story *porte cochere* on the clinical addition appears to imitate the portico that historically projected from the Main Hospital. According to hospital staff, the Clinical Addition was constructed to the front of the Main Hospital and at a lower elevation in order to allow direct access from automobiles into the front of the building. (Historically, direct vehicular access to the Main Hospital was available from the rear entrance only; to access the front entrance, patients would have to walk up the terraced stair.) In 2010, a one-story MRI facility was appended to the rear of the main hospital on the southwest façade.

Building No. 201, Boiler House (Garage), 1933

Contributing Building

The boiler house is located on Patriots Street, south of the main hospital and west of Buildings No. 206 and 207, within the cluster of industrial and support buildings hidden behind the primary medical buildings. Originally, the boiler house was oriented to the northwest, away from the medical campus. When constructed in 1933, the boiler house contained a large coal-fired boiler with a massive smokestack. To accommodate the large boiler equipment, the interior of the building was designed as an open, double-height space with a catwalk at the second floor level. Original architectural plans show that the ground floor slab consisted only of a mezzanine at the northeast end of the interior, and the center of the building opened onto the full basement below. Load-bearing red brick walls backed up by a steel skeleton and steel truss roof system support the structure. On the exterior, a rectangular footprint and a stepped flat roof define the building's form. A brick parapet with a herringbone pattern and stone coping embellishes the roofline. The roof steps down at the northeast end of the building over the single-height incinerator room, which is separated from the rest of the building by a brick fire wall. Historically, a tall brick smokestack stood adjacent to the incinerator room, as shown in historic aerial photographs. According to historic architectural drawings, floor-to-ceiling metal casement windows were at the ground floor level and narrow bands of metal casement windows at the clerestory level. The original main entrance was located on the northwest façade, in the central structural bay, and included a set of hinged double doors with a metal casement transom above. A secondary pair of hinged double doors originally opened onto the incinerator space from the northeast end of the northwest façade, and a third, single-door entrance was located between the main entrance and the secondary entrance on the northwest façade.

Today, the building functions as a garage for maintenance vehicles. Numerous alterations to the building's physical fabric accompanied the change in use. The original smokestack was demolished, and the interior opening to the basement was enclosed by extending the ground-level floor slab, so that the floor could support vehicles. The building's orientation shifted to the southeast, toward the rear of Building Nos. 206 and 207. The window and door openings on the northwest façade (the former front façade) were enclosed with brick, leaving only small openings for one-over-one vinyl sash windows. On the southeast façade (the new front façade), historic window openings were enclosed with brick, and large overhead door openings were punched in portions of the wall. On the southwest façade, a metal-clad addition was constructed to connect Building No. 201 with adjacent Building No. 238. In addition, the original parapet and coping were reconstructed to reverse damage done when an impermeable seal was applied to the parapet in the 1970s. The extant parapet closely resembles the parapet shown in original drawings and historic photographs, although the new mortar joints are significantly wider than the original joints. The building appears to be in good condition currently.

Building No. 202, Utility Building (Attendant's Quarters, Engineering Building), 1933

Contributing Building

The utility building (Building No. 202) is located on Patriots Street, south of the main hospital, and is oriented toward the east. The surrounding context includes other support and storage buildings. Today, the building houses the hospital's engineering offices, but when it was constructed in 1933, it served as the utility building. The building's structure combines load-bearing red brick exterior walls with a steel frame and steel roof truss and a concrete foundation. The utility building is two stories tall, with a flat roof and a mechanical penthouse protruding from the building's roofline. According to original architectural drawings, the penthouse historically was constructed of brick, but today it has been replaced with a metal penthouse. The mass of the building is 17 bays wide by 3 bays deep, with engaged brick pilasters dividing the bays from one another. The brick parapet along the top of the exterior façades steps up at each pilaster. A water-impermeable coating was applied to the surface of the brick at the parapet ca. 1975. Window openings are defined by metal lintels and limestone sills. All original six-over-six wood sash windows have been replaced with one-over-one

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aluminum sash units. The main entrance to the building, located on the east façade, is marked by a projecting brick vestibule with a stepped brick cornice. Original copper downspouts remain extant at the sides of the entrance vestibule; originally, similar downspouts were placed at intervals along all façades, but most are missing today. Original architectural drawings show paired wood doors with a wood transom at the main entrance, but today the original doors have been replaced with paired metal doors and the original transom opening has been enclosed with brick. Secondary doors along the east and west façades have been replaced with metal doors as well. Most of the original transom openings above secondary doors have been enclosed with brick, although one transom opening remains on the east façade, to the south of the main entrance. At the north end of the east and west façades, secondary door openings have been enclosed entirely with brick. The north side façade originally featured two overhead rolling doors. Today, one of the openings that originally included an overhead rolling door has been enclosed with brick; in the other, the original wood door has been replaced with a metal door. Metal exterior stairs have been added at the south side façade and the north end of the east front façade. Two non-historic additions have been constructed on the west rear façade of the building. The first is a one-story brick addition with a shed roof, and the second is a one-story metal addition with a shed roof and an attached metal disposal chute. The building appears to be in fair condition currently, although the coating applied to the parapet has exacerbated water infiltration, and the exterior brick walls exhibit some spalling.

Building No. 203, Administration Building, 1935
Contributing Building

The administration building is located on Pond Road, to the near southeast of the main hospital, and oriented to the northeast. Like most of the medical buildings on the campus, it is linked to the adjacent buildings via connecting corridors. The administration building was constructed in 1935 using a VA standard plan with an Art Deco stylistic influence, like most of the medical buildings constructed during the 1930s on the Togus campus. Load-bearing red brick masonry walls with concrete floor slabs and a concrete foundation form the building's structure. The front portion of the administration building stands three stories in height with a raised basement, while the rear portion includes only two stories. The building's footprint is rectangular, measuring seven bays across and five bays deep. Engaged brick pilasters define each structural bay. The roof form is flat, and at the front façade the parapet steps up at the center, emphasizing the central bay and the main entrance. A stone door surround frames the metal double doors and transom at the main entrance. The stepped heights and projecting and recessing geometric planes of the door surround express the Art Deco architectural style. The building's design concentrates additional Art Deco style architectural detailing at the entrance, including streamlined metal lighting fixtures, a flagstone floor pattern at the threshold, and a diamond patterned tile floor within the vestibule. Like the stepped parapet and stone entrance surround, the fenestration pattern differentiates the central bay from the flanking bays. While the flanking bays feature paired windows with flat lintels at each floor level, the central bay windows are grouped in threes at the second and third floors. The lintels of the third-floor windows are arched so that, together, the lintels of the three windows form a segmental arch. Architectural drawings and historic photographs indicate that wood-sash windows with a vertically striped four-over-four pattern of lights originally filled the window openings, but extant windows are one-over-one aluminum sash units. Historically, wood transoms were above the windows at the second floor, but they have been replaced with aluminum panels. In addition to the replacement of the windows, the parapet and stone spandrels have also been replaced. The original parapet and coping were reconstructed to reverse damage done when an impermeable seal was applied to the parapet in the 1970s. The original parapet shown in architectural drawings and photographs, features stone spandrels with paired inset panels, but the extant replacement spandrels are flat stone slabs. In addition, the new mortar joints on the brick portion of the parapet are significantly wider than the original joints. At the same time, the original inset spandrels located at the central bay between the second- and third-floor windows were replaced with flat stone spandrels, and the original brick at the central bay of the parapet was replaced with flat stone spandrels as well.

Building No. 204, Dining Hall, 1936
Contributing Building

The dining hall is located on North Gate Road and oriented toward the southeast. It is flanked by medical administration buildings (Building Nos. 205 and 206) and set back from the road, behind a landscaped courtyard. Corridors connect Building No. 204 with Building Nos. 205, 206 and 207, so that together the buildings form a sideways E-plan, with deep courtyards facing Pond Road. The dining hall was constructed in 1936, and it continues to serve its original purpose today. The footprint of the building has an irregular T-shape. The central axis projects to the rear of the building, set back

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from the adjacent medical buildings, while the lateral axis connects the building to the adjacent medical buildings. Service-oriented spaces essential to the building's dining function, such as loading docks, receiving platforms, and refrigeration spaces are located in the rear axis. The front, lateral axis includes the public spaces, such as the dining room and a canteen retail area. The design of the building uses a VA standard plan with an Art Deco stylistic influence, like its adjacent buildings. Load-bearing red brick masonry walls with concrete floor slabs and a concrete foundation form the building's structure. The building is two stories tall, with a flat roof. Exterior walls are red brick with a limestone water table. The brick pilasters that define the building's structural bays rise above the roofline to create a parapet; fluted limestone spandrels stretch between these pilasters. At the front façade the parapet steps up at the center, emphasizing the central bay and the main entrance. A one-story limestone entrance vestibule with a segmental-arched door opening projects from the center of the front façade. Two shields are set in relief in the stone. Combined with the tripartite arched window located above the entrance vestibule, the shield motif lends the building a slight Gothic Revival Style appearance. The majority of the building's architectural detailing, however, draws upon the Art Deco Style – especially the stepped limestone window surrounds at the first floor, adorned with simple, geometric octagons in relief. Historic photographs indicate that one-over-one wood-sash windows originally filled the window openings, but extant windows are one-over-one aluminum sash units. The replacement windows do not completely fill the original window openings, and the interstitial space has been spanned with an aluminum panel. The original wood doors and transom at the front entrance also have been replaced with a contemporary metal storefront system. Overall, the building is in good condition currently.

Building No. 205, Regional Office Building (Administration Building), 1936
Contributing Building

The regional office building (Building No. 205) was constructed in 1936 to house various administrative functions, such as financial and legal offices, as well as regional offices for national organizations serving veterans, such as the American Legion and the VFW. The building continues to house administrative offices today. The building is located at the intersection of Pond Road and North Gate Road and is oriented to the north, toward Pond Road. A circular driveway provides vehicular access directly to the main entrance on the northeast façade. Corridors connect Building No. 205 with Building Nos. 204, 206 and 207, so that together the buildings form a sideways E-plan, with deep courtyards facing Pond Road. The design of the building uses a VA standard plan with an Art Deco stylistic influence, similar to its adjacent buildings. Load-bearing red brick masonry walls with concrete floor slabs and a concrete foundation form the building's structure. Exterior walls are red brick with a limestone water table. The building's form is roughly rectangular, 31 bays wide by 5 bays deep, with a flat roof. A brick parapet detailed with limestone spandrels stretches across the roofline. The majority of the building is three stories tall, but a central tower with a pyramidal roof rises to a height of five stories. This tower element reflects the original design of the main hospital (Building No. 200). The eight bays at the center of the front façade project forward, so that the form of the building is modulated not only in height, but also in depth. Art Deco Style architectural detailing is concentrated at the projecting central bays on the front façade. A limestone surround with a segmental-arched opening marks the front door. The original front doors are recessed under the arched opening, but a non-historic aluminum storefront system has been installed creating an enclosed vestibule in front of the original doors. Above the main entrance, a limestone veneer creates the illusion of a monumental segmental arch. The tower above the main entrance has a stepped cornice profile and is adorned with fluted limestone spandrels and a streamlined, stepped pinnacle atop the pyramidal copper roof. Because of the building's prominent location at the intersection of Pond Road and North Gate Road, it is visible from all sides. Consequently, the secondary entrances on the side and rear façades are articulated with Art Deco detailing closely resembling the main entrance. Non-historic aluminum storefront systems have been added to create entrance vestibules at these secondary entrances as well. Throughout the building, the original wood-sash windows and transoms depicted in historic photos have been replaced with non-historic aluminum-sash units. At the ground floor, aluminum spandrels fill the space above the windows originally occupied by the transoms. In addition, some of the original fluted limestone spandrels at the parapet have been replaced with flat limestone spandrels. The building appears to be in good condition today, with no obvious structural issues.

Building No. 206, Continued Treatment Building (Administration Building), 1936
Contributing Building

The Continued Treatment Building (Building No. 206) was constructed in 1936 to house hospital wards for patients with chronic and semi-chronic conditions. Today, the building serves an administrative function. The building is located on Pond Road and oriented toward the southwest.

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Corridors connect Building No. 205 with Building Nos. 204, 206 and 207, so that together the buildings form a sideways E-plan, with deep courtyards facing Pond Road. The design of the building is identical to its neighbors, Building Nos. 205 and 207. Load-bearing red brick masonry walls with concrete floor slabs and a concrete foundation form the building's structure. Exterior walls are red brick with a limestone water table. The building's form is roughly rectangular, 31 bays wide by 5 bays deep, with a flat roof. A brick parapet detailed with limestone spandrels stretches across the roofline. The majority of the building is three stories tall, but a central tower with a pyramidal roof rises to a height of five stories. This tower element reflects the original design of the main hospital (Building No. 200). The eight bays at the center of the front façade project forward, so that the form of the building is modulated not only in height, but also in depth. Art Deco Style architectural detailing is concentrated at the projecting central bays on the front façade. A limestone surround with a segmental-arched opening marks the front door. The original front doors are recessed under the arched opening, but a non-historic aluminum storefront system has been installed creating an enclosed vestibule in front of the original doors. Above the main entrance, a limestone veneer creates the illusion of a monumental segmental arch. The tower above the main entrance has a stepped cornice profile and is adorned with fluted limestone spandrels and a streamlined, stepped pinnacle atop the pyramidal copper roof. The secondary entrances on the side and rear façades are articulated with Art Deco detailing closely resembling the main entrance. Non-historic aluminum storefront systems have been added to create entrance vestibules at these secondary entrances as well. Throughout the building, the original wood-sash windows and transoms depicted in historic photos have been replaced with non-historic aluminum-sash units. At the ground floor, aluminum spandrels fill the space above the windows originally occupied by the transoms. The building appears to be in good condition today, with no obvious structural issues.

Building No. 207, Acute Building (Nursing Home), 1937

Contributing Building

The Acute Building (Building No. 207) was constructed in 1937 to house hospital wards and private rooms for treatment of patients with acute conditions, including alcoholism. Today, the building functions as a nursing home. The building is located on Pond Road and oriented toward the northeast. A driveway and parking lot located to the southwest provide vehicular access to the rear of the building. Corridors connect Building No. 207 with Building Nos. 204, 205 and 206, so that together the buildings form a sideways E-plan, with deep courtyards facing Pond Road. As originally designed, Building No. 207 appeared identical to its neighbors, Building Nos. 205 and 206. Load-bearing red brick masonry walls with concrete floor slabs and a concrete foundation form the building's structure. Exterior walls are red brick with a limestone water table. The building's form is roughly rectangular, 31 bays wide by 5 bays deep, with a flat roof. A brick parapet detailed with limestone spandrels stretches across the roofline. The majority of the building is three stories tall, but a central tower with a pyramidal roof rises to a height of five stories. This tower element reflects the original design of the main hospital (Building No. 200). The eight bays at the center of the front façade project forward, so that the form of the building is modulated not only in height, but also in depth. Art Deco Style architectural detailing is concentrated at the projecting central bays on the front façade. A limestone surround with a segmental-arched opening marks the front door. The original front doors are recessed under the arched opening, but a non-historic aluminum storefront system has been installed creating an enclosed vestibule in front of the original doors. Above the main entrance, a limestone veneer is applied to create the illusion of a monumental segmental arch. The tower above the main entrance has a stepped cornice profile and is adorned with fluted limestone spandrels and a streamlined, stepped pinnacle atop the pyramidal copper roof. Originally, the secondary entrances on the side and rear façades were articulated with Art Deco detailing closely resembling the main entrance. However, a non-historic addition constructed in front of the entrance at the southwest façade obscures the original detailing. This three-story addition projects forward to create a *porte cochere*. Although the design of the addition uses a red-brick veneer, limestone water table, and segmental-arched window to mimic the original design, it lacks the depth and detailing present in the original. Non-historic aluminum storefront systems have been added to create entrance vestibules at these secondary entrances as well. In addition, window openings were enclosed with brick at the southeast side façade. Throughout the building, the original wood-sash windows and transoms depicted in historic photos have been replaced with non-historic aluminum-sash units. At the ground floor, aluminum spandrels fill the space above the windows originally occupied by the transoms. The building appears to be in good condition today, with no obvious structural issues.

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Building No. 208, Medical Office Building, ca. 2010

Non-contributing Building

Building No. 208 is a medical office constructed ca. 2010. It sits in the southwest corner of the courtyard between Building Nos. 205 and 206. The building sits on a concrete foundation and has a front-gable roof form. The building includes double-hung windows and is adorned with vinyl siding.

Building No. 209, Nurses' Quarters (Medical Administration), 1901

Contributing Building

The nurses' quarters sits on Pond Road, immediately north of the main hospital, and has an orientation eastward toward the pond. A connecting corridor links the nurses' quarters with the adjacent main hospital. Originally, the building housed 42 nurses, as well as administrative offices. Today, administrative activities exclusively take place the building. The VA constructed the nurses' quarters in 1935, using architectural drawings provided by the VA. Original architectural drawings for the building have various labels, F.A.E., Roberts and Elliot (possibly the same person as F.A.E.). Structurally, the building combines brick walls with reinforcement from a concrete frame and hollow clay tile. Like the surrounding hospital buildings, a roughly rectangular footprint and flat roof form the building's two-story mass. The central bays and entrance vestibule project slightly beyond the front façade. Similarly, the porches at either side of the building recess a bit behind the front façade. The red brick exterior walls, stone detailing, and Art Deco-influenced architectural style resemble the surrounding medical buildings. Stone detailing stretches along the water table and the coping at the parapet. All window sills are stone, and stone lintels top the second floor windows. The one-story, flat-roofed projecting entrance vestibule is constructed with a stone veneer over load-bearing brick walls. A fluted stone panel above the entrance opening expresses the Art Deco stylistic influence. Directly above the vestibule, a stone panel with streamlined stepped molding frames the two central second-floor windows at the front façade. A stone split staircase leads up to the vestibule. The walls lining the stairs have a stepped, geometric profile, and the stone railing across the vestibule patio is perforated with a decorative honeycomb pattern. Original architectural drawings show metal pendant lanterns adorning the entrance vestibule, but semicircular wall-mounted metal fixtures are extant today. The main door illustrated in original architectural drawings consisted of a single paneled wood door with glazing, surrounded by wood-sash sidelights and a wood-sash transom. Metal-and-glass double doors with a metal-sash transom replaced the original doors. Similarly, one-over-one metal-sash windows replaced the original three-over-three wood-sash windows documented by original architectural drawings and historic photographs. An elevator tower and a concrete wheelchair ramp with a contemporary metal sash railing recently were added to the south façade of the building. Although the stonework at the vestibule and entrance stair exhibits evidence of spalling, overall the building remains in good condition.

Building No. 210, Theater, 1937

Contributing Building

The theater sits on Pond Road immediately south of the main hospital and has an orientation to the northeast. The theater, constructed in 1937, showcases movies and stage live performances to entertain the hospital patients and staff. The corridors connecting the theater to the adjacent buildings were constructed at the same time as the theater. The VA prepared the original architectural drawings, and architects or draftsmen Ayers, Veit, Johnston, Sebra, and M.C. Hobson completed them. Concrete columns and beams support the structure of the theater, along with brick masonry exterior walls. The building stands three stories in height with a full basement and a flat roof. The form of the building is complex and geometric, with many projecting and recessing façade planes and varying parapet heights. These features characterize the building's Art Deco architectural style. Other Art Deco stylistic details include the stone entrance surround with abstract, streamlined relief carving; the thin vertical stone buttresses at the central three bays of the building; the tapestry brick with a horizontally ribbed pattern at the central three bays; and the fluted stone spandrels at the parapet. The overall Art Deco architectural character of the building remains intact despite alterations. Extant windows are one-over-one metal sash units, but historic photographs and original architectural drawings depict three-over-three wood sash windows. Similarly, original architectural drawings and historic photographs illustrate glazed wood double doors with a wood transom at the main entrance and paneled wood doors at secondary entrances. Today, all extant doors and transoms are metal with glazing. The abstract streamlined relief carving originally present on the stone entrance surround no longer exists, replaced by flat ashlar stone blocks. The original stone railings lining the stoop to the main entrance likewise have been replaced with contemporary tubular stone railings. Given the freeze-thaw stress placed on decorative stone elements,

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the entrance surround and stoop have probably changed from stone spalling, evident on other buildings on the campus. Today, the building is in good condition overall.

Building No. 211, Garage Building (Fire Station), 1935

Contributing Building

The historic garage building (Building No. 211), now known as the fire station, was constructed in 1935. The building sits south of the main hospital on Patriots Street, and has an orientation toward the northwest. The building's structure combines load-bearing red brick exterior walls with a steel frame and steel roof truss with a concrete foundation. The garage building stands one story in height with a flat roof and a rectangular form, ten bays wide by three bays deep. Engaged brick pilasters divide the bays from one another. The brick parapet along the top of the exterior façades steps up at each pilaster. Stone detailing with a stepped profile frames the parapet within each bay, and stone coping tops the parapet. Original architectural drawings indicate that each bay across the front northwest façade originally had fenestration and a wood overhead door. As shown in original architectural drawings, the interior of the building consists primarily of a large, open space for vehicle storage and repair, but the southwest end of the space is partitioned to include an office and a painting stall. Four overhead doors opened onto the vehicular space, while the fifth overhead door opened onto the painting stall. Today, three of the original overhead door openings are enclosed with brick. Contemporary metal overhead doors replace the remaining two original overhead door openings. The southwest side façade and southeast rear façade feature fenestration with single window openings, created with metal lintels and limestone sills. The original six-over-six wood sash windows depicted in original architectural drawings have been replaced with one-over-one aluminum units. On the southwest side façade, a non-historic brick enclosure conceals one of the original window openings. Additionally, a number of non-historic metal mechanical fixtures have been mounted to the exterior of the building, including an antenna at the southwest side façade and a vent at the southeast rear façade. Overall, the building appears to be in good condition currently.

Building No. 212, Laundry Building, 1936

Contributing Building

The laundry building is located on Patriots Street, south of the main hospital, and is oriented toward the northwest. When originally constructed in 1936, the building served as the hospital laundry, and it continues to function as the laundry today. The laundry building closely resembles the adjacent garage building (Building No. 211). The building's structure combines load-bearing red brick exterior walls with a steel frame and steel roof truss and a concrete foundation. The laundry building stands one story in height with a flat roof and a rectangular form, ten bays wide by three bays deep. A basement wall at the northeast end of the building reveals the entrance to the full basement below. Engaged brick pilasters divide the bays from one another. The brick parapet along the top of the exterior façades steps up at each pilaster. Stone detailing with a stepped profile frames the parapet within each bay, and stone coping tops the parapet. Original architectural drawings show tall metal casement windows with metal casement transoms across the front façade, and smaller metal casement windows along the secondary façades. Originally, four sets of doors were located on the front façade – in the northernmost three bays and the southernmost bay. Each set of doors included three hinged wood doors with glazing in the upper portion and inset panels below, topped by a metal casement transom. Brick vestibules with shed roofs were constructed on the front façade ca. 1960, enclosing the original entrances. Original metal casement windows and transoms were replaced with smaller vinyl-sash windows, and the window openings were partially filled with red brick. On the southeast side façade, the central window opening was enlarged to accommodate an overhead rolling door. In addition, the original parapet and coping were reconstructed to reverse damage done when an impermeable seal was applied to the parapet in the 1970s. The extant parapet closely resembles the parapet shown in original drawings and historic photographs, although the new mortar joints are significantly wider than the original joints. The building appears to be in good condition currently.

Resource No. 214, Flagpole, 1933

Contributing Structure

The flagpole is located on Pond Road, directly across from the entrance to the Main Hospital (Building No. 200). A small, semicircular fieldstone terrace creates a flat, grassy site for the flagpole. The flagpole was erected around the same time as the extant Main Hospital, ca. 1933. The slender metal flagpole is topped with a round ball and mounted on a hexagonal concrete base. The flagpole is in good condition.

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Building Nos. 215 and 216, Garages, ca. 1930

Contributing Buildings

Two identical garages – Building Nos. 215 and 216 – sit within the residential cluster along South Gate Road – behind Building Nos. 20 and 16, respectively. Each garage is three bays wide, constructed of a wood frame on a concrete slab, with a hipped roof form. The exterior walls of the garages historically had wood siding. On Building No. 216, though, non-historic vinyl siding conceals the original wood siding. On both garages, the roofing material consists of composition shingle. Within the garage door openings, most of the historic wood overhead rolling doors remain intact. On Building No. 216, a non-historic metal overhead rolling door replaced the original door in the central bay. Original double-hung wood-sash windows are extant on the garages' side elevations. The garages continue to be used by the residents of the associated quarters. The garages are in good condition.

Building No. 221, OT & Maintenance Shop, 1947

Contributing Building

The OT & Maintenance Shop sits on Veterans Road, just north of Dirigo Drive. The shop occupies the southeastern end of the string of medical buildings, connected to the adjacent Acute Building (Building No. 207) by a corridor. Originally constructed in 1947, the OT & Maintenance shop is a linear, one-story red-brick building with a side-gabled roof clad in composition shingles. Exterior walls consist of brick masonry and concrete, and the roof system contains a metal truss. The foundation is concrete slab, with no basement. Original windows, illustrated in historic architectural drawings, were metal casement units, but extant windows are one-over-one aluminum sash units. Extant flat metal double doors replaced original paneled wood doors. On the interior, most of the space is open to serve as a repair shop for hospital equipment. Metal ventilator units leading from the shop space are visible on the exterior roofline of the building. Several smaller rooms serving as offices and tool storage subdivide the interior space. A small wing projects from the southeastern (rear) façade of the shop, housing additional smaller rooms for tool storage. On the southwest side façade, a prefabricated metal and glass solarium was erected ca. 1985. The building appears to be in good condition currently.

Building No. 222, Sewage Treatment Plant, 1950

Contributing Building

The sewage treatment plant (Building No. 222) was constructed in 1950 on South Road at the far southern end of the Togus campus, removed from the hospital and associated residential buildings. The facility consists of a one-story building housing offices, a pump room, a chlorination room, a transfer room, and a heater room. The building is constructed with reinforced concrete on a concrete foundation, and a prefabricated metal truss forms the roof structure over the cylindrical digester. The building's mass appears as a one-story, flat-roofed red brick box at the front, but the cylindrical profile of the digester is apparent at the rear of the building, topped with a domed concrete roof. A chimney protrudes from the heater room on the northeast side façade. Because of its utilitarian character, the building features little architectural detailing. The exterior walls are fenestrated with flat-panel metal doors and metal awning windows. The openings are supported by metal lintels, topped with a brick soldier course, and cast concrete sills. Original architectural drawings depict paneled wood doors and wood windows. Currently, the building is in good condition, but is no longer used for sewage treatment.

Building Nos. 228 & 241, Gazebos, ca. 1970

Non-contributing Buildings

Two identical octagonal wooden gazebos with concrete slab foundations were constructed on the Togus campus ca. 1970. Both sit off of Dirigo Drive, just south of the nursing home (Building No. 207). The first gazebo (Building No. 228) is located on the north side of Dirigo Drive, while the second gazebo (Building No. 241) is located on the south side. The exterior wooden structural elements originally were stained lumber, but some elements have been painted. The roofs of both gazebos are clad with dimensional composition shingles. Both gazebos currently are in good condition.

Building No. 229, Storage, ca. 2000

Non-contributing Building

The building is located amid the complex of support and storage buildings south of the main hospital and is adjacent to Building No. 242. The simple, front-gabled, metal sided building is in good condition.

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Building No. 232, Gym/Pool, 1956

Contributing Building

The building housing the gym and pool is accessed from Patriots Street and sits to the rear of the Acute Building (Building No. 207) and the Continued Treatment Building (Building No. 206). A corridor links the gym and pool to the adjacent medical buildings. Research efforts did not locate original architectural drawings or historic photos of the gym and pool, so analysis of the building relies on the current physical condition alone. The building is a double-height red-brick structure with a flat roof. A metal truss system spans the roof within the open interior space that houses the swimming pool. A simple, flat stone parapet follows the roofline. On the original portion of the building, windows are extant at the clerestory level only. Historic windows likely consisted of metal awning units with divided lights. Extant windows are metal awning units with large, undivided lights. Today, a pair of metal doors on the northeastern façade provides the main entrance to the building from the exterior. A two-story addition wrapping around the northeast and northwest façades of the original building was constructed ca. 1990. The footprint of the addition roughly equals the size of the footprint of the original building. The exterior walls of the addition are red brick on the ground floor and stucco on the second floor. The addition features one-over-one metal windows and flat metal doors. A metal exterior stair with open risers provides access to the second floor of the addition from the southwest façade. The building's brick walls display evidence of efflorescence, but otherwise the building appears in good condition.

Resource Nos. 233, Water Tank and Shed, ca. 1965

Non-Contributing Structure

Resource No. 233 consists of a water tank and shed located at the northwestern extent of the Togus campus. The ca. 1965 structures sit atop a hill rising from the Main Hospital complex situated to the southeast of it. A metal chain link fence surrounds the tank and shed. The surrounding environment provides a rural setting for these resources. The grayish-green metal tank has a squat, cylindrical shape, and a ladder appears on the side of it. It rests on a concrete foundation. The metal shed, just southwest of the tank, possesses a rectangular plan. Both the tank and shed are in good condition.

Building No. 235, Chapel, 1960

Contributing Building

The chapel is located on Pond Road, southeast of the main hospital, and oriented toward the pond to the northeast. Constructed in 1960, the building continues to function as a chapel today. A corridor along the southwest rear façade connects the chapel to adjacent buildings. Although the red brick veneer ties in visually with the materials of the adjacent buildings constructed in the 1930s, the style of the chapel is Contemporary, while the adjacent buildings are Art Deco. The building's footprint roughly forms a sideways cross-shape. The nave occupies the long axis of the cross, and a chancel occupies the shorter perpendicular axis. The building is one-story with a double-pitched side-gabled roof. The roof over the chancel rises above the main roofline, creating clerestory windows that provide natural light for the interior of the chancel. The double pitch of the roof creates a distinctly Contemporary winged appearance, which is accentuated by a simple, pyramidal metal steeple. The main entrance and stoop, located on the long axis, further emphasize the Contemporary style. The entrance is off-centered, at the southeast end of the front façade. The stoop leading to the main entrance sits perpendicular to the door, running alongside the front façade. The concrete stoop is cantilevered out from the floor slab of the chapel, with an organically curved concrete sidewall. The roof of the portico sheltering the main entrance is flat and supported by two red brick pilasters. The portico is enclosed with glass on two sides, creating a vestibule with protection from the weather. The original paneled wood door is intact at the main entrance and flanked by sidelights with abstract Contemporary stained glass. Contemporary stained glass windows also appear along the front façade. With the exception of some rust staining and slight cracking at the stoop, the building is in good condition.

Building No. 238, Boiler Plant, 1963

Non-contributing Building

The boiler plant is located along Patriots Street, within the cluster of industrial and support buildings to the rear of the medical complex. The smokestack and water tanks occupy the area immediately north of the boiler plant, and a contemporary addition connects the boiler plant to the adjacent garage (Building No. 201). Research efforts did not yield original architectural drawings or historic photos, so analysis of the boiler plant relies on the current physical condition alone. The two-story building is rectangular in form, with a flat roof. The wall structure is formed by reinforced concrete and has a red brick veneer. Spandrels define vertical bays. The original metal awning windows remain intact. Unlike the

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surrounding buildings, the architecture of the boiler plant is distinctly Modern in style. A series of loading docks provide access to the building from the southwest façade. A number of mechanical shafts and vents extend from the building, some connecting to the smokestack, expressing the building's function as a boiler house. The contemporary metal addition linking the boiler plant to the adjacent garage is the only visible non-historic alteration. Although the building's masonry elements display some spalling and cracking, the building appears in good condition. **Building No. 240, Supply Warehouse, 1971**

Non-contributing Building

The supply warehouse (Building No. 240) consists of a non-historic one-story metal building constructed to the rear of Building No. 203 in 1971. The supply warehouse has an orientation to the southwest, away from Building No. 203 and toward the cluster of industrial and support buildings located behind the main medical and administrative buildings. The building rests on an elevated concrete slab foundation, and loading docks line the front façade. The building appears to be in fair condition, with exposed rebar and rust staining visible along the foundation.

Building No. 242, ca. 1995

Non-contributing Building

The concrete block utility building (Building No. 242) is located west of the cluster of Quonset Huts, amid the grouping of service buildings south of the main hospital. The garage was constructed ca. 1995, based on aerial photographs. The building has a front-gabled roof, which is clad in corrugated metal. The exterior wall surface is unfinished concrete block. Two flat-paneled metal doors with louvered vents open onto the front façade.

Building No. 244, Emergency Generator, 1978

Non-contributing Building

The emergency generator (Building No. 244) is a non-historic one-story building that abuts the rear of the corridor connecting Building Nos. 206 and 207. The building is hidden from view from all sides, tucked in between the corridor and Building No. 232 to the rear.

Building No. 245, Sewage Treatment Plant, 1984

Non-contributing Building

The sewage treatment plant sits on South Road, at the far southern edge of the hospital property. The surrounding context features an undeveloped, wooded area; the only nearby buildings include another sewage treatment facility (Building No. 222) and a salt storage shed (Building No. 243). The sewage treatment plant, constructed in 1984, consists of a utilitarian, one-story red-brick building with a flat roof. Currently, the building is in good condition, but is no longer used for sewage treatment.

Resource No. 246, Main Switchgear, ca. 2005

Non-contributing Structure

Resource No. 246 is a switchgear structure that sits west of Building No. 238 amid the grouping of service buildings south of the main hospital.

Building No. 247, Sewage Building, ca. 2010

Non-contributing Building

Building No. 247 is a brick, front-gabled utilitarian building located west of the East Cemetery and just east of North Gate Road. Constructed ca. 2010, the building is in excellent condition.

Building No. 248, VBA/Administration Building, 1984

Non-contributing Building

The VBA/Administration Building sits on Pond Road, along the string of main hospital buildings. Corridors connect it to the adjacent buildings. The VBA/Administration Building was constructed in 1984. A concrete frame supports the two-story building with a flat roof and red brick exterior veneer. A stone parapet, water table, and entry surround visually connect the design of the VBA/Administration Building to the adjacent medical buildings. Currently, the building is in good condition.

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Building No. 249, Chiller Building, 1991

Non-contributing Building

The chiller building (Building No. 249) is a non-historic three-story building with a flat roof, constructed adjacent to the boiler plant (Building No. 238) in 1991. The edifice is constructed of reinforced concrete. A brick veneer covers the exterior walls on the first two floors, but metal louvered vents protect the top-floor walls. On the southeast façade, the ground floor is divided into four bays. The southernmost bay consists of an enclosure made up of metal louvered vents, and metal overhead rolling doors provide access to the remaining bays. The building appears to be in good condition.

Building No. 250, Salt Shed, ca. 2008

Non-contributing Building

The salt shed is a non-historic building located on South Road, at the far southern edge of the hospital property. The surrounding environment is wooded and undeveloped; the only nearby buildings are those associated with the sewage treatment facility (Building Nos. 222 and 245). The salt shed is a prefabricated metal building with a front-gabled roof and a large overhead rolling door. The shed sits on a concrete foundation. Currently, the building is in good condition.

Building No. 1CC, Connecting Corridors, 1937

Contributing Buildings

In 1937, a network of one-story corridors was constructed to connect the existing hospital buildings on the Togus campus. The winter climate and the variable levels among the buildings' floors made it difficult to transport patients from one part of the hospital to another. Floors of the new corridor system sloped in order to connect floor levels, easing travel from building to building. As new medical facilities have been constructed, the system of corridors has been continued. In keeping with the architectural character of the adjacent buildings, the connecting corridors feature concrete columns and beams and exhibit red brick exterior walls. The portions of the corridors vary from one another somewhat, though – some portions have flat roofs, while others have side-gabled roofs, and some portions have tapestry brick detailing at the parapet, while others are plain. Original architectural drawings for the portions of the corridor constructed in 1937 show that original windows consisted of twelve-over-twelve wood sash units, and original doors were wood with glazing. Today, original doors and windows no longer remain, having been replaced with metal units. Additionally, some window openings were enclosed with brick. Connecting corridors remain in good condition.

Building No. MB1, Office Building, ca. 2010

Non-contributing Building

Building No. MB1 is located just east of Building No. 212. Constructed ca. 2010, the semi-permanent, side-gabled building has double-hung windows.

Building No. MB3, Office Building, ca. 2010

Non-contributing Building

Building No. MB3 is located between Building No. 200 and Building 209. Constructed ca. 2010, the semi-permanent, front-gabled building has double-hung windows.

Resource No. T05, Dam and Canal, ca. 1866

Contributing Structures

The dam and canal are located at the north end of the Togus campus, just east of the Reservoir, also known as the Ice Pond. The structures date from the initial construction of the National Home, ca. 1866, although they have since been altered. The dam is constructed with massive granite abutments that likely date from ca. 1866. The embankment and spillway are composed of concrete and likely date from ca. 1936. The metal walkway crossing over the embankment dates from ca. 1936 as well. The stone abutments are in fair condition. Some metal elements embedded within the masonry have rusted and expanded, and vegetation growing between the mortar joints disrupts some stones and compromises the mortar. The canal flows from the dam to the east, where it drains into the creek running along the eastern edge of the property. Although a canal existed in approximately the same location as early as 1866, historic site plans show that the path of the canal was straightened and lined with concrete ca. 1950. The alterations coincided with the adjustment of the alignment of Togus Road and the construction of two new bridges over the canal. Currently, the canal is in good condition.

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Resource No. T28, Ruins of Stone Cistern, ca. 1875

Contributing Structure

The ruins of the stone cistern sit on the ridge at the western edge of the Togus campus, to the rear of the Main Hospital (Building No. 200) and adjacent to the extant water tank (Resource No. 233). The remaining elements of the water tower likely date from the initial construction of the National Home in the 1860s, and a water tower appears in the approximate location of the ruins in photographs as early as 1909. The extant ruins consist of a granite foundation surrounding a well, lined with hand-fired brick. A large iron pipe travels through the center of the well. The tank that originally topped the foundation no longer exists. Today, the massive granite foundation appears in stable condition, but the bricks lining the well are spalling and falling inward, and the pipe is rusted extensively.

Building Nos. T222-T228, Storage Units, ca. 1945

Contributing Buildings

The storage units (Building Nos. T222-T228) are Quonset huts, located between Patriots Street and Knox Road, amid the cluster of support buildings to the southwest of the main hospital. Constructed ca. 1945, each of the buildings has the distinctive barrel-vaulted form of a Quonset hut. The vaulted sides and roof are clad in corrugated metal, and the front and rear façades are clad with horizontal metal siding. Foundations consist of concrete block. Although fenestration patterns vary slightly among the units, large openings enclosed with contemporary metal overhead rolling doors provide access to the interiors of most units. An original wood overhead rolling door remains extant on Building No. T222. On Building Nos. T222 and T226, additional access is provided via wood hinged doors. On Building Nos. T224 and T225, no overhead doors are present; wood hinged doors serve as the only means of entrance into the buildings. These two buildings also feature one-over-one double-hung wood sash windows flanking their doors. Louvered wood vents above the doors provide ventilation into each storage unit. Overall, the storage units appear to be in good condition.

West Cemetery, 1867

Contributing Site

West Cemetery was established by Major Nathan Cutler, commandant of the asylum at Togus, in 1867. He chose a hilltop in the forested area west of the facility's main buildings. Six soldiers who had died since the establishment of a cemetery in 1865 and of the home in 1866 were re-interred in the new cemetery. The first burial is dated April 20, 1867. Butler's policy allowed the burial of deceased inmates of the home side-by-side, regardless of their race, military rank, or religious affiliation. As such, West Cemetery contains the gravesites of several Buffalo Soldiers, members of African-American army regiments active from after the Civil War through World War II. The only Medal of Honor recipient to be buried at Togus, David Scannell, is also interred at West Cemetery. The cemetery was closed to burials in 1936, prompting the creation of the East Cemetery.

The site, hidden from view by dense tree growth, is accessible via Hallowell Road. A black iron gate with red brick piers marks each of the two primary entries into the cemetery. Small shrubs are planted around each pier. West Cemetery is laid out in an organic manner along asphalt- and gravel-paved drives, two of which lead from the entry gates. Original plan drawings for the cemetery were not discovered. Older elements of the cemetery's drainage and circulation system exist in the form of a hollow clay tile culvert on the east side of the east drive and a nearby path marker. A plot plan of the cemetery from 1941 is a good indication of its historic appearance as it was drawn after the cemetery was closed for burial. Therefore, that layout and landscaping are present today. Each section of graves is mostly cleared of vegetation. Dense, wooded areas form the north and east boundaries of the cemetery and divide the older parts of the cemetery (Sections C-K and P) from a newer area (Sections A and B) downhill to the northeast. Within each section, burial plots are organized into rows. Like the circulation pattern, the rows themselves, however, follow the natural topography. For example, the rows of tombstones in sections G and H curve inward to form a U shape at the southern end of the sections. The sections are identified with stone markers carved with the letter of the section. The graves are marked with upright marble monuments. Those with a flat profile are original to the site; made from quarries near Augusta and Hallowell. The markers with an arched profile are post 1936 replacements (That type of marker is the standard in the later East Cemetery). One unique marker is that for the grave of Wilhelm Redlin (1866-1890) in Section H. It has a cyma curve top profile and a frame-like carving on the top and sides.

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The oldest structure in the cemetery is an 1868 underground vault. Built into a berm on a pathway at the eastern edge of the cemetery adjacent to Section D, the vault served as a burial place for soldiers who passed away during the winter months until their remains could be buried after the ground thawed. Its exterior wall is constructed of ashlar stone and topped with a parapet; a bronze door provides access to the interior. The Memorial Monument is located at the north edge of the cemetery where the two primary paths converge. In 1889, General Stephenson originated the plan for the stone monument which consists of two square bases topped with an obelisk. The monument was built by inmates of the National Home, primarily from materials on the site. A granite plaque is inset in each side of the inset middle tier. The plaques contain the name of the home on the south, the monument's construction date on the north, a memorial to soldiers and sailors on the east, and the names and dates of wars on the west. The Memorial Monument sits on a terraced rise. The concrete Soldiers and Sailors Monument is located on a slight rise in Section H. Its form is that of an open-air pavilion with a two-tiered square base. Four square columns at each end of the inset upper tier support a simple cornice and pyramidal roof. A marble tablet placed on the top tier contains the memorial. Concrete stairs at the base of the monument are accessed via a path through Section G. Bronze plaques with lines from the poem "Bivouac of the Dead" are placed adjacent to the path at the east edges of Sections C and D. An additional objects placed within the cemetery includes a concrete bench along the path leading to Sections A and B. Non-historic features include the flagpole in Section K and the stairs such as those between sections E and F accessing the lower ground of those sections.

East Cemetery, 1936 ***Contributing Site***

In 1936, as the Togus campus was expanding rapidly, a new cemetery was established at the east end of the campus to supplement the existing cemetery at the west end of the campus. Known as the East Cemetery, this site is located east of the cluster of main medical buildings, hidden from view by forest and accessible only by a narrow, winding road leading from North Gate Road. A black iron gate supported by red brick piers marks the entrance to the cemetery. The cemetery is laid out in an arch shape, defined by a paved drive around its perimeter. Original plan drawings for the cemetery show that landscaping created a cross pattern overlaid on top of the arch. Much of the historic landscaping has been lost today, but an alley of hedges and trees remains, outlining the original location of the central arm of the cross. A granite cross monument, extant today, marks the original intersection of the central and lateral arms of the cross design. Square sections of burial ground are divided by the cross pattern in the landscaping. Within each section, burial plots are organized into uniform rows. Toward the northeastern portion of the cemetery (the upper portion of the arch-shaped site plan), graves are marked with flat, rectangular granite slabs, set into the grassy surface of the ground. At the southwestern end, graves are marked with upright marble monuments with an arched profile. In 2009, the upright markers were re-set using concrete foundations in order to prevent damage caused by the expansion and contraction of the soil during the yearly freeze-thaw cycle. Additional objects placed within the cemetery site include a grouping of stone benches in the northeastern quadrant and a flagpole located on axis with the stone cross monument. A non-historic metal tool shed is located beyond the perimeter of the cemetery to the northeast.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Areas of Significance

(Enter categories from instructions.)

Health/Medicine

Social History

Period of Significance

1866-1960

Significant Dates

1866

1930

1943

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

Benjamin F. Dwight

Victor Hudgins

Fasseth and Stevens

E.E. Lewis

Harry Coombs

Veterans Administration

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Period of Significance (justification)

The period of significance for the Togus VA Medical Center is 1866 to 1960, encompassing the establishment of Togus as the first National Home for Disabled Volunteer Soldiers (NHDVS) branch in 1866 to 1960, when Togus manager Malcolm Stoddard retired. Stoddard, serving as manager from 1934 to 1960, oversaw modernization efforts at Togus that reflected national trends in the VA, specifically the expansion and modernization of medical care following the establishment of the VA in 1930, the transition of the facility from domiciliary care to neuropsychiatric and rehabilitative care in 1943 and the general expansion of veterans' medical care following World War II.

Criteria Considerations (explanation, if necessary)

N/A

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

The Togus Veterans Administration (VA) Medical Center Historic District located within the towns of Augusta and Chelsea, Kennebec County, Maine, is significant at the state and national level under National Register Criterion A in the area of Health/Medicine and at the national level under Criterion A in the area of Social History. The period of significance is 1866 to 1960, beginning with the establishment of the Eastern Branch and ending with the retirement of Togus manager Malcolm Stoddard. Significance in the area of health and medicine stems from the establishment of Togus as the first national home created by the NHDVS, thus making it the earliest embodiment of a federal system of benefits for volunteer soldiers. In addition, the campus reflects the evolution of veterans' care from the long-term, domiciliary model provided to Civil War veterans to the short-term, rehabilitative model emphasized by the VA following its establishment in 1930 and the transition of Togus in 1943 to a neuropsychiatric facility. The district has significance in the area of social history for its early federal expression of social welfare which created and maintained a core value associated with the American people: caring for the soldiers who defended the country during wartime. As a result, Togus has evolved from the first federal system to provide domiciliary and medical benefits to volunteer soldiers to the modern system of veterans' benefits associated with the current Department of Veterans Affairs. Overall, the Togus VA Medical Center tells the story of the federal government's evolving care of veterans. Beginning with the housing of disabled Civil War soldiers and expanding with modernized medical care to meet the needs of Spanish-American War and World War I and World War II veterans, the Togus campus embodies the federal government's longtime commitment to veterans. Thus, while the physical infrastructure of the Togus VA Medical Center has changed and evolved from its establishment in 1866 to the present day, its core mission of caring for the citizen soldier has remained.

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

Health and Medicine

In the area of health and medicine, the Togus VA Medical Center Historic District is significant at the state and national level as the earliest embodiment of a federal system of volunteer soldiers' benefits that evolved from domiciliary care following the Civil War to the current system of medical care established after the creation of the Veterans Administration in 1930. The district reflects the important transition of veterans' healthcare from a model of long-term, domiciliary care to a model of short-term, rehabilitative care. Beginning with its establishment in 1866, the Eastern Branch at Togus offered domiciliary and medical care to Civil War veterans disabled during the war. Designated as the Eastern Branch, its veterans were primarily from Maine and other northeastern states. The natural beauty and large acreage of the campus was in keeping with contemporary philosophies concerning rehabilitative institutions. The rural location, open air and distance from corrupting urban vices were important characteristics of the early development of the Eastern Branch. In addition to barracks and hospital buildings, early efforts to care for branch members included amusement facilities, vocational buildings, workshops, and agricultural outbuildings. Vocational activities were encouraged and branch members

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frequently engaged in farming activities as a way to improve morale and develop new skills. Additional vocational activities included shoemaking, telegraph communications, carpentry and soap-making.

In addition to the increasing age of Civil War veterans, the NHDVS system gradually expanded membership regulations throughout the nineteenth and early twentieth centuries to accommodate the growing needs of veterans nationwide. As a result of increased enrollment and the advancing age of members, Togus administrators recognized the need for additional health facilities and enhanced medical care. Numerous hospital improvements were undertaken to accommodate growing numbers and new health concerns, such as tuberculosis. Nevertheless, the overall mission of Togus during the NHDVS period was the long-term, domiciliary care of veterans. While in some instances, rehabilitative goals were undertaken, the institution focused on the long-term housing and medical needs of its members.

Following the establishment of the VA in 1930, an increased emphasis on short-term, rehabilitative medical care emerged. The large number of relatively young World War I veterans needing medical care encouraged VA administrators and health officials to improve short-term healthcare. In particular, neuropsychiatric and tuberculosis cases led to important medical practices in the VA system. From 1930 to 1960, events at Togus reflected these national trends. Beginning in the early 1930s, Togus underwent a long-term transformation of the NHDVS campus to a modern facility capable of caring for the long-term and short-term needs of its members. New, brick buildings including a modern hospital and barracks represented a new era of modern veterans healthcare for Maine and the northeast region. In 1934, the VA selected Togus as the first of its combined administration facilities, consolidating multiple regional functions such as claims, hospitalization and domiciliary care. As a result, Togus increased its regional presence in Maine and New England.

The campus continued the dual function of serving domiciliary and medical functions until 1943, when VA administrators formally converted the Togus VA Medical Center from a domiciliary to a neuropsychiatric facility. In addition to the needs of World War I veterans, the VA recognized the potential for significant numbers of neuropsychiatric cases as a result of World War II. As a result, Togus converted domiciliary barracks to psychiatric facilities, thus significantly changing its overall function. In addition to neuropsychiatric care, the Togus VA Medical Center, through its modern hospital, continued to serve the general hospital and surgery needs of veterans in the region. Despite the change, the facility continued the mission of overall care for veterans first begun in 1866.

Thus, beginning with the housing of disabled Civil War soldiers and expanding with modernized medical care to meet the needs of Spanish-American War and World War I and World War II veterans, the Togus campus embodies the federal government's longtime commitment to veterans. While the physical infrastructure of the Togus VA Medical Center has changed and evolved from its establishment in 1866 to the present day, its core mission of caring for the citizen soldier has remained.

Social History

The Togus VA Medical Center Historic District is significant in the area of Social History at the national level, as it embodies the national ideal of the American people to care for and protect war veterans. To reflect this ideal, the federal government established national institutions to house and care for volunteer soldiers. This early federal expression of social welfare created and maintained a core value associated with the American people: caring for the soldiers who defended the country during wartime. As the first NHDVS branch opened in 1866, Togus is directly associated with this initial relationship between volunteer soldiers and the federal government, which evolved into today's Department of Veterans Affairs and its comprehensive system of care for veterans. The Eastern Branch of the National Home for Disabled Volunteer Soldiers reflected the country's evolving approach to veterans care until 1930, when the NHDVS program formally ended. The subsequent creation of the Veterans Administration in 1930 introduced significant institutional changes to veteran care for both Togus and veterans facilities nationwide. Nevertheless, the overall mission continued and expanded to meet the increasing complexities of the twentieth century, including a Great Depression and World War II.

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From its inception, the Togus facility has served as a physical symbol to veterans and the American people of the country's commitment to veterans. Closely tied to the institution's regional popularity was the knowledge that Togus, by its very existence, strongly recognized the efforts and sacrifices of regional veterans. Thus, the Togus VA Medical Center emerged as the first attempt by the federal government to honor this ideal and has served continuously as a physical symbol to the American people of the country's commitment to veterans.

Developmental history/additional historic context information (if appropriate)

History of the National Home for the Disabled Volunteer Soldiers

The following NHDVS historic context is from the 2007 study "National Home for Disabled Volunteer Soldiers: Assessment of Significance and National Historic Landmark Recommendations," prepared by Dr. Suzanne Julin. It has been edited for the purposes of this nomination.

The United States government, through the Department of Veterans Affairs, provides a comprehensive system of care for veterans. This on-going assistance includes in- and out-patient medical and mental health care, dental, vision, and pharmaceutical benefits, substance abuse programs, long-term care for the elderly, services for the blind, vocational and educational assistance, domiciliary care, and transitional residences. Benefits are available to beneficiaries whose eligibility in general is based upon active military service and other than dishonorable discharge, but may vary according to specific circumstances of service and/or illness or disability.¹⁶ This system owes its present programs to an expansion of benefits to veterans which began after the Civil War and continued into the twentieth century, creating an enduring connection between veterans and the federal government. The National Home for Disabled Volunteer Soldiers is an integral component of this history.

In 1865, Congress established the National Asylum for Disabled Volunteer Soldiers, later named the National Home for Disabled Volunteer Soldiers. The institution developed as a network of eleven branches across the country before being absorbed into the newly created Veterans Administration in 1930. Initially, the benefits and privileges of the NHDVS were extended to Union Army volunteer veterans with service-related disabilities. A broadening of NHDVS admittance standards in the mid-1880s allowed former Union soldiers with any disability, including those caused by age, to be considered for membership in the National Home. Subsequent expansion of membership regulations made disabled veterans of all U. S. wars and military actions eligible to enter NHDVS facilities. In the twentieth century, the NHDVS population began to shift from elderly Civil War veterans to young veterans with specific injuries and conditions. As medical benefits for veterans expanded and their needs became more complex, the NHDVS mission became increasingly focused on that care.¹⁷

In 1930, the NHDVS was absorbed into the newly created Veterans Administration. The change dissolved the NHDVS Board of Managers, an entity that had controlled the growth of the system since 1866. With the transition, the Board's practice of establishing and developing individual branches with unique architecture and landscapes ended as these policies increasingly gave way to standardization. Some former NHDVS properties were dramatically changed by development under the Veterans Administration; others retained the essential characteristics that identify them as NHDVS facilities.

¹⁶ Department of Veterans Affairs, *The Veterans Benefits Administration: An Organizational History: 1776-1994* (Washington, DC: Veterans Benefits Administration, [1995]): 1 (hereafter cited as DVA, *The Veterans Benefits Administration*); Department of Veterans Affairs, *Federal Benefits for Veterans and Dependents 2006 Edition* details benefits for veterans and is available from the Department of Veterans Affairs, Office of Public Affairs or at <<http://www.vba.va.gov>>.

¹⁷ The men initially served by the NHDVS had been United States Soldiers serving in the United States Army during the Civil War to defend the United States, which was attacked by Confederate forces. Terms such as Union soldiers, Union troops, and Union Army are in general usage among historians and will be used throughout this document to represent the United States military effort during the Civil War and the veterans of that effort.

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Early Support for War Veterans

Since the colonial era, American citizens and governments have worked to protect disabled soldiers from the indignities of poverty. Until the mid-1800s, public assistance to these men was primarily financial as colonies made provisions for soldiers through pensions and similar aid. The Continental Congress enacted a 1776 law that gave pensions to officers and regular soldiers and sailors disabled in the line of duty. In 1789, the First U.S. Congress assumed the responsibility for continuing these benefits, and subsequent laws provided such benefits to men wounded during the Revolutionary War and men who became disabled after the war as a consequence of service-related wounds. Congress repealed previous laws in 1806 and enacted new legislation that made additional categories of soldiers eligible for pensions, including volunteers and state troops; in 1813 it extended pension benefits to veterans of the War of 1812. In 1818, Congress passed a controversial law granting pensions to any veteran of the Revolutionary War who needed assistance, including the indigent. Consequently, the numbers of pensioners quickly went from slightly over two thousand to more than seventeen thousand, and the annual costs of the system increased dramatically. In 1833, Congress established the Bureau of Pensions, the first federal bureaucracy devoted to veterans' benefits. The pension system created a durable connection between the thousands of veterans and their families and the federal government.¹⁸

The Civil War strengthened that connection. At its onset, there were about 80,000 war veterans in the country. By 1865, Union veterans had increased that number to nearly two million and veterans constituted almost 5 per cent of the country's population. The General Pension Law passed by Congress in 1862 established pensions for disabled veterans whose disabilities could be linked to injuries suffered or diseases developed during their military service. This was the first pension law to allow payments for disease-related disabilities, and the broadening of eligibility and growing number of disabled veterans led to a dramatically expanded pension system. The government paid out more in pension benefits between 1866 and 1870 than it had from 1790 to 1865.¹⁹

Although pensions were the most common method of assisting military veterans, the government also supported the development of institutions designed to provide them shelter and care. These included the U.S. Naval Asylum (1811) and the U.S. Military Asylum (1851). Some opponents believed the development of elaborate public institutions like France's Hotel des Invalides and the Chelsea Hospital in England, while appropriate for monarchical societies, were not suited to the United States. The casualties suffered during the Mexican-American War, however, helped to convince legislators that a provision for soldiers unable to care for themselves was necessary. Before 1862, the capacities of the U.S. Naval Asylum and the U. S. Soldiers' Home were more than adequate to serve veterans who needed the services and assistance they could provide. The Civil War created a much larger and more diverse body of veterans, men who were not career military soldiers and whose needs could not be met by the existing facilities.²⁰

Support for Union Soldiers during the Civil War

Three million men fought in the Civil War, over seventy percent of them U.S. soldiers. From the beginning, volunteers who left their homes and daily lives to fight made up a significant portion of the U.S. troops. Unprecedented casualties, serious wounds caused by modern firearms, and disease and trauma took an enormous toll on these participants. Nearly three hundred thousand Union men who survived the warfare suffered gunshot wounds. By war's end, thirty thousand of them had experienced amputation or loss of use of an injured limb. Dysentery, malaria, and typhoid fever spread through crowded, unsanitary camps leaving their most affected victims with life-long impaired health. In addition, war conditions

¹⁸ Judith Gladys Cetina, "A History of the Veterans' Homes in the United States, 1811-1930" (Ph.D. diss., Case Western Reserve University, 1977): 17-22; DVA, *The Veterans Benefits Administration*, 5-8; C. Esco Obermann, *A History of Vocational Rehabilitation in America* (Minneapolis, Minnesota: T. S. Denison and Company, Inc., 1965): 141; Patrick J. Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997): 29.

¹⁹ DVA, *The Veterans Benefits Administration*, 9; Kelly, 18, 57.

²⁰ Kelly, 12-14; U.S. Department of the Interior, National Park Service, "President Lincoln and Soldiers' Home National Monument," Special Resource Study, 2003, 8; Cetina, 31-36 and 39-54, addresses the establishment of the Naval Home and the Soldiers Home.

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created stresses that led to emotional and psychological problems. These men often felt hopeless and disoriented as they returned to a rapidly industrializing society that was socially and economically different from the one they had left.²¹

The effects of the Civil War raised intense concern among civilians in the North, who looked for ways to alleviate suffering and attend to soldiers' needs. The United States Sanitary Commission (USSC), established in 1861 by President Abraham Lincoln, became an organizing mechanism for these groups and the influential organization's activities and philosophies affected decisions regarding post-war benefits for disabled veterans. The group's initial contribution to the war effort was to monitor the medical care of Union troops. The USSC eventually served to coordinate volunteer efforts, inspect army medical facilities, and compile data and compose reports regarding wartime medical care. The Commission also provided medical staff to care for soldiers, established hospitals and residential facilities to offer short-term care and housing, and assisted discharged men by helping them collect their pay and return home safely.²²

As the war drew to a close, the USSC began to turn its attention from providing immediate care and assistance to the post-war needs of returning veterans, particularly those disabled by injury or illness in the line of duty. Despite some who argued for the continued reliance on a pension system, the majority of USSC members began to acknowledge that numbers of disabled men would not have the community or family support that would allow them to live independently, even with a pension.²³ Thus, the USSC began to consider the concept of a centralized institution to provide shelter and care to those veterans. The model they conceived presaged the initial form of the NHDVS.

The National Home for Disabled Volunteer Soldiers

The history of the NHDVS can be organized into five phases. Phase one, 1865-1870, includes the formation of the NHDVS by Congress, the organization of the Board of Managers, and the establishment of the first four branches. During phase two, 1871-1883, the institution's operations continued to develop and growth occurred at the individual sites. During phase three, 1884-1900, the system expanded to include four new branches. In phase four, 1900-1917, two new branches were created and the system increasingly focused attention on the medical needs of veterans. Phase five, 1918-1930, saw the impact of World War I, the establishment of the final NHDVS branch, and the incorporation of the NHDVS into the newly created Veterans Administration.

Phase One: Early Development of the NHDVS, 1865-1870

In the years between 1865 and 1870, Congress and the NHDVS Board of Managers formed the foundations of the NHDVS system and established its first four branches. Influenced by public sentiment, Senator Henry Wilson of Massachusetts introduced the bill to establish the NHDVS in the Senate on February 28, 1865; it quickly passed both houses of Congress and was signed by President Lincoln on March 5, 1865.²⁴ The newly established NHDVS Board of Managers, tasked with setting up branches of the institution, reporting to Congress annually, inspecting the sites regularly, and monitoring the system's finances, met for the first time in May, 1866.²⁵

The reorganized Board of Managers quickly began the process of establishing the original branches of the NHDVS. Their planning may have been influenced by the work of Thomas Story Kirkbride, who wrote the standard nineteenth century work *On Construction, Organization and General Arrangement of Hospitals for the Insane*. Kirkbride's recommendations included locations in rural settings, close enough to urban areas to allow for ease of supply, but far enough away so that

²¹ Kelly, 15-18; James McPherson, *For Cause and Comrades: Why Men Fought in the Civil War* (New York: Oxford University Press, 1999): 5, 164-166, 173; Brenda K. Jackson, *Domesticating the West: The Re-creation of the Nineteenth-Century American Middle Class* (Lincoln: University of Nebraska Press, 2005): 63-64; Obermann, 143-145.

²² *Ibid.*, 19-24; Cetina, 122-123.

²³ Kelly, 19-24; Cetina, 62, 68-72, 122-123.

²⁴ Kelly, 46-47; House, Committee on Military Affairs, *Investigation of the Management National Home for Disabled Volunteer Soldiers*, 41st Cong., 3rd sess. 1871, H. rept. 45, 1.

²⁵ House Committee, *Investigation of the Management*, 2-8; Cetina, 84-87; Kelly, 77-81, discusses the political impetus for the establishment of the National Home.

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patients were less likely to be tempted by urban vices. Kirkbride believed such an institution should be on a large piece of land—at least one hundred acres—with a variety of scenery and other attractions in the area to entertain both the people in the institution and the visitors to it. The facility should include opportunities for farming, gardening and exercise; workshops were recommended in order to furnish other means of labor, and games and amusements, such as billiards, tennis, and carriage driving should be provided. The Board's initial planning called for branches to serve particular regions, thus allowing veterans to remain relatively close to home, unless their health would be better served by residence in another climate. The branches were to be on sizable acreage and at least a few miles away from cities. Like Kirkbride, the Managers believed that separation from cities would help the men avoid temptation—particularly the temptation of drink.²⁶

The Board developed the original three branches in Togus, Maine, to serve the northeastern region; in Milwaukee, Wisconsin, to serve the northwest; and in Dayton, Ohio, to serve the largest number of veterans: those in the lower Midwest, western New York and Pennsylvania, and the states to the south. Within a few years, the Board also established a fourth branch in Hampton, Virginia. The specific designations of locations for these and the following branches were influenced by climate, terrain, availability of land, contributions of property and money from aspiring locations, and political interests.²⁷ These factors continued to guide the Board of Managers as they created eight additional branches in the ensuing decades.

As disabled veterans occupied existing buildings and new construction began to shape the physical structure of the NHDVS, the governance and operations of the institution formed its culture. The primary officers of the individual branches were veterans themselves and included a governor, a deputy governor, a secretary, and a treasurer. Eventually, other officers were added, with some variations among the branches: quartermaster, surgeon and assistant surgeon, chaplains, and farmers, for example. NHDVS members were subject to the Articles of War and they were organized into companies, lived in barracks and wore uniforms. The men were issued passes that allowed them to leave the branch grounds at will during set hours; they could also apply for furloughs and be absent from the branch for longer periods. Men were often discharged and readmitted, sometimes repeatedly. Some men moved around to different homes, either through transfer or by discharge and readmission. The Board also instituted a policy of providing outdoor relief, which enabled disabled veterans who were able to remain in their own homes or live with family members to receive cash in lieu of daily rations and other benefits of the NHDVS.²⁸

From the beginning, the Board of Managers determined that members of the NHDVS should retain their dignity and be perceived by the public as a group of men deserving respect. The change in name from "asylum" to "home," the care taken to construct aesthetically pleasing campuses and plan attractive grounds, and the efforts to provide entertainment and work all pointed to the Board of Managers' insistence that the veterans not be viewed as paupers or dependents, but as men who had earned the right to a government-provided home. Despite their efforts, however, the Board could not provide the veterans with the most intimate elements of domestic life—the privacy of a family circle and the love and care of family members. Nor could they duplicate the social atmosphere of a community; communities did not require their residents to dress in uniforms, march in formation, or leave and enter via passes.²⁹ The NHDVS branches were not homes or communities. They were institutions that acknowledged the service of disabled veterans, gave them pleasing environments in which to live, and provided for their basic needs. As the system expanded, these benefits became available to greater numbers of veterans and prompted growth at the original branches.

²⁶ Cetina, 105-106; David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown and Company, revised ed., 1990): 134; Thomas Kirkbride, *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia, 1857; reprint New York: Arno Press, 1973).

²⁷ Cetina, 106.

²⁸ House Committee, *Investigation of the Management*, 2, 7-8; Kelly, 141-142; Cetina, 88-91, 162-163, 413-419.

²⁹ Kelly, 122-123, discusses the contradiction between the concept of a domestic home and the military organization of the NHDVS branches.

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Phase Two: Growth of the NHDVS: 1871-1883

From 1871 until the mid-1880s, the Eastern Branch, the Northwestern Branch, the Central Branch and the Southern Branch constituted the NHDVS. During that period the Board of Managers continued building programs at the individual branches and refined the operations of the institution as a whole. These actions formed the basis of an institution that would continue to grow, change, and adapt well into the twentieth century.

Initially, the Board of Managers tried to develop programs to help disabled veterans gain training or education that would enable them to make a living, and some men did return to private life as a result. For example, the Eastern Branch ran a shoe-making operation, and the Northwestern and Southern branches also offered school classes, at least for a short time. Beyond training and educational goals, the NHDVS Board of Managers encouraged the employment of members to perform functions within the individual branches. Such tasks, the Board believed, would give the veterans a sense of productivity and lend structure to their days, alleviating the boredom that could curse institutional life. By the 1870s, more than two thousand members of the four branches—nearly a third of the population—held jobs that contributed to the operations of the institution. Men cared for the grounds, repaired buildings, and nursed the ill. They also grew food: the Northwestern, Central, and Eastern branches maintained sizable farms that provided produce for the men and revenue for the institutions, and the Southern Branch developed a large garden.³⁰

Just as the Board members believed productive work was important to the well-being of the disabled veterans in the NHDVS, they also encouraged entertainment and recreation. Carefully designed and maintained grounds lent a park-like atmosphere to the branch environments and included features such as lakes, ponds, grottoes, and other landscape elements that refreshed and amused the members. The branches established post funds where proceeds from branch stores and other sources were deposited and used for constructing buildings such as libraries, canteens, theaters, and chapels, for buying books and other diversions, and as payment for professional entertainment. Chaplains provided regular church services; attendance was voluntary.³¹

Thus, throughout the 1870s and into the 1880s, the NHDVS developed as a place where disabled veterans were afforded living quarters, basic medical care, wage-earning work, and entertainment. Their attention to the well-being of the disabled veterans reinforced the consistent theme sounded by the Board of Managers during the developmental stages of the institution and throughout its existence: unlike institutions for the blind, the insane, or the poor, the NHDVS sheltered a special class of people who were there by merit of their military service. This was an institution based not upon a moral obligation to care for the helpless but on the provision of services to people who had earned the right to be provided for by their country.³²

During the 1871-1883 period, expansion of membership requirements increased the numbers of veterans entering the NHDVS. Initially, applicants needed to prove that they had been honorably discharged and that their disability was related to their service in the Union Army. In 1871, Congress expanded the opportunity for admission to the NHDVS to veteran volunteer soldiers and sailors of the War of 1812 and the Mexican-American War. Increased application for membership after the 1871 policy change, as well as the aging of the veteran population as a whole, pressed the capacity of the NHDVS. In 1877, the system experienced the greatest number of admissions in its history when 1821 men—more than the total housed during the first four years of the institution's existence—entered the NHDVS.³³ By 1883, more than half of the members of the NHDVS were over fifty years old.³⁴

In an attempt to accommodate and serve the numbers of veterans seeking access to the NHDVS, the Board of Managers instituted expansion projects. In 1877, for example, the Board expended nearly \$56,000 on new construction and

³⁰ Cetina, 90, 160, 331-333; *Annual Report 1871*, 10.

³¹ Cetina, pp. 417-418; *Annual Report 1871*, 11.

³² Kelly, 89-90. Kelly discusses the concept of NHDVS as a home on pp. 91-98.

³³ Cetina, 159, 167-169, 171-182; House, *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for 1875*, 44th Cong., 1st sess., 1875, H. Misc. Doc 47, 12 (hereafter cited as *Annual Report 1875*); *Annual Report 1877*, 9-11; *Annual Report 1881*, 5.

³⁴ *Annual Report 1883*, 2, 5, 59.

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improvements at the Central, Northwestern and Southern branches, although no construction occurred at the Eastern Branch.³⁵ The physical growth of the individual branches during the period from 1871 through 1883 reflected the increasing number of veterans seeking admittance to the NHDVS. In 1884, a crucial change in policy would further accelerate those admissions and prompt expansion of the NHDVS system as a whole.

Phase Three: Expansion of the NHDVS, 1884-1900

The period from 1884 to 1900 saw a dramatic expansion of the NHDVS system as broadened membership requirements opened NHDVS doors to increasing numbers of members. The Board of Managers established four new branches, providing services to disabled veterans across the United States.

In the early 1880s, the Board of Managers recommended that *all* disabled veterans—not only those who could prove service-related injuries—be considered for membership in the National Home. Congress initially rejected the Board of Managers' recommendations to extend membership to more veterans. In 1884, however, that body passed legislation stating that any honorably discharged Union soldier or sailor and any volunteer soldier or sailor in the War of 1812 or the Mexican-American War who had not fought for the Confederacy was eligible to enter the NHDVS if he could not support himself due to a disability. The law specifically referred to age as one cause of disability, thereby creating federal responsibility for veterans who could no longer care for themselves due to their advancing years. Any expectation that the change in admission standards would not affect enrollment was short-lived. The increase in numbers as well as the aging population created needs not only for more living space, but also for additional attention to medical care. Even before the change in admission policy, the Board of Managers had recognized that the aging population would increasingly require more hospital services. By 1886, the Board noted that all of the system's hospitals were overcrowded.³⁶

Perhaps anticipating just such an outcome, Congress called for the establishment of a Western Branch of the NHDVS in the legislation expanding the admissions standards and suggested the Board of Managers also consider the creation of a Pacific Branch in California. Construction of the home and the associated cemetery for the Western Branch began in 1885.³⁷ The Pacific branch opened in Los Angeles in 1888 and within the year held a hospital, barracks, mess hall and a cemetery.³⁸ The increasing numbers of veterans eligible for admission prompted the Board of Managers to construct two new NHDVS branches in the last decades of the nineteenth century. In 1888, Congress appropriated \$200,000 for a new facility in Marion, Indiana and \$150,000 in 1897 for the establishment of a branch in Danville, Illinois.

Throughout this period of growth, the Board of Managers continued to emphasize the institution as a benefit the veterans had earned. In 1890, for example, the Board issued a statement to notify veterans of the benefits of the NHDVS Branches. In part, it read: "the Home is neither an [sic] hospital nor alms-house, but a home, where subsistence, quarters, clothing, religious instruction, employment when possible, and amusements are provided by the Government of the United States. The provision is not a charity, but is a reward to the brave and deserving."³⁹ By viewing membership in the National Home as a reward rather than as an act of charity, veterans avoided the stigma of pauperism and helplessness, thus fulfilling one of the major goals of the Board of Managers.

During the late 1800s the NHDVS, established to aid Union veterans, became an important component of development in many of the areas in which its board located branches. Communities always recognized the value of a NHDVS branch nearby, but after the expansion of membership requirements in 1884 prompted NHDVS growth, the benefits to localities

³⁵ *Annual Report 1877*, 9-11, 55, 68, 95, 113, 124, 129.

³⁶ Cetina, 167-171, 181, 287-88, 312-313; Kelly, 128; House, *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers, for the Year ending June 30, 1884*, 48th Cong, 2nd sess., H. Misc. Doc. 24, 2-3 (hereafter cited as *Annual Report 1884*); Weber and Schmeckebier, 76.

³⁷ Cetina, 181-185.

³⁸ "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," April 19, 1887, 127, Department of Veterans Affairs Central Library, Washington, D. C. (hereafter cited as DVACL); Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 10, 1887, 154-167, DVACL.

³⁹ "Proceedings of the Board of Managers, National Home for Disabled Volunteer Soldiers," September 24, 1890, n.p., DVACL.

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became even more obvious and welcomed. Beyond the obvious economic advantages such facilities offered, the amenities that the branches of the National Home provided to members also enriched the lives of local citizens. Home bands were instituted in each branch and by 1915 the bands included a total of 165 professional musicians, two of whom were home members and the remainder civilians. Local citizens enjoyed listening to the regular band concerts as well as picnicking and strolling on the well-kept grounds of the branches, boating or fishing on the lakes, and attending concerts and theatrical productions at the theaters.⁴⁰ The National Home facilities in effect became public parks and entertainment complexes for the communities near which they were located.

Towns and cities near branches also enjoyed the fruits of tourism as a result of the NHDVS presence. According to historian John F. Sears, institutions like prisons and insane asylums became tourist attractions during the early nineteenth century, in part because of an interest in social reform but also because of their appearances. These facilities boasted grand buildings located on prominent sites and surrounded by well-kept grounds. Their landscapes represented the social conscience of the country and its emerging prosperity as well as oases of peace and tranquility in a society rapidly becoming urbanized. Citizens in this era were aware of the tourism potential and eager to capitalize upon it, and the NHDVS branches were powerful magnets for the visitors. In the 1890s, after a narrow-gauge railroad and a trolley car reached the Eastern Branch, it became popular among visitors and offered a zoo and a hotel for tourists' enjoyment.⁴¹ In addition to providing homes and care to veterans, the NHDVS system entertained hundreds of thousands of Americans and impressed upon them the link between the federal government and the care and protection of disabled veterans.

As the nineteenth century closed, the Board of Managers could look at a successful record. Since 1866, the group had established eight branches of the NHDVS, building six of them from the ground up; heightened the public visibility of the institution by developing complexes that featured imposing architecture and elaborate grounds; and opened the system to larger numbers of veterans by recommending broadened admittance standards. By 1900, the NHDVS had served more than a hundred thousand veterans and had expended more than fifty million dollars in the process.⁴² The next two decades would see further expansion and new challenges as the existing population aged and was augmented by veterans from new wars with new medical needs. Consequently, medical care, rather than social support or residential services, became the primary concerns of the Board of Managers and administrators of the institution.

Phase Four: New Challenges for the NHDVS 1900-1917

During the 1880s and 1890s, the NHDVS Board of Managers concentrated on maintaining, expanding, and establishing facilities serving primarily Civil War veterans who were growing older. With United States military involvement in Cuba and the Philippines and further expansion of NHDVS membership requirements, the system was called upon to absorb new categories of ex-soldiers, both regular and volunteer, as well as young veterans with diseases and conditions that called for special attention. As a result, two new branches with particular emphasis on medical care were created and some existing branches shifted in function.

In 1898, the United States went to war with Spain, primarily as a means to intervene in the struggle between that country and its colony, Cuba. The action in the Philippines descended into guerilla warfare between the U.S. and Philippine nationalists that lasted until 1903; more than four thousand U.S. troops were killed and nearly three thousand wounded.⁴³ In 1900, Congress expanded NHDVS admission to Spanish-American War veterans as well as to all honorably discharged officers, soldiers, or sailors, regular or volunteer, who had served in any war, who were disabled by "disease, wounds, or

⁴⁰ *Inspection Report 1916*, 15.

⁴¹ John F. Sears, *Sacred Places: American Tourist Attractions in the Nineteenth Century* (New York: Oxford University Press, 1989): 87-99; Everett Chasen and James Simpson, "Care for Veterans: Civil War Legacy Lives on at Togus," *Vanguard* (U. S. Department of Veterans Affairs), September/October 1991, 7; Kelly, 183-191, discusses the NDVHS branches as tourist attractions and components of local social life.

⁴² Kelly, 130.

⁴³ Nell Irvin Painter, *Standing at Armageddon: The United States, 1877-1919* (New York: W. W. Norton and Company, 1987): 144-155 discusses the Spanish-American War and the Philippine Insurrection.

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otherwise," and who could not support themselves because of their disability.⁴⁴ Thus, the law expanded admission to a wider range of men.⁴⁵

In addition to adding new disabled veterans to the NHDVS system, the Spanish-American War also produced new health problems. Many men returning from that conflict and from the Philippine action suffered from tuberculosis or yellow fever, and even leprosy presented a risk. Tuberculosis, however, was the most serious threat posed in the early twentieth century. Although tuberculosis had been relatively common among veterans before the turn of the century, incidences of the disease increased as men returned from war. In addition, efforts by the medical community and Progressive reformers to educate the public about the disease led to new awareness of its dangers. In general, the public believed tuberculosis sufferers needed to be isolated for treatment, and the NHDVS provided such isolation for disabled veterans who suffered from the disease. In 1908, NHDVS facilities treated more than five hundred men with tuberculosis, a nearly 25 percent increase from the previous year.⁴⁶

The new medical demands as well as political considerations led the NHDVS Board of Managers to create two new facilities between 1900 and 1910. In 1904, the Board stated that the newly created Mountain Branch in Tennessee was particularly suited to serve Spanish-American War veterans and veterans of wars to come.⁴⁷ Battle Mountain Sanitarium, located in the Black Hills of South Dakota, was the only NHDVS branch developed as a medical rather than a residential facility and represented the NHDVS emphasis on development of medical care after 1900. After the establishment of this facility, the Board of Managers directed that members of the Eastern, Southern, and Central branches who were suffering from tuberculosis were to be sent to the Mountain Branch and those in the Marion, Danville, Northwestern, and Western branches would go to Battle Mountain. The Board decreed that tubercular men who refused transfer to one of these facilities could be discharged from the NHDVS altogether.⁴⁸

Despite the new pool of eligible men, the population of the NHDVS began to decrease after 1906 as elderly veterans died, falling from a membership of more than twenty-one thousand to less than nineteen thousand in 1912. This change occurred even as Congress continued to expand standards to allow more veterans access to NHDVS care. In 1908, that body extended admission to disabled regular or volunteer members of the military, honorably discharged, who had fought in any of the country's Indian campaigns and were disabled by age, disease, or any other cause. Membership in the branches continued to decrease, however. The loss in population was so marked that in 1916 an NHDVS inspector noted that the same number of men were living in ten homes as had occupied seven branches in 1895, and suggested the Northwestern Branch be closed.⁴⁹

After nearly fifty years of existence, the NHDVS was a stable institution providing benefits including specialized medical care to a relatively satisfied population of disabled veterans, a population that was slowly declining. Soon, however, the Board of Managers would face another influx of war veterans and a new set of medical demands. World War I exerted a dramatic impact on the facilities of the NHDVS and gave rise to new complexities in the provision of veterans' benefits.

Phase Five: NHDVS Era of Change, 1918-1930

This section includes text from the 2011 United States Second Generation Veterans Hospitals Multiple Property nomination.

Development of veterans' benefits during the World War I years dramatically affected the operations and the future of the NHDVS. After veterans were granted wide-ranging medical benefits, expansion of public medical services included

⁴⁴Language of the act pertaining to NHDVS admission is quoted in Weber and Schmeckebier, 77.

⁴⁵Cetina, 353-356; Weber and Schmeckebier, 77.

⁴⁶Cetina, 361-365; Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: The Johns Hopkins University Press), 1994): 189-193, 211-218.

⁴⁷Cetina, 357.

⁴⁸Cetina, 364-367.

⁴⁹Cetina, 371-373; Weber and Schmeckebier, 72.

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NHDVS facilities, and the Board of Managers began to lose the control that body had exerted since 1866. By the end of the period, the board was dissolved completely and the NHDVS system became part of a much larger bureaucracy.

Before World War I, the Bureau of Pensions and the NHDVS comprised the federal entities that served disabled veterans. As World War I loomed, the government put new programs into place. In 1914, Congress created the Bureau of Risk Insurance under the War Risk Insurance Act. Initially, the insurance covered ships and cargoes, but in 1917, under an amendment to the War Risk Insurance Act, Congress established vocational rehabilitation and medical care benefits for men with service-related disabilities and created a low-cost insurance system to protect dependents and totally disabled servicemen. Thus, the War Risk Insurance Act, intended in part to replace the pension system that had expanded so dramatically after 1890, resulted in a new federal bureaucracy and expansive benefits for World War I veterans. Responsibility for administration of these programs was divided among the Public Health Service, the Bureau of War Risk Insurance, and the Federal Board for Vocational Education. The fragmentation of functions eventually led to inefficient responses to veterans' needs.⁵⁰

The United States entered World War I in the spring of 1917. Before the war ended, about four million men had been drafted into military service, and half of them were sent overseas. By early 1919, injured and ill soldiers were returning from Europe in numbers averaging more than twenty-three thousand per month.⁵¹ The medical challenges confronting federal planners for veterans healthcare was immense. Improvements and innovations of military hardware led to new types of wounds and injuries unimagined in the past, including victims suffering from gas attacks, psychological illnesses, shrapnel, chemical burns, bullet wounds, and wounds caused by shelling from heavy artillery and aerial bombing. These casualties presented a dramatic shift from the types of wounds treated by United States medical personnel in the Civil War and represent the basis of change in medical treatment necessitated after World War I from that offered previously by the NHDVS. As the federal government prepared for and responded to the needs of these men, the NHDVS system experienced sweeping changes.

The impact of World War I and the benefits granted under the War Risk Insurance Act created a demand for additional facilities. Initially, Public Health Service hospitals and contracted hospitals were used to provide the expanded medical services, but these resources proved inadequate. In 1919, Congress authorized the Secretary of the Treasury to establish additional facilities and appropriated more than nine million dollars for that purpose; subsequent legislation provided for further growth. In 1921, Congress passed legislation giving the Secretary of the Treasury the discretion to allot funds to the NHDVS Board of Managers for use in improving their facilities.⁵²

The government's support for use and expansion of existing facilities helped the NHDVS system contribute to the care of a new group of veterans disabled by modern warfare. The Southern Branch was transferred to the War Department in 1918 to serve as a military hospital. Men in residence there were sent to other branches until 1920, when the branch was returned to NHDVS and its members reinstated at Hampton. Hospital beds at Battle Mountain Sanitarium not needed to serve NHDVS members were put at the disposal of the Public Health Service in 1919. In the early 1920s, the Marion Branch was converted to a neuropsychiatric unit with a new, one-thousand bed hospital, a special facility for psychiatric patients with tuberculosis, and auxiliary buildings. The Mountain Branch became a tuberculosis hospital, containing treatment facilities for non-ambulatory and semi-ambulatory patients and a separate annex for African-American veterans suffering from the disease. Thus, two of the branches which had been primarily residential units became primarily hospitals, joining the Battle Mountain Sanitarium in that status. At the Central Branch, five barracks were transformed into hospital units and the existing hospital and tuberculosis facilities were improved. At the Northwestern and Pacific

⁵⁰ *U.S. Statutes at Large* 38 (1914): 711-712; *U. S. Statutes at Large* 40 (1919): 1302-1303; Kelly, 29, 100; President's Commission on Veterans' Pensions, *The Historical Development of Veterans Benefits in the United States* (Washington, D. C.: Government Printing Office, 1956): 42-43; House, Committee on Military Affairs, *Medical Care of Veterans*, 90th Cong. 1st sess., 1967-1968, House Committee Print 4, 143; Cetina, 384-385; *Report of the Consultants on Hospitalization appointed by the Secretary of the Treasury To Provide Additional Hospital Facilities Under Public Act 385 (approved March 4, 1921)*. (Washington, D. C.: Government Printing Office, 1923): 1; DVA, *The Veterans Benefits Administration*, 10.

⁵¹ DVA, *The Veterans Benefits Administration*, 16.

⁵² Cetina, 383; Weber and Schmeckebier, 278-280 and 318-330 discusses the organization of services. *Report of the Consultants on Hospitalization*, 1-4, 24-26.

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Branches, original hospitals were modernized and new tuberculosis facilities constructed. The increasing numbers of young veterans being served in NHDVS hospitals led to improvements in buildings, modernization of equipment, expansion of occupational therapy programs, and increases in staff. By 1923 the system held a total of 10,774 domiciliary beds, 3381 general hospital beds, 2664 tuberculosis beds, and 1554 neuropsychiatric beds, and all branches except the Pacific had room for additional residents and patients.⁵³

World War I dramatically changed the make-up of the NHDVS population. Of 5982 new members accepted during the 1923 fiscal year; 692 were Civil War and Indian campaign veterans, 927 were Spanish-American War and Philippine campaign veterans, and 4363—nearly 73 percent--were veterans of the recent world war. At the end of the nineteenth century, the NHDVS had been serving primarily aging or elderly men; now, young men with medical or psychiatric problems made up the bulk of its residents and patients. By 1926, NHDVS officials were particularly concerned with the demands created by the need for psychiatric care.⁵⁴

The construction and improvement of facilities following World War I were part of a concerted effort by the federal government to improve veterans' healthcare and shift the primary mission to rehabilitation. Whereas the eleven branches of the NHDVS operated as long term domiciliary and hospital facilities for volunteer Union veterans of the Civil War, the post-World War I mission was the rapid rehabilitation, healing and return of veterans to their productive civilian lives through modern medical facilities, therapies, medicines and surgical techniques. A significant example of this change occurred with occupational and recreational therapy. These therapies were important components in the recovery of disabled veterans, especially patients of tuberculosis and neuropsychiatric hospitals. The majority of the rehabilitation therapy took the form of vocational training and work programs on the hospital campuses. Vocational training could take many forms, including working in shops on the hospital's grounds or classes that included typing, bookkeeping and stenography, among other activities. Occupational therapy also included work on the campus grounds, including working in the greenhouse, painting, grounds keeping and minor repairs. Farming was also considered therapeutic, since many of the patients lived in rural areas, and raising crops, gardens, and livestock was viewed as a possible vocation or secondary form of income for the patient.

The federal effort to aid World War I veterans led to improvements at the NHDVS branches but also began to affect how those benefits were offered. A committee appointed to study the care of federal soldiers concluded the government was failing in its responsibilities to veterans, mainly because of a lack of coordination between independent entities. In an effort to mesh these functions and avoid duplication, Congress established the Veterans Bureau in 1921 to administrate the laws pertaining to World War I veterans. The Veterans Bureau replaced the Bureau of Risk Insurance and took administrative authority of vocational education under the Vocational Rehabilitation Act.⁵⁵

The NHDVS continued to provide residences and medical care for significant numbers of veterans throughout the decade and on May 1, 1929, expanded to eleven facilities when the Board of Managers acquired a ten-year lease on the New York State Soldiers' Home at Bath, New York. The total membership of the NHDVS had increased 10 per cent in one year and the Central, Southern and Mountain branches, which served the populous eastern section of the country, were filled to capacity.⁵⁶ The NHDVS system was performing an important function in providing federal benefits to veterans. In 1930, however, changes in the administration of veterans' benefits would officially dissolve the NHDVS and transform the way its programs were administered.

⁵³ Cetina, 374-380; Hull and Jeffery, 8/13; James A. Mattison to General George H. Wood, November 24, 1922, copy included in "Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1922," DVACL (hereafter cited as "Annual Report 1922"); "Annual Report of the Board of Managers for of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1923, Part I," DVACL (hereafter cited as "Annual Report 1923"); The Bureau of War Risk Insurance reimbursed the NHDVS for care for patients served at their facilities. Weber and Schmeckebier, 79.

⁵⁴ "Annual Report 1923," 6-7; "Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ended June 30, 1926, Part I," n.p., Veterans Administration Central Library, Washington, D. C. (hereafter cited as "Annual Report 1926");

⁵⁵ Cetina, 381-382; *U. S. Statutes at Large* 40 (1919): 1303.

⁵⁶ House, *National Home for Disabled Volunteer Soldiers Report of Board of Managers for the Fiscal Year ending June 30, 1929*, 71st Cong, 2d sess., 1930, H. Doc. 203, p.v; *Annual Report 1930*, 202; House, 70th Cong., 2d sess., H. Rept. 1945, 1.

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The change was presaged not only by the creation of the Veterans Bureau in an attempt to consolidate veterans' benefits functions, but by internal examination of the NHDVS. The duplication of hospitalization and residential services by the NHDVS and the Veterans Bureau led Congress to recommend that the NHDVS, a corporation described as a "federal instrumentality" serving as a trustee for the United States, be dissolved, its Board of Managers discontinued, and its property turned over to the United States.⁵⁷ Subsequently, President Herbert Hoover issued Executive Order 5398 on July 21, 1930, bringing the Veterans Bureau, the Bureau of Pensions, and the National Home for Disabled Volunteer Soldiers together into a new entity, the Veterans Administration (VA).⁵⁸

The former NHDVS headquarters was moved from the Central Branch at Dayton, Ohio, to Washington, D. C., where the functions of the NHDVS, including inspection and supervision of payments to state homes and administration of medical and domiciliary services, were absorbed by the new VA. The medical and domiciliary operations became the responsibility of the Office of Assistant Administrator in Charge of Medical and Domiciliary Care, Construction, and Supplies, and development of domiciliary units during the 1930s was carried out under this office. Treasury Department architects who had been working for the Veterans Bureau were transferred to the VA and the use of standardized building designs for medical facilities became increasingly common.⁵⁹

For more than sixty years, the NHDVS Board of Managers had controlled the administration of the institution with minimal oversight from Congress. This administrative model had resulted in a system of branches created and maintained to care for disabled veterans. Despite this unity of purpose, each branch was different in setting, in architecture, and in local governance. After the onset of World War I, the strong NHDVS identity began to weaken as other federal programs utilized and supported the institution's functions. With the establishment of the VA, the NHDVS ceased being an independent entity and its functions became the responsibility of a large, growing bureaucracy for whom standardization was an important tool for efficiency and cost effectiveness.⁶⁰

Between 1866 and 1930, the NHDVS medical and residential services were expanded and made available to an ever-broadening base of veterans. The institution created instituted to provide for volunteer Union veterans who had been disabled by their service became a system that provided medical, psychiatric, and geriatric care to veterans of multiple wars. Individual veterans and veterans' organizations recognized the significance of these benefits both as a means of direct assistance to veterans and as an acknowledgement of their service to their country. Through the growth of its services and its facilities, the NHDVS influenced the development of the present wide-ranging system of veterans' benefits in the United States, particularly its medical system.⁶¹

History of the Modernization of Veteran Care, 1930-1960

This history, prepared by the National Park Service, Midwest Division, details the development of the VA from 1930 to 1960 and was developed as part of the NHL nomination for the Dayton Veterans Administration Center, prepared in 2009. Additional material from the United States Second Generation Veterans Hospitals Multiple Property nomination (2011) has been included as well. Both have been modified for the purposes of this nomination.

Following the establishment of the VA in 1930, President Hoover appointed Brigadier General Frank T. Hines, previously the Director of the Veterans Bureau, as Director of the VA. One year after the formation of the VA, Hines implemented a new organizational structure of veteran benefits with its headquarters in Washington, D.C. He divided the responsibilities of the Veterans Administration into five major offices: Office of the Executive Assistant to the Administrator of Veteran Affairs; Office of the Assistant Administrator of Medical and Domiciliary Care, Construction, and Supplies; Office of the

⁵⁷ Ibid., 381-383; House, *Consolidation of Veterans Activities*, 71st Cong., 2d sess., 1930, H. Rept. 951, 2-3; *U. S. Statutes at Large* 46 (1930): 1016.

⁵⁸ House, *Consolidation*, 2-3; DVA, *The Veterans' Benefits Administration*, 25-26; Weber and Schmeckebier, 1.

⁵⁹ Cetina, 383; Weber and Schmeckebier, 278-280 and 318-330 discusses the organization of services.

⁶⁰ House, *Consolidation*, 2-3.

⁶¹ Kelly, 82.

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Assistant Administrator of Pensions and Compensation; Office of Assistant Administrator of Finance and Insurance; and Office of Special Counsel on Insurance Claims.⁶²

The Assistant Administrator of Medical and Domiciliary Care, Construction and Supplies incorporated Veterans Bureau Hospitals and the NHDVS campuses. The Assistant Administrator managed four branches: the Medical and Hospital Service, National Homes Service, Construction Service, and the Supply Service. A Medical Director was appointed to the Medical and Hospital Service, responsible for all matters relating to the medical and dental care, treatment, hospitalization, physical examination, and out-patient relief at all VA facilities that treated beneficiaries and claimants under the laws administered by the VA. Throughout the following years the VA standardized all forms of treatment that was delivered to veterans and were advised by the Medical Consultant Council.⁶³

The National Homes Service assumed control and supervision of nine of the former NHDVS properties. Under the new VA, it was divided into three divisions: the Office of the Director, the Administrative Division, and the Admissions and Operation Division. Each Home possessed facilities for domiciliary care, medical and surgical treatment, religious worship, and recreation and entertainment of the beneficiaries. Most of the former NHDVS campuses retained their multifaceted service for veterans focused on domiciliary, medical, and rehabilitative care while increasingly emphasizing the modernization of medical treatment and associated physical facilities. The deepening of the Great Depression exacerbated veterans needs and contributed to ongoing construction programs for the old NHDVS facilities as part of the economic recovery programs. In the first fifteen years of the VA, the administrators transformed the campuses of the homes in a way that focused on the medical and rehabilitative needs of a changing veterans' population while maintaining the community atmosphere of the original NHDVS.⁶⁴

The creation of the VA coincided with a time of great economic deprivation. The Great Depression exacerbated the economic problems of the entire country as well as many World War I veterans. As a result, the increased need to serve veterans and expand the VA construction program became the emphasis of Hines' administration.⁶⁵ To accommodate the increasing needs of these veterans, the VA began receiving appropriations from Congress and the Public Works Administration (PWA), a federal recovery agency that Roosevelt created in response to the widespread unemployment throughout the nation, to continue the development and modernization of its facilities.⁶⁶

In order to accommodate for the growing number of veterans, Hines also incorporated building programs that emphasized the construction of new hospitals and homes and additions to and modernization of older VA facilities.⁶⁷ He initially requested \$19,275,000 from President Hoover in 1930 for the first building program.⁶⁸ In 1931 the development of additional domiciliary facilities at National Homes was approved: St. Petersburg, Florida, later known as Bay Pines (opened in 1933 as part of a combined facility); Biloxi, Mississippi (opened as a VA home in 1933); and Roseburg, Oregon (originally constructed in 1894 as a state home, acquired and opened as a VA home in 1933); Tuskegee, Alabama (opened as a Veterans Bureau hospital 1923, expanded with a VA domiciliary facility in 1933, converted back to hospital unit in 1934). These facilities essentially symbolized a modern, updated NHDVS campus and provided a combination of general medical and domiciliary care.⁶⁹

After their consolidation into the VA, the other ten NHDVS campuses were referred to as Veterans Administration

⁶²Weber and Schmeckebier, 306-339 (provides a thorough discussion of how the offices relate, overall organization, who reported to who, etc.); *VA Annual Report 1931*, 1-4.

⁶³Weber and Schmeckebier, 318.

⁶⁴Weber and Schmeckebier, 349.

⁶⁵House Subcommittee on Hospitals of the Committee on World War Veterans' Legislation, *Hospital Building Program*. 71st Congress, 2nd and 3rd sessions, 1931, 1-3.

⁶⁶Joint Congressional Committee on Veterans Affairs, *Veterans Affairs: Pursuant to Title VII, Public Law 212, Approved June 20, 1932*, 72nd congress, 2nd session, 1932, 729-745; *Medical Care of Veterans*, 154.

⁶⁷*Medical Care of Veterans*, 146, 149; *Annual Report of the Administrator of Veterans' Affairs, 1931*, 3.

⁶⁸"Hines Plans Hospitals", *New York Times*, December 18, 1931.

⁶⁹*VA Annual Report 1931*, 28; Weber and Schmeckebier, 349,350-351, 361-362.

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National Homes. Eventually though, because of their dual functions, VA National Homes were supervised by both the National Homes Service and the Medical and Hospital Service. To ensure the standardized treatment of patients in VA hospitals and homes, the Medical and Hospital Service oversaw operations of hospital care in the homes. In order to preserve elements of the NHDVS, Hines retained Colonel W. Wadsworth, former President of the Board of Managers and Governor of the NHDVS campuses until July 1, 1931, as the Director of the National Home Service.⁷⁰

Patients at VA facilities with non-service connected ailments increased after 1934 and the VA focused on construction programs to meet the needs of those beneficiaries. The VA building program intensified after 1936 in response to global tensions in Europe and Asia. General Frank Hines advocated for adequate national defense and he further argued that future building programs were essential for the VA to adequately defend the nation. Hines now defined the VA as a defense agency and stepped up construction in preparation for a possible war. Construction funds from recovery programs more than quadrupled; from \$3,041,650 in 1933 (the National Recovery Act) to \$13,268,200 in 1938 (the Public Works Appropriations Act). By the end of the fiscal year 1940, the VA had 86 available facilities with 59,637 available hospital beds, and 18,497 domiciliary beds.⁷¹

The Federal Board of Hospitalization prepared a comprehensive study on the present and future institutional needs of the VA in 1940. They concluded that in order to provide for the growing number of veterans, the VA would have to increase their bed capacity by 100,000. This plan was approved by President Roosevelt on May 8, 1940, but was never implemented because of the U.S. involvement in WWII. Throughout the duration of WWII, the VA limited creation of new facilities and the modernization of existing facilities. Between 1930, the establishment of the VA, and 1945, when Hines resigned as Director of the VA, Hines' construction programs increased the number of VA hospitals and homes from 54 to 97 and total bed capacity rose from 45,571 to 95,211.⁷²

Congress and President Roosevelt recognized the need to focus on the broader issue of preparing veterans for civilian life rather than traditional veterans benefits. In 1943, Roosevelt signed Public Law 16, the Vocational Rehabilitation Act, which provided rehabilitation and training for veterans who were unable to return to their former occupations. The most significant legislation passed was the Servicemen's Readjustment Act of June 22, 1944, popularly known as the G.I. Bill. It provided a comprehensive program that emphasized education and training benefits; loans for the purchase or construction of homes, farms, and business property; aid in the employment of veterans; and unemployment benefits in the form of monetary allowance. The VA also acquired five-hundred million dollars for the construction of new hospitals.⁷³ The VA, anticipating a massive increase in the demand for veterans care after the war, built several new hospitals and facilities despite the low federal priority of the VA. Because it proved to be very difficult to obtain necessary labor, supplies and materials during the war for new construction, the VA found it expedient to make use of existing facilities through remodeling and additions. Certain hospitals and VA Homes were converted to new hospitals with a different use. Examples include Excelsior Springs, Missouri, Fort Meade, South Dakota, Togus, Maine, (former Eastern Branch of NHDVS), Wadsworth, Kansas, (former Western branch of NHDVS), and Wood, Wisconsin (former Northwestern branch of NHDVS).⁷⁴

The need for existing and future neuropsychiatric care served as a significant basis for new construction and conversions of veterans facilities. In 1940, the VA was operating twenty-nine neuropsychiatric hospitals, including those at former NHDVS branches.⁷⁵ Approximately 58 percent of the patients under the care of the VA were being treated for psychiatric illnesses at the end of fiscal year 1940. The dramatic increase in neuropsychiatric patients following World War I

⁷⁰ *VA Annual Report 1931*, 3; *Medical Care of Veterans*, 145.

⁷¹ *VA Annual Report 1938*, 13; *VA Annual Report 1940*, 11.

⁷² *VA Annual Report 1940*, 11-13; *VA Annual Report 1945*, 3-5.

⁷³ Veterans Administration, *Annual Report of the Administrator of Veterans' Affairs* (Washington, D.C.: United States Government Printing Office 1944), 1 (Hereafter cited as *VA Annual Report 1944*).

⁷⁴ Gertrude Keough, *History and Heritage of the Veterans Administration Nursing Service, 1930-1980* (New York: National League for Nursing, 1981), 4-7; *Medical Care of Veterans*, 166-167, Appendix B: History of construction and acquisition of VA hospitals and domiciliaries.

⁷⁵ *VA Annual Report 1940*, 7, 120.

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prompted VA officials to recognize the potential for a new surge in patients as America entered World War II. VA correspondence in 1943 reveals the significant concerns of medical professionals related to neuropsychiatric care:

The situation, therefore, is one in which there exists a large foreseen demand for an increase in neuropsychiatric facilities and improvement neuropsychiatric services, plus an additional probable demand of unknown proportions. Without reflecting on what has been done, the question is raised as to whether this is enough, not only in terms of the number of beds provided, but also in terms of the kind and quality of services rendered, in order to more rapidly restore men to useful citizenship.⁷⁶

Despite the efforts of Congress and Hines to improve veterans' facilities, public criticism arose regarding shortcomings in veteran care. In order to provide evidence that the VA was providing the best care, Hines requested that Congress approve a formal investigation of the VA. The House of Representative approved an investigation of hospital treatment at VA facilities on March 19, 1945. This investigation provided evidence that mentally disabled veterans were being treated ineptly and inhumanely by inexperienced, short term personnel that took the positions of qualified professionals who joined the war effort abroad. Conclusions that were made in the report proved devastating for Hines and the VA.⁷⁷ To counter criticisms, Hines published two articles in May, 1945 where he summarized the history of veteran care as well as an overview of veterans' benefits at that time. He focused on vocational rehabilitation, social work, collaboration with other agencies, outpatient treatment, domiciliary care, eligibility, and expansion of facilities. Hines emphasized the importance of vocational rehabilitation reiterating that no man is rehabilitated until he has been placed in employment and is able to sustain himself. Clearly Hines was influenced by the initial objective of the NHDVS to rehabilitate soldiers to become working citizens and elements that he incorporated into the VA influenced an act pertinent to veteran relief, the Servicemen's Readjustment Act of 1944. Hines was fully confident that the VA was providing the best care for those veterans returning from war. Although Hines and his supporters attempted to reassure the public that the VA was providing the best care for veterans, the damage had been done and under pressure from the public, President Harry S Truman accepted the resignation of Frank T. Hines on June 7, 1945.⁷⁸

Omar Bradley and the Modern VA, 1945-1959

Nearly sixteen million men and women served in the armed forces during WWII. Hoping to adequately care for the growing number of veterans, modernize veteran care, restore the public's confidence in the VA, and prevent another depression, President Harry S Truman announced the appointment of General Omar Bradley as the new Administrator the same day he accepted Hines' resignation. While Truman replaced Hines, he subscribed to the former director's belief that it was imperative for the VA to focus on vocational rehabilitation and educational programs to help veterans successfully reenter society and the workforce. Bradley oversaw a transformation in veterans' health care that applied traditional aspects of veteran facilities and benefits to the circumstances of an advanced industrial nation. During Bradley's administration he reorganized the VA so that its functions became more decentralized, and he emphasized modernization of the vocational rehabilitation, education, pensions, and building programs.⁷⁹

Bradley succeeded in revitalizing the VA based largely on the advice of General Paul R. Hawley, a physician who had served as Chief Surgeon of the European Theater of Operations, and by following the recommendations of Bernard M. Baruch, a presidential adviser who had thoroughly studied the problems of veteran care. Hawley advocated for the

⁷⁶ RG 15 Records of the Department of Veterans Affairs. "Federal Board of Hospitalization Resolutions 1-130", Construction Subject Files, 1920-1959, Box 7, National Archives, Washington DC.

⁷⁷ Public papers of Harry S Truman and testimonies of the congressional investigation were cited in this information; *Medical Care of Veterans*, 173-177.

⁷⁸ *Medical Care of Veterans*, 173-174; Frank T. Hines. Medical Care Program of the Veterans Administration, *Annals of the American Academy of Political and Social Science*, v. 239 (May, 1945): 73-79; 93-100; *Medical Care of Veterans*, 175-176.

⁷⁹ *Medical Care of Veterans*, 184-190.

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recruitment of top notch doctors, affiliation with medical schools, medical research and medical education. Decrying the limitations of hiring qualified doctors through the U.S. Civil Service Commission, Hawley assumed a key role in the creation of VA's Department of Medicine and Surgery.⁸⁰

Hawley, with General Bradley's full support, introduced a new hiring system for medical professionals and, with the establishment of the VA Department of Medicine and Surgery, focused on modern medical standards rather than outmoded civil service standards. Prior to WWII the VA hired doctors through the U.S. Civil Service. The low number of non-military VA doctors was insufficient to properly care for the existing hospital population. Instead, Hawley proposed the creation of a non-Civil Service VA Medical corps that would offer higher pay, retirement benefits, and premium pay for specialists. The VA Department of Medicine and Surgery was approved and within six months Hawley had recruited 4,000 full-time VA physicians, plus nurses, technicians and other paramedical personnel.⁸¹

Bernard Baruch conducted a study of returning veterans during WWII and advised General Bradley to create a new medical service, medical studies, psychiatric programs, hospital facilities and to increase doctor and nurse's salaries. A very influential recommendation of Baruch's report related to the location of new hospitals. Baruch believed VA hospitals should be located in close proximity to established medical schools and universities and teaching hospitals. Veterans' Bureau general medical hospitals had been situated based on centers of veteran population and available transportation facilities, tuberculosis hospitals were located as remotely as possible, away from urban centers, and neuropsychiatric hospitals also were typically located in more rural areas, surrounded with large acreage to provide for farming and other outdoor-related activities thought to possess positive therapeutic value.⁸²

With the post-war reorganization and modernization of the VA under Bradley, it was felt that situating new VA hospitals close to medical schools and centers in combination with the establishment of residency training programs would markedly improve the quality of medical care for veterans. In addition, Baruch's report argued for the creation of a new medical service to be staffed by competent doctors and nurses who were paid according to their performance and not their seniority. After reading the proposal, Bradley admitted that many of the conclusions he had made closely paralleled the recommendations in the Baruch report.⁸³

General Bradley quickly realized the centralized operation of the vast VA was cumbersome and unable to adequately respond to a veteran population that had swelled to 17 million in 1946. By the end of WWII, the agency operated 97 facilities in 45 states and with 65,000 employees was the largest stand alone agency in the federal government. Most operational issues from the existing VA facilities, such as applications and petitions, went through the central Washington, D.C. office. When Bradley arrived at the headquarters, the staff received 75,000 pieces of mail a day. These included letters from veterans or their dependents and complaints of VA medical care.⁸⁴

One of Bradley's first actions was to decentralize the VA. He created thirteen regional offices in order to relieve the congestion at the central office. Each branch was administered by a Deputy Administrator who had full responsibility for VA operations and oversaw a number of facilities within its jurisdiction. Bradley also redefined the responsibilities of the central office. He turned the headquarters into a supervisory body geared to interpret the duties legislatively imposed, give direction to the administration of the programs, and provide technical supervision and sound management control to the operating units.⁸⁵

A measure of Bradley's success could be found in public response to his efforts. Albert Deutsch, who had criticized Hines and the VA for its lack of preparation for WWII, praised Bradley and Hawley for revolutionizing VA medicine and

⁸⁰ *Medical Care of Veterans*, 193-194, 206-209.

⁸¹ *VA Annual Report 1946*, 3; *VA Annual Report 1947*, 44.

⁸² *Medical Care of Veterans*, 180-181.

⁸³ *Medical Care of Veterans*, 194, 208, 218; Dr. Sanders Marble, *Rehabilitating the Wounded: Historical Perspective on Army Policy* (Office of Medical History, Office of the Surgeon General, 2008): 62.

⁸⁴ *VA Annual Report 1945*, 6; *VA Annual Report 1946*, 1.

⁸⁵ *Medical Care for Veterans*, 195; *VA Annual Report 1946*, 2.

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infusing the whole hospital program with a spirit of modern, scientific medicine.⁸⁶ Another journalist stated that within two years Bradley had successfully transformed the VA from a national scandal to a model establishment. Although the VA was not modernized overnight, Bradley believed that the agency would continue to improve and provide adequate care for all veterans. Bradley and Hawley both submitted their resignations from the VA in December of 1947.⁸⁷

In the next decade, VA administrators continued to reorganize the agency, to modernize its health care system, and to advance studies in medical research. Following Bradley's resignation, Truman appointed General Carl R. Gray VA Administrator in December 1947. The following month Gray appointed Dr. Paul B. Magnuson as the Chief Medical Director. Gray focused on cutting costs while maintaining modern health care for veterans. At the beginning of Gray's administration, the VA served 18.8 million veterans, housed 14,000 domiciliary patients, and operated 123 hospitals with a 101,300 beds. Under the Gray administration, a program for hospital expansion would result in the construction of 90 additional hospitals with 152,000 beds, but Magnuson doubted all these hospitals could be adequately staffed. After a briefing before Congress and also with President Truman, 24 hospital projects and 16,000 beds were eliminated from the construction program that had commenced under Bradley's administration.⁸⁸

Gray had not foreseen increased needs as a result of the Korean Conflict in 1950 and approximately 6,800,000 soldiers were deployed to South Korea. Initially, Korea veterans did not receive the same benefits as those veterans who served in WWII, and it was not until Public Law 28 was passed on May 9, 1951 that they began receiving hospitalization for non-service connected disabilities and many of the other benefits of the G.I. Bill.

President Eisenhower named Harvey V. Higley as successor to Administrator Gray in July 1953. Higley added a focus on medical and scientific research to the VA when he replaced Admiral Boone with Dr. William S. Middleton as Chief Medical Director in February 1955. At the VA, he strongly emphasized scientific and medical research to improve diagnostic procedures and treatment methods and encouraged education and training opportunities to enhance professional competence. He created the Advisory Committee on Research and the Advisory Committee on the Problems of the Aging. The medical research emphasis attracted notable doctors to study with the VA and increased collaboration with medical schools.

In 1957 Middleton identified 3,644 ongoing research projects that would increase to 7,000 projects by the time he retired in 1963. Under Middleton's leadership Congressional appropriations for research grew from \$6,368,800 in 1955 to \$30,500,000 in 1963. As a result of Middleton's emphasis on research and education, the VA became involved with several national studies such as research on the relationship of bronchogenic cancer and smoking. Other studies included problems of aging, cardiovascular, and pulmonary diseases, neuropsychiatry, general medicine, radioisotope, and dental care. Advancements in research also lead to modernization of VA facilities. A study was conducted in 1957 to define hospital requirements for the purpose of developing models for 500- and 800-bed general medical and surgical hospitals. These studies eventually led to the twelve year, nine million dollar construction program for the development of new modern VA hospitals. Middleton left a significant legacy on the modernization of the VA and the earlier mandate from Congress for a complete medical and hospital service through the VA was upgraded under Middleton's tenure by the insertion of the words including medical research.⁸⁹

History of the Eastern Branch National Home for Disabled Volunteer Soldiers, 1866-1930 and the Togus VA Medical Center, 1930-1960

Establishment and Initial Development of the Eastern Branch

Established as the first national soldiers home in November 1866, the Eastern Branch at Chelsea, Maine represented the federal government's first attempt to care for large numbers of disabled Union soldiers following the Civil War. Eager to

⁸⁶ *Medical Care of Veterans*, 220.

⁸⁷ *Ibid.*

⁸⁸ *Medical Care of Veterans*, 224.

⁸⁹ *Medical Care of Veterans*, 260-268; *VA Annual Report 1957*, 1-3, 5, 28.

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demonstrate the federal commitment to volunteer soldiers and establish three regional branches, the newly formed NHDVS Board of Managers initiated site selection efforts in May 1866. The selection of Togus, Maine, a former summer resort located five miles from the city of Augusta, as the first national home, occurred due to the board's intent to establish a branch as quickly as possible. The site's existing infrastructure and rural location emerged as critical factors in the board's selection. As a result, the Eastern Branch's existing infrastructure defined the site's early development, making it unique among the three initial branches established by the NHDVS. Instead of designing an entire site as occurred at the Central and Northwestern branches, early planning efforts centered on adaptation of the existing buildings and landscape.

Meeting in May 1866 following months of inactivity, the NHDVS Board established as its primary goal the selection of three national homes to serve the nation's disabled volunteer soldiers. Mindful of the NHDVS Board's lack of progress following passage of national home legislation, newly appointed President Benjamin F. Butler pushed the board to establish a national home as soon as possible. Butler's role proved vital in the selection of the Togus site. The availability of the complex in rural Maine was well known to Butler by 1866, who suggested the site at the May board meeting.

Long known for the presence of mineral springs, the Togus area attracted tourists interested in the springs as early as the 1840s. John Hayward's 1854 edition of the *Gazetteer of the United States of America* references the popularity of the site:

About 4 miles from the village, and on the E. side of the river, is the "Togus Mineral Springs," which, within a few years past, has become much frequented by invalids and others seeking health, or amusement and relaxation. The waters, which are impregnated with sulphur, have been found very efficacious. A spacious house of entertainment has been erected near the spring, which is often thronged in the summer months.⁹⁰

In 1858, Horace Beals, a Rockland, Maine businessman, purchased approximately 1,100 acres of land surrounding the Togus springs, with the intent of establishing a center of healthful rejuvenation for interested tourists. Beginning in the summer of 1859, Beal hired workers to transform the site. After removing brush and large boulders, workers constructed roads and pathways, planted ornamental shade trees, and erected numerous buildings. Beal replaced the existing hotel (converted to a farmhouse) with a large 134 room hotel. In addition, the complex included bowling alleys, ice-houses, a racetrack and numerous outbuildings supporting the new resort. After spending upwards of \$200,000 on improvements, Beal intended the site to attract numerous wealthy visitors during summer seasons. Opening in 1860, the hotel attracted a large number of tourists during its inaugural season. However, the onset of war in April 1861 greatly reduced the desire for leisure activities among the wealthy and visitation dramatically declined. Shortly after the closing of the business in 1863, Beals passed away. Locals soon referred to the site as Beal's Folly.⁹¹

As a result, the existing infrastructure available at the Beal site proved especially appealing to Butler and the board. Butler assigned General Edward Hinks to investigate the viability of the Togus Spring property as the possible location of the Eastern Branch. In addition to the number of buildings, the site's rural setting proved appealing to Butler and the board. Located approximately five miles from the city of Augusta, the rural site embodied conventional institutional theories associated with Thomas Kirkbride, in particular the location of rehabilitative hospitals in rural areas away from urban temptations.

Arriving in Maine in August 1866, General Hinks examined the site and reported favorably to the NHDVS Board in early September. Convinced by Hinks' report, the board approved the purchase of the Togus Springs property for \$50,000, as well as \$5,500 for products of the farm and agricultural implements.⁹² In his 1879 history of the Eastern Branch, W.E.S. Whitman describes the site's advantages as seen by the NHDVS Board in 1866:

⁹⁰ John Hayward, *A Gazetteer of the United States of America: With the Governments and Literary and other Public Institutions of the Country; also its Mineral Springs, Waterfalls, Caves, Beaches, and other Fashionable Resorts; To Which are Added Valuable Statistical Tables*, 1854, 390.

⁹¹ W.E.S. Whitman, *History and Description of the Eastern Branch of the National Home for Disabled Volunteer Soldiers Near Augusta Maine, A Complete Guide for Visitors* (Augusta: Sprague, Owen and Nash, 1879), 5-6.

⁹² Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year ending; Cetina, 110.

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It is true that its isolation and difficulties of communication with the outside world on account of rough and hilly country roads were objectionable in a material point of view; but when was considered the great moral benefits to be derived from the remoteness of its location from populous centres, and the absolute quiet and freedom from the excitement and temptations of metropolitan life that could be enjoyed; the curative properties of the spring which were regarded as favorable for the health of the men; and moreover the adaptability of the hotel to the purpose required and its readiness for immediate occupancy, all objections to the purchase of the property were overcome.⁹³

The purchase allowed the board to quickly and cheaply establish the first national home. Thus, while later soldier homes locations were chosen based on political, economic and other considerations, expediency played a critical role in the selection of Togus for the Eastern Branch.

Having been appointed as Governor, or Branch Manager of the Eastern Branch on July 13, 1866, General Edward Hinks acted quickly to establish the necessary infrastructure following the purchase of the property in September. The newly established Eastern Branch encompassed 1,100 acres, the largest site chosen for any of the ten established national homes between 1866 and 1929. In addition to the existing hotel and ancillary buildings, the site included 300 acres of improved grassy areas, fifty acres of woodland, a fruit orchard encompassing five acres, with the remaining acreage comprised of open pasture. Initial development at Togus was shaped by two principal factors: the absence of overall NHDVS architectural and landscape guidelines and the existing architecture and landscape layout associated with the Beal property. Aside from the general NHDVS principles guiding site selection, such as locating homes in rural areas away from urban vices, no uniform architectural or landscape designs were provided to individual homes. Instead, each national home was designed as an individual unit with regional influences guiding their development. The Central and Northwestern Branches both began as rural properties with no infrastructure. As a result, careful planning defined the initial development at these sites. The presence of the Beal property buildings at Togus, however, eliminated the need for an overall site design. Instead, initial plans adapted the site for use as a national home for disabled veterans.

Hinks supervised enhancements to the hotel and other existing buildings, hiring day laborers to erect the necessary improvements to the site. The hotel was converted to serve multiple purposes, including barracks, officers' quarters, offices, hospital, library, kitchen and dining room. Shortly after construction ended, the Eastern Branch welcomed its first disabled soldier, James A. Nicerson of the 19th Massachusetts Volunteers, on November 10, 1866.⁹⁴ The event marked the beginning of the United State's stated goal to care for its veterans as well as laid the foundation for the eventual development of the Department of Veterans Affairs, the world's largest federal medical system.

To aid operations of the home, Governor Hinks appointed several key positions, including Colonel B.B. Breed as surgeon, Reverend John Long as chaplain, and Major Nathan Cutler as secretary. As envisioned by the NHDVS Board, the overall layout for the new soldiers' homes was that of a self-sustaining community. As a result, the improvements undertaken in 1867 included a detached brick hospital, a chapel, a dining room with dormitories and workshops as well as an attached kitchen and steam shop. In addition, a cemetery (West Cemetery) was established for burial of national home veterans. Bricks used in the construction of the buildings were made at a brick yard located on the farm. The new infrastructure doubled the capacity of the soldiers' home to 600 veterans.⁹⁵

Throughout 1867, 442 veterans were received into the Eastern Branch. Nevertheless, several setbacks delayed the home's normal operations following its establishment. On January 7, 1868, the 270 veterans located at the Eastern Branch experienced a fire that completely destroyed the main building. The brick hospital adjacent to the main building was converted temporarily into barracks to house some of the veterans, with the remaining men sent to Philadelphia and Newark. As the main hotel housed the majority of the home's functions, the NHDVS board approved plans to rebuild.

⁹³Whitman, *History and Description of the Eastern Branch*, 6.

⁹⁴1871 National Asylum Report Investigation, 40-41; Mary Warren, November 15, 1898.

⁹⁵1867 Annual Report, 2-3; Whitman, 6-7.

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Efforts to rebuild, however, were delayed due to difficulties in finding adequate leadership to oversee construction at Togus, as General Hinks had been reassigned to the Northwestern Branch in 1867. Nevertheless, the NHDVS board hired well known Boston architect Benjamin F. Dwight to prepare plans for the new buildings. Dwight incorporated the popular Second Empire style into four brick buildings, each measuring 50 by 100 feet. The mansard-roofed buildings were situated adjacent to each other and formed a quadrangle with a formal courtyard in the center. The buildings served the primary functions of the home: barracks, dining hall, administrative offices and amusement hall. The completion of the buildings in 1869 helped the campus return to its mission of housing and caring for disabled veterans. Following a visit by the NHDVS Board of Managers in July 1869, additional facilities including a new amusement hall, workshops and a residence for the Governor were approved.⁹⁶

Thus, despite the hurried selection of the site and the destruction of property during the establishment of Togus, subsequent development adhered to the central concepts developed by the NHDVS board. The large open land within the home's boundaries provided isolation from urban vice to better serve the moral and physical health of the veterans. In addition, the landscape was well-suited to the creation of a self-sufficient town, an important component defining the development of national homes. Throughout the NHDVS period at Togus, the physical landscape adapted to the growing needs of the home. New barracks, a hospital, amusement facilities, residences, agricultural outbuildings, as well as vocational buildings served to define the landscape during the national home's domiciliary period.

Member Enrollment during the Eastern Branch NHDVS Period

Throughout the NHDVS period, the Eastern Branch at Togus, as well as the other national homes, managed a fluctuating member enrollment. From 1866 to 1930, the member population expanded and contracted due to a myriad of factors, including changing admission standards, new wars, economic downturns and the increasing age of Civil War veterans. As domiciliary services were the primary purpose of the NHDVS, the issue of adequate space to house incoming veterans consistently challenged the NHDVS board. Eastern Branch managers faced similar challenges in planning for the development and expansion of barrack facilities and supporting infrastructure.

Civil War veterans made up the majority of enrollees at Togus during the nineteenth century and into the early twentieth century. A majority of veterans at Togus were from Massachusetts, New York and Maine, with the other northeastern states comprising the remaining numbers. With each passing decade, the advancing age of Civil War veterans forced branch managers to adapt to the older men's needs. Medical care increased in importance as did how barracks were designed and where they were located. Following 1898 and the conclusion of the Spanish-American War and the ongoing Philippine-American War, the Eastern Branch enrolled increasing numbers of younger veterans. These conflicts also introduced a higher incidence of disease related casualties, which challenged Togus managers in new ways. In Eastern Branch Governor S.H. Allen's annual report to the NHDVS in 1904, he referenced the changing demographics of the home, as Civil War veterans aged and younger veterans of the Spanish-American War began enrolling:

The average age of the members has increased from 63, as shown by my last report, to 65.66, a great many old men having been taken in this year. These are apparently men who have kept up the fight as long as possible, and have at last been compelled to seek the shelter and rest provided by a grateful nation. Excluding the 30 members who saw service in the Spanish war and the provisional army, the average age is 66.29. Five of the members are entitled to the care of the National Home by reason of their service in the Mexican and Indian wars, and their ages are respectively 75, 77, 78, 81, and 93 years, an average of 81 years. The ages of the Spanish war and provisional army members range from 25 to 57 years, and the average is 39 years.⁹⁷

By 1925, the number of Civil War veterans had declined to 373. Spanish-American war veterans numbering 643 comprised the largest number of servicemen at Togus, with World War I veterans totaling 369.⁹⁸

⁹⁶ 1867, 1868, 1869 Annual Reports

⁹⁷ 1904 Annual Report, 97-98.

⁹⁸ 1925 Annual Report, 3.

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Togus branch managers adapted domiciliary planning and construction according to the shifting numbers of enrollees each year. Similar to trends occurring at other national homes, the Eastern Branch was affected by the Panic of 1873, which brought increasing numbers of disabled veterans facing economic hardship to the home. In 1878, Eastern Branch Governor Tilton referred to the practice of interested members "living outside," which involved the erection of cottages on the Togus site where family members could live with members. In some cases, individual soldiers lived in the cottages by performing farming tasks for the campus and receiving rations. Though the practice did not continue throughout the NHDVS period, the allowance for such freedoms reveals the extent to which managers were open to accommodating veterans.⁹⁹

Changes in NHDVS admission policies, however, had the greatest impact on enrollment at Togus. In 1884, the NHDVS board changed admission standards to include all disabled veterans regardless of whether they were service-related injuries. As a result, new enrollees surged across the system, with the Eastern Branch seeing an increase of roughly 900 total men cared for in 1884. As a result, new barracks were erected in 1886 and again in 1889 to meet the increased demand for housing.¹⁰⁰ Member enrollment at Togus continued to increase reaching its peak in 1904 at a total of 2,187 soldiers. The number of veterans at the Eastern Branch steadily decreased following 1904, reaching 857 soldiers in 1930.¹⁰¹

Vocational Training and Daily Labor at the Eastern Branch

A key element of the NHDVS program was providing disabled soldiers with new skills, enabling some to return to society and support themselves. In addition, due to an order from the NHDVS board, all labor undertaken at national homes was to be performed by soldiers. NHDVS managers believed that labor would increase the morale of soldiers and provide much needed institutional services. The vocational training undertaken by soldiers beginning in 1866 continued into the Veterans Administration period at Togus, revealing the continuous commitment provided by the institution for the improvement of veterans.

One of the earliest actions undertaken by the Eastern Branch was the establishment of a telegraph line between Augusta and the soldiers' home in 1867. It was the intent of the branch manager to train disabled veterans in the use of telegraph communications. In the 1874 NHDVS Annual Report, the Board of Managers called attention to the necessity of employment and vocational training at the Eastern Branch, especially "considering the long and severe winters in that climate." One of the earliest and most prominent attempts by the Eastern Branch to provide members with vocational training occurred in 1870 with the establishment of a shoemaking factory. Governor Tilton provided the necessary equipment and shoemaking experts and set aside the brick making factory as the center for operations. Members were trained in shoemaking skills and paid for their labor, which in turn allowed them to "ameliorate their condition and that of their families."¹⁰² By 1874, Togus members had produced a total of 113,256 pairs of shoes totaling \$110,364. However, the economic depression of 1873 greatly diminished the shoemaking business resulting in an overall loss for the home's shoemaking efforts. Consequently, the enterprise was suspended for a number of years. The practice continued until 1883, with shoes being provided for use by soldiers of the national homes, rather than outside markets.

Additional workshops at Togus included a blacksmith, carpenter, harness and soap-making shops as well as chair making classes. Togus managers and the NHDVS board soon realized that profits from the workshops were unlikely. Nevertheless, the board actively supported vocational training due to their belief that it improved morale and discipline.¹⁰³ In later decades of the NHDVS period, additional vocational opportunities at Togus included training soldiers in medical roles, especially as health issues increased with the aging population of the home.

⁹⁹ 1878 Annual Report, 59.

¹⁰⁰ 1887 Annual Report, 95; 1889 Annual Report.

¹⁰¹ 1930 Annual Report, 52.

¹⁰² Whitman, *History and Description of the Eastern Branch*, 23.

¹⁰³ 1874 Annual Report, 9, 13.

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Eastern Branch annual reports regularly reported the trades and occupations of disabled soldiers enrolled at the institution. The wide range in background of the soldiers proved to be of immense use to branch managers. Prior occupations of the soldiers included trades such as cabinetmakers, clerks, blacksmiths and musicians. The most common occupation among soldiers was farming, which well served the agricultural activities of the branch. With 1,100 acres and in later years, 1,884 acres, the Eastern Branch's farm provided numerous opportunities for veterans to care for livestock and aid in the production of hay and other crops.¹⁰⁴ During the nineteenth century, the branch became well known in Maine for its agricultural output, especially the raising of Holstein cattle, swine and Cotswold sheep. In 1887, 148 soldiers serving as farmhands assisted in the home's agricultural production. The products of the farm included beans, beets, carrots, cabbage, corn and turnips as well as hay and oats. The farm also included dairy cows, which supplied the home's milk.¹⁰⁵ Farming activities at Togus continued throughout the NHDVS period.

Establishing a Home Environment at the Eastern Branch

From the outset, a stated goal of the Board of Managers was to provide facilities and activities supporting the recreational, intellectual and moral needs of its resident soldiers. Similar to the developments at the other national homes, governors at the Eastern Branch erected numerous facilities and initiated a variety of recreational and arts activities. In his annual report to the NHDVS board in 1877, Eastern Branch Governor William S. Tilton summarized the necessity and appeal of the homelike environment established by the NHDVS. In addition, he argued that the creation of the homes represented a powerful expression of gratitude by the American people:

It is a beautiful and consolatory reflection that, whatever carpens may say, the people of this country through their representatives, are willing to take the old soldier by the hand, and, leading him away from the temptations and filth of the town, to set him down in rustic seclusion, where he is placed in a home adorned by nature and by art, surrounded by influences elevating and quieting, with plenty of good food and clothing, his pipe, his book, or other source of amusement always by him, and where whatever spark of manhood there may be in him is fanned into life, and he begins to look the future in the face and prepare in good faith for his final muster-out; and with many of them it will not be long in coming.¹⁰⁶

Initial efforts focused on the construction of a grand amusement hall in 1870. However, a year later, the \$20,000 hall was destroyed by fire. A smaller amusement hall was quickly erected in November 1871 and provided veterans with numerous forms of entertainment. The building included a billiards room, an auditorium capable of seating 500, as well as an elaborate stage. Veterans pursued a number of amusements at the hall like billiards, chess, checkers, dominoes, and backgammon as well as attended lectures, musical concerts, and plays. In 1886, a shooting gallery and bowling alley was installed at the home. In 1893, the branch opened an opera house, which in turn attracted numerous traveling productions and helped to encourage visitation by the public.¹⁰⁷

Togus, as did many of the national homes, faced a critical problem related to alcoholism within the branch. Managers in numerous annual reports commonly referred to the influence of alcohol as being responsible for members' misconduct. Outside the national home boundaries, opportunistic businessmen sold liquor to home members. In response, Tilton instituted the sale of beer at the Togus store in 1878. By introducing the sale of beer on Togus grounds and managing how it was distributed, Tilton argued that problems related to alcoholism could be reduced. The sale of beer on the site was seen as yet another way to improve morale and support camaraderie among the men. In 1903, a beer hall was erected and became a popular site for the soldiers. However, the NHDVS board eliminated the sale of alcohol at all branch homes a few years later. The threat of alcoholism was also a strong factor in the development of recreational and artistic activities at Togus, as managers believed boredom and the temptations of vice were closely linked.

¹⁰⁴ 1867 Annual Report, 2-3.

¹⁰⁵ 1887 Annual Report, 106.

¹⁰⁶ 1877 Annual Report

¹⁰⁷ *History of Togus, First 100 Years*, 1966, 65-67, 209.

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The Eastern Branch encouraged intellectual and moral pursuits among the soldiers. The institution early on provided a library and reading room. In each NHDVS annual report, branch managers included a listing of the number of volumes at each library, indicating the importance of reading material for home members. By 1886, the Togus library included 6,500 books, including literature, scientific manuals, reference books, daily and weekly newspapers and magazines. The library and reading room proved particularly popular among veterans during the long Maine winter months.¹⁰⁸ In addition to intellectual needs, the home provided members religious services. The home typically provided Catholic and Protestant services provided either by a chaplain on site or by local clergy in surrounding communities.¹⁰⁹

The creation of a Togus band in 1867 emerged as an important component of the Eastern Branch throughout its existence. The band, composed of home members, was popular among the soldiers as well as the local populace, who in later years visited the campus to hear band performances. The Togus band performed afternoon concerts every Sunday and in later years, performed many days of the week. In 1904 alone, the band performed 285 concerts. Additional responsibilities included performing at memorial services for branch members at the Togus cemetery. In the late nineteenth century, the band gained in importance and included several prominent musicians from the northeast including band leader Professor Berthold W. Thieme.¹¹⁰

A common component among the national homes was the creation of elaborate and artistic landscape features intended to create a homelike atmosphere for citizen soldiers. Though the Eastern Branch did not initially incorporate landscape designs similar to those at the Central and Northwestern Branches, Togus branch managers enhanced the natural landscape in significant ways in subsequent decades. In purchasing the Beal property in 1866 for the site of the Eastern Branch, the NHDVS board recognized that little initial improvements would be needed as the landscape at Togus upon purchase included numerous features, including a racetrack, elaborate paths and walkways, cleared forestland and ornamental shade trees. Subsequent accounts from the period all reference the formal and artistic appearance of the grounds. New landscape elements were added throughout the NHDVS period including the addition of elaborate fountains, improved pathways and squares, and a deer park. In 1883, a newspaper account references the landscape contributions of John Burr, a landscape gardener, and his efforts in ornamental planting throughout the campus. Overall, the natural landscape surrounding the remote Togus site also played a prominent role in creating a peaceful home for the Eastern Branch members.¹¹¹

In creating beautiful grounds, majestic buildings and sources of entertainment, Eastern Branch managers not only eased the life of the veteran, but provided surrounding communities with entertainment and a powerful representation of the federal government's commitment to volunteer soldiers. By 1879, Togus visitations by the locals and out of state visitors were common and in some years totaled up to 2,000 in number.¹¹² The introduction of the Kennebec Central Railroad from Augusta and an electric car line from Gardiner in 1890 dramatically increased the number of visitors to the national home. Though primarily intended to move supplies and transport veterans to and from the campus, the new lines enabled large numbers of visitors to enjoy the unique offerings of the Eastern Branch National Home. In turn, the entertainment admission fees paid by visitors helped to fund additional recreational and artistic programs for the home's veterans. Recognizing the benefits of increased tourism at the home, the NHDVS appropriated monies in 1903 for the construction of a hotel. Total visitors in 1904 numbered 41,635.¹¹³

Hospital Care at the Eastern Branch, 1866-1930

Despite the primary mission of domiciliary care by the NHDVS, the necessity of providing for members' health gained in importance with each passing decade. The advancing age of Civil War veterans and the administrative complexities of health trends such as tuberculosis at the turn of the century all contributed to veteran healthcare emerging as a primary

¹⁰⁸ Henry O. Spalding, *Sketch of the Eastern Branch National Home D.V.S., Togus, Maine* (Togus, Maine: National Home Print, 1886) 10.

¹⁰⁹ *Ibid.*, 14.

¹¹⁰ *Kennebec Journal*, April 28, 1941.

¹¹¹ *Kennebec Journal*, May 16, 1883.

¹¹² Whitman, *History and Description of the Eastern Branch*, 1879, 11.

¹¹³ Annual Reports, 1904, 108.

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role of the NHDVS and the Eastern Branch. During much of the nineteenth century, Eastern Branch managers struggled with meeting the health needs of the growing and aging population. Annual reports reveal that congressional appropriations for the Eastern Branch did not always meet the increasing health needs of the home. By the turn of the century, Togus medical care had improved greatly and assumed a greater role in the daily life of the soldiers. By 1930, the well developed medical department at Togus was well poised to make the transition into the new Veterans Administration and its focus on healthcare for soldiers.

The health of veterans at the Eastern Branch quickly emerged as an issue of concern. In W.E.S. Whitman's 1879 account of the Eastern Branch, he addresses the ever present threat of sickness and death faced by soldiers:

The majority of inmates entered the army in the vigor and health of youth. With increasing age many find themselves totally disabled on account of their infirmities. It is not believed that the increase has reached its maximum. Every year brings new beneficiaries, and here most of them will remain until finally mustered out by death. Some of them apparently are now well, and it is only as they grow older that they find that the sacrifices and hardships which they underwent at the front, has sowed the seeds of disease which can never be eradicated, and which will make them dependent upon a beneficent government as long as they live.¹¹⁴

Initial medical care at Togus for soldiers occurred in hospital annexes attached to the main wards. By the early 1870s, the need for a larger, separate hospital became clear. In 1875, the NHDVS appropriated \$11,000 for the construction of a detached 100-man hospital. Opening in 1876, the two-and-a-half story brick hospital reduced crowding and improved medical care for Togus enrollees. To aid efforts to retain quality head surgeons at Togus, the Branch Manager Tilton facilitated the construction of a surgeon's quarters adjacent to the hospital in 1878.¹¹⁵

Following the increase in enrollees related to the NHDVS change in admission standards, Eastern Branch Manager Stephenson in 1886 argued for a new and larger hospital to relieve crowded conditions. Four years later, the branch received \$25,000 to begin construction of a new hospital. An 1899 War Department inspection of the Eastern Branch provided a detailed description of the medical department:

The hospital plant consists of one brick and three frame pavilions, connected by covered passages, and a small isolated ward for contagious diseases, and has a capacity for 375 patients. Each ward is provided with a bathtub, with hot and cold water. All patients are required to bathe once a week, unless otherwise ordered by the surgeon; some are bathed daily. Similar rules for bathing govern in the barracks. Ventilation is effected by a steam fan which exhausts the foul air, and fresh air is admitted through stacks after passing over steam radiators. The hospital was in excellent condition throughout, well managed and thoroughly policed from basement to attic. The basements are used as a morgue, sterilizing room, for boilers, ventilating fan, storage, etc., and the attics as storerooms and attendants' quarters.¹¹⁶

By 1904, the home included a head surgeon, four assistant surgeons, three hospital stewards, one druggist, and fifteen nurses, eight of whom were women. Also in 1904, the Eastern Branch surgeon oversaw the addition of a sanitarium in order to address a rise in tuberculosis cases, which numbered 128. In addition, construction began for a large addition to the main hospital.¹¹⁷ By 1910, some members of the Eastern Branch afflicted with tuberculosis were transferred to the Battle Mountain Sanitarium and the Mountain Branch homes. By the 1920s, the Togus hospital continued to modernize its facilities, adding new X-ray equipment and dental services in 1924. In the mid-1920s, due to lower enrollments, a

¹¹⁴ Whitman, *History and Description of the Eastern Branch*, 1879, 13.

¹¹⁵ Annual Report, 1876 and Annual Report, 1878

¹¹⁶ *Annual Reports for the War Department for the Fiscal Year Ended June 30, 1899*, 432.

¹¹⁷ Annual Report, 1904, 110-112.

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barracks was converted to a tuberculosis ward. Throughout the 1920s, the American College of Surgeons gave the Eastern Branch hospital an "A" grade due to its high level of medical service to veterans.¹¹⁸

In late 1929, a fire partially destroyed a wing in the main hospital at Togus. The incident, as well as years of lobbying for a new hospital, finally persuaded Congress to consider appropriations for a modern, fireproof hospital. In 1930, U.S. Representative John Nelson from Augusta introduced legislation for a new 250 bed hospital at the Eastern Branch. The branch's history of devastating fires aided efforts to provide funds for the construction. A Senate committee report highlighted the argument for the new hospital:

Not only does the safe and proper operation of this institution require a sanitary and fire-proof hospital at Togus, but there is a crying need for further general hospitalization facilities for World War veterans in this sector. There is no Veterans Bureau hospital in Maine, none in New Hampshire and none in Vermont. Two-thirds of the Maine veterans are hospitalized outside the State, and some 43 mental cases are being cared for at their own expense at various state institutions. The necessary and proper requirement of this large northern area indicates the need for a modern hospital in the Eastern Branch. This is in addition to the institutional needs of the Branch itself.¹¹⁹

The report concluded by confirming the need for the hospital regardless of the decision made concerning the consolidation of veterans' agencies.

Modernizing the Togus Campus, 1930-1939

Following the incorporation of the eleven NHDVS homes into the newly established Veterans Administration (VA) in 1930, the Eastern Branch at Togus remained essentially unchanged from its status under the NHDVS. Eastern Branch Manager Keith Ryan oversaw the continuation of domiciliary and hospital care for the soldiers housed at Togus. As was the case for the other NHDVS homes, the Eastern Branch by the 1920s underwent a significant decline in the number of Civil War veterans. By 1931, Civil War veterans numbered only 47 or three percent of total enrollment. Spanish-American veterans numbered 352 (25%), while World War I veterans comprised the vast majority of men with 1,017 veterans (72%).¹²⁰

In Ryan's first annual report to the newly formed VA in 1931, he described the physical landscape and infrastructure of the Eastern Branch:

The reservation comprises 1,884 acres – 62 acres are included in lawns, parks, cemetery, and about 10 miles of roadway – 450 acres used for farming – 610 acres of woods, and 762 acres of pasture. A dairy is operated with 43 milch (sic) cows – 29 other cattle in herd. There are 50 buildings on the reservation, including 7 barracks – 6 brick and 1 frame, maximum capacity 957 members, 2 hospital buildings – both frame, maximum capacity 317 patients; and 41 other buildings, including storehouses, mess hall, power house, theatre, chapels, library, etc., of which 4 are brick and 37 frame.¹²¹

As was evident in Ryan's description, the Eastern Branch's infrastructure remained consistent with its original purpose of housing and caring for veterans. In 1933, the VA established new eligibility rules for VA Homes, which emphasized the administration's shift from geriatric domiciliary care to rehabilitation and medical care of wounded and disabled veterans. The new rules for domiciliary care stated that veterans must have attained a dishonorable discharge and "be suffering from injuries or diseases which were incurred or aggravated in line of duty in the active military or naval service, and be in need of hospital treatment therefore."¹²²

¹¹⁸ Annual Report, 1927, 2.

¹¹⁹ 71st Congress, 2nd Session, Senate Report No. 484.

¹²⁰ *Kennebec Journal*, November 28, 1931.

¹²¹ Annual Report, 1931.

¹²² "New Eligibility Requirements at Veterans' Home." *Kennebec Journal*, May 17, 1933.

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Ryan's report also revealed the large number of frame buildings present at the institution in 1931. Numerous fires throughout the history of the institution shifted new construction efforts to more permanent, fireproof materials. The appropriation for a new hospital in 1930 introduced a period of modern infrastructure improvements at Togus that continued well into the 1930s. Completed in late 1933, the nine-story, \$1 million hospital was sited prominently adjacent to the western ridge of the campus. Upon completion, the hospital became the most expensive construction job in Maine. The new building contained an array of modern medical technological features, including rooms designed for x-ray analysis, surgery and anesthesia, hydrotherapy, electrotherapy, heliotherapy, solarium treatments. In addition, key personnel including the chief surgeon, clinical director, dental section chief and chief nurse received offices within each respective section of the hospital. Overall, the new hospital transformed medical practice at the Eastern Branch. The number of doctors, assistant surgeons, nurses and ward attendants increased due to the improved facilities.¹²³ In 1932, shortly after construction of the hospital began, monies were approved for the construction of a nearby power plant and utility building. Thus, in 1933, the three new fire-proof buildings emerged as harbingers of the modern campus to come.¹²⁴

The new hospital also influenced a bureaucratic reorganization of veteran affairs activities in the northeast region. VA officials in 1934 decided to merge the regional branch of the VA in Portland, Maine with Togus due to the new and modern hospital facility. As a result, on February 16, 1934, Togus emerged as one of the first combined facilities or Veterans Administration Facilities of the VA. The combined facilities approach, or the combination of multiple veterans services, including claims, hospitalization and domiciliary care into one location, became an important trend in the developing years of the VA. In addition to simplifying organizational structures, the combined facilities trend cut costs, an important consideration given the country's economic situation in the 1930s.¹²⁵

As a result of the hospital's new modern medical features and the merger involving the Portland regional bureau, a significant number of medical professionals and civilians moved to Togus, increasing the campus' population. By 1935, a total of 377 employees worked at Togus, 252 of whom were civilians. Forty Portland citizens alone moved to Togus to help staff the new hospital.¹²⁶

As part of the merger of the regional branch with Togus, the VA appointed the regional branch manager, Malcolm Stoddard as the new Togus manager. Replacing Keith Ryan in February 1934 as part of the establishment of the combined facility, Stoddard served as an officer in World War I and joined the Veterans Bureau in 1920. In his new role as Togus manager, he instituted VA policies supporting modernization, both in infrastructure and in the overall mission of Togus.¹²⁷

In late 1934, Togus received an appropriation of \$1,090,000 from the Public Works Administration (PWA) to construct six new buildings at the campus. The buildings included two 300-foot, three-story barracks, a combined dining hall, warehouse, kitchen and refrigerating plant, administration building, a nurses home, and a new laundry. In addition, a VA appropriation assisted in the construction of a new recreation building. In order to erect the new buildings, the seven frame-buildings forming the quadrangle of the barracks square would need to be removed.¹²⁸ On March 21, 1935, demolition of the NHDVS period buildings began. Over the next four years, periods of construction and demolition occurred as the campus underwent a dramatic transformation into a "modern steel city."¹²⁹ Stoddard continued the efforts of his predecessor in erecting modern facilities. By 1940, 62 wood-frame buildings were demolished at Togus and replaced with brick, fire-proof buildings. In addition, a series of roadway and landscape improvements were undertaken during the 1930s. In total, between \$3 and \$4 million dollars were spent at Togus in infrastructure improvements. The new facility by 1940 embodied the new direction of the VA towards short-term, rehabilitative care.

¹²³ *History of Togus, First 100 Years*, 231.

¹²⁴ "Construction Completed on Million Dollar Hospital to Alleviate Pain and Suffering of Nation's Defenders." *Kennebec Journal*, October 18, 1933.

¹²⁵ "Togus", Vertical File Collection, Maine State Library, 1939.

¹²⁶ "Rehabilitation of Veterans Home Will Invoke an Expenditure of \$2,000,000 Says Col. Stoddard." *Kennebec Journal*. December 30, 1935; *History of Togus, First 100 Years*, 231.

¹²⁷ "Malcolm L. Stoddard Is Appointed Governor of Veterans Home at Togus." *Portland Herald*. January 12, 1934.

¹²⁸ "Bids on \$1,250,000 Program of New Construction at the Veterans Home to be Opened January 3rd." *Kennebec Journal*, November 15, 1934.

¹²⁹ "War Veterans Facility is Modern Steel City." *Kennebec Journal*. January 8, 1940.

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A 1940 newspaper account reveals many of the new features of the renovated campus. The new brick buildings provided expanded services and additional comforts to veterans residing there. The barracks buildings included sun rooms, allowing veterans additional space to relax or enjoy a range of activities. The elaborate grounds afforded residents access to a peaceful landscape. Movies, plays, baseball games, and a host of other recreational activities were readily available to residents and patients. Continuing the rehabilitative activities of the NHDVS period, the Togus VA facility offered "hobby shops," which included leather work, painting, and other activities. The general medical and surgery services at the new hospital were led by Dr. James Pennington, who oversaw the expansion of the clinical laboratory and the x-ray department in the mid-1930s. New x-ray equipment totaling \$11,000 was installed at Togus in 1936 and helped to make the department the best equipped in the state. Overall, over 1,400 patients from Maine and New England were cared for each year at Togus.¹³⁰ Amidst the numerous changes and modernization efforts during the 1930s, the 1938 passing of Charles H. Smith, the last Civil War veteran cared for at Togus, marked a symbolic end of the NHDVS period.¹³¹

Conversion of Togus Domiciliary Program to a Neuropsychiatric Facility, 1943

Mirroring national trends in the VA, the Togus facility saw a decreasing number of men domiciled in the barracks buildings. Annual VA reports from the 1930s reveal the large number of beds available for domiciliary use as opposed to the much smaller number of hospital beds available. Nationally, the VA acknowledged the increasing rise of neuropsychiatric cases among World War I veterans. By the late 1930s, the VA recognized the potential for conflict overseas and considered efforts to convert domiciliary beds to neuropsychiatric use. VA correspondence from 1943 details the awareness of the potential increase of World War II veterans afflicted with neuropsychiatric issues. VA estimates based on World War I data predicted that up to 23,000 additional psychotic patients from World War II would need neuropsychiatric care from the VA. In August 1943, the Federal Board of Hospitalization approved a request by the VA "for the conversion of the Veterans Administration Facility at Togus, Maine, from a domiciliary facility to a psychotic hospital of 1340 bed capacity."¹³² The Federal Board went on to describe the situation at Togus:

Conversion of this facility is sought to provide beds for neuropsychiatric patients to meet the present and future needs arising among veterans of the present war. Veterans Administration Hospitals for the care of neuropsychiatric patients exist at Northhampton, Massachusetts, and Bedford, Massachusetts. These are now operating at capacity and cannot be further expanded. On the other hand, the domiciliary facility at Togus is at present not being fully utilized. Of 1,155 domiciliary beds, 518 were occupied and of 305 general hospital beds 185 were occupied as of June 30, 1943. The Veterans Administration states that this number of domiciliary cases and general hospital patients can readily be accommodated in unoccupied beds existing in other facilities in the region.¹³³

As a result, the VA appropriated \$250,000 to convert the Togus barracks buildings to neuropsychiatric beds.¹³⁴ The decision formally ended the domiciliary program at Togus; residents were sent to other VA facilities with existing domiciliary programs. The shift marked an important change in the history of the campus. From 1943 to the present day, Togus has served as a general medical, surgery and neuropsychiatry hospital. In this new role, Togus adapted to the changing realities of veterans' medical care. As a result, the facility reflects the transition from the long-term, domiciliary model established by the NHDVS in 1866 to the short-term, rehabilitative VA model emerging from the medical realities of World War I and World War II. Despite the absence of domiciliary patients following 1943, Togus continued the overall mission of serving veterans.

¹³⁰ Ibid.

¹³¹ *Kennebec Journal*, April 15, 1938.

¹³² RG 15 Records of the Department of Veterans Affairs. "Federal Board of Hospitalization Resolutions 1-130", Construction Subject Files, 1920-1959, Box 7, National Archives, Washington DC.

¹³³ Ibid.

¹³⁴ Ibid.

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Togus VA Center, 1945-1960

In October 1945, the Togus VA Home was officially renamed as a VA Center. With the domiciliary program removed in 1943 by orders from VA headquarters, Togus manager Malcolm Stoddard shifted the institution's mission to rehabilitation of disabled veterans. Reflecting the general national VA trend towards rehabilitation, new professional medical units at the Togus facility focused efforts in service of rehabilitation goals. Several years before his retirement, Stoddard summarized the evolution of veterans' benefits at Togus:

When a nation engages in hostilities men with the highest mental and physical rating are selected to serve their country. When these men return they are potential leaders of our communities, and every effort is made by the VA, both at the Center and in the field work, to rehabilitate these men physically and mentally so they can resume a normal life, maintain homes, own or rent a place to live within their means, support a family, and contribute to the American Way of Life for which they fought and bled. They are the most valuable assets which our nation possesses today and no endeavor should be spared to grant them the privileges which they deserve—the square deal which is their right, the chance to live as other Americans.¹³⁵

To carry out these VA goals, Stoddard established an array of medical services for veterans at Togus. The neuropsychiatry hospital led by Clinical Director George Wadsworth, emerged as a recognized leader in therapeutic care for veterans. A newspaper account of Togus in 1947 described the neuropsychiatry program:

Every proved therapeutic agent known to psychiatry is employed in a progressive program of active treatment of those afflicted with mental and neurological ills. A tour of the unit convinces the visitor that its function is far from that of custodial care. After entrance and classification, each patient finds himself occupied a good deal of the time. He is busy consulting with the psychiatrist, engaging in arts and crafts, taking long walks around the grounds, playing athletic games, learning how to cast flies.¹³⁶

The large farm acreage at the Togus campus was put to use in the rehabilitation process of neuropsychiatric patients, a Veterans Bureau medical practice emerging in the years following World War I. Similar to the farming work undertaken by NHDVS members at Togus, farming activities for neuropsychiatric patients included vegetable farming, working at the piggery, and helping with the management of livestock. The rewards of "fresh air, activity and rewarding physical work," were seen to provide numerous benefits to the patients.¹³⁷ By 1959, Togus was home to one the nation's leading authorities on rehabilitation efforts of mentally ill patients. Dr. Joseph Sanders began the Community Employment Project at Togus which assigned mentally ill Togus patients to offsite work duties. The vocational training at the offsite projects allowed patients to "develop work habits; to carry on productive, paid-for labor; to mix with other people in the community; to be independent, and probably most important, to find acceptance outside the hospital."¹³⁸

The general and surgery medical hospital at Togus also served the rehabilitative needs of Maine and New England veterans. Similar to the efforts undertaken at Togus during the NHDVS era, modern rehabilitative programs at Togus demonstrate continuity between the early and modern eras at the campus. By 1947, 71 nurses, 75 male attendants, 15 laboratory technicians, 13 ward secretaries, and 26 registration workers all assisted rehabilitation efforts at the hospital. Physical and occupational therapy provided veterans with rehabilitation solutions to injuries sustained during wartime.¹³⁹ The physiotherapy department at Togus proved especially helpful to injured soldiers. Using water, electricity, massage and exercise, technicians and doctors helped patients regain normal muscle function. Hydrotherapy, for example, applied precise water pressure to the afflicted muscles of patients in an effort to restore function. In 1956, a physiotherapy

¹³⁵ VA Center, Togus, Maine, *A History of Togus, 1866-1957*, commemorating National Hospital Day, May 19, 1957, 8.

¹³⁶ "Togus 'Home' Established in 1866 Now Center for Rehabilitation of Maine Vets." *Kennebec Journal*, July 30, 1947.

¹³⁷ "Ailing Vets 'Perk Up' Working Togus Farm." *Kennebec Journal*, January 10, 1948.

¹³⁸ "Work Projects Give Recovery Boost To Mentally Ill Vets." *Portland Sunday Telegram*. September 20, 1959.

¹³⁹ "Togus Hospitals Are Among Best." *Kennebec Journal*, May 11, 1949.

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building was erected and afforded increased therapy options for Togus veterans.¹⁴⁰ In addition to physiotherapy, occupational therapy enabled veterans to learn new skills in an effort to help them transition to a life outside the hospital. At Togus, departments pursued educational, manual arts, corrective and industrial therapies. Referred to as the “Bed to Job” program, the rehabilitative occupational therapy activities proved very successful in aiding veterans’ attempts to return to the workforce.¹⁴¹

In addition to hospital care, Togus was home to a VA regional center that oversaw a wide array of veterans’ benefits in Maine and New England. Services offered included disability compensation and pension programs, loans to veterans for homes and business pursuits and managing outpatient treatments veterans in the region. Thus, following the transfer of domiciliary patients and the establishment of a neuropsychiatric hospital in 1943, Togus evolved into a modern medical facility serving the complex needs of veterans. Despite the change in services provided to veterans, the core mission of caring for veterans continues to the present day. As a result, the Togus VA Medical Center is the nation’s oldest veterans’ facility.

In 1966, President Lyndon B. Johnson wrote to the director of the Togus VA Center commemorating the 100th anniversary of the founding of the Eastern Branch at Togus. President Johnson noted the facility’s long service to the nation’s war veterans and clearly stated the importance of the institution to the nation’s history:

I understand that the Veterans Administration Center at Togus not only has served this valued purpose for 100 years but that it is the first in our history to gain such a distinction. Since the doors were originally opened as a national home for disabled volunteer soldiers in 1866, it has responded to the needs of men who have answered the call of their nation. The hospital stands with its excellent facilities as a living monument to our country’s commitment to the welfare of the veteran. I compliment all who are associated with the Veterans Administration Center at Togus. You and your predecessors have filled an essential role in the lives of many Americans. Pride is your just possession.¹⁴²

Comparison to Similar Properties

When compared to the ten other homes established by the NHDVS, the Togus VA Medical Center emerges as a unique campus representative of the complete evolution of the federal government’s commitment to veterans from its establishment in 1866 to its emergence as a modern VA medical center following World War II. As the first established NHDVS home, Togus represents the nation’s first attempt at representing the ideal of the federal government caring for volunteer soldiers. In addition, Togus’ continuous mission of caring for veterans establishes it as the nation’s oldest federal institution dedicated to the care of volunteer soldiers.

Each of the eleven branches of the National Home for Disabled Volunteer Soldiers were evaluated in the 2007 “National Home for Disabled Volunteer Soldiers Assessment of Significance and National Historic Landmark Recommendations” theme study. The study determined which of the eleven retained the highest integrity and represented most fully the development of veterans benefits in the United States, the commitment of the Board of Managers to honoring disabled veterans, and the original architectural and landscape designs. The period of NHDVS national significance is 1865-1930, beginning with the legislation that created the Homes, and ending with the incorporation of the NHDVS into the Veterans Administration. The year 1930 marks the end of the NHDVS as an independent entity and the creation of a larger bureaucracy which absorbed and divided the NHDVS functions and responsibilities and implemented more standardized development procedures. Although 1930 marks the end of the NHDVS, succeeding historical periods continued to shape the facilities through the advancement of the science of health care, changes in the kinds of disabilities that veterans suffered, and evolving approaches to caring for veterans.

¹⁴⁰ “Physio-Therapy Building To Open at Togus.” *Kennebec Journal*, February 28, 1956.

¹⁴¹ *Veterans Administration Hospital, Togus, Maine. “Physical Medicine and Rehabilitation Service.”* N.d.

¹⁴² “LBJ Salutes Togus Record for 100 Years.” *Portland Press Herald*. August 10, 1966.

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The NHDVS branches were designed for a variety of reasons and functions over a broad period of time, and evolved in response to specific changes in NHDVS policies. Such policies are physically reflected in the campuses, and can be associated with the five general periods of evolution. No one property has survived fully intact from one period, but some branches retain pivotal and important resources that are associated with specific periods. Pivotal resources are those that were necessary to carry out the primary missions of the NHDVS during the period of national significance and include barracks, hospitals, officers housing, monumental social buildings, and designed landscapes. Important resources include supporting buildings such as commissary warehouses, staff residences, shops, power plants and garages. These resource types are all important in order to convey the scope of the NHDVS operations. Many of the branches have been affected by development programs which have removed historic buildings and replaced them with modern ones, thus disturbing the historic fabric that conveys their historical significance. In some cases, historic buildings have been altered to a degree that dramatically affects their integrity. Like other NHDVS homes, Togus underwent transitions from long-term domiciliary care to short-term, rehabilitative care.

The post-1930 VA period at Togus shares some characteristics with the Second Generation of veterans hospitals (1919-1950), in particular, Period II (1920s to 1950). In the 2011 multiple property nomination United States Second Generation Veterans Hospitals, periods of hospital development are established. A key feature of Period II was the construction of general and surgical hospitals to address veterans' growing health concerns. The 1933 construction of the general and surgical main hospital (Building 200) at Togus mirrors this trend. In addition, the Togus hospital's siting on the highest and most prominent part of the campus also reflects common features of hospitals from this period.

However, the post-1930 changes at Togus are also unique when compared to Second Generation VA hospitals. Togus became a neuropsychiatric hospital as a result of the VA's concern about the large numbers of World War II veterans returning home with potential wartime psychiatric traumas. Unlike typical Second Generation neuropsychiatric hospitals, which featured standard design H-buildings, Togus adapted its existing infrastructure to the changing needs of the VA. As a national home, Togus, up until the early 1940s, retained its domiciliary functions. After the VA shifted the campus' mission to a neuropsychiatric hospital in 1943, existing barracks buildings were used for hospital purposes, rather than erecting new standard plan H-buildings. Therefore, Togus' long history with the NHDVS resulted in key differences with Second Generation hospitals, which incorporated standard designs specific to neuropsychiatry and other needs.

Many of the buildings at NHDVS sites, particularly those serving medical needs, have been rehabilitated for adaptation to modern uses; although they may retain high exterior integrity, their interiors contain few original features. Therefore, high interior integrity is not a requirement for these resources to be considered pivotal elements of the historic area. In addition, certain external additions such as stairwells or elevator shafts necessary to adapt the buildings to changing needs do not destroy their integrity if they are well planned and unobtrusive. In terms of landscape, the loss of flower beds or other ornamental plantings, ponds, and similar landscape features is acceptable if the spatial relationships in the landscape are retained and not filled in or interrupted by modern buildings.

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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

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University

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recorded by Historic American Buildings Survey # _____
recorded by Historic American Engineering Record # _____
recorded by Historic American Landscape Survey # _____

Other _____
Name of repository: Togus VA Medical Center Archives

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property 506 (acreage estimator)
(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>19</u>	<u>443886.84</u>	<u>4904311.54</u>	3	<u>19</u>	<u>443561.73</u>	<u>4902478.30</u>
	Zone	Easting	Northing		Zone	Easting	Northing
2	<u>19</u>	<u>444320.77</u>	<u>4902905.88</u>	4	<u>19</u>	<u>443143.02</u>	<u>4902887.64</u>
	Zone	Easting	Northing		Zone	Easting	Northing

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

The boundary of the Togus VA Medical Center Historic District is shown on the accompanying district boundary map. The boundary corresponds to the current legal boundaries of the Togus VA Medical Center.

Boundary Justification (Explain why the boundaries were selected.)

The National Register boundary for the Togus VA Medical Center Historic District includes those resources that are historically associated with the institution's period of significance (1866-1960). The boundary encompasses all of the significant resources and features that comprise the district, as well as 18 non-contributing resources. The East and West National Cemeteries fall within the historic district boundary as does much of the surrounding landscape, all of which maintains historic integrity. Though the campus has undergone additions and reductions in land ownership in the last 145 years, the current 506-acre boundary reflects the significant events associated with the period of significance.

11. Form Prepared By

name/title David Moore, Justin Edgington, Emily Payne, Tara Dudley, Beth Valenzuela
Organization Hardy-Heck-Moore, Inc. date June 29, 2011 (revised July 2, 2012)
street & number 1507 North Street, Suite 1 telephone (512) 478-8014
city or town Austin state TX zip code 78756
e-mail dmoore@hhm-inc.com

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.

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A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Continuation Sheets**

- **Additional Documentation List of Figures:**

- *Figure 1.* 1872 lithograph, Eastern Branch, National Soldier's Home.

- *Figure 2.* 1878 bird's eye view of Eastern Branch NHDVS.

- *Figure 3.* 1885 bird's eye view of Eastern Branch, NHDVS.

- *Figure 4.* 1891 bird's eye view of Eastern Branch, NHDVS.

- *Figure 5.* 1912 site plan of the Eastern Branch, NHDVS.

- *Figure 6.* 1935 aerial photograph of Togus Veterans Administration Facility.

- *Figure 7.* 1971 site plan of Togus VA Medical Center.

- **Additional UTM References**

- **Additional items:** (Check with the SHPO or FPO for any additional items.)

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Photographs:

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

Name of Property: Togus VA Medical Center Historic District

City or Vicinity: Augusta and Chelsea

County: Kennebec State: Maine

Photographer: Justin B. Edgington

Date Photographed: May 2011

Number of Photograph: 57

[Due to VA policy at the Togus VA Medical Center, no interior photographs were taken.]

Photo #1 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0001)
North Gate Road entrance, camera facing north.

Photo #2 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0002)
North Gate Road, camera facing south.

Photo #3 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0003)
Contextual showing Duck Pond, Buildings 209 and 200, camera facing southwest.

Photo #4 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0004)
Contextual showing parking lot and Building 200, camera facing south.

Photo #5 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0005)
Building MB3 (left) and Building 9 (right), camera facing northwest.

Photo #6 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0006)
Contextual showing Pond Road and Flagpole, camera facing southeast.

Photo #7 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0007)
Contextual along Pond Road showing Building 203 (right) and Building 248 (center), camera facing east.

Photo #8 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0008)
Building 203, camera facing southeast.

Photo #9 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0009)
Building 205, camera facing southeast.

Photo #10 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0010)
Detail of Building 205 entrance, camera facing southwest.

Photo #11 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0011)
Rear oblique of Building 200 showing new addition, camera facing northeast.

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Photo #12 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0012)
Building 240 (left), Building 204 (center) and Building 206 (right), camera facing east.

Photo #13 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0013)
Contextual showing parking lot, Building 235 (center) and Building 210 (left), camera facing northwest.

Photo #14 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0014)
Building 207 and connecting corridor, camera facing northeast.

Photo #15 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0015)
Building 238, camera facing northwest.

Photo #16 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0016)
Contextual along Veterans Road showing Building 69 (left) and Building 207 (right), camera facing north.

Photo #17 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0017)
Building 221 (left) and Building 207 (right), camera facing northeast.

Photo #18 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0018)
Contextual along Veterans Road showing Building MB1 (left) and Building 69 (center), camera facing northwest.

Photo #19 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0019)
Contextual along Patriot Street showing Building 67 (left), Building 202 (center) and Building 212 (right), camera facing northwest.

Photo #20 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0020)
Building 212 (left) and Building MB1 (right), camera facing north.

Photo #21 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0021)
Contextual showing (storage units) Buildings T228, T227, T226, T225 and T224, camera facing northeast.

Photo #22 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0022)
Contextual showing Building 229 and storage units (T228-T224), camera facing southeast.

Photo #23 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0023)
Contextual showing Buildings 229 and 242 (left), storage units (T228-T224) (center) and Building 88 (right), camera facing northwest.

Photo #24 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0024)
Contextual showing Quarters 27, 34, 33 and 32, camera facing southwest.

Photo #25 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0025)
Quarters 33 (right) and Quarters 34 (left), camera facing southwest.

Photo #26 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0026)
Contextual showing Quarters 34 (left), Quarters 33 (center) and Quarters 32 (right).

Togus VA Medical Center and National Cemetery
Name of Property

Kennebec County, Maine
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Photo #27 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0027)
Contextual from West Gate Road looking towards main campus, camera facing north.

Photo #28 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0028)
Contextual along West Gate Road, camera facing east.

Photo #29 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0029)
Contextual from West Gate Road looking towards main campus and Building 36 (left), camera facing north.

Photo #30 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0030)
Contextual showing South Gate Road, camera facing west.

Photo #31 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0031)
Contextual showing Quarters 15 and 20, camera facing east.

Photo #32 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0032)
Building 21, camera facing southwest.

Photo #33 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0033)
Contextual showing Quarters 15 and 16 (left) and Quarters 20, 19 and 18 (right), camera facing northeast.

Photo #34 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0034)
Quarters 17 (right) and Building 216 (left), camera facing northeast.

Photo #35 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0035)
Contextual showing South Gate Road and landscape, camera facing northeast.

Photo #36 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0036)
Contextual showing Greely Brook and landscape, camera facing north.

Photo #37 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0037)
Contextual showing landscape and Building 36 (center), camera facing southwest.

Photo #38 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0038)
Building 36, camera facing southwest.

Photo #39 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0039)
Contextual looking towards main campus, camera facing northwest.

Photo #40 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0040)
Contextual along North Gate Road, camera facing south.

Photo #41 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0041)
Contextual along North Gate Road showing Building 207 (left) and Building 206 (center), camera facing north.

Photo #42 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0042)
Building 207, camera facing northwest.

Togus VA Medical Center and National Cemetery
Name of Property

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Photo #43 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0043)
Building 206 and courtyard, camera facing northwest.

Photo #44 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0044)
Courtyard and Building 205, camera facing northwest.

Photo #45 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0045)
Courtyard and Building 206 (left), Building 208 (center) and Building 204 (right), camera facing southwest.

Photo #46 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0046)
Contextual along Pond Road, camera facing southwest.

Photo #47 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0047)
Contextual along North Gate Road showing Quarters 1 (left) and Quarters 4 (right), camera facing northwest.

Photo #48 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0048)
Quarters 1, camera facing southwest.

Photo #49 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0049)
Contextual along North Gate Road showing Quarters 3 (left) and Quarters 4 (right), camera facing southeast.

Photo #50 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0050)
Contextual along North Gate Road showing Quarters 2 (left), Quarters 3 (center) and Quarters 4 (right), camera facing north.

Photo #51 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0051)
Quarters 3, camera facing northeast.

Photo #52 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0052)
Contextual along North Gate Road showing Quarters 2 (right) and Quarters 4 (left), camera facing south.

Photo #53 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0053)
Contextual along North Gate Road, camera facing north.

Photo #54 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0054)
Entrance Gate to West Cemetery, camera facing north.

Photo #55 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0055)
West Cemetery, camera facing north.

Photo #56 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0056)
Entrance gate to East Cemetery, camera facing east.

Photo #57 (ME_KennebecCounty_TogusVAMedicalCenterHistoricDistrict_0057)
East Cemetery, camera facing northeast.

Togus VA Medical Center and National Cemetery
Name of Property

Kennebec County, Maine
County and State

Property Owner:

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

name United States Department of Veterans Affairs c/o Kathleen Schamel, Federal Preservation Officer
street & number 810 Vermont Avenue, NW telephone 202-632-5529
city or town Washington DC state DC zip code 20420

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 460 et seq.).
Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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

**National Register of Historic Places
Continuation Sheet**

Togus VA Medical Center and National Cemetery
Name of Property
Kennebec County, Maine
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Name of multiple listing (if applicable)

Section number 10 Page 80

Latitude/Longitude Coordinates

(Follow similar guidelines for entering the lat/long coordinates as describe on page 55, *How to Complete the National Register Registration Form* for entering UTM references. For properties less than 10 acres, enter the lat/long coordinates for a point corresponding to the center of the property. For properties of 10 or more acres, enter three or more points that correspond to the vertices of a polygon drawn on the map. The polygon should approximately encompass the area to be registered. Add additional points below, if necessary.)

Datum if other than WGS84: D North American 1983; UTM Zone 19
(enter coordinates to 6 decimal places)

- 5. Northing: 443489.25 Easting: 4902754.79
- 6. Northing: 443415.05 Easting: 4902125.71
- 7. Northing: 444766.89 Easting: 4902937.01
- 8. Northing: 444794.80 Easting: 4902490.08
- 9. Northing: 444804.68 Easting: 4902474.55
- 10. Northing: 444466.25 Easting: 4903040.62

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Name of Property

County and State

Name of multiple property listing (if applicable)

Section number _____ Page _____

SUPPLEMENTARY LISTING RECORD

NRIS Reference Number: 12000826

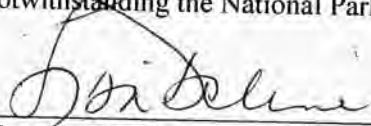
Date Listed: 10/03/12

Property Name: Togus VA Medical Center and National Cemetery

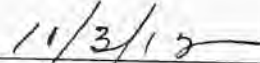
County: Kennebec

State: Maine

This property is listed in the National Register of Historic Places in accordance with the attached nomination documentation, subject to the following exceptions, exclusions, or amendments, notwithstanding the National Park Service certification included in the nomination documentation.



Signature of Keeper



Date of Action

Amended Items in Nomination

Section 7. The following information is added to the summary paragraph:

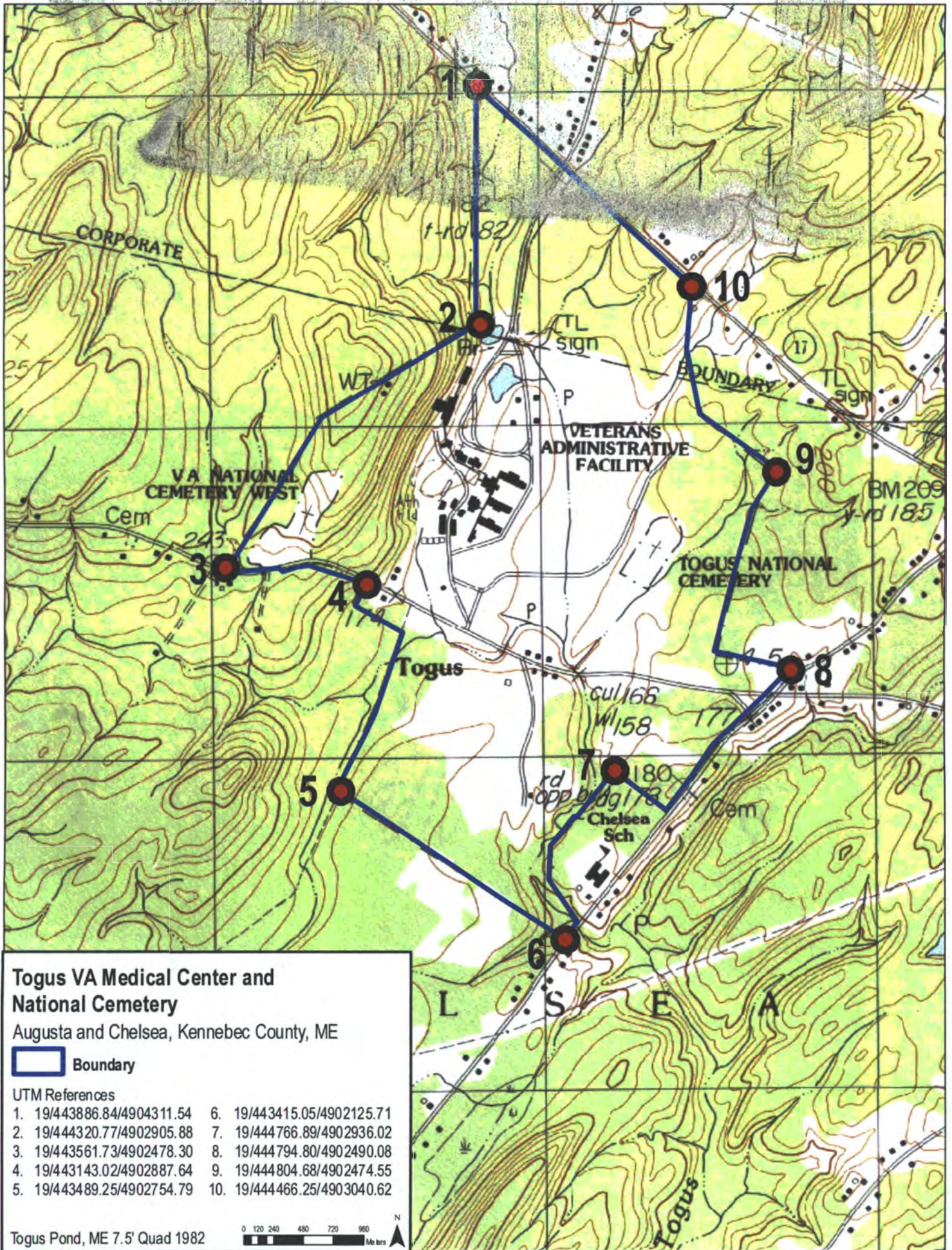
There is the potential for archeological research; however, at this point, no archeological investigation has been conducted.

The 1869 Governor's House is the previously listed National Historic Landmark.

Notification:

After consultation with and concurrence by the Federal Preservation Officer, the nomination is hereby amended.

Distribution: National Register property file
Nominating Authority, without nomination attachment



Togus VA Medical Center and National Cemetery

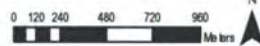
Augusta and Chelsea, Kennebec County, ME

 Boundary

UTM References

- | | |
|----------------------------|-----------------------------|
| 1. 19/443886.84/4904311.54 | 6. 19/443415.05/4902125.71 |
| 2. 19/444320.77/4902905.88 | 7. 19/444766.89/4902936.02 |
| 3. 19/443561.73/4902478.30 | 8. 19/444794.80/4902490.08 |
| 4. 19/443143.02/4902887.64 | 9. 19/444804.68/4902474.55 |
| 5. 19/443489.25/4902754.79 | 10. 19/444466.25/4903040.62 |

Togus Pond, ME 7.5' Quad 1982



United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery
Name of Property
Kennebec County, Maine
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Name of multiple listing (if applicable)

Section number Additional Documentation Page 1

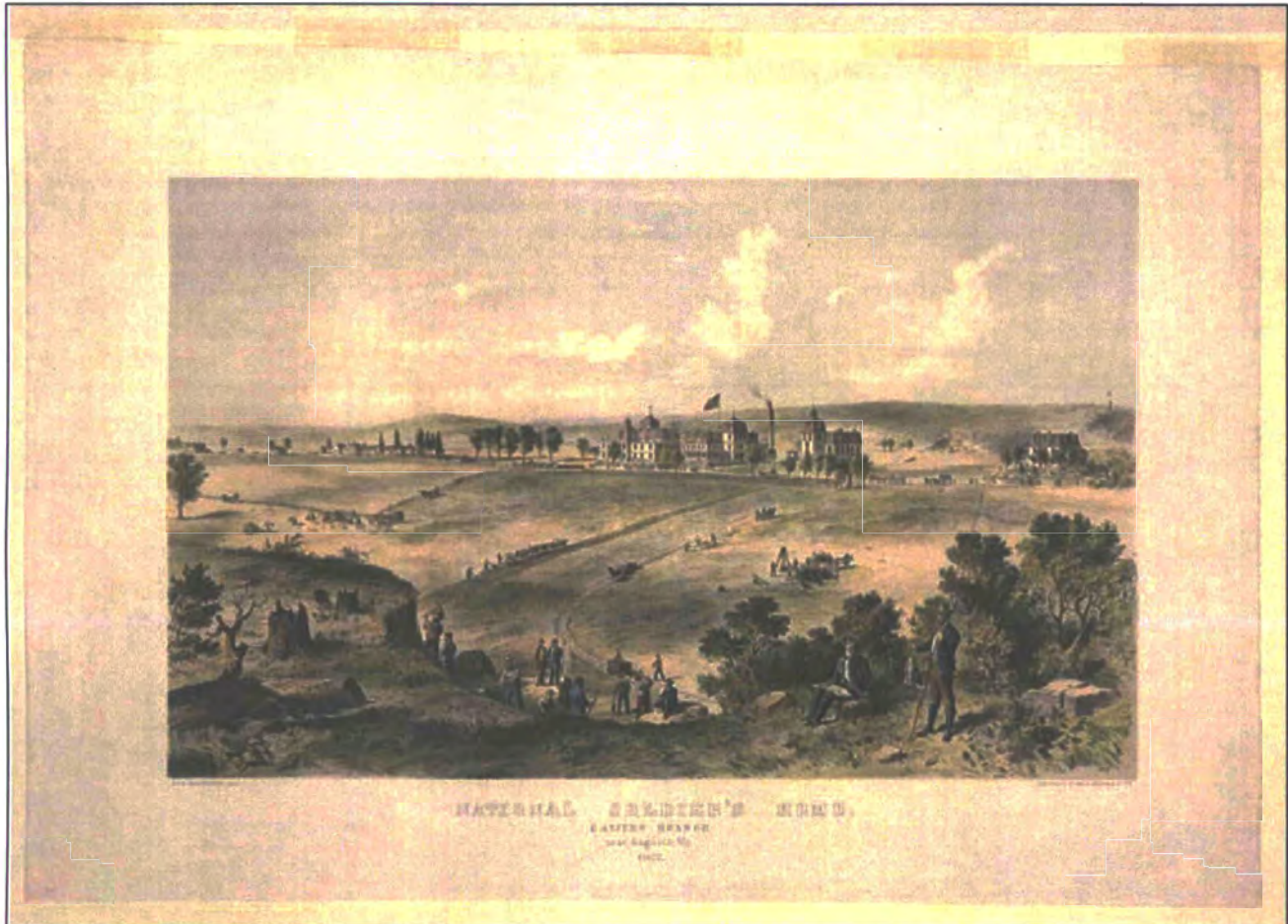


Figure 1. 1872 lithograph, Eastern Branch, NHDVS.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery
Name of Property

Kennebec County, Maine
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Section number Additional Documentation Page 2



Figure 2. 1878 bird's eye view of Eastern Branch NHDVS.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery
Name of Property

Kennebec County, Maine
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Section number Additional Documentation Page 3

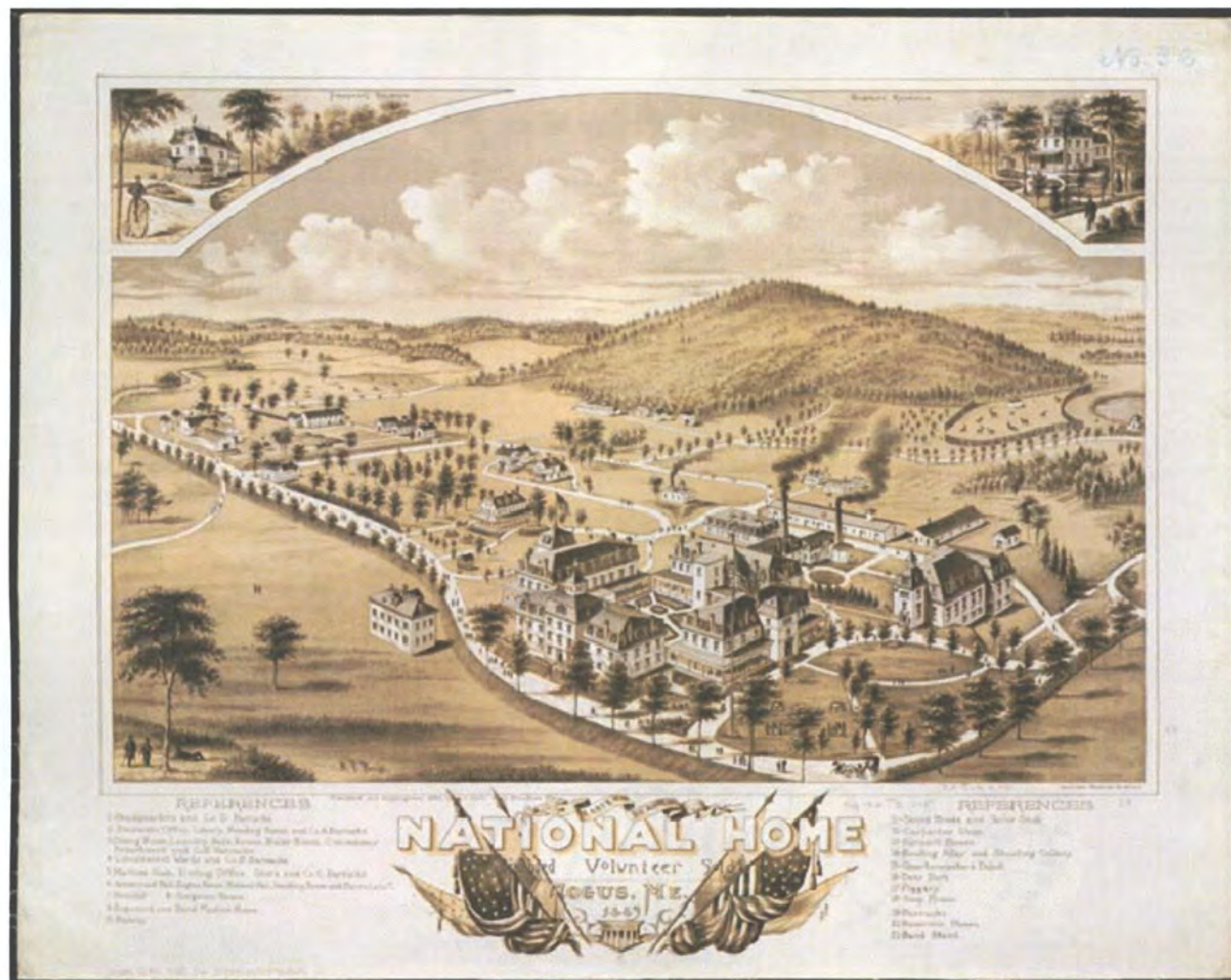


Figure 3. 1885 bird's eye view of Eastern Branch, NHDVS.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery
Name of Property
Kennebec County, Maine
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Section number Additional Documentation Page 4

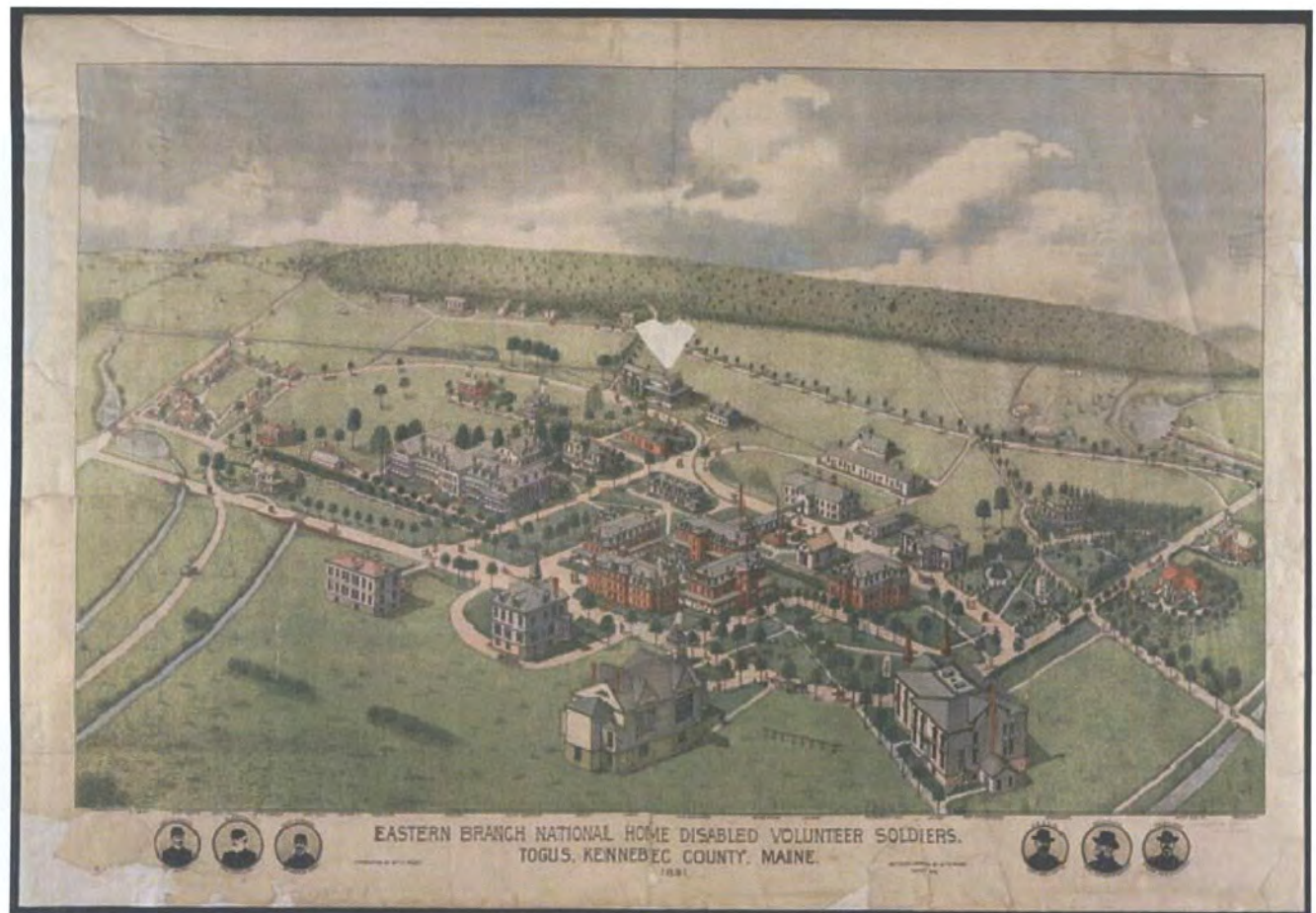


Figure 4. 1891 bird's eye view of Eastern Branch, NHDVS.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section number Additional Documentation Page 5

Togus VA Medical Center and National Cemetery
Name of Property
Kennebec County, Maine
County and State
Name of multiple listing (if applicable)

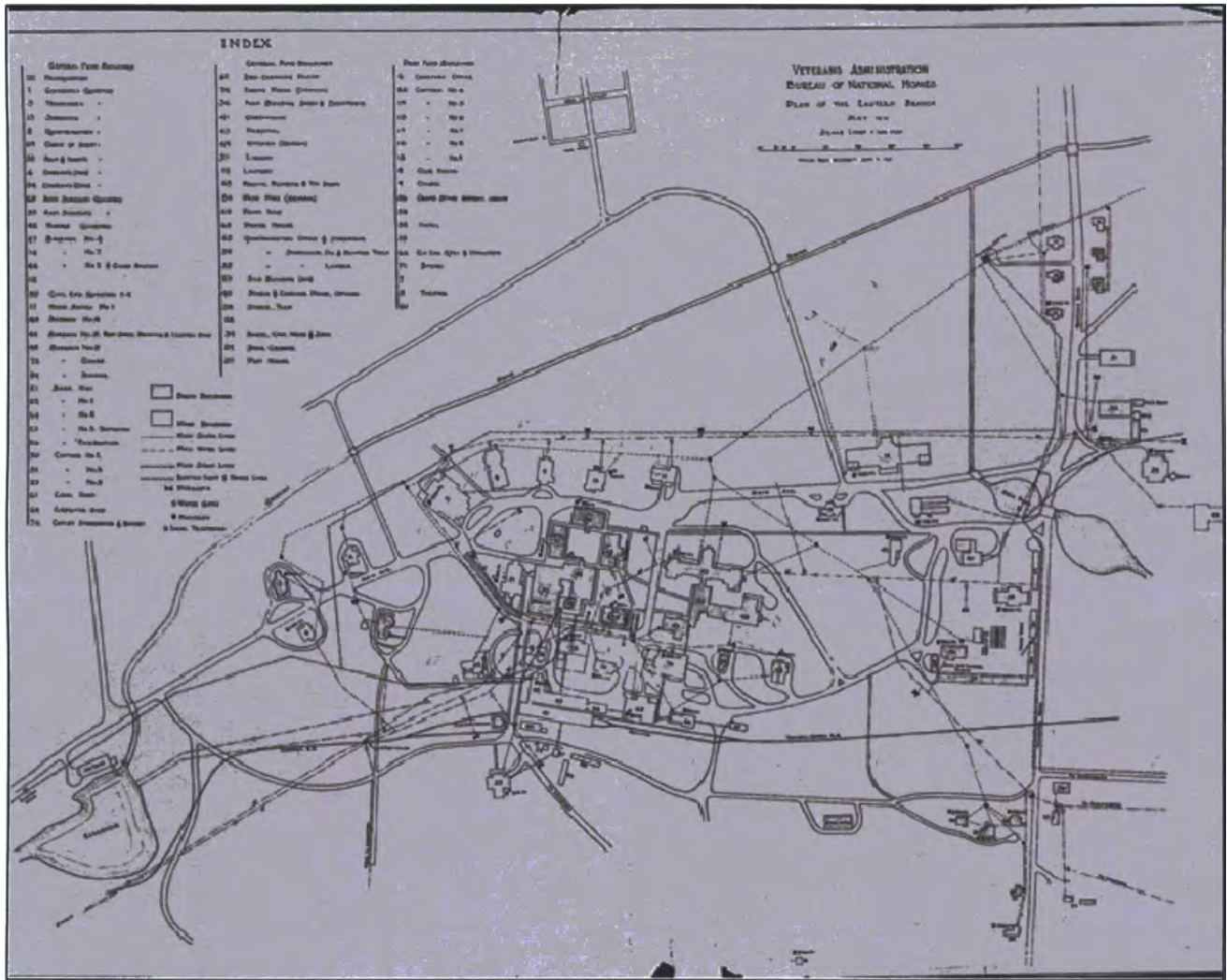


Figure 5. 1912 site plan of the Eastern Branch, NHDVS.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery

Name of Property

Kennebec County, Maine

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Section number Additional Documentation Page 6



Figure 6. 1935 aerial photograph of Togus Veterans Administration Facility.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Togus VA Medical Center and National Cemetery
Name of Property

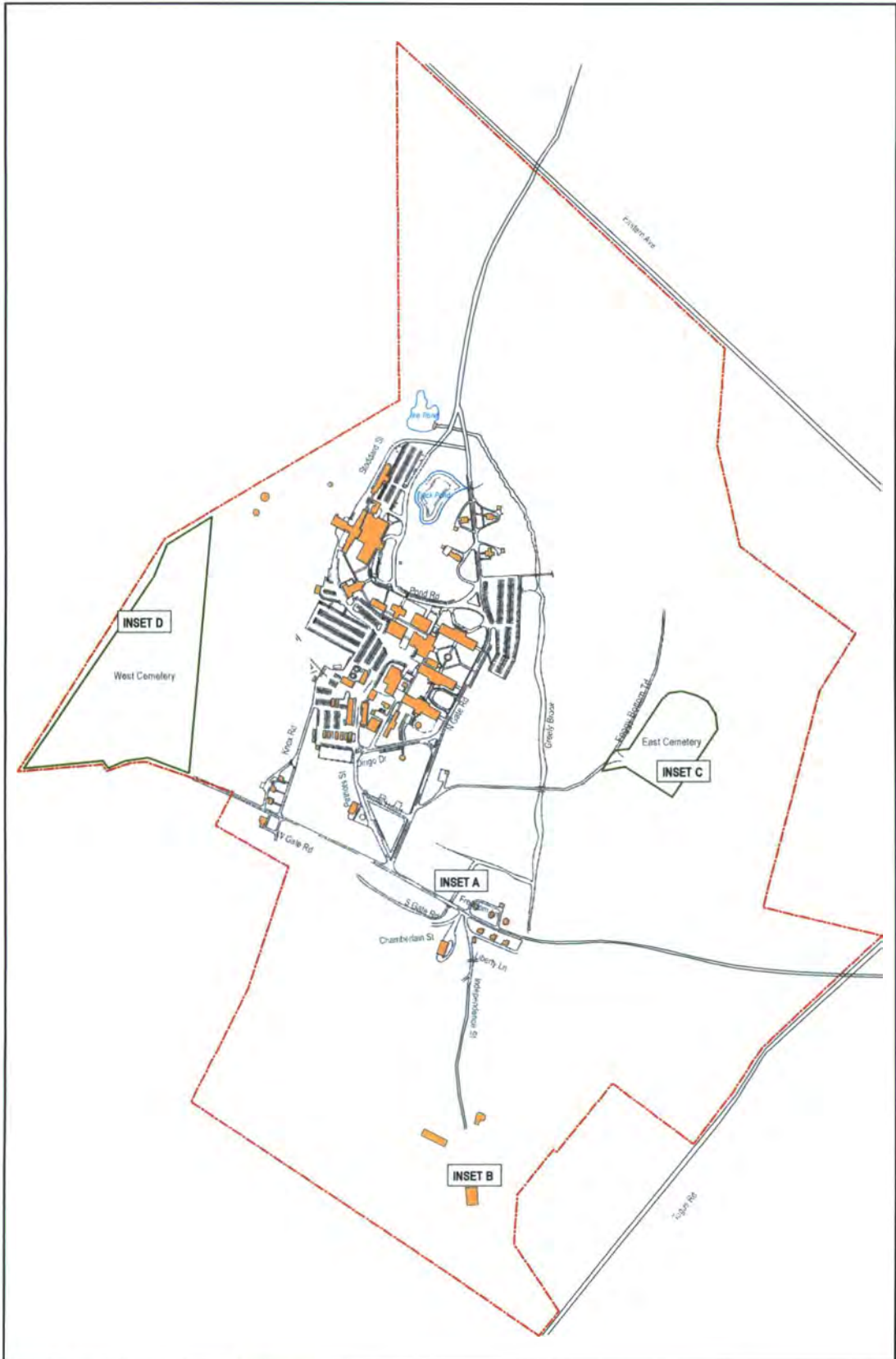
Kennebec County, Maine
County and State

Name of multiple listing (if applicable)

Section number Additional Documentation Page 7

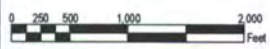


Figure 7. 1971 site plan of Togus VA Medical Center.



**Togus VA Medical Center
Historic District**
District Boundary Map
June 2011

- Legend**
- Property Boundary
 - Bldg Footprints
 - Cemetery Boundary








**Togus VA Medical Center
Historic District**

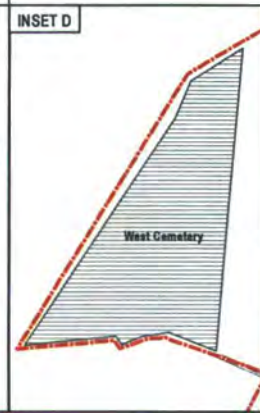
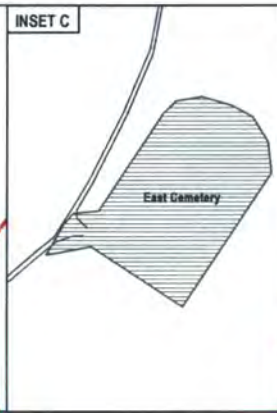
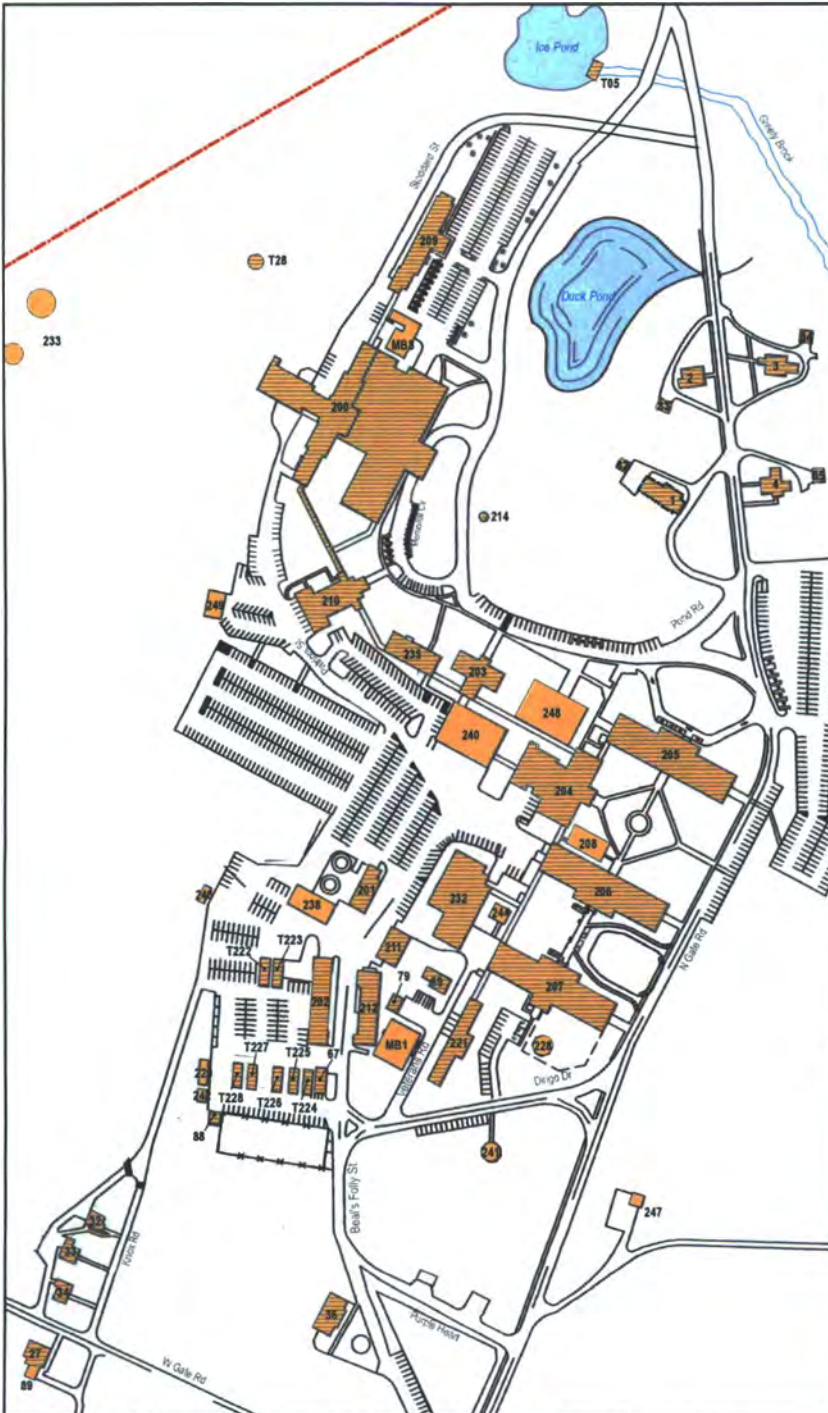
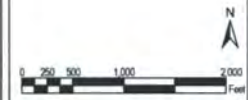
District Resource Map

June 2011

HARDY-HECK-MOORE INC

Legend

-  Contributing
-  Non-Contributing
-  Property Boundary
-  Cemetery Boundary
-  NHL Property








**Togus VA Medical Center
Historic District**

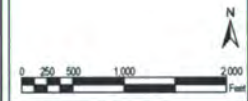
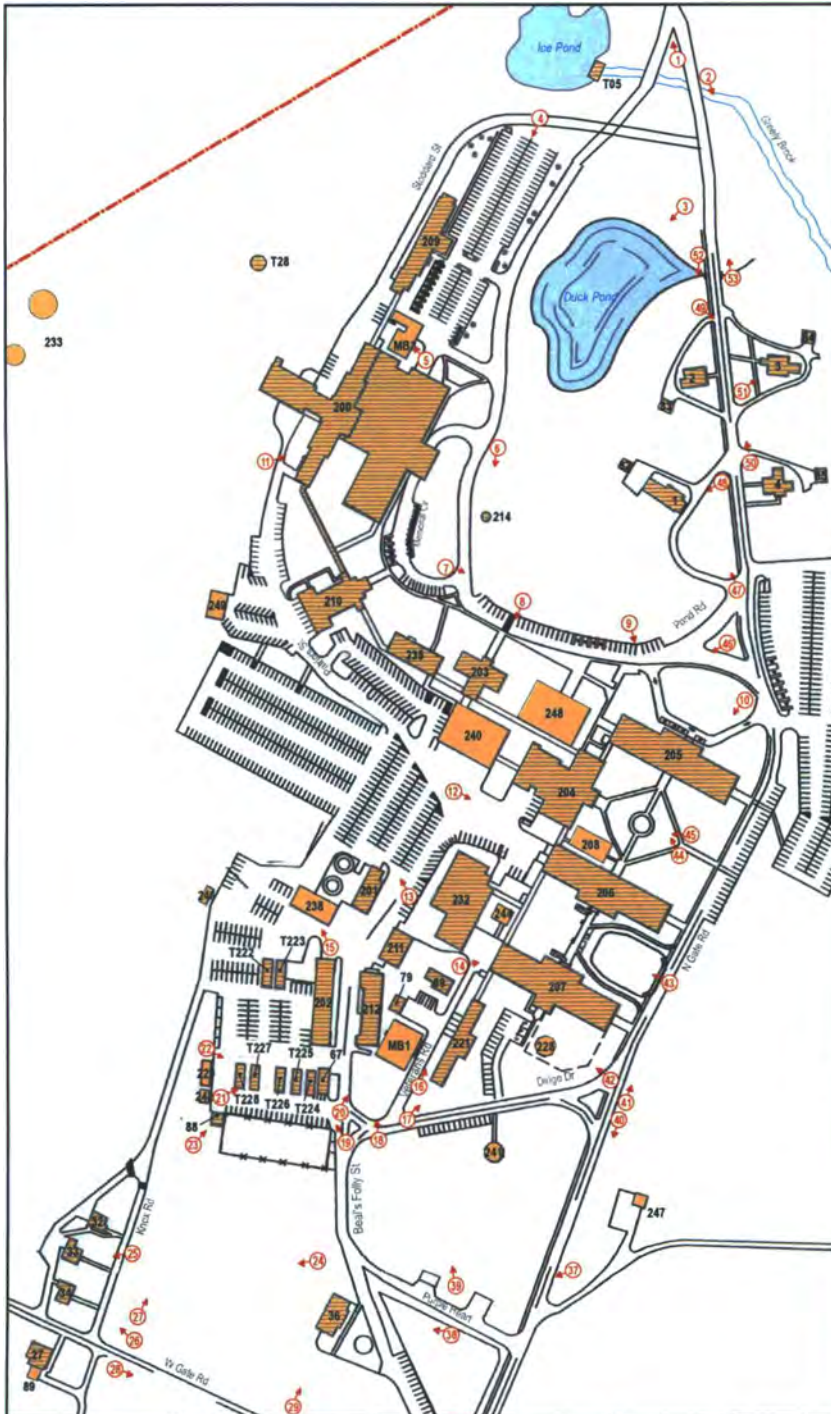
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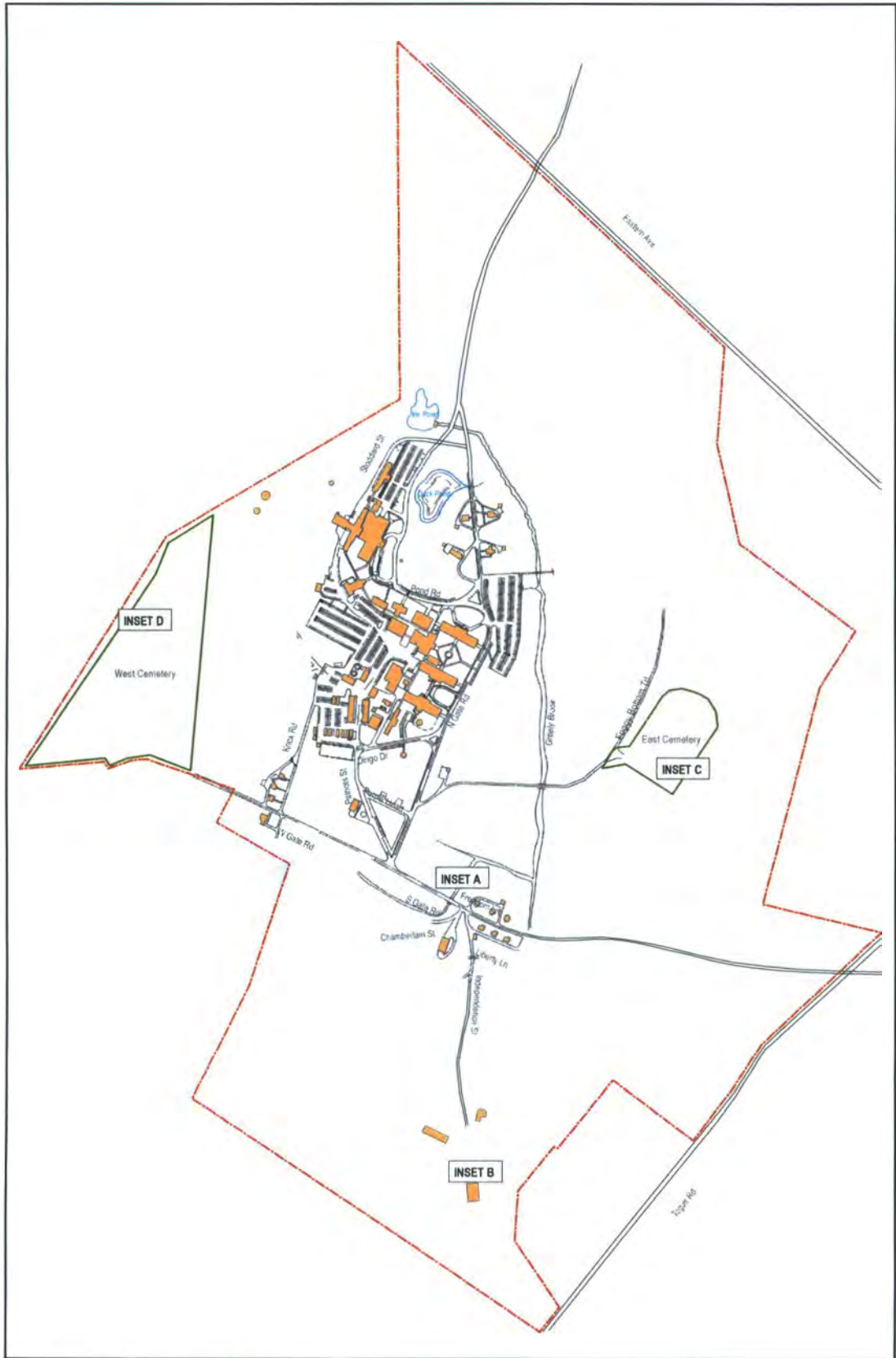
June 2011

HARDY-HECK-MOORE, INC.

Legend

-  Contributing
-  Non-Contributing
-  Property Boundary
-  Cemetery Boundary
-  Photograph Number



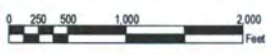


Togus VA Medical Center

Historic District
District Boundary Map

June 2011

- Legend**
- Property Boundary
 - Bldg Footprints
 - Cemetery Boundary








**Togus VA Medical Center
Historic District**

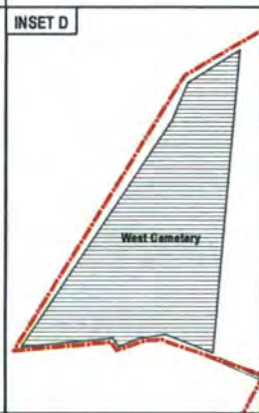
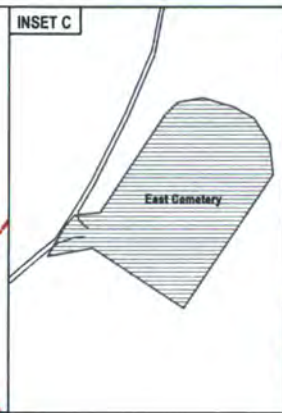
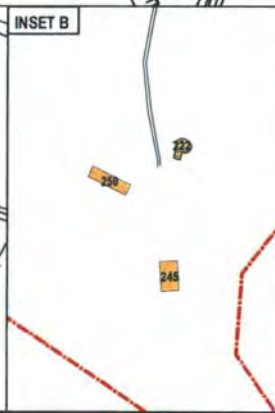
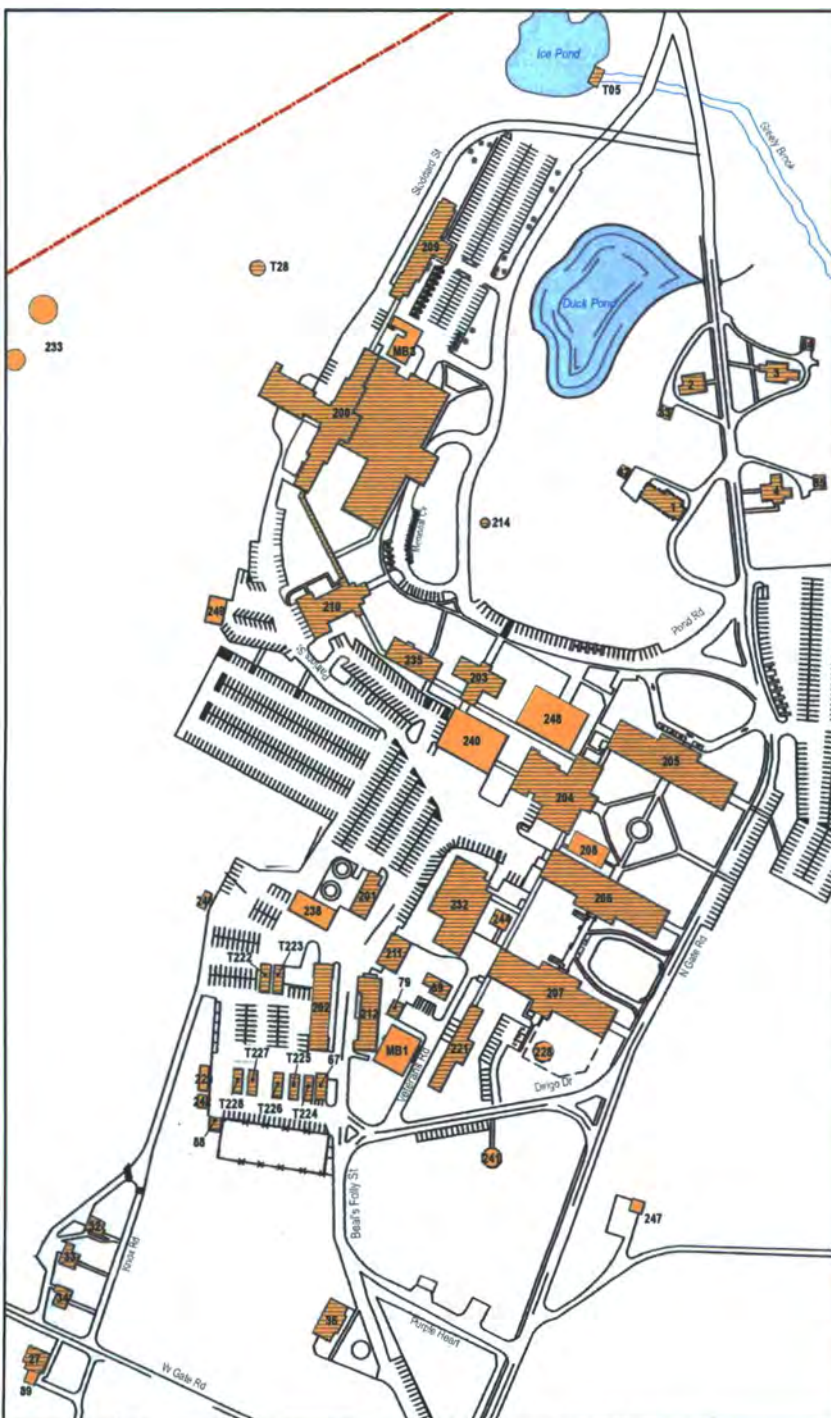
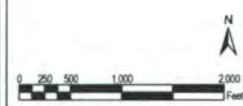
District Resource Map

June 2011

HARDY·HECK·MOORE INC

Legend

-  Contributing
-  Non-Contributing
-  Property Boundary
-  Cemetery Boundary
-  NHL Property



**Togus VA Medical Center
Historic District**

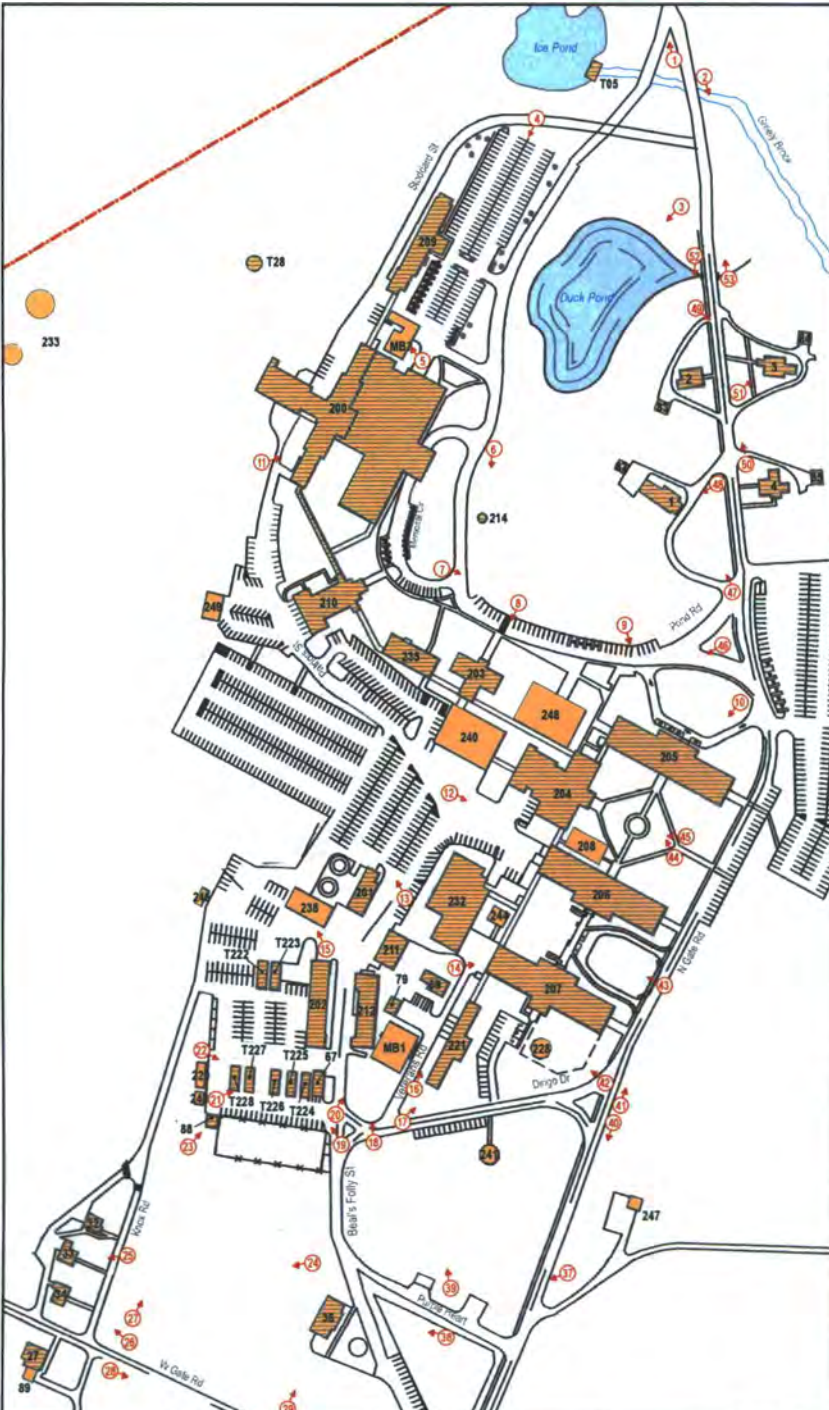
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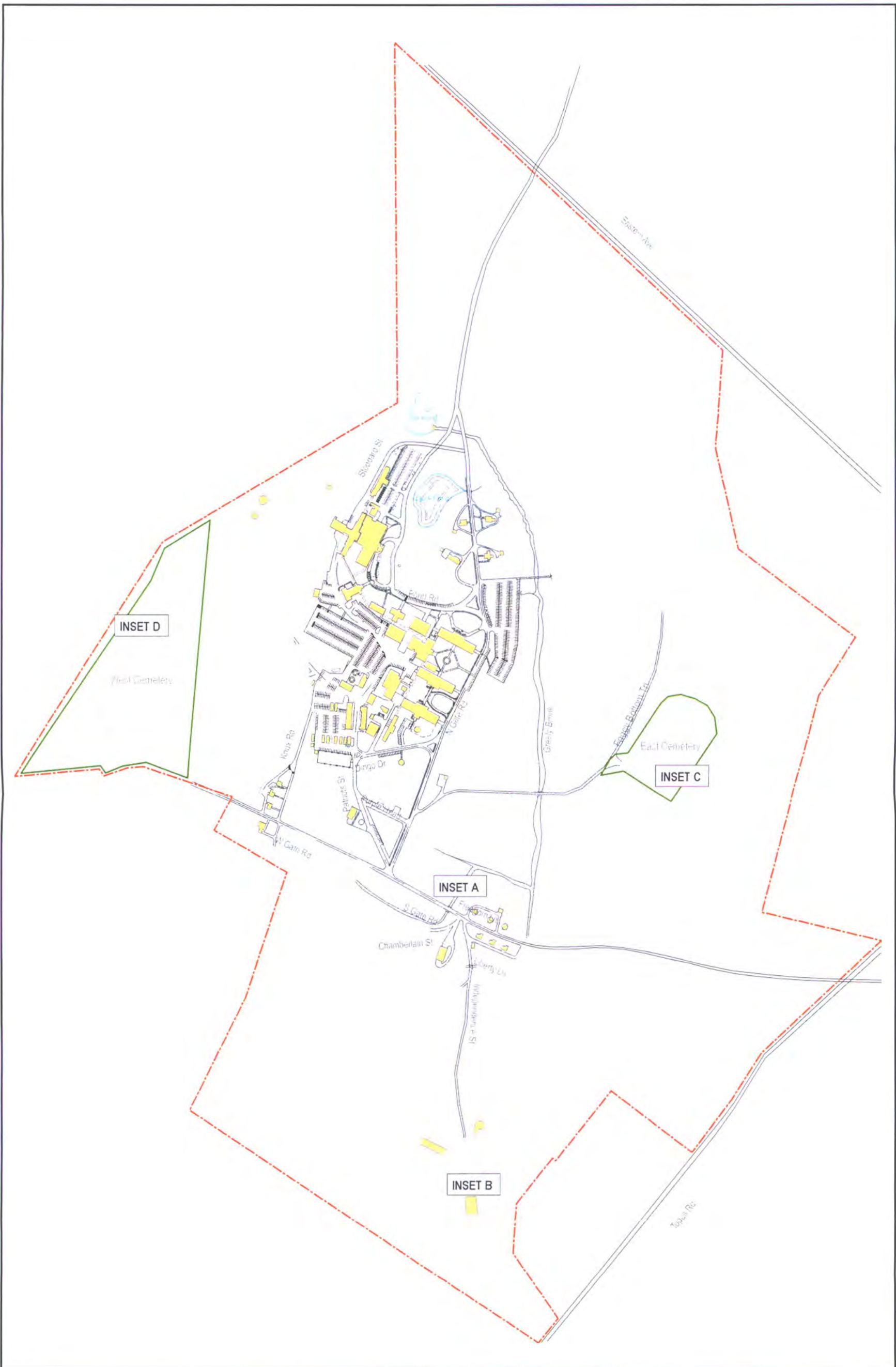
June 2011

HARDY·HECK·MOORE, INC.

Legend

-  Contributing
-  Non-Contributing
-  Property Boundary
-  Cemetery Boundary
-  Photograph Number





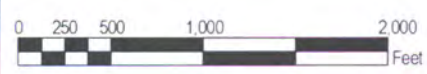
**Togus VA Medical Center
Historic District**

District Boundary Map

June 2011

Legend

- Property Boundary
- Bldg Footprints
- Cemetery Boundary




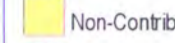

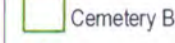
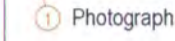
**Togus VA Medical Center
Historic District**

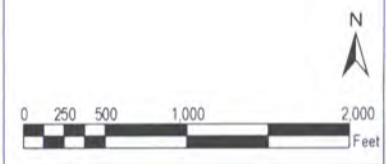
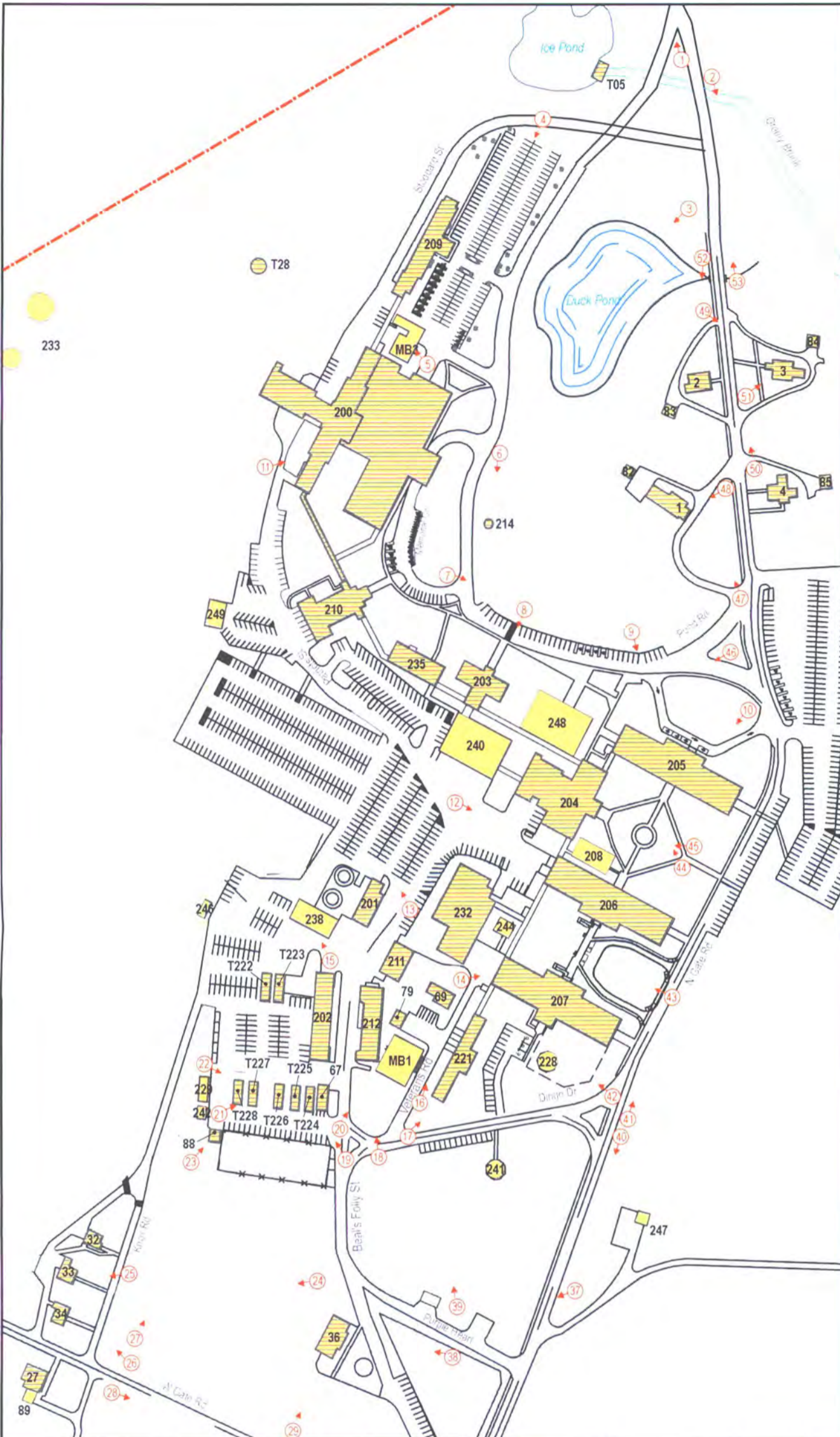
Photo Location Map

June 2011



Legend

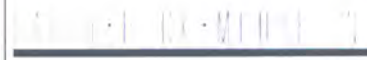
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-  Property Boundary
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-  Photograph Number








**Togus VA Medical Center
Historic District**

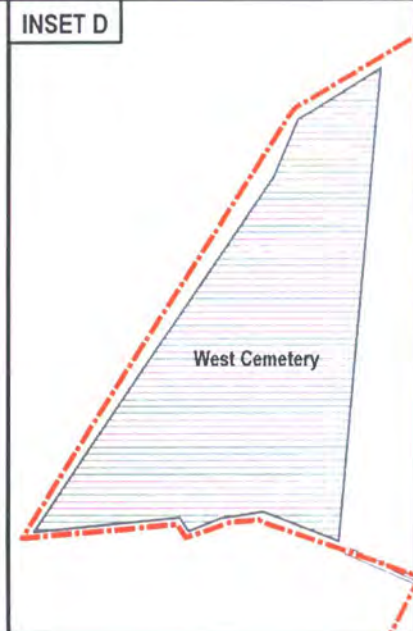
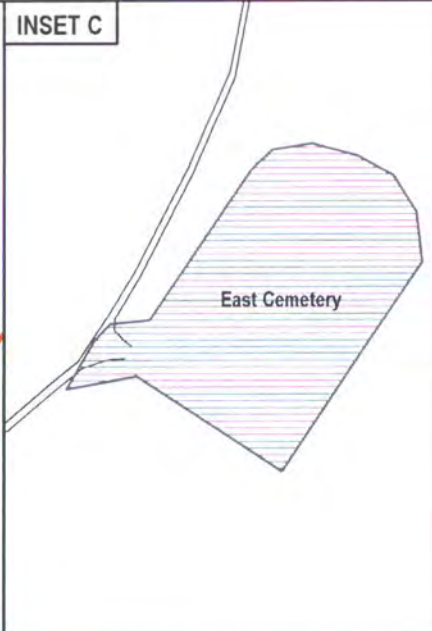
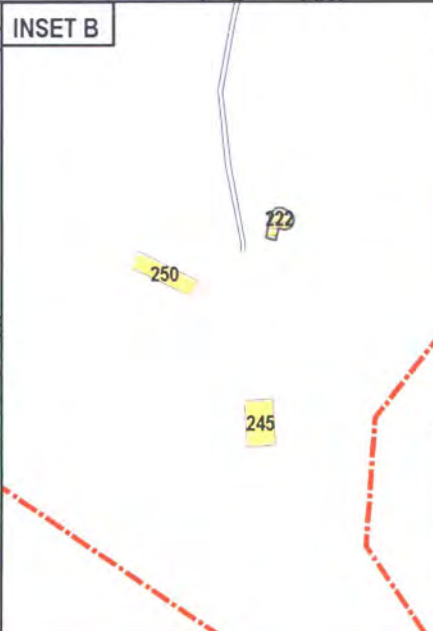
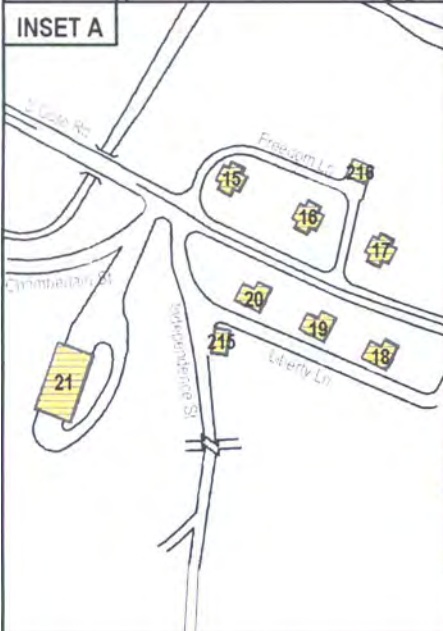
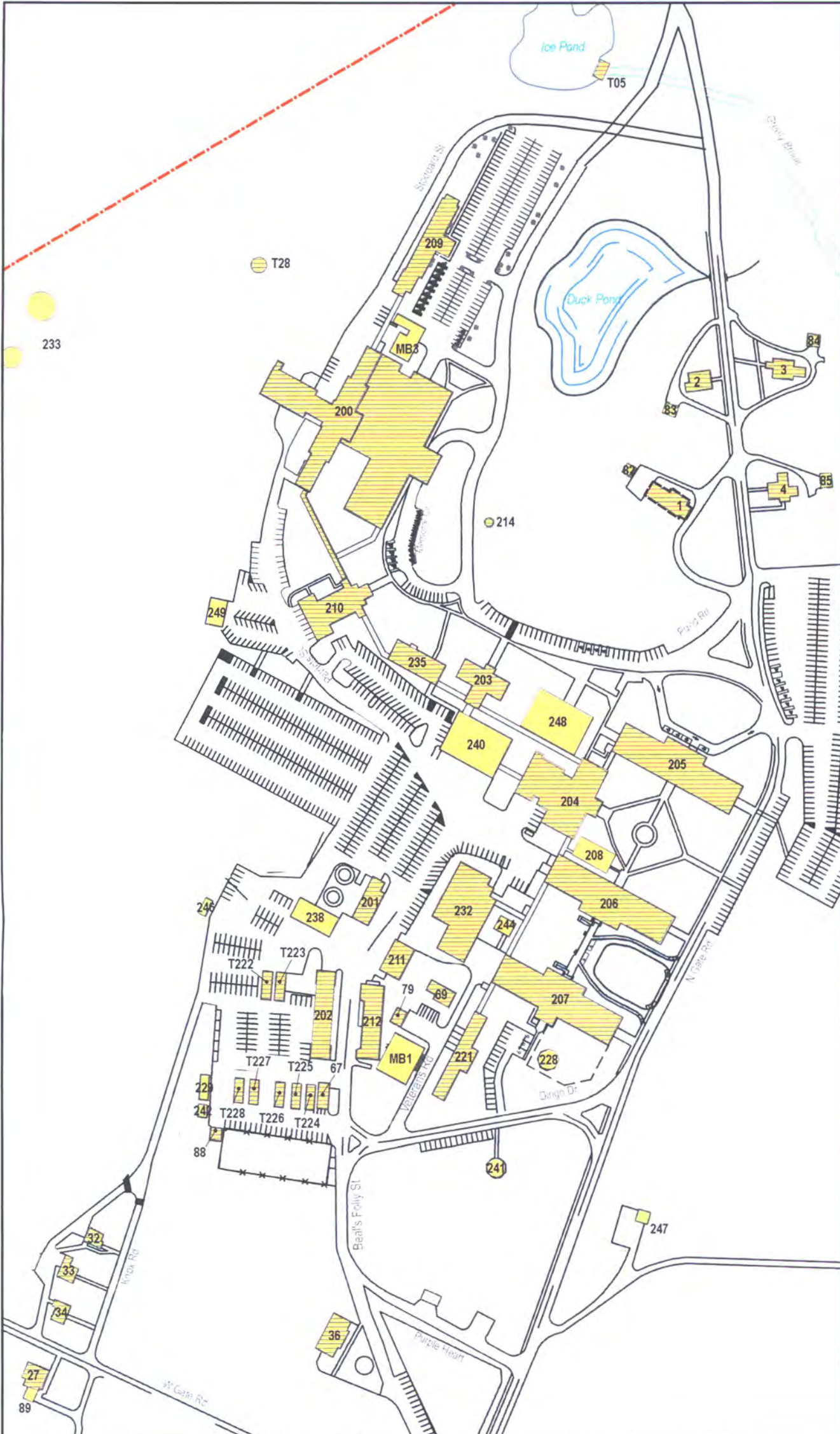
District Resource Map

June 2011



Legend

-  Contributing
-  Non-Contributing
-  Property Boundary
-  Cemetery Boundary
-  NHL Property



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Togus VA Medical Center and National Cemetery

MULTIPLE NAME:

STATE & COUNTY: MAINE, Kennebec

DATE RECEIVED: 8/17/12 DATE OF PENDING LIST: 9/12/12
DATE OF 16TH DAY: 9/27/12 DATE OF 45TH DAY: 10/03/12
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12000826

REASONS FOR REVIEW:

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

COMMENT WAIVER: N

ACCEPT RETURN REJECT 10/3/12 DATE

ABSTRACT/SUMMARY COMMENTS:

*National level under Criterion A: Health & Medicine
& Social History. 1866-1960.
First national home for Disabled Volunteer Soldiers.
Historic district does contain historic architectural & landscape
architectural resources that were not nominated at this
time but may be potentially eligible. (under
Criterion C)*

RECOM./CRITERIA A

REVIEWER Van Dine

DISCIPLINE Historian

TELEPHONE _____

DATE 10/3/12

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

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



Togus VA Medical Center Historic District
Kennebec Co., ME
Photo 1 of 57



Togus VA Medical Center Historic District
Kennebec Co., ME

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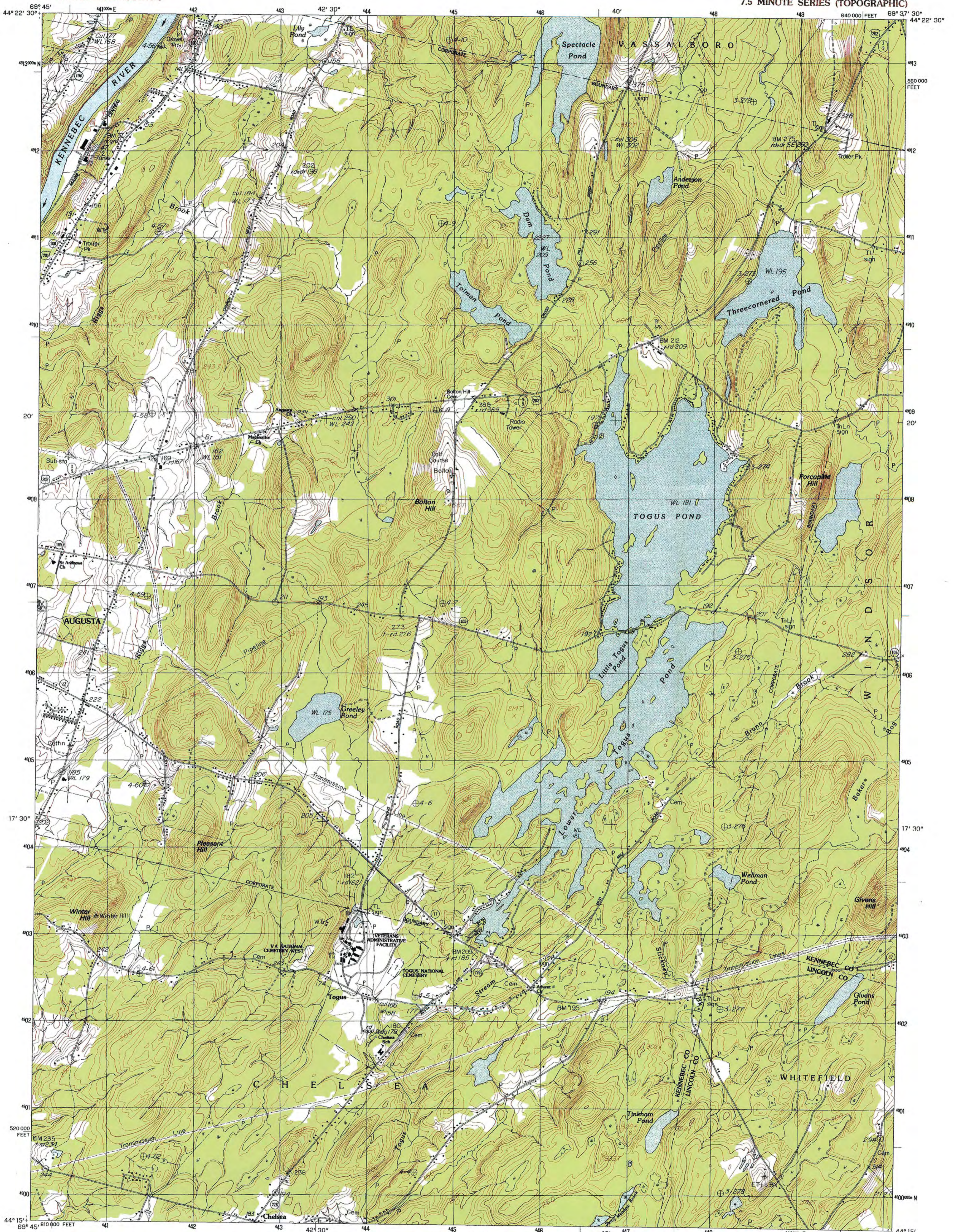
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Togus VA Medical Center Historic District

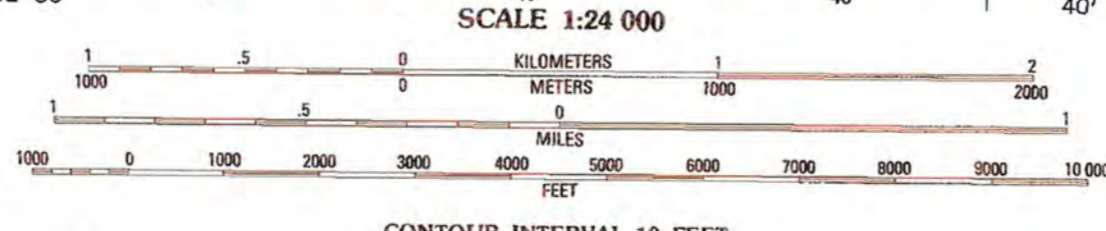
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PRODUCED BY THE UNITED STATES GEOLOGICAL SURVEY
CONTROL BY U.S.G.S. NOS. 1000 AND MAINE DEPT. OF TRANSP.
CONTROL BY AERIAL PHOTOGRAPHS TAKEN 1976
FIELD CHECKED 1979. MAP EDITED 1982
PROJECTION TRANSVERSE MERCATOR
GRID: 1000-METER UNIVERSAL TRANSVERSE MERCATOR
10,000-FOOT STATE GRID TICS
UTM GRID DECLINATION 18° WEST
1982 MAGNETIC NORTH DECLINATION 02° WEST
VERTICAL DATUM NATIONAL GEODETIC VERTICAL DATUM OF 1929
HORIZONTAL DATUM 1927 NORTH AMERICAN DATUM
To place on the predicted North American Datum of 1983, move
the projection lines as shown by dashed corner ticks (3 meters
south and 42 meters west)
There may be private inholdings within the boundaries of any
Federal and State Reservations shown on this map

PROVISIONAL MAP
Produced from original
manuscript drawings. Infor-
mation shown as of date of
field check



CONTOUR INTERVAL 10 FEET

To convert meters to feet multiply by 3.2808
To convert feet to meters multiply by .3048
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092



1	2	3	Belgrade
4	5	6	Vassalboro
7	8	9	China Lake
10	11	12	Augusta
13	14	15	Weeks Mills
16	17	18	Gardiner
19	20	21	East Pittston
22	23	24	North Whitefield

ADJOINING 7.5 QUADRANGLE NAMES

ROAD LEGEND
Improved Road
Unimproved Road
Trail
Interstate Route
U.S. Route
State Route

TOGUS POND, MAINE
PROVISIONAL EDITION 1982

44069-C6-TF-024



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



August 13, 2012

Paul Loether, Director
National Register of Historic Places
National Park Service
1201 Eye Street NW
8th Floor
Washington, DC 20005

Dear Paul:

The Department of Veterans Affairs (VA) is pleased to submit the enclosed National Register of Historic Places nomination for our medical center at Togus, Maine. This is an individual nomination and is not part of our 2nd generation VA hospital multiple property cover.

If you have questions regarding these nominations, please feel free to contact me. I can be reached at 202-632-5529.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathleen Schamel".

Kathleen Schamel,
Federal Preservation Officer

Recommendation: SLR Return Action: SLR Return None

Documentation Issues-Discussion Sheet

State Name: ME County Name Kennebec Resource Name Togus VA Medical Center ...

Reference No. 12-826 Multiple Name _____

Solution:

Requested disk 9/28/12

Problem: No disc for digital images

Resolution:

SLR: Yes No

Database Change: