

FORT BLISS,  
WILLIAM BEAUMONT GENERAL HOSPITAL,  
Bounded by Fred Wilson Road, Dyer Street,  
Hayes Avenue and Alabama Street,  
El Paso  
El Paso County  
Texas

HABS No. TX-3339-G

PHOTOGRAPHS  
WRITTEN HISTORICAL AND DESCRIPTIVE DATA

**HISTORIC AMERICAN BUILDING SURVEY**  
**Southwest System Support Office**  
**National Park Service**  
**P.O. Box 728**  
**Santa Fe, New Mexico 87504**

## HISTORIC AMERICAN BUILDINGS SURVERY

### FORT BLISS, WILLIAM BEAUMONT GENERAL HOSPITAL

HABS No. TX-3339-G

- Location: Fort Bliss, William Beaumont Army Medical Center, El Paso, El Paso County, Texas. Bounded by Fred Wilson Road to the north, Dyer Street to the east, Hayes Avenue to the South, and Alabama Street to the west.
- Present Owner: United States Army
- Original Use: Base hospital facilities and associated housing
- Present Use: Military housing
- Significance: These buildings are deemed eligible for the National Register of Historic Places (NRHP) under Criterion A and C as a contributing element to the proposed William Beaumont General Hospital Historic District (WBGHHD). This district encompasses the permanent and semi-permanent buildings constructed in the WBGH area at Fort Bliss between 1921 and 1945. These buildings contribute to the understanding of the hospital's role of providing medical service to thousands of American soldiers and their dependents during periods of both war and peace. The original wards no longer exist; however, the remaining buildings in the proposed WBGHHD depict the administrative, social and recreational environment of the hospital during the period of significance. Even though the period of construction of the buildings within the proposed WBGHHD spans over twenty years, they form a cohesive environment based on architectural styles, construction materials, and geographic proximity. Furthermore, this building meets NRHP criteria in that it possesses integrity of location, design, setting, materials, workmanship, feeling and association.

PART I. HISTORICAL INFORMATION:

A. Physical History:

1. Original Construction Date: 1920-1921
2. Planner: Construction Division of the Quartermaster Corps
3. Original and Subsequent Owners: United States Army
4. Builders, Contractors, and Suppliers: Sumner-Sollitt Company of Chicago, Illinois
5. Alterations and Additions: In the 1920s, several new wards and laboratories were added, as well as a swimming pool, gymnasium, bandstand and ten sets of officer's quarters (these added along present-day Fred Wilson Road and McPharlin Street). Between 1940 and 1945, WBGH expanded to include a total of 174 buildings including new barracks, new wards, laboratories, classrooms, officer's quarters, nurses quarters, mess and kitchens, recreation buildings, an infirmary, a neuropsychiatric ward, a fire station, a theater, a chapel, a new headquarters building, and numerous storehouses and repair shops. In the mid-1950s, WBGH gained new enlisted men's barracks and a new obstetrical suite and also a new surgical suite.

B. Historical Context:

1. History of Fort Bliss

U.S. Military at El Paso

The city of El Paso, Texas takes its name from the pass through the Rocky Mountains originally known as "El Paso del Norte" (the Pass of the North).<sup>1</sup> This pass was geographically important in the nineteenth century because it's low elevation made it the only perpetually ice-free pass between the Canadian and Mexican borders. As such, it became a natural pathway from the

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<sup>1</sup> Some confusion exists concerning the name El Paso. At the time of the Treaty of Guadalupe Hidalgo (1848), the settlement of El Paso was on the Mexican side of the Rio Grande River. There was no settlement on the American side until after the war. Soon after the war, three ranches were established on the American side and the village that eventually grew near these ranches became known as "Franklin." The post office of "El Paso, El Paso County" was established on July 26, 1852, although presumably the post office was located at Franklin. The town apparently went by two names for several years until it was officially incorporated as El Paso on June 18, 1873. Meanwhile, the Mexican settlement across the Rio Grande was known as "El Paso del Norte" until the Chihuahua State Legislature officially changed the name to Ciudad Juarez on September 16, 1882 (William J. Glasgow, "On the Confusion Caused By the Name of El Paso," Password, [El Paso County Historical Society] 11 (February 1957): 66-67.)

East to California. The discovery of gold in California in January of 1848 only increased the importance of the pass as hopeful miners and migrants soon began streaming through the area.

Prior to 1848, the El Paso region was Mexican territory. Just weeks after the gold discovery in California, however, the Mexican-American War was coming to its conclusion. Hostilities between the two countries began when Mexico refused to discuss the annexation of Texas by the United States. The United States formally declared war on Mexico in May of 1846. Several battles took place in Mexico over the next year and half in which U.S. forces defeated their Mexican counterparts. The war formally ended on February 2, 1848, with the signing of the Treaty of Guadalupe Hidalgo. The terms of this treaty stipulated that, in addition to recognizing Texas as part of the United States, the Mexican government cede 500,000 square miles of Mexican territory, including the land that is now the city of El Paso, to the United States in return for the sum of \$15 million. The United States acquired additional land along the Gila River from Mexico with the Gadsden Purchase in late 1853.<sup>2</sup> The former Mexican territory would eventually make up the states of California, Nevada, Utah, the majority of New Mexico and Arizona, and parts of Colorado and Wyoming.

With the addition of this vast new territory to the country, the U.S. government quickly recognized the need to survey the lands, establish routes, and provide protection to westward-traveling migrants from marauding Apaches and Comanches. Consequently, on November 7, 1848, the U.S. War Department issued Order No. 58 calling for the exploration of and establishment of routes between San Antonio and El Paso del Norte. The order also called for the establishment of a military post at El Paso del Norte.<sup>3</sup>

### The Post Opposite El Paso

The first U.S. troops at El Paso del Norte consisted of six rifle companies of the 3rd Infantry Regiment. They arrived in September of 1849. Leasing land from a local merchant and rancher, these troops established a military post known simply as "The Post Opposite El Paso." This early post, one of only two Army posts in the region (the other being the Post at San Elizario, Texas), was located in the western portion of the present day city of El Paso. The mission of this post was to establish law and order, to guard the local roads, to provide escorts to travelers through the area, to thwart Apache and Comanche raids and, in general, to maintain an American presence on the new international border.<sup>4</sup> The Post Opposite El Paso lasted less than two years. Motivated by economic considerations, the Army closed the post in 1851 and transferred the men to Fort Fillmore, forty miles to the north.

### Establishment of Fort Bliss

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<sup>2</sup>The Gadsden Purchase also included the El Paso Upper Valley which contains one of the world's richest copper deposits. The establishment of copper smelts in the area contributed greatly to El Paso's growth and strategic importance.

<sup>3</sup>Army Times Guide to Military Posts (Harrisburg, PA: Stackpole Books, 1966), 30.

<sup>4</sup>Leon C. Metz, Desert Army: Fort Bliss on the Texas Border (El Paso: Mangan Books, 1988), 31.

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The Army returned to El Paso in early 1854, establishing a new post in the area designated simply as the "Post of El Paso." The Army rented quarters for men of the 8th Infantry at nearby Magoffinsville. On March 8, 1854, the Army officially renamed the post Fort Bliss, in honor of Lieutenant Colonel William Wallace Smith Bliss, an Army assistant adjutant general who had been General Zachory Taylor's Chief of Staff during the Mexican-American War.

Gold miners and emigrants soon began streaming through the El Paso area, taking advantage of the military protection provided by Fort Bliss and three other military posts in the region. Troops at Fort Bliss occupied themselves by providing escorts to travelers and campaigning frequently against the Apache and Comanche in the region. During this period, the little settlement of El Paso began growing, due in large part to the stabilizing effect of the military and the resulting increase in traffic through the area.<sup>5</sup>

In 1861, with the specter of civil war looming on the horizon, Texas seceded from the Union. Major General David E Twiggs, the commander of Fort Bliss and a Southern sympathizer, ordered the abandonment of the post in February 1861. By mid-summer of that year, the Confederate 2nd Regiment, Texas Mounted Rifles occupied the fort. The following year, as Union troops advanced, the Confederates abandoned the fort, burning it before they left.

When the Civil War ended, the westward migration that had been interrupted by the war resumed. The renewed movement of people through the El Paso area prompted the Army to rebuild Fort Bliss in 1865 and 1866.<sup>6</sup> Unfortunately severe flooding of the Rio Grande caused extensive damage to the rebuilt post in 1868. As a result, the Army decided to move the fort to a less troublesome location. The new fort, situated approximately three to four miles north of the previous fort, was initially referred to as Camp Concordia because it was situated on land leased from the Concordia Ranch. In March 1869, the fort once again became known officially as Fort Bliss.<sup>7</sup>

In the mid-1870s, the U.S. government sought to save money by closing Army posts and Fort Bliss was among those targeted. In January 1877, the post closed for the second time in its brief history. With the military absent, social and political stability in the El Paso area began to erode, culminating in the El Paso Salt War. The troubles began when El Paso politicians tried to collect fees from Mexicans living in San Elizario who took salt from beds located a hundred miles east of El Paso. Violence and mob action prompted the Army to return to El Paso to quell the civil unrest.<sup>8</sup> This time the Army decided to stay. In February 1879, Congress appropriated funds for the purchase of land and the construction of a new post on a site west of El Paso called Hart's Mill. The Army used military labor to construct officers quarters, enlisted men's barracks, and a post hospital. The new post was completed in December 1880 and retained the name Fort Bliss.<sup>9</sup>

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<sup>5</sup>Charles H. Harris and Louis R. Saddler. Bastion on the Border: Fort Bliss, 1854-1943. Historical and Natural Resources Report No. 6. Cultural Resources Management Branch, Directorate of Environment, U.S. Army Air Defense Artillery Center. Fort Bliss, TX. 1993, 2.

<sup>6</sup>Metz. 47-53.

<sup>7</sup>Harris and Saddler, 3.

<sup>8</sup>Metz. 56-58.

<sup>9</sup>Ibid., 59-61.

The year 1881 was an important year for El Paso and Fort Bliss as it marked the arrival of the railroad. In May of that year, the Southern Pacific Railroad, which had been building eastward from southern California, reached El Paso. Later that same year, the Southern Pacific joined its tracks with the westward-building Galveston, Harrisburg and San Antonio Railroad (Southern Pacific-controlled) and the Texas and Pacific Railroad.<sup>10</sup> These developments had a dramatic effect on El Paso. Before the arrival of the railroad, El Paso was just a sleepy little town. Afterwards, the city's population boomed as merchants, bankers, real estate dealers, cattlemen, miners and others came to the city to take advantage of the presence of the railroads. By 1890, five American and two Mexican railroads converged at El Paso, making the city a vitally important commercial distribution center.<sup>11</sup>

The importance of Fort Bliss increased as El Paso rapidly transformed into an important railroad hub. Historically, the relationship between the western railroads and the Army was one of mutual benefit. The railroads relied on the Army to provide protection to its construction crews and the lines themselves once they were completed. The Army, in turn, came to rely heavily on the railroads for transport of troops and supplies. Troops stationed at Fort Bliss did provide protection to the railroad's construction crews and to the trains themselves. Initially, however, the railroads proved to be more of a nuisance to Fort Bliss than they were a blessing. In February 1881, the Santa Fe Railroad insisted that the best location for their tracks was right down the middle of the Fort Bliss parade ground. Incredibly, Congress gave its approval to the railroad's plan. In those days, railroad magnates wielded significant political clout. Predictably, this arrangement proved inconvenient for Fort Bliss. More pressing concerns, however, temporarily overshadowed this inconvenience.

When the Indian wars began to subside in the 1880s, the Army began consolidating its smaller posts into larger and more permanent facilities. This consolidation effort threatened Fort Bliss's existence. After touring New Mexico and parts of Texas in 1881, General Philip Sheridan, Commander of the Department of Missouri, recommended making Fort Selden, some 54 miles north of El Paso, the major fort in the region. That meant that Fort Bliss would likely be closed. William T. Sherman, Commanding General of the Army, initially agreed with Sheridan's recommendation. Sherman changed his mind, however, after visiting Fort Bliss and Fort Selden in 1882. The strategic importance of Fort Bliss's position near the United States-Mexico border, the presence of railroads, an adequate water supply, and the potential for expansion, all worked in favor of Fort Bliss. Although Sherman's final decision was delayed for several years while an uprising by Geronimo in Arizona occupied his attention, he ultimately chose to expand Fort Bliss and to close Fort Selden.<sup>12</sup>

Although Fort Bliss had escaped closure, other problems soon came to light. By 1889, trains stopping regularly at Fort Bliss were interrupting drills and marches, and generally making for a dangerous situation. In addition, it was becoming apparent that if Fort Bliss was to become the major fort in the region, it would have to expand significantly. Brigadier General David S.

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<sup>10</sup>W.H. Timmons. El Paso: A Borderlands History (El Paso: Texas Western Press, 1990), 166.

<sup>11</sup>El Paso, Texas, as a Military Post: The Railroad and Geographical Center of the Southwest and the Mexican Frontier. Brochure of the El Paso Progressive Association, 1890.

<sup>12</sup>Harris and Saddler, 4; Metz, 66.

Stanley argued that the location of Fort Bliss made it vulnerable to attack if hostile forces were to occupy a range of hills directly across the Rio Grande. Stanley also pointed out that the location of the fort did not offer sufficient space for expansion. Consequently, the Army once again began to look for a new location that could support a regimental-size post. This time several prominent citizens of El Paso provided assistance to the Army, fully aware that a regimental-size post at El Paso would be a boon to the local economy. Forming a citizen's association, the group raised money and purchased 1,266 acres on Lanoria Mesa and then donated the land to the Army for the new post.<sup>13</sup> This land became the site of present-day Fort Bliss.

#### Fort Bliss at Lanoria Mesa

Congress authorized a \$150,000 appropriation for Fort Bliss in March 1890. Construction at Lanoria Mesa began in August 1891 and continued over the next two years. The original plan called for the new post to house three infantry companies with the possibility for future expansion. Laid out around a central parade ground situated along the curve of the mesa, the initial construction featured officers' quarters lining the west side of the parade ground with barracks, a mess hall, and a hospital lining the east side. The north and south sides of the parade ground remained open for future construction. Captain George Ruhlen, assistant quartermaster, and his assistant, F.A. Gartner, were responsible for the design of the buildings. Although Army standardized plans existed at the time, Ruhlen mainly went his own way, submitting his own designs to the Office of the Quartermaster General for review. Ruhlen's use of brick, as opposed to frame construction, reinforced the intention that Fort Bliss be a permanent post.<sup>14</sup>

The first occupants of the new fort, four companies of the 18th Infantry Regiment, arrived from Fort Clark, Texas, in October 1893. Two years later Troop A of the 5th Cavalry arrived, becoming the first cavalry troop stationed at Fort Bliss. As this was to be a permanent unit, the War Department authorized the construction of stables at the post for the horses.<sup>15</sup>

In the years before the Spanish-American War drills, ceremonies, band performances and occasional athletic contests were the main activities at Fort Bliss. When hostilities between the United States and Spain broke out in 1898, the men of Troop A initially stayed behind to garrison the fort while the 18th Infantry proceeded to New Orleans in April. A month later, Troop A also left for New Orleans, leaving only a handful of military and civilian men to garrison the fort. Troop A and the 18th Infantry both saw action in the Philippines and Puerto Rico. At the end of July, Troop F of the 1st Texas Volunteer Cavalry arrived at Fort Bliss and garrisoned the post until the end of the war.<sup>16</sup>

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<sup>13</sup>Metz, 67-68.

<sup>14</sup>Deborah K. Cannan, et al., National Historic Contexts for Department of Defense Installations, 1790-1940. vol. 1. [draft report] (Frederick, Maryland: R. Christopher Goodwin & Associates, Inc., November 1993), 48; Perry Jamieson, A Survey History of Fort Bliss, 1890-1940. Historical and Natural Resources Report No. 5, Cultural Resources Management Branch. Directorate of Environment, Fort Bliss, TX, 1993, 3-5.

<sup>15</sup>Metz, 71.

<sup>16</sup>Harris and Saddler, 6.

Shortly after the Spanish-American War ended, Army regulars returned to Fort Bliss and the routine of drills, marches and performances resumed at the installation. In response to reports that the fort was falling into a state of disrepair, the Army allocated funds in the early 1900s to repair buildings, build new roads, install a telephone system, and construct several new buildings.<sup>17</sup> Despite the improvements, the Army once again pondered closing Fort Bliss along with several other forts in Texas. This latest threat to Fort Bliss was extinguished when Mexico's political situation became increasingly unstable in the first decade of the twentieth century. The advent of the Mexican Revolution made Fort Bliss a strategically important border installation as a significant amount of revolutionary activity took place just across the Rio Grande in the city of Juarez. Over the next decade activity at Fort Bliss would in large measure be dictated by the revolutions and political in-fighting raging across the border in Mexico.

#### Fort Bliss and the Mexican Revolution

When revolution broke out in Mexico in 1911, the United States government assumed a stance of neutrality. To enforce that neutrality, the War Department began reinforcing Fort Bliss with cavalry, infantry and artillery troops. These troops patrolled the border and guarded the international bridges leading into Mexico in an attempt to prevent arms smuggling and to discourage any hostile acts against the United States. That same year, the War Department decided upon a major change for Fort Bliss. Prior to the outbreak of revolution in Mexico, Fort Bliss served primarily as an infantry post. In November 1911, realizing a mounted force could much more easily patrol the border than could foot soldiers, the War Department decided to convert Fort Bliss from an infantry post to a cavalry post. The changeover began early the following year when Fort Bliss's infantry troops boarded trains bound for Fort Benjamin Harrison in Indiana. Meanwhile, the 4th Cavalry arrived to garrison Fort Bliss and assume border patrol duty. To accommodate the 4th Cavalry's horses, the Army constructed four stables at the installation.<sup>18</sup>

As fighting continued to rage across Mexico in 1913, the War Department became convinced of Fort Bliss's importance and authorized funds to expand the installation to accommodate a full regiment of cavalry. New construction began that year and by 1917 barracks and officer's bungalows were added in rows along the north and south sides of the parade ground.<sup>19</sup> Other construction included a hospital, a post exchange, and a post telephone exchange.<sup>20</sup> The expansion of Fort Bliss could hardly keep up with the needs of the installation as more and more troops arrived throughout the mid-1910s in response to the deteriorating situation in Mexico. By mid-1914, troops at Fort Bliss included the 2nd Cavalry (replacing the 4th Cavalry), troops from the 12th, 13th and 15th Cavalry, the 6th, 16th and 20th Infantry Regiments, and several batteries of field artillery.<sup>21</sup>

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<sup>17</sup>Ibid., 7.

<sup>18</sup>Metz, 83.

<sup>19</sup>Cannan, et al., 49.

<sup>20</sup>Harris and Saddler, 51.

<sup>21</sup>Metz, 85.

## U.S.-Mexican Hostilities

Relations between the United States and Mexico gradually deteriorated as President Wilson struggled to form a policy regarding the revolutionary activity in Mexico. Tensions strained even further when Mexican troops briefly arrested eight American sailors in the Mexican town of Tampico in April 1914. President Wilson ordered the U.S. Navy to occupy the port of Vera Cruz after the Mexican forces refused to fire a twenty-one gun salute to the American flag in penance for the incident. President Wilson's real motivation for the port seizure was to prevent the landing of a German vessel loaded with munitions for the forces of General Victoriano Huerta.<sup>22</sup> Fearing a backlash against the U.S., the War Department sent more troops to Fort Bliss to help patrol the border and keep order. General John J. Pershing arrived at El Paso in late April with troops from the 8th Infantry Brigade (including the 6th and 16th Infantry Regiments). As there were not sufficient facilities at Fort Bliss, these troops took up quarters in the city of El Paso. General Pershing, based and housed at Fort Bliss, assumed command of the El Paso Patrol District. Contrary to some historical accounts, Pershing did not assume command of the post.<sup>23</sup>

Events in 1916 brought Mexico and the United States to the brink of war. The revolutionary leader, Pancho Villa, frustrated at his declining fortunes and angered by the United States' moves to recognize the regime of his adversary, Venustiano Carranza, attacked the village of Columbus, New Mexico on March 9, 1916. Seventeen American civilians and soldiers died in the attack. President Wilson, feeling he had no other options in the face of public outrage, ordered General Pershing to lead an expeditionary force across the border in pursuit of Villa. The Army quickly assembled what became known as the Punitive Expedition with cavalry and infantry units from across the country. The Expedition, eventually numbering some 10,690 men, crossed into Mexico on March 15 and 16 and spent almost an entire year fruitlessly searching for Villa. Along the 300-mile journey, the Expedition clashed twice with troops from Carranza's army, bringing the U.S. and Mexico dangerously close to war.

Besides supplying infantry and field artillery units to the Expedition, Fort Bliss served as a major staging area and as the main support base for the Punitive Expedition. In addition, Fort Bliss's base hospital, located in the main cantonment of the installation, served as the principal medical facility during the Expedition.<sup>24</sup> By the summer of 1916, there were approximately 40,000 troops at Fort Bliss, making it the largest installation on the border.<sup>25</sup> Troops left behind at Fort Bliss continued to patrol the border in the El Paso area. To help with this mission, President Wilson mobilized the entire National Guard. Units from all over the country, consisting

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<sup>22</sup>Richard N. Current, et al., *American History: A Survey*, vol. II, *Since 1865* (New York: Knopf, 1987), 645.

<sup>23</sup>Metz, 85; Harris and Sadler, 45.

<sup>24</sup>The base hospital at Fort Bliss that served as the principal medical facility during the Punitive Expedition should not be confused with WBGH whose construction came later. Fort Bliss's base hospital was constructed between 1915-16. The Army constructed rudimentary temporary wards adjacent to the base hospital in 1916. These temporary buildings added about 900 more beds to the capacity of the base hospital.

<sup>25</sup>Harris and Saddler, 84.

of more than 100,000 men, converged at three camps near Fort Bliss in the summer of 1916. With the arrival of the National Guard units, El Paso became the site of the single largest gathering of troops in the U.S. since the Civil War.<sup>26</sup> Besides helping patrol the border, National Guard units at El Paso engaged in intense drilling and training exercises. These exercises, which continued even after the Punitive Expedition ended, eventually proved extremely beneficial to the Army. The border crisis and the subsequent build-up revealed the extent of the general unpreparedness of the United States military. At the same time, the crisis gave the Army an opportunity to conduct much-needed large-scale military maneuvers and extensive warfare training just prior to the country's entry into World War I.<sup>27</sup>

While Mexico and the United States negotiated to avoid an escalation of hostilities, President Wilson, seeing Germany as a bigger threat than Mexico, quietly ordered the Expedition in Mexico to withdraw. Troops began returning to the United States at the end of January 1917, and the withdrawal was nearly complete by February 5.<sup>28</sup> National Guard units also began leaving the El Paso area in early 1917.

Fort Bliss likely would have become a major divisional training cantonment in 1917 if not for Secretary of War Newton D. Baker. Despite nearly \$950,000 allocated for improvements at Fort Bliss, the training cantonment never materialized because Baker, a strict moralist, felt the bars and prostitution in El Paso corrupted soldiers stationed at Fort Bliss. Although local politicians initiated an effort to "clean up" El Paso, Baker bypassed Fort Bliss and located the training cantonment at the town of Deming, New Mexico.<sup>29</sup> Nevertheless, Fort Bliss remained the nation's main military installation along the border.

## World War I

In World War I, horse cavalry forces proved almost useless in Europe, being relegated mostly to support roles far behind the lines. Ineffective on the Western Front, horse cavalry continued to be the best means of patrolling and defending the U.S.-Mexican border. Although Fort Bliss experienced a reduction in troop strength during World War I, the installation continued its transformation from an infantry post to a cavalry post as cavalry units left behind continued to patrol the border. During the war, there was not much activity along the borders besides a few minor skirmishes with Mexican bandits.<sup>30</sup>

## Between Wars

After the fighting in Europe ended, the Army's attention again focused on the border and Fort Bliss when Pancho Villa massed his forces and attacked Ciudad Juarez on June 15, 1919. The Army anticipated the attack and warned Villa that any stray fire into El Paso would result in American intervention. When casualties resulted from rounds landing in El Paso during the battle, the Army responded by shelling Villas forces and sending cavalry and infantry units across the

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<sup>26</sup>Metz. 92.

<sup>27</sup>Harris and Saddler. 84.

<sup>28</sup>Metz, 95.

<sup>29</sup>Metz. 104; Harris and Sadler. 96.

<sup>30</sup>Harris and Sadler. 97.

border to drive him out. As it turned out, this was both the last time U.S. forces crossed into Mexico and the last use of horse cavalry by the U.S. in a military engagement.<sup>31</sup>

While the troops at Fort Bliss were responding to Villa's attack of Juarez, the Army made its first use of air power along the border. The Army Border Air Patrol at Fort Bliss came into being on June 16, (?) when the installation received eighteen planes. Two days later, pilots began flying reconnaissance missions along the border, watching for and reporting any illegal activities by Mexican revolutionaries and bandits. For the next two years, Fort Bliss served as headquarters of the Border Air Patrol. (Pilots flew surveillance missions out of Fort Bliss along the border from Nogales, Arizona to Sanderson, Texas.) A cavalry drill field just east of the post served as the landing field. The Army disbanded the Air Border Patrol in 1921, although six planes remained at Fort Bliss's makeshift airfield.<sup>32</sup>

World War I had clearly demonstrated that motorized vehicles and airplanes were the future of modern warfare. Consequently, in the two decades between the World Wars, the cavalry experienced a marked decline as the Army increasingly emphasized mechanization of its forces. The cavalry at Fort Bliss was an exception to the national trend. Mounted troops continued to be the most efficient way to patrol the border as the rugged terrain of the Southwest did not lend itself well to the use of motorized vehicles. Therefore, in 1921, the War Department created the 1st Cavalry Division at Fort Bliss and gave it the mission of patrolling and defending the border. Though the 1st Cavalry Division never fully achieved its assigned divisional strength, its formation transformed Fort Bliss into the nation's principal cavalry installation. During the next two decades the 1st Cavalry Division fell into a routine of patrolling the border, conducting maneuvers, and engaging in polo games. This routine was temporarily interrupted in 1928 when revolution once again reared its head in Mexico. During this latest outbreak, the U.S. government supported the Mexican federal government and announced an embargo on arms to the Mexican insurgents. Fort Bliss was principally responsible for enforcing this embargo.<sup>33</sup>

In the years between the two world wars, the United States drastically reduced its military spending as isolationist sentiment took hold of the country. The Depression further restricted funds available to the military. Despite the atmosphere of fiscal austerity, Fort Bliss expanded significantly in the 1920s and 1930s, adding both land and facilities. Fort Bliss prospered during this time because the problems with Mexico convinced Congress of the importance of maintaining a strong U.S. presence in the strategic El Paso region.

The first major post-World War I construction project at Fort Bliss occurred in 1920-21 when the Army constructed forty-eight tile and stucco buildings northwest of the main cantonment. These buildings comprised the William Beaumont General Hospital (WBGH). The post expanded physically in 1926 with the acquisition of nearly 4600 acres of land. The Army eventually used this land to create Castner Range for artillery and target practice and a new

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<sup>31</sup>Ibid., 99.

<sup>32</sup>Metz, 114-116; Harris and Sadler, 107.

<sup>33</sup>Harris and Sadler, 105-106.

airfield designated Biggs Army Airfield.<sup>34</sup> Fort Bliss gained other small parcels of land over the next several years.<sup>35</sup>

By the late 1920s, Fort Bliss was experiencing a housing shortage that plagued Army posts nationwide. Construction at Fort Bliss in the Depression era was mainly a response to this need for housing. Between 1929 and 1939, the Army constructed a total of 104 units for non-commissioned officers, thirty-eight new officers' quarters and five two-story barracks for enlisted men at Fort Bliss. The Army built many of these structures using funds and manpower from President Roosevelt's New Deal programs that were designed to put men back to work.<sup>36</sup> Other Depression-era construction at Fort Bliss included a dispensary, a utility shop, stables, a gun shed, a chapel, blacksmith shops, and numerous garages.

By the 1930s the horse cavalry, so effective for border patrol duty, was becoming outdated for other military uses. The general trend in the Army toward mechanization was finally being felt at Fort Bliss. Fort Bliss felt the first effects of this trend in the late 1920s when the Army assigned several armored cars, motorcycles and trucks to the 1st Cavalry Division. Despite the inevitability of their demise, cavalry troops at Fort Bliss participated in extensive maneuvers as late as 1941.<sup>37</sup> The outbreak of war in Europe ultimately spelled the end of the horse cavalry as mounted troops were no match for the airplanes and tanks used heavily by German forces in their *blitzkrieg* attacks.

## World War II

World War II was a period of major change at Fort Bliss as it transformed from a horse cavalry post into the nation's premier antiaircraft artillery training center.<sup>38</sup> The transition began in the summer of 1940 when four units of the National Guard arrived at Fort Bliss and began antiaircraft artillery training on nearby ranges. In 1944, the War Department moved the Antiaircraft Artillery School at Fort Davis in North Carolina to Fort Bliss to take advantage of the climate and the enormous amounts of available land surrounding the installation. By war's end, every antiaircraft unit that saw action in the war had received its early training at Fort Bliss.<sup>39</sup>

Fort Bliss became a troop reception and mobilization center shortly after the Japanese attack on Pearl Harbor. One year earlier, work had begun on a huge \$3 million troop cantonment

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<sup>34</sup>Metz, 131; Harris and Sadler, 107.

<sup>35</sup>Metz, 131.

<sup>36</sup>Harris and Sadler, 108. Fort Bliss also became involved in the New Deal Civilian Conservation Corps (CCC) program when the 1st Cavalry Division assumed responsibility for establishing and operating CCC work camps in Arizona and New Mexico. These camps employed some 62,500 men at one point.

<sup>37</sup>Ibid.

<sup>38</sup>Although the Army discontinued the horse cavalry at Fort Bliss during World War II, mechanized armored cavalry units have been continuous at the installation from the 1920s until 1996, when the 3rd Armored Cavalry Regiment left for Fort Bliss.

<sup>39</sup>Army Times Guide to Military Posts, 32.

at a site known as Logan Heights, three miles north of the main post.<sup>40</sup> As one of eighteen troop reception posts nationwide, Fort Bliss was instrumental in inducting National Guard units into the regular Army.<sup>41</sup>

When the United States entered World War II, Fort Bliss housed the largest horse cavalry force in the nation. During the first few years of the nation's involvement in the war, the 1st Cavalry continued to patrol the border. The need for maintaining an outdated horse cavalry along the border, however, all but vanished when Mexico declared war on the Axis powers in 1942. The death knell of the cavalry came in 1943 when the War Department dismounted the 1st Cavalry Division at Fort Bliss. The Army subsequently converted the 1st Cavalry Division into a mechanized infantry unit and sent it to the Pacific Theater where its men served with distinction.<sup>42</sup>

Fort Bliss gained a new aviation role during World War II. It began when the Army initiated a \$10 million construction program at Biggs Army Airfield. Originally used by the Border Air Patrol, Biggs Field included only three hangars, a few radio control towers, a restaurant, and a maintenance shop in 1939. The new construction converted the facility into a modern air base for heavy bombardment training. Throughout the war, hundreds of bomber crews flying B-17, B-24 and B-29 aircraft out of Biggs Field practiced missions around the clock. When the runways at Biggs Airfield were extended to accommodate the large B-29s in 1945, the facility occupied nearly four thousand acres.<sup>43</sup>

By the end of World War II, Fort Bliss had expanded considerably. The installation's territory included the 5,000 acre post reservation, 52,000 acres of adjoining land to the east and northeast, the 3,272-acre Castner Target Range, and the 46,000-acre Dona Ana Target Range. In addition, Fort Bliss leased 350,000 acres of land in New Mexico for use as an antiaircraft range and had trespass rights on another 200,000 acres in New Mexico.<sup>44</sup>

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<sup>40</sup>"Post Layout Announced by Colonel." El Paso Herald Post, 9 October 1940.

<sup>41</sup>Perry Jamieson, A Survey History of Fort Bliss, 1890 - 1940. Historic and Natural Resources Report No. 5, Cultural Resources Management Program, Directorate of Environment, United States Army Air Defense Artillery Center, Fort Bliss, Texas, 1993. 100.

<sup>42</sup>Harris and Sadler, 109.

<sup>43</sup>Metz, 142. In 1947, when the Air Force became its own separate service branch, Biggs Field became Biggs Air Force Base, being placed under the Air Force's Strategic Air Command (SAC). After Fort Bliss donated land south of the base, the Air Force constructed the 800-unit Aero Vista development to offset the need for housing. Over the next ten years, numerous bombardment wings came and went as giant bombers such as the B-36 replaced earlier bomber aircraft. The B-52 Strato-Fortresses came to Biggs in late 1959. However, by 1965 the Air Force felt Biggs Air Force Base was no longer vital to national security. Consequently, the Air Force deactivated the base the following year (Metz, 145). Reclaimed by Fort Bliss following its deactivation, Biggs Field presently operates as an Army airfield. It maintains facilities for transient fixed-wing aircraft.

<sup>44</sup>*Ibid.*, 134.

## Fort Bliss During the Cold War

Germany's use of its V-1 and V-2 rockets during the latter stages of World War II ushered in the era of guided missiles. After the war, as tensions between the United States and the Soviet Union increased, both countries sought to develop their own arsenal of guided missiles. Each sought to exploit and to improve upon Germany's advanced rocket technology. Fort Bliss played an important role in the United States' early missile testing and development effort.

Rocket research first began at Fort Bliss in early 1945 when a team of scientists from the Army Ordnance Department and the California Institute of Technology came to Fort Bliss to test fire a missile known as Private-F. The team fired seventeen such missiles in April at a range located twenty-eight miles north of the installation. The following January, the Army brought eighty-two captured German rocket scientists, including Wernher von Braun, to Fort Bliss during Operation Paperclip. These scientists, housed in a former temporary hospital area at the installation, began conducting rocket research for the United States. Research and rocket fabrication occurred at Fort Bliss, while facilities at the nearby White Sands Proving Ground (later designated White Sands Missile Range) supported engine and flight tests.<sup>45</sup> Over the next four years, the von Braun team worked with and tested V-2, Hermes II, Corporal, and WAC Corporal missiles, obtaining data and experience that formed the foundation for many future American missile programs. The 1st Anti-Aircraft Guided Missile Battalion, organized at Fort Bliss in October 1945, provided support for these early efforts.<sup>46</sup>

In July 1946, the 1st Anti-Aircraft Guided Missile Battalion came under the command of the newly-activated Anti-Aircraft Artillery and Guided Missile Center. The primary mission of the center was to train anti-aircraft artillery and guided-missile units. The Anti-Aircraft Artillery and Guided Missile Center has since evolved into the present-day U.S. Army Air Defense Artillery Center at Fort Bliss. This command has trained new missile units and evaluated the competence of commissioned units since the late 1940s.

In April 1950, the Army moved von Braun and the other German scientists to its newly designated missile development center at the Redstone Arsenal in Huntsville, Alabama where they subsequently helped develop the Redstone and Jupiter missiles for the Army. That same year, the Army formed the Army Antiaircraft Command (ARAACOM) and activated the Anti-Aircraft Artillery Replacement Training Center (AAARTC) at Fort Bliss. The ARAACOM trained anti-aircraft Nike Ajax batteries and then deployed them to protect vital locations around the nation from possible Soviet bomber attack. The AAARTC trained soldiers for specialized assignments that utilized atomic weapons, heavy anti-aircraft artillery guns, computers, and radar. The center also conducted eight-week basic infantry training courses for new inductees.<sup>47</sup>

New construction and expansion characterized the 1950s at Fort Bliss. The installation gained thirty-one three-story permanent barracks with six motor parks in 1950, a school headquarters building in 1954, and a materials lab, additional classroom buildings, a guided missile

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<sup>45</sup>The War Department established the White Sands Proving Ground, located in New Mexico, in July 1945.

<sup>46</sup>Jamieson, 56.

<sup>47</sup>Ibid., 57.

lab, and a radar park in 1958. Also constructed in 1958 were 410 Capehart housing units and the Van Horne Park with its 801 family housing units. New range acquisitions included Red Canyon Range in southern New Mexico in 1953 and McGregor Range in 1956. The Red Canyon Range supported training and annual practices for Nike-Ajax crews until 1959 when the Army transferred those activities to McGregor Range. McGregor has also supported other missile firings including Nike Hercules, Hawk, Pershing and Patriot. In recent years, other countries have contracted to use the range to train their air defense batteries. Today, the McGregor Range is the largest inland air defense region in the United States.<sup>48</sup>

Two other ranges also support the McGregor Range. Fort Bliss uses the approximately 450-square mile Dona Ana Range in the Organ Mountains of New Mexico for tank gunnery practice and for training National Guardsmen and reservists. North McGregor (also known as the Orogrande Range) supports missile firings such as the Redeye/Chaparral.<sup>49</sup>

At present, Fort Bliss includes nearly five thousand buildings and approximately 1.3 million acres of land with its ranges. The installation functions under the Training and Doctrine Command (TRADOC) although the strategic army forces stationed there, such as the 11th Air Defense Artillery Brigade, are subordinate to Forces Command (FORSCOM). Fort Bliss today is primarily a training installation. Its basic missions include training air defense forces, conducting basic and advanced training, maintaining the readiness of its military units, and supporting annual service firings at the McGregor Range.<sup>50</sup>

## History of United States Army Medical Department

Medical support is a critical component of any nation's armed forces. Throughout the history of the United States' Army, medical care for troops during war and peacetime has continually improved as medical science and technology have progressed. The Army Medical Department, whose origins can be traced back to the time of the American Revolution, began as a small, understaffed operation that struggled to provide adequate medical care to Army personnel during the nation's internal conflicts of the nineteenth century. As the United States became increasingly involved in international conflicts, the Army Medical Department evolved into a massive organization, providing medical services of all types to military personnel using the very latest methods and equipment.

## Army Medical Department Before World War

When the Continental Congress convened its second session in May of 1775, the delegates remarkably, made no provisions for any kind of medical organization when they appointed general officers and officers of the general staff of the army. George Washington himself was the first to

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<sup>48</sup>Metz., 169-70. The Army owns approximately 72,000 acres of the McGregor Range. The Bureau of Land Management (BLM) owns the remainder. The Army presently uses the land under the Military Lands Withdrawal Act of 1986.

<sup>49</sup>Ibid., 173.

<sup>50</sup>Ibid., 174.

request the establishment of such a department in a letter to Congress on 21 July 1775. Six days later, heeding Washington's advice, a congressional committee elected Dr. Benjamin Church as the first Director General of the Hospital Department of the Army. When Church was deposed in October of that year, Dr. John Morgan of Philadelphia succeeded him.<sup>51</sup>

In the years following the Revolution the Army experienced a drastic downsizing. In 1784, the Continental Congress reduced the size of the new nation's military to a mere 700 men.<sup>52</sup> As a result there was no perceived need to maintain a Hospital Department. The only medical service available was provided by the individual states to their own troops. The first real organization of the Medical Department on a permanent basis did not occur until April 14, 1818, when Congress passed an act regulating the staff of the Army. This act provided official positions for Medical Department personnel, including the office of Surgeon General. Joseph Lovell became the nation's first Surgeon General.<sup>53</sup>

The Medical Department's main responsibility early on was supporting soldiers in garrisons and accompanying the Army on Indian campaigns. The most common problems facing post and field surgeons were outbreaks of malaria, dysentery, and other diseases. Unfortunately, Army medical facilities during the first half of the nineteenth century generally were in poor condition. Damp, crowded, and poorly ventilated, these structures usually were more of a hindrance to a patient's recovery than they were beneficial. In campaigns such as the Black Hawk War, the Second Seminole War, and the Mexican War, disease casualties far outweighed battle casualties. During the latter two conflicts, the Medical Department used general hospitals for the first time, establishing them close to important supply depots.<sup>54</sup>

A major innovation with regard to the organization of the Medical Department occurred in 1847 when the nation was at war with Mexico. In February of that year, Congress passed an act granting medical officers the same pay and allowances as officers of the same grades serving in the line and staff departments.<sup>55</sup> Subsequent acts increased the size of the Medical Department to thirty surgeons and eighty-three assistant surgeons, a size it maintained until the outbreak of the American Civil War.

During the early stages of the American Civil War, it quickly became apparent that the Medical Departments of both the Union and Confederacy were not capable of providing the necessary support to a war effort that far exceeded any previous military endeavor of the United States. No efficient methods for transporting the wounded had been developed and there was no ambulance service until the Union Army officially created a special ambulance corps just before the battle of Antietam, in September 1862. In addition, field hospitals did not have the capacity to provide long term field care for sick or wounded soldiers. Therefore, patients were evacuated to improvised general hospitals far to the rear of the front lines, usually in old buildings.<sup>56</sup> A lack of

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<sup>51</sup>James A. Tobey, The Medical Department of the Army: Its History, Activities and Organization (Baltimore: John Hopkins Press, 1927), 2-6.

<sup>52</sup>Ibid., 7.

<sup>53</sup>Ibid., 11.

<sup>54</sup>Cannan, et al., 182.

<sup>55</sup>Tobey, 14.

<sup>56</sup>Tobey, 15.

large-capacity medical facilities forced the medical departments of both the Union and the Confederacy to convert hotels, churches, warehouses, and factories into temporary hospital facilities. In the later stages of the war the demand for larger facilities resulted in the erection of hospital tents that took the form of elongated pavilions. In some cases, these tent pavilions were later replaced by long wooden pavilions, some of which were converted to general hospitals after the war.

After the Civil War, only occasional participation in campaigns against Native American groups interrupted the routine duties of the Medical Department. There was, however, one major administrative development in the Medical Department in the years between the Civil War and the Spanish-American War. As the network of United States Army hospitals expanded in the late 19th century, it became apparent that the Medical Department of the Army was understaffed and inadequately supported. Consequently, Congress passed a law on March 1, 1887, authorizing the establishment of the Hospital Corps. Prior to this law, the enlisted men in the Medical Department came from the line units of the Army. The new law permanently attached hospital stewards, acting hospital stewards, and privates to the Medical Department. The creation of the Hospital Corps is regarded as one of the milestones in the history of the Medical Department as it provided for a trained enlisted medical force in times of war and peace.<sup>57</sup>

In the latter half of the nineteenth century, the Army Medical Department made important contributions to the field of medicine. Following the Civil War, the Medical Department museum participated in important research in pathology while the Medical Department library, begun in 1836, expanded rapidly. Bibliographies and indexes produced at the library were a rich resource to medical researchers. In 1875, the Surgeon General's office published Circular No. 8, A Report on the Hygiene of the United States Army. This report called attention to the fact that the prevalence of disease among the soldiers stationed at frontier garrisons was directly attributable to the miserable living conditions at those posts. By encouraging the notion that proper environment could reduce diseases, the report reinforced the principle that preventive medicine was a major responsibility of military doctors.<sup>58</sup>

Despite improvements in the understanding of the principal causes of diseases, the Medical Department was not well prepared for the Spanish-American War. Lacking enough surgeons and adequate supplies, the Department was hard-pressed to handle the volume of wounded men or those stricken with diseases such as typhoid fever. Were it not for the assistance of Clara Barton and the Red Cross, the Medical Department might have been completely overwhelmed during the Spanish-American War.<sup>59</sup>

The Spanish-American War did produce some significant innovations in medical care. The use of contract nurses in the United States and overseas was one of the most important. The Army employed more than 1,100 nurses by September 1898. Another innovation during the war was the acquisition and use of hospital ships by the War Department.<sup>60</sup>

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<sup>57</sup>Ibid., 24.

<sup>58</sup>Cannan, et al., 189.

<sup>59</sup>Ibid., 191.

<sup>60</sup>Ibid., 193.

Following the Spanish-American War, the Army underwent a reorganization that affected the Medical Department as well. The reorganization increased the strength of the Medical Department to include one Surgeon General, eight Assistant Surgeons General, twelve deputy surgeons general, sixty surgeons, 240 assistant surgeons, the Hospital Corps, and the newly-created Army Nurse Corps.<sup>61</sup> This new organization was not satisfactory, at least for President Theodore Roosevelt, who, in a special message to Congress on January 9, 1905, asserted:

Not only does a competent medical service, by safeguarding the health of the Army, contribute greatly to its power, but it gives to the sons who are wounded in battle or sick in camp not only skilled medical aid, but also that prompt and well-ordered attention to all their wants which can come only by adequate and trained personnel.

I am satisfied that the Medical corps is too small for the needs of the present Army, and therefore very much too small for its successful expansion in time of war to meet the needs of an enlarged Army, and in addition to furnish the volunteer service [with] a certain number of officers trained in medical administration<sup>62</sup>

Congress did not immediately heed Roosevelt's advice, waiting until April 23, 1908, to finally pass legislation increasing the number of personnel assigned to the Medical Corps.

The difficulties encountered by the Medical Department during the Spanish-American War focused attention on the need for medical education in the military. In 1909 the Army established three medical camps of instruction for National Guard officers. The following year, Fort Leavenworth, Kansas instituted a field service school for medical officers. Students participating in courses and instruction at the school worked on establishing proper sanitation tactics and hygiene in the field.<sup>63</sup>

Another major development in the Medical Department at the beginning of the twentieth century was the creation of general hospitals. Although the Army and Navy had created the first general hospital at Hot Springs, Arkansas in 1887, most soldiers continued receiving medical care in post hospitals. During the Philippine Insurrection, the Medical Department established Letterman General Hospital at the Presidio, San Francisco. The Department also established other general hospitals in Manila and Honolulu to provide care to soldiers in those locations. A temporary general hospital constructed at Washington Barracks during the Spanish-American War became the first peacetime general hospital when the Army relocated it to the District of

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<sup>61</sup>Tobey, 31; Edgar Erskine Hume, Victories of Army Medicine: Scientific Accomplishments of the Medical Department of the United States Army (Philadelphia: J.B.Lippincott Co., 1943), 30.

<sup>62</sup>Hume, 31.

<sup>63</sup>Canaan. et al.. 194; Tobey, 33; Hume, 32.

Columbia in 1908. General hospitals, intended to treat all eligible military patients, were under the direct supervision of the Surgeon General.<sup>64</sup>

The Medical Department gained valuable experience in the years just prior to the nation's entry into World War I. When revolution broke out in Mexico in 1911, the War Department mobilized an entire division at San Antonio. Accompanying the division was a complete sanitary train of four field hospitals and ambulance companies. A field hospital also accompanied a brigade of troops to Vera Cruz where it participated in the occupation of the Mexican city in 1913. When General Pershing led the Punitive Expedition into Mexico in 1916, two motorized ambulance companies and two field hospitals accompanied the troops.<sup>65</sup>

The passage of the National Defense Act on June 3, 1916 was the decisive step that laid the foundation for the modern Medical Department. This act divided the Medical Department into the Medical Corps, the Dental Corps, the Veterinary Corps, the Nurse Corps, the enlisted force, and Contract Surgeons. The enlisted force within the Medical Corps was to be 5 percent of the total enlisted force of the Army.<sup>66</sup> Expansion of this enlisted force allowed the establishment of Medical Detachment units in military hospitals and this, in turn, required the construction of supporting Medical Detachment buildings and facilities at these hospitals.

#### Army Medical Department In World War I

When the United States declared war on Germany in April 1917, the subsequent mobilization threw the Medical Department and the Construction and Repair Division of the Quartermaster General into confusion. The Army needed a large number of hospitals and cantonments immediately. On May 7, 1917, the General Staff ordered the Quartermaster General to complete thirty-two divisional cantonments by September 1, 1917. These cantonments were to include supporting hospital facilities. Because of the understaffed nature of the Construction Division office, the Army called in civilian experts to assist in the planning and construction. Among the prominent industrialists who hastened to Washington to volunteer their services were William A. Starrett, president of Starrett & Van Vleck, architects of New York City; Morton C. Tuttle, general manager of the Aberthaw Construction of Boston; and Clemens W. Lundoff, vice president of Crowell, Lundoff and Little of Cleveland. They formed the Committee on Emergency Construction with Starrett appointed Chairman. Frederick Law Olmsted, Jr., the son of the famous landscape architect, would later join this group. George Fuller and Asa E. Phillips teamed together to act as a subcommittee on engineering. The Starrett Committee would determine the course of all new construction, including the design of military architecture and layout plans such as those used at the WBGH, many of which are still being used today.<sup>67</sup>

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<sup>64</sup>Canaan. et al., 195.

<sup>65</sup>Tobey, 34.

<sup>66</sup>Hume, 31-34.

<sup>67</sup>Lenore Fine and Jesse A. Remington, The Corps of Engineers: Construction in the United States. United States Army in World War II. The Technical Services (Washington, D.C.: Office of the Chief of Military History, U.S. Army, 1972), 8.

Prior to the nation's entry into World War I, the Surgeon General's Office did not have a Hospital Division. In peacetime, when the Surgeon General's Office wanted or needed new hospital facilities, it would submit plans to the Construction Branch of the Quartermaster General. World War I necessitated the creation of a broader, better-defined hospital program. To this end, the Surgeon General's Office organized a Hospital Division in July, 1917. This division prepared plans for the construction of a large number of hospitals for the National Army and National Guard Divisions.<sup>68</sup> Thus, the wartime design plans, the contract system, and the key architectural personnel were largely in place when construction began on WBGH after the war.

During World War I the Medical Department expanded enormously to meet the needs of the more than four million men who were called to duty. The Army constructed hospital facilities (usually temporary wooden buildings) at training cantonments and several new general hospitals during the war. The contributions of the Medical Department to the United States war effort were important ones. During the war, wounded soldiers received their first treatment at divisional hospitals. Doctors at evacuation and mobile hospitals performed essential surgery allowing patients to be transferred by rail to base hospitals in the rear for long-term care.<sup>69</sup> Due largely to the efforts of the Medical Department overseas deaths from disease among members of the American Expeditionary Force stood at 19 per 1,000, whereas the number killed in action and died of wounds was 53 per 1,000.<sup>70</sup> World War I, in fact, was the first war in which deaths in battle far outnumbered deaths caused by disease.<sup>71</sup>

At the time of the signing of the Armistice, on November 11, 1918, there were 30,591 medical officers, of whom 989 were regulars, and 281,341 enlisted men in the Medical Department.<sup>72</sup> The Dental Corps had expanded from 86 to 4,620, the Veterinary Corps from 62 to 2,002, the Army Nurse Corps from 403 to 21,480, the Contract Surgeons from 181 to 939, and the force of civilian personnel in the field from 260 to about 20,000. The Medical Corps at the end of the war was larger than the entire Regular Army at the beginning of the war.<sup>73</sup>

### Army Medical Department Between The Wars

Following World War I the Medical Department experienced a dramatic downsizing. The Army discharged no less than 15,908 officers and 83,577 enlisted men.<sup>74</sup> This reflected the even

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<sup>68</sup>War Department. The Medical Department of the United States Army in the World War (Washington: Government Printing Office, 1923), vol. V. Military Hospitals in the United States, by Lieut. Col. Frank W. Weed, 28.

<sup>69</sup>Cannan, et al., 196.

<sup>70</sup>Tobey, 41. The number of disease related deaths is even higher than would have been the case under normal conditions as a result of the influenza epidemic that ravaged the United States Army in 1918.

<sup>71</sup>In the American Civil War, for example, 65 men per 1,000 died of disease, whereas only 33 per 1,000 died in battle or as a result of wounds (Tobey, 41).

<sup>72</sup>Hume, 36.

<sup>73</sup>Tobey, 39.

<sup>74</sup>Ibid., 44.

more dramatic downsizing of the Regular Army, which dropped from over 3 million men to 209,208.<sup>75</sup>

The Medical Department continued to make progress during the fiscally lean inter-war years. Although funding declined rapidly in the 1920s and 1930s, the Medical Department did obtain sufficient funding to conduct some scientific research and construct several new post and general hospitals, including WBGH and the Walter Reed General Hospital.<sup>76</sup> Also during the inter-war years, a series of administrative initiatives were overseen by Surgeon General Meritte Weber Ireland, who served as Chief Surgeon of the American Expeditionary Forces during World War I. These included the establishment of a system of Medical Department internships with larger hospitals, a general remodeling and modernization of medical field equipment, and the creation of the Army Dental School, the Army Veterinary School, and the Army School of Nursing.<sup>77</sup>

In 1935, General Malin Craig replaced General Douglas MacArthur as Chief of Staff. At this time the American Army ranked 18th among the world's powers. Sensing that the deteriorating situation in Europe represented a threat to the United States, General Malin directed his staff to draw up a "Protective Mobilization Plan" designed "to mobilize a balanced army of moderate size, consistent with limitations on the procurement of men and material."<sup>78</sup> The War Department approved the resulting plan in 1938. As directed by the War Department, the Medical Department prepared its own plan that provided more detailed mobilization plans for its specific area of responsibility.<sup>79</sup> The War Department's general mobilization plan placed a heavy burden upon the Medical Department. Within 120 days after receiving mobilization orders, the War Department plan required the Medical Department to expand to a strength of 140,000 officers and enlisted men, a tenfold increase. To accomplish this remarkable expansion, "it was necessary to strain facilities to the limit and, in some instances, to omit the luxury of formal training and to rely on the assumption that men with suitable skills could be channeled directly into their military occupations by induction centers."<sup>80</sup> Between June 1939 and December 1941, Medical Department enlisted strength grew from less than 10,000 to over 107,000, representing a proportional increase of from 5 percent of the total army strength to 6.4 percent.<sup>81</sup>

#### Army Medical Department During World War II

On 8 September 1939, just one week after Germany invaded Poland, President Roosevelt proclaimed a "limited national emergency." The President's declaration authorized an increase in the strength of the Regular army, from 210,000 to 227,000. By June 1940, as the Nazis began to

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<sup>75</sup>Ibid., 45.

<sup>76</sup>Canaan, et al., 202.

<sup>77</sup>Hume, 40.

<sup>78</sup>Robert J Parks, ed. Medical Training in World War II. Medical Department, United States Army (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1974), 14.

<sup>79</sup>The Surgeon General's Protective Mobilization Plan was issued in December 1939.

<sup>80</sup>Parks, 16.

<sup>81</sup>Ibid., 23.

ring up a series of impressive victories in Europe, this number was increased to 375,000. After the fall of France, in the latter part of 1940, Congress approved a peacetime mobilization and by December 1941, the Army's strength stood at 1,686,403 officers and enlisted men.<sup>82</sup> It quickly became apparent that the Medical Department would have to expand its operations to accommodate the needs of a greatly expanded Army.

The Medical Department was operating seven general hospitals and 119 station hospitals in 1939.<sup>83</sup> When Congress approved the peacetime mobilization in 1940, the Medical Department initiated a major hospital construction program to accommodate the increased number of personnel in the military. Construction of new station and general hospitals was soon underway. Existing military hospitals also received many new expansion facilities to meet the increased demands placed upon them.

Construction planning for new station hospitals was necessarily of a contingent nature because their size, number, and location depended almost entirely upon a constantly changing troop distribution. Nevertheless, between September 1940, and December 1941, the number of station hospital beds increased from 7,391 to 58,736.<sup>84</sup> There was also a significant expansion in the number of general hospitals. In 1940, the Surgeon General recommended the construction of ten new general hospitals with a total capacity of 9,500 beds. Combined with the general hospitals already in operation, this plan would have provided for a total of over 15,000 general hospital beds in the United States.<sup>85</sup> The expansion that took place in 1941 generally followed the Surgeon General's recommendations and saw the establishment of the following general hospitals: Lovell at Fort Devens, Massachusetts; Tilton at Fort Dix, New Jersey; Stark at Charleston, South Carolina; Lawson at Atlanta, Georgia; LaGarde at New Orleans, Louisiana; Billings at Fort Benjamin Harrison, Indiana; O'Reilly at Springfield, Missouri; Hoff at Santa Barbara, California; and Barnes at Vancouver Barracks, Washington.<sup>86</sup>

Hospital building construction initiated just prior to the nation's entry into World War II generally followed a plan favored by Surgeon General John C. Magee. Magee favored two-story semi-permanent buildings constructed of fire-resistant materials, feeling that such a plan would allow for a more compact arrangement of structures than had been possible with the already-existing hospitals. Magee's office collaborated with the Quartermaster General's office to design

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<sup>82</sup>Clarence McKittrick Smith, The Medical Department of the Army: Its History, Activities and Organization (Baltimore: John Hopkins Press, 1927), 7.

<sup>83</sup>The difference between the two types of hospitals was that station hospitals were of a local nature, treating only minor ills and injuries, whereas general hospitals served both general and specialized needs. General hospitals were placed at sites selected by the Surgeon General and approved by the War Department. The seven general hospitals in existence in 1939 were Walter Reed General Hospital at Washington, D.C., Army and Navy General Hospital at Hot Springs Ark., Fitzsimons General Hospital at Denver, Colo., Letterman General Hospital at San Francisco, Calif., William Beaumont General Hospital at El Paso, TX, Tripler General Hospital in the Hawaiian Islands and Sternberg General Hospital in the Philippines (Smith, 3).

<sup>84</sup>Smith, 24.

<sup>85</sup>Ibid., 19.

<sup>86</sup>Ibid.

a hospital plan and by August 1941, the Surgeon General authorized the new construction pattern for all future hospitals.<sup>87</sup> After the attack on Pearl Harbor, however, speed and conservation of materials suddenly became the primary concerns for new military construction. As a result, in late December 1941, the Supply Division of the Chiefs of Staff revoked the authority it had previously granted for the construction of the semi-permanent structures and instead ordered all new hospital construction to be of the wood-frame cantonment type.<sup>88</sup> All station hospitals constructed during the war, except for those that had already entered the advanced planning stage prior to this order, featured temporary cantonment-type buildings. Construction of semi-permanent buildings at general hospitals, however, initially continued in the early war years because the Surgeon General protested against the lowered standards. As a result the Staff permitted semi-permanent construction at general hospitals if it could be shown to cost no more than cantonment-type construction. In April 1942, the Staff again ordered only cantonment-type construction at general hospitals after it had been demonstrated that semi-permanent construction did indeed cost more.<sup>89</sup> By that summer, however, a lumber shortage developed while surpluses of brick and tile had accumulated. As a result, the construction of semi-permanent brick and tile buildings began at some general hospitals.<sup>90</sup>

New hospital construction began to decline by mid-1943 as military training reached its peak. Construction after that time mainly consisted of additions to existing general hospitals intended to enhance their ability to provide specialized medical care. Such buildings included centers for paraplegic, neuropsychiatric, deaf, orthopedic, and plastic surgery patients.<sup>91</sup>

As the war dragged on, overseas demands for both available personnel and material forced the Medical Department to make more efficient use of its resources at home. To ensure its zone of interior hospitals remained sufficiently staffed, the Medical Department made good use of limited service men, civilian employees, Woman Army Corps (WACS) personnel, and prisoners of war (POWs).<sup>92</sup> The Medical Department also moved to conserve its limited personnel and resources later in the war by reducing the size and number of station hospitals, merging some station hospitals with general hospitals, and establishing regional hospitals that served patients regardless of their command or service.<sup>93</sup> The establishment of regional hospitals in April 1944, represented a major change in the hospital system. Regional hospitals were organized to provide general treatment to zone of interior patients. In contrast, general hospitals were to have the most highly specialized staffs to serve the growing number of patients evacuated from all theaters of

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<sup>87</sup>Ibid., 23-24.

<sup>88</sup>Ibid., 68.

<sup>89</sup>Ibid., 68-69.

<sup>90</sup>Ibid., 75. The use of brick and tile pleased Surgeon General Magee as he had always preferred the use of nonflammable construction materials (Smith, 75).

<sup>91</sup>Ibid., 290.

<sup>92</sup>The term "zone of interior" refers to the United States as opposed to "theater of operations" which refers to areas in the world where the U.S. military was actively engaged in military operations.

<sup>93</sup>Smith, 181. During the war, the Army Air Force established hospitals for its own personnel.

operation requiring specialized treatment and care. General hospitals were also to accept zone of interior patients who needed specialized treatment not available at regional hospitals.<sup>94</sup>

Besides providing medical services at home during World War II, the Medical Department was also responsible for providing hospitalization for reinforced garrisons in overseas departments and bases, for reserve troops protecting supply and communication lines, and for task forces engaged in front-line operations against the enemy. The Medical Department mobilized evacuation and surgical hospitals and also developed new types of hospitals to meet the unique requirements of motorized operations and island warfare. Combat zone hospitals became smaller and more mobile to provide more effective medical care to the front-line men. By war's end, the Medical Department was making extensive use of motorized evacuation hospitals, hospitals that could be transported by air, hospital trains, and hospital ships.<sup>95</sup>

World War II presented the Medical Department with many challenges. In addition to greatly expanding its personnel and facilities, the Medical Department had to overcome numerous logistical and administrative problems in order to provide the best medical care to the nation's fighting force. For example, when hospitals experienced a shortage of necessary medical supplies early in the war, the Medical Department responded by overhauling its requisition procedure, implementing a system of direct supply, revising its stock-control system and improving its depot operations.<sup>96</sup> These efforts, and others like them, contributed to the Medical Department's success in providing adequate hospitalization and medical services to an Army of over eight million men.

#### Post-World War II Period

After V-E day, the Army began making plans for the contraction of the hospital system. This involved closing all regional hospitals and drastically reducing the number of both station hospitals and general hospitals. The Surgeon General's Office generally retained hospitals in heavily populated areas in order to facilitate hospitalization of patients close to their homes. Other hospitals that the Surgeon General's Office retained were those designated as specialization centers for long-term cases and any others deemed necessary to provide for the needs of the postwar Army.<sup>97</sup> The Army planned to retain only ten of its sixty-three war-time general hospitals, including the WBGH at Fort Bliss.

When the Korean War broke out in 1950, the Medical Department was sorely lacking in available doctors. Service surgeons and physicians from posts all over the country were sent to the front to man hospital posts. The Medical Department hurriedly established a doctor training school at Fort Sam Houston, Texas. Still understrength, the Army Medical Department quickly began relying on the Army Specialized Training Program to produce doctors out of those forced into service under the so-called "doctors' draft".<sup>98</sup>

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<sup>94</sup>Ibid., 185.

<sup>95</sup>Ibid., 140-148.

<sup>96</sup>Ibid., 138.

<sup>97</sup>Ibid., 303.

<sup>98</sup>"Health and Welfare of Troops in Korea at New High," Newsweek, 11 August 1952, 52-3.

During the Korean War, the Army announced plans to construct seven new permanent-type hospitals nationwide. The sites for these hospitals were Fort Benning, Georgia, Fort Bragg, North Carolina, Fort Knox, Kentucky, Fort Riley, Kansas, Fort Belvoir, Virginia, and Fort Monmouth and Fort Dix, New Jersey.<sup>99</sup> Shortly after the signing of the armistice in Korea, the Medical Department made a concerted effort to modernize its existing hospitals to keep up with advances in medicine. Unfortunately, a budget-conscious Congress did not authorize the necessary funds.

In 1959, General Leonard Dudley Heaton became Surgeon General. Soon after assuming his new post, Heaton began lobbying for a program to replace outmoded Army hospitals and equipment. His main concern was that the lack of funding throughout the 1950s had prevented the Medical Department from keeping pace with innovations in technology and medicine. Heaton's efforts paid off in 1960 when the Army initiated a major hospital construction program. Over the next ten years, the Army would construct sixteen modern Army hospitals. Unlike the hospitals constructed in the years just after World War II, the new Army hospitals would feature a single, modern, permanent building in which all major medical activities of an installation would be provided. These included inpatient and outpatient facilities, dental clinics, supportive services, and troop dispensaries.<sup>100</sup> In addition to the hospital construction program, the Army also initiated the Hospital Equipment Program in 1960. Throughout the 1960s, this program helped provide the Army hospitals with the most modern medical equipment.<sup>101</sup>

The nation's increasing involvement in Viet Nam during the mid-1960s prompted the Medical Department to increase its hospital bed capacity to accommodate returning wounded soldiers. Consequently, by 1967, the Medical Department established hospitals at Fort Knox, Fort Campbell, Fort Benning and Fort Bragg to absorb the additional patient load.<sup>102</sup> By 1970, the Army Medical Department, consisting of over 28,000 civilian doctors, nurses, scientists, technicians, and administrative personnel, was well-equipped to face the future medical needs of the United States Army.<sup>103</sup>

### Hospital Facilities at Fort Bliss

Fort Bliss had two hospitals prior to the construction of WBGH in 1920-21. The Fort Bliss Post Hospital, consisting of Building 8 and Building 9, was completed in 1893. Building 8 served as the main hospital facility while Building 9 served as an isolation ward. This small post hospital was adequate for providing the health needs of Fort Bliss until the second decade of the twentieth century, when the influx of soldiers to the installation during the unstable period of the

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<sup>99</sup>"Seven Army Projects Launch Services' New Hospital Building Program," Architectural Record, October 1952, 12-13.

<sup>100</sup>Rose C. Engelman, ed., A Decade of Progress: The United States Army Medical Department, 1959-1969 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1971), 61-64.

<sup>101</sup>*Ibid.*, 75-82.

<sup>102</sup>*Ibid.*, 88-89.

<sup>103</sup>*Ibid.*, 112.

Mexican Revolution necessitated the construction of a new facility. Fort Bliss's second hospital, comprised mainly of Buildings 1, 4, and 5, became operational in 1916. Building 1 contained the main hospital with a morgue in its basement. Building 4 served as an infirmary, isolation ward, and dental facility. Building 5 was an ambulance garage. The Army designated this hospital as a base hospital that served Fort Bliss soldiers and troops stationed at Mexican border posts from Presidio, Texas, to eastern Arizona. When the new hospital became overcrowded soon after its completion, the Army initiated construction of temporary wards in wood frame buildings adjacent to the hospital.<sup>104</sup> These temporary wards gave the hospital a capacity of 933 beds.<sup>105</sup> The Adjutant General designated the hospital as Departmental Base Hospital No. 2 for all troops of the Army's Southern Department on 16 March 1916, the day after Pershing's Punitive Expedition troops crossed into Mexico.<sup>106</sup> The hospital served as the main medical facility for the Punitive Expedition, treating troops who were wounded or who became seriously ill.

During World War I, the War Department redesignated Fort Bliss's Departmental Base Hospital No. 2 as United States Base Hospital, Fort Bliss, Texas. The hospital treated a variety of cases, including soldiers returning sick from their patrols along the Mexican Border as well as casualties arriving from the Western Front in Europe. Cases of tuberculosis and venereal disease were among the most common ailments.<sup>107</sup>

While the war waged in Europe, the War Department began developing a plan to station an entire division of troops at Fort Bliss. These troops would be poised to respond to any future disturbances along the U.S.-Mexican border. Because an entire division stationed at Fort Bliss would overwhelm the installation's already insufficient medical facilities, the need for new medical facilities at Fort Bliss quickly became apparent.

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<sup>104</sup>In a letter to the Army Chief of Staff dated 3 June 1919, Surgeon General Merritt Ireland described these additional wards as "pavilion type," including single floors, ship lap siding and iron roofs. They were also partially ceiled with paper board and had no water, plumbing, heat or bathing and toilet facilities.

<sup>105</sup>War Department 1923, 623. The Army demolished these temporary buildings when the WBGH was completed in 1921.

<sup>106</sup>*Ibid.*, 622.

<sup>107</sup>Jamieson, 56. Fort Bliss's original hospital buildings (Buildings 1, 4, 5, 8, and 9) currently serve as general purpose administration buildings.

## 2. William Beaumont General Hospital (WBGH)

### Surgeon General Meritte Weber Ireland

Surgeon General Meritte Weber Ireland was a key force in the establishment of WBGH. Reacting to the crowded, unsanitary, and dilapidated conditions that prevailed at Fort Bliss's Base Hospital after World War I, Ireland requested appropriations to fund construction of new hospital facilities at Fort Bliss.<sup>108</sup> His initial request, submitted in late February of 1919, called for hospital facilities with 500 beds. Ireland subsequently reduced this number to 414 beds, the minimum number he felt was required to accommodate the increased numbers of troops at Fort Bliss. When the Construction Division of the Quartermaster Corps failed to approve Ireland's request in May, he sent a memo to the Chief of Staff of the Army describing the deplorable condition of the temporary hospital buildings at Fort Bliss. He also once again strongly argued the need for new hospital facilities at the installation. Ireland further championed the cause on December 19, 1919, when he testified before the United States Senate Committee on Military Affairs. After hearing Ireland's testimony, Congress finally authorized the construction of a new hospital at Fort Bliss using previously appropriated funds.<sup>109</sup>

### Initial Construction

On January 22, 1920, Brigadier General Marshall, Chief of the Construction Division of the Quartermaster Corps, wrote a memorandum to Major General Henry Jervey, Director of Operations in the Office of the Chief of Staff, outlining a plan to build the new hospital at Fort Bliss using \$800,000 appropriated to the Real Estate Service for the fiscal year of 1920. Marshall argued that these funds would not be needed by the Real Estate Service and could be apportioned by the Secretary of War to the Construction Division. He added that remaining funds for the hospital were to be furnished by the Construction Division. General Jervey's thoughts on the matter are revealed by a comment added to the bottom of this memorandum, dated January 28, 1920: "Approval is recommended. The need for a hospital at Fort Bliss is imperative. The hospital should be built from existing funds as indicated in the foregoing communication, as the prospect of securing a further appropriation from Congress is very poor." Benedict Crowell, Assistant Secretary of War, also approved the project. At the bottom of the same memorandum, Crowell wrote a note calling for the expenditure of \$1,100,000 for the construction of a 400-bed hospital at Fort Bliss, Texas.<sup>110</sup>

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<sup>108</sup>The temporary facilities at Fort Bliss's Base Hospital had become seriously dilapidated due to heavy use and rough winter storms.

<sup>109</sup>United States Senate Hearing on Military Affairs. Hearing on Construction of Beaumont Hospital. 19 December 1919, National Archives, Washington, D.C., Record Group 92-26, Box Entry 1888, Box 8662, File 632, Fort Bliss.

<sup>110</sup>War Department, Memorandum from the Chief of the Construction Division, to Henry Jervey, Director of Operations, 22 January 1920, National Archives, Washington D.C., Record Group 92-26, Box Entry 1888, Box 8662, File 632, Fort Bliss.

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The Army advertised bids for the hospital project in early 1920 but received only two responses. The low bid was in the amount of \$1,198,000. Consequently, the Construction Division appropriated an additional \$100,000 for the project in order to complete the hospital without a reduction in the number of planned buildings.<sup>111</sup> The Army awarded the contract for construction of the new hospital at Fort Bliss to the Sumner-Sollitt Company of Chicago, Illinois, on June 18, 1920. This contract called for the construction of 48 buildings with connecting corridors including plumbing, kitchen equipment, disinfectors, refrigerating chambers, central steam heating, interior and exterior electrical work, water supply, sewage and storm drainage, roads and an automatic alarm system.<sup>112</sup>

The Army considered two sites in the El Paso area for the location of the WBGH. After rejecting the first site because it was too close to the Fort Bliss Remount Station, the Army selected a site northwest of the main cantonment of Fort Bliss on the eastern slope of Mount Franklin. Colonel W.E. Cooper of the Medical Corps praised the selection, pointing out that the new site was “on higher ground, lends itself better to hospital purpose, eliminates the...objectionable features [of the first hospital site], and is also on [the] Government Reservation.”<sup>113</sup>

General Orders No. 40 of the War Department, dated June 26, 1920, officially named the new hospital the William Beaumont General Hospital (WBGH) after Major William Beaumont, surgeon, United States Army. Born in 1785, Beaumont joined the army as a “surgeon’s mate” during the war with England in 1812. At war’s end, he resigned his position and went into private medical practice. He subsequently applied for reinstatement in the Army in 1819. During service as a medical officer of the Army, Dr. Beaumont conducted epoch-making investigations of the physiology of digestion. As a result, he became the leading physiologist of the country and the first American to make an important and enduring contribution to that science. Dr. William Beaumont died on April 25, 1853.<sup>114</sup>

Construction of WBGH began on June 28, 1920. The hospital’s original buildings were of hollow tile and stucco construction and included twenty wards, an administration and receiving building, five officers’ quarters, three sets of nurses’ quarters, three Medical Detachment barracks, a laboratory and mortuary, a hospital exchange, two mess halls, a boiler house, two 400,000-gallon water storage tanks, and several storehouses, guardhouses, garages and miscellaneous buildings. Captain Daniel Kearns, the Constructing Quartermaster at Fort Bliss in 1920, reported that weather conditions were exceptionally good throughout the period of original

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<sup>111</sup>War Department. Memorandum from the Chief of the Construction Division, to Henry Jervey, Director of Operations. 15 June 1920. National Archives, Washington D.C., Record Group 92-26. Box Entry 1888, Box 8662, File 632. Fort Bliss.

<sup>112</sup>Daniel Kearns. Completion Report. William Beaumont General Hospital, 1920-21. National Archives. Washington, D.C., Record Group 92-24, Construction Division, Completion Reports. 1917-1919, Box 90.

<sup>113</sup>Jamieson. 81.

<sup>114</sup>See Appendix A for additional information about the life of Dr. William Beaumont.

construction, allowing the work to proceed without interruption.<sup>115</sup> Kearns also reported in his completion report that the “new hospital is equipped with all modern conveniences and is considered by the Medical authorities to be one of the most up to date hospitals in the country.”<sup>116</sup>

The original twenty wards at WBGH, providing a bed capacity of about 414, were two-storied and connected with open air and glassed corridors. Each ward also included a veranda. The five sets of officers’ housing, located along present-day Hayes Avenue and Fred Wilson Road, were neatly arranged bungalows. Behind the officers’ quarters were three two-story buildings with double porches that served as the nurses’ quarters. Enlisted men’s (Medical Detachment) barracks, described as being “of the very latest type” by the El Paso Times, had individual wall lockers and screened porches on which men could sleep in the warm summer months. Separate mess halls for patients and Medical Detachment personnel were equipped with the most modern cooking appliances available. The post exchange included a soda fountain and a barber shop. The boiler house provided hot water and steam to all the quarters and wards. Lastly, a Red Cross building that was constructed using a separate \$20,000 appropriation from the American Red Cross in Washington, D.C., served as a clubhouse for patients and enlisted men at the hospital.<sup>117</sup>

The layout of WBGH generally reflected traditional military design. Pre-World War I Army posts centered upon the parade field, around which the officers’ quarters and various important administrative facilities were positioned. The lower ranking soldiers’ quarters were usually on the fringes of the posts along with the facilities dedicated to the more menial tasks of administration. This distribution and separation of the buildings reflected the hierarchy existing among the ranks.<sup>118</sup> The layout of military hospitals, developed in the early twentieth century by the Construction Division and the Medical Department, reflected these same attributes. Instead of the parade ground, the central hub around which the layouts were organized consisted of a headquarters building, a receiving building, the surgical buildings and the wards. The block of Medical Detachment buildings were separated from the officers’ and nurses’ quarters, and from the administrative buildings. The Medical Detachment, however, was usually within easy walking distance from the hospital ward and the medical support buildings. At Fort Bliss, the layout of WBGH and the location of the Medical Detachment buildings generally followed these established guidelines.

WBGH officially opened on July 1, 1921, although the facility was not fully completed until the following year. The staff consisted of six officers, two nurses, and thirty enlisted men. The hospital, under the direct supervision of the Surgeon General, was considered a separate

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<sup>115</sup>Daniel Kearns, Completion Report of Base Hospital. Fort Bliss, Texas, 1920-21. Office of Constructing Quartermaster, Fort Bliss, Texas, n.d.

<sup>116</sup>Ibid. pg. No?

<sup>117</sup>“Section of William Beaumont General Hospital at Fort Bliss Recently Completed at a Cost of Approximately Two Million,” El Paso Times, 29 June 1921, 5.

<sup>118</sup>David William Rhyne, Army Posts in American Culture: A Historical Geography of Army Posts in the United States. M.A. Thesis. Department of Geography, Pennsylvania State University, 1979, 203.

command and flew its own post flag. Surgeon General Ireland was at Fort Bliss to inspect the new hospital at its official opening ceremony. Although there were delays in the shipment and installation of some of the equipment, Ireland assured local reporters that it would be supplied shortly. The hospital, said Ireland, "is one of the best...in the country from a physical standpoint, and it will be from the standpoint of convenience."<sup>119</sup> Colonel Rodger Brooks, Executive Officer for all Army hospital construction in the country also praised WBGH while on a tour of inspection of the facility, pronouncing the hospital to be the "best work of its kind he had ever seen."<sup>120</sup>

### Early History of William Beaumont

The story of WBGH during the 1920s was one of gradual expansion to meet the growing needs of troops stationed along the Mexican Border as well as the longer-term needs of World War I convalescents undergoing treatment and rehabilitation at the hospital. When Major General Ireland visited the hospital on June 18, 1923, he announced the planned construction of new wards and laboratories. This is believed to be the hospital's first major expansion.<sup>121</sup> These additions were added to the main hospital grounds over the next several years. Also constructed at the hospital in the 1920s were a swimming pool, a gymnasium, a bandstand, and ten sets of officers' quarters along present-day Fred Wilson Road and McPharlin Street.

Owing largely to the efforts of one man, WBGH soon began receiving praise for its beautiful landscaping. El Paso newspapers frequently commented on the lush and colorful surroundings at the hospital. The landscaping was the work of W. H. Reeves, an English gardener employed by the hospital in 1922. Mr. Reeves learned gardening in Bournemouth, near London, and planted almost every tree and shrub on the hospital property. Mr. Reeves' preferred use of unusual plants prompted local newspapers to refer to the hospital as El Paso's largest garden. The approximately 120 acres of hospital area landscaped by Mr. Reeves included a greenhouse and fish pond adjacent to the enlisted men's barracks, gardens that supplied fresh flowers daily to the wards, a stone-paved arroyo that carried flood waters from the mountains through the area, and an impressive cactus garden across the street from the enlisted men's barracks. The cactus garden included over 1,000 species of general plants and cacti.<sup>122</sup> Although most of the cactus garden plants and the flower gardens around the buildings have disappeared, the hospital grounds still retain evidence of past landscaping efforts. Large trees, hedges and green lawn-covered open spaces still remain. In addition, paved footpaths and rock and concrete footbridges still run from the Medical Detachment buildings through the site of the old cactus garden toward the bandstand.

WBGH celebrated its tenth anniversary in July 1931. Beside serving as a station hospital for Fort Bliss, the facility also served the entire western portion of the Eighth Corps area of the

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<sup>119</sup>El Paso Herald, 18 July 1921.

<sup>120</sup>Ibid.

<sup>121</sup>William Beaumont General Hospital Groundbreaking Ceremonies. Brochure (El Paso: Fort Bliss, 1969).

<sup>122</sup>"Bay Tree. English Violets Flourish at Army Hospital." El Paso Herald Post, 18 March 1937; "Alien in El Paso Plant World." El Paso Herald Post, 25 March 1937.

U.S. Army, providing health care to soldiers stationed at posts in Arizona, New Mexico, and western Texas. The patient count at the hospital that year averaged about 350, most of these being either war veterans or enlisted men from Fort Bliss. About a hundred of these patients were receiving treatment for tuberculosis in two special wards despite the fact that the hospital was not intended to serve as a tuberculosis institution. The staff at the hospital had grown to eighteen medical officers, two dental officers, three medical administrative corps officers, forty-two Army nurses, and eighty-five civilian employees.<sup>123</sup> Throughout the remainder of the 1930s, the hospital experienced a steady rise in patient count. This was partially due to the creation of President Roosevelt's Depression-era Civilian Conservation Corps (CCC) work relief program. When the First Cavalry Division at Fort Bliss assumed administration of the Arizona-New Mexico District of the Civilian Conservation Corps (CCC) in the mid-1930s, WBGH became the main care center for the CCC district. The hospital treated several thousand CCC workers in the mid and late 1930s.<sup>124</sup>

#### William Beaumont General Hospital During World War II

Reflecting a nationwide trend in Medical Department facilities, WBGH experienced a major expansion, in terms of both personnel and buildings, just prior to and during the nation's involvement in World War II. The passage of the Selective Service Act in 1940 provided the first impetus for this growth. The resulting influx of men to Fort Bliss meant more patients at WBGH. This development created a need for a larger hospital staff, more wards, and more service buildings. Further expansion became necessary during the war as battle casualties began arriving at the hospital in increasing numbers. By war's end, WBGH had expanded to 174 buildings with a bed capacity of over 4,600 and a staff of over 800 military and civilian personnel.<sup>125</sup>

The expansion of WBGH began in the fall of 1940 when the Army awarded a \$75,000 construction contract to H.T. Ponsford & Sons for five new wooden, two-story Medical Detachment barracks.<sup>126</sup> The addition of these barracks enabled the original Medical Detachment barracks (Buildings 7157, 7158, and 7159) to be converted into hospital wards. Contractors installed partitions in the interior of these buildings and modernized the toilet facilities. No changes were made to the exterior of the buildings.

In November 1940, the Quartermaster Department announced that J.E. Morgan and Sons had been awarded a \$225,000 contract to construct a new addition to WBGH. The buildings would be for a newly established medical technicians school.<sup>127</sup> The establishment of this school was part of a larger plan outlined in the Surgeon General's Protective Mobilization Plan published

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<sup>123</sup> "Beaumont Hospital Here is Paradise in Desert for Nation's Fighters." El Paso Times, 12 July 1931.

<sup>124</sup> War Department. Annual Report. Report of the Surgeon General, 1938 (Washington, D.C.: Government Printing Office, 1938).

<sup>125</sup> "Army Institution Expands Capacity to 977 Beds," El Paso Herald Post, 17 November 1941, A-2; "Institution Shows Rapid Improvement," El Paso Times, 1 July 1945.

<sup>126</sup> "Base Hospital Gets \$75,000 in Buildings," El Paso Times, 19 October 1940.

<sup>127</sup> "Build \$225,000 Addition to Beaumont Hospital," El Paso Herald Post, 7 November 1940.

in December 1939. In that plan, the Surgeon General directed WBGH and three other general hospitals to establish schools to train enlisted medical technicians in the first thirty days of a mobilization. Each hospital was to be prepared to begin large-scale training programs for medical, surgical, dental, laboratory, X-ray, pharmacy, and veterinary technicians. All courses were to be three months in duration with new classes beginning each month. Plans for the establishment of the technicians schools went into effect in late 1940 after Congress passed the Selective Service Act.<sup>128</sup> New construction at WBGH for the technicians school included two forty-man officer's quarters, an officer's mess and kitchen, an enlisted men's mess and kitchen, four classrooms, a headquarters building, thirteen 63-man barracks, a storeroom, and three recreation buildings.<sup>129</sup> All of these buildings were wood-frame cantonment-type structures.<sup>130</sup> The medical technicians school at WBGH opened in April 1941, and operated until December 1945. During that time, the school trained approximately 16,000 students with a maximum of 800 students in each class.<sup>131</sup> Trained medical technicians were in high demand throughout the war. Therefore, when a shortage of available men developed, the Medical Department began accepting Women Army Corps (WAC) recruits into its technician schools in 1944. The first WACs arrived at WBGH in December 1944, and by June 1945, a total of 1,028 WACs had been trained at the school.<sup>132</sup> Generally, male technicians graduating from the school were sent to duty stations in the Pacific and European theaters of operation while female graduate technicians served in military hospitals in the United States.

By early 1942, WBGH was providing medical service to men at Fort Bliss, Biggs Field, Fort Huachuca, Fort Russell, Luke Field, Tucson Air Base, Camp Barkely, and Albuquerque Air Base. To enable the hospital to keep up with the increasing demand for quality medical care, the War Department announced a \$1.25 million expansion program for WBGH in February 1942. The local firm of Trost and Trost, responsible for the design of numerous nationally renown buildings in El Paso and the Southwest, served as the architects and engineers for the project.<sup>133</sup> This construction program added five standard hospital wards, a barracks building, an infirmary, a

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<sup>128</sup>Robert J. Parks, ed., Medical Training in World War II. Medical Department, United States Army (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1974), 213-214.

<sup>129</sup>El Paso Herald Post, 17 November 1941, A-2.

<sup>130</sup>The buildings for the medical technicians school were encompassed by Walter Reed Circle on the east end of the hospital annex. Most have since been torn down.

<sup>131</sup>"WBAH Plays Big Role in EP Life," El Paso Times, 5 April 1953.

<sup>132</sup>Parks, 241. The Army constructed four barracks, Buildings 7041, 7042, 7046 and 7047, at WBGH for WAC personnel in 1945. These buildings were one-story cinder brick and stuccoed structures. The Army converted Building 7042 into nurses' quarters in 1947 by installing partitions. Building 7041 has been torn down.

<sup>133</sup>See Henry C. Trost: Architect of the Southwest by Lloyd C. and June-Marie F. Engelbrecht, El Paso Library Association, El Paso, Tx, 1981.

recreation building, and nurses quarters to the hospital annex.<sup>134</sup> Brick or tile construction made these structures semi-fireproof.<sup>135</sup> Other construction initiated at the hospital during World War II included additional hospital wards and nurses quarters, a three-story neuropsychiatric building, a post headquarters building, a fire station, several recreation buildings, a theater, a chapel, and numerous storehouses and repair shops.<sup>136</sup> Some of these buildings were the wood-frame cantonment-type while others were semi-permanent structures constructed of stucco-covered brick or tile. The Army contracted most of this work to local firms in El Paso.

As new general hospitals began opening in increasing numbers in 1943, a limited supply of specialists prevented some of the new hospitals from conducting all types of the varying surgical and medical procedures. At the same time, the United States armed forces were preparing to make the transition from defensive to offensive military operations. The Surgeon General and the War Department expected that this transition would increase the number of combat casualties needing complicated surgery. Therefore, the Surgeon General initiated a formal program of specialization in its general hospitals to make efficient use of the Medical Department's limited resources. In mid-1943, nineteen general hospitals became specialty centers for chest surgery, maxillofacial and plastic surgery, ophthalmic surgery, neurosurgery, and the performance of amputations.<sup>137</sup> By December, the Surgeon General had designated WBGH as a specialty center for plastic surgery, ophthalmic surgery, neuropsychiatry, and deep radiation therapy. In addition to these specialties, the hospital also provided a fully-equipped physical therapy and occupation center and a plastic eye clinic, and was also the histopathological diagnostic center for the surrounding area.<sup>138</sup>

By mid-1944, battle casualties from the European and Pacific theaters began arriving at WBGH. Consequently, the hospital's patient census rose from approximately 800 in 1944 to nearly 6,000 the following year.<sup>139</sup> The hospital was able to meet the increased demand for beds as a result of a decision made by the War Department in July 1944 to merge the Fort Bliss Station Hospital with the WBGH. The Fort Bliss Station Hospital was built at Fort Bliss's main cantonment in 1941 in response to the World War II mobilization of troops. The Station Hospital, under the administration of the Fort Bliss post commander and separate from WBGH, served local and ordinary medical care needs, receiving and treating patients with only minor ills and injuries. The Station Hospital, along with an annex at nearby Biggs Army Airfield, contained

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<sup>134</sup>The mere fact that these buildings are associated with the Trost and Trost firm is not a consideration in determining their eligibility for the National Register of Historic Places because Trost and Trost used, and did not deviate from, standardized Army plans in the buildings' construction.

<sup>135</sup>"EP Architects Get Contract on Hospital Job," El Paso Times, 24 February 1942, 5.

<sup>136</sup>"Bliss Contracts Since May 8 Total \$2,187,078," El Paso Herald Post, 1 July 1941, 3; El Paso Herald Post, 17 November 1941, A-3.

<sup>137</sup>Smith, 117.

<sup>138</sup>"Beaumont to Observe Anniversary," El Paso Times, 27 June 1944, 5. William Beaumont's plastic eye clinic earned distinction by developing a new and improved artificial eye that became widely used in military and civilian treatment patient care (El Paso Times, 1 July 1945).

<sup>139</sup>"Colonel Outlines Growth of Hospital," El Paso Herald Post, 2 July 1946.

nearly 1,500 beds. The merger of the two hospitals, a move in line with the Medical Department's nationwide effort to consolidate its resources, resulted in savings of manpower and material and eliminated duplication of some utilities and responsibilities.<sup>140</sup> It also made WBGH one of the Army's largest hospitals.

During the last year of the war, WBGH treated a total of 26,358 patients. At one point, the patient population reached a high of 5,591.<sup>141</sup> When World War II finally came to an end, the patient count at WBGH gradually declined as the hospital returned to peacetime operation. By January 1946, the number of patients stood at about 700. Around that time, the Army announced that WBGH would be one of only ten general hospitals, out of the sixty-three then in existence, to remain open to serve the post-war Army. The fifty-three other general hospitals closed after the Medical Department transferred their remaining patients to Veterans Administration and other hospitals. Although operating at a diminished capacity for the next several years, WBGH continued serving patients requiring specialized and prolonged treatment.<sup>142</sup>

#### Korea and Beyond

When hostilities broke out in Korea in 1950, WBGH had a bed capacity of around 850.<sup>143</sup> In anticipation of returning casualties the Medical Department increased this capacity to over 1,000 beds. By mid-1953, nearly all of these beds were filled with battle casualties from Korea.<sup>144</sup> When the fighting in Korea ceased, WBGH again reduced the scale of its operations.

After the Korean War, it became increasingly apparent that WBGH needed new modern facilities if the hospital was to continue providing high quality medical care. As early as 1951, the hospital's planning board began recommending the construction of a modern hospital building where most or all of WBGH's therapeutical activities would be concentrated. The board felt that such an integration would be more efficient, would allow for savings in personnel and funds, and most importantly, would provide modern facilities necessary to keep the hospital up to date with the latest medical advances.<sup>145</sup> Lack of available funds, however, prevented such a project from moving forward. The nation's involvement in Korea stretched a military budget that had already been drastically reduced following World War II. Although the Army Medical Department made a concerted effort to obtain funds for new hospital construction after the Korean armistice was signed in 1953, sufficient funds were simply not available. Failing in its attempt to obtain appropriations for expensive new hospitals, the Army Medical Department changed strategies and

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<sup>140</sup>El Paso Times, 27 June 1944, 5.

<sup>141</sup>El Paso Herald Post, 2 July 1946.

<sup>142</sup>"Beaumont Hospital 25 Years Old." El Paso Times, 23 June 1946.

<sup>143</sup>WBGH was redesignated as William Beaumont Army Hospital at Fort Bliss on January 1, 1949. The hospital retained this designation until February 24, 1959 when it was again redesignated as William Beaumont General Hospital.

<sup>144</sup>El Paso Times, 5 April 1953; "1000 Beds Available for Patients," El Paso Times, 11 October 1953.

<sup>145</sup>Master Plan and Construction Program, William Beaumont Army Hospital, El Paso, Texas, 1 January 1951, 16.

began requesting smaller appropriations from Congress for specific improvements to its existing hospitals. These efforts met with considerably more success.

WBGH benefited from several new improvement projects beginning in the mid-1950s. A newly completed obstetrical suite opened at the hospital in April 1955. That same month, the Army Medical Department asked Congress to authorize the expenditure of \$568,000 for a new surgical suite at WBGH.<sup>146</sup> Completed over the next several years, the new suite included six operating rooms, X-ray therapy facilities, a sixteen-bed recovery ward and supply rooms. In March of 1956, the Army dedicated new \$250,000 enlisted men's barracks at the hospital. All of these additions were part of a master plan for WBGH that the Army Medical Department hoped would eventually include the construction of a new, modern hospital.<sup>147</sup>

By September 1957, WBGH had a work force consisting of 745 military and 530 civilian personnel with a payroll of \$4 million annually.<sup>148</sup> Every medical and surgical specialty was represented among the hospital staff. Besides being active in fields such as physical medicine, radiology, neurology, and physical therapy, WBGH provided outstanding general medicine and surgical services to veterans and personnel at Fort Bliss and other regional military installations.<sup>149</sup> WBGH also maintained close ties with the community of El Paso as demonstrated by its frequent interaction with the El Paso Medical Society and the El Paso District Dental Society. In 1955, WBGH worked with the University of Texas at El Paso and Bell Telephone Laboratories in the development of the vectocardiograph, an electronic instrument used to diagnose heart problems.<sup>150</sup> WBGH made another contribution to the field of medicine by playing a major role in the Army Medical Department's teaching program. Fully accredited by the Joint Commission on Accreditation, the hospital conducted training for medical and dental interns and residents on a continuous basis. Aspiring physicians and dentists came to WBGH from all over the country to participate in these programs.<sup>151</sup>

#### William Beaumont Army Medical Center

As WBGH entered the 1960s, many of the wood-frame cantonment-type buildings at the hospital had fallen into a state of disrepair, prompting the Army to demolish them. At the national level, funds were finally becoming available for new Army hospital construction. Consequently, the next ten years saw unprecedented progress toward a new generation of Army hospitals. The Army dedicated the new 500-bed Walson Army Hospital at Fort Dix, New Jersey, in March 1960.

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<sup>146</sup>The Beaumont News. William Beaumont Army Hospital, Fort Bliss, TX, April 1955.

<sup>147</sup>During his address to military and civilian personnel at the dedication of the barracks, Colonel Abner Zehm, Commanding Officer of WBGH, said the dedication was important because it "denotes the start of a new permanent construction in accordance with our master plan, which will eventually include a new hospital" (The Beaumont News. William Beaumont Army Hospital, Fort Bliss, TX, March 1956).

<sup>148</sup>The Beaumont News. William Beaumont Army Hospital, Fort Bliss, TX, September 1957.

<sup>149</sup>El Paso Times. 11 October 1953.

<sup>150</sup>William Beaumont General Hospital Groundbreaking Ceremonies.

<sup>151</sup>Ibid.

Seven new Army hospitals were completed at various locations nationwide in 1962 and 1963. It appeared Fort Bliss's turn for a new hospital had come in July 1964, when Surgeon General Leonard Heaton announced that WBGH would be replaced in 1967 by a new multi-storied hospital at an approximate cost of \$15 million.<sup>152</sup> Initial plans called for a twelve-story facility capable of accommodating 550 patient beds (later changed to 611 beds) plus facilities for clinics and training programs.<sup>153</sup> Due to funding problems, construction of the new hospital did not get underway until 1969.

The new WBGH opened its doors in 1972. On April 1 of the following year, the new facility was redesignated as the William Beaumont Army Medical Center (WBAMC). Located directly to the west of the original hospital, the WBAMC now provides virtually every medical and surgical specialty and sub-specialty to active and retired military personnel in Texas, New Mexico, and Arizona. The Medical Center is a tenant of Fort Bliss and is subordinate to Health Services Command headquartered at Fort Sam Houston, Texas. Many of the buildings in the original WBGH area have either been demolished, vacated, or reused as support facilities and storage for the new hospital complex. The only remaining intact ward in the former hospital area is the neuropsychiatric building. The housing for non-commissioned officers along Fred Wilson Road is vacant at present. However, the officers' family quarters along Hayes Avenue and McPharlin Street house personnel from the William Beaumont Army Medical Center. The remaining buildings in the WBGH area stand as a tribute to the hospital whose skilled personnel so ably provided nearly a half century of medical service to tens of thousands of this nation's soldiers and their dependents.

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<sup>152</sup>The Beaumont News. William Beaumont Army Hospital, Fort Bliss, TX, July 1964.

<sup>153</sup>"New \$15 Million Beaumont Hospital Scheduled in 1967 Placed on List for Building, Foreman Says." El Paso Times, 20 February 1964, 1-A.

FORT BLISS, WILLIAM BEAUMONT GENERAL HOSPITAL  
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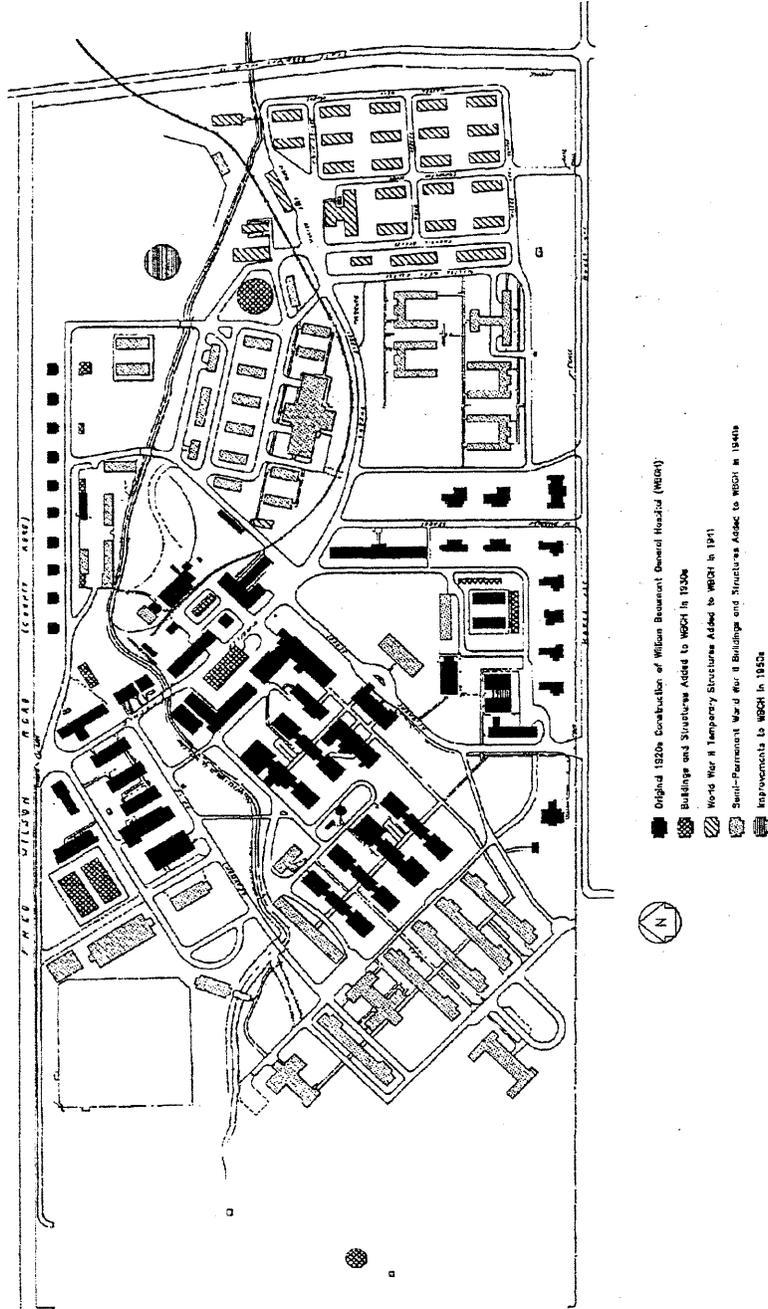


Figure 2: Map Showing the Physical Evolution of William Beaumont General Hospital from 1920 to 1945

C. Landscape:

The Construction Service of the U.S. Army Quartermaster Corps was responsible for the construction of the initial grouping of buildings, facilities, water supply system, sewage and storm drainage and concrete roads and sidewalks that collectively comprised William Beaumont General Hospital (WBGH). The site chosen for the new hospital was situated in the foothills of the Franklin Mountains, northwest of the main cantonment of Fort Bliss. Although the original 120 acres of the reservation was uniformly sloped from a high-point elevation of 4,045 feet to a low-point reading of 3,990 feet, this first phase of construction, in 1920-1921, was limited to an area described as "almost level table-land." Consequently, very little leveling or grading had to be done during this construction. The sub-soil was composed primarily of a rock-like material known as "caliche," which "extends to a depth of fifty feet or more and makes an excellent foundation, but is extremely hard to dig."<sup>154</sup>

The Completion Report of William Beaumont General Hospital, 1920-1921, documenting the construction of hospital buildings, stated that work related to "parking, plantation and beautifying the grounds" had commenced under a separate contract dated June 30, 1921. According to the report, the "whole grounds" of WBGH were to be planted with grass, trees, flowers and shrubbery. The first areas to be planted were the front sides of the hospital, nurse's quarters and officer's quarters. An additional early goal was to plant large shade trees along the upper side of the site to create a wind break.<sup>155</sup>

The Completion Report for buildings did not list any problems related to the presence of caliche as an impediment to the work. However, landscape improvement projects encountered a range of difficulties from the outset. It was immediately apparent that the composition of the soil and sub-soil was inappropriate for planting purposes. In many cases the soil was nonexistent, having been blown away by wind until the caliche was exposed. Where soil remained, it was sandy and infertile. In addition, the area surrounding the level building site was described as possessing a uniform slope. To alleviate these problems, the caliche in certain areas would have to be blasted away, and a good deal of fertile soil and manure needed to be hauled in to the site and then graded and leveled. Finally, trees, shrubs, flowers and grass had to be planted to replace the scattered mesquite, greasewood and cacti that pervaded the site.<sup>156</sup> There were a number of

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<sup>154</sup>Daniel Kearns, Captain, Quartermaster Corps, Constructing Quartermaster. Completion Report of William Beaumont General Hospital, 1920-21, National Archives, Washington, D.C., Record Group 92, Construction Service, Completion Reports, 1917-1919, Box 90, 5; Office of the Constructing Quartermaster, Fort Bliss, Texas. Completion Report of Improvement of Grounds and Installation of Lawn Sprinkler System, at William Beaumont General Hospital, Dec. 18, 1922, National Archives, Record Group 77, Office of the Chief of Engineers, Entry 391, Box 27, Book 1, 1.

<sup>155</sup>Ibid.

<sup>156</sup>Completion Report of Improvement of Grounds, 1-2; Memo, M.W. Ireland, Surgeon General, U.S. Army, to Acting Chief of Staff, WBGH, National Archives, Office of the Quartermaster General, General Correspondence, Record Group 92, Box 125, Entry 1891, Folder 618.32, June 9, 1922..

memos distributed in 1922 concerning the practicality of such extensive work, but in general it was agreed that this site, termed a "rocky waste" by the Surgeon General, should be converted into a more hospitable environment.<sup>157</sup>

The Completion Report of Improvement of Grounds and Installation of Lawn Sprinkler System at WBGH, dated December 18, 1922, states that work consisting of "excavating for grassed area(s), flower beds and trees, placing soil for lawns, flower beds, and for planting trees, shrubs, flowers and grass and the installation of a water sprinkling system for the grounds around buildings at WBGH" was performed by two landscaping companies, Anderson Construction Co. and Goodfellow and Meyer, both of El Paso. The report goes on to state that the "entire area to be improved" was divided into a number of "zones," and separate contracts were prepared for work in each zone.<sup>158</sup> It is never revealed exactly what was meant by "the entire area to be improved," but it appears that the initial landscape improvements were restricted to areas nearest the buildings, as recommended in the completion report for buildings and facilities.

Specifically, these improvements included the installation of concrete streets and walks, and a great deal of land modification.<sup>159</sup> The caliche was blasted away as suggested and fertile soil, taken from the main cantonment at Fort Bliss, was hauled in as replacement fill. The construction crews graded and leveled the soil and installed a sprinkler system. Next, the laborers applied Bermuda grass seed over the site, and a variety of trees, shrubs, and flowers were planted. These included: Arizona ash; Arizona cypress; Black locust; Mountain cottonwood; Mulberries; Oleanders; California privet; Pine trees; Silver euonymus; Japanese privet; Chinese arborvitae; Flowering pomegranate; Viburnum nitada; Compact arborvitae; Pampas grass; Spirea Van Houtte; Petunias; Zinnias; Verbenas; Holly hocks; Snap dragons; Lark spur; Coral berry; and Purple fountain grass.<sup>160</sup> All work documented in the landscape Completion Report was finished by May 18, 1922.

Much of the selection and planting of the vegetation can be attributed to William H. Reeves, who became the gardener at WBGH in 1922.<sup>161</sup> Although not mentioned specifically by name, the landscape completion report does list a "landscape gardener" as having been employed with the contractors and laborers. The local Constructing Quartermaster oversaw the entire operation, and a Superintendent of Construction was specifically in charge of the landscape construction projects, but it was Mr. Reeves' expertise as a horticulturalist that made him the logical choice to take charge of the placement and planting of vegetation. Schooled in landscape gardening in Bournemorth, England, near London, Reeves had to readjust his knowledge of plants to incorporate the vastly different plant palette of the arid southwest. He came to appreciate many of the local varieties and amassed a large and unusual collection of introduced species that

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<sup>157</sup>Memo. M.W. Ireland, Surgeon General, to Chief of Staff, WBGH, June 9, 1922. National Archives, Office of the Quartermaster General. General Correspondence, Record Group 92, Entry 1891, Box 125, Folder 618.32.

<sup>158</sup>Completion Report of Improvement of Grounds, 1-2.

<sup>159</sup>"Section of William Beaumont General Hospital Recently Completed at a Cost of Approximately Two Million," El Paso Times, 29 June 1921.

<sup>160</sup>Completion Report of Improvement of Grounds, 1.

<sup>161</sup>"WBAH Plays Big Role in EP Life," El Paso Times, 5 April, 1953.

had previously been unknown in the El Paso region. A large greenhouse was constructed in 1924 so that Reeves could oversee a diverse selection of cuttings, transplants, and plants from seed. This operation had expanded to such an extent that by 1929 an addition to the original greenhouse was constructed.<sup>162</sup>

After this first phase of landscape improvements was completed, additional funds were appropriated in 1922 to perform similar work throughout the rest of the reservation.<sup>163</sup> A memo from the Surgeon General, dated June 9, 1922, describes the areas not already improved as "almost wholly of rock and...destitute of foliage." The letter goes on to state that "the object of (additional improvements) is to blast away this caliche at certain points where trees may be planted and to haul in dirt and raise the ground elevation about six or eight inches above the present elevation." The letter concludes by stating that the proposed work "is merely sufficient to make a small start in the desired direction, but it will serve to blast ground for a good many trees and to put in a few lawns in the vicinity of important buildings" and will "provide foliage on what is now a rocky waste."<sup>164</sup> In other words, the Surgeon General hoped to duplicate the first phase of work, restricted to the facades of the officers' and nurses' quarters and to the hospital, throughout the "whole grounds" of WBGH.<sup>165</sup>

During the hospital's first major building expansion, begun in 1923, several landscape structures were built to augment the experience of both the patients and hospital personnel. These included a swimming pool, a gymnasium and a bandstand. At this time, the hospital was very overcrowded, and "patients sat on the porches or the ground, waiting to see their doctors, and the hospital band would provide musical entertainment."<sup>166</sup> Completion reports from 1929 detail additional landscape improvements, including the addition to the greenhouse as mentioned previously, a concrete sidewalk to serve the ten NCO quarters along Fred Wilson Road, an addition to the existing sprinkler system, and the construction of a stone and cement mortar wall with two wrought iron gates along the south side of the reservation.<sup>167</sup>

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<sup>162</sup>Completion Report, Addition to Green House (Building # 105), William Beaumont General Hospital, El Paso, Texas, April 23, 1929, 25. National Archives, Office of the Chief of Engineers, Record Group 77, Entry 391, Box 28, Volume 2; "Bay Tree, English Violets Flourish at Army Hospital," El Paso Herald Post, 18 March 1937.

<sup>163</sup>Memo, H.L. Rogers, Quartermaster general, to Assistant Chief of Staff, WBGH, June 6, 1922. National Archives, Office of the Quartermaster General, General Correspondence, Record Group 92, Box 125, Entry 1891, Folder 618.32.

<sup>164</sup>Memo, M.W. Ireland, Surgeon General, U.S. Army, to Acting Chief of Staff, WBGH, June 9, 1922. National Archives, Office of the Quartermaster General, General Correspondence, Record Group 92, Box 125, Entry 1891, Folder 618.32.

<sup>165</sup>Kearns, 4.

<sup>166</sup>William Beaumont General Hospital Groundbreaking Ceremonies, Brochure (El Paso: Fort Bliss, 1969).

<sup>167</sup>Completion Reports, 23 and 30 April, 18 July, and 15 December, 1929. National Archives, Office of the Chief of Engineers, Construction Completion Reports, Record Group 77, Box 28, Entry 391, Vol. 2.

By 1931 local newspapers were exalting the landscape at WBGH as a "paradise in the desert," one that was composed of "beautiful trees, luxuriant shrubs, and vari-colored blossom-producing plants that take the burn out of healing sunshine and make the sick well."<sup>168</sup> From the outset, the layout and design of the buildings occurred with the intention of boosting patient comfort and morale. To incorporate the healthful benefits of the southwest climate, Sumner-Sollitt Company of Chicago, Illinois, the firm in charge of building design and construction, maximized the indoor/outdoor relationship through the inclusion of open air and glassed corridors, screened porches and verandas. The addition of a wide variety of plants in a park-like setting only served to heighten the experience.

The initial layout of WBGH, unlike traditional cantonment design, did not have a parade field as its central feature; instead, the "central hub" of this reservation was a functional grouping of the headquarters, administrative facilities and surrounding wards. By the 1930s, as William Reeves' influence increased, the central feature of WBGH shifted from a purely functional aspect to a more traditional landscape setting. The area northwest of the headquarters, adjacent to the original enlisted men's barracks and gymnasium (currently Buildings #7155-7159), was converted into an area so visually impressive it was known as "El Paso's biggest garden." Reeves was instrumental in the development of a one-acre cactus garden, a large fish pond and a rock garden, all situated along a stone- and mortar-lined arroyo southeast of the barracks. Although the entire grounds of the hospital were renowned for their beauty by the 1930s, it was this central area that received the most attention.<sup>169</sup>

Efforts to improve and maintain the WBGH landscape continued through the 1930s. Funded through various work relief programs, civilian construction crews added additional wrought iron gates to the stone fence in front of the officer's quarters along Hayes Avenue, laid concrete sidewalks behind the NCO quarters, reinforced the base and sides of the arroyo with stone and mortar, tore down and completely rebuilt the original greenhouse (Building #105), and constructed two tennis courts northwest of the enlisted barracks.<sup>170</sup>

Reflecting a nationwide trend in Medical Department facilities, WBGH experienced a major expansion, in terms of both personnel and buildings, just prior to and during the nation's involvement in World War II. By mid-1944, battle casualties from the European and Pacific theaters began arriving at WBGH. Consequently, the hospital's patient census rose from approximately 800 in 1944 to nearly 6000 the following year.<sup>171</sup> With this vast influx of wounded soldiers, it was imperative that the gardens and grounds of WBGH retain the therapeutic nature that had consistently been such a critical part of the WBGH mission.

William Reeves remained the grounds caretaker through WWII. Apparently the expansion of buildings, personnel and patient number did not deter his work; if anything, the reputation of

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<sup>168</sup>-"Beaumont Hospital Here is Paradise in Desert for Nation's Fighters." El Paso Times, 12 July 1931.

<sup>169</sup>-"Bay Tree, English Violets Flourish at Army Hospital," El Paso Herald Post, 18 March 1937

<sup>170</sup>Completion Reports, 16 November 1931, 3 September 1936, 15 October 1936, 24 August 1937, and 20 September, 1937. National Archives, Office of the Chief of Engineers, Construction Completion Reports, Record Group 77, Box 28, Entry 391, Book 3.

<sup>171</sup>-"Colonel Outlines Growth of Hospital," El Paso Herald Post, 2 July 1946.

the landscape increased during this period. It was noted that "the beautification program (that) has been carried on consistently, and with increasing expansion, is still in progress...the grounds at WBGH, among the most beautiful in the area, testify to the expert care of their gardener."<sup>172</sup>

None of the plans or maps drawn between the time WBGH opened through WWII reveal any of the landscape features described thus far. However, the WBGH Annual Report from 1944 does offer a very thorough description of the landscape at that point:

"Approximately 122 acres of this reservation are improved lawns, flower beds, cacti gardens, growing beds, evergreen and flowering shrubs, trees, etc. The lawns are planted in Bermuda grass and watered by an underground lawn sprinkler system. Shade trees of Arizona ash are planted throughout the area and along the driveway. The trees are pruned and sprayed periodically to prevent the red spider and other insect manifestation. These trees are from twelve to twenty-three years old and afford desirable shade for the summer months and are a sturdy variety adaptable to the locality and are not easily damaged by high winds. The grounds are cultivated and cared for by the post gardener, Mr. Reeves, who has been employed at this hospital since it was built. He has charge of all planting of trees, shrubs and lawns and the present greenhouse which houses many rare plants and flowers."<sup>173</sup>

The ongoing maintenance and upkeep of the WBGH landscape continued through 1953, when it was reported by a local newspaper that "alterations and repairs, new roads, bridges and an extensive program of landscaping, gardening and beautification of the grounds have been carried out, developing the hospital grounds into one of the most scenic places in the southwest." Although Reeves was still employed at this point, a reduction in the total reservation acreage "under cultivation," from 122 to 36, indicated that the emphasis was gradually shifting away from gardens and plants to increased buildings and facilities.<sup>174</sup>

It is unknown exactly when Reeves stepped down as the gardener of WBGH, but there is no further discussion of him or the WBGH landscape in articles dating from the 1950s and 1960s. When plans for an entirely new hospital facility were revealed in 1964, there was no mention of how the new site would be treated with regard to its landscape or if the original site would retain any of its features.<sup>175</sup> As the completion date of the new hospital drew near, a listing of the original buildings and facilities that would remain in use appeared. Although many of the original WBGH buildings were saved, the only landscape features mentioned for continued use were the "outdoor sports fields."<sup>176</sup> With the opening of the new William Beaumont Army Medical Center (WBAMC) in 1972, a multiple-story, interior-focused complex, the landscape once known as El

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<sup>172</sup>"Institution Shows Rapid Development." El Paso Times, 1 July 1945; "Flower-lover Finds Vast Possibilities in El Paso." El Paso Times, 7 December 1945.

<sup>173</sup>Annual Report. WBGH, 1944, 16.

<sup>174</sup>"WBAH Plays Big Role in EP Life." El Paso Times, 5 April 1953.

<sup>175</sup>"New \$15 Million Beaumont Hospital Scheduled in 1967," El Paso Times, 20 February 1964.

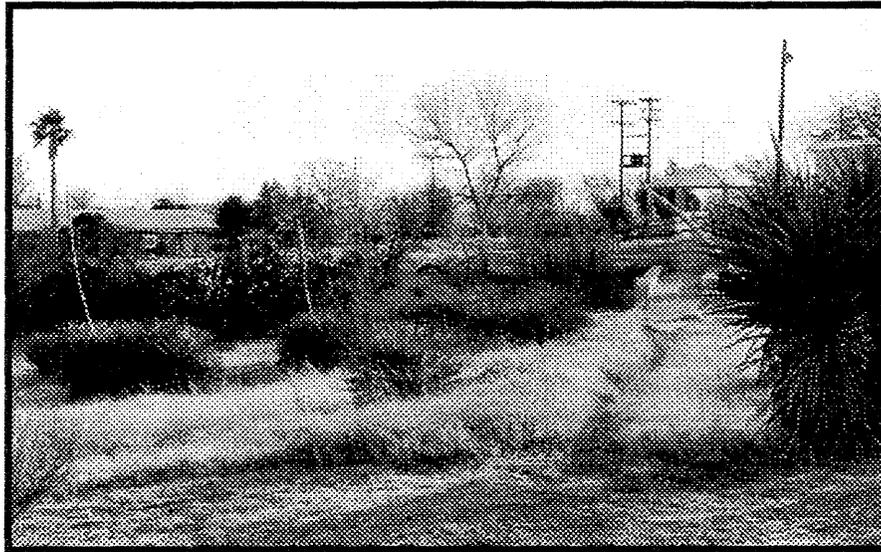
<sup>176</sup>"Most of Old WBGH to Remain in Use." newspaper article, 1971.

Paso's biggest garden was abandoned and allowed to fall into a state of dilapidation. Without the intensive care and maintenance provided by William Reeves and his crews, the gardens, trees and lawns he had so carefully tended either perished or were overtaken by types of invasive vegetation that can survive in the harsh west Texas climate.



Current view of footbridge and arroyo (photo by author)

Currently, only built landscape features such as the stone-lined arroyo, footbridges, paved sidewalks and roads, tennis courts and a very dilapidated bandstand remain. The officers quarters along Hayes Avenue and McPharlin Street have remained occupied and large shade trees, hedges and green lawns still exist in that area. Bradley Park, located directly west of these quarters on the site of the old C.O.'s quarters, is a pleasant, well-tended neighborhood park, but it appears to be a fairly recent addition. The remaining areas retain only minimal remnants of the original landscape. There are a few scattered trees and shrubs throughout the site, but only a few cacti remain in the garden along the arroyo, the flower gardens are all gone, and the lawns have long since had the life baked out of them. A landscape that was once famous and looked upon with pride is now but a distant memory.



Cactus garden today, with bandstand in background (photo by author)

PART II. ARCHITECTURAL STATEMENT:

A. General Statement:

1. Architectural Character: The architectural character of William Beaumont General Hospital has been altered due to the loss of the larger medical facilities. The remaining buildings (housing and support), are primarily compact residences and larger industrial/recreational buildings. Most buildings exhibit similar detailing through stucco exterior finishes, medium-pitched gable and hipped roofing, exposed rafter ends, projecting porches, and pillars/pilasters.
2. Condition of the Fabric: The buildings at William Beaumont General Hospital range in condition from good to poor. Vacant buildings tend toward fair to poor.

B. Site:

1. General Setting: The William Beaumont General Hospital area occupies land which had no prior military use or development. The buildings are located on the eastern slope of the Franklin Mountains on an area northwest of the cantonment of Fort Bliss. The layout of William Beaumont General Hospital reflected traditional military design with the most vital medical facilities (primarily medical wards) forming the nucleus of the installation. Lesser buildings were placed in more peripheral locations. While the layout retains its original form, the majority of buildings constituting the nucleus have been lost to demolition.
2. Historic Landscape Design: The first landscape efforts were begun in 1921 with the planting of grass, trees, flowers, and shrubbery in the rocky, arid soil. A swimming pool and a bandstand were added in the mid-1920s. In the 1930s, a central area was heavily modified to include a cactus garden, large fish pond, and rock garden, all along a stone-lined arroyo. The grounds of the hospital complex became locally renowned as a beautiful garden spot.

Currently, only built landscape features such as the stone-lined arroyo, footbridges, paved sidewalks and roads, tennis courts and a very dilapidated bandstand remain. The officers quarters along Hayes Avenue and McPharlin Street have remained occupied and large shade trees, hedges and green lawns still exist in that area. Bradley Park, directly to the west is a pleasant, well-tended neighborhood park, but it appears to be a fairly recent addition. The remaining areas retain only minimal remnants of the original landscape such as a few scattered trees and shrubs.

3. Buildings: The site contains many types of buildings including medical, administrative, residential, recreational, storage, utility, and religious.

PART III. SOURCES OF INFORMATION:

- A. Architectural drawings: The large format archival architectural maps and drawings were found on file at the Offices of the Directorate of Public Works and Logistics and the Directorate of Environment, Historic Preservation Team, Fort Bliss, Texas. Drawing Numbers for the maps of the area are WBGH-100, dated July 1945; BM-1083, dated March 1953; BM-105, dated May 1954; and BM-103, dated May 1958. General details were documented, dated April 1920, with the drawing numbers 180, 181, and 182.
- B. Early Views: A collection of historic photographs is housed in the Office of the Directorate of Environment, Historic Preservation Team, Fort Bliss, Texas.
- C. Interviews: None
- D. Bibliography:
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b. *El Paso Herald*

12 July 1921; 18 July 1921.

c. *El Paso Herald Post*

"Post Layout Announced By Colonel," 9 October 1940.

"Bay Tree, English Violets Flourish at Army Hospital," 18 March 1937

"Build \$225,000 Addition to Beaumont Hospital," 7 November 1940.

"Bliss Contracts Since May 8 Total \$2,187,078," 1 July 1941, 3.

"Army Institution Expands Capacity to 977 Beds," 17 November 1941, A-2.

"Colonel Outlines Growth of Hospital," 2 July 1946.

d. *El Paso Times*

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"EP Architects Get Contract on Hospital Job, 24 February 1942, 5.

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e. *Newsweek*

“Health and Welfare of Troops in Korea at New High,” 11 August 1952, 52-53.

E. Likely Sources Not Yet Investigated: None

F. Supplemental Material: None

PART IV. PROJECT INFORMATION:

The project was sponsored by the Office of the Directorate of Public Works and Logistics, Fort Bliss, Texas. Documentation was coordinated through Ms. Vicki Hamilton, Architect, Office of the Directorate of Environment, Historic Preservation Team, Fort Bliss, Texas. The project was completed by the United States Army Corps of Engineers Construction Engineering Research Laboratories (USACERL). The project was completed at the USACERL Cultural Resources Research Center. Ms. Sheila Ellsworth served as project architect. The project researchers were Mr. Patrick Nowlan, Dr. Susan Enscoe, and Ms. Amy Lamb. Mr. Martin Stupich produced the large format photographs included in the report.