

MOUNTAIN HOME, HOSPITAL
(Mountain Home VA Medical Center, Building No. 69)
Lamont & Veterans Way
Johnson City
Washington County
Tennessee

HABS TN-254-X
TN-254-X

PHOTOGRAPHS

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HISTORIC AMERICAN BUILDINGS SURVEY
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ADDENDUM TO:
NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS,
MOUNTAIN BRANCH, HOSPITAL
(Mountain Home Veterans Affairs Medical Center, Building No. 69)
(James H. Quillen Veterans Affairs Medical Center, Building No. 69)
Lamont & Veterans Way
Johnson City
Washington County
Tennessee

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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

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ADDENDUM TO

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS – MOUNTAIN BRANCH,
HOSPITAL

(James H. Quillen Veterans Affairs Medical Center, Building No. 69)

HABS No. TN-254-X

Location: Lamont and Veterans Way, Johnson City, Washington County, Tennessee

The coordinates for the Hospital are 36.308831 N, -82.371266 W, and they were obtained through Google Earth in November 2011 with, it is assumed, NAD 1983. There is no restriction on the release of the locational data to the public.

Present Owner: Department of Veterans Affairs, James H. Quillen Veterans Affairs Medical Center

Present Use: Offices, Quillen VAMC

Significance: Built in 1901-03, the Hospital was a key structure on the original Beaux-Arts campus for the Mountain Branch of the National Home for Disabled Volunteer Soldiers (NHDVS). The NHDVS was a federal institution authorized by Congress in 1865 and charged with caring for Civil War veterans disabled by their military service. The NHDVS held a competition for the design of the Mountain Branch to be located in Washington County, Tennessee at the foothills of the Great Smoky Mountains. The location was chosen at the urging of local Congressman Walter P. Brownlow for its healthful climate and proximity to underserved veterans in Tennessee and other southern states. Although founded for Civil War veterans of the Union Army, the NHDVS membership had expanded over the decades to include veterans of the Mexican, Indian, and Spanish American Wars.

The winning design for the Mountain Branch by New York architect Joseph H. Freedlander incorporated the latest ideas of comprehensive design and Neoclassicism as taught by the *Ecole des Beaux Arts* in Paris. Freedlander created a hierarchy of communal buildings, barracks, and service functions arranged along a central avenue with views south to the nearby mountains. The Hospital served as a key bookend to the grand central avenue of his design. Its importance was signified by its ornate exterior including large terra cotta cartouches and a mix of red and white brick on the walls. The Hospital included unusual box eaves with open brackets below; this Arts and Crafts detail unified the more ornate

Mountain Home buildings with their plainer counterparts. While the rest of the original hospital has been demolished, the Hospital's Administration Building (Building No. 69) survives and continues to serve as the eastern terminus of the main avenue (now Dogwood Avenue).

The Mountain Branch hospital was a mature example of a pavilion plan hospital, a form favored in the United States since the 1870s. Self-contained ward pavilions were arranged for maximum healthful ventilation and light and linked to an administration building and kitchen/dining hall by covered corridors. Each pavilion floor had a spacious open ward with large windows on three sides and independent ventilation ducts. A hall leading to the connecting corridor was flanked by bathrooms, serving pantry, and dining room. Building No. 69 served as the administration building for the Mountain Branch hospital, housing medical offices, file rooms, a surgical suite, and a series of small contagious wards. Continued use of the Mountain Branch for veterans' health care rendered the pavilion wards obsolete, but Building No. 69's survival provides a case study of hospital design at the turn of the twentieth century.

The importance of the hospitals at the NHDVS Branches had been growing throughout the late nineteenth century as medical care became more sophisticated. The Mountain Branch hospital was built first and planned as a key component in the complex. The needs of World War I veterans with lung diseases such as tuberculosis further pushed the shift to medical care as the most prominent aspect of veterans' services. From 1920-26, the Mountain Branch was redesignated the National Sanatorium, a facility dedicated to the rehabilitation of young veterans of the Great War who suffered from tuberculosis. The continued viability of the facility is largely due to expansion of the VA Medical Center and partnership with the new East Tennessee State University College of Medicine starting in 1978. Throughout its history, the Mountain Home hospital has represented our national dedication to the care of veterans and their changing needs.

Historian: Lisa Pfueller Davidson, HABS Staff Historian

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: 1901-1903
2. Architect: J. H. Freedlander, New York, NY

3. Original and subsequent uses: Building No. 69 served as the administration building for the Mountain Branch hospital, with covered corridors connecting to four pavilions. It housed medical offices, file rooms, a surgical suite, and a series of small contagious wards on the third floor. Building No. 69 is now attached to a modern hospital and houses offices for the VA Police, Tennessee State VA, Patient Advocate, and Travel Funds.

4. Builder, contractor, suppliers:¹

General contractor - J. E. Parrish, Lynchburg, VA

Excavation - T. J. Deane

Slating, tinwork, and ventilation pipes - T. E. A. Sweet, Bristol

Plastering - Mr. Kendell, Chicago

Plumbing and steam heating - Farrell Plumbing and Heating Co., Daniel Farrell, Atlanta

Mosaic floors and marble wainscot in bathrooms – John Marconi

Electric Light Fixtures (and installation) - Black & Boyd of New York

Hospital electric and hand elevators – Otis Elevator Co.

Electrical system – Mr. Gaunt

5. Original plans and construction: The French Renaissance Revival design for Building No. 69 is consistent with J. H. Freedlander's scheme for the buildings on the Mountain Home campus. It had a center entrance/stair hall and transverse double loaded corridor lined with offices and small wards. This plan repeated on all three floors and in the raised basement. While there have been major interior changes, this plan is still evident.

6. Alterations and additions: The rest of the historic hospital, including four wings, connecting corridors, and kitchen/dining room structure at the rear of a central courtyard, was demolished in stages and replaced by a modern facility. The Clinical Services Building (Building No. 77) added within the courtyard in 1983. In 2002 a major addition to the hospital (Building No. 204) was completed, creating a new outpatient clinic and emergency room. The project had been in the works for almost sixteen years and required demolition of the remaining original hospital wards – no. 78 and 76 – in 1999.² Building No. 69 is attached to the new structures via portions of its original connecting corridors. The exterior form of this key building on the east terminus of Dogwood Avenue (originally McMahan Avenue) has been preserved. The basic layout and some historic decorative features remain on the interior, but with updated wall finishes, floors and other features. In 2011 the basement, second, and third floors were undergoing extensive renovations.

B. Historical Context: See overview historical context HABS No. TN-254 for additional information on the Mountain Branch and the NHDVS.

¹ This partial list was compiled from notices in the *Johnson City Comet* accessed in Microforms and Periodicals, Sherrod Library, East Tennessee State University, Johnson City, Tennessee.

² Sue Guin Legg, "New VA Clinic, ER Unveiled," *Johnson City Press*, 14 September 2002, 1, 8.

Montgomery Schuyler, the venerable critic for *The Architectural Record*, reviewed the design accomplishments of the latest branch of the National Home for Disabled Volunteer Soldiers (NHDVS) in an article entitled, “Fortunate Treatment of a Group of Institutional Buildings.” Schuyler was frankly amazed with the quality of the East Tennessee campus compared with his dim view of other similar institutions, stating “until the erection of the Home in Tennessee, just now in question, there was no Soldiers’ Home in the country worthy of much architectural consideration or having much claim to be noticed and illustrated in an ‘Architectural Record.’”³ His assessment notes the political accomplishment of local Congressman W. P. Brownlow bringing a major federal institution to Johnson City, Tennessee, which only had a population of 4,000 at the time. The Mountain Branch featured over thirty masonry buildings arranged in a formal hierarchy around a central avenue and secondary axes. The architect, J. H. Freedlander of New York, created a design vocabulary that unified the more ornate French Renaissance Revival structures with plainer red brick cousins, most buildings sharing unusual layered and bracketed eaves, mansard roofs, and symmetrical plans. Schuyler wrote:

Evidently the “lay-out” is as practical as it is architectural, and the plan, given the terrain, commends itself at a glance, and still more upon study. The architecture invariably has dignity and solidity. The particular architectural expression is distinctly enough exotic; and this exotic character, which is losing its strangeness, under the evangelization of the Beaux Arts, in the great cities, is especially striking among these mountains. It seems almost to have been adopted with the special view of astonishing the natives. True, any developed architecture would astonish the natives, but there are architectural expressions which would seem less incongruous with the environment than this.⁴

Although Schuyler reveals his urban biases with that last remark, the presence of a complete Beaux Arts complex on the outskirts of a small Tennessee railroad town was quite remarkable. The Hospital was a sprawling complex unto itself on the east side of the campus, with Building No. 69 serving as its most visually prominent section.

The National Asylum for Disabled Volunteer Soldiers (renamed National Home for Disabled Volunteer Soldiers in 1873) was established by an Act of Congress signed by President Lincoln in March 1865. Federal officials recognized the growing need to care for Union soldiers injured during their Civil War service and subsequently unable to support themselves. This unprecedented federal effort paralleled many state and local initiatives to care for disabled soldiers as the wounded filtered back North after years of fighting. The initial legislation did not specify where the Asylums would be located, but the general understanding was that several sites in different parts of the northern states would be needed. By 1930 when the National Homes

³ Montgomery Schuyler, “Fortunate Treatment of a Group of Institutional Buildings: The National Home for Disabled Volunteer Soldiers,” *Architectural Record* 30, no. 2 (August 1911): 138.

⁴ Schuyler, 145.

were incorporated into the new Veterans Administration, the system had grown to include veterans of multiple conflicts cared for at eleven campuses located around the country.

The historic National Home sites are still part of the vast system of hospitals and other veterans' benefits managed by the Department of Veterans Affairs (the Veterans Administration was converted into a cabinet-level agency in 1989). There was a long history of Federal pensions and other financial support for disabled veterans, dating back to a 1776 law enacted by the Continental Congress. In 1833 the Bureau of Pensions was created by Congress, thus inaugurating the first federal veterans' benefit bureaucracy. The Civil War would greatly increase the number of veterans and the size of the federal veterans' pension system. Perhaps the most direct stepping stone to the establishment of the National Asylums was the 1862 General Pension Law. Congress established pensions for veterans disabled by injury or diseases during their service. By allowing for disease-related military disability for the first time, Congress greatly expanded the pension system. Historian Patrick Kelly has analyzed the unprecedented the scope of the National Asylums and the veterans' benefits bureaucracy in the nineteenth century as representing a unique social welfare intervention of the federal government in an otherwise laissez-faire era.⁵

The Mountain Branch, the ninth expansion of the NHDVS, was built between 1901 and 1905. The first structure started and completed was the "hospital group" which included its administration building (Building No. 69), four pavilion wards attached with one-story corridors and a kitchen/dining hall structure located at the rear of a central courtyard. The pavilion plan hospital was considered the standard form at this time but its unquestioned dominance on hospital architecture would shortly begin to wane. Although only Building No. 69 survives, the story of the Mountain Branch hospital offers a case study of hospital design at the turn of the twentieth century and of the shift in emphasis from residential campuses to outpatient medical care for veterans during the twentieth century. The role of the hospital within the NHDVS Branches had been growing throughout the late nineteenth century. While the earliest NHDVS branches had makeshift hospitals or ones added after the residential campus was complete, the Mountain Branch hospital was given primary importance during the construction of the Mountain Branch.

The process of selecting a site for the new branch commenced in April 1901. The Board of Managers arrived to examine potential locations in Washington County, Tennessee. Approximately 400 acres located west of Johnson City's business district along the Southern Railroad right-of-way was selected.⁶ The Board of Managers formally voted to purchase the site on April 12th. The local authorities, with authorization from the Tennessee State Legislature,

⁵ Patrick Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997), 2-4, 18. Kelly relates the unusual benefits of "martial citizenship" to the patronage traditions of the late nineteenth century.

⁶ "Site Selected: Soldiers' Home Committee Finish Their Work and Depart," *Johnson City Comet*, 18 April 1901.

agreed to provide macadam roads from the city limits to the site, and allow use of the soon to be constructed sewerage system.⁷

Progress on construction was to move quickly – the legislation passed on January 28, 1901 promised that the site would be selected within three months and construction would begin within six months. With the first deadline met, the Board of Managers turned its efforts to preparing to break ground. The process of choosing J. H. Freedlander’s scheme for the Mountain Home buildings is consistently described as a competition between six architects. However details on this process are quite scarce.⁸ It is likely that six architects were invited to submit proposals in a closed competition, although whether Freedlander and other architects begin preparing their designs before or after the site was chosen is not clear. A brief mention in the *Proceedings* for the Board of Managers meetings noted that on June 24, 1901 “the President of the Board, Colonel Steele, and General Brown were appointed a committee to consider and decide upon the most suitable plan for the grouping and location of the buildings at the Mountain Branch.”⁹

The *New York Times* published an article on July 12, 1901 announcing the selection of Freedlander’s design from among “six contestants from all parts of the country”:

The announcement was made yesterday and after consultation with General John T. Richards of Maine, the Superintendent of Construction, Mr. Freedlander will proceed with the working drawings. Ground will be broken at once, and it is the firm belief that the institution will be ready for occupancy by New Year’s Day, 1904. . . . The principal buildings will be in the style of the French Renaissance.¹⁰

A birds-eye rendering of Freedlander’s design appeared in *Harper’s Weekly* the next month. The grand entrance avenue leads from the south gate straight up the hill to a traditional parade ground in front of the Mess Hall. The parade ground has a large theater at one end and the greenhouses at the other. An avenue located just north of the parade ground appears to have buildings at each end, with the complex at the east perhaps representing the hospital. This scheme lacks the elegance and clarity of the subsequent layout. As built the Mountain Branch has a wide avenue

⁷ NHDVS Board of Managers, “Proceedings, 12 April 1901” *Annual Report for the Fiscal Year 1901* [hereafter *Annual Report 1901*] (Washington, DC: GPO, 1902), 345; NHDVS Board of Managers, “Letter from the President,” *Annual Report 1901*, 9.

⁸ One possible model was the Tarsney Act passed by the U.S. Congress in 1893 to allow private architects to compete for major federal projects previously handled entirely in-house by the Department of Treasury Supervising Architect’s Office. The NHDVS operated independently of this system by always hiring private sector architects, but apparently was influenced by the idea of a competition. Due to the reluctance of the Supervising Architect, the Tarsney Act was not implemented until 1897 and repealed in 1912. Thirty-one buildings were designed under its provisions. See Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect’s Office*, (New York and Oxford: Oxford University Press, 2000), Chapters 6 and 7.

⁹ NHDVS Board of Managers, “Proceedings, 24 June 1901,” *Annual Report 1901*, 352.

¹⁰ “For a New Soldiers’ Home,” *New York Times*, 12 July 1901. A short announcement also appeared in *Inland Architect and News Record*, which appears to get its information from the *New York Times*, including the incorrect report that the Branch would house Union and Confederate veterans. See “Mosaics,” *Inland Architect and News Record* 38, no. 1 (August 1901): 8.

as the main axis (McMahon Avenue, now Dogwood Avenue) with the hospital at the east end and the Administration Building a half mile away on the west.¹¹ South of the avenue is the bandstand and more naturalistic landscaping that slopes down to the lake by the main gate.

Board of Managers President M. T. McMahon reported on the progress of the new branch at the conclusion of the fiscal year 1901, but says little about the architectural process. After noting the purchase of the site, McMahon writes:

At the earliest possible moment plans were prepared and bids invited for the construction of the *first group of buildings, namely, the hospital, consisting of an administration building, kitchen and mess hall, and four ward buildings connected by a covered corridor* [emphasis added]. A number of bids were received from various parts of the country, but it was found that the lowest bid was in excess of the available appropriation, and it was decided to build but two of the ward buildings at the present time. The contract was awarded to J. E. Parrish, of Lynchburg, Va., at a cost of \$183,497 for the entire work of construction. In the meanwhile the clearing and grading of the grounds was proceeded with and other necessary work commenced.¹²

The initial appropriation for the Mountain Branch was \$250,000. McMahon recommended that a large, multi-year appropriation be made to cover the construction of the rest of the planned buildings without yearly funding delays. Apparently this system had worked well for construction of the Danville Branch in Illinois, the most recent addition to the NHDVS.¹³

Lieutenant Colonel Thomas T. Knox with the Inspector-General's Office visited the Mountain Branch site on November 13-14, 1901. He describes the "general plan [as] a very pleasing one, prepared by an architect (Mr. J. H. Freedlander) in New York."¹⁴ Knox also notes that specifications have been prepared for the hospital and construction proposals invited. The contract to Parrish for the partial construction of the hospital – to include the hospital administration building (Building No. 69), kitchen, and two wards – was entered into on November 19, 1901, shortly after Knox's inspection. It seems likely that Freedlander's firm was preparing the working drawings throughout the summer and fall of 1901 and still revising the site plan.¹⁵

On February 14, 1902, Congress approved another \$900,000 for construction of the Mountain Branch. Contracts for additional buildings followed throughout the year including \$91,694 for the remaining two hospital wards on March 8th. During this period, contracts were

¹¹ "The New National Home for Disabled Volunteer Soldiers, at Johnson City, Tennessee," *Harper's Weekly* 45, no. 2330 (17 August 1901): 817. This poor reproduction is the only copy of Freedlander's original scheme the author has located.

¹² NHDVS Board of Managers, "Letter from the President," *Annual Report 1901*, 9.

¹³ NHDVS Board of Managers, "Letter from the President," *Annual Report 1901*, 9-10.

¹⁴ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1901), 105.

¹⁵ NHDVS Board of Managers, "Letter from the President," *Annual Report 1902*, 9.

also let for excavation, electric lighting and power, drainage and sewerage, water distribution, and steam distribution for heating. However it quickly became evident that more funds would be needed to complete the complex. The above mentioned contracts, plus architect's fees of five percent for drawings and supervising construction, land purchase and other site improvements brought the total liabilities and expenditures as of November 15, 1902 to \$1,012,196.77. This represented nearly the entire \$1,150,000 appropriation to date and more barracks, the chapel, theater, and other service buildings still needed to be constructed. The Board of Managers formally moved during their September 23, 1902 meeting to request \$650,000 more from Congress. They reasoned that the shortfall was due to "the unforeseen rise in the prices of all building material and labor."¹⁶ In President McMahon's annual letter he explained the issue in more detail:

While the progress of the work of construction at this Branch has not been as rapid as might seem desirable, it is thought, when all of the conditions and circumstances are considered, that it has been fair. The winter of 1901-02 was an exceptionally severe one in eastern Tennessee, and it was found impracticable to make any progress on the group of hospital buildings – the only work for which contracts had been made – until spring.¹⁷

Given the circumstances, and the fact that the hospital could not be occupied until other buildings such as the power plant were complete, Parrish's contract was extended to May 15, 1903. McMahon expressed the hope that some members could be received before the end of the current fiscal year in June 1903. When Lieutenant Colonel Knox returned to conduct another inspection of the Mountain Branch on September 8-9, 1902 he reported that progress on the "hospital group" of buildings was up to the first floor, with one building up to the second floor.¹⁸

J. H. Freedlander (1870-1943) made periodic visits to inspect the construction progress but his representative, architect D. C. Spencer, stayed in Johnson City for the duration of the project, providing daily supervision.¹⁹ Freedlander was only thirty years old when his design for the Mountain Home was chosen, with the *New York Times* characterizing him as one of the younger architects in the city. Born in New York in 1870, Freedlander graduated from Massachusetts Institute of Technology in 1889 and the *Ecole des Beaux Arts* in Paris in 1895. This training was arguably the finest and most rigorous available in this era. Prior to designing the new Soldiers' Home Branch, his designs were among the finalists for the New York Public Library and University of California, Stanford competitions. Completed projects at this time included the St. Louis Club in St. Louis, Missouri (competition, 1897), a villa in Elberon, New Jersey, and remodeling Greystone, the Yonkers, New York home of nationally prominent politician Samuel J. Tilden.²⁰ The precocious skill Freedlander demonstrates in his design for

¹⁶ NHDVS Board of Managers, "Letter from the President," *Annual Report 1902*, 9.

¹⁷ NHDVS Board of Managers, "Letter from the President," *Annual Report 1902*, 9-10.

¹⁸ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1902), 105-106.

¹⁹ Freedlander had a ten-room house built adjacent to the site for Spencer, and provided the plumbing fixtures. See Charles Cunningham, "Soldiers' Home Notes," *Johnson City Comet*, 24 September 1903.

²⁰ "For a New Soldiers' Home," *New York Times*, 12 July 1901.

the Mountain Branch continued to develop throughout his long career. Although not very well known today, during the first half of the twentieth century he was a prominent member of New York architectural community with important commissions throughout the country.²¹

Freedlander's Beaux Arts training made him skilled in the hierarchical arrangement of institutional complexes and the vocabulary of Neoclassicism. These qualities are evident in the Mountain Branch, as well as a creative design sensibility that adapts the formal qualities of Beaux Arts with Arts and Crafts details. The end result was a campus that complements its unusual mountain view setting in a manner impressive and grand, but not stiff or imposing. The hospital served as a key bookend to the grand central avenue of his design. Its importance was signified by its ornate design including large terra cotta cartouches and a mix of red and white brick exterior walls. The central entrance with a limestone portico over the doorway is on axis with McMahan Avenue and the comparatively plainer red brick Administration Building (Building No. 52). The hospital includes unusual box eaves with open brackets below; this Arts and Crafts detail unified the more ornate Mountain Home buildings with their plainer counterparts (Figure 1).

While only Building No. 69, the Hospital's Administration Building, survives today, historic drawings show the sprawling symmetry of the original pavilion plan hospital complex (Figure 2).²² A connecting corridor attached to the rear of the Hospital Administration Building formed a rectangular courtyard. A T-plan kitchen/dining hall building was located at the rear of the courtyard. Projecting perpendicular to each side of the courtyard was a pair of two-story ward buildings, or pavilions. Each pavilion was an elongated T-plan and attached to the corridor at the upper cross-bar of the "T." As was typical for pavilion plan hospital wards, each wing contained an open ward with exterior walls on three sides. Here each pavilion had a wrap-around porch. The wider section contained the service portion of each ward, including a staircase, elevator, bathroom, dining room, and serving or diet kitchen with dumbwaiter arranged around a central hall leading to the connecting corridor.

Freedlander does not seem to have had specialized experience in hospital design, but his Mountain Branch hospital clearly demonstrates best practices in medical facility planning at the

²¹ "Obituary – J. H. Freedlander, An Architect, 73," *New York Times*, 24 November 1943; "Joseph H. Freedlander," entry in Henry F. Withey and Elise R. Withey. *Biographical Dictionary of American Architects (Deceased)*. (Los Angeles: Hennesey & Ingalls, Inc. 1970), 221; "Joseph Henry Freedlander," entry in *MacMillan Dictionary of Architects*, (New York: MacMillan, 1982), 114; "Joseph H. Freedlander," *AIA Historical Directory of American Architects*, accessed online at <http://communities/aia.org> Freedlander was a president of both the Society of Beaux Arts Architects and the Allied Arts Federation, as well as a member of the Architectural League of New York and American Institute of Architects (becoming a Fellow of the AIA in 1926). Major New York projects included the Museum of the City of New York (competition, 1928), Importers and Traders National Bank (c. 1908), Harlem Hospital, and Bronx County Courthouse and Jail (1934). Outside of New York, in addition to the Soldiers' Home, he was best known for new buildings at Saratoga Spa (1929), the Portland Auditorium in Oregon (competition, 1911), and the Perry Memorial at Put-in-Bay, Ohio (competition, 1912). At the time of his death in 1943 at the age of seventy-three, he had prepared plans for a new Appellate Courthouse on Park Avenue between 39th and 40th Streets.

²² Hospital elevations and plans were published in the *Brickbuilder*, 12, no. 4 (April 1903), plates 26-31. This seems to be the only source for these drawings.

turn of the twentieth century.²³ In this historical moment, the pavilion plan was nearly fifty years old, but still a standard in hospital design. The basic ideals of fresh air and sanitary conditions first espoused by Florence Nightingale continued to hold sway over the medical profession and their architects. The pavilion plan had its origins in Europe and Great Britain starting in the late 1850s, but in the United States it emerged from the aftermath of the Civil War with new attention to public health and the construction of hospitals. Scientific understanding of disease and contagion was developing rapidly in the period as well, with the first, imperfect understanding of germ theory starting to coexist with older ideas of contagion by miasma or contaminated air. The discussion in the United States also benefitted from intense interest in this topic in Europe and Great Britain, begun a decade earlier by the Crimean War. Motivated by the unsanitary conditions in military field hospitals and her earlier study as a nurse, Englishwoman Florence Nightingale became a champion of hospital reform through her work in war relief, public policy and her writings. Nightingale's *Notes on Nursing* (1st American edition, 1860) and *Notes on Hospitals* (1st edition, 1859; 3rd revised edition, 1863) defined the debate about best practices on both sides of the Atlantic throughout the second half of the nineteenth century.²⁴

Led by Nightingale's work, hospital architecture was increasingly seen as a key element in patient care. A rudimentary understanding of germ contagion led to great concern with choosing hospital plans and building materials that would be healthful and avoid making patients sicker. When Nightingale began her work, mortality in hospitals was much higher than for patients treated at home, prompting her to open her *Notes on Hospitals* with the admonition that "the very first requirement in a Hospital [is] that it should do the sick no harm."²⁵ Proper ventilation, sanitation, light, and equipment were essential to healing both surgical and medical cases and avoiding cross infection. The details of ventilation, finish etc. were much debated by the medical profession and their collaborating architects, but the overriding concept of a large hospital divided into semi-attached pavilion wards dominated hospital design for the next fifty years.²⁶

The pavilion plan was mainly intended to provide cross ventilation for healthful airflow. This goal was accomplished by building a series of rectangular ward buildings placed parallel to each other and attached only on one short side to a system of circulating corridors. According to British architectural historian Anthony King, "natural ventilation, from doors, windows and fireplaces was the rule. This uniformity of design among late Victorian hospitals, with its emphasis on spaciousness and natural ventilation, was the logical outcome of the general acceptance of the aerial conduction of disease, or, as it was known to contemporaries, the

²³ For additional examples in the HABS collection, see historical reports and other documentation of HABS No. WI-360-F, National Home for Disabled Volunteer Soldiers – Northwestern Branch, Hospital; and HABS No. NY-6086-T, Ellis Island, Contagious Disease Hospital, Measles Ward A.

²⁴ For an overview of hospital development see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), esp. 155-70 on Nightingale wards.

²⁵ Florence Nightingale, *Notes on Hospitals* (London: Longman, Green, Longman, Roberts, and Green, 3rd revised edition, 1863), preface.

²⁶ Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London and New York: Leicester University Press, 1997), vii.

miasmatic or pythogenic theory.”²⁷ Nightingale’s theories, and much of the early discussion of healthy hospital design, emerged from the observation that wartime patients often did better in temporary, tent-like structures than the repurposed houses and institutions typically used as hospitals. Even as germ theory matured and ideas about contagion changed in the late nineteenth century, the older idea of infection through miasma or fermentation of bad air was too embedded and seemingly logical to be quickly dismissed.²⁸ An account of the Mountain Branch in *The Craftsman* mixed these concerns by noting that the hospital was situated on the east side of the campus because westerly prevailing winds would carry germs away from the rest of the building.²⁹

In the United States, the first survey conducted of hospitals in 1873 found only 178 examples, including insane asylums.³⁰ Of these, a small fraction was modern, purpose-built medical facilities. As the number of new hospital buildings grew rapidly, the question of plan type, while still debated, seemed generally settled on the pavilion form promoted by Nightingale and other European reformers. At the turn of the twentieth century this form was still considered the most effective solution to creating hygienic hospital designs, even as standards of medical care were moving toward greater emphasis on science and specialized departments.³¹

Construction on the Mountain Branch hospital proceeded through the winter of 1902-03 and into the following summer. The editor of the *Rockwood Times* visited the site in July 1903 and pronounced the hospital “one of the most beautiful and finely arranged...we have ever seen.”³² A semi-regular column in the *Johnson City Comet* called “Soldiers’ Home Notes,” provided a detailed progress report on July 23, 1903:

Work on the hospital group is going right along. Mr. Kendall and his force of plasters are doing some fine work in the four wards and the kitchen. When the [hospital] administration building is finished it will be one of the finest jobs in the country. ... The dumb-waiters have nearly all been placed and 4 hand-elevators are being put in. Painters are making good headway on the hospital group. The basement floor is nearly all cemented. The steam and water pipes are in and ready for painting and covering... Mr. Sweet is getting along nicely with the iron work in the attics of the hospital group. There you will see a vast amount of piping placed and the big galvanized air ducts that carry the foul air out through

²⁷ Anthony King, “Hospital Planning: Revised Thoughts on the Origin of the Pavilion Principle in England,” *Medical History* 10, no. 4 (October 1966), 360. He traces the contribution of other researchers and architects in addition to Nightingale to the spread of the pavilion hospital in England.

²⁸ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, 1987), 130.

²⁹ “Soldiers’ Home in Tennessee: A Noteworthy Example of a Group of Buildings Planned as a Whole,” *The Craftsman* 11, no. 3 (December 1906): 356.

³⁰ Rosenberg, 341. By 1923 a survey tallied 4,978 U. S. hospitals.

³¹ See “Chapter 4 - Architects and Doctors,” in Annmarie Adams, *Medicine by Design: The Architect and Modern Hospital, 1893-1943* (Minneapolis and London: University of Minnesota Press, 2008) for a discussion of the shift away from the relatively holistic hospital care and design represented by the pavilion plan toward a science-based specialization that emphasized interior layout of individual departments.

³² Typescript, “Brownlow’s Soldiers Home,” *The Rockwood Times*, July 1903.

the roof and fill the building with fresh air. It is a big job to get such a lot of pipes properly placed. A great deal of mosaic work has been in the [water] closets of the hospital group. A great deal of this kind of work will be done in the administration building – in fact more or less in all the buildings. John Marconi, who has charge of this work, is an expert in this line. He will also place the marble wainscoting in the closets. The marble is from Knoxville, and when placed will present a fine appearance.³³

This description gives a nice glimpse of the various contractors working on the hospital. “Mr. Kendall’s” plasterers were a skilled group from Chicago executing ornamental cornices and columns inside the hospital.³⁴ T. E. A. Sweet from nearby Bristol was in charge of placing the elaborate system of exhaust pipes crucial to a hospital ventilation system. Generally fresh air intakes near the ward windows were used to draw air into the building and each ward had its own set of ductwork venting through the attic. This system encouraged natural airflow and isolated the circulation for each ward to avoid cross contamination.³⁵

The “Soldiers’ Home Notes” columns for August 1903 again provide interesting details on the hospital construction progress. A large shipment of high grade maple flooring arrived from Michigan. Bathtubs and steams connections were being installed throughout the building by the Farrell Plumbing and Heating Company of Atlanta. The Chicago plasterers were doing “fine cornice work” throughout the hospital administration building including rooms, halls, and stairways. A 38 by 16 1/2 foot operating room was located on the north end of the top floor and was equipped with tile floors and wainscoting for sanitary purposes. The location on the north side of the upper floor was typical for this period. Surgery was done with natural light and the even light of a north exposure was preferred. The hospital kitchen and laundry fixtures were also being delivered and partially installed at this time.³⁶

The “Soldiers’ Home Notes” column also provides some hints regarding growing problems with the general contractor J. E. Parrish. It was reported in May that “the corridor around the inside and outside of the hospital group of buildings has been torn out because of faulty construction and is being rebuilt with new and better material.”³⁷ In July 1903 the *Johnson City Comet* noted that Spencer, Freedlander’s inspector, “has condemned quite a lot of

³³ “Soldiers’ Home Notes,” *Johnson City Comet*, 23 July 1903.

³⁴ See also Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 30 July 1903: “Plastering is now being done in the main [hospital] building. The half dozen white columns that are to be placed in this building are up-to-date, and when in position can scarcely be distinguished from marble. They are the work of Mr. Kendall’s Chicago workmen, and with the other work they have done on the hospital group are evidences of their excellent handiwork.”

³⁵ Hospital literature from this period frequently mentions the importance of avoiding cross-contamination by constructing each ward with a self-contained ventilation system. See John Shaw Billings, *Description of the Johns Hopkins Hospital* (Baltimore: Publications of the Johns Hopkins Hospital, 1890) and Henry C. Burdett, *Hospitals and Asylums of the World* (London: J. & A. Churchill and the Scientific Press, 1893).

³⁶ Charles Cunningham, “Soldiers’ Home Notes” *Johnson City Comet*, 13 August 1903; 20 August 1903; and 27 August 1903.

³⁷ “Soldiers’ Home Notes,” *Johnson City Comet*, 28 May 1903.

work, including a number of doors which were hung in the hospital group.”³⁸ Then in late August, Parrish suspended work on the hospital and defaulted on his contract, resulting in litigation and a change in builder.³⁹ In addition, the sewerage system promised by Johnson City officials was not materializing in a timely manner, making it necessary to add large septic tanks to the construction projects.⁴⁰ These unanticipated expenses and continually rising material and labor costs were a cause for concern among the Board of Managers. Their 1903 report noted that additional appropriations would be necessary, since just over \$280,000 was left of the \$1.8 million already committed. In spite of these challenges, they still planned to have the hospital, barracks no. 1 and 2, the mess hall, storehouse, and laundry ready by January 1904.⁴¹ The cost of the hospital group was to be \$275,000, with an additional \$6,725 for the morgue.⁴²

Work on the hospital began again in the middle of September with the new general contractor J. F. Unkefer. Construction was accelerated throughout the fall in order to allow a partial opening of the Branch on October 15th. Congressman Brownlow also spent many days and nights at the site that month, urging the work forward. Electric lights, heat and water were functioning for two hospital wards and the hospital kitchen, meaning that the Branch was officially open for members, albeit on a limited basis.⁴³ As reported in the *Johnson City Comet*:

There are now 25 buildings under construction including the Hospital Group. With the canteen, combination barracks, nurse’s cottage and stable there will be 29. ... W. P. Brownlow’s little granddaughter turned on the current for the electric lights Thursday evening and three buildings were lighted up for the first time.⁴⁴

Brigadier-General George H. Burton from the Inspector General’s Office arrived shortly after the ceremonial opening. He commented that the forty-three members housed in the partially completed hospital were getting in the workmen’s way and subsequently the building would have to be renovated as soon as it was completed.⁴⁵

³⁸ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 30 July 1903.

³⁹ Charles Cunningham, “Soldiers’ Home Notes” *Johnson City Comet*, 3 September 1903: “Work on the hospital group has been at a standstill for the past 10 days on account of the injunction against J. E. Parrish, secured by the home officials. The matter came up before Judge Clark at Chattanooga on motion to dissolve the injunction, which was denied. The case will now be heard on its merits. The hospital group and morgue will not be finished before November 1st.” A few weeks later the *Johnson City Comet* reported: “The suit of J. E. Parrish vs. National Board of Managers will be heard at Greeneville in about 2 months. A large number of photographs have been taken of both the outside and inside of the hospital group to be offered in evidence at the trial.” See Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 17 September 1903.

⁴⁰ The New York firm of Williams & Whitman began building a 107,000 gallon septic system in August 1903. Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 20 August 1903; and 3 September 1903.

⁴¹ NHDVS Board of Managers, “Letter from the President,” *Annual Report of the NHDVS for the Fiscal Year 1903* (Washington, DC: GPO, 1904), 9.

⁴² Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 10 September 1903.

⁴³ “Progress At The Home,” *Johnson City Comet*, 29 October 1903.

⁴⁴ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 22 October 1903.

⁴⁵ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1903), 52.

For several months the open portions of the hospital were used “as barrack, storehouse, mess hall, kitchen, laundry, officers’ quarters, and hospital proper.”⁴⁶ The Chief Surgeon Dr. Powell and his staff used the second floor of Ward 4 (one of the pavilions) to set up the first twenty-eight patient beds. By the end of October three were already occupied.⁴⁷ Construction continued into the winter of 1903 while Wards 2 and 4 were occupied by about 100 members. Many details still needed to be completed and more substantial interior work continued on the Hospital Administration Building and the other two wards. The electric elevator in the Administration Building and the “hand elevators” for each ward were still being installed. Stair railings were being installed and doors hung. The upper two floors of the Administration Building seemed to reach completion first while a large amount of “fancy tile work” on the lower floors slowed things down. Fireplace mantels were installed quickly after delivery in November. Perhaps the largest item still underway was the bathrooms that still lacked hot water even where the fixtures were in place.⁴⁸

The *Johnson City Comet* reported that General McMahon, President of the NHDVS Board of Managers, their construction supervisor General Richards, Congressman Brownlow, and architects J.H. Freedlander and D. C. Spencer inspected the progress at the end of November. They were generally pleased with the progress but found a great deal of work remained in the hospital, particularly establishing hot water service. Members had to heat water in the kitchen and carry to the bathtubs while Farrell Plumbing and Heating Company waited to receive four large hot water heater tanks.⁴⁹ It was late December when the plumbers were able to install the tanks and additional bathroom fixtures. The ward elevators were still not functional, requiring the veterans to use the stairs. Some aspects of the work were winding down. A number of carpenters were released and Mr. Kendall’s plaster crew left in mid-January to work on a hotel in New York, with promises to return in April to work on the barracks.⁵⁰ Governor Smith and the chief surgeon moved into the upper floors of the Hospital Administration Building in early January. Also noteworthy was the installation of nickel-plated “sterilizing urns” in the scrub room outside the operating room on the third floor. By February 1904 the entire hospital group was complete and ready for use.⁵¹

The completed hospital appears prominently in the souvenir books and other promotional pieces issued for the Mountain Branch. One image is captioned, with some exaggeration, “The Five Hundred Thousand Dollar Hospital.”⁵² (Figure 3) This perspective photograph taken from the northwest near the greenhouses shows the relationship between the Administration Building and the pavilion wards. Even though the Administration Building has the smallest footprint, its

⁴⁶ NHDVS Board of Managers, “Mountain Branch Report,” *Annual Report 1903*, 199.

⁴⁷ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 1 October 1903; 15 October 1903; and “Progress At The Home,” *Johnson City Comet*, 29 October 1903. A Miss Jennings was the first head nurse.

⁴⁸ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 19 November 1903; 26 November 1903;

⁴⁹ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 26 November 1903. See also 3 December 1903, and 10 December 1903.

⁵⁰ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 24 December 1903.

⁵¹ Charles Cunningham, “Soldiers’ Home Notes,” *Johnson City Comet*, 7 January 1904; 21 January 1904; 4 February 1904.

⁵² Charles Edwards, *Souvenir Book: National Military Home, Tennessee* (Johnson City: Charles Edwards, 1909), n.p..

height, ornate exterior, and central placement conveys its importance within the hierarchy of the hospital. It is nearly freestanding, with one-story connecting corridors attached at a small rear hyphen. The pavilion wards extend to either side; their noteworthy features include wraparound porches at the first floor and galvanized iron roof ventilators. The Administration Building also has a ventilator in addition to several chimneys for largely decorative fireplaces. A small skylight dormer is visible in the north slope of the mansard roof, presumably for the operating room on the third floor. These features have all been removed from the Administration Building. The kitchen/dining room is just visible behind the Administration Building.

Freedlander's plans show a mix of office and patient care spaces in Building No. 69.⁵³ The basement included two laboratories (one "pathological"), storage rooms for instruments, and a library (Figure 4). The first floor contained reception rooms, offices for the surgeon, assistant surgeon, and record clerk, an apothecary, and toilet room. The two small rooms in the connecting hyphen at the rear were a smoking room and an elevator vestibule. The second and third floor had large bathrooms and multiple rooms labeled "chambers" that were probably used as isolation wards (Figure 5). In addition the second floor housed the matron's office, and a sitting room. The operating room was on the north end of the third floor, with nearby sterilizing and "etherizing" rooms. An electrical apparatus storage room was also on this floor.

President McMahon of the Board of Managers noted in his 1904 *Annual Report* letter that only \$9,785.56 was left of the \$1.8 million construction appropriations.⁵⁴ He offered a progress report on the construction as well as an assessment of the purposes and design of the newest Branch:

This Branch is rapidly approaching completion. It has at present accommodations for 2,000 members, with complete systems of steam heating, electric lighting, cold storage, sewerage, and drainage. The following buildings are still under construction: Guard barrack, chapel, memorial hall, and nurses' cottage. When these buildings are finished the Branch will be completed as originally planned and provided for by Congressional appropriations.

This Branch of the Home having been more particularly provided for the veterans of the Spanish-American war and future wars in which the volunteer forces of the nation may be engaged, its construction has been of a more substantial and enduring character than that of other Branches. The architectural appearance of the building is creditable, and the complete equipment of the Branch in every feature renders it in all respects suitable for the purpose for which it was designed.⁵⁵

The Spanish-American War, although much smaller in scope than the Civil War, was the first major conflict of a new expansionist foreign policy. A November 1904 inspection noted that the

⁵³ *Brickbuilder*, 12, no. 4 (April 1903), plates 26-31.

⁵⁴ NHDVS Board of Managers, "Letter from the President," *Annual Report of the NHDVS for the Fiscal Year 1904* (Washington, DC: GPO, 1905), 9.

⁵⁵ NHDVS Board of Managers, "Letter from the President," *Annual Report 1904*, 10.

small group of Mountain Home members – 117 for a 2,000 person capacity facility – was a mix of Civil War veterans over the age of sixty, and Spanish/Philippine war veterans averaging early thirties in age.⁵⁶ The shifting demographics of the Home had already begun to reflect the wide differences in interests and needs between veterans of recent conflicts and the Civil War “old timers.” The challenges of serving these disparate constituencies would become more pronounced over time.

Care in the hospital’s four pavilion wards would have followed normal procedures for the NHDVS. Each Soldiers’ Home branch had some sort of hospital facilities from its earliest stage of development. The most elaborate of this early group of hospitals was the three-story hospital with pavilion-type wings and numerous towers added to the Central Branch in Dayton, Ohio in 1870.⁵⁷ Hospital care was still rather unusual for a large percentage of the American public since those with any means or family were typically treated at home with the assistance of a visiting physician. Limited medical technology meant that most treatments could be done in a domestic setting, without the added risk posed by exposure to other ailments in the hospital. Most existing hospitals were for indigent or dependant populations. In the case of disabled veterans, a lack of family and funds brought them to the Home. These circumstances, along the lingering injuries and ailments of wartime service, made developing hospitals for the National Homes a logical step even in a period when hospital care was still unusual for the general population.

Writer Elizabeth Corbett included a perceptive assessment of the relationship between the Home members and the hospital in her memoir of her childhood at the Northwestern Branch in Milwaukee (between 1891 and 1915):

The old soldiers disliked and distrusted the Hospital, though they had the attention there not only of a staff of surgeons and male orderlies but of very competent and personable trained nurses. It is easy to understand their slant. They knew that in the long run they would die in that hospital, and to enter it seemed to them the first step to the cemetery. Moreover, they had not been used to hospital care in their lives before they entered the Home; and many of them had a rooted idea that the doctors did strange things to their patients for their own amusement.⁵⁸

Corbett’s description of the skepticism of the soldier patients echoes other contemporary accounts of mistrust of doctors and hospitals, chiefly because the concept was so unfamiliar to most.

By 1890 the older method of having more robust veterans help care for their ill counterparts was becoming less practical. During the mid-nineteenth century it was quite

⁵⁶ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1904), 66-67.

⁵⁷ Suzanne Julin, “National Home for Disabled Volunteer Soldiers – Assessment of Significance and National Historic Landmark Recommendations,” (2008), 45. U.S. Department of the Interior, National Park Service, Washington, D.C..

⁵⁸ Elizabeth Frances Corbett, *Out at the Soldiers’ Home: A Memory Book* (New York: D. Appleton Century Company, 1941, reprinted in 2008 by Acta Publications and the West Side Soldiers Aid Society), 140.

common for ambulatory patients in hospitals to be expected to help out with cleaning or nursing. Most ward patients were indigent and medical care was more basic, creating an expectation that those receiving charity could assist with simple tasks. Rising standards of professionalism were gradually discontinuing this practice. In the National Homes, this shift coincided with a general shortage of veterans able to perform the necessary work, due to age and increased infirmity. The Board of Managers meeting minutes include frequent references to the growing need to hire paid civilians to perform many duties previously handled by resident veterans.

For the Soldiers' Home hospitals, a major change was the introduction of female nurses into a male institution. Initially promoted by Florence Nightingale, trained female nurses had made inroads into hospital work in the post-Civil War years. Previously nursing was equivalent to domestic service, with male or female employees only handling patients of the same sex. With more training and professionalism came the growing "contemporary assumption that there was a necessary and laudable conjunction between femininity and nursing; the trained sensibility of a middle class woman could alone bring order and morality to the hospital's grim wards."⁵⁹ In 1890 female nurses were hired on a trial basis for the Northwestern Branch of the NHDVS. The experiment was pronounced a success and the practice quickly spread to other branches.⁶⁰ Not only was conventional wisdom shifting in favor of nursing as work best done by women, but the inexpensive labor of female nurses relative to their male counterparts appealed to administrators. When the Mountain Branch hospital opened in 1903, it employed a nursing superintendent and 12 to 14 female nurses who "give medicine and stand watch."⁶¹ The hospital steward position was filled by a man who supervised 8 or 10 male nurses who typically performed any heavy lifting and cared for venereal patients.

Typically patients with similar ailments were grouped together in designated wards. In the early years of Mountain Branch the only mention of this practice was that the second floor of Ward 4 was intended for "insane members."⁶² The doors and windows were covered with grates and when the ward was full (15 to 20 patients), the group was shipped to the Government Hospital for the Insane (St. Elizabeths) in Washington, D.C..⁶³ The NHDVS had a long standing arrangement to transfer any member veteran with severe mental illness to St. Elizabeths. In 1912 the porch around this ward was enclosed and access provided to the secure hospital courtyard, in order to allow these patients more fresh air and outdoor exercise.⁶⁴

The physically ill patients occupied the other seven open wards, with access to a small dining room and smoking porch for each one. A period photograph shows a clean, unornamented room with high ceilings and large windows (Figure 6). Patients sit in wood chairs

⁵⁹ Rosenberg, 212.

⁶⁰ NHDVS Board of Managers, "Northwestern Branch Report," *Annual Report of the NHDVS for the Fiscal Year 1890* (Washington, DC: GPO, 1891), 89.

⁶¹ Charles Cunningham, "Soldiers' Home Notes," *Johnson City Comet*, 20 August 1903.

⁶² Charles Cunningham, "Soldiers' Home Notes," *Johnson City Comet*, 19 November 1903.

⁶³ Martin V. Brady, *Picturesque Mountain Branch National Soldiers' Home Tennessee* (Johnson City: Martin V. Brady, 1908), n.p..

⁶⁴ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1912), 84.

or recline in metal frame beds, with nurses in long shirtwaist dresses standing in attendance. Ventilation grates are visible in various places along the upper portion of the walls, indicating the location of ductwork throughout the ward leading to the roof top ventilator. The beds are placed in the spaces between windows perpendicular to the exterior walls, creating an aisle down the center of the room. The arrangement of electric lights was typical for the period as well, with rows of ceiling fixtures and wall sconces creating an evenly lit space. According to historian Jeremy Taylor, this period saw a number of major advances in medical understanding and technology – for example, germ theory and the concept of asepsis in avoiding infection were fully accepted by the early twentieth century. Anesthetics were now universally applied and there was an increasing sophistication in specialized medical equipment such as nebulizers and X-rays. However, the now traditional pavilion plan was still in many ways the preferred hospital form. In spite of advances in medical technology and understanding, common diseases such as tuberculosis still required fresh air for treatment, reinforcing the continued usefulness of the “Nightingale ward” model.⁶⁵

The Mountain Branch was intended to address a shift in veteran demographics to the younger Spanish American War veteran but additional facilities were still needed to meet demand. The next Branch established after the Mountain Branch was the Battle Mountain Sanatorium opened in 1907 near Hot Springs, South Dakota. Designating Battle Mountain a sanatorium indicated the growing emphasis on medical care by the NHDVS.⁶⁶ Medical care was becoming more costly, both with increasingly sophisticated treatment for younger veterans and the long-term geriatric care of an aging Civil War population. As Major W. H. Gordon from the Inspector-General’s Office observed:

The matter of larger appropriations for the maintenance of the medical department of the home, including special diet, and for increasing the facilities for the care of the very aged and convalescents, is recommended for consideration, in view of the fact that the time is now at hand when for the majority of its membership the home must be regarded as a hospital rather than a barrack, and a rapid increase in the number of members requiring medical care and assistance must be expected.⁶⁷

In addition to the challenges of geriatric care, tuberculosis was becoming a growing and costly issue for the NHDVS.⁶⁸

The discovery of the *tubercle bacillus* in 1882 meant that “consumption” was definitively identified as a communicable disease and could be conclusively diagnosed. With positive diagnosis, the medical profession was given increasing authority to control contagion through

⁶⁵ Taylor, 8.

⁶⁶ Julin, 32-33.

⁶⁷ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1912), np.

⁶⁸ Board of Managers, “Report of the Inspector-General and Chief Surgeon,” *Annual Report of the NHDVS for the Fiscal Year 1909* (Washington, DC: GPO, 1910), 85-86. For a brief account of growing up at the Mountain Branch during its first twenty years, see Dorothy Hamill, “Memories of the Home,” *Johnson City Press-Chronicle*, 29 November 1981.

public health measures and confine the infected in sanatoriums. These efforts peaked during the early twentieth century due to fear of contagion from immigrants and the urban poor.⁶⁹ The NHDVS members largely represented a different population, but still one that was essentially institutionalized and dependant on the state. In his 1908 *Inspection Report*, Lieutenant Colonel W. T. Wood recommended that all the tubercular cases be gathered at one branch for treatment:

This concentration will not only be of benefit to the patients, but will also relieve hospitals of the isolation and care of such persons, and reduce the expense of treatment. The branch selected should be the one having best conditions as to climate, altitude, etc., for the treatment of this disease, be easily accessible, and in a locality where eggs, milk, and other articles of diet needed by such patients can be obtained fresh and cheap. My own opinion is that the Mountain Branch at Johnson City, Tenn., best fulfills these conditions.⁷⁰

Shortly thereafter the Board of Managers passed regulations indicating that tubercular patients at the Marion, Danville, Western, and Northwestern Branches be sent to Battle Mountain Sanatorium. Tuberculosis sufferers residing at the Eastern, South and Central Branches were to transfer to the Mountain Branch.⁷¹ These recommendations were consistent with public health efforts throughout the country to combat tuberculosis by segregating the infected. At the Mountain Branch a special tuberculosis annex was built on the grounds of the hospital during fiscal year 1911.⁷² (Figure 7) This building was a modest structure with a capacity of approximately sixty patients. This low, wood frame building cost \$11,000 to construct while the rest of the hospital complex, including the morgue, had an appraised value of \$330,500.⁷³

With the advent of World War I it was clear that the Homes would need to serve a new generation of disabled veterans. The great influx of new veterans, many young men with acute medical or psychiatric conditions, tested the capacity of the entire federal veterans' benefits system. At this time the NHDVS and the Bureau of Pensions were the two federal entities serving veterans. In 1917 Congress passed an amendment to the War Risk Insurance Act that established vocational and medical benefits for those with service-related disabilities and a low-cost insurance system for the totally disabled veteran and his dependents. The Public Health Service and contract hospitals were enlisted to quickly expand capacity.⁷⁴ Within the NHDVS, World War service men were admitted via an Act of Congress on October 6, 1917. There was a growing realization that meeting new demands for more sophisticated medical care would require substantial reorganization. Colonel R. C. Humber addressed these issues in his Inspector-General report for 1919. In his view, the current "perfunctory and routine manner" of

⁶⁹ Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: BasicBooks, 1994), 179-180.

⁷⁰ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1908), 14.

⁷¹ Julin, 32-33.

⁷² Board of Managers, "Mountain Branch Report," *Annual Report of the NHDVS for Fiscal Year 1911* (Washington, DC: GPO, 1912), 234.

⁷³ Board of Managers, "Mountain Branch Report," *Annual Report of the NHDVS for the Fiscal Year 1910* (Washington, DC: GPO, 1911), 255; Board of Managers, "Mountain Branch Report," *Annual Report 1911*, 234.

⁷⁴ Julin, 34-35.

medical care in the NHDVS hospitals would not suffice to treat the ailments of the newer veterans:

In the past the patients cared for in the hospitals were generally those afflicted with the diseases of old age. These patients required a minimum of treatment and a maximum of care and nursing, a permanent cure being, of course, impossible. . . . An entirely new condition is now confronted. With the new members from the late war will appear diseases and disabilities of every character and degree, requiring from the surgeons, professional ability and skill of the highest order.⁷⁵

Changes in the needs of veteran patients were accompanied by major advances in medical treatment over the previous twenty years, including an increase in surgical treatment and other specialties.

The need for specialized tuberculosis facilities was most pressing. Humber criticized the treatment of several hundred members with tuberculosis, mostly young World War veterans, whom had ended up scattered in various Branches apparently in spite of earlier regulations. The need to place extra restrictions on the tubercular members as a precaution against spreading infections caused resentment and was loosely enforced in the generally open environment of the Home:

Afflicted members mingle at will with female employees on the reservation, other members of the home, and visit the near-by towns at will. It is, therefore, evident that these patients do not and cannot receive the desired treatment, nor can the proper degree of protection be afforded others.⁷⁶

Humber recommended that one or more separate “sanatoria branches” be created, “in order that these patients may receive proper and scientific treatment, and in order to provide for the large influx of patients which may be expected as a result of the recent war.”⁷⁷ The recommended tuberculosis sanatorium would have a healthful climate, easy railway access, on-site farm, and modern medical equipment, and a “staff of especially qualified tubercular, X-ray, and laboratory specialists.” Humber concluded that, “without this segregation the proper discipline cannot be enforced, hence the ideal therapeutic results are not possible. Every effort should be made to effect [sic.] a cure, that these young men may be restored to useful citizenship.”⁷⁸

Acknowledging the failings of the current decentralized system and faced with a large increase in tubercular members, the Board unanimously adopted a resolution in 1919 to convert the Mountain Branch into a tuberculosis sanatorium.⁷⁹ Authorization to proceed with the

⁷⁵ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1919), 11.

⁷⁶ *Inspection Report*, (1919), 11-12.

⁷⁷ *Inspection Report*, (1919), 12.

⁷⁸ *Inspection Report*, (1919), 12.

⁷⁹ Board of Managers, “Letter from the President,” *Annual Report of the NHDVS for the Fiscal Year 1919* (Washington, DC: GPO, 1920), 6.

conversion was granted in September 1920. A committee of consultants, along with NHDVS officials such as Chief Surgeon James A. Mattison, surveyed the Branch to recommend tuberculosis sanatorium alterations. The changes cost \$750,000 and included converting six barracks into “pavilions” with pairs of two-story sleeping porches added at the rear. Partially and fully-bed ridden patients were housed in the hospital and African American patients segregated in the wood frame tuberculosis annex built in 1911. These changes were largely complete by March 1921 and all other members were moved to the Southern Branch in Hampton, Virginia. To accommodate the new medical staff, four duplex houses for Assistant Surgeons were constructed beginning in early 1921.⁸⁰ These wood frame duplex quarters were constructed to the north of the greenhouses between the main gate and the hospital.

The NHDVS continued to manage the Johnson City facility, with the hospital under the supervision of a medical director. Any veteran with appropriate disabilities was eligible, but in practice most of the patients were World War servicemen, as described by Dr. W. C. Klotz, Medical Director:

...as a result of the influenza epidemic, pneumonia and other chest conditions, not to mention gas warfare, the number of these invalided has been far greater in connection with the World War than any previous one....The National Sanatorium offers all the advantages of suitable buildings, adequate equipment, beautiful location and surroundings, a favorable climate, together with its trained and skillful medical and nursing staff.⁸¹

New facilities included an enlarged surgical suite, recovery rooms, cystoscopy rooms (an instrument for examining the bladder and urethra), an eye, ear, nose and throat clinic, a dental clinic, clinical laboratory and new radiology department.⁸² The *Annual Report* for 1922 noted the increased complexity of medical care provided in trying to cure young men. Of the 2,971 members cared for at the Mountain Branch that fiscal year, 2,865 were veterans of the “German war,” 96 Spanish-American War veterans, nine “other service,” and seven Civil War veterans.⁸³ The average stay was approximately two months, with the ambulatory patients receiving access to therapeutic workshops for activities such as basket weaving, painting, and ceramics. Dr. Klotz

⁸⁰ Lester Harris Post No. 98, American Legion, *The National Sanatorium* (Lester Harris Post No. 98, c. 1922), 21. This interesting publication, located in Special Collections, University of Tennessee, Knoxville, is a guidebook produced by the American Legion post established at the Mountain Branch by young World War I veterans. It includes numerous photographs and information about operation as a National Sanatorium. Prior to this expansion, the Mountain Branch hospital had only three assistant surgeons. See Board of Managers, “Mountain Branch Report,” *Annual Report of the NHDVS for Fiscal Year 1918* (Washington, DC: GPO, 1919), 152.

⁸¹ Lester Harris Post No. 98, *The National Sanatorium*, 37.

⁸² *The Mountain Home Story*, c. 1978, 2-3, in Mountain Home files, Federal Preservation Office, Office of Construction and Facilities Management, Department of Veterans’ Affairs Central Office [hereafter VACO], Washington, D.C..

⁸³ Board of Managers, “Mountain Branch Report,” *Annual Report of the NHDVS for the Fiscal Year 1922*, typescript in VACO Library, Washington, DC. See also John Thompson, “TB Epidemic Turns Local Soldiers’ Home Into Sanitarium,” *Johnson City Press*, 25 September 2003, special insert – “Mountain Home/100 Years,” 7.

reminded patients of the sacrifice made by the older veterans required to leave the Mountain Branch, and encouraged them to cooperate in their own recovery.⁸⁴

Conversion into a 1,100-bed tuberculosis sanatorium also included adding wings to the hospital itself. The U.S. Veterans Bureau provided funds to add a clinical laboratory wing costing \$100,000 and an isolation wing costing \$50,000.⁸⁵ The Veterans Bureau had been created in 1921 specifically to oversee the various laws pertaining to World War I veterans with an emphasis on medical care and insurance. A postcard view of the hospital from the 1930s shows multi-story, flat roof structures extending from the corridor adjacent to the hospital kitchen (Figure 8). The NHDVS also received appropriations on June 27, 1921 to build dedicated tuberculosis hospitals at the Northwestern (Milwaukee), Central (Dayton), and Marion Branches.⁸⁶ The overall improvement of NHDVS medical care was described by NHDVS Chief Surgeon B. F. Hayden in 1923:

Since the close of the World War, the increased demands which have been made upon the medical department of the National Home have necessitated a great many changes both from the standpoint of construction and also from the standpoint of the establishment and improvement in the various hospital activities and services, in order that the increased number of veterans of the World War, who are being hospitalized by the National Home, may receive the necessary and proper constructive treatment, so that as many as possible may be restored to health, rehabilitate and returned to a useful earning status in life. The equipment which has been provided and which is now being utilized in our Xray, laboratory, dental, surgical, genitourinary, eye, ear, nose and throat services, etc., has been developed with a definite plan of standardization, and with a view of furnishing all patients the very best medical and surgical treatment.⁸⁷

Dr. Hayden also noted that the new wings for the Mountain Branch hospital were nearing completion. He considered greatly expanded clinical laboratory and isolation facilities as key facilities for the proper care and treatment of the tuberculosis patients. The additions were completed during fiscal year 1924.⁸⁸

At this time the NHDVS reached two major milestones – the first service women were admitted and Civil War veterans were no longer the majority of the members. Board of Managers President George H. Wood reported that 45 percent of the members were Civil War veterans, while 55 percent served in other conflicts.⁸⁹ In 1924 an inspector reported, “The

⁸⁴ Lester Harris Post No. 98, *The National Sanatorium*, 24, 31, 37.

⁸⁵ James A. Mattison, “Report of the NHDVS Chief Surgeon,” *Annual Report of the NHDVS for the Fiscal Year 1922*, typescript in VACO Library.

⁸⁶ James A. Mattison, “The Development of the National Soldiers’ Home Service,” *Modern Hospital* 20, no. 1 (January 1923): 60.

⁸⁷ B. F. Hayden, “Report of the Chief Surgeon,” *Annual Report of the NHDVS for the Fiscal Year 1923*, typescript in VACO Library.

⁸⁸ Board of Managers, “Minutes, 19 September 1924,” *Annual Report of the NHDVS for the Fiscal Year 1924*, 55, typescript in VACO Library.

⁸⁹ Board of Managers, “Letter of the President,” *Annual Report 1923*, 6-7, typescript in VACO Library

facilities for treatment of tuberculosis at this branch are excellent and the chances for recovery are good if a patient comes when the disease is not too far advanced and assists in his treatment by following medical advice and complying with the rules and regulations of the hospital.”⁹⁰ By 1926, probably partially due to the completion of modern tuberculosis hospitals at several other branches, non-tubercular members began to be admitted to the Mountain Branch again. Although many young veterans were successfully rehabilitated, many long term members needing housing and domiciliary care remained.

During the early 1920s the Treasury Department also commissioned a group of consultants, led by tuberculosis authority Dr. William Charles White, to analyze the various federal hospital systems and make recommendations. Dubbed the “White Committee,” this small group of mainly private sector doctors was charged with looking at the Federal hospitals in a holistic manner – including Treasury Department (Public Health Service, Office of the Supervising Architect, and Bureau of War Risk Insurance), Army, Navy, Department of the Interior, and NHDVS. They were to assess current capacity, present and future demand, and the best means of expansion to meet this demand. Their report acknowledged that the National Homes would provide a capacity for and experience with domiciliary (or live-in) care that would be important going forward. It also made specific hospital expansion recommendations, adding tuberculosis hospitals to the Battle Mountain, SD and Western (Leavenworth, KS) Branches.⁹¹ Ultimately this report recommended expansion of the NHDVS, but also a new emphasis on outpatient care that deemphasized the residential model of the NHDVS. The study seems to have planted the seed for the modern Veterans Medical Center system and the disbanding of the older NHDVS and Pension Bureaus in favor of a new federal entity, the Veterans Administration.

Around 1928, members of Congress began advocating for restructuring federal veterans’ services. NHDVS Board President General George Wood defended the purpose and efficiency of his agency:

The National Military Home is to-day an important part in the Government’s plans for caring for its disabled soldiers, with the demand for its care constantly increasing. It is believed that ... its work is being done efficiently and economically and with justice to both the Government and the members of the home. The board feels that the plans for expansion are fully justified by present conditions, and confidently hopes that Congress will carefully consider the recommendations and furnish the needed relief.⁹²

Between 1907 and 1919 no substantial construction was undertaken anywhere in the system, but at the end of the war the potential membership had increased tenfold. In 1929, the state soldiers’

⁹⁰ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1925), 33.

⁹¹ U.S. Treasury Department, *Report of the Consultants on Hospitalization Appointed by the Secretary of the Treasury to Provide Additional Hospital Facilities* (Washington: GPO, 1923), 22, 26.

⁹² Board of Managers, “Letter of the President,” *Annual Report of the NHDVS for the Fiscal Year 1928*, (Washington, DC: GPO), 6.

home in Bath, New York became the eleventh branch of the NHDVS. This transfer was a partial solution for the rapidly rising demand in the late 1920s.⁹³

At this time three different agencies served veterans – the National Home for Disabled Volunteer Soldiers, the Pension Bureau, and the Veterans Bureau. Various restructurings were considered; the most straightforward and ultimately successful proposal was combining all three agencies under a new Veterans Administration. This proposal was approved by Congress on July 3, 1930 and instituted through an executive order. The NHDVS Board of Managers resisted the initial proposals, but finally their eleven branches were folded into the new VA. The NHDVS was no longer an autonomous agency; now their primarily domiciliary services were just one of many offered by the Veterans Administration.⁹⁴ This shift in emphasis to VA medical care mirrors what medical historian Charles Rosenberg calls the growth of the hospital by 1920 into a “national institution not just a refuge for the urban poor.”⁹⁵ He goes on to say:

Not only the hospital, but the image of medicine itself had changed radically The establishment of the germ theory, the advances in diagnosis and therapeutics made possible by immunology and serology, and the x-ray provided a dramatic series of highly visible events that cumulatively recast traditional attitudes toward the physician. It not only raised patient expectations, but also identified medicine’s new-found efficacy with the laboratory and the image of science.⁹⁶

The hospital, originally a supporting feature of the National Homes, would become the primary focus of veterans care by the mid-twentieth century.

Colonel Lee B. Harr became director of the Mountain Home VA Medical Center in 1936. Shortly thereafter additional doctors were recruited and renovations planned. The VA sent an architect and a Superintendent of Construction to Johnson City to survey the physical plant and oversee renovation and modernization. Noteworthy changes included replacing wood floors with terrazzo, removing decorative cornices, installing new elevators and bathroom fixtures, updating heating systems and wiring, and modernizing the kitchens, including replacing iceboxes with electrical refrigeration.⁹⁷ A set of floor plans for Building No. 69 dated October 2, 1936 illustrates some of the changes to the structure. The elevator was replaced and moved several feet west to its current location. Various first floor rooms had new partition walls and different uses (Figure 9). However the mix of offices and clinical spaces was similar to the original plans, with some significant changes. The rooms on the north side of the first and second floors were combined into one large space with a doorway at the end of the transverse hall. A concrete slab and staircase was added at the northwest corner of the first floor to allow access to an expanded

⁹³ “Inspector General’s Report – NHDVS” published in *Construction at Soldiers’ Homes, Hearings Before the Committee on Military Affairs*, House of Representatives, 71st Congress, 2nd Session (Washington, DC: GPO, 1930), 76.

⁹⁴ Judith Gladys Cetina, “A History of the Veterans’ Homes in the United States, 1811-1930,” (Ph.D. dissertation, Case Western Reserve University, 1977), 382-383.

⁹⁵ Rosenberg, 341.

⁹⁶ Rosenberg, 342.

⁹⁷ *The Mountain Home Story*, c. 1978, Archives of Appalachia, ETSU.

records room in the basement. A barber shop and canteen were also located in the basement. The operating room and support spaces were no longer housed on the third floor and removal of the skylight is indicated on the 1936 plan. In this period the third floor was a contagious ward containing a diet kitchen, bathroom, and a series of small wards, including one and two patient rooms created on the north end of the plan (Figure 10).⁹⁸

Harr also began the tradition of a Memorial Day parade on the grounds; First Lady Eleanor Roosevelt was a distinguished guest at the parade in 1939.⁹⁹ Harr served until 1966, overseeing the transition into during the post-World War II years. There was a major influx of new patients during the 1950s due to the large number of World War II veterans and eligibility rules that allowed treatment of any medical problem for those in financial need. Another round of renovations began in 1957, including a new surgical suite, laboratory, and x-ray facilities. The upgrades cost approximately \$1 million.¹⁰⁰ The Mountain Home continued to include both hospital and domiciliary services; in 1959 there were 1,781 domiciliary members and 575 hospital patients. The staff included twenty-eight doctors, five dentists, 104 nurses, and 152 nursing assistants.¹⁰¹ One ward was designated for neuropsychiatry or mental health care. In 1965 the numbers were similar, with the addition of a small nursing home facility to the Medical Center. Up-to-date medical care for conditions such as cancer and heart disease was being provided.¹⁰² By the early 1970s, Building No. 69 was being used entirely for offices, with the director's suite located on the third floor and the stairway through the first floor to the basement file room removed.¹⁰³

An important new era began for the Mountain Home when the U.S. Congress passed the Teague-Cranston Act in 1972. Also called the "Veterans' Administration Medical School Assistance and Health Manpower Training Act," this legislation funded construction of medical schools at five VA facilities through partnerships with local universities. Neighboring East Tennessee State University established its College of Medicine at the Mountain Home, admitting its first students in 1978. The availability of construction funds and personnel from the medical school helped revitalize the Mountain Home. The College of Medicine renovated a number of buildings including the Administration Building (Building No. 52). A new medical library, offices and classrooms were built during the early 1980s as Building No. 119, which was attached to the rear of the original barracks no. 1 and the front of barracks no. 4. A new Clinical Support Building (Building No. 77), costing \$11 million filled the open courtyard at the center of

⁹⁸ Floor plans, Hospital Administration Building No. 69, Veterans Administration Facility, Mountain Home, Tenn. (2 October 1936), PLIARS database, VACO, Washington, D.C..

⁹⁹ Susan Kay Hartman, "A History of Mountain Home," (Thesis H255h, Department of History, East Tennessee State University, December 1984), 49.

¹⁰⁰ *75th Anniversary Veterans Administration Medical Center – Mountain Home, 1903-1978*, n.p., Mountain Home Collection, Archives of Appalachia, ETSU.

¹⁰¹ *Veterans Administration Center Mountain Home, 1903-59*, (1959), 1. Mountain Home Collection, Archives of Appalachia, ETSU.

¹⁰² *Veterans Administration Center Mountain Home, 1903-65*, (1965), 3. Mountain Home Collection, Archives of Appalachia, ETSU.

¹⁰³ "As Built Floor Plans, Building 69," Veterans Administration, Mountain Home, Tenn. (12 April 1974), PLIARS microform collection, VACO, Washington, D.C.. The fireplaces appear to be removed by this time.

the original Hospital. This structure was completed in 1984.¹⁰⁴ It included a surgical suite, new laboratory services, radiology, a pharmacy, and ambulatory care.¹⁰⁵ Although the modernizing patient care was a positive step for the Mountain Home, there was early concern about the impact of new construction and renovations on the historic Beaux Arts campus. Mountain Home Historic District was determined eligible for the National Register of Historic Places on August 30, 1979 and efforts were made to mitigate the impact of proposed changes.¹⁰⁶

The role of historic preservation in maintaining the character of Freedlander's design became even more important as expansion continued with even larger projects. In 1990 a large addition (Building No. 200) was placed adjacent to the north side of the hospital, removing the historic structures on that side of the complex. Because the open ward system had fallen out of favor, additions to the hospital were intended to increase the supply of private or semi-private rooms. A 600-bed domiciliary was built just south of the hospital in 2000 to replace the capacity lost when ETSU converted several original barracks for their use. After decades as the Veterans Administration Medical Center, Mountain Home, the complex was renamed the James H. Quillen Veterans Affairs Medical Center in 1997. Carrying on the tradition of W. P. Brownlow, Jimmy Quillen was a longtime local Congressman instrumental in generating new projects and opportunities for the VA medical center, such as the partnership with the new ETSU College of Medicine. Quillen's support is credited with saving the campus at a time when it might have been closed.¹⁰⁷

In 2002 an addition to the hospital (Building No. 204) was completed, creating a new outpatient clinic and emergency room. The project had been in the works for almost sixteen years and required demolition of the remaining original hospital wards – no. 78 and 76 – in 1999.¹⁰⁸ The addition mimicked the architectural forms and materials of the historic wings. Building No. 69 and sections of wall from the connecting corridor survived. While this expansion were intended to serve the growing number of veterans from new conflicts such as the Iraq War, Mountain Home still specialized in geriatric care needed by World War II and Korean War veterans.¹⁰⁹ In 2003, Mountain Home celebrated its centennial with tours, concerts, and other events. Around this time, ETSU considered leasing even more of the original Mountain Home buildings, including twenty-four structures on the west side of the campus. However in 2004, this proposal was downgraded to include only the twelve buildings already used by the College of Medicine.¹¹⁰ Today the Mountain Home is an active medical center providing for veterans of World War II, Korea, Vietnam and more recent conflicts. The Mountain Home was designated a National Historic Landmark in 2011, the highest recognition for a historic site in the

¹⁰⁴ John Thompson, "School Changes Everything," *Johnson City Press*, 25 September 2003, special insert "Mountain Home/100 Years," 16-18.

¹⁰⁵ Hartman, 53.

¹⁰⁶ The Advisory Council on Historic Preservation reviewed proposed changes to the Mountain Home and advocated for historic preservation during the founding of the ETSU College of Medicine. See "Executive Director's Report: Mountain Home VA Medical Center, Johnson City, TN," (14 July 1980), in files of Federal Preservation Officer, VACO.

¹⁰⁷ Jeff Keeling, "VA Formally Renamed in Quillen's Honor," *Johnson City Press*, 8 February 1997, 1.

¹⁰⁸ Sue Guin Legg, "New VA Clinic, ER Unveiled," *Johnson City Press*, 14 September 2002, 1, 8.

¹⁰⁹ See John Thompson, "Caring for the Survivors," *Johnson City Press*, 18 May 2003, 25, 31.

¹¹⁰ Sam Watson, "ETSU Downgrades VA Property Request," *Johnson City Press*, 28 November 2004, 1A, 8A.

United States. Freedlander's Beaux Arts campus retains its historic character and is still an important representation of connections between the Federal government and East Tennessee.

PART II. ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural character: Building No. 69 is a masonry French Renaissance Revival structure with a mansard roof, standing three stories high on a raised basement. It has a rectangular footprint with a projecting pavilion three bays wide at the center of the west or front elevation. A short hyphen containing three rooms connects to the corridor at the rear or east elevation. Building No. 69 served as the administration building for a pavilion plan hospital of 4 wings connected by covered corridors. The prominent doorway at the center of its symmetrical façade is on axis with Dogwood Avenue (originally McMahan Avenue), the main formal spine of the Beaux-Arts campus plan. The rest of the historic hospital has been replaced by a much larger modern structure.
2. Condition of fabric: Good, but heavily altered on the interior. Currently undergoing renovations.

B. Description of Exterior:

1. Overall dimensions: 92 feet, 9 inches wide and 64 feet, 4 $\frac{3}{4}$ inches deep (to the connecting corridor)
2. Foundations: The Hospital has a six-foot-high exterior foundation walls composed of limestone blocks with shallow vertical scoring. The top of the foundation has a water table with an elongated cavetto molding. The foundation walls are slightly higher on the north as the site slopes down here.
3. Walls: The Hospital's walls are a combination of tan and red brick, each laid in a Flemish bond. Wide areas of tan brick are located at the corners, lower half of the first story, and third story. The red brick appears at the second floor and the upper half of the first floor. The brick is laid flush, with notched vertical seams creating the appearance of quoins. There is a projecting limestone belt course between the first and second floors with a cyma reversa molding below its lower edge. There is another limestone belt course intersecting the third floor windows. A tan brick spandrel panel is located between the second and third floor at each window bay. The spandrel is formed by two rectangles – one flush with the wall surface beneath a slightly smaller projecting one. A wide section of projecting bands of tan masonry frames the front center bay from the foundation to the eaves. The masonry is limestone from the foundation to the second floor and then tan brick above.

- Each corner has an elaborate high relief terra cotta cartouche located between the second and third floors. The shield-shaped cartouche is draped with ribbons, stylized foliage, a wreath, and clusters of oak leaves. It sits on an elaborate curved console flanked by torches and a fruit garland festoon. Two additional oval cartouches on large curved consoles are located on the west façade of the entrance pavilion, one close to each corner. These cartouches have a snarling lion head at the top, with his paws resting on the top of the oval. The cartouche is framed by scrolled Cs, bunches of stylized foliage and fruit, and ribbons. A dangling line of stylized flower blossoms and a shell motif decorate the base of the console.
4. Structural system, framing: The structural system includes brick piers, concrete footings, and load bearing masonry walls. The original Morgue drawings indicate yellow pine structural girders, formed by several sistered planks. It is likely that similar girders were used for the Hospital Administration Building. Later drawings indicate the addition of reinforced concrete floor slabs in some areas. Some metal support beams have also been added. The roof structure includes wood beam trusses and common rafters.
 5. Porches: A shallow entrance portico is located at the center of the main, or west, façade. The one-story rectangular limestone portico is raised above grade and accessed via eight concrete steps and a curved wrought iron balustrade at either side. A large limestone volute scroll sits on a concrete base at either side of the stair. A simple flat roof entablature has a few simple rectangular brackets and a solid limestone parapet and coping above. The words “HOSPITAL OF THE NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS ERECTED A.D. 1903” are carved in three lines at the center of the parapet, using a serif font. This roof/parapet also serves as a small decorative balcony. The portico entablature is supported by a pair of very closely spaced limestone Doric columns at each corner. Each column is formed by drums of limestone and exhibits Classical entasis. A pilaster is located closely behind each end column. The portico floor is concrete and the ceiling coffered limestone.
 6. Chimneys: The three brick chimneys original to Building No. 69 were removed by the third quarter of the twentieth century. The building still retains its original large galvanized iron ventilator. The ventilator has applied decorative brackets to camouflage its utilitarian purpose.
 7. Openings:
 - a. Doorways and doors: The main exterior doorway is located at the entrance portico on the west elevation. This replacement two-leaf wood door has recessed panels in the lower section, glazing in the top half divided into eight lights, and a fixed five light transom above. A robust door surround of radiating limestone bands has a deep cavetto curve framing the doorway. The surround includes a volute scroll keystone with a raised rectangle on its upper face.

Basement level exterior entrances are located down a stairwell at the center of both side facades. Replacement metal doors are set directly into the limestone wall with a deep reveal. The concrete stairs are located parallel to the wall.

The center bay on the south façade of the second and third floors has modified window openings with access to metal fire escapes. The second floor opening is currently boarded up with plywood. The third floor has a wood door with two vertical recessed panels on the lower half and twelve divided lights in the upper half in a four by three pattern. An eight-light movable wood transom is above this opening.

- b. Windows: The typical window opening on the first floor is a round arch window with a wide, flush tan brick surround. The surround has a wedge-like limestone keystone with projecting squares in the upper section. The projecting limestone sill has a cyma reversa molding across the bottom edge. The surround is notched on the inner edge and the wood sash is set directly into the brick wall. These sashes are recent in-kind replacements. The upper section of the sash contains a fixed semicircular sash with an arched center muntin. The eight over eight double-hung sash below has a wide muntin at the center, creating the appearance of French windows. Some of the new sash also have screens.

On the second floor the typical window is a large rectangular opening with a similar but smaller rectangular window opening at the third floor. On both floors the replacement wood sash are set directly into the brick wall with a splayed jack arch above. The second floor windows are twelve over twelve double-hung sash with a wide center muntin mimicking French windows; the third floor has similar eight over eight sash. The second floor windows have a decorative volute scrolled keystone ornamented with rows of scallops, ribbons, and a floral and fruit garland looping down from the sides of the upper volute. The upper section of the terra cotta keystone rests on the brick spandrel panel.

Several unique windows are located at the center bay of the west elevation. The second floor window opening over the center portico has a tan brick surround with a splayed jack arch, and limestone keystone and full pediment hood. Brackets support each pediment corner with a volute top section tapering down to base with three carved grooves and a shell motif. Each bracket has a loop of garland at the center. The otherwise typical third floor window above has small brackets supporting the bottom corners of the sill. Both of these openings are flanked by tall, thin window openings with splayed brick jack arches and thick limestone sills. The in-kind replacement wood sash for the second floor are six over six and the third floor are four over four.

The basement windows are eight over eight in-kind replacement wood sash set directly into the limestone foundation wall. Each sash has the thick center muntin

to look like French windows. These windows are partially below grade and placed within window wells with iron grates across the top. The openings and sash are smaller on the south side of the basement.

8. Roof:
 - a. Shape, covering: Building No. 69 has a mansard roof with a shallow cross mansard at the front pavilion. The visible face is covered with slate shingles and the upper surface with a rubber composite. There is metal flashing between the two sections. The rear connecting hyphen has a flat roof covered with rubber composite.
 - b. Cornice, eaves: Building No. 69 has wide eaves with robust wood brackets notched over a corbelled brick cornice. The eave soffits have vinyl siding filling in the originally open eaves. Above the bracketed eaves is another layer of open eaves with exposed rafter ends. These eaves support external copper gutters leading to copper downspouts and cast iron drain pipes. The connecting hyphen flat roof has brick parapets with limestone coping.
 - c. Dormers: There are three small semicircular dormers – two on the east slope and one of the south slope of the roof. Each has a semicircular hopper sash divided vertically into two lights. The exterior of the dormer is surfaced with copper. A skylight on the north slope for the third floor operating room was removed during the mid-1930s.

C. Description of Interior:

1. Floor plans: The Hospital has a symmetrical plan with a center entrance hall and a transverse double loaded corridor. The plan essentially repeats on each floor, but has been modified over time. The connecting hyphen at the rear of the first floor contains a center hall with a room on either side.
2. Stairways: The Hospital has one stairway traveling from the basement to the attic, located at the south side of the rear center hall. This open well, quarter-turn stair uses part of the center hall as a landing at each level. The open well has been filled or blocked with partition walls on the upper floors. The attic portion of the stair is located through a separate doorway at the third floor hall.

The stairway has a cast iron carriage, risers, balustrade, and newel posts and drops. The hand rail is curved wood. An additional wall mounted metal handrail has been added. The treads and landings are gray marble between the basement and second floor. A dark gray slate covers the treads on the other flights. Each stair riser has a decorative recessed panel. The balustrade consists of thin square posts each piercing two decorative molding projections. The typical newel post is a square column with a band of ogee molding creating an upper capital and post. There are recessed panels on the upper and lower sections of each face. A band of ovolo molding sits below the

nearly flat pyramidal cap, with a large dentil at the center of each face. On each floor the newel post stands on a curtail step. At the first floor hall the staircase flares at the bottom with a more decorative newel post on three stacked curtail steps. This larger square newel post has a ball cap with line of thick beads around the center. The upper panel of the post is filled a stylized square rosette relief. The band of molding above has thick fluting and an upturned semicircle with radiating lines at each center.

The 1936 plans show an additional staircase being added between the basement and first floor at the offices on the north side. This staircase was later removed.

There is an elevator with stainless steel doors located on the north side of the rear portion of the center hall, across from the stair. The current elevator equipment and cab appears to be a late twentieth century replacement, but the structure was built with an electric elevator near this same location.¹¹¹

3. Flooring: The original plans indicate a mix of flooring types with terrazzo in the laboratories, operating and associated rooms, and bathrooms. Other spaces had maple floors with the first floor entrance lobby labeled “mosaic.” There appears to be a later generation of terrazzo (c. 1930s) in the lobby and transverse halls on the first floor. The terrazzo is a black and gold checkerboard pattern in the transverse hall and a more complicated pattern of black, gray, and gold squares and rectangles with a border of triangles in the front entrance lobby. The entrance foyer has plain gray terrazzo with black and brown accents. The terrazzo floors have an integrated coved terrazzo baseboard. Commercial grade carpet or vinyl tile squares cover the floors in the various offices, including the basement. The bathrooms have new ceramic tile. The attic floors are wood.
4. Wall and ceiling finish: The interior walls are mainly plaster or new drywall. The first floor entrance hall has a painted plaster wainscot that is scored to look like large masonry block and a picture rail. A thick molding sits on the top edge of the wainscot with an ovolo molding, flat section, and ovetto molding on top; this molding continues in the entrance foyer without the wainscot. This area has a tall wood baseboard with an ovetto molding on the top. The entrance foyer has a tall gray marble baseboard. There is vinyl coated gypsum from a 1980s renovation in the offices on the north side of the first floor. Renovated bathrooms on the second, third, and basement floors have new ceramic tile wainscot and drywall ceilings. Drop acoustic tile ceilings are located throughout, except in the first floor entrance hall. Here the original plaster ceiling with decorative plaster dentilated cornice is still intact. A plainer version of this cornice (without dentils) is still extant above the drop ceiling in the first floor transverse hall.

¹¹¹ The original plans show the original elevator shaft as more to the east along the rear wall. The basement and first floor elevator access was through a vestibule in the rear hyphen. The elevator opened to the south into the center hall on the second floor and to the west into a small passage on the third floor. The cab/door mechanism must have been unusually complicated.

5. Openings:

- a. Doorways and Doors: Most of the interior doorways provide access to the offices from the halls; a few interior connecting doorways link offices directly. The center entrance hall on the first floor had doorways on either side; the south doorway is closed and filled with the scored wainscot, but the trim and recess remains (opening is altered on the 1974 floor plan). Each of these openings has decorative molding of a large hood with wedge-like brackets. Each bracket has a raised rectangle on each upper face. The remaining north door is a wood panel replacement. The rest of the interior doorways have replacement metal trim, or were added later, except a few doorways in the first floor offices. These doorways have thick wood doors with ovolo trim outlined recessed panels. The wide wood trim stands on shallow plinths and has mitred corners and a projecting outer edge of molding. Another historic wood panel door remains at the top of the attic stair. This door has four divided lights in the top half with thick muntins and a horizontal recessed panel on the lower half outlined with raised trim. A two-leaf metal door with push bar hardware is located at back of the first floor hall leading to the connecting hyphen. The two rooms in the hyphen each have a door surrounding by large arched transom and sidelights which are in-kind replacements.
- b. Windows: The interior window trim and sash are all in-kind wood replacements except a few windows on the first floor that retain their original wide interior trim. The trim outlines the round arch opening and tapers out to a thick bead on the outer edge. One window, located inside a closet now filled with ventilation equipment on the south end of the transverse hall, retains both its original sash and trim.

6. Decorative features and trim: The center entrance hall is framed by plaster columns on plinths – two flanking the entrance from the front foyer and two flanking the passage to the rear of the hall. Each column has scored drums and a decorative Ionic capital with floral drop decoration. The entrance foyer has a three foot high wall arched niche at the center of each side wall. The columns and niches are indicated on the original plans. Each niche has faux masonry scoring in the back and wedge-like keystone the top with volutes on either side. The thick, high chair rail from the entrance hall wainscot continues here. A thin wood sill projects slightly at the bottom.
7. Hardware: The hardware in Building No. 69 is modern replacements, including push bar, knob, and lever handles. The few remaining original doors have brass knobs and rectangular escutcheons with keyed deadbolt locks above.
8. Mechanical equipment:

- a. Heating, air conditioning, ventilation: Building No. 69 is cooled and heated with a modern HVAC system and ductwork added within the drop ceilings. One radiator is located on the north side of the entrance lobby -- it was manufactured by G. K. Butler and Pierce, Inc.. Originally the building had natural ventilation and radiant heat provided by a central heating plant.
- b. Lighting: The lighting throughout the building is fluorescent tube lighting incorporated into the drop acoustical tile ceiling. There are a few incandescent ceiling pendant or sconce type fixtures, also modern replacements.
- c. Plumbing: There is a small vitreous china water fountain attached to the north wall of the entrance lobby that appears to date to the mid-twentieth century. All other plumbing fixtures in the building have recently been replaced.

D. Site:

1. Historic landscape design: The Hospital Administration Building occupied a key position in J. H. Freedlander's Beaux Arts plan for the Mountain Branch. It serves as the eastern terminus of plan's main axial feature – McMahan Avenue. Construction of the Clinical Services Building (Building No. 77) in 1983 eliminated the hospital courtyard and its formal gardens. The fountain located here was moved to the front of the Mess Hall.

PART III. SOURCES OF INFORMATION

A. Architectural drawings:

- Freedlander's original drawings of the Mountain Branch hospital were published in the *Brickbuilder*, 12, no. 4 (April 1903), plates 26-31. These plates include plans and elevations.
- Later drawings indicating changes over time are housed in the PLIARS database administered by the Department of Veterans Affairs Central Office (VACO), Washington, D.C.. These include:
 - Floor plans dated October 2, 1936, with detail plans of the new elevator shaft and new fixtures for the diet kitchen on the third floor.
 - Elevation drawing dated July 17, 1950 showing the fire escape added to the south elevation.
 - Floor plans dated November 2, 1955.
 - Floor plans dated April 12, 1974.

B. Early Views: The published drawings in the *Brickbuilder* include a rendering of the east elevation of the complex. The Mountain Home Museum has a number of early photographs of the hospital in its photographic files, including a construction image. The earliest interior views seem to be published in Martin V. Brady, *Picturesque Mountain Branch National Soldiers' Home Tennessee* (Johnson City: Martin V. Brady, 1908). This source also includes a number of

exterior views. In addition, three images (one rendering and two photographs) of the Mountain Home Hospital were published in Edward F. Stevens, et. al., *Modern Hospitals* (New York: American Architect, 1912), plates 68-70.

C. Selected Bibliography:

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Knoxville, Tennessee-
Special Collections, Hodges Library, University of Tennessee.

McClung Historical Collection, East Tennessee History Center, Knox County Public Libraries.

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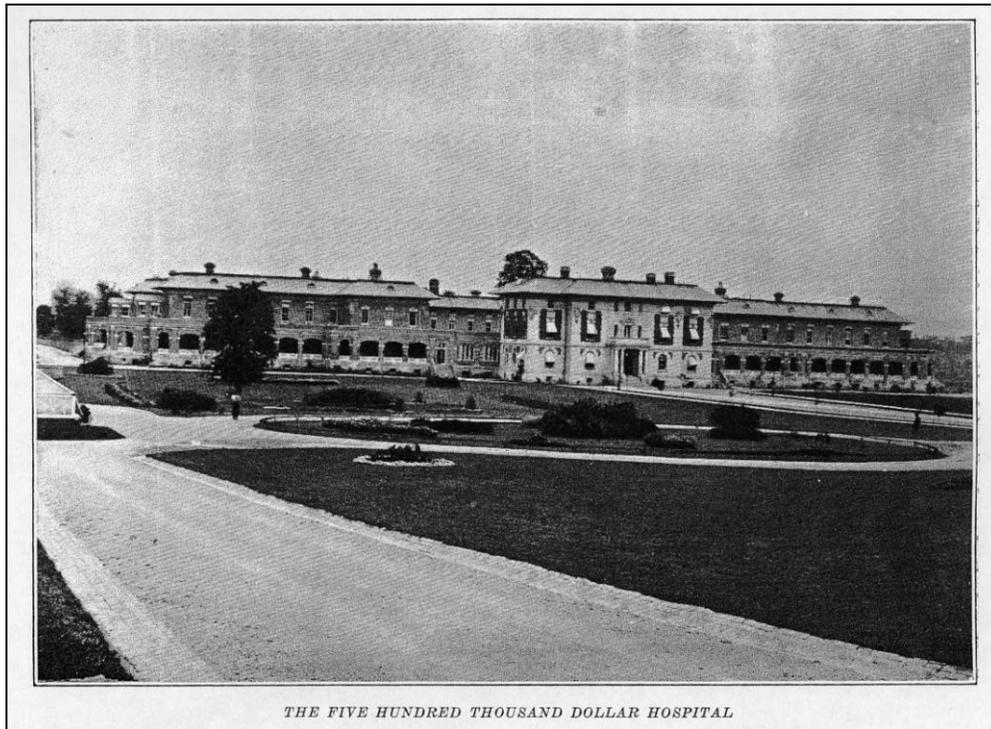
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D. Likely Sources Not Yet Investigated: The litigation generated by the default of the original contractor, J. E. Parrish, in 1903 may contain information about the construction progress of the hospital. It is unknown whether these historic state court records are available, including photographs that may have been entered into evidence.

PART IV. PROJECT INFORMATION

Documentation of the Hospital (Building No. 69) at the Mountain Branch of the National Home for Disabled Volunteer Soldiers was undertaken in 2011 by the Historic American Buildings Survey (HABS) of the Heritage Documentation Programs division of the National Park Service, Richard O'Connor, Chief. The project was sponsored by the Department of Veterans Affairs (DVA), Office of Construction and Facilities Management, Kathleen Schamel, Federal Preservation Officer. Project planning was coordinated by Catherine Lavoie, Chief, HABS; by Douglas Pulak, Deputy Federal Preservation Officer, DVA; and by Kevin Milliken, Assistant Chief, Engineering Service, James H. Quillen Veterans Affairs Medical Center (QVAMC). The field work was undertaken and the measured drawings were produced by Project Supervisor Mark Schara AIA, HABS Architect; by HABS Architects Paul Davidson, Daniel De Sousa, and Jason McNatt; and by Architecture Technician Michael Ellingson (Hampton University). The historical report was written by HABS Historian Lisa P. Davidson. The large format

photography was undertaken in 2008 by HABS Photographer James W. Rosenthal. Assistance was provided by Martha Whaley, Museum at Mountain Home, Quillen College of Medicine, East Tennessee State University; Aaron Prozak, Engineering Technician, QVAMC; and by the QVAMC facilities maintenance staff.



THE FIVE HUNDRED THOUSAND DOLLAR HOSPITAL

Figure 3: “The Five Hundred Thousand Dollar Hospital”

Source: Charles Edwards, *Souvenir Book: National Military Home, Tennessee* (1909)

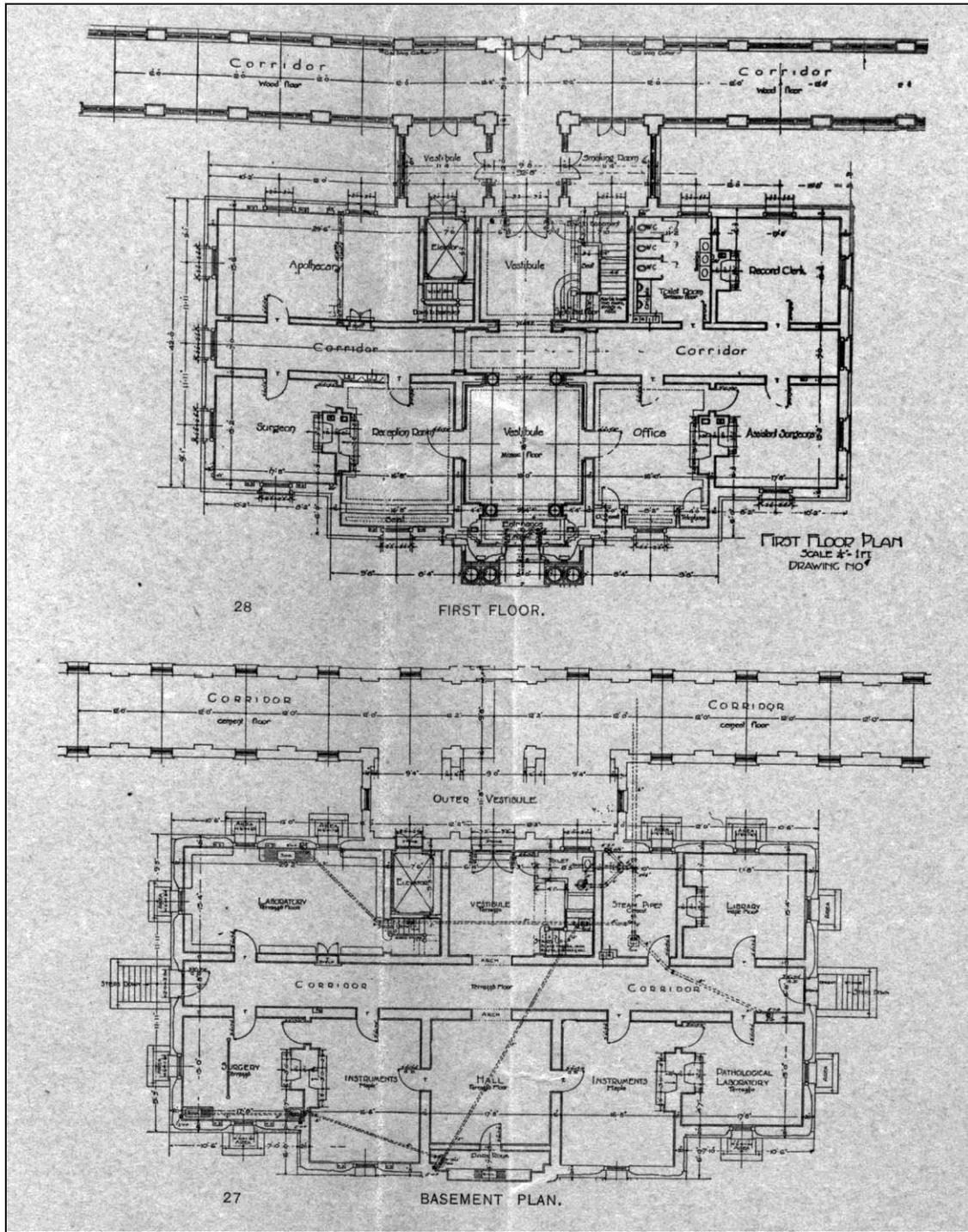


Figure 4: Basement and First Floor Plans, Mountain Branch Hospital Administration Building
Source: adapted from *Brickbuilder* 12, no. 4(April 1903), plates 27 and 28

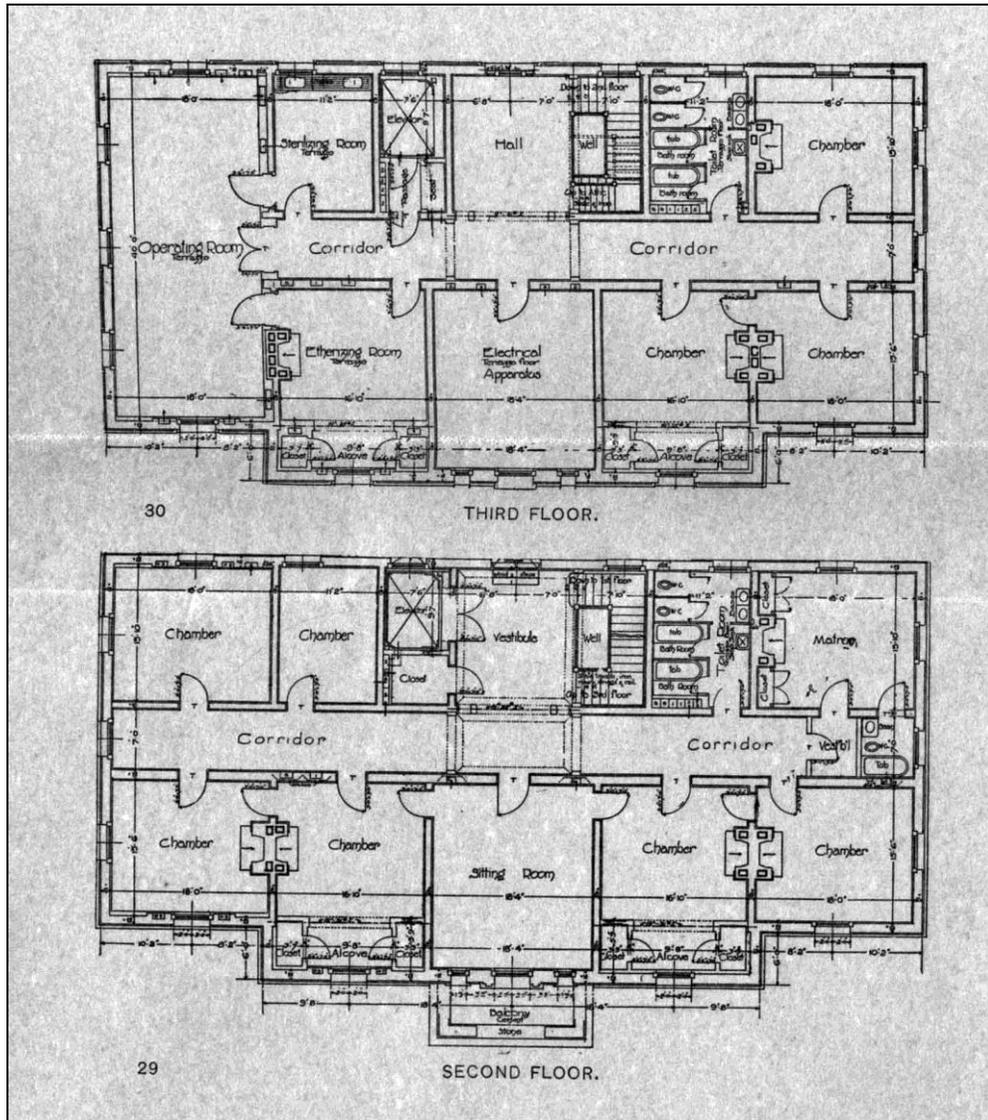


Figure 5: Second and Third Floor Plans, Mountain Branch Hospital Administration Building
Source: adapted from *Brickbuilder* 12, no. 4(April 1903), plates 29 and 30



Figure 6: Inside a Mountain Branch Hospital Ward, c. 1908
Source: Martin V. Brady, *Picturesque Mountain Branch National Soldiers' Home Tennessee*.
Johnson City: Martin V. Brady, 1908.

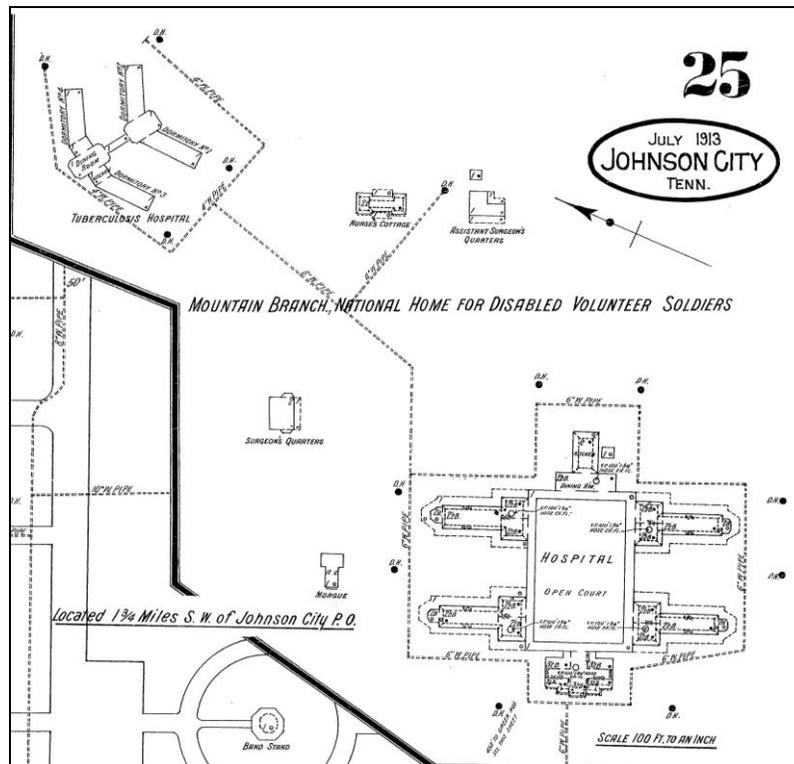


Figure 7: Site Plan of Mountain Branch Hospital with Tuberculosis Annex, 1913
Source: adapted from Sanborn Fire Insurance Map, Johnson City, TN, 1913, Sheet 25

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS –
MOUNTAIN BRANCH, HOSPITAL
HABS No. TN-254-X
(Page 44)

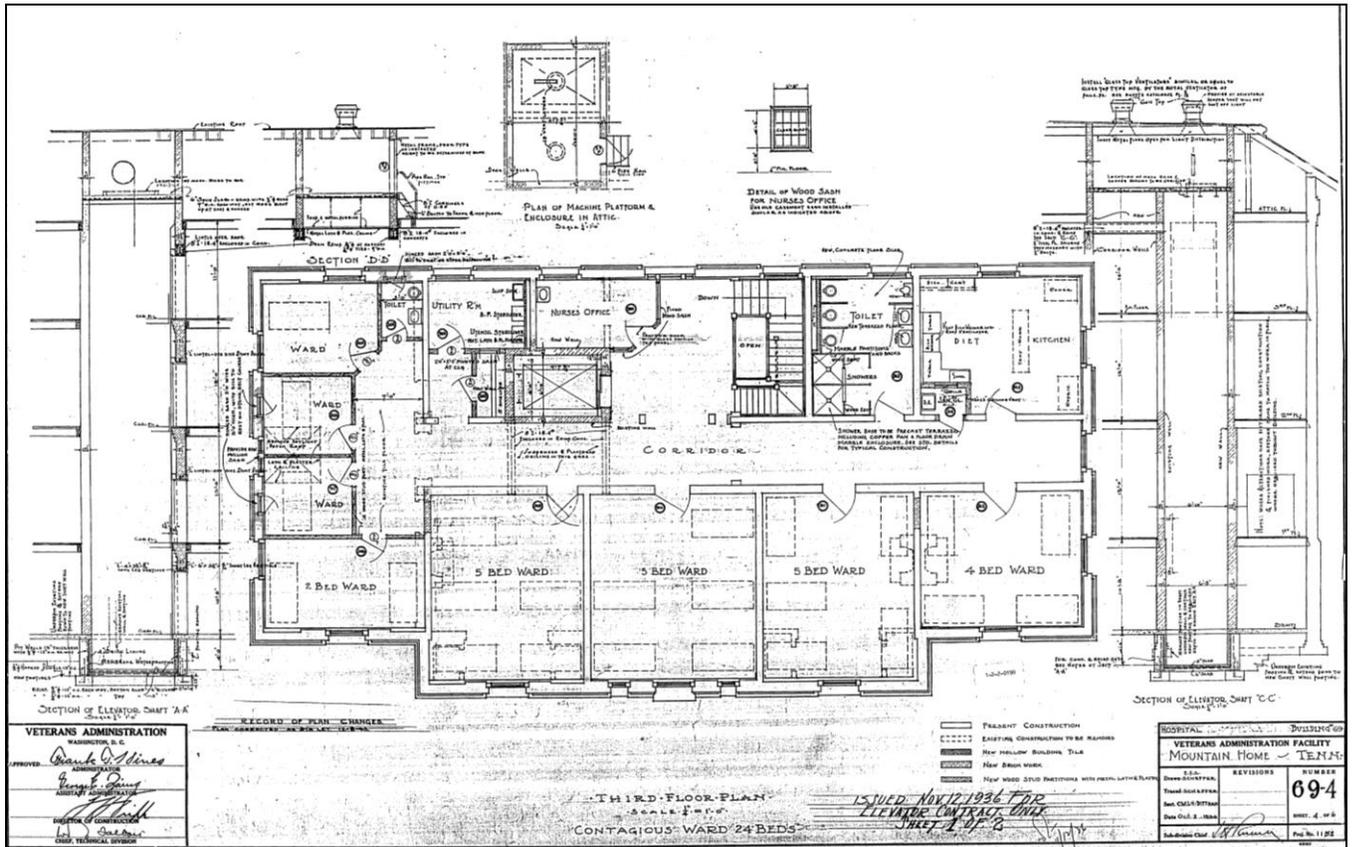


Figure 10: Third Floor Plan, Building No. 69, (2 October 1936)
Source: PLIARS database, VACO