

FITZSIMONS GENERAL HOSPITAL, NEUROPSYCHIATRIC WARD
(Fitzsimons Army Medical Center, Building 608)
(Fitzsimons General Hospital, Ward 411)
Southeast Corner of East Nineteenth Avenue & Wheeling Street
(formerly South Van Valzuh Street)
Aurora
Adams County
Colorado

HABS CO-172-DR
HABS CO-172-DR

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
INTERMOUNTAIN REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
12795 West Alameda Parkway
Denver, CO 80228

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HISTORIC AMERICAN BUILDINGS SURVEY

FITZSIMONS GENERAL HOSPITAL, NEUROPSYCHIATRIC WARD
(Fitzsimons Army Medical Center, Building No. 608)
(Fitzsimons General Hospital, Ward 411)

Location: East 19th Avenue and Wheeling Street (formerly South Van Valzah Street)
Southeast Corner
City of Aurora
Adams County
Colorado

USGS Quadrangle Fitzsimons, Colorado, Universal Transverse Mercator
Coordinates: Zone 13, 514570E, 4399370N

Present Owner: United States of America
Department of Veterans Affairs
Eastern Colorado Healthcare System
1055 Clermont Street
Denver, Colorado 80220

Present Occupant: Unoccupied.

Present Use: The building is currently vacant and slated for demolition.

Significance: The neuropsychiatric ward (Building No. 608) was constructed ca. 1942, as Fitzsimons Army Hospital expanded to fulfill its World War II mission. Soon after its completion, the building housed a neuropsychiatric ward to accommodate Fitzsimons' diversification away from tuberculosis care and toward more generalized care. In 1962, the Army used building for administrative purposes. The building experienced a number of renovations to accommodate subsequent changes in its use, but continued to support the mission of the hospital.

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PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date(s) of erection:

Property records from the former Fitzsimons Army Medical Center are somewhat contradictory; some state that the neuropsychiatric ward (Building No. 608) was completed in 1942, while others state that it was completed in 1945. The building does not yet appear on an August 1942 site map of the campus. (The adjacent building, Building No. 609 – then Building No. 911 – is noted as “new” on this site map.)¹

2. Architect(s):

Standard architectural drawings for the building were prepared by the Department of the Army as part of the campaign to construct temporary buildings during World War II. Further information about the original architect is not known. Architectural drawings from 1983 indicate that Merrick and Company of Denver designed alterations to the building’s electrical system.²

3. Original and subsequent owners, occupants, uses:

Originally, the U.S. Army initiated the construction of the neuropsychiatric ward (Building No. 608) as a general administrative building. Soon after its completion, the building was designated as a neuropsychiatric ward. According to real property records from 1946, the neuropsychiatric ward (Building No. 608) was designated for “occupational and social therapy.” This date coincides with the completion of the corridor constructed to connect the southern portion of the neuropsychiatric ward (Building No. 608) with the northern portion (adjacent Building No. 609), which had served as a neuropsychiatric ward since 1942. In 1962, the designation for the southern portion of the neuropsychiatric ward (Building No. 608) was changed to “administration,” although adjoining northern portion (Building No. 609) continued to operate as a neuropsychiatric ward. In the mid-1980s, the Army Judge Advocate General’s Corps (JAG) occupied the building. In 1998, ownership of the Fitzsimons Army Medical Center campus, including the neuropsychiatric ward (Building No. 608), was transferred to the City of Aurora, which leased it to the University of Colorado at Denver. The Department of Veterans Affairs (VA) acquired the property in 2007, and it currently is slated for demolition.

4. Builder, contractor, suppliers:

The original builder, contractor, and suppliers for the construction of the neuropsychiatric ward (Building No. 608) are not known.

5. Original plans and construction:

Original plans for construction of the neuropsychiatric ward (Building No. 608) could not be located, but plans documenting alterations from the 1960s through the 1990s, as well as existing conditions, were obtained from the Fitzsimons Redevelopment Authority. In addition, photographs dating from 1990 were obtained from the Fitzsimons Redevelopment

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Authority, and photographs from 2006 were obtained from the Colorado State Historic Preservation Office (SHPO). These resources provide information about the evolution of the building over time.³

When it originally was constructed during Fitzsimons' World War II expansion, the neuropsychiatric ward (Building No. 608) was classified as a temporary building. In 1946, the value of the building was \$57,606.59. The design used Army standard plans, Plan Nos. 470.14/A-1 and 700-3149.

As originally constructed, the neuropsychiatric ward (Building No. 608) was a one-story, rectilinear, stucco-clad building with a side-gabled roof. The building's main entrance was oriented to the south. A wide lawn fronted the building. At the central bay of the south façade, the projecting front-gabled entrance vestibule was accented with a segmental-arched opening containing two double doors. A stoop led up to the main entrance doors. The exterior walls were constructed using structural clay tile finished with stucco. No exterior ornament was present. The roof was sheathed in asphalt shingles. Original windows were double-hung wood-sash with a light configuration of eight-over-eight and red brick sills. Secondary entrances on the north, south and west façades were spanned with segmental-arched lintels, echoing the main entrance.

On the interior, the floor plan was organized around a central corridor running from east to west, with offices on either side. At the east and west ends of the building, the corridor opened onto larger, open spaces. The open space to the east included a small stage and, therefore, probably functioned as an auditorium. Originally, floor surfaces were finished with a combination of concrete and asphalt tile. Further documentation of original interior features and finishes could not be located.

6. Additions and Alterations:

Alterations and additions to the building were determined through analysis of architectural drawings for alterations and additions to the building, U.S. Army real property records, and investigation of existing building conditions.⁴

The first significant addition to the property occurred in 1946, when the corridor (also known as Building No. 608A) was constructed between the southern and northern portions of the neuropsychiatric ward (Building Nos. 608 and 609). Together, the connected buildings and the corridor formed a sideways H-plan, oriented to the south. Historic site plans from 1938 and 1962 illustrate that many buildings on the Fitzsimons campus historically featured connecting corridors in a similar configuration. In 1956, the exterior doors on the building were replaced. Otherwise, few alterations were required to facilitate the building's function, and work done through the 1970s focused on routine maintenance, such as painting. The open interior space at the west end of the building was subdivided into smaller offices some time between 1980 and 1983. In 1983, a concrete ramp was constructed on the south façade, leading to the secondary entrance just west of the main entrance. [Photographs indicate that this ramp existed in 1990, but it is no longer extant today. The need for the ramp was eliminated in 1993, when Building No. 641 was constructed to the south, and the site was re-graded, bringing the ground level up to the threshold level of the building.]

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As the function of the building shifted from a neuropsychiatric ward to JAG offices in the mid-1980s, some interior alterations were executed to accommodate the new use. The partition walls in the west wing were removed to create an open space for a courtroom. However, in 1995, new partitions were constructed to create three offices to the south and a smaller open courtroom space to the north. The existing central corridor was continued between the newly partitioned spaces. Storm windows likely were installed in 1989, at the same time as identical units were installed on the adjacent northern portion of the neuropsychiatric ward (Building No. 609), but the original windows remain intact underneath. New lighting was installed throughout the building in 1993.

The neuropsychiatric ward (Building No. 608) has been vacant since ca. 1997, when the Army closed the hospital. No alterations have been undertaken since that time, and little maintenance has occurred. The roof has not been replaced, and shingles are missing in areas. Wood elements on the building have experienced some deterioration, including peeling paint and water infiltration. Overall, the exterior and structure of the building remain in good condition.

B. Historical Context:

The overall history of the development of Fitzsimons Army Medical Center is narrated below, as excerpted and edited directly from *Cultural Resources Study: Fitzsimons Army Medical Center*, 1991, and reproduced in *Historic American Buildings Survey: Fitzsimons Army Medical Center/Fitzsimons General Hospital*, 1995.⁵ (Note that grammar and punctuation used in the original text were maintained, and consequently the excerpted text does not comply fully with HABS standards for grammar and punctuation.) At the conclusion of the 1991 historic context, the recent evolution of Fitzsimons Army Medical Center, from 1991 through 2009, is set forth. Finally, the neuropsychiatric ward (Building No. 608) is placed within the historic context, and building-specific historic information is provided.

*Overall Historic Context*⁶

Early Ownership and Development of the Site of Fitzsimons Army Medical Center, 1886-1917

Fitzsimons Army Medical Center (FAMC) in Adams County, Colorado, occupies all of Section 36, Township 3 South, Range 67 West, 6th Principal Meridian, except for approximately 45.2 acres in the northeast corner. The plat of Gutheil Park subdivision, which was comprised of all of Section 36, was recorded 6 December 1895 in what was then Arapahoe County. The subdivision was created by the Gutheil Park Investment Company, which was capitalized at \$100,000. Alfred Henry Gutheil was president and generally manager of the company.⁷

Gutheil was born in 1864, in Attenburg Thuringen, Germany. He came to the United States in 1880, lived in Maryland, Ohio, and Illinois, homesteaded in Nebraska, and managed a stock ranch in Wyoming before settling in Denver in 1886. In 1888, Gutheil entered the real estate business and, the following year, bought and platted Gutheil Gardens, a subdivision on lands adjoining Gutheil Park on the east. Gutheil quickly disposed of his holdings in Gutheil Gardens to concentrate on Gutheil Park, where he established his residence. In addition to developing real estate, Gutheil served as Adams County judge from 1905-1909. He operated a nursery known as "Gutheil Gardens" after selling his Gutheil Park land for the site of the Army recuperation camp in 1918. Gutheil died in 1955.⁸

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The Gutheil Park development was divided into 240 blocks of land, plus the 45.165 acre tract in the northeast corner. The plat shows existing Denver streets extending east-west through the subdivision. East End Boulevard (now Peoria) formed the western boundary of the subdivision, while Gutheil Avenue was the eastern limit. Seven north-south streets were platted in the interior: Lovett Avenue; Center Avenue; Baker Avenue; School Land Boulevard; Cummings Avenue; Magnolia Avenue; and Tollgate Avenue. The grid-pattern of planned streets divided the subdivision into 60 street blocks. Tracts of five or ten acres were offered for sale. As an added inducement for investment, the developers promised each tract would be plowed up and irrigation ditches extended to the parcel upon sale. Another bonus included free fruit and shade trees given to buyers.⁹

The Gutheil Park subdivision is shown on the W.C. Willits Farm map of 1899 as a grid of streets. In reality, the interior streets of the development probably were never constructed, as the tract never flourished as a residential subdivision. At the time of its creation, it was relatively remote from business and commercial activity in central Denver. The western edge of Gutheil Park abutted the town limits of Fletcher (later Aurora), which was itself struggling. The Gutheil development was a mile east of the end of the trolley line from Denver at Galena and East Colfax. In 1899, the Denver Times reported that A.H. Gutheil and F.A. Joslin incorporated the Gutheil Park Railway Company with the intention of building a streetcar line to provide access from the subdivision to the town of Fletcher. No evidence exists that the line was actually constructed.¹⁰

In 1901, Gutheil Park became the home of another of the developer's ventures, the Gutheil Nurseries. Gutheil lived in a large, two-story residence called "Park Lodge," which now serves as the commanding officer's quarters at FAMC. [Although the FAMC property was transferred to the University of Colorado in 1996, the original commanding officer's quarters remains extant. Today, the building is leased to the University hospital and used as part of the CEDAR drug and alcohol treatment center.] The nursery grounds were "situated on the open plains, an ideal location for producing the best and hardiest Nursery Stock possible." Irrigation water was required to make the plantings flourish on the dry plains, and the nursery had a supply from the High Line Canal and from the Antero Reservoir. The West Branch of the High Line Canal crossed Colfax Avenue within two blocks of the nursery. Impressive brick and wrought-iron entry gates stood at the southwest corner of the property at East Colfax Avenue and Peoria Street.¹¹

The nursery gardens and associated park were regarded as a showplace by local residents and attracted many visitors. The development's pamphlet stated that "the Gutheil Park Nurseries are said to comprise the most beautiful grounds near Denver. We are continually adding new drives, lawns, and other attractive features of landscape gardening."¹²

The Campaign for a Military Tuberculosis Hospital in Denver, 1917-1918

The United States entered World War I on 6 April 1917. By that date, the Allies, who had been involved in the monumental struggle since 1914, were desperate for manpower. Preparations for mobilization of America's forces had begun months before America joined the fight and the unprecedented expansion of facilities and manpower accelerated. Shortly after the first American troops landed in Europe, civic and commercial leaders in the Denver area began a campaign to encourage the construction of a military post in their city.

The Denver Civic and Commercial Association, forerunner of the Denver Chamber of Commerce, led

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the campaign to acquire a military facility for the Denver area. Governor Julius C. Gunther urged the group to visit Washington, D.C. to request the establishment of a training camp near Denver. The city's geographic position in the interior of the country caused the War Department to ignore it when establishing cantonments and when calling for contracts for munitions and supplies. One official, however, suggested that "Denver was the finest place on earth for a recuperation hospital."¹³

Mobilization for the war required the expansion of medical facilities to provide care for many types of war-related casualties. Many soldiers returning from Europe in the early months of the war were found to be suffering from pulmonary diseases resulting from prolonged exposure in trenches, underground bunkers, and battlefields. The idea of attracting a military recuperation camp which would serve such casualties soon gained favor with Denver leaders. William G. Evans, a prominent member of the Civic and Commercial Association, suggested that if Denver could not obtain a cantonment, it might be more successful at attaining a recuperation camp for those suffering from pulmonary and respiratory ailments.¹⁴

The climate of Colorado had long been believed to be beneficial in the treatment of tuberculars. The cool, dry air and large number of days per year with sunshine were regarded as advantageous for such patients, and many homes were built with open sleeping porches. Historians Stephen Leonard and Thomas Noel have opined that "one of Denver's most viable industries during the depressed 1890s was tending tuberculosis patients." By the early 20th century, several institutions for the treatment of the "white plague" had opened in Denver and hundreds of tuberculars had come to the city for treatment. The first facility, the National Jewish Hospital, was established in 1892 and operational by 1899. Other Denver area sanitariums quickly came into existence, including the Jewish Consumptives Relief Society (1903), Agnes Memorial Sanatorium (1904), National Swedish Hospital (1903), Craig Hospital (1909) and Bethesda (1914).¹⁵

Acquiring a military recuperation camp specializing in the treatment of tuberculars seemed a logical step to Denver citizens, who welcomed the economic benefits of treating the "one-lunged army." In addition to its advantageous climate, local boosters believed that Denver's labor supply, railroad network, pleasant residential neighborhoods, business and industrial sectors, and location between the East and West coasts made it a desirable site for a military hospital.¹⁶

In 1906, the Navy affirmed Colorado's beneficial climate when it established a tuberculosis hospital at Fort Lyons, later redesignating it the Navy Hospital at Las Animas. The Army had a western tuberculosis hospital at Fort Bayard, New Mexico, and the Public Health Service had a similar institution at Fort Stanton, New Mexico. The Army recognized the need for the enlargement of its facilities after the advent of World War I, but Fort Bayard's limited water supply controlled its ability to expand. Therefore, the agency decided to build such hospitals in several locations around the country.¹⁷

In response to requests from Colorado, Colonel George E. Bushnell was sent to the state in November 1917 to inspect possible sites for a recuperation camp. Bushnell, who had spend two years in Colorado recovering from tuberculosis, was a medical officer with the Surgeon General's Office and a recognized pioneer in the treatment of tuberculosis. In inspecting the sites, Bushnell kept in mind that the Army's experience was that it was difficult and expensive to lease and remodel existing buildings for a tubercular hospital. It was hinted that the government was not interested in buying

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land for a hospital, but would prefer to rent a hospital site for a nominal fee. The committee representing the Civic and Commercial Association quickly added several real estate agents to its membership and secured options on several locations for a recuperation camp.¹⁸

Bushnell inspected several undeveloped sites during his visit. The grounds of the A.H. Gutheil Nursery, located near Aurora, eight miles east of Denver, brought praise from the Colonel. Upon viewing the magnificent unobstructed vista of the mountains from the nursery grounds, Bushnell reportedly remarked, "What an effect that view would have on our poor boys!" The campaign to win Bushnell's approval was not limited to inspection tours, but also included a dinner in his honor hosted by the Civic and Commercial Association. For the occasion, several of the doctors who had treated the Colonel during his convalescence in Denver were present.¹⁹

Finally, Bushnell expressed approval of the Gutheil Nursery site as the proper location for a recuperation camp. Two major roads, Colfax Avenue and Montview Boulevard provided necessary access to the grounds. Bushnell was also reportedly impressed by the water available from Denver and the ease of constructing a sewage system on the site. In addition, an uncomplicated rail connection could be made to the Union Pacific Sable Junction trackage, about a mile from the post.²⁰

The size of the site, 594.84 acres, was also significant, being large enough to accommodate the low density type of medical complex desired for treatment of tuberculars. At that time, hospitals for tuberculars featured buildings with long rectangular floor plans of low height. Wide spacing between buildings insured a maximum of sunshine and fresh air. The grounds were also extensive enough to encompass future construction if more buildings were deemed necessary.²¹

Creation of General Hospital No. 21, 1918-1919

Ground was broken in April 1918 and, in May, construction began on 48 buildings at the site then designated as Army General Hospital No. 21. General hospitals of the Army were created to service both general and special needs of patients. Such hospitals were designed for the treatment of all injuries and diseases, and especially for the care of patients from abroad. General hospitals received patients who suffered from severe or obscure illnesses from station hospitals and were maintained with better facilities for treatment of serious or complicated cases than field hospitals. General hospitals were staffed with specially qualified personnel to treat complex cases and were designed to instruct and train junior medical officers. Such hospitals were under the exclusive control of the Surgeon General and were governed by regulations prescribed by the Secretary of War.²²

Construction of the hospital facilities was completed under the supervision of Constructing Quartermaster Major W.J. Cameron and Assistant Quartermaster Captain F.T. Wood. The C.S. Lambie Company was the general contractor. Lambie was a Pennsylvania native, who had worked as a civil engineer and contracting builder in Denver since 1911. Other contractors included Seerie and Varnum and Allison Stocker. Together, the three companies were said to make up the three largest contracting firms in Denver. Denver architect T. Robert Weiger served as Chief Engineer.²³

The buildings to be erected at the hospital were based upon standard architectural designs for hospital structures developed by the Quartermaster Corps and the Construction Division in consultation with the Surgeon General's Office. (Copies of the standard architectural designs [were] located at the Directorate of Public Affairs Office at the Fitzsimons Army Medical Center, Aurora, Colorado [as of

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1995], and in Record Group 112 at the National Archives Cartographic and Architectural Branch, College Park, Maryland.) On April 1918, the Construction Division, formerly a part of the Quartermaster Corps, was given responsibility for preparing plans and specifications for all military construction projects. The standard building plans included five classes of buildings: general administration buildings (HABS No. CO-172-BU); care and treatment buildings such as wards (HABS Nos. CO-172-BI, CO-172-BJ, CO-172-BK, CO-172-BL, CO-172-CH); special care and treatment buildings, such as surgical (HABS No. CO-172-BT), laboratory (HABS No. CO-172-AN), and physical reconstruction buildings; food (HABS Nos. CO-172-T, CO-172-BM, CO-172-BO, CO-172-BY); housing (HABS Nos. CO-172-I, CO-172-J, CO-172-L, CO-172-Q, CO-172-R, CO-172-S, CO-172-AW, CO-172-BN, CO-172-BP), and supply buildings (HABS Nos. CO-172-AC, CO-172-AG, CO-172-BF); and utility and physical operations buildings such as power house (HABS No. CO-172-AR), shop (HABS Nos. CO-172-AE, CO-172-AF), laundry (HABS No. CO-172-CE), garage (HABS Nos. CO-172-N, CO-172-P, CO-172-AA, CO-172-AB, CO-172-AJ, CO-172-AK), and fire station (HABS No. CO-172-CG) buildings. The style of the buildings was the standard one adopted by the Army during that era for posts in the southwestern region, the Mission Revival style.²⁴

Among the original 48 buildings constructed on the post were an administration building (HABS No. CO-172-BU), two-story officers' tuberculosis wards (HABS Nos. CO-172-BI, CO-172-BL), officers' quarters (HABS No. CO-172-J), a nurses' infirmary, an operating pavilion (HABS No. CO-172-BT), garages (HABS Nos. CO-172-N, CO-172-P, CO-172-AA, CO-172-AB, CO-172-AJ, CO-172-AK), an officers' recreation building (HABS No. CO-172-K), a post exchange, a central infirmary for 300 patients (HABS No. CO-172-BR), two-story tuberculosis wards (HABS No. CO-172-BJ), an isolation ward, one surgical ward, two-story hospital corps barracks (HABS No. CO-172-AW), a laboratory (HABS No. CO-172-AN), storehouses (HABS Nos. CO-172-W, CO-172-AO, CO-172-AP, CO-172-BF, CO-172-CC), a guardhouse (HABS No. CO-172-AX), a laundry (HABS No. CO-172-CE), a shop building (HABS No. CO-172-AE), a general mess and kitchen (HABS No. CO-172-BY), an officer patients' mess and kitchen (HABS No. CO-172-BM), an officers' mess and kitchen attendants' dormitory, a nurses' mess and kitchen (HABS No. CO-172-BO) and attendants' dormitory (HABS No. CO-172-L), a hospital corps mess, a pumphouse (HABS No. CO-172-AR), a power house (HABS No. CO-172-AR), a Red Cross headquarters (HABS No. CO-172-CA), an officers' recreation quarters (HABS No. CO-172-K), a chapel, an incinerator, and a fire station (HABS No. CO-172-CG). The hospital also utilized several buildings already on the site, including stables and the Gutheil residence, which was remodeled and served as the Commanding Officer's Quarters.²⁵

At the center of the entire post was the Red Cross Building, a cross-shaped structure with entrances at each of its four wings. The Red Cross Building was surrounded by a landscaped quadrangle area much like one found on a typical college campus, with pathways to the other activity areas. Also in a centralized location were the infirmary building, surgical ward, operating pavilion, mess hall, post exchange, fire station, laundry, and chapel. The installation was essentially a symmetrical development around the buildings erected at the center of the grounds. Flanking the central area on the west and at intervals of 200 feet were the semi-infirmary tuberculosis wards and the officers' and nurses' wards. On the east, with the same proportioned spacing, were more semi-infirmaries, the open air wards, and personnel housing. The northeast quadrant held the power house and store houses, as well as the school shops of the Education Department.²⁶

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The first group of 48 stucco and hollow tile buildings was dedicated on 13 October 1918, although the hospital was not officially completed until 1919. Work was handicapped by the shortage of all kinds of labor resulting from the war. One medical officer later commented that:

...the speed with which the site of this hospital was secured and the construction work carried through was truly remarkable...Many hitches occurred in the building of other Army tuberculosis hospitals so that they were not ready when required, and three other tuberculosis hospitals had to be quickly put in operation by means of taking over sanatoria and hospitals already in operation and converting them rapidly for Army use. General Hospital Number 21...was ready when needed and in less than no time was filled up with patients.²⁷

Before the first 48 buildings were dedicated, it became apparent that more facilities would be needed to serve the mounting flow of casualties from the front. Surgeon General Gorgas remarked that the expansion of the hospital would make it "the largest and finest of its kind in the world." Accordingly, another unit of 25 buildings was begun in October 1918 and were completed by April of the following year. The second group of buildings included 16 open air wards (HABS Nos. CO-172-BJ, CO-172-BK, CO-172-CH), three officers' wards, nurses' quarters (HABS No. CO-172-BN), a barracks, and a storehouse (HABS No. CO-172-CC). The first group of buildings cost \$1,750,000 and the second \$1,285,000. A third group of buildings erected during wartime included a school building and two curative shops for physical reconstruction work.²⁸

At the time of their construction, the hospital buildings were described as "modern, open-air style construction." The buildings were of hollow terra cotta tile and stucco construction, with frame roofs covered with four-ply tar and gravel or "Elaterite" roofing. The more elaborately designed buildings reflected the Mission Revival style influence, apparent primarily in the employment of smooth stuccoed walls, minimal exterior ornamentation, and decorative, shaped parapets placed on entry bays and gable ends. Other details were influenced by function and economy, including the expansive porches, ridge ventilation, and the standard six-over-six light, double-hung windows and paneled and glazed doors. Buildings had reinforced concrete foundations and basements.

Interiors reflected the pragmatic mission of the post. Walls and ceilings were covered with asbestos plaster board and two coats of wall plaster. Floors were generally of maple, sometimes pine. The interior woodwork was constructed of white pine and covered with two coats of white paint. Toilet, utility, and bath rooms had concrete floors.²⁹

Infirmary buildings housed the more seriously ill patients and those confined to bed. Hospital planners originally allocated about one-third of the total number of beds on the post to nonambulant patients housed in the infirmary. As the war drew to a close, however, about two-thirds of the patients needed the services of the infirmary. During the early 1920s, several of the open-air wards were converted to infirmaries to serve these patients.³⁰

The length of the main infirmary (HABS No. CO-172-BR) was 816 feet and its width only 33 feet. These dimensions garnered the building the designation "Upper and Lower, Center, West and East." The plan of the building allowed for perfect ventilation and maximum sunshine, two factors considered essential for the treatment of tuberculars. Although the building was heated, windows on the two-story building were arranged so that the entire front could be opened to the air, while rear windows allowed the passage of air through the building. Open porches were placed all along the

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southern elevation of the infirmary so that patients' beds could be wheeled out into the air. The center of the building housed offices, kitchens, and toilets, with patient wards in wings flanking the central area.³¹

To increase exposure to the sun, two-story fresh air wards (Standard Plan K-107) were generously spaced, faced south, and were staggered. The ambulatory fresh air wards had southern walls open to the air and were unheated, although each had a glass-enclosed, steam-heated lounge. The open side of the ward was fitted with curtains which could be raised and lowered in an attempt to control climatic exposure. The central portion of the building contained the day room, lockers for clothing, a dressing room, and toilet facilities. Semi-infirmary wards (Standard Plan K-108) represented a compromise between the infirmary and ambulatory ward (HABS Nos. CO-172-BJ, CO-172-BK, CO-172-CH), being moderately heated and less open in front. It was soon found that snow, high winds, and rain came through the open windows despite the curtains and they were enclosed.³²

Although, in theory, the wide spacing between buildings seemed reasonable, in reality, it made the hospital difficult to administer and expensive to operate. In addition, patients were exposed to the extremes of weather when leaving their wards for mess or treatment. The post attempted to solve this problem by constructing a number of covered passageways between buildings. The difficulty of caring for patients in such dispersed facilities would be noted by future hospital planners.³³

Facing the main gate to the west was the social nucleus of the post, the Red Cross Building. The building was described by contemporaries as "literally a glass house permeated by sunshine and fresh air." A central glass lantern tower rose above the building as a focal point for the quadrangle. Among other features, the interior of the building had an elevated stage for entertainment and large open fireplaces. The Red Cross supplied many forms of entertainment for patients, including movies, vaudeville, and concerts. The building was the site of programs for ambulant patients, while those unable to leave their beds had programs brought to their wards. Much of the material provided for entertainment was donated by local service organizations.³⁴

Facilities of the educational service included four buildings: a two-story schoolhouse with formal classrooms (HABS No. CO-172-AL); two curative shops; and one shop building (HABS No. CO-172-CF). All of these buildings [were] still standing [in 1995]. Relatively few buildings of this type were erected in the country during World War I, as most mobilization construction was considered of temporary duration.

The entire hospital was heated from a central steam plant, which was coal fired. Coal was transported via the railroad spur from Sable directly to the post power house. In cold weather, the hospital required three carloads of coal per day. Steam lines ran through concrete tunnels, the concrete roofs of which became the post's original sidewalks. During the winter, shoveling snow on the sidewalks was not a problem as the heat transmitted through the tunnels caused the snow to melt as it fell. Electric lighting and power was purchased from the Public Service Company of Colorado. The electric distribution system for the post was completed in May 1919.³⁵

All of the young trees remaining in the old Gutheil Nurseries at the time the site was acquired were transplanted to spots around the post for landscaping. The 1918 map of the post indicates that the nursery stock was originally located in the southwest corner of the post, in the area of the former Gutheil residence and the duck pond. The semi-arid climate in which the hospital was located

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required that the trees be watered frequently once they were transplanted. For this task, the mules pulled a water wagon around the grounds. Dust was an early problem until grass and trees were well established. The lack of adequate water for maintaining trees and lawns would be a problem for many years.³⁶

Included in the early equipment of the Utilities Section was a World War I Liberty truck with solid rubber, smooth tires and no windshield. The Liberty truck provided a vital link to the city, making daily trips to Denver bringing mail, milk, and other supplies. Mules and wagons were used for many of the transportation needs on the post. In addition, the hospital also possessed a 1918 model "Jimmy" ambulance salvaged from the war era. The ambulance was used to transport patients from the wards to a clinic or x-ray station. The first lawn mower on the post golf course was built from a World War I motorcycle, with three 24-inch mowers replacing the cycle's front wheel. In his annual report for 1920, the commanding officer stated that motor transportation equipment was the area which had given the hospital the greatest trouble, due to lack of replacement parts and deterioration of equipment.³⁷

Road connections between the hospital and Denver were a persistent problem during the early years. When the hospital opened, only the main entrance road, which ran through the former nursery and entered the post at the southwest corner, existed on the hospital grounds. The main road was gravel surfaced and became muddy during periods of precipitation. The condition of roads to the hospital grounds became a critical issue during the first year of the hospital's operation. The post began receiving patients in October 1918, and in December, a record-breaking 45 inches of snow fell. Access to and from the hospital quickly became impossible. The Utilities Section worked industriously to improve road conditions within the grounds, installing concrete roads and cinder roadways. In 1919, Fitzsimons Bus and Taxi Company began operating from Fitzsimons to downtown Denver via East Colfax and East Seventeenth Avenue. During the following decade, work continued to improve roads, with the most frequently used streets being concrete-surfaced, and the auxiliary roads graded and covered with gravel and cinders.³⁸

On Armistice Day, 11 November 1918, the capacity of General Hospital No. 21 was reported at 380 beds. New construction underway was 50-percent complete and would add 736 beds. Morale at the post was affected after the war when the "emergency men," those called to service to replace the personnel sent overseas, were retained in the service against their wishes. Although the dismissal of the emergency men lead to shortages in personnel, it was generally conceded that their departure improved the atmosphere of the hospital. In 1920, a majority of the personnel were judged to be efficient, but reflecting "extreme youth and lack of training." In addition, quite a few of the personnel assigned to the Medical Department were assigned there because they were unfit for combat. These men were also generally unable to perform their duties in the Medical Department. The arrival of a number of experienced men from the general hospital at Fort Bayard, New Mexico, added to the stability of the staff.³⁹

As a general hospital, the facility was also a teaching unit for medical staff. In the beginning, the training of medical officers was a necessity, as many assigned to the facility had limited experience with the treatment of tuberculosis. Frequent turnover resulting from the discharge of emergency officers insured the continuance of the training programs. In addition, patient/nurses were trained in

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laboratory techniques with the idea that, upon their return to civilian life, they would have additional employable skills.⁴⁰

As the number of casualties returning from the war dwindled, fears that the Army would abandon Hospital No. 21 increased, and local civic leaders began a concerted campaign to keep the installation open. This was the beginning of a continual effort to keep the facility operating in the face of plans to abandon the site and transfer its services elsewhere. The Surgeon General's Office, and particularly Colonel Roger Brooke, who was in charge of hospitalization, believed that Denver was the best site for a permanent Army tuberculosis hospital. Denver's economic advantages were a primary factor in this assertion. The hospital's location "near a large health[y] city, where the families of patients could live and the patients themselves find employment when discharged as arrested cases" was regarded as a significant argument for its continued operation.⁴¹

The Inter-War Years, 1920-1938

A War Department directive dated 26 June 1920 redesignated the facility Fitzsimons General Hospital. The post was renamed in honor of William Thomas Fitzsimons, the first Army officer of the United States to die in World War I. By the 1920s, Fitzsimons was described as the largest active military hospital in the world and the largest tuberculosis hospital in the United States. In 1920, of 3,442 admissions to the hospital, 2,132 were treated for tuberculosis. The hospital had established an impressive reputation in the treatment of tuberculosis and in the field of research regarding the disease.⁴²

In the 1920s, Fitzsimons continued its instruction for medical staff of the post and also trained medical personnel from other institutions. In 1923, a five-week course in tuberculosis was given to physicians of the Veterans Bureau. By 1925, interns were being trained at the hospital in one-year courses. Expansion of hospital services during the 1920s included neuropsychiatry, physiotherapy, and cardiovascular sections.⁴³

Colonel Paul Hutton, commander from 1923 to 1929, led the post through a period of stability. Several buildings were constructed during the first year of Hutton's command, reflecting increased funding nationwide for Quartermaster Corps projects. During 1923, a bachelor officers' quarters, mess and kitchen (later the officers' club), a nurses' quarters, an oil house, and a Quartermaster filling station were completed. In 1924, the Quartermaster Corps planned a ten-year program to replace temporary buildings, to modernize the water, heating, and sewage systems for its facilities, and to add garages and warehouses. Construction at Fitzsimons in 1924 included a garage (HABS No. CO-172-AB), a heliotherapy ward, and a bath house. In 1928, a farm implement building (HABS No. CO-172-BC) was erected, and in 1929, a post exchange filling station and a garage were completed. Other established buildings were converted to new uses and some extant buildings were remodeled or improved during the 1920s.⁴⁴

By the 1930s, many of the buildings at Fitzsimons General Hospital, which were originally designed as temporary or semi-permanent structures, were beginning to rapidly deteriorate and the costs of maintaining the physical facilities were increasing yearly. Colonel Carroll D. Buck, commander of the hospital from 1931 to 1940, was to see the institution through troubled years when closure of the facility appeared imminent. During the decade, annual reports to the Surgeon General noted that most of the buildings on the reservation were of a semi-permanent nature and had been constructed during

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1918-1919. In his report for 1931, Buck stated that "it will be necessary to constantly increase the funds for regular maintenance and in the near future to make larger allotments for the replacement of crumbling piers and rotting floor joists." In addition, Buck noted that although the power plant had been converted from coal to gas consumption, the steam heating system was old and reaching the point where extensive major replacements were necessary. The question of whether to commit funds for major improvements or abandon the facility would dominate the coming years.⁴⁵

The economic depression of the 1930s had a profound impact on construction activities at Fitzsimons General Hospital, especially during the first half of the decade. In 1930, the hospital built irrigation wells, a gas meter house, and a farm building. In 1931, a building for x-ray film storage was added to post facilities. In 1933, Army housing construction programs stopped and even maintenance funds decreased. No further building was authorized at Fitzsimons until 1935.⁴⁶

In June 1935, Congressman Lawrence Lews announced that the War Department had agreed to ask for an immediate allocation from work relief funds for improvements at Fitzsimons, including funds for new construction and extensive ground improvements. These funds were to come from monies allocated as part of the Emergency Relief Appropriation Act which funded relief, work relief, and increased employment by providing useful projects. The Works Progress Administration (WPA) organized the projects. Of the \$282,000 allocated for projects at the hospital, \$118,500 was to be spent on rehabilitation of sewer, water, and electrical systems; \$98,950 for rehabilitation of hospital and miscellaneous structures; \$39,750 for roads, walk, drainages, and grounds; \$22,000 for new garages; and \$2,000 for demolition of old buildings. By October, several hundred men were busy on WPA projects at the hospital, with Colonel Buck directing the improvement work. During 1935 and 1936, seven garages were built, as well as a gardener's implement shed, and a new incinerator building.⁴⁷

Lewis believed the new expenditures represented a commitment to retain the facility which had been threatened for so long with abandonment. Local civic and business leaders were ecstatic over the news of the new appropriations for the hospital. J. Harry Custance, president of the Denver Chamber of Commerce, asserted that the city had finally won its long fight to keep Fitzsimons open. Sensing that the time was right to press for further improvements which would secure the post's future, Lewis seized the opportunity to ask for a two-and-a-half million dollar allocation to build a new hospital building in the middle of the hospital grounds. In August 1935, Surgeon General Reynolds arrived in Denver for an inspection trip and was reported to be considering the proposal.⁴⁸

The timing of the request coincided with two important factors. First, in response to the deteriorating condition of world affairs, the size of the Army was increasing dramatically. Second, the Denver area was considered a likely location for the construction of a new Army Air Corps technical school. The school, which was to be established at Lowry Field in 1937 insured that, for the first time, Denver was regarded as an Army center and the fitting site for a large, permanent, military hospital.⁴⁹

In order to make Fitzsimons a viable, permanent institution, the most pressing problem was in securing adequate, up-to-date facilities for medical and surgical patients. Lewis continued to press for the construction of a modern, permanent hospital building. In January 1936, Veterans Administrator Frank T. Hines came out in support of the idea, promising that his agency would guarantee to use a

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minimum of 250 beds in the new building. In July 1936, Congressman Lewis's request for funds for a new main building was approved.⁵⁰

In October 1936, Surgeon General Reynolds ordered preparation of plans for a new main building. Reynolds made a visit to Fitzsimons to discuss the project and Colonel Buck personally took charge of the initial preparation of the hospital building plans. The planners determined that the new building would differ from Fitzsimons' original structures by following the more recent practice of concentrating wards in tall buildings under a single roof. This was in marked contrast to the earlier procedure of building a number of low, widely spaced buildings, as represented by Fitzsimons' original layout.⁵¹

In 1937 Congress approved a large appropriation for Fitzsimons, part of an increased spending package for a number of posts. Colonel Buck was busy putting the finishing touches on his plans for a new permanent hospital building. The structure, which was to be the first major permanent building on the post, would be equipped with modern surgical and medical facilities. In his report for the year 1938, the Surgeon General stated that the new main building would be "the largest single hospital structure ever built by the Army." Congress approved \$3.75 million for the new main building, with three million dollars coming from Public Works Administration funds, and the rest from money reserved by the Federal Board of Hospitalization.⁵²

The hospital's facilities resembled a small city in terms of the variety of its services and buildings. In addition to the buildings constructed in 1918-1919, the post had been expanded to include additional residential buildings, recreational facilities, storage structures, and improved landscaping. Practically everything needed by patients and staff for daily life was available. Included on the post were paved streets and sidewalks, a police force, a fire department, stores, restaurants, a power plant, a chapel, a nine-hole golf course, and tennis courts. These elements were in addition to the medical facilities and administrative offices. The Post Exchange housed a department store, a butcher shop, a grocery store, barber and beauty shops, a tailor shop, and a restaurant. A branch of the Denver post office was established at the hospital. At the same time, the greenhouse, stables, and farm continued to reflect the pastoral nature of the hospital setting.⁵³

By mid-December 1938, preparations were well underway for construction of the new main building, which would make Fitzsimons the biggest general Army hospital in the country, with 2,252 beds. Construction began in January 1939, excavation having been accomplished during the previous year on the former site of the administration building.⁵⁴

Mobilization and Entrance into World War II, 1939-1941

Construction at Fitzsimons during the late 1930s provided much needed jobs for local residents, but international events soon overshadowed economic problems. In September 1939, Germany invaded Poland and President Roosevelt proclaimed a "limited national emergency." The War Department began to examine all areas of military preparedness. For the first time in several years, the Army undertook extensive projects to renovate its existing medical facilities and bring them in line with modern medical operations. In 1939, facilities at Fitzsimons underwent much needed repair and upgrading, including installation of street lighting; improvement of the post water distribution system; reconstruction of the electric substation; renovation of officers' and nurses' quarters; installation of an emergency lighting unit; and reconstruction of a building for warehouse purposes.⁵⁵

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The Construction Division of the Quartermaster Corps had developed a series of architectural plans for standardized buildings to be used for mobilization. The drawings for hospitals had been prepared in 1935 and consisted of plans for 49 buildings, including: administrative offices, clinics, wards, mess halls, personnel quarters, service buildings, and hospitals. The buildings included in these drawings were of a standard size, required small numbers of skilled workmen to construct, and were low in cost. The design of temporary buildings emphasized speed of construction, conservation of materials, and assembly-line building techniques.⁵⁶

In April 1941, the first conscripts arrived for training at the Fitzsimons Technician's School. Plans for the school expanded rapidly as world events pushed the country closer to war. Originally, 300 men were to report to the school each month, with about 750 undertaking training at one time. The trainees were housed in 25, 63-man temporary barracks. The standard barracks were 29.5 feet wide by 80 feet long and two stories in height. The buildings were of wood platform construction and covered with drop wood siding. Windows were double hung, with panes divided into six or eight lights. Continuous eaves, called "aqua medias," capped all windows. Roofs were wood framed and covered with prepared roofing material.⁵⁷

From September 1940 to December 1941, the number of normal beds in general army hospitals increased by more than three-fold. In October 1941, the total population of Fitzsimons was approximately 3,300, of which approximately 1,200 were patients in the hospital. During that year, \$109,350 in WPA funds was allocated, employing 96 men for eight months, constructing a firehouse, motor repair shop, pipe warehouse, and general warehouse. Most of the buildings were of frame construction with cement floors. The hospital water system was also updated. Another project during 1941 constructed seven new temporary barracks buildings, two to be used for additional nurses working in the new main building, and one for recreation.⁵⁸

The contract for the new main building was awarded to the Great Lakes Construction Co. of Chicago in December 1938. Construction on the new main building took over two years to complete and, when finished, it was regarded as "the last word in Army hospitals." On 3 December 1941, the hospital building was dedicated by Congressman Lewis and 500 other dignitaries representing the Army, civic groups, government, and business. The building's construction was considered as a personal triumph for Lewis. The congressman presented the building to Major General James C. Magee, Surgeon General of the Army, who had been a close friend of the late William T. Fitzsimons. Magee stated that "the Army is exceedingly proud of this new structure." Colonel Frederick S. Wright, commanding officer, served as host for the dedication.⁵⁹

The new building, with 290,000 square feet of space, was reportedly the largest structure in Colorado. Its 610 beds gave Fitzsimons a total capacity of 2,252 beds, making it the largest general army hospital in the country. The building's dimensions were 554 feet in length, 250 feet in width, and 152 feet in height above the ground. The Rocky Mountain News reported that the hospital had 1,800 rooms and 1,900 windows. The newspaper described the facility as "modern architecture, with extra large window space throughout."

The new building was composed of a concrete framework and facebrick of seven blended colors. The design included set back, terraced bays to provide maximum light and air, and nine heliotherapy decks. A central tower rose ten stories, and the center portion of the structure was eight stories, with

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wings ranging from five to seven stories. The base of the building was constructed of Texas sandstone. An impressive porte cochere constructed of Colorado Yule marble distinguished the main entrance of the building. Etched into the walls of the porte cochere were inscriptions in Latin and English reflecting the mission of the hospital, such as, "Welfare, virtue and strength of body from science, courage, and the fine arts." The walls inside the entrance were composed of panels of Colorado Travertine stone and the paving and curbs under the structure were made of granite. The style of the new building was in marked constrict to the original design of the post's facilities. Not only was the building of greater height and massing, its Art Moderne or Modernistic style contrasted to the earlier, Mission Revival influenced buildings.⁶⁰

With the completion of the permanent hospital building the continued operation of Fitzsimons appeared to be finally assured. However, excitement over the opening of the new building was tempered by the gravity of events on the international scene. Those at the dedication agreed with General Magee that "after the national emergency, this huge building will stand as a lasting and enduring building."⁶¹

Four days later, the Japanese attack on Pearl Harbor brought America's entrance into World War II. The first patients from the war were admitted to the new hospital building on 17 December and it became filled quickly thereafter. During World War II, military hospitals expanded at a record rate, providing more than twice as many hospital beds in the United States as during World War I. A number of problems resulting from rapid mobilization would surface, including labor shortages, lack of adequate housing near hospitals, and inadequate transportation to hospitals. Civilians took over jobs traditionally held by enlisted men, in positions such as medical technicians, orderlies, clerks, and cooks. In addition, a new military unit, the Women's Army Corps, filled a critical need for noncombat services resulting from the war.⁶²

Wartime Activities and Expansion, 1942-1945

In 1942, Brigadier General Omar H. Quade assumed leadership of the post. Quade, who served as commanding officer until 1948, led Fitzsimons during a period of unprecedented expansion of military medical facilities throughout the country. During the height of the war, as many as 5,000 patients at a time were at Fitzsimons. In September 1942, there were only 15 general hospitals in operation, but by January of the following year there were 31. In the midst of the war, speed of construction and conservation of building materials became key elements in design and simple construction plans became the rule.⁶³

Colonel Quade reported that in 1942, Fitzsimons had experienced the greatest growth in its history. During the year, one-and-a-half million dollars were allocated for additional buildings, including four wards, and a building for nursing staff facilities. The new facilities were of a semi-permanent brick construction, similar in design to the original wards. Denver architect Burnham Hoyt was selected as architect and engineer for the buildings. Other buildings completed included four additional wards, two permanent detachment barracks, a bachelor officers' building, and additional warehouse facilities. Existing utilities were also extended on the post.⁶⁴

A new, permanent, post chapel, designed to conform with the architectural style and construction materials of the existing buildings was dedicated on 17 December 1942. By 1942, a second technicians' school with a capacity of 1,000 students had been added to the operations of Fitzsimons.

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The school occupied 59 temporary buildings and was graduating over 1,000 men each month. The school at Fitzsimons was said to be the largest institution of its kind in the world. Included in the school buildings were barracks, laboratories, classrooms, a mess hall, and a recreation center. The buildings were built following a single standard plan which provided uniformity of exterior design, but allowed for modification of interiors for special purposes. The completion of the technicians' school in the northeast corner of the post was one of the major accomplishments of 1942.⁶⁵

In addition to its operations at Fitzsimons, the government also expanded operations at Lowry Field and established new camps, posts, training schools, and military hospitals throughout the state. In 1942, the Army announced the creation of a new Army Air Force technical training school to be located at Buckley Field. Among the other installations in the state were the Peterson Air Field near Colorado Springs; La Junta Army Air Field; Camp Hale, which was located near Leadville; Pueblo Army Air Base; Camp Carson near Colorado Springs, which was the largest military camp in the state; Fort Logan; the Naval Convalescent Hospital which was established in the Hotel Colorado at Glenwood Springs; and Fort Lyons Veterans Administration Hospital.⁶⁶

Continued expansion at Fitzsimons was reflected in the dedication of a new theater building (HABS No. CO-172-BZ). Actress Dorothy Lamour helped inaugurate the 1,035-seat theater in August 1943. Entertainment for patients had long been a concern for the staff, and original facilities had grown outdated. The theater was built by the U.S. Army District Engineers under the direction of Carl H. Jabelonsky. It was designed with many special facilities for the hospital's patients while at the same time coping with the scarcities of building materials resulting from the war. Thus, the theater seats were constructed with a minimum of metal needed for the war effort. The seats were extra large and wide space was left between rows of seating. In addition, some seats were equipped with special hearing aids. A large open space in the middle of the auditorium was designed to provide access for wheelchairs. The theater space housed a full-size screen, orchestra pit, and a large stage. Murals depicting scenes from Colorado history were painted on the interior walls by Private Philip Henselman. On the exterior, the theater reflected the Art Moderne style of the Main Building, with its rectilinear ornament, geometrical curves, flat planes, a varied roofline, and aluminum detailing on the doors and windows.⁶⁷

A prisoner of war camp was established on the post during wartime. In 1942, plans were made for the operation of such camps. The Geneva Convention required that medical care for prisoners of war be equal to that of American troops. When the American forces began capturing large numbers of German and Italian prisoners, those requiring a higher type of care than could be provided for at station hospitals were sent to general hospitals. Fitzsimons was designated the hospital for treatment of tuberculars.⁶⁸

The Fitzsimons camp was on the southeast corner of the grounds and was composed of standard Theater of Operations style buildings, including prisoner barracks, a mess hall, guard barracks, a recreation area and a lavatory/bath house. Theater of Operations buildings were of the lightest possible frame construction to conserve resources. Exteriors of such buildings were finished with heavy treated paper or fiberboard. Plumbing was centered in separate lavatory buildings and heat came from stoves rather than a central heating plant. The prisoner stockade was surrounded by barbed wire and had three watch towers on its perimeter. The prisoner of war camp was razed in 1947.⁶⁹

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In 1944, a new group of enlisted personnel arrived at Fitzsimons, members of the Women's Army Corps. The Corps dated to 1942, when Congress established the Women's Auxiliary Army Corps (WAAC) in order to supply desperately needed manpower for noncombat positions. In 1943, the Women's Army Corps (WAC) was established, granting enlisted women full military status. The WAC volunteers provided the Army with workers in positions requiring civilian skills, such as mechanics, weather observers, carpenters, photographers, intelligence analysts, and heavy equipment operators.

Although the Surgeon General was initially slow to requisition WACs, personnel shortages at the Army's medical facilities by mid-1944 led the Medical Department to request that 50,000 WACs be assigned to care and treatment installations around the world. In the spring of 1944, the Female Medical Technicians Campaign was initiated to attract women into the Corps for medical service. Only highly qualified workers were accepted into the program.⁷⁰

In 1945, a severe shortage of nurses led to further requests for WACs to serve in medical facilities. In January, a "General Hospital Campaign" was launched to recruit WACs for medical installations. As part of the campaign, Fitzsimons General Hospital received a giant bell which toured Denver, tolling every 80 seconds to mark the return of another American battle casualty needing care.⁷¹

By the end of the war, over half of the students at the enlisted technicians schools around the country were WACs. Eventually 20 percent of all WACs, or approximately 20,000 volunteers, were involved in the medical field, making the Medical Department the largest employer of the group. As members of the medical staff, WACs served as clerks, social workers, physical therapists, laboratory technicians, x-ray technicians, dental hygienists, pharmacists, optometrists, and medical and surgical technicians.⁷²

In order to receive a contingent of WACs, a post commander had to demonstrate considerable need, as the women were only assigned in detachments of 50 or more. In addition, suitable housing had to be provided for the women, including separate barracks at least 50 yards from the nearest men's housing and separate toilet facilities in the office. At Fitzsimons, WAC facilities completed in 1944 included a recreation and administration building, a mess hall (HABS No. CO-172-T), and six barracks (HABS Nos. CO-172-Q, CO-172-R, CO-172-S). The buildings were situated northwest of the administrative center of the post.⁷³

End of World War II and After, 1945-Present

The end of World War II led to new fears that Fitzsimons would be threatened with closure. Demobilization occurred at such a rapid rate that "hospital resources built up over a period of more than five years were liquidated in little over a year." By December 1946, only 14 general hospitals were still in operation around the country. The number of patients arriving began to dwindle, and many patients were transferred to Veterans Administration Hospitals.⁷⁴

During the war, the local economy had continued to benefit greatly from the expansion of nearby military establishments. As World War II ended, there was a sense of apprehension about cutbacks in operations at all the local installations. Once again, citizen groups began a campaign to keep the facilities at Fitzsimons open. They stressed that large numbers of sick and wounded soldiers returning from the war required long-term care which the hospital could provide. In fact, the tensions of the

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Cold War period ensured that the country would continue its global commitments. In 1948, the government approved plans to build a new 200-unit housing project for enlisted and officer families at Fitzsimons under the Title VIII Wherry Housing Plan. The project was expected to provide only half of the housing needed on the post.⁷⁵

In July 1950, the installation was redesignated Fitzsimons Army Hospital. The facility was annexed to the City of Aurora in August 1955. Aurora enjoyed a period of unprecedented growth in the years following the end of World War II. During this time, the Denver Metropolitan area became one of the fastest growing regions in the United States, largely the result of the trend towards suburbanization. As the Denver area expanded, much of this growth moved out onto the eastern plains of Aurora. Despite a housing shortage, civic leaders had successfully promoted Aurora as a residential suburb in the immediate post-war years. Many of the city's new residents were veterans who had been stationed in Colorado and had found it a desirable place to live.⁷⁶

In the early 1950s, Aurora began annexing the many newly platted residential subdivisions which had sprung up around the city's southern and eastern borders. At the same time, the city began annexing large tracts of undeveloped land, laying the foundation for future commercial development. Aurora's boom years continued well into the 1970s and 1980s. The populations grew from approximately 75,000 people in 1970, to over 150,000 in 1980, to 222,103 in 1990. Much of Aurora's post-war development continued to be a result of the area's military establishments, which had long been a critical factor of the city's economy.⁷⁷

Following World War II, the built environment of the post changed, as a number of temporary buildings were declared surplus and disposed of or put to new uses. From 1953 to 1961, the hospital leased six temporary barracks and recreational buildings to Adams-Arapahoe School District No. 28 for use as a junior high school. Between 1959 and 1961, 37 temporary buildings were declared surplus and demolished.⁷⁸

During both the Korean and Vietnam conflicts, Fitzsimons continued to serve the medical needs of the military. In 1959, expansion of facilities resulted in the construction of four new permanent buildings to house female officers. On 1 January 1960, the post was renamed Fitzsimons General Hospital. In 1961, services at the installation were expanded to include neuropsychiatry, obstetrics, pediatrics, radiology, and dental clinics. In 1963, the U.S. Army Medical Equipment and Optical School was transferred to the installation. In March 1974, the hospital was redesignated Fitzsimons Army Medical Center; one of eight such institutions in the country.⁷⁹

In 1972, the post disposed of two parcels of land. The former railroad right-of-way extending north of FAMC was conveyed to the City of Aurora for park purposes and land along the south entrance was conveyed to the Colorado Highway Department for a highway right-of-way. In 1974, a 129-man barracks was constructed on the post, and an additional six temporary buildings were demolished. The following year, the Post Exchange and the Auto Hobby Shop were completed. In 1980, a Reserve Training Center was built, and three years later, an Animal Housing Facility was added. In 1984, two new barracks were erected. The following year, a linear accelerator facility was constructed as an addition to the main hospital building. From 1987 to 1989, four temporary buildings were demolished.⁸⁰

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In 1989, Fitzsimons Army Medical Center, which had once again been threatened with closure, was removed from Base Closure Studies. [In 1991], the hospital consist[ed] of 342 buildings on 576.51 acres of land. The installation [had] several missions, including the provision of general hospital support for Army and Air Force hospitals in surrounding states and direct hospital support for Lowry Air Force Base; operation of a facility for educational development services for military personnel in several states; utilization as a major medical training center; service as a regional coordinator of medical activity within the region; provision of veterinary services; and provision of dental care and treatment to eligible personnel. Several tenant activities which receive administrative and logistical support from FAMC [were] also located on the post. Fitzsimons Army Medical Center continue[d] to function as one of the largest employers in Aurora and [had] fulfilled its founders' dreams of playing a vital role in the progress and prosperity of the community.⁸¹

Recent Evolution of Fitzsimons Army Medical Center, 1991-2009

Concerns about the closure of Fitzsimons Army Medical Center continued throughout the 1990s. Although the hospital received a steady flow of patients, few active-duty soldiers were stationed in Colorado, and most patients were retirees. In 1991, the Base Realignment and Closure (BRAC) Commission determined to close nearby Lowry Air Force Base within three years, further decreasing the military population in the area. In addition, the buildings needed numerous updates to meet modern medical standards. To stabilize its future, Fitzsimons' administrators and Colorado politicians attempted to include construction money to update Fitzsimons Army Medical Center in their annual requests for construction funding from the U.S. Congress. This proposal included demolition of the main hospital and construction of a new Army Medical Center on its site. The construction funds were denied, and by 1995, Fitzsimons again became a subject of study for potential BRAC closure. In February 1995, over 1,000 local citizens rallied to support Fitzsimons' continued operation, emphasizing its role in the local economy. Nonetheless, the final BRAC determinations, released in June 1995, stated that Fitzsimons Army Medical Center would be closed by 1999. Military planners attributed the closure to the age and condition of the buildings, as well as the lack of active-duty soldiers in the area. Soon thereafter, in September 1995, congressional representatives from Colorado began discussion about transferring the property to the University of Colorado for use as a teaching hospital. Fitzsimons Army Medical Center officially closed in June 1996.⁸²

After the closure of the medical center, ownership of the Fitzsimons property was transferred to the City of Aurora, which retained exclusive ownership and tenancy of a small portion of the property – including the swimming pool, Building No. 614. The majority of the property was leased to the University of Colorado beginning in 1997. A third-party entity, the Fitzsimons Redevelopment Authority, was established as a partnership between the City of Aurora and the University of Colorado to manage and redevelop the property. In 1999, the University of Colorado committed to preserving the main hospital, Building No. 500. In addition, in 2002 the University restored a suite in the main hospital where President Eisenhower stayed during his recovery from a heart attack suffered in 1955. However, numerous auxiliary historic buildings on the campus were demolished to make room for construction of new facilities. In 2006, a complex of new health sciences buildings was constructed on the site at a cost of approximately \$2 billion. Today, the site is the location of the University of Colorado Hospital, The Children's Hospital, and several of the primary hospitals in the University of Colorado Denver School of Medicine system. The Department of Veterans Affairs began considering relocating facilities from downtown Denver to Fitzsimons as early as 2004. Congressional funding for a new VA hospital on the site was approved in

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2006, and in 2007, the VA completed the purchase of 17 acres of land at the southeast corner of the former Fitzsimons Army Medical Center campus. The VA plans to construct a new veterans' hospital on the site, to take advantage to the proximity of other health care facilities in the Anschutz Medical Campus.⁸³

Building-Specific History, Neuropsychiatric Ward (Building No. 608)

The neuropsychiatric ward (Building No. 608) was constructed ca. 1942 as part of the expansion of Fitzsimons General Hospital during World War II. Soon after its completion, the building was converted into a neuropsychiatric ward, and a corridor was constructed to link it with the building to the north (Building No. 609). Neuropsychiatric services housed in the building concentrated on "occupational and social therapy," according to real property records from 1946. As veterans returned from World War II, the Army became aware of the need to expand the discipline of neuropsychiatry. In December 1947, Fitzsimons was selected as one of three Army hospitals in the United States to become a center for psychiatric treatment and training of psychiatrists.⁸⁴ By July 17, 1949, Neuropsychiatric Services at Fitzsimons included 255 beds (ten percent of total beds), with 218 patients in the hospital (fourteen percent of total patients), and ninety-one "bed patients."⁸⁵

In 1962, the southern portion of the neuropsychiatric ward (Building No. 608) shifted to administrative use, although the adjoining northern portion (Building No. 609) continued to operate as a neuropsychiatric ward. It is likely that the change in use was due to the deterioration of the building, combined with changes in protocols for caring for psychiatric patients. In the mid-1980s, the building became offices for the JAG, which occupied the building until the hospital's closure in 1997. Since ca. 1997, the building has been vacant.

In 1991, Fitzsimons Army Medical Center conducted a cultural resources survey that documented all buildings on the campus constructed prior to 1946. At that time, the neuropsychiatric ward (Building No. 608) had not yet reached the fifty-year age threshold, and consequently was recommended not eligible for listing in the National Register of Historic Places (NRHP). In addition, at that time, Section 106 coordination for transfer of the building out of Army stewardship was not required because the neuropsychiatric ward (Building No. 608) was constructed as a World War II temporary building and, therefore, was subject to provisions of the 1986 Programmatic Agreement among the Department of Defense, the Advisory Council on Historic Preservation, and the National Conference of State Preservation Officers for similar kinds of buildings throughout the nation. When the VA acquired the property in 2007, the building was re-evaluated and was determined to be a contributing element to the NRHP-eligible Fitzsimons Army Medical Center Historic District.⁸⁶

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

Original architectural plans for the neuropsychiatric ward (Building No. 608) could not be located, but plans documenting alterations from the 1960s through the 1990s were obtained from the Fitzsimons Redevelopment Authority. Both the Fitzsimons Redevelopment Authority and the Colorado SHPO provided photographic documentation that provided vital information about the physical evolution of the building over time.⁸⁷

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1. Architectural character:

The neuropsychiatric ward (Building No. 608) was built during World War II as a temporary building. Constructed from structural clay tile with a stucco veneer, the building is one story in height with a side-gabled roof. As a temporary building, little architectural detailing was added to the design. Today, the building's overall form appears as a sideways H-plan, due to the addition of a corridor connecting the southern and northern portions of the neuropsychiatric ward (Building Nos. 608 and 609), joining the two individual rectangular buildings into an H-plan form.

2. Condition of fabric:

Structurally, the neuropsychiatric ward (Building No. 608) is in good condition. The exterior stucco finish is in fair condition, exhibiting only minor cracking proceeding from the corners of window openings. At the foundation level, paint is peeling from the concrete exterior walls, but the foundation appears to be structurally stable. The building's exterior woodwork and roof covering have deteriorated, as have interior finishes, as a result of minimal repair and maintenance since the building was vacated ca. 1997. Original wood windows and exterior doors are in poor condition due to lack of paint and resulting water infiltration. Scattered roof shingles are missing, and wood roof elements such as fascia boards and barge boards have experienced water infiltration due to lack of paint.

B. Description of Exterior:

1. Overall dimensions:

The footprint of the southern portion of the neuropsychiatric ward (Building No. 608) consists of a rectangular main wing, but the building connects to the building to the north (Building No. 609) via a corridor (Building No. 608A) to create a combined sideways H-plan. When measured in 1993, the total area of the foundation of the southern portion neuropsychiatric ward (Building No. 608) was 5,351 square feet. The central rectangular portion of the building measures 222'-0" x 30'-0". The entrance vestibule at the center of the south façade projects 5'-8" and measures 9'-6" in width. The exterior walls measure approximately 14'-0" from the ground line to the roof line.

The corridor (Building No. 608A) connecting the southern and northern portions of the neuropsychiatric ward (Building Nos. 608 and 609) abuts the center of the north façade of the southern portion (Building No. 608). The corridor measures 9'-8" x 77'-1". The exterior walls of the corridor appear to measure approximately 14'-0" from the ground line to the roof line (the same height as the exterior walls of Building No. 608).

2. Foundations:

The neuropsychiatric ward (Building No. 608) is supported by a raised concrete slab foundation. The footings for the foundation are constructed with reinforced concrete. A vented crawlspace is located below the raised slab foundation, with wood foundation vents visible at the gable ends of the building.

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3. Walls:

The original exterior walls of the building are constructed using load-bearing structural clay tile masonry, finished with a stucco veneer. The exterior walls are 8" thick. Currently, the stucco is painted white with a rough, grainy texture. Window openings feature red brick sills. At the main entrance, as well as the west side façade, door and window openings are created by segmental arches. Elsewhere, windows do not include lintels; instead, the top of each window opening is tied into the roof framing at the cornice line.

4. Structural systems, framing:

The neuropsychiatric ward (Building No. 608) is supported by load-bearing structural clay tile walls and reinforced concrete floor slabs and foundation footings. Architectural drawings documenting the roof structure could not be located. However, other buildings constructed on the Fitzsimons General Hospital campus during the period of World War II expansion typically incorporate roofing systems with wood-frame construction.

5. Porches, stoops, balconies, bulkheads:

No porches are present on the building. Historically, concrete stoops were present at all entrances on the south façade, but they were eliminated when the grade of the site was changed in 1993. At the west side façade, a secondary exit opens onto a concrete patio, measuring 10'-8" x 11'-4", and a concrete stoop with four steps leads down from the patio. Non-historic tubular metal handrails line both the patio and the stoop. A vented crawlspace is located under the patio foundation.

6. Chimneys:

No chimneys are present on the neuropsychiatric ward (Building No. 608).

7. Openings:

a. Doorways and doors:

Six exterior doorways provide circulation to and from the neuropsychiatric ward (Building No. 608). All original exterior doors were replaced in 1956. The main entrance is located at the center of the south façade and features glass double doors in an aluminum frame, under a segmental-arched lintel. Like the main entrance, the five secondary entrances all are spanned with segmental-arched lintels. Two secondary entrances are located at the east end of the south façade; two more are located at the east end of the north façade, directly across from those on the south façade. Each of these openings is filled by a flush panel wood door with simple, utilitarian hardware. The final secondary entrance is located at the west gable-end façade. The door at the west entrance is a flush panel metal unit with a narrow vertical window and simple, utilitarian hardware.

b. Windows and shutters:

The original eight-over-eight, double-hung, wood-sash windows are extant in all window openings in the neuropsychiatric ward (Building No. 608). Red brick sills trim all original

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window openings. Storm windows were installed over the original windows ca. 1989. Some windows have been partially filled with evaporative coolers or air conditioning units. The building lacks any shutters.

8. Roof:

a. Shape, covering:

The primary roof form of the neuropsychiatric ward (Building No. 608) is side-gabled. The projecting entrance vestibule features a front-gabled roof. Originally, the roof was covered with asphalt shingles. Similar composition shingles, brick-red in color, cover the roof today.

b. Cornice, eaves:

The building does not feature a cornice. A flat wood fascia board runs along the roofline at the gable-ends; non-original metal gutters conceal the fascia along the north and south façades. Eaves are very narrow and enclosed with wood. A louvered vent is located at the east gable-end, but this vent has been concealed with a triangle of plywood at the west gable end.

c. Dormers, cupolas, towers:

Short front-gabled dormers along the roofline cover louvered wood vents. Five dormers are located on the southern slope of the roof, and four dormers are located on the northern slope. Dormers are located roughly above exterior door openings, about every fourth bay. The building features no cupolas or towers.

C. Description of Interior:

1. Floor plans:

a. First floor:

The main entrance vestibule forms the central north-south axis of the building. The entrance vestibule leads through a second set of double doors into a waiting room. To the south of the waiting room, a set of double doors opens onto the connecting corridor (Building 608A) leading to the northern portion of the neuropsychiatric ward (Building No. 609).

Along the east-west axis, the neuropsychiatric ward (Building No. 608) is organized along a double-loaded central corridor, perpendicular to the entrance hall. Rooms arranged on either side of this corridor include restrooms and offices. Originally, the central corridor opened onto large rooms at the east and west ends. However, the original open space to the west has been subdivided into smaller spaces, with the corridor continuing through the center of the space to the west exit. The room at the east includes a small, low stage. The stage appears to be historic, if not original, and, therefore, this room probably historically served as an auditorium. When the JAG occupied the building, the open spaces to the

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west were used as a courtroom, and the open space to the east was used as a library.

2. Stairways:

No stairways exist in the neuropsychiatric ward (Building No. 608).

3. Flooring:

Original floors were concrete and asphalt tile. Today, flooring throughout most of the building has been covered with felt carpet, with rubber base molding where the flooring meets the interior walls. The restrooms and entrance vestibule have linoleum flooring.

4. Wall and ceiling finish:

In the majority of spaces in the neuropsychiatric ward (Building No. 608), interior walls are plaster with painted finishes. Some non-original partition walls at the west end of the building are constructed of gypsum board. Currently, interior walls are painted white. In most rooms, the base of the interior wall is finished with rubber moldings with a cove profile. Some rooms feature simple, unmolded wood trim at the wainscot level.

Original ceilings were plaster with a white painted finish. Dropped ceilings with acoustical tiles, measuring approximately 1'-10" x 4'-0", were installed in the east-west corridor and in some office spaces ca. 1960.

5. Openings:

a. Doorways and doors:

Extant door frames are metal, and doors include both metal and wood units. Metal doors date from the building's use as a neuropsychiatric ward and are heavy and institutional in character, with small windows glazed with shatter-resistant glass with a wire lattice. The metal door hardware is simple and utilitarian, and many of the interior doors lock from the corridor rather than from the interior of the room. Other doors have been replaced with flush panel wood doors with typical domestic brass doorknobs.

b. Windows:

At the building interior, windows are trimmed with simple, unmolded wood surrounds and sills. No windows lead from one interior space into another within the neuropsychiatric ward (Building No. 608).

6. Decorative interior features and trim:

In the eastern open space, a wooden stage is elevated two steps above the floor level. In select rooms, a simple wood trim is applied at the wainscot level. In the corridor, metal hooks have been mounted to a simple wood molding to form a coat rack. Built-in wood lockers are located in the restroom. Otherwise, no decorative interior features or trim are extant.

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7. Hardware:

Extant door knobs and pulls are simple, utilitarian, typical domestic brass doorknobs.

8. Mechanical equipment:

a. Heating, air-conditioning, ventilation:

The heating, air-conditioning, and ventilation system underwent many alterations from the 1960s through the 1980s. Evaporative coolers were mounted to the roof of the building, probably in the 1960s, and window units were installed in several exterior locations around the same time.

b. Lighting:

Original interior lighting was replaced in 1982. New interior lighting was installed throughout the building in 1993. Extant fixtures include fluorescent light fixtures mounted to the ceilings. Original lighting remains intact in the connecting corridor (Building No. 608A). Within this corridor, lighting fixtures are flush ceiling-mounted metal fixtures with a molded white glass shade, typical of the 1940s.

c. Plumbing:

Plumbing fixtures in the restrooms include porcelain toilets and wall-mounted porcelain sinks with steel hardware.

D. Site:

1. General setting and orientation:

The neuropsychiatric ward (Building No. 608) is sited at the eastern border of the former Fitzsimons Army Medical Center campus, at the southeast corner of the intersection of East 19th Avenue and Wheeling Street (formerly South Van Valzah Street). Generous setbacks surround the building on all sides. A parallel building is located immediately to the north (Building No. 609). The neuropsychiatric ward (Building No. 608) is oriented to the south, and, historically, a wide lawn was located along the south of the building. In 1993, Building No. 641 was constructed south of the neuropsychiatric ward (Building No. 608), and the lawn was paved for parking. As part of the sitework completed for the construction of Building 641, the grade of the site was raised. The change in grade is evidenced by the brick terracing that extends from the west side of the south façade. The eastern courtyard currently includes a basketball court on an asphalt pad.

2. Historic landscape design:

Together, the southern and northern portions of the neuropsychiatric ward (Building Nos. 608 and 609) and the connecting corridor (Building No. 608A) roughly form a sideways H-plan. The courtyards formed by this configuration are planted with grass and pine trees. Site plans from 1962 indicate that a volleyball court was present in the western courtyard, but it is no longer extant.⁸⁸

3. Outbuildings:

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A corridor connecting the southern and northern portions of the neuropsychiatric ward (Building Nos. 608 and 609) was constructed in 1946. Under FAMC ownership, the connecting corridor was designated Building No. 608A. The corridor leads from the corridor of the southern portion of the neuropsychiatric ward (Building No. 608) into the lobby in the northern portion (Building No. 609). The corridor was constructed to match the adjoining building to the south (Building No. 608), using an identical stucco wall finish over hollow clay tile exterior walls. The roof of the corridor is front-gabled, so that the slope of the roof of the corridor (Building No. 608A) is perpendicular to the slope of the roof of the southern building (Building No. 608). Windows on the corridor (Building No. 608A) are smaller and more widely spaced than windows on the southern building (Building No. 608), and they feature one-over-one wood sashes. On the interior, the walls and ceilings of the corridor are plaster. Non-historic rubber moldings are applied at the base of the walls. The corridor floors are concrete with a dusty blue finish that has faded and chipped over time. Original ceiling-mounted metal light fixtures with a molded white glass shades remain extant within the corridor.

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⁷³ Treadwell, 515; and Colorado State Historic Preservation Office, "List of Buildings at Fitzsimons General Hospital," c. 1946.

⁷⁴ Smith, 300 and 315; and "Fitzsimons Army Medical Center," 4.

⁷⁵ Fitzsimons Army Medical Center, "Installation Commander Annual Real Property Utilization Survey," 30 March 1990, 1; and *Denver Post* 21 October 1949.

⁷⁶ *Denver Post* 27 July 1950; and "Installation Commander Annual Real Property Utilization Survey," 30 March 1990, 1.

⁷⁷ Colorado Division of Local Government, "Memorandum: 1990 Census Results," 28 January 1991.

⁷⁸ Fitzsimons Army Medical Center, "Installation Commander Annual Real Property Utilization Survey," 30 March 1990.

⁷⁹ *Ibid*; and Fitzsimons Army Medical Center, "Fitzsimons General Hospital Guide."

⁸⁰ Fitzsimons Army Medical Center, "Installation Commander Annual real Property Utilization Survey," 30 March 1990, 2 and 13.

⁸¹ Fitzsimons Army Medical Center, "Installation Commander Annual real Property Utilization Survey," 30 March 1990; and *Denver Post*, 11 December 1988.

⁸² Fitzsimons General Hospital, Clipping files, Denver Public Library, Western History Collection, Denver, CO.

⁸³ Fitzsimons General Hospital, Clipping files, Denver Public Library, Western History Collection, Denver, CO; "History," University of Colorado Denver, Anschutz Medical Campus, <http://www.ucdenver.edu/about/WhoWeAre/Pages/history.aspx> (accessed 12 August 2009); *Denver Business Journal* 1997-2007.

⁸⁴ Fitzsimons General Hospital, Clipping files, Denver Public Library, Western History Collection, Denver, CO.

⁸⁵ General Information: United States Army Medical Department, Fitzsimons General Hospital, 1949. Colorado State History Museum Archives, Denver, CO.

⁸⁶ Colorado State Historic Preservation Office, Section 106 Documentation Files, Denver, CO.

⁸⁷ *Ibid*; Colorado State Historic Preservation Office, Section 106 Documentation Files, Denver, CO.

⁸⁸ *Ibid*.