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United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

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1. Name of Property

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historic name Veterans Hospital

other names/site number William Jennings Bryan Dorn Veterans Affairs Medical Center, University of South Carolina School of Medicine

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2. Location

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street & number 6439 Garners Ferry Rd. not for publication ____
city or town Columbia vicinity ___
state SC code SC county Richland code 79
zip code 29209

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3. State/Federal Agency Certification

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As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this X nomination ____ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property X meets ____ does not meet the National Register Criteria. I recommend that this property be considered significant X nationally ___ statewide ___ locally. (___See continuation sheet for additional comments.)

Kathleen Schamel 1/13/09
Signature of certifying official Date

Department of Veterans Affairs
State or Federal Agency or Tribal Government

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

Elizabeth M. Johnson D-SHPO 6/22/09
Signature of commenting official/Title Date

SC Department of Archives and History
State or Federal agency and bureau

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4. National Park Service Certification

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I, hereby certify that this property is:

____ entered in the National Register _____ _____
___ See continuation sheet.
____ determined eligible for the _____ _____
National Register
___ See continuation sheet.
____ determined not eligible for the _____ _____
National Register
____ removed from the National Register _____ _____

____ other (explain): _____

_____ _____ _____
Signature of Keeper Date of Action

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5. Classification

==========

Ownership of Property (Check as many boxes as apply)
___ private
___ public-local
_X_ public-State
_X_ public-Federal

Category of Property (Check only one box)
___ building(s)
_X_ district
___ site
___ structure
___ object

Number of Resources within Property

Contributing	Noncontributing	
19	7	buildings
		sites
1		structures
		objects
20	7	Total

Number of contributing resources previously listed in the National Register 0

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

N/A

6. Function or Use

Historic Functions (Enter categories from instructions)

Cat:	Sub:
HEALTH CARE	veteran's medical center

Current Functions (Enter categories from instructions)

Cat:	Sub:
HEALTH CARE	veteran's medical center
EDUCATION	university

7. Description

Architectural Classification (Enter categories from instructions)

Late 19th and 20th Century Revivals:
Georgian Colonial Revival

Materials (Enter categories from instructions)

foundation concrete
roof asphalt
walls steel, brick
other sandstone

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

8. Statement of Significance

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

X A Property is associated with events that have made a significant contribution to the broad patterns of our history.

____ B Property is associated with the lives of persons significant in our past.

_X_ C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

____ D Property has yielded, or is likely to yield information important in prehistory or history.

Criteria Considerations (Mark "X" in all the boxes that apply.)

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

Areas of Significance (Enter categories from instructions)
Architecture
Health/Medicine
Economics
Social History

Period of Significance 1931-1946

Significant Dates 1931-32

Significant Person (Complete if Criterion B is marked above)

Cultural Affiliation

Architect/Builder J.E. Miller

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

9. Major Bibliographical References

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

Previous documentation on file (NPS)
___ preliminary determination of individual listing (36 CFR 67) has been requested.
___ previously listed in the National Register
_X_ previously determined eligible by the National Register
___ designated a National Historic Landmark
___ recorded by Historic American Buildings Survey # _____
___ recorded by Historic American Engineering Record # _____

Primary Location of Additional Data
_X_ State Historic Preservation Office
___ Other State agency
_X_ Federal agency
___ Local government
_X_ University
_X_ Other
Name of repository: Richland County Public Library

10. Geographical Data

Acreage of Property about 42 acres

UTM References (Place additional UTM references on a continuation sheet)

	Zone	Easting	Northing		Zone	Easting	Northing
1	17	503173	3759731	3	17	503730	3759463
2	17	503297	3759895	4	17	503471	3759249

___ See continuation sheet.

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Staci Richey/Historian, Architectural Historian

organization New South Associates date

street & number 1534 Leesburg Rd. telephone 803-647-5983

city or town Columbia state SC zip code 29209

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.
A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)
name Department of Veterans Affairs/University of South Carolina

street & number 811 Vermont Ave./Univ. of S.C.
telephone

city or town Washington/Columbia state DC/SC zip code 20420/29208

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.). A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to range from approximately 18 hours to 36 hours depending on several factors including, but not limited to, how much documentation may already exist on the type of property being nominated and whether the property is being nominated as part of a Multiple Property Documentation Form. In most cases, it is estimated to average 36 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form to meet minimum National Register documentation requirements. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, 1849 C St., NW, Washington, DC 20240.

United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET

Section 7 Page 1

Veterans Hospital
name of property
Richland County, S.C.
county and State

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The William Jennings Bryan Dorn Veterans Affairs Medical Center, University of South Carolina School of Medicine Historic District, hereafter referred to by the historic name of Veterans Hospital, is located within the original core of the modern campus for the Medical Center and School of Medicine, which is located in southeast Columbia, South Carolina. Historically associated with the Veterans Hospital, the historic district is a major visual and architectural component of the current campus, and represents early-to-mid-twentieth-century institutional architecture. It is also representative of a major movement in both theory and practice for healthcare for veterans, and was constructed as part of an "architectural set" of hospitals completed throughout the country from the 1920s to the late 1940s. The original structures date to 1932, with additional buildings completed in 1937, 1945, 1946, with a large expansion in the late 1970s. The historic district represents a grouping of buildings with some additions and alterations. It also contains the historic landscaped front lawns, which retain historic design concepts and trees.

In 1980, Gjore J. Mollenhoff, a historic preservation officer for the Veterans Administration, and architect Karen R. Tupek submitted a nomination form to the National Register of Historic Places for the Veterans Administration Medical Center in Columbia, South Carolina. The submittal was part of a larger group of veterans hospitals recommended for nomination by the Veterans Administration, representing an "architectural set" constructed between the 1920s and 1940s. The National Register of Historic Places approved the eligibility of the set of hospitals in 1981, but the Veterans Administration did not immediately complete formal nominations for each of the hospitals, including the Veterans Hospital in Columbia.

The 1980 nomination described the Columbia Veterans Hospital as a "small campus" on a rectangular parcel of land with a gentle slope and tall trees on the edge of the site, and today the appearance is the same. There is a very gentle slope spreading eastward across the campus and a sharper slope on the western boundary, which is crowded by a stand of mature trees. The original campus landscape plan has generated clusters of smaller flowering trees near the northern corners of the lawn, set behind large, mature shade trees near the road. Large, green lawns across the front of the campus create a generous setback for the historic buildings. There are 26 buildings and a covered walk within the proposed Veterans Hospital historic district, most of them built in 1932, or as additional structures in 1937, 1939, 1946, and the 1970s.

Only nineteen buildings and the covered walk are recommended as contributing to the district. Most of the oldest structures feature a Georgian Colonial Revival architectural style. Buildings constructed in 1945, 1946, and 1979 on the Columbia campus do not follow the Georgian Colonial Revival architecture of the original structures. Vernacular structures for laundry, storage, engineering and maintenance are hidden behind the larger high-style hospital, recreation, dining, and residential buildings.

The main hospital building, located centrally at the front of the campus, follows the typical H shape utilized frequently in the "architectural set" of Veterans Administration hospitals, and resembles many other Veterans Administration Medical Centers in "construction, functional layout, plan, elevations, and general approach to medical care design." Only exterior architectural styles differed according to the host communities. In fact, of the fifty properties constructed as architectural set medical centers, thirty-eight were in the Georgian Colonial Revival style. Other styles were French Colonial Revival (1), Spanish Colonial Revival (3), Spanish: Neo-Pico (1), Churriguerresque (1), Late Southern Colonial Revival (1), English Tudor-Jacobethan (1), Egyptian Revival (1), Federal Revival (1), Art Deco (1), Italian Renaissance Revival (1).[1]

The standardized structures completed in the Georgian Colonial Revival style are two and three stories high, with a common bond brick coursing finish. Originally clad in slate shingle, the gable roofs often extend to pediments with round or half windows in the tympanum, creating a portico highlighted by colossal Tuscan columns. Wings are usually flat-roofed with balustraded decks. In addition to the portico details, other Georgian Colonial Revival features include pedimented pavilions and entries, brick quoins, terra cotta or sandstone belt courses, classical eaves and cornices, and rusticated brick raised basement walls. The quarters buildings often have similar side screened porches, gabled window dormers, broken pediments and white pilasters surrounding the main entry, and white shutters. All of the campus buildings generally have six over six double-hung sash windows with radiating voussoirs and terra cotta keystones and sills or sandstone. Some ground floor windows are arched.[2]

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1 Gjore J. Mollenhoff and Karen R. Tupek, "Veterans Administration Medical Center," Nomination form for the National Register of Historic Places, 4 April 1980, available from the U.S. Department of Veterans Affairs; Kathleen Schamel, Architectural Set Medical Centers, 1 May 2006, online, available from http://www.va.gov/facmgt/historic/Arch_Set.asp.
2 Mollenhoff and Tupek, 1980.

At the time of construction, the campus was located in a rural agricultural area several miles east of Columbia. Several homes were built across the street and north of the campus likely in the 1940s, and increasing automobile traffic along Garners Ferry Road, which also serves as the highway to Sumter, generated commercial developments such as the Cedar Terrace shopping center, constructed in the 1960s. Located across Garners Ferry Road and north of the Veterans Hospital, this commercial center signaled the encroaching development moving east from the city, and during the 1960s and 1970s several large residential neighborhoods of Ranch homes were built upon the land south of the hospital, which had previously been part of the campus. The major north-to-south route of Highway 77, located in close proximity to the east side of the hospital campus and completed in 1981 encouraged more commercial and residential development in the area, and the current dense development along all sides of the campus are in stark contrast to the original surroundings of hospital.

The extreme alterations to Garners Ferry Road, which changed from a rural route surrounded by farmland to a densely commercialized road with numerous buildings and large asphalt parking lots, has left very little grass or natural vegetation. This abundance of hard surfaces and eclectic building types makes the Veterans Hospital campus stand out dramatically from its surroundings. The west part of the campus, which contains the historic structures, is set back from the road with a large landscaped lawn, featuring expanses of well-maintained grass framed by mature trees and some of the original road system. The roads and landscape on the front of the campus are very similar to the original design, and many of the mature trees were part of the original landscape design, which included oaks, pines, and several nut trees, such as walnut and pecan. There are two remaining entrances from the original three, although the roads leading onto campus from Garners Ferry Road have been straightened somewhat. The third entrance, which led to the Quarters Row Road, is no longer extant.

On East Palmetto Street, which runs in front of the main buildings (Bldgs 5, 1, and 2), the road follows the historic outline, curving in toward Building 2 and Building 1, while curving away from Building 1 to provide for parking. The street has been altered, likely in the late 1970s, and a parking lot added in front of Buildings 5 and 1, where there was a lawn. West Palmetto Street and Quarters Row generally retain their historic alignments, although some sidewalks are no longer extant. School of Medicine Boulevard, which curves south from East Palmetto Street, retains its historic alignment and

leads back to ancillary structures on campus. Additional parking lots in the west portion of the campus added by the 1970s, and additions to buildings and new structures in the east portion have removed much of the open feeling of the campus and removed the lush lawns in those areas.[3] However, much of the front lawn, separating the campus from Garners Ferry Road, is intact, and serves its original function of setting the hospital apart from its surrounding, providing a serene park like atmosphere, and offering a grand entrance to the impressive hospital structures.

The following properties contribute to the district:

Building 1: Building No. 1, currently owned by the University of South Carolina's School of Medicine (USCSM), was constructed in 1932 as the main hospital building, likely designed by J.E. Miller. It is an H-shaped building, the typical main building shape used in the architectural set of veterans hospitals, with a symmetrical facade. It is three and a half stories, with a fourth story in the central section. The lateral gable of the central section features a central wood cupola with slender copper dome and double chimney stacks on each end of the gable, recessed wings on either side of this section also feature lateral gable roofs, though they have gable dormers with windows. The recessed wings intersect with front-gabled wings that project past the front and rear elevations of the rest of the structure. Constructed with steel framing clad in brick with an asphalt shingle roof and reinforced concrete foundation, this building has a stone belt course above the first story and a wood and copper cornice with built-in gutter. There is a two-story porch in the projecting central three bays of the nine-bay central section of the façade, which has a pedimented gable and decorative stone relief in the tympanum. Featuring colossal, white Tuscan columns on a raised, rusticated and arcaded brick foundation matching the height of the first story, the porch also has a flat, balustraded roof. Other features of the porch are wrought iron balustrades which match the balustrades along the third story windows on the porch, triglyphs in the frieze, and dentil molding. One feature of this main hospital building that sets it apart from most others in the architectural set are the two-story porches on raised, rusticated and arcaded brick foundations along the side elevations of the front-gabled wings. The arcades are bricked in and hold windows but have the same keystones found on all arches along the wing's first story windows.

3 Veterans Administration, "Building No. 8 Location Plan," map, 3 August 1977, Columbia, S.C., photocopy, available from William Jennings Bryan Dorn Medical Center.

Similar to the porch on the façade, the side porches have colossal Tuscan columns supporting a heavy frieze with dentil molding and a flat, wood-balustraded roof. However, the columns are interrupted by an original porch floor for the third story, which features the same iron balustrade as the porch's second story floor. A circa 1970s alteration to both side porches is the enclosure of the porches with black tinted glass from floor to ceiling on both stories, but the alterations were fortunately made behind the original columns and balustrades, leaving the historic materials intact. Other alterations to the structure are ca. 1970 one story brick additions to the rear, central bay, which eliminated the attached covered walk in that area, and ca. 1970 and ca. 1990 one-story brick additions to the west of the west wing, which are somewhat hidden from view by the covered walk attaching Building No. 1 to Building No. 2. Windows throughout the building are six over six metal sash with keystone or keystone and lintel in the central section of the façade. The brick exterior is executed in common bond. Shrubs and small trees around the building, as well as the remaining lawn are similar to the original landscape design. A modern parking lot has eliminated part of the lawn.

Building 2: Building No. 2, currently owned by the USCSM, was constructed in 1932 as the administration building, likely designed by architect J.E. Miller. The two-story symmetrical Georgian Colonial building is of steel frame construction and has a brick exterior. The lateral gable roof is clad in composite asphalt shingle, pierced by gabled dormers, and highlighted by a central, wood cornice with octagonal lantern and copper dome. End chimneys pierce the wood cornice containing a copper gutter, which runs along the eave of the façade and rear elevation, and creates cornice returns in the gable ends. The central portico features a pedimented gable with fanlight in the tympanum and dentil molding, supported by colossal Tuscan columns and pilasters. Centered on the façade, the portico covers the central entry, which has a broken scroll pediment supported by pilasters. Single windows are symmetrically aligned on the first and second stories for each of the six bays flanking the central bay. The windows are six over six metal sash except for the central three bays, where the windows are eight over eight metal sash. Windows feature brick voussoirs and sandstone keystones. The foundation is reinforced concrete. A four-bay ell projects from the center of the rear elevation. Alterations include rectangular cut outs below some windows to accommodate air conditioning units, likely added in the late twentieth century, a bricked-in window on the rear, and a concrete handicap ramp leading

to the front entrance. Landscaping around the building is similar to the original plan of having shrubs and small trees surrounding the structures.

Building 3: Building No. 3, currently owned by the USCSM, was constructed in 1932 as the General Medical Building for Colored patients. The Georgian Colonial, three-story steel-frame structure clad in brick has a symmetrical façade and an H shape, and was likely designed by J.E. Miller. The east and west structures are connected by a perpendicular hyphen. The lateral gable roof of the two main structures and the front gable of the hyphen are clad in asphalt shingle, and feature parapet-like chimney stacks on the end gables, as well as gabled dormers, features similar to the main hospital building. The main façade is on the west elevation and it features a projecting central bay divided into three bays and highlighted by a two-story porch on a rusticated and arcaded brick foundation, which matches the height of the first story. The colossal white Tuscan columns of the porch support a frieze with triglyphs and dentil molding in a pedimented gable. The wrought iron balustrade between the columns is the same as that found on Building No. 1, but the central door on the porch is only adorned with brick voussoirs and keystone, a feature also found on the windows of the façade. Three large doors on the first story under the porch feature transoms and sidelights, and large keystones in the jack arches, similar to the large keystones of the arches on the porch foundation. There are blind stone panels below the windows of the façade and a stone belt course above the first story.

The porch is repeated on the north and south elevations of the west structure, with colossal columns on a rusticated and arcaded basement, however, these side porches have balustraded flat roofs and a third story porch floor intersecting the columns. The arcades on the south elevation porch foundation are enclosed with arched windows and wood panels, but the north porch foundation connects to the covered walkway. There may have been porches on the north and south elevations of the east wing, but they have been enclosed with brick, featuring brick quoins, rusticated first story, and doubled and tripled windows, which is different from the single windows found on the rest of the building. The windows are eight over eight sash but they appear to be modern replacements. Other additions include three-story additions along the east elevations of the west and east wings, and a one-story addition on the east elevation of the east wing, which all appear to date from the 1980s or 1990s.

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Building 4: Building No. 4, formerly the Dining Hall, is now used by the USC Medical School as a research building. There have been several alterations to the building as well as an addition to the building immediately south of the structure, which nearly abuts the south elevation of Building No. 4. A newer building northeast of the structure restricts access to the north elevation. Nonetheless, several elevations of this unique building are visible. Constructed in 1932 of steel frame and likely designed by J.E. Miller, the building is generally a rectangle with a large projecting ell on the south elevation. The ell architecture is somewhat distinct from the adjacent, recessed facades. The west third of the building reads as a distinct building with a front gable roof in asphalt shingle and two stories, featuring a main façade on the south elevation with a single story porch. The porch has a wood balustraded flat roof and the slender Tuscan columns are tripled in the corners. The entry has been altered, sometime after 1979, and a later addition removed from the west elevation. Quoins on the corners, pedimented gables and a wide cornice are notable features. The second story windows are eight over eight metal sash while the dramatic first story windows along the west elevation are large arched, multi-paned sashes with recessed brick arch lintel and sandstone keystones.

The projecting central ell of the building features similar large, arched windows along the side elevations, with raised brick panels below, sandstone keystones in the arched brick lintels, and circular stone medallions between the windows. The raised brick panels are repeated along the roofline, above a heavy wood cornice with dentil molding. The first story of the southern façade of this ell is not visible, but it rises two stories and rests on a brick basement with rectangular sash windows. The second story of the façade carries the same cornice as the side elevations but has slender, rectangular windows. The ell's projecting bays on the east and west elevations have blind arches with single windows and ornamental stone medallions. For the east third of the structure, the exposed southern and eastern elevations have no entry, although the exposed basement has rectangular, multi-paned sash windows. The first story has the same large, arched windows found on the west third of the structure, and the second story windows are eight over eight sash with keystones. Pedimented gables and a wide cornice are repeated on this section. Further alterations include the removal and/or replacement of a few windows.

Building 5: Building No. 5, formerly the Recreation building, is now the Auditorium and Mail Room. Constructed in 1932 and likely designed by J.E. Miller, the large rectangular building has its grand entrance on the narrow east elevation. The three-story steel frame structure features a brick exterior, brick quoins on corners, and rusticated brick first story below a sandstone belt course. On the east elevation, a projecting two-story portico with colossal columns supports a pedimented gable with dentil molding, with a rusticated brick foundation featuring three symmetrical bays on the façade, each bay with an exaggerated arch and scrolled keystones. The left and right bays have fanlights and windows, the central bay has been altered with the addition of a door. Twin staircases curve dramatically up to the second story porch floor on the sides of the porch, with an iron balustrade repeated between the columns. The seven-bay façade of the building has recessed left and right bays, while the central bay is marked by the double door entry, a broken pediment with urn, pilasters, and transom. Transoms also adorn the symmetrical flanking windows, which appear to be walk through windows. The north elevation features a recessed, five-bay porch between a left and right bay of brick. Two-story arched windows highlight each porch bay, while the left bay's window has a double door at its base. The white Tuscan columns of the porch supported a balustraded flat roof, and the rusticated and arcaded foundation hides a recessed wall of several windows and central door on the first story. On the west elevation's second story a central double door has a large blind arch above and doubled pilasters flanking. Near the roof is a stone panel carved with swags and a human face, and stone scrolls frame the projecting central bay at the roofline. The rusticated brick basement has single and doubled six over six metal sash windows and a simple staircase. The covered walkway adjoins the south elevation, which has a projecting left bay, perhaps an early addition from the late 1930s and a bank of the same large arched windows found on the north elevation.

Building 6: Completed in 1932 and likely designed by J.E. Miller, this steel frame structure clad in brick was originally the laundry building, and is now used by Veterans Affairs for research and other purposes. The one story building has a lateral gable roof and wood cornice with cornice returns in the gable ends. The seven bays of the original structure have doubled, replacement tinted windows in the central bays and double door entries in the right and left bays, which also have modern flat metal porch roofs. A ca. 1970 single story addition with flat roof on the east elevation is flush with the façade and features a single door flanked by single windows.

A recessed, ca. 1980 addition on the west elevation has small windows, flat roof, and single door entry on the façade. The windows and doors on this building have been replaced and gable vents bricked over.

Building 8: Completed in 1932 and likely designed by J.E. Miller, this boiler plant is a steel frame, brick-clad, two-story building. The flat roof is surrounded by a parapet and highlighted by a simple stone cornice. The rectangular building has six asymmetrical bays on the façade, the two left bays feature single, six over six sash windows on the second story, a single door on the first story and single window in the second bay. Large, tripartite, multipaned louvered windows are located on both stories of the remaining four bays, although the first story windows are larger than the second story. Sandstone sills are the only adornment on the windows. The side elevations do not have windows, and the rear, or south, elevation features the large windows, with those on the first story reaching floor to ceiling. Two of those windows are now garage-type doors, a ca. 1970 addition on the southwest corner and an unsympathetic ca. 1980s addition on the northwest corner of the building have altered the building's original footprint. A large metal utility structure in front of the building, in place since at least 1979, detracts from the building but is not attached.

Building 10: Completed in 1932 and likely designed by J.E. Miller, this building originally served as nurses quarters. It now appears to be vacant. The three-and-a-half-story, steel-framed building has a brick exterior executed in common bond. The hip roof is clad in asphalt shingle and features gabled dormers with arched windows and cornices. The wood cornice of the roof has a built-in gutter and features dentil molding. The symmetrical façade features a projecting central bay subdivided into three bays, with a central, single door with traceried sidelights and fanlight. The projecting central bay has a pedimented gable with oculus in the tympanum, and portico with colossal Tuscan columns supporting a wide frieze with triglyphs and a flat, balustraded roof. Five symmetrical bays flank the central portico on each side, and each has single windows on all three stories. All of the windows have brick voussoirs and sandstone sills, but only the first and second stories have a keystone. The east and west elevations are identical, are only three bays wide, and feature the same portico as the façade, with colossal Tuscan columns and flat, balustraded roof. The central door on the first story has a heavy, flat pediment supported by slender pilasters. The doorway has slanted, paneled sides, and there is a transom above the door. A central window above the door

is six over nine sash with an ornamental iron balustrade, while other windows on the side elevations are six over six metal sash and feature a keystone and brick voussoirs. Portico floors are concrete approached by concrete steps. On the rear elevation is an original, one-story projecting ell with a flat roof and small porch on the west elevation, composed of doubled, Tuscan columns supporting a flat roof with wood balustrade. Windows in the ell have the same features as those of the main building. There is a cornice near the roofline of the ell and a central, single door on the southern façade. Some windows in the building have been bricked in and there are vents cut into the brick below many windows on the first story, but these small changes do not significantly impact the original integrity of the structure.

Building 11: Completed in 1932, and likely designed by J.E. Miller, this single-family residence is a two and a half story Colonial building with lateral gable roof and single interior brick chimney. Three front gable roof dormers punctuate the front roof plane, and feature arched six over six sash windows. The cornice features heavy modillions. The brick exterior is executed in common bond. The three symmetrical bays on the façade feature eight over eight sash windows on the second story and single, eight over eight sash windows on the first story flanking a central, single door. The door has a broken scroll pediment and pilasters, as well as a multi-paned transom, and is approached by brick steps and landing, with an iron balustrade. There is a sandstone watertable along the base of the structure. On the north elevation is a single-story brick wing, recessed from the façade and featuring a balustrade along the flat roof. The balustrade is repeated on the flat roof of the porch on the south elevation, also a one-story structure recessed from the main façade. On the rear elevation is a projecting two-story bay and with a shed-roofed single story projecting bay. Windows are eight over eight sash.

Building 12: Completed in 1932, and likely designed by hospital architect J.E. Miller, this residential, two and a half-story building clad in brick is a duplex created for hospital staff. The lateral gable roof clad in asphalt shingle is pierced by two interior brick chimney stacks located nearly adjacent to the gable ends. Two symmetrical, front-gable dormers adorn each side of the duplex, and feature arched, six over six sash windows. The side gables feature small windows. The cornices are adorned with heavy modillions, a feature that continues along the side gable eaves, which are also punctuated by cornice returns. The structure features six

bays, grouped into two symmetrical groups of three bays for each of the two duplex facades. Six over six sash windows flanked by louvered shutters highlight each of the bays on the first and second stories, except for the second and fifty first-story bays, which are centrally located on each duplex façade. Vents are located underneath the windows. Adorned by a broken scroll pediment, pilasters, and a transom with tracery, the single doors are approached by concrete stairs and landing with iron balustrade. The side elevations feature a one-story rectangular portico with balustrades on the flat roofs, which are supported by Tuscan columns. The rear elevation has a one-story shed-roofed addition.

Building 13: Completed in 1932, and likely designed by hospital architect J.E. Miller, this residential, two and a half-story building clad in brick is a duplex created for hospital staff. The lateral gable roof clad in asphalt shingle is pierced by two interior brick chimney stacks located nearly adjacent to the gable ends. Two symmetrical, front-gable dormers adorn each side of the duplex, and feature arched, six over six sash windows. The side gables feature small windows. The cornices are adorned with heavy modillions, a feature that continues along the side gable eaves, which are also punctuated by cornice returns. The structure features six bays, grouped into two symmetrical groups of three bays for each of the two duplex facades. Six over six sash windows flanked by louvered shutters highlight each of the bays on the first and second stories, except for the second and fifty first-story bays, which are centrally located on each duplex façade. Vents are located underneath the windows. Adorned by a broken scroll pediment, pilasters, and a transom with tracery, the single doors are approached by concrete stairs and landing with iron balustrade. The side elevations feature a one-story rectangular portico with balustrades on the flat roofs, which are supported by Tuscan columns. The rear elevation has a one-story shed-roofed addition.

Building 15: Completed in 1932, and likely designed by the hospital architect J.E. Miller, the flagpole is a large metal pole on a painted, cast concrete base. The base is six sided with a projecting lip and curvilinear, the battered shaft is also six-sided and is topped by a shallow bell-shaped cap.

Building 16: Completed in 1934 by an unknown architect, this one-story, two-car garage is a wood frame building clad in brick, with a brick column separating the open bays on the façade. The shed roof is clad in asphalt shingle, as is the shed roof overhang across the façade. A wood cornice

board along the front fascia returns on the side gable. There is a concrete floor inside the structure.

Building 17: Completed in 1934 by an unknown architect, this one-story, two-car garage is a wood frame building clad in brick, with a brick column separating the open bays on the façade. The shed roof is clad in asphalt shingle, as is the shed roof overhang across the façade. A wood cornice board along the front fascia returns on the side gable. There is a concrete floor inside the structure.

Building 18: Completed in 1934 by an unknown architect, this one-story, two-car garage was constructed with wood frame, clad in brick with a common bond on the side and rear walls, with a brick column separating the open bays. Like other utilitarian structures on the campus, the building has a shed roof clad in asphalt shingle, with a shed roof overhang across the façade decorated by a cornice, which returns on the side gable. There is a concrete floor inside.

Building 19: Completed in 1934 by an unknown architect, this garage structure was built with ten stalls, and now serves as a storage building. Identical in design to Building 23, this building features brick-clad concrete block walls on the side and rear elevations, a shed roof with shed roof overhang across the façade, and likely a concrete floor. Wood doors across the façade have been in place since at least the 1970s.

Building 22: Completed in 1937 by an unknown architect, this building originally served as the Psychiatric Ward and Nursing Home, though it is now an administration building. The steel-framed, three-and-a-half story structure is clad in brick executed in common bond. The lateral gable roof ends in parapet-type chimney stacks and features gabled dormers with arched windows, with a wood cornice. The multi-bayed, symmetrical façade has a rusticated first story separated from the second story by a sandstone beltcourse, and single windows aligned in each bay, although unlike other buildings on campus, the windows do not feature keystones in their brick jack arches. A central portico with colossal Tuscan columns supporting a frieze with triglyphs and a pedimented gable with oculus and dentil molding is similar to other buildings, as is the arcaded, rusticated brick foundation for the portico. The central door has a pedimented gable while flanking windows feature a heavy, flat pediment. The south and north elevations also may have had a portico, but it has been bricked in, and features brick quoins and doubled and tripled windows. A projecting, three

and a half story bay on the rear elevation has a pedimented gable, brick quoins, and is connected to the covered walk on the first story. Some windows have been replaced and there are some vents cut into the brick below windows.

Building 23: Constructed in 1934 as a garage with ten stalls, this building has been used for storage. The side and rear walls are clad in brick laid in the common bond, but are likely built from concrete block, and the shed roof features an additional shed across the façade as an overhang and likely a concrete floor. Wood doors across the façade have been in place since at least the 1970s.

Building T34: Constructed in 1946 by an unknown architect, this is a Quonset hut used for storage. With the classic Quonset hut shape of a half-barrel, the building is composed of galvanized metal resting on a low concrete block wall with shallow concrete block buttresses. A large metal roof vent runs along the center of the roof. The façade has a recessed concrete block and stuccoed wall and central garage door with large attic fan above.

Covered Walk: Completed in 1932 as an open-air arcaded walk with gable roof, this structure connected Buildings 1, 3, 4, and eventually 22 to Building No. 5, the Recreation Hall. It appears to have been enclosed by the 1950s, with each arcade filled in by arched, multi-paned windows over wood panels. A sandstone keystone highlights each arch. Part of the walkway has been demolished between Buildings 1 and 4 and behind Building 22, but otherwise remains intact. It retains a distinctive curve behind the recreation building.

The following noncontributing properties are located within the proposed boundaries of the historic district:

Building 7: Completed in 1932 as a store house and now used by the Veterans Affairs as a warehouse, this steel framed, brick clad structure was likely designed by J.E. Miller. The lateral gable roof is clad in asphalt shingle and features three symmetrical ridge vents. The wood cornice creates cornice returns on the side gables. A flat metal roof across most of the façade is supported by slender metal poles and covers a concrete block porch floor. There are eight unsymmetrical bays on the façade, with two oversized

doorways surrounded by single, six over six sash windows. One of the oversized, garage style doorways has a multi-paned transom. The other large doorway appears to have been altered, as does a ca. 1980s large, single story, flat roofed addition to the rear that more than doubles the size of the building.

Building 9: Completed in 1932 and likely designed by J.E. Miller, this structure was originally used as a garage and fire station for the campus. It is now used as a research building for the Veterans Affairs. The steel-frame, two-story building has a lateral gable roof with asphalt shingle and a wood cornice with built-in gutter, which creates cornice returns on the side gables. The exterior brick walls are executed in common bond. Divided into ten symmetrical bays on its southern façade, the second story has a doubled, modern window in each bay. First story bays feature large garage-sized door openings, which have all been either full or partially filled in with brick, windows, and a doorway for the central bay. The west elevation has likewise been altered with new windows and doors, and the east elevation has an exterior, enclosed staircase added. A ca. 1980s one-story addition to the rear and bricked-in windows significantly alter the north elevation of the structure.

Building 20: Completed in 1939 by an unknown architect, this is a utilitarian structure used as shops, and it now houses the engineering offices and shops for the hospital. The one story, brick structure has a high-pitched, side-gable roof with cornice returns and half-round windows in the gables. The multi-bayed façade features single and double doors, single and double windows, and a garage door. Multi-paned transoms crowned the original doorways, side elevations have the same doubled windows as the façade. This structure has a modern brick addition along most of the rear elevation.

Building T25: Constructed in 1946 by an unknown architect, this one-story storage structure with brick exterior features a shed roof with a shed roof overhang across the façade, clad in asphalt shingle. Although likely featuring a multi-bayed façade upon completion, by 1979 the building had a façade almost completely composed of glass and glass doors, with a brick wall left bay and doubled windows. The side and rear walls are composed of brick.

Building T28: Constructed in 1945 by an unknown architect and used by the medical school by 1979, this is a two-story concrete block structure with a long, linear footprint. The gable roof, clad is asphalt shingle, has an eave adjoining the top of the second story's doubled windows. The bays are symmetrical across the façade and rear elevations and feature doubled, modern windows. A dramatic renovation, likely completed in the 1990s, added brick to the exterior, replaced windows, and added a two and a half story addition to the south elevation. The north elevation has a projecting bay with a single door and single window.

Building 101: A 1979 brick, square three-story structure with flat roof.

Building 104: A ca. 1980s, one-story, trapezoidal brick structure with flat roof and no windows on exposed southern elevation.

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NATIONAL REGISTER OF HISTORIC PLACES
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Veterans Hospital
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The William Jennings Bryan Dorn Veterans Affairs Medical Center, University of South Carolina School of Medicine Historic District, hereafter referred to by the historic name of Veterans Hospital, forms the historic core of the Medical Center and School of Medicine campus. It is nationally significant in two major areas, architecture and health care. Its national significance is derived from the fact that the Veterans Administration constructed the hospital campus as part of an "architectural set" of hospitals, which represented a major shift in veterans health care by segregating patients based on affliction. The campus is significant on the local and state level for architecture, economics, and social history. The architecture attempted to reflect local character, and during the early years of the Great Depression, the construction of a large federally funded hospital campus promised an infusion of money. Competing with other states, South Carolina won the new hospital and then witnessed a keen competition among its own cities and towns for the location of the campus. Columbia's pursuit of the new hospital coincided with a local booster period and helped identify it as significant, centralized city. The siting of the hospital just outside of the city limits helped generate residential and commercial development in the area. This set of hospitals gained an eligible status for the National Register of Historic Places in 1981 at a national level, although this is the first formal nomination for this hospital.

Although commonly thought to be constructed between 1930 to 1932, the William Jennings Bryan Dorn Veterans Affairs Medical Center (Veterans Hospital) was actually built in less than a year, with site clearing beginning in late November, 1931, and a formal opening in November, 1932. An imposing campus of large Georgian Colonial Revival brick buildings, the hospital was located about five miles east of the Columbia, South Carolina city limits, on a highway headed east to Sumter. The announcement of the proposed hospital by the federal government had generated an intense competition among southern states and within South Carolina for the hospital site. Its construction in Columbia helped solidify the city's standing as an attractive and centralized state location and created a unique institutional campus to serve the state's veteran population. It is also a rare architectural example in Columbia of a 1930s Georgian Colonial Revival institutional campus.

Taking cues from Great Britain, the young governments of the colonies and states in America attempted to provide care for veterans as early as the colonial period. After the pilgrims of Plymouth County fought with the Pequot Indians in 1636, the pilgrims passed a law requiring the young colony to support disabled soldiers. Over one hundred years later, the Continental Congress of 1776 advertised plans to provide pensions for disabled soldiers as a recruiting tool for the Revolutionary War. States and communities provided the direct medical and hospital care for veterans in the early years of the republic, but in 1811 the federal government authorized the first domiciliary and medical facility for veterans. Abraham Lincoln is often linked to the establishment of the federal veterans system because of his signed legislation creating the National Asylum for Disabled Volunteer Soldiers and Sailors, renamed the National Home for Disabled Volunteer Soldiers in 1873. Signed just weeks before his death in 1865, the legislation was a direct antecedent for the Veterans Administration, known today as the United States Department of Veterans Affairs. National Homes originally cared for only Union soldiers suffering from disabilities and distress caused by the Civil War, but they were later opened up to all veterans suffering disabilities from any war. The National Homes also evolved from a general infirmary level to an accredited hospital level by 1930.[4] This increased legitimacy within health care provisions for veterans coincided with the creation of the Veterans Administration and the beginning of the architectural set of medical centers.

While the National Homes provided much needed care for veterans, by the end of World War I, the disjointed national system of veterans care resulted in a majority of disabled veterans receiving care from the Public Health Service, with reimbursement by the Bureau of War Risk Insurance. The First Langley Bill in the late 1910s authorized construction of hospitals by the Treasury Department, under the advisory of its Supervising Architect. Five different agencies handled various aspects of veterans benefits and care, and hospital facilities remained insufficient, especially in the wake of tuberculosis, a debilitating disease that required extended recuperation. The Harding Administration appointed two committees to look at these problems and as a result, an Executive Order established the Veterans Bureau in 1921, under director Charles R. Forbes, personally appointed by President Harding.

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4 Kathleen Schamel, History of Veterans Health Care, 1 May 2006, available from the Dept. of Veterans Affairs, Office of Construction and Facilities Management, Washington, D.C.

Forbes had formerly served as Director of the War Risk Insurance Bureau, and therefore appeared to be an intelligent choice for this weighty new government position. He inherited a disjointed collection of policies and practices concerning veterans, and had the monumental task of establishing new regulations to meet the health and financial needs of the large and vocal veteran population, many who had just served in World War I. Existing United States Public Health Service Veterans Hospitals transferred to the new Bureau by Executive Order, and personnel associated with those hospitals also transferred. The Second Langley Bill, passed after the establishment of the Veterans Bureau, gave the Bureau "direct authority to construct veterans hospitals."[5] Forbes initiated an inspection tour of facilities, finding structures built of myriad materials and localized design decisions. A legacy of his reign is his appalled reaction to the sites, leading him to deliver the memorable description of the buildings as "deplorable, absolutely deplorable," "many cantonments" he characterized as "all fire hazards" and "wooden shacks."

Forbes found not only the condition of the hospitals objectionable, but also the practice of housing general medical, surgical, neuro-psychiatric and tuberculosis patients together, a grouping which Dr. Charles E. Sawyer promoted. As President Harding's personal physician, Dr. Sawyer likely held some personal influence even if his formal position seemed far removed from the Veterans Bureau. Forbes initiated a massive new construction program to replace the "firetraps" he had previously toured, and these new hospitals would become "prototype buildings" for the segregation of patients that Forbes deemed appropriate. Unfortunately, Forbes' short tenure was plagued by scandal and controversy and he soon resigned. General Frank T. Hines replaced Forbes and inherited the same difficulties of creating the new bureau, shifting physicians from the PHS to the Veterans Bureau and establishing salaries and civil service status. Hines persisted in appealing to Congress for a Medical Corp within the bureau but remained unsuccessful throughout the 1920s. In 1930, Congress established the Veterans Administration by authorizing the President to consolidate and coordinate veterans affairs provided by the federal government. Hines served as the director of the Veterans' Bureau beginning in 1923, and moved smoothly into the directorship of the Veterans Administration in 1930, a position he filled until 1945.[6]

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5 Mollenhoff, Tupek 1980.
6 Schamel 2006; U.S. Department of Veterans Affairs, VA History, 9 Feb. 2006, available from the Dept. of Veterans Affairs, Washington, D.C.; Robinson E. Adkins, Medical Care of

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United States Department of the Interior
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While the federal government shifted responsibilities and consolidated veterans benefits under a single agency, veteran health care matured into a significant medical program under the leadership of Hines. Before his tenure, the veteran health care system represented an eclectic, unplanned collection of buildings, sometimes adapted to their use but not constructed with a hospital design. With the creation of the Veterans Bureau in 1921 came a newfound focus on buildings and a shift in patient care philosophy, which would ultimately affect the construction of an entire set of buildings from the late 1920s to the late 1940s. These structures, now referred to as the "architectural set" in Veterans Affairs materials, are a unique group within the history of veterans hospital construction throughout the twentieth century. This architectural set of buildings was a new direction in the use of standard designs for the Veterans Bureau and Veterans Administration. Although the military previously used "standard" designs for barracks and quarters since at least the late nineteenth century, those designs often submitted to the local preference or available building materials. For the architectural set of Veterans Administration hospitals, "stylistic variations were approved at the highest levels of the agency and therefore reflect a conscious design policy." The various styles present within the set reflect the organized concept of "local history, local architectural preferences," and an effort to appear to "fit in" with the host community. In truth, there were often only minor variations the most popular style, Georgian Colonial Revival, although Art deco, French Colonial, Spanish Renaissance and other types populated several states.[7]

The exterior architecture of the hospitals is significant, but another important facet of these structures was their revolutionary approach to patient segregation based on type. Medical and surgical patients required acute care and convalescent areas, while tuberculosis patients required long-term care areas with no security. Some areas needed controlled access, and because of the size of the Veterans Administration neuropsychiatric hospitals, it was possible in many cases "to design one or more buildings for the exclusive care of each type of patient thus permitting assignment of duties, recreation, etc.," possible for each patient, and with the specialized treatment required. These facilities were supported by administrative buildings, dining halls, recreation halls, chapels, engineering shops, boiler plants and staff housing, and the design for each

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Veterans (Washington, D.C.: U.S. Government Printing Office, 1967), 141.
7 Mollenhoff, Tupek 1980; Schamel, Architectural Set, 2006.

of these building types, "down to the floor plans for stairways and elevators" was standardized. Although these interior designs are significant, the exterior interpretation of the standardized plans is of importance for the eligibility of these hospitals, as many of the interiors have been renovated and remodeled repeatedly to meet changing needs and theories in veteran patient care.[8]

The Veterans Administration continuously pursued research and improvement of health care, resulting in several policy changes regarding their hospital buildings. Unlike some of the early veteran hospitals constructed specifically to care for tuberculosis and later closed when the disease dissipated, the Veterans Hospital continued to adapt to changing concepts of patient care by altering the interior layout of its historic buildings. By the mid-1930s, more than half of the country's hospitalized veterans (56%) had neuropsychiatric disturbances, while 31% were general medical and surgical patients. The remaining 13% were tuberculosis patients, a drastic reduction due to advances in treating the disease, and this required less beds or buildings dedicated to its treatment for hospitals constructed in the 1930s. The Veterans Administration aggressively expanded the hospital program immediately following World War II, and hoped to build 66 "ultramodern" hospitals under a 1945 amendment to the GI Bill. This coincided with the Veterans Administration leadership calling for their medical care to be "second to none," including attracting stellar medical staff. The result of this push was a transformation of many Veterans Administration hospitals into "centers for specialized training and research," ranking veteran medicine "with the best and most modern available." On this high of prestigious accomplishments, the Veterans Administration planned to increase to 90 new hospitals, including a general medical hospital in Greenville, S.C. Unfortunately, without foreseeably adequate staff for the new construction, many of these hospitals were never built. Greenville later received an outpatient clinic for Columbia's Veterans Hospital in the 1970s.

By the late 1950s, under the leadership of Dr. William S. Middleton, the President authorized the Veterans Administration Administer to stop designating hospitals for a particular type of treatment, allowing for more flexibility with old and new building bed arrangements. Exploring research and veteran care issues such as nursing home care, prosthetics, pharmacy,

8 Mollenhoff, Tupek 1980.

diet and nutrition and rehabilitation especially after the Korean conflict, the Veterans Administration formed associations with medical universities and altered their building program to locate new hospitals near leading medical schools in urban centers by the 1960s. Older structures such as Columbia's Veterans Hospital no doubt participated in new programs initiated by the Veterans Administration, but as a general medical hospital did not appear to specialize in a major research area. It affiliated with the University of South Carolina's School of Medicine in the 1970s, resulting in a massive new construction program representative of the latest concepts in health care. The School of Medicine took over much of the Veterans Hospital's historic campus.[9]

Originally, the hospital buildings had large day-rooms, porches, and multiple-bed wards in large rooms. However, health care concepts and "life-safety codes for institutional occupancy and the standards of the Joint Committee on the Accreditation of Hospitals have undergone a constant evolution." The result of these fluid theories on patient care is the frequent alteration of the interiors of the hospital buildings. Large wards are now subdivided into smaller patient rooms with single beds, two, four and six beds. Changes in space criteria per bed in these configurations also necessitated the enclosure of porches to provide more space. The advent of air conditioning also allowed the closure of many porches, which provided additional space without adding the costs of new construction. Separated facilities and divided floor plans used to segregate patients by illness also fell out of favor by the 1950s and 1960s. The Veterans Administration lead the nationwide research to fight tuberculosis as early as the 1930s and during the 1950s succeeded in nearly eliminating the disease through drug therapy. As a result of these changes, the interior of the buildings no longer retain significance.[10]

The original design for the veterans hospitals was a campus arrangement of buildings, tailored to the size and topography of individual parcels, as well as the required number of structures needed to support the hospital buildings. The selection of sites for these hospitals for the architectural set were based on several factors, but the most important included: demographics or distribution of eligible veterans, the type of facility for neuropsychiatric or tuberculosis, general medical or surgical hospitals (which were to be near major urban centers), availability of federal lands,

9 Adkins, 157, 218-219, 225, 229, 266.
10 Mollenhoff, Tupek 1980.

local initiatives by citizens' organization or governments with offers to donate lands, funds or facilities, and political sensitivity, which entailed occasionally selecting states or communities associated with prominent political leaders. Other factors included suitability of land, a healthful environment and climate, availability of water and utilities and proximity to regularly scheduled public transportation.[11]

This concentration of buildings created a campus with harmonious materials and design features, and resulted in a planned landscape and street system. The campuses also featured designed landscapes, with plans for formal gardens tucked away behind buildings, tennis courts for exercise, trees along the perimeter and street system, and often a large lawn in front of the campus, creating a setting detached from the street.[12] This attention to detail and intentional design stood in stark contrast to hospitals predating the architectural set, and the results made veterans hospitals an attractive addition to any community. These hospitals regularly employed hundreds of individuals, and in an era of widespread unemployment, this aspect alone generated a lot of competition for the new facilities among states and cities.

The Veterans Hospital is also significant on the local and state levels for economics and social history. The construction of the new Veterans Hospital in Columbia only occurred after a long-fought effort. Columbia's grand beginning as the new capital of South Carolina in the late 1700s came as a resolution between angry upstate residents and content Charlestonians. By locating the state capital in a central location, South Carolina's congress quenched upstate grumbling, but instigated stubborn resistance from Charleston, which had to relinquish their seat of power. Saddled with this contentious beginning, Columbia struggled to make its mark as a leading city within the state, but ultimately failed to find an identifying characteristic. It stood on the confluence of three rivers but never developed its waterfront, held a long-standing university but was not a college town, and hosted the state legislature but never seemed wrapped up in politics. The upstate of South Carolina in the Greenville and Spartanburg area held the highest concentration of mills in the state by the late 1800s and continued the trend into the early 1900s. Charleston had its

11 Mollenhoff, Tupek 1980.
12 A.B. Metcalf, "Tree Planting Plan, Veterans Administration Hospital, Columbia, S.C.," 24 October 1932, Washington, D.C., Veterans Administration, available from the William Jennings Bryan Dorn Veterans Medical Center, Columbia, S.C.

beauty as a hallmark tourist attraction, and remained an important seaport for the state. Columbia seemed to have no outstanding features to distinguish it, but that did not stop its leaders from seeking every opportunity to improve the city's profile and population by the 1930s. What Columbia could boast of was its central location. In an era of increasing travel and improved roads, the city was ideally situated to serve the state's veterans. City boosters promoted this advantage during their race to win the hospital.

While the construction of a large government hospital was a considerable addition to any town or city, it became a highly coveted prize in 1931 as the entire nation endured the Great Depression. In South Carolina, and many states across the South, the economy had already suffered for nearly a decade or more. Before Black Thursday in 1929, the devastating boll weevil infestation in 1919 and the subsequent desolation of cotton crops, had plunged the South into economic stagnation. The 1930s brought about sweeping government programs aimed at alleviating the suffering of the general population, and a massive reorganization of federal assistance for American veterans. The City of Columbia, like many of its urban neighbors, felt the weight of the Great Depression. The prospect of an infusion of federal money and jobs into the hurting community proved a tempting scenario for many South Carolinians, whose per capita income dropped to $151 in 1933 from $261 in 1929. The City of Charleston quickly fell to the brink of bankruptcy by 1931, and lost its city payroll account when the People's State Bank folded. Columbia's mayor bluntly stated that there was no economic crisis, and refused to establish a municipal employment agency, though he later changed his mind. Greenville's school district in the upstate resorted to paying their employees in scrip, as did the city governments of Charleston and Columbia.

The state government fared no better, reducing salaries and eventually also paying employees with scrip. As the state constitution had no available assistance except for Confederate veterans, their widows, and faithful slaves, the population of South Carolina in the early 1930s justifiably looked toward the federal government for solutions and assistance. In the meantime, Columbia charities served more than 700,000 free meals a year to destitute residents by 1932, while some rural South Carolinians faced starvation. During these desperate times, the wheels of federal government assistance moved relatively slowly, and the relief by New Deal legislation

would not affect South Carolinians until 1933.[13] The Veterans Bureau's budget of over a million dollars for a new hospital complex was comparable to industries and factories coveted by communities today, as they bring jobs, tax revenue, infrastructure, and often instigate commercial and residential development.

Shortly after Congress established the Veterans Administration on July 21, 1930, the Federal Board of Hospitalization in Washington, D.C. began searching for a site for a new Soldiers' Home in the southeast United States. The closest National Homes for Disabled Volunteer Soldiers to the southeast were in Tennessee and Virginia, and the closest architectural set of medical centers were located in Mississippi and Florida. A sub-committee of the Federal Board of Hospitalization decided to hold hearings on possible locations for the new Soldiers' Home in five southeast cities: Charlotte, N.C., Columbia, S.C., Atlanta, GA, Jacksonville, FL, and Gulfport, MS. The first four held Veterans Bureau Regional Offices, while Mississippi already had a United States Veterans' Hospital. The sub-committee consisted of high-ranking officials in the realms of healthcare and the military; General H.S. Cumming was Surgeon General for the Public Health Service, General M.W. Ireland served as Surgeon General for the United States Army, and General George H. Wood, former President for the Board of Managers, National Home for Disabled Volunteer Soldier, and current representative of the Administration for National Homes. The planned hearings in each of the southern cities were intended to provide forums for discussing general regional areas for the new site, rather than specific locations. Since there was little advanced notice of the December 1, 1930 hearings, only about two weeks for South Carolina, most states probably had little time to consider specific sites, and instead focused on the attractiveness of their states as a whole.[14]

Congressman H.P. Fulmer of the House of Representatives served as the federal liaison for the notice of the hearings, and immediately contacted William Lykes, Jr., Secretary of the Chamber of Commerce in Columbia, S.C., instructing him to look after the Federal Board of Hospitalization sub-committee members during their visit, suggesting that "You will have every

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13 Walter Edgar, South Carolina, A History, (Columbia, S.C.: University of South Carolina Press, 1998), 499-501.
14 Loretta Ryan, letter to Honorable Hampton P. Fulmer, 14 November 1930, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Schamel, "Architectural Set," 2006.

chance to present Columbia's claim for this home." This early hope for Columbia had to temporarily submit to the more general claim for the state, but it seems the capital city was already a favorable option. Meanwhile, Fulmer was pushing the hospital bill through Congress, which would secure funds for the construction of a new hospital in the state, though he expressed some concern, as "you can never tell just what will happen lots of red tape" and little motion might stall the bill.[15]

The letter from Fulmer sent Lykes into a whirlwind of activity, sending out inquiries into important statistics about the Columbia's population, climate, and cost of living versus those of other cities. In fact, Lykes and the Chamber of Commerce had recently achieved a somewhat hollow victory in their booster efforts for the city. When the 1930 census takers estimated in May of that year that Columbia's population fell just short of 50,000 people, the Chamber and the local press "mounted a drive to find 500 more people." Within two months the official count was 50,201, a triumph that turned sour when state statutes pertaining to cities of over 50,000 demanded the automatic doubling of salaries for the mayor and each councilman.[16] Lykes clearly seemed to be gathering information for Columbia's statistics, although the Veterans Administration had yet to determine which state would hold the new hospital. The American Legion in South Carolina, which had for several years been requesting a veterans hospital for the state, requested that the Columbia Chamber of Commerce form a Hospital Committee, a group of men and American Legion members from various cities and occupations, to coordinate efforts in promoting the state as the future site for the veterans hospital. Several of the surviving letters from this committee from November and December of 1930 indicate their desire to "leave no stone unturned to see the fulfillment of the Legions' wish to get relief for the Legionnaires in this State."[17]

The chairman of the committee, Dr. Howard Anthony from Anderson County Hospital in Anderson, South Carolina, worked with Lykes to prepare the brief in support of the state as the home for the new hospital. In one of his

15 Hampton P. Fulmer, letter to William Lykes, Jr., 15 November 1930, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.
16 John Hammond Moore, Columbia Richland County (Columbia: University of South Carolina Press, 1993), 339.
17 Howard Anthony, letter to Henry Cappleman, 22 November 1930, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

letters to William Lykes, Jr., or "Bill," as he addressed him, numbered the World War I veterans admitted at Camp Jackson, most of them suffering from influenza. Anthony wrote to another Hospital Committee member in Spartanburg on November 26, 1930, calling for a meeting of the entire committee to look over the state's prospectus concerning the hospital. Time was running out to submit proposals and prepare for the public meetings just days away. The committee may have gathered the information on their own through research and letter inquiries, but they left the printing of the prospectus to a professional. A surviving invoice from the D.E. Cohn Advertising Agency in Columbia, calculated a total cost of $997.94, including the costs of engraving, creating weather maps, and paying the publisher, the prominent R.L. Bryan Company, among various other expenses. The title of the publication "In Support of South Carolina's Petition for the Location of A National Soldier's Home and Veteran's Hospital," explains its purpose and uses the former name of the veterans hospitals alongside the new.[18] H.P. Fulmer, who had been pursuing funding for the hospital and for its location in South Carolina, sent a succinct telegraph to Lykes on February 16, 1931 stating that the "Rogers Hospital Bill passed House this afternoon authorizing $1,000,000" for South Carolina, and he expected a "prompt and favorable action by Senate." Fulmer's enthusiasm ebbed as he soon realized that the bill was stalemating in the hands of conferees and was about to be "absolutely dead," but it ultimately passed.[19]

The good news brought in letters of congratulations and sent South Carolinians into heated competition amongst themselves. Columbia's mayor L.B. Owens asked the Chamber of Commerce on March 2, 1931 to "prepare such facts and figures as will set forth Columbia's advantages for such an institution to be placed at Camp Jackson." The United States Army established Camp Jackson in 1917 as a training installation, using the 56,000 acres to train approximately 45,000 officers and enlisted men during World War I. Located several miles east of Columbia, and later named Fort

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18 Howard Anthony, letter to William Lykes, Jr., 25 November 1930, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; D.E. Cohn Advertising Agency, Invoice to Howard Anthony, 4 December 1930, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

19 Hampton P. Fulmer, Telegraph to William Lykes, Jr., 16 February 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Hampton P. Fulmer, letter to William Lykes, Jr., 11 March 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

Jackson, the installation seemed a logical location for the hospital, and initially garnered support in Columbia. Once again, plans moved at a rapid pace, with a letter from the Construction Division Chief of the Veterans Administration dated March 7, 1931 to Lykes and the Columbia Chamber of Commerce, announcing the arrival of a Veterans Bureau Engineer within a week to ten days. The engineer may have been one of many professionals employed under the Veterans Bureau and folded into the new Veterans Administration. Upon his arrival, the city was to be prepared to present potential sites for the hospital, with such supportive materials as county maps, topographic maps, plats showing water, sewer, and gas lines, prices per acre for each site, feasibility of extending water and sewer to the site, and the costs of those services and others at their present rates.[20]

Lykes received numerous letters of support for Columbia's petition for the hospital, penned by the State Board of Health, the city mayor, the American Legion, and others, but his most pressing concern had to be locating potential sites for the impending visit of the Veterans Bureau engineer. He received numerous offers with various acreage and price tags, often with the price per acre ranging from about $230 to $400, on plats from thirty four to three hundred acres. Narrowing the list to 13 potential sites (Guignard 1, Guignard 2, Huffman, Hook, Haynesworth, Gonzales, Germany, Evans, Camp Jackson Hospital Area, Camp Jackson Remount Area, Haskells, Hampton, Suber), whose names survive but whose exact locations appear to be mysteries, Lykes hastily gathered the necessary supporting documents for the engineer.[21]

Although the capital city of Columbia seems like the logical location to site the Veterans Hospital, it competed with several cities to host the proposed hospital in 1930-31. Informative briefs from Greenwood, Columbia, and Hartsville are the only surviving proposals for the competition among many of South Carolina's small and large towns. Although clearly written

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20 L.B. Owens, letter to Columbia Chamber of Commerce, 2 March 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Nancy Fox, The Physical Development of Columbia, S.C., 1786-1945, (Columbia, S.C.: The Central Midlands Regional Planning Council, 1985), 6; L.H. Tripp, letter to William Lykes, Jr., 7 March 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.
21 Gertrude Barringer, Lucy H. Haskell, Charles W. Marshall and Bessie B. Marshall, Contracts to Sell Land, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; E.B. Cantey, letter to William Lykes, Jr. 31 March 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

from a booster perspective, these briefs offer insight into which characteristics the Veterans Administration sought in a hospital site. All three locations boasted of rail lines, plentiful land, and a temperate climate, but they each had unique aspects that were seemingly "ideal." Columbia's population vastly outnumbered at least these two competitors. Greenwood had 11,002 people and Hartsville had only 5,065 by the 1930 census, in comparison to approximately 50,000 in the capital city. The smaller towns, however, went to some lengths preparing their arguments for the siting of the hospital, with Hartsville publishing one larger brief and an additional, smaller pamphlet. Both the Hartsville and Greenwood briefs seemed to base their appeals on a more emotional aspect, no doubt having something to do with the tender subject of veteran care. Meanwhile, Columbia's Chamber of Commerce created a typescript, loose-leaf report full of technical information and bottom line rationalizations about the money the Veterans Administration would save by locating within its borders. The differences between the smaller town briefs are few, but they clearly present prevailing notions of sentiment and solitude, recreation and rest, and natural beauty, in addition to logistics of travel and train schedules.

Each of these three potential sites hailed the practicality of their location. Hartsville's publication went so far as to draw a skewed, but favorable map locating the town almost centrally in the state, when in fact it is located in the upper northeast section. The various maps they used showed Hartsville ideally situated, with lines drawn out to various North and South Carolina towns, or a large circle circumscribing the town, to prove that its location was central to 98.9% of the veterans in its state within a 150-mile radius, a claim that was more truthfully tied to Columbia's location. Despite the creative appeals presented in these briefs, and likely many more which no longer survive, the decision for the location of the new hospital depended largely on the superior offerings of the capital city.[22]

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22 Columbia Chamber of Commerce, "Brief in Support of Columbia's Petition for the Location of a Veteran's Hospital," no date, University of South Carolina; American Legion Post, Hartsville, S.C., "Why the Veterans' Hospital Should be Located at Hartsville," no date, University of South Carolina; Veterans Hospital Committee of Hartsville, "A Perfect Site, A Logical Location for the U.S. Veterans Hospital in South Carolina," no date, University of South Carolina; Greenwood Chamber of Commerce, "Brief in Support of Greenwood's Petition for the Location of the Veteran's Hospital," no date, University of South Carolina.

The Federal Board of Hospitalization finally announced their selection of Columbia as the new home for the Veterans Hospital on April 28, 1931. It also announced the reasons behind the decision, stating that the city was nearly in the geographic and population center of the state, that most of the population was within a 75-mile radius, "its rail and bus connections and general accessibility to all points within that state are second to none of the other cities, that the regional facilities for the "Veterans' bureau" would leave their rented building in Columbia for the new hospital grounds, and that Columbia was a "recognized medical center," providing physicians skilled in all branches of medicine.[23] This formal declaration removed all sentimentality from the equation, and clearly presented Columbia as the most logical choice, geographically, medically, and financially. Such recognition ranked Columbia above its competitors on a state and national platform, seating the capital city first in a race for a prominent federal campus.

When the Veterans Administration announced Columbia as the location of the new hospital, it ended a fierce competition among South Carolina towns. While some former competitors turned into well-wishers, telegraphing praises from all over the state, the northwest corner of the state "rumbled a spring thunder-storm of protest," despite the obvious and logical reasoning behind Columbia's selection. Orangeburg, Newberry, Union, Chester, Camden, Sumter and other towns' officials and American Legions expressed congratulations to Columbia's Chamber of Commerce, the hospital committee, the American Legion, and the city council. Commenting on the keen competition, the official from Sumter wrote that "we made a hard clean fight for it here in Sumter and lost, but we are sports enough to take our defeat properly," and in a side comment on the upstate opposition, further offered to "fight wholeheartedly any opposition" to the decision which might delay construction. Rock Hill's Chamber of Commerce secretary offered congratulations and added that while "competition was very keen, I am sure everything was fair and square and that Columbia offered the best advantages from every standpoint."[24]

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23 "Hospital Site to be Selected," Columbia Record, 29 April 1931, 7.
24 "Congratulations are Pouring Into Capital from Various Points," Columbia Record, 29 April 1931, 1; Anonymous, letter to William Lykes, Jr., 29 April 1931, , Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Julian S. Wolfe, letter to William Lykes, Jr., 29 April 1931, , Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; F.M. Fewell, letter to William Lykes, Jr., 29 April 1931, , Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

The surviving letters expressed the same sentiments and offered their support against the agitation from the upstate, which ultimately dissipated. A letter from a decorated vet also wanted to voice his opposition to any "sectional or racial spirit" in regards to the new hospital, as it was "contrary to the purpose of our great government." One congratulatory remark from Major Arthur Wellwood offered perhaps the most poignant remark, he declared that the selection of Columbia for the new hospital "further confirms my belief in the city as one of the fast-developing sections of the South." This high praise no doubt buoyed the spirits of Columbia boosters and all those who worked together to win the hospital. William Lykes, Jr., secretary of the city's chamber of commerce happily accepted the congratulations, but was quick to acknowledge the "enthusiastic cooperation of city council, the county delegation, and civic groups," for attaining the hospital. He had especially high praise for the state's American Legion.[25]

Columbia's supporters moved quickly to secure options on possible hospital locations within a 10-mile radius of the city, and the final list had 21 prospective sites for the Veterans Administration to review. Seven of those sites were along Garners Ferry Road, east of the city. Veterans Administration Director General Frank T. Hines planned to make a personal visit to the 21 sites. Characteristics of a desirable location included proximity to a center of population, as most employees would need "satisfactory living accommodations in adjoining communities," the retention of adequate professional staff, readily accessible for railroads and bus lines, and adjoining or in close proximity to "main paved highways." The site should not be close to any industries, but would preferably be connected to a main water supply, gas and electrical lines. A slight hill, which should "afford a good outlook over the surrounding country," and provide proper drainage, were other attractive traits. Also, it was "desirable that the building site be in a commanding position with reference to the approach to the hospital," and located on the highest part of the grounds, which should include fertile soil for farming activities, a "reasonable amount of wooded area," and at least 150 to 200 acres for a hospital of 200 to 250 beds."[26]

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25 H.E. Lindsay, letter to William Lykes, Jr., 1 May 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; "Congratulations…" Columbia Record, 29 April 1931, 1; "Prominent Men to be Speakers," Columbia Record, 26 November 1932, 1.
26 "Majority Are Within Five Miles of City," Columbia Record, 29 April 1931, 7.

Richland County is home to the City of Columbia, and it purchased the land for the new veterans hospital for approximately $160,000, in order to donate it to the Veterans Administration. The City of Columbia agreed to pay thirty-five percent of that cost. Although the deed indexes for the county do not indicate the transaction under the title of Veterans Administration, one part of the land appeared in a 1931 deed. The county purchased an important part of the tract from Annie M. True in 1931 for $20,500. The 43.133 acres cost around $475 per acre. The rectangular lot, adjacent to Garners Ferry Road on the northern border except for a utilities easement, likely makes up much of the front of the campus where the front lawns and main buildings were eventually constructed.[27] The site selected for the hospital consisted of cornfields at the time of its sale. The local newspapers referred to the area as the Hampton-True tract, which referred to the former owners Annie True, and Wade Hampton. Part of the Hampton lands once served as a race track for training horses, likely in the early 1800s.

A June 16, 1931 newspaper article, noted that architect J.E. Miller, from the construction division of the "veterans bureau," outlined his plans to the hospital committee. They subsequently praised Miller as "an artist as well as an architect," and they "seemed to be entirely in accord with the ideas" he proposed, which suggested the buildings be of Georgian design. Miller spent time in Columbia photographing several locally significant buildings, including the ca. 1840 University of South Carolina Library (now South Caroliniana Library at USC), the asylum, a handsome brick structure designed by Robert Mills and completed ca. 1827, and the Lutheran Seminary, completed in 1911, as well as other buildings. The newspaper article offered that Miller planned to blend something of each of these buildings into the hospital, so that it will "typify the best local architecture." During his survey of the city, Miller stated that the government, "in keeping with its policy of having architecture of its buildings conform to local styles," planned to build the hospital of brick and stone.[28]

At the time, Miller's plans included five main buildings located 400 feet south of Garner's Ferry Road, with a row of 11 residences (five duplexes, one single house), and space for additional buildings in the rear. Enclosed

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27 "City to Pay One-Third on Hospital Site," Columbia Record, 16 June 1931, 1; Richland County Deed Book DP:21, Richland County Courthouse.
28 David C. and Martha Sennema, Images of America: Columbia, South Carolina, a Postcard History (Dover, New Hampshire: Arcadia, 1997), 70; "City to Pay One-Third…" Columbia Record.

corridors would connect the buildings. The main hospital would have 150 beds, another building for white patients would have 75 beds and the building for African Americans would have 75 beds. General Hines noted that African Americans "are entitled to the same care, because they did the same amount of ducking that the rest of us did in the trenches." Hines committed the Veterans Administration to building the hospital promptly, and told the local newspaper that he intended "for you to do your own building down here, with local concerns."[29]

Although Columbia's Hospital Committee succeeded in acquiring the bid for the new hospital, they hoped to be further involved in the planning and construction of the new facility. Alva M. Lumpkin, chairman of the committee, wrote to L. H. Tripp, head of the construction division for the Veterans Administration in June of 1931, pleased to offer the services of a "competent local architect" to discuss with the Veterans Administration the style of architecture for the hospital, and the possibility of using local materials for the construction. Lumpkin noted the desire of the Veterans Administration to "make the type conform to local style," and to that end he even offered to have local architect James B. Urquhart visit him in Washington, D.C. He promoted Urquhart as "thoroughly familiar with every type of construction." Lumpkin presided over a Columbia Hospital Committee meeting the following day, June 26, 1931, where the group approved the idea of sending architect J.B. Urquhart to Washington to discuss use of local materials, "in order that as much local labor as possible be employed," an especially important request given the severity of the Great Depression.[30]

James Burwell Urquhart (1876-1961), a native of Southampton County, Virginia, was trained as a civil engineer and moved to Columbia in 1901 to work as a draftsman for Charles C. Wilson. He went on to work with prominent local architect J. Carroll Johnson from 1913-1916, but in the late 1910s to the 1930s, Urquhart worked on churches, schools , a cell block for the state penitentiary, residences, and an addition to the Richland County Hospital. He gained in popularity, and was considered the number two

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29 "City will Help Site Payments," Columbia Record, 16 June 1931, 9; Columbia Record, 5 May 1931, 9.

30 Alva M. Lumpkin, letter to L.H. Tripp, 25 June 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Columbia Hospital Committee, Minutes of Meeting, 26 June 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

architect behind the prolific firm Lafaye and Lafaye. Nonetheless, a former coworker of Urquhart claimed he was "not aware of any distinctive architectural design created by his hand." Urquhart was a "southern gentleman and well known in the right places. He was slender and had a well groomed, youthful appearance," according to architect Wyatt Hibbs. Perhaps Urquhart's local popularity was not enough to impress the Washington architect, but in a more likely scenario, the standardized plans utilized by the Veterans Bureau and now the Veterans Administration required little outside comment.[31] Tripp's reply letter to Lumpkin thanked him for the offer of Urquhart's visit, but mentioned the recent return of architect J.E. Miller from Columbia, noting that he passed along Urquhart's "helpful suggestions," precluding the need for a personal visit. He did offer to send Urquhart a print of the preliminary elevations once they were ready, in case he had any further comments. Perhaps feeling rebuffed by Tripp's rejection of Urquhart's visit, Lumpkin wrote a reply to Tripp on July 10, 1931 stating frankly that they were spending $150,000 on the site and improvements and hoped that the plans would use local materials and labor, as it would utilize those most familiar with local materials and give work to local brick, stone and sand plants.[32]

Tripp attempted to reassure Lumpkin and the Hospital Committee in a carefully worded letter dated July 18, 1931. He stated that the hospital to be built in Columbia would be designed with "two objects in mind," the "efficiency of the hospital as a working unit in caring for the sick and the architectural character of the building." In regard to the latter, he assured that it was the intention of his office to "have the architecture conform to the historical styles prevalent in Columbia and vicinity. This will, no doubt, be colonial, the materials being brick, stone (or terra cotta). It is the policy of this office to use local materials wherever possible" except in situations where it would jeopardize the construction or general design of the building. He offered the caveat that "certain standard methods and materials which we have found from experience are essential in the proper functioning of the hospital" would have to be kept

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31 John E. Wells and Robert E. Dalton, The South Carolina Architects 1885-1935, A Biographical Dictionary (Richmond, VA: New South Architectural Press, 1992), 94, 185-187.
32 L.H. Tripp, letter to Alva M. Lumpkin, 2 July 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Alva M. Lumpkin, letter to L.H. Tripp, 10 July 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.

in mind. He of course thanked Lumpkin again for his kind assistance.[33] Although Urquhart may not have had a huge influence on the design, he may have shown the visiting engineer the Robert Mills-designed Lunatic Asylum on Bull Street. The Recreation Building on the veterans hospital campus (Building 5) has a sweeping double staircase leading up to a porch with colossal columns supporting a pedimented gable. It is very similar to the staircase and porch at the Asylum.

On October 1, 1931, the Construction Service for the Veterans Administration sent out an invitation for bids for the new hospital in Columbia. The work required included roads, walks, grading, drainage, excavating, reinforced concrete, hollow tile, brick work, cut stone, cast stone, slate stair treads, marble work, terrazzo, floor and wall tile, rubber tile, flooring of asphalt tile and linoleum, iron work, flag pole, steel shelving, roofing, lighting, metal lathing and plaster, sound deadening, painting, glazing, hardware, electricity, fire alarm system, and steam, water, gas and sewer. Although earlier promises assured Columbians that the Veterans Administration hoped to use local materials and labor, the contract for construction went to the W.S. Barstow and Company, Inc., out of Philadelphia. The construction company and engineers began preparatory work at the site on November 21, 1931. The Atlantic Coast Line Rail Road constructed a temporary spur track from the Camp Jackson spur to the hospital campus, which proved invaluable considering the transportation concerns of importing the tons of material necessary for the campus. Workers poured approximately 14,500 cubic yards of concrete, laid 2,250,000 bricks, and consumed at least 900,000 board feet of lumber just for forms. Sandstone trimmed out the metal framed windows and formed the numerous keystones and belt courses.[34]

The construction of the Veterans Hospital, as it was called at the time, lasted approximately one year, with ground breaking in November of 1931 and opening to its first patient on December 1, 1932. One of Columbia's two newspapers, *The Columbia Record*, heralded the opening with a bold front page

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33 L.H. Tripp, letter to Alva M. Lumpkin, 18 July 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence.
34 Construction Services, Veterans Administration, Invitation for Bids, 1 October 1931, Manuscript Collection, University of South Carolina, Columbia, S.C., Columbia, S.C. Chamber of Commerce Papers in Correspondence; Columbia Record, 26 November 1932, 5; The State, 27 November 1932, 8A.

headline on November 26, 1932. A dedication ceremony was held the next day, on Sunday, November 27, 1932. Despite a well-publicized agenda of prominent speakers, which included assistant administrator of Veterans Affairs Col. George E. Ijams, inclement weather reduced the crowd to a still-respectable 3,000 people. At completion, the Veterans' Hospital in Columbia cost the federal government approximately $1,354,785 and consisted of 13 buildings, situated on 200 acres. The hospital had a capacity of 306 beds with a staff of 457 people.[35]

At the opening ceremonies, the American Legion thanked the government for providing the splendid new hospital and welcomed the new staff, many of whom were also members of the Legion. The hospital was a "general type," able to care for virtually any ailment, as well as mental and tuberculosis cases. *The Columbia Record* described several of the buildings in detail. The main building (Building no. 1), was to house 231 white patients, and had offices, operating rooms, X-Ray equipment, and other "medical and surgical paraphernalia." The building was "nearly fireproof as a building can be made," as were all the buildings at the campus, and had fire hose stations along the interior walls. These hoses were connected to the water system for the campus, fed by the 100,000 gallon water tank behind the structures. The building for "colored" patients (Building no. 3), had a capacity for 73 patients, and was also three stories high, though it lacked the cupola of the main building. This structure had a dining room, a main kitchen and smaller kitchens for each floor, and other features similar to those in the main building. White attendants were to be housed over the dining hall (Building no. 4), which had 20 comfortable rooms. The nurses quarters, garages, boiler plant, and the garage for fire trucks were also briefly mentioned. The hospital intended to maintain a full-time force for fire protection.[36]

The two rival newspapers in town, *The State* and *The Columbia Record,* dedicated several pages to the opening of the new hospital, though *The Columbia Record* reported on the events a day earlier than *The State.* Both newspapers praised the modern facilities, describing in detail the rooms, equipment and technology that were sure to set South Carolina in the forefront of hospital construction. Only scant attention was paid to the construction crews or suppliers of building materials. However, many of the

35 "Thousands See Hospital at Dedication; First Patient to be Admitted this Week," Columbia Record, 28 November 1932, 1.
36 "Building is Equipped for Best Service," Columbia Record, 26 November 1932, 5.

suppliers touted their contributions and their congratulations to the hospital through advertisements lining the news stories. Taking out a full page advertisement in both newspapers, the W. S. Barstow and Company from Reading, Pennsylvania, provided engineering, design and construction services as a company. The Columbia Builders Supply Company, Inc., located in Seaboard Park (now Finlay Park) in downtown Columbia, placed an ad on November 26, 1932 near the articles, stating it was "proud of the new Veterans Hospital and we're especially proud to have had the privilege of supplying the building materials listed below," which included finishing lime, metal lathe, plaster, sand for plastering, cement, and more. They promised that only the "best materials have been used in this handsome new structure." Riverton Lime Company, Inc. from Riverton, Virginia, provided mortar supplies for the many brick facades, and in their advertisement professed their wishes that they had "contributed to some measure of the health and happiness" of the veterans. Columbia's businesses also advertised. Lorick and Lowrance supplied some unspecified materials, Consolidated Granite Company's advertisement asked readers to "note the Beautiful Granite work" on the campus. Sargeant Photo Company, located on Main Street, made the photos of the Veterans' Hospital that appeared in the newspaper.[37]

The new hospital was locally referred to as the Veterans Hospital but was officially named the United States Veterans' Administration Facility, since there were also Veterans Administration offices at the site, according to a 1941 Works Progress Administration guide to South Carolina. The guide added that the hospital provided for more than 600 patients, had a staff of 380 employees, cost $1.3 million to build in 1931-32, and was "greatly enlarged" five years after its completion. However, only Building No. 22, the Psychiatric Ward and Nursing Home, and two water tanks (no longer extant) were added in 1937. It may be likely that the east wing of Building No. 3 was also constructed in 1937. An aerial photograph from 1938 of the campus shows a lot of ground disturbance around this building and Building No. 22, while much of the campus retains a relatively solid lawn. The Veterans Administration constructed several additional buildings on the campus in the 1940s, including Building T-28 in 1945. Originally a concrete block structure, this building was clad in brick after 1979. Buildings T-25, formerly the Gardening Building, and T-34, a maintenance storage structure, were added in 1946, as were other Quonset huts that are no longer extant.

37 Columbia Record, 26 November 1932, 6, 8; The State, 27 November 1932, 6A, 8A.

They were located between the covered walk and Building No. 6, which now hosts the ca. 1990s Building No. 101.[38]

Like many facilities in the South, the Veterans Hospital had segregated buildings for white and black patients. As stated by the Chief Medical Director of the Veterans Administration in 1953, Vice Admiral Boone, the intent of the Veterans Administration was not to promote or perpetuate segregation of patients but to "let local customs guide," and as local customs were modified through education, hospitals would conform. Through vigorous efforts by the NAACP, who argued that the will of the federal government should not be subject to "the whims of a local community," integration became policy as early as 1953. In a press release in September of that year from the NAACP, they declared that their "long campaign" to end segregation in Veterans Administration hospitals was awarded with an announcement from the Veterans Administration that they were moving "as rapidly as possible" to eradicate Jim Crow. Within a month, integration of the Veterans Administration hospital in New Orleans, Louisiana, made front page news. The NAACP also promoted employment of African Americans in veterans hospitals, who made up just over ten percent of the Veterans Administration workforce by 1945, or 5,900 out of 55,343 employees. At the time, the Veterans Administration was opening up more positions for African-American nurses due to the shortages caused by World War II. Previously, these nurses were only employed at the African-American hospital at Tuskegee, AL; Oteen, NC; Waco, TX; and Kecoughtan, VA. Integration during the 1950s created a major shift in Veterans Administration policy, and predated official integration in Columbia, whose Main Street did not integrate until the early 1960s.[39]

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38 Walter Edgar, South Carolina: The WPA Guide to the Palmetto State (Columbia, S.C.: University of South Carolina Press, 1941, 1988) 374; U.S. Department of Agriculture, "Aerial Photos of Columbia, Richland County, South Carolina, 45079-4-31," Thomas Cooper Map Library, University of South Carolina; Mollenhoff, Tupek 1980.

39 Walter White, letter to Hon. Dwight D. Eisenhower, 29 July 1953, General Office File, Discrimination, Veterans Hospitals 1952-1953, NAACP 1940-1955 (Part 9, Series A, Reel 6); Press Release from NAACP, New York, 18 September 1953, "Plan to End Jim Crow in Veterans Administration," General Office File, Discrimination, Veterans Hospitals 1952-1953, NAACP 1940-1955 (Part 9, Series A, Reel 6); "Veterans' Hospital Here is Moving Toward Integration," Newspaper clipping, New Orleans, LA, General Office File, Discrimination, Veterans Hospitals 1952-1953, NAACP 1940-1955 (Part 9, Series A, Reel 6); Frank T. Hines, letter to Leslie S. Perry, 1 February 1945, General Office File, Discrimination, Veterans Hospitals 1952-1953, NAACP 1940-1955 (Part 9, Series A, Reel 6); Mabel R. Staupers, letter to General Omar Bradley, 23 August 1945, General Office File, Discrimination, Veterans Hospitals 1952-1953, NAACP 1940-1955 (Part 9, Series A, Reel 6).

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Veterans Hospital
name of property
Richland County, S.C.
county and State

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On April 26, 1955, Hon. John J. Riley, congressional representative for South Carolina, and Congressman W. J. Bryan Dorn appeared before the House of Representatives, Committee on Veterans' Affairs in Washington, D.C., to discuss a recent visit by Riley and to determine the number of active beds at the facility. Riley and Dorn, accompanied by department commanders of all the veterans organizations in South Carolina, service officers, and the chairman and members of the hospital committee of the American Legion inspected the veterans hospital in Columbia, South Carolina. The hospital manager D. S. Slade and assistant manager Harold S. Kennerly provided "every courtesy" to the visiting entourage. They determined that the maximum available beds stood at 592, although the maximum patient load was 540. At the time of the visit, approximately 80 beds were empty but could not be used due to lack of funds, contributing to a waiting list of over 100 veterans waiting for treatment between January and March of 1955. The hospital's last expansion for 200 beds was in 1937, and since that time, as Riley pointed out, the country endured both World War II and the Korean conflict. Columbia's hospital resorted to leasing beds from the naval hospitals in Charleston and Beaufort, South Carolina. Riley noted the impending loss of these outsourced beds, and requested increased appropriations to bring the Columbia hospital up to its full potential. He also suggested that the "very fine three-story building" originally constructed as a nurses home could be "economically developed into an intermediary hospital for the care of chronic patients," instead of housing the 14 or 15 nurses that chose to live on site. Instead, a small home for the nurses could be built, although most of the nurses for the hospital preferred to live in private homes and commute to the campus. Riley noted a number of other deficiencies with the veterans hospital, from the crowded laundry, small elevator, and lack of kitchens to the need for a covered entrance to protect patients traveling the 60 to 70 feet from the ambulance to the building. Before Riley completed his testimony and accompanying report, he praised the efficient and caring staff and brought up a final issue, the sale of 105 superfluous acres at the hospital. This sale occurred shortly thereafter and reduced the hospital campus acreage by about half.[40]

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40 Congress, House of Representatives, Committee on Veterans' Affairs, Possibility of Curtailment of VA Guaranteed Loans in Certain Areas Deemed to be "Overbuilt," hearing, 84th Congress, 1st session, 26 April 1955 (Washington, D.C.: GPO, 1955).

By 1961, the hospital totaled 600 beds, and a return of over 100 acres to Richland County left the hospital with a total of 97 acres, and 36 buildings.[41] The Columbia Veterans Administration Hospital engaged in an affiliation with the University of South Carolina School of Medicine in May of 1975. Such affiliations were encouraged in the Veterans Administration as a means to stimulate cutting edge research in medical care. The USCSM took over a number of the old buildings on campus. On August 28, 1978, President Jimmy Carter signed a Public Law (P.L. 95-353) officially renaming the hospital as the William Jennings Bryan Dorn Veteran's Medical Center. William Jennings Bryan Dorn (1916-2005), worked as a South Carolina Congressman, and championed for veterans rights throughout his career. He served as a member of numerous Veterans Affairs subcommittees, including Hospitals and National Cemeteries.

A new 400-bed medical center opened in 1979, with 250,000 square feet and a cost of approximately $32 million dollars. Rising high above its neighboring campus, the structure was a testament to progressive technology and patient care in the VA. In 1980 the new 120-bed Nursing Home Care Unit, a $3.55 million dollar building with 56,304 square feet opened. An expansion of the Psychiatry Service activated in 1979, and in 1993 the Psychiatry Service moved into a new building on site.[42] Although these additions occurred most often on the land located east of the original campus, most of the buildings within the original campus have endured additions. The odd arrangement of some new buildings have greatly disturbed the inner paths and green spaces of the original campus, leading to some dead ends and restricted views. Nonetheless, a majority of the structures retain a high degree of integrity, and along with a lush lawn and mature trees, present a dignified example of the architectural set of hospitals designed to care for South Carolina's veterans.

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41 Anonymous, "Veterans Administration Hospital, Fact Sheet 75," photocopy (William Jennings Bryan Dorn Medical Center Library, 1961).
42 William Jennings Bryan Dorn Veterans' Medical Center, "A Brief History-Where We Began, Where We Are, and Where We Are Going," photocopy (William Jennings Bryan Dorn Medical Center Library, no date).

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United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET

Section 10 Page 43

Veterans Hospital
name of property
Richland County, S.C.
county and State

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Verbal Boundary Description

The boundary of the nominated property is shown as the heavy line marked "Veterans Hospital Historic District," on the accompanying map.

Verbal Boundary Justification

The nominated district is limited to the concentration of historic buildings retaining integrity on the campus of the William Jennings Bryan Dorn Medical Center and University of South Carolina School of Medicine campus, which represents a majority of the historic Veterans Hospital campus. Surviving structures date to 1932, 1937, 1945 and 1946 and include the historic landscaped front lawn and street system. Buildings dating from the 1970s to the 1990s are located south and east of the district.

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The following information is the same for each of the photographs:

Name of Property:	Veterans Hospital
Location of Property:	6439 Garners Ferry Rd. Columbia, S.C.
County and State:	Richland County, S.C.
Name of Photographer:	Staci Richey
Date of Photographs:	September 17, 2008
Location of Original Digital Images:	South Carolina Department of Archives and History, Columbia, S.C.

1. Building 11, view to northwest
2. Building 11, view to southwest
3. Building 11, view to east
4. Building 18, view to west
5. Building 12, view to southeast
6. Building 17, view to southwest
7. Building 12, view to west
8. Building 12, view to west
9. Building 13, view to southwest
10. Building 13, view to northeast
11. Building 16, view to northwest
12. Building 10, view to east
13. Building 10, view to southwest
14. Building 10, view to northwest
15. Building 19, view to southwest
16. Building 23, view to south
17. Building T28, view to southwest
18. Building T28, view to northeast
19. Building 2, view to south
20. Building 2, view to northeast
21. Covered Walk, view to east
22. Building 3, view to south
23. Building 3, view to southeast
24. Building 3, view to northeast
25. Building 3, view to north
26. Building 4, view to southeast
27. Building 4, view to east
28. Building 4, view to northwest
29. Building 4, view to north
30. Building 20, view to south

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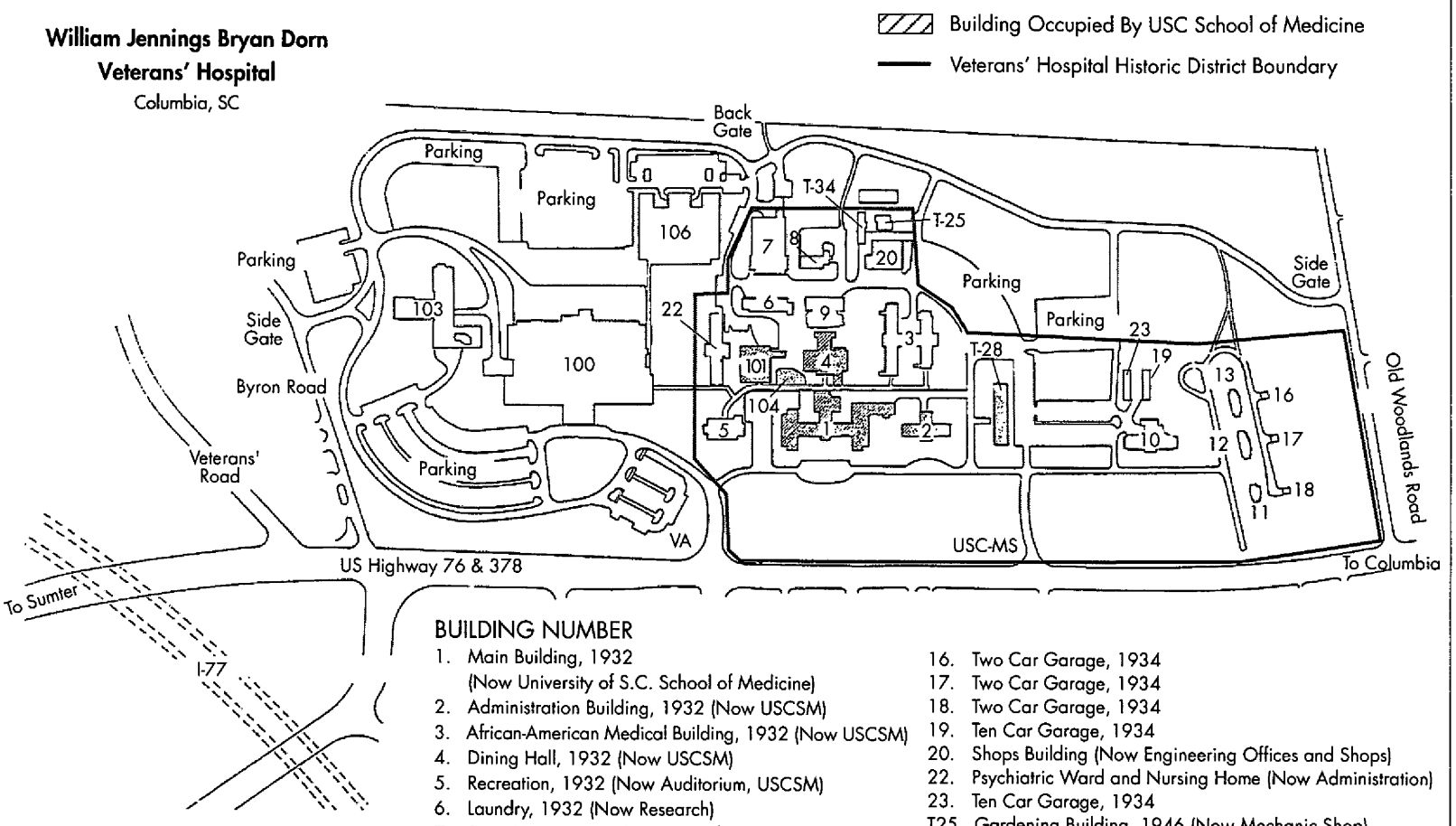
The following information is the same for each of the photographs:

Name of Property:	Veterans Hospital
Location of Property:	6439 Garners Ferry Rd. Columbia, S.C.
County and State:	Richland County, S.C.
Name of Photographer:	Staci Richey
Date of Photographs:	September 17, 2008
Location of Original Digital Images:	South Carolina Department of Archives and History, Columbia, S.C.

31. Building 9, view to east
32. Building T34, view to south
33. Building T25, view to south
34. Building 8, view to west
35. Building 8, view to northeast
36. Building 6, view to east
37. Building 7, view to south
38. Building 6, view to north
39. Building 22, view to east
40. Building 22, view to northeast
41. Building 22, view to northwest
42. Building 5, view to northwest
43. Building 5, view to southwest
44. Building 5, view to east
45. Covered Walk, view to south
46. Building 1, view to north
47. Building 1, view to southwest
48. Building 1, view to southwest
49. Landscape, view to northwest
50. Flagpole, view to west
51. Flagpole, view to west
52. Building 1, view to south
53. Building 1, view to east
54. Landscape, view to west
55. Landscape, view to south
56. Landscape, view to southeast

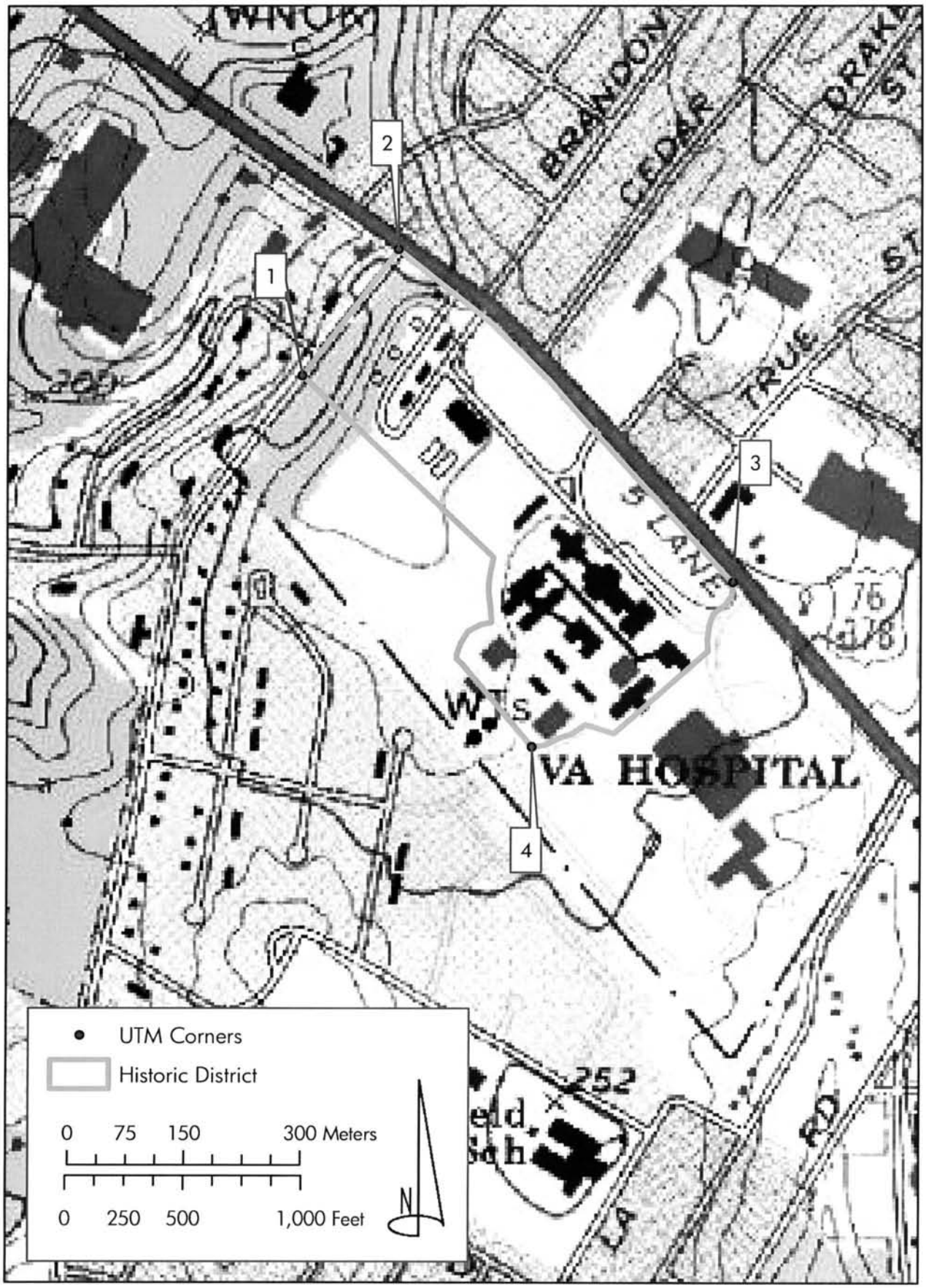
William Jennings Bryan Dorn
Veterans' Hospital
Columbia, SC



BUILDING NUMBER

1. Main Building, 1932 (Now University of S.C. School of Medicine)
2. Administration Building, 1932 (Now USCSM)
3. African-American Medical Building, 1932 (Now USCSM)
4. Dining Hall, 1932 (Now USCSM)
5. Recreation, 1932 (Now Auditorium, USCSM)
6. Laundry, 1932 (Now Research)
7. Store House, 1932 (Now Warehouse)
8. Boiler House, 1932
9. Garage, 1932 (Now Research)
10. Nurses Quarters, 1932 (Now USCSM)
11. Manager's Quarters, 1932 (Now Vacant)
12. Duplex Quarters, 1932 (Now Vacant)
13. Duplex Quarters, 1932 (Now Vacant)
16. Two Car Garage, 1934
17. Two Car Garage, 1934
18. Two Car Garage, 1934
19. Ten Car Garage, 1934
20. Shops Building (Now Engineering Offices and Shops)
22. Psychiatric Ward and Nursing Home (Now Administration)
23. Ten Car Garage, 1934

T25. Gardening Building, 1946 (Now Mechanic Shop)
T28. Office Building, 1945 (Now USCSM)
T34. Maintenance Storage, 1946 (Now Equipment Storage)
100. 400 Bed Hospital Medical and Surgical
101. Medical School Library
103. 120 Bed Nursing Home Care Unit
104. Medical School Lecture Hall
106. Psychiatry


1
2
3
4
BRANDON
CEDAR
TRUE
LANE
VA HOSPITAL
UTM Corners
Historic District
0 75 150 300 Meters
0 250 500 1,000 Feet
N