REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	1997	Popular Report

4. TITLE AND SUBTITLE
Fort Carson in World War II: The Old Hospital Complex

5. FUNDING NUMBERS
FTC093174

6. AUTHOR(S)
Connor, Melissa and James Schneck

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
Midwest Archeological Center
National Park Service
Room 474, 100 Centennial Mall North
Lincoln, NE 68508

8. PERFORMING ORGANIZATION REPORT NUMBER
N/A

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
Directorate of Enviornmental Compliance & Management
Fort Carson, Colorado

10. SPONSORING/MONITORING AGENCY REPORT NUMBER
N/A

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT
Available for Public Release

A

13. ABSTRACT *(Maximum 200 words)*

The Old Hospital Complext at Fort Carson, Colorado was one of only nine such complexes built in the nation during World War II. This "temporary" facility has npw lasted over 50 years. There are 57 buildings in this complex that functioned as wards, clinics, mess halls, support services, administration recreation, and utility structures. This is a popular narrative highlighting the history of the Complex and its place in World War II, and briefly describing the architecture.

14. SUBJECT TERMS
World War II, Fort Carson, Military Architecture, Military Medicene

15. NUMBER OF PAGES
68

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	UL

FORT CARSON IN WORLD WAR II:
THE OLD HOSPITAL COMPLEX

By Melissa Connor and James Schneck

Edited by John Andresen

Prepared for and funded by:
The Directorate of Environmental Compliance and Management
Fort Carson, Colorado

National Park Service
Midwest Archeological Center
Lincoln, Nebraska

1997

ACKNOWLEDGMENTS

This project was funded by the Directorate of Environmental Compliance and Management, Fort Carson, Colorado. Steve Chomko acted as our liaison with the Army and provided considerable information. The staff at the National Park Service's Midwest Archeological Center also provided support throughout the project (John Andresen, Ken Gobber, Carrol Moxham, Karin Roberts, Douglas Scott). Marie J. Johnson performed word processing and put this book through several rounds of page layout adjustment.

Interviewees who took time to give information and return telephone calls and letters include Lieutenant John and Betty Boyle, General Charles Corcoran, Major General Roland Gleszer, Colonel John Burks, Louis Menetry, and Craig Schinost.

CONTENTS

FIGURES

Chapter 1

INTRODUCTION

The United States is only now reaching a time when World War II is distant enough in the past that its effects on the country, and the people, can be objectively considered. It is difficult for many of us today to comprehend the full-scale, nationwide effort that comprised this country's response to the war abroad. Almost every man, woman, and child in the United States was personally affected by the war effort. Among the most poignant, and lasting, effects of the war was the return and rehabilitation of those wounded in distant lands. The Fort Carson Old Hospital Complex was one of the complexes in the country that participated in the return and rehabilitation of the wounded on this scale. To lesser extents, the complex repeated this role during the Korean War and the Vietnam era.

The Fort Carson Military Reservation lies nestled between the toes of the Rocky Mountains and the edge of the Great Plains. From the top of Pike's Peak, at an elevation of 14,110 feet, one could hypothetically glide east down Cheyenne Mountain, perhaps through Fisher's Canyon, or one of the other easterly-trending canyons, towards the Great Plains. When the ground flattened out and the vegetation changed to grasslands, right at that juncture, our hypothetical glider would be at Fort Carson.

From the air, it's easy to see that most of Fort Carson is laid out in a crescent-shape. The Old Hospital Complex, to the southwest of this crescent, stood out in its rectangular regularity (Figure 1). There were 59 buildings in the complex, most connected by covered walkways. From the ground, the immensity of the complex, covering almost 62 acres, becomes apparent. The buildings and the walkways connecting them were designed strictly for utility, constructed of cinder blocks, and the exterior painted a dirty cream color. The small spaces between the buildings were grassy areas, kept neatly mowed and planted with a few trees.

The interiors of the buildings further the impression that these were utilitarian, institutional structures. The cinder-block walls were originally painted a light color. The majority of the buildings are long and

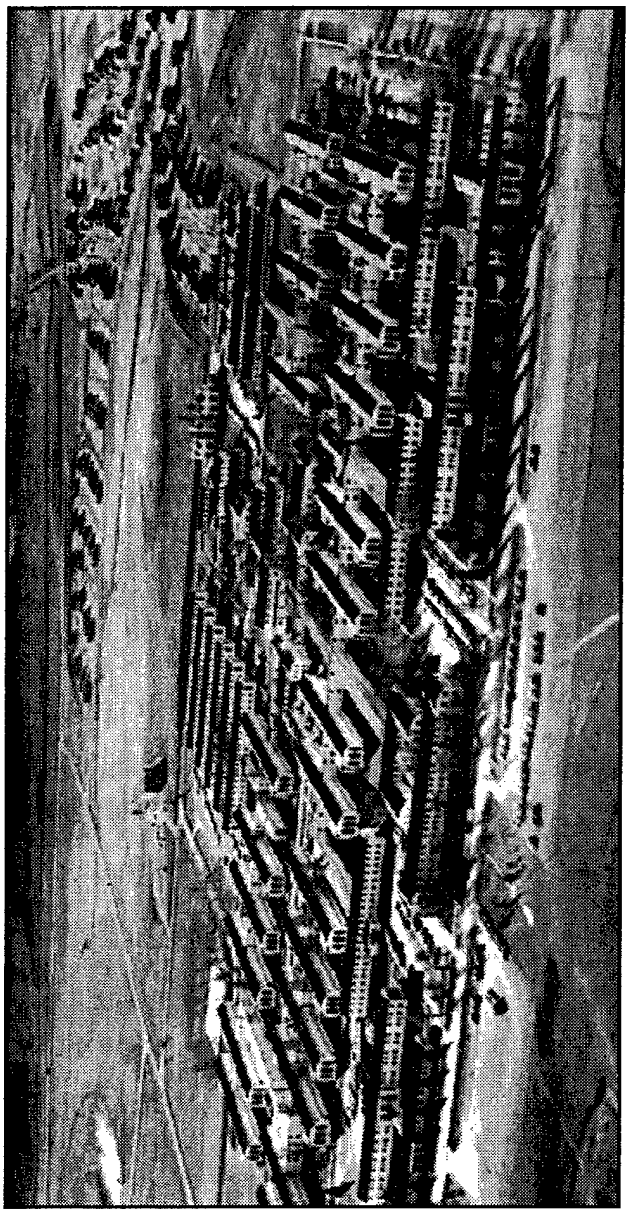

Figure 1. The hospital complex from the air. View to the southeast.

narrow, and this, combined with the walkways between buildings, produced miles of long, narrow corridors within the complex. Patients and staff could easily spend entire days inside the complex. While the nurses' and officers' guest quarters were not attached to the complex by the walkways, the medical barracks and wards were attached to the complex, as were all the hospital facilities, the mess, the library, a PX, and a Red Cross station.

The hospital opened on August 6, 1942. The complex, as designed, was fully functional for less than three years. However, at this writing, many of the buildings are still in use as offices for a variety of Army departments. Portions of the complex functioned as a medical facility until 1986 when the Evans Army Hospital replaced the older facilities. Between 1942 and 1996, the Old Hospital Complex had a variety of functions emphasizing offices, quarters, and mess. The complex has adapted to the changing needs of the country, with the bed size of the actual hospital facilities frequently adjusted. During peacetime, the bed size was simply adequate to cover the needs of the post itself. The hospital facilities were expanded during the Korean and Vietnam Wars to cover the expanded need for the recovery and rehabilitation of the wounded. Immediately after World War II and after the Korean and Vietnam Wars, the hospital served as a separation center, helping Army personnel return to civilian life.

In addition to the role it played in the lives of thousands of America's uniformed personnel, the Old Hospital Complex, almost accidentally, was architecturally unusual. The series of plans that were used in the design of the hospital were the 800 Series military plans. Fort Carson, at that time Camp Carson, was designated as a temporary cantonment, not a permanent military installation. Therefore, most of the camp was constructed in a manner befitting a temporary installation. Wood was used in the construction of most buildings. Many were set on cinder block pillars, not on concrete pads or with a basement. Despite this, however, many of the World War II temporary wooden structures are still in use at the installation today. The hospital complex, due to a combination of the availability of materials and the fear of fire, was constructed using cinder blocks. This difference lent the buildings a longevity probably unforeseen by its creators.

The longevity of the buildings also gave the Army a series of headaches as the buildings aged. The electrical system was quickly overburdened as medical technology developed and placed increasing emphasis on electrical equipment. Even by 1945, renovation of the complex had started with the addition of fire escapes to the second floors. Wooden stairs leading to doorways were eventually replaced with concrete stoops. The plumbing and lighting systems have had to be updated several times, and the insulation and heating systems have also had to be updated. The increasing dependence of offices on computers has again highlighted the inadequacy of the electrical system. Finally, the lack of air-conditioning, while common in 1942, causes complaints among 1990s occupants of the buildings.

These problems led Fort Carson's Directorate of Public Works (DPW) to evaluate the cost of renovating and upgrading the buildings versus demolishing the buildings versus mothballing them. The financial costs were considered in conjunction with the historic value of the structures. DPW concluded that in order to renovate and upgrade the buildings to current standards, the interior of most of the buildings would need to be completely rebuilt for the structure to be usable. The exteriors of the structures were painted with lead paint, and asbestos is also present. Mothballing the structures consists of capping the utilities, draining the lines, and securing the buildings. The exteriors of the structures would still need to be painted to prevent deterioration, and other maintenance would still occur, but in a reduced amount. DPW anticipated that safety would be a constant problem if the facility was mothballed, since Army housing is located nearby and small children and teenagers would have constant access to the area. The sale of the buildings was also considered, but the idea was discarded since the buildings could not be moved due to the concrete-block construction.

These recommendations were sent to the Colorado State Historic Preservation Office. That office, Fort Carson, and the Advisory Council on Historic Preservation outlined the steps necessary to document the Old Hospital Complex in a Memorandum of Agreement signed on 14 February 1995. This document stipulated that the entire complex would be photogrammetrically mapped, that all structures would be described in narrative format, and that a Colorado Historic Building Inventory would be completed for each structure and corridor. Each building would be

classified as to construction code, the best preserved structure of each building type would be documented in a Level 2 Historic American Building Survey format, and medium-format photographs would be made of that structure. A technical report would synthesize this information, and a popular narrative would help to make this information available to the public. This document is the popular narrative referenced in Section 1(h) of the Memorandum of Agreement.

The facts and figures presented in this book were gathered from many sources. The authors consulted Army and War Department records, the works of professional historians, and non-technical publications such as newsletters and newspapers. In 1994 and 1995, an extensive examination of the Old Hospital Complex was conducted. In order to obtain details not available elsewhere, the authors gathered recollections from people who had been stationed at Fort Carson. Some of their recollections are related in Chapters 3 and 4.

Readers who desire more information should consult the sources listed at the end of this book under *For Further Reading*. All details and quotes presented here are fully documented in the authors' 1996 technical report, which is also listed at the end of the book.

Chapter 2

HOSPITALS IN THE UNITED STATES MILITARY

On 15 February 1898, the battleship *Maine* exploded in Havana harbor and blew the U.S. military into twentieth-century warfare. For the thirty years prior to this, the War Department was geared toward internal conflicts in the western United States. At the turn of the century, the military was smaller than it had been during the Civil War. Garrisons in the west were strategically located to protect white settlers and control militant Indians. Garrisons were small, rarely more than a battalion in strength. Camps could be built or abandoned within months. There were no detailed plans or specifications for camp construction. Rather, camp construction was left to camp commanders and quartermaster officers. Construction varied according to location and available local materials.

The Spanish-American War made many in the U.S. military realize that the U.S. Army was understaffed and underhoused. Construction budgets continued to increase. The additional construction prompted the appointment, in 1903, of an architect to the Construction Division of the Army Quartermaster Corps to devise plans and render drawings.

In 1904, the appropriations for barracks and quarters amounted to $4,750,000, as well as $475,000 for the construction and repair of hospitals. Much of the funding was going to construct "modern" hospitals that included electricity and indoor plumbing and were adapted to the rapid innovations in medicine as bacteria and the spread of disease began to be understood. In 1907, the Surgeon General reported that:

> The adoption of an isolation pavilion separate from the main hospital marks a decided advance in hospital construction during the year. This pavilion provides accommodation for the separate isolation of several different sorts of contagious disease and is complete in itself except that cooking is done in the main hospital. Each pavilion is provided with a steam-disinfecting plant and with diet kitchens and bathrooms.

The 600 Series of building plans for mobilization camps were complete in 1914. These drawings largely remained unchanged throughout World War I. For the most part, they were unpainted single-story gable-roofed frame buildings, with single-sash windows and metal chimneys on tarpaper roofs. Central heating and indoor plumbing were not part of the design. These were modular buildings based on a 20-foot span, with overall lengths varying according to need, but divided into bays of 7 feet. Barracks were heated with a stove placed near the center.

When war started in Europe in 1914, the Regular Army had 4,701 officers and 87,781 men. Diplomatic relations were broken with Germany on February 3, 1917, and the U.S. entered its first World War. World War I was the first war in the history of the United States in which death from battle exceeded that from disease, even with the worldwide flu epidemic of 1918. Sixteen additional cantonments and 16 camps were constructed, based on standardized plans, with final designs and specifications based on the site-specific details. All locations included hospitals and/or infirmaries. In 1918, the Surgeon General reported that over 80 fully equipped hospitals in the United States offered a total capacity of 120,000 patients, 74,672 of them at camp hospitals.

Demobilization after World War I reduced the armed forces considerably. In 1933, Chief of Staff Douglas MacArthur ranked the United States 17th among the armies of the world. As historian David Cleary has pointed out, nowhere was the U.S. Army's lack of preparation for World War II more evident than in the lack of hospital facilities. In June 1939, there were 135,749 Army officers and men stationed in the United States and Alaska. They were served by 4,136 general hospital beds and 8,234 station hospital beds. In general, a station hospital normally only served the local station to which it pertained, and the bed size fluctuated with the manpower detailed to the station. General hospitals are designed to serve general and special needs, and patients needing services not available to them locally may be sent to a general hospital. The ratio of beds to strength was three percent for general hospitals and six percent for station hospitals. When the war started, the Medical Department had five general hospitals and 104 station hospitals in the United States and Alaska and two general and 15 station hospitals overseas. The hospitals were scattered around a number of permanent posts and had typical ages of 25 to 30 years. Few had facilities to

separate patients by grade, sex, or disease. The Surgeon General thought only about 25 percent of the hospitals could be called modern, and only 50 others worth modernization.

Planning for new hospitals was almost non-existent. Rather, War Department mobilization plans called for taking over other federal hospitals, civilian hospitals, and, if necessary, the conversion of non-hospital buildings to medical use. The plans that existed for hospital buildings were frame construction, one-story cantonment types designed in 1935. These plans called for a dispersed layout to minimize fire danger; each hospital required 20 acres for 500 beds. By 1940, the impracticality of expanding into existing facilities had become obvious and cantonment-type construction became the rule.

By late April 1940, the Construction Service had finished revising the 700 Series of building drawings. The series included plans for over 300 buildings. While similar to World War I designs, these plans called for central heating and indoor plumbing, and garages replaced stables. The plans were finished none too soon, as in May 1940 Roosevelt asked Congress for additional appropriations for the War Department. The 1941 appropriation included $133.9 million for construction. The War Department target was to have an Army of one million men by October 1, 1941, and two million by April 1, 1942.

Design modifications continued, and in 1941 the Army introduced the 800 Series building designs. These were developed in response to criticism of the 700 Series buildings. This series included larger bays in the barracks, expanded to 10-foot bays from the former 7-foot bay. Ceiling heights were increased, allowing double-bunks. An attempt was made to reduce construction costs that included using fewer nails per connection. The 3-foot overhangs of the roof eaves were cut back to 9 inches. The series used a truss design rather than a load-bearing partition wall, using less lumber in the truss framing. The 800 Series buildings were designed to be built faster and less expensively than the 700 Series buildings, and design changes reflected changes in Army organization as the United States geared up for World War II.

The 800 Series designs were strongly criticized. Many pointed out that some of the changes had already been incorporated into the 700 Series designs, and the remainder of the changes could easily be incorporated. In addition, it was thought that the 800 Series designs were

too solid for "temporary" construction. By October 1942, the 800 Series had been canceled.

As the United States faced up to the reality of mobilization, sites for construction were chosen, land acquisition began, and contractors were selected. As locations were chosen, architect-engineer contractors adapted standardized plans to local conditions with an eye toward speed of planning and construction. Construction work was hampered by a shortage of lumber and other materials. The lumber industry went on strike in the fall and the program ran out of lumber. The construction program was organized in a highly centralized manner, and the major concern was to keep enough funding coming in to cover the construction costs.

The accelerated schedules for construction forced the crews into an assembly-line approach that is common today in tract housing but was new at the time. Crews of masons, carpenters, plumbers, and electricians went from building to building performing specialized functions.

When the scope of mobilization became clear in August 1940, the Surgeon General authorized the construction of ten new general hospitals, with a total of 9,500 beds. These were to be distributed around the country proportionate to troop strength. Two were to be created by the conversion of station hospitals to general hospitals.

Station hospitals also increased, both in size and number. Between September 1940 and December 1941, station hospitals increased from 7,391 beds to 58,736 beds. During the same period, space in general hospitals increased from 4,925 beds to 15,533 beds. Due to the sudden expansion, the military was short on medical supplies. They first issued World War I surplus stocks, but 20-year-old medical supplies were of limited use. The typical hospital opened only 50 to 60 percent complete in terms of the necessary equipment and supplies.

Hospitals built between 1940 and mid-1941 mostly followed the Surgeon General's 1935 plans and were not considered satisfactory. The Surgeon General's Office and the Quartermaster General's Office were forced to cooperate to redesign the hospital buildings. The new hospital buildings were of two-story masonry construction, making them more compact and fire-resistant. All wards and clinics were increased from 25 to 32 feet wide and were arranged in more efficient layouts. In August 1941, the General Staff authorized two-story, semi-permanent, fire-

resistant construction as standard for all future hospitals. This authority to build two-story semi-permanent buildings for hospitals was revoked in December 1941 in order to speed construction and conserve materials. After February 1942 all construction at new stations was to be of the temporary type. Construction and administration of the general hospitals were in flux throughout the war. Before August 1942, all general hospitals were under the direct control of the Surgeon General. At that time, they were integrated into the Army Surface Forces command structure for administrative purposes, with only the technical direction remaining under the Surgeon General. The Surgeon General protested the general lowering of construction standards for hospitals to the temporary, rather than semi-permanent, standards. After the protest, G-4 allowed two-story semi-permanent construction for hospitals if they could be delivered at no more cost than the wood-frame cantonment construction. The debate on cheapening construction materials continued as materials shortages worsened. In May 1942, a joint directive of the Secretary of War, Secretary of Navy, and the War Plans Division required the cheapest possible construction for all buildings. Station hospitals were to be in tents. Protests revoked this directive for all except Army Ground Forces maneuver areas.

Through 1942 and early 1943, construction barely kept up with the need for increased hospital beds. Planning occurred for emergency expansion of hospital facilities into civilian buildings. By the end of 1943 enough civilian buildings were acquired to establish 23 hospitals and expand five others. Construction of hospitals began to improve in 1943 as the supply of hospital beds met the demand, and as the shortage of lumber was being matched by surpluses in brick and tile. The Construction Division of the Army began a new design for one-story, semi-permanent hospitals buildings. The firm of York and Sawyer of New York completed plans for a Type A hospital. This consisted of one-story semi-permanent buildings. The lack of ramps made construction cheaper and the buildings safer. These were redesigned in the spring of 1943 to serve postwar use by the Veterans Administration.

The construction of the Old Hospital Complex at Fort Carson fell within the limited time span of two short-lived plans. Most of the hospital buildings were constructed using the 800 Series of building plans and were also constructed using a semi-permanent design of

concrete block, rather than a temporary design of lumber. Both of these contributed to the long-lived nature of these "temporary" buildings.

World War II General Hospitals

The general guidelines in 1941 for locating and establishing a general hospital can be found in the Technical Manual for Fixed Hospitals of the Medical Department published in the summer of 1941 by the War Department. The manual shows a typical layout for a 1,000-bed general hospital, which was to be suited to local conditions and needs (Figure 2).

In general, a 1,000-bed general hospital would have 62 buildings: 33 wards, administration, surgical, receiving and forwarding, and bath buildings, messes, and personnel buildings. The manual specifies three types of wards: combination, standard, and detention. The combination ward has 26 beds, 10 of which were private and 16 in an open ward. Wards of this type provided for the seriously ill, isolation and segregation. Standard wards had 33 beds, with only two semi-private beds and the rest open. These wards were intended for the noncontagious and convalescent patients. The detention ward has 25 beds, 9 private and 16 open. The porches were to be iron-meshed, rather than open. These wards were meant for neuropsychiatric patients and prisoners. In a general hospital of 1,000 beds there were to be 10 combination, 21 standard, and 2-4 detention wards.

Quarters were divided into areas for officers, nurses, and the medical detachment. In the standard general hospital described in the 1941 technical manual, officers' and nurses' accommodations should consist of simple 1- and 2-bed rooms, common toilets and showers, and a common living room in all buildings. The medical detachment should be housed in barracks on the basis of 125-man blocks. A 250-man block consisted of four barracks, one mess hall, one recreation building, and one administration and supply building. Variations were encouraged with different-sized detachments to minimize the administrative and transportation aspects. It was considered necessary to have at least three messes: one for officers, one for the enlisted detachment, and one for enlisted patients. In this plan, officers and nurses shared the same mess.

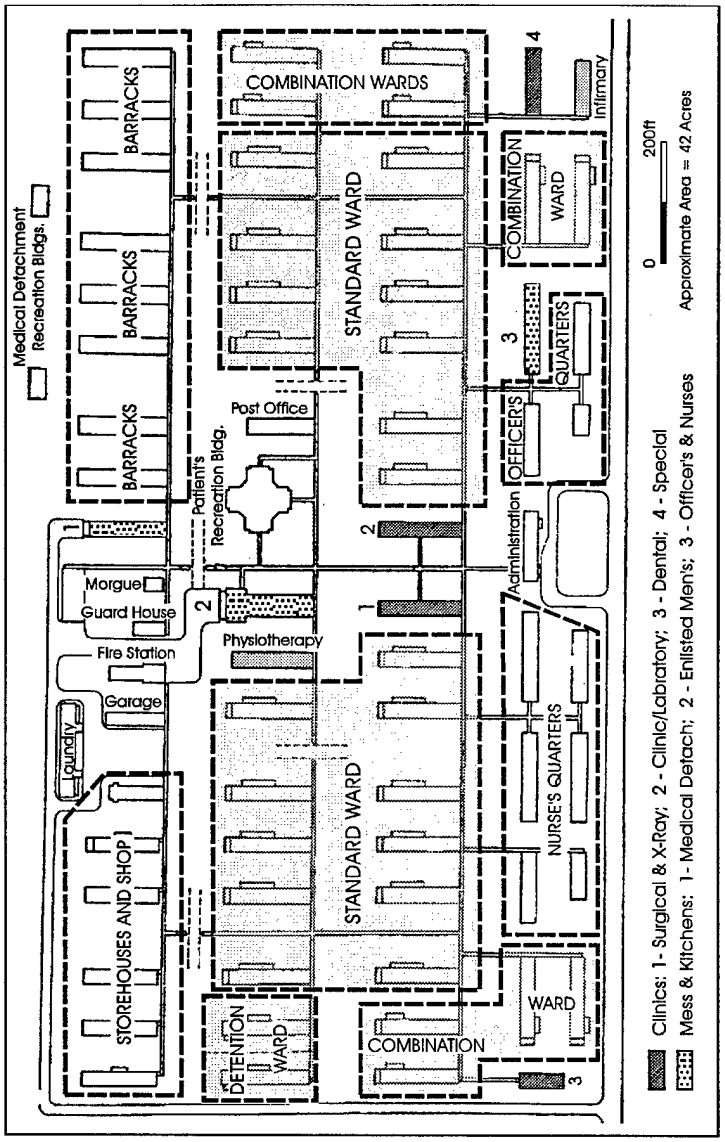

Figure 2. Typical hospital layout as described in a 1941 Army technical manual.

The corridor system was divided into two types of corridors: open covered walkways and enclosed walkways. The nurses' and officers' quarters were attached to the complex via open, covered walks. A system of fire roads also ran through the complex, no doubt as the buildings were expected to consist of wood construction.

The general layout was encouraged to be followed if local terrain permitted. The fundamentals governing the layout included: (a) buildings having to do with the sick are centrally located, (b) ward housing principally for ambulant patients (standard wards) forms the first concentric building group immediately surrounding the central group, (c) wards housing communicable diseases, the seriously ill requiring quiet, and the segregated (combination wards) form the next concentric building group.

Nine general hospitals were authorized and built at the beginning of World War II. These included the hospital at Camp Carson as well as hospitals at Fort McCoy (Wisconsin), Fort Riley (Kansas), Fort Leonard Wood (Missouri), Fort Gordon (Georgia), Fort Jackson (South Carolina), and Camp Wallace (Texas). The general hospital at Camp Carson followed these general guidelines (Figure 3). The relatively flat site provided no obstacles to the layout of a classic military general hospital. The major differences between the hospital at Camp Carson and the other hospitals were not in the layout, but rather in the use of the 800 Series drawings and the semi-permanent construction, rather than the temporary construction. This meant that the buildings were two-story cinder block buildings, rather than one-story wooden buildings. Walkways were changed to two-story, enclosed corridors with ramps in the middle to facilitate the transportation of wheelchairs and gurneys between floors. The corridors connected through the center of each building, rather than at the ends.

The two-story construction did not halve the number of buildings, but did reduce it. The proposed layout in the technical manual consists of 62 buildings, of which 33 were wards. The hospital complex at Camp Carson consisted of approximately 55 buildings, of which 22 to 24 were originally designed as wards. The general layout of a "typical" 1,000-bed hospital occupied 42 acres. The larger 800 Series buildings allowed hospital patient capacity to triple while occupying only half again as much area. Camp Carson's hospital occupied about 64 acres. By the end

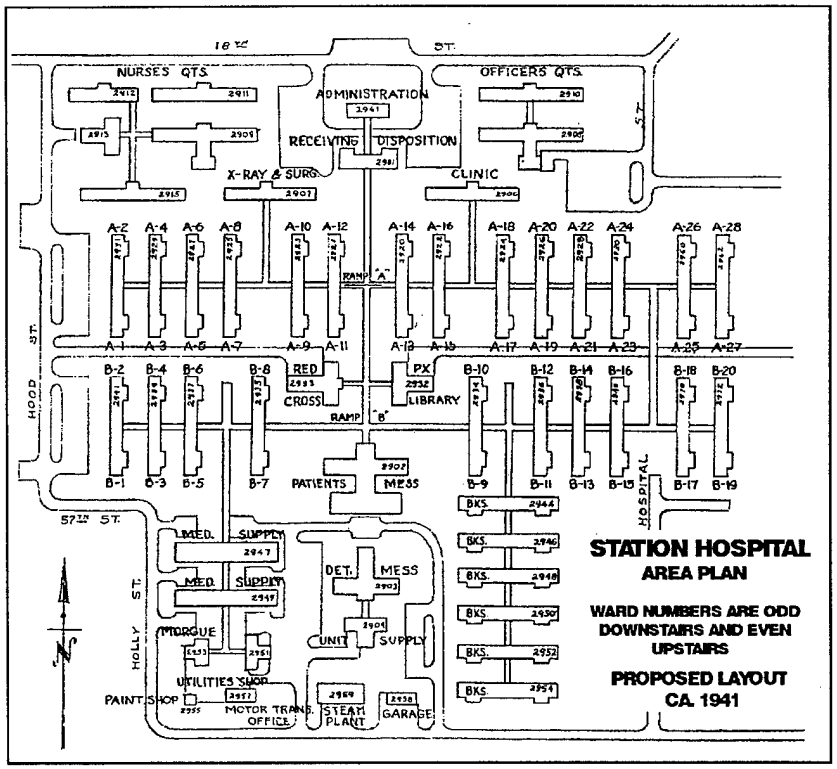

Figure 3. Proposed layout for the Camp Carson Station Hospital showing building functions.

of the war, it could accommodate 3,000 patients, or 2,000 patients over the number accommodated in the proposed layout.

The hospital as designed functioned as the proposed layout indicated. The administration and receiving areas were in the front of the hospital, flanked by the nurses' and officers' quarters. Many of the services needed by the patients, x-ray, surgery, mess, Red Cross, and library, were located in the center of the complex, flanked by wards on either side. The barracks for the medical detachment were in the rear of the complex, as were the medical supply warehouses, the morgue, and the utility and support buildings.

The hospital complex functioned fully as it was designed for no more than three or four years (1942 to 1945), and it probably functioned at full capacity for less than two years. Shortly after the war ended, excess wards were being converted to officers' quarters. As the need for hospital facilities lessened between wars, hospital facilities were converted to other uses. During wartime (Korea, Vietnam), as the need for hospital facilities increased, more portions of the hospital complex were re-used as medical facilities.

Chapter 3

A BRIEF HISTORY OF FORT CARSON

The expansion of military facilities in the early 1940s was a boost to local economies still in the throes of the Great Depression. Thus, while the idea of new military facilities was still only a gleam in the eye of the Chief of Staff, business people in varied areas promoted their cities as possessing attributes necessary for a military installation. The businessmen of Colorado Springs were among those promoting their city. In their favor, they had an area that included miles of prairie for large-scale training exercises and a climate that would permit year-round training. In addition, the proximity to the mountains could add varied terrain to the training exercises. Mountain climates were also believed to be healthful.

Also in the favor of Colorado Springs was the fact that Colorado Senator Alva B. Adams was a member of the War Department Subcommittee on Appropriations. Appeals to Senator Adams, was well as Senator Edwin C. Johnson and Representative J. Edgar Chenoweth resulted in an initial survey of the proposed camp area in 1941. In 1940, Brigadier General Brehon B. Somervell, Chief of the Construction Division in the Army Quartermaster Corps began a national effort in Advance Planning and ordered investigation of camp locations around the country. The Zone Constructing Quartermasters were to recommend suitable sites. The areas investigated included Camp McCoy, Wisconsin; Camp Campbell, Kentucky; Camp Atterbury, Indiana; Camp Rucker, Alabama; Camp White, Oregon; Camp Pickett, Virginia; Camp Swift, Texas; Camp Butner, North Carolina; Camp Adair, Oregon; Camp Gordon, Georgia; Camp Beale, California; and, of course, Camp Carson, Colorado.

When Pearl Harbor was attacked in December 1941, the United States' role in World War II was decided and plans for military construction accelerated. In January 1942, the Army announced that Camp Carson (named after the U.S. Army Brigadier General Christopher "Kit" Carson) would be established between Colorado Springs and Pueblo. Stationed at the camp would be two divisions, largely infantry

and artillery, consisting of 14,615 enlisted men and 630 officers. Thanks to the planning and topographic surveys already conducted, it was possible to begin construction almost immediately.

Construction of the Old Hospital Complex was carried out by the Colorado Springs Constructors, Incorporated. This company, known also as "The Big Five," consisted of a group of five companies that combined their resources to construct 1,650 buildings in a matter of months. Companies comprising the Big Five included Edward H. Honnen Construction Company of Colorado Springs, Colorado; Peter Kiewit of Omaha, Nebraska; Condon-Cummingham Construction Company of Omaha; Thomas Bate and Sons of Denver, Colorado; and the C.F. Lytle Company of Sioux City, Iowa. Thousands of men and women, laboring around the clock, participated in construction. Skilled laborers were initially culled from union rosters nationwide. At the peak of construction activity, however, skilled labor that the unions could not provide was recruited from the general work force.

Construction at the camp proceeded rapidly, and the first building was completed at Camp Carson on January 31, 1942, less than a month after the announcement that the camp would indeed be established. Most of Camp Carson was constructed using the 800 Series building plans. These plans were introduced in 1941, and their use was cancelled in October 1942, due to general dissatisfaction with the amount of materials and design of the structures. The hospital buildings constructed at Camp Carson varied from the standard 800 Series plans in several ways. When constructed as semi-permanent buildings at Camp Carson all walls were constructed with 8" x 8" x 16" (nominal) cinder block. Exterior double doors and paired windows specified to have brick rowlock arched lintels were instead constructed with one or more pre-cast, reinforced-concrete or cinder block lintels. The only known use of 4" x 2 1/3" x 8" (nominal) bricks occurred in the blocked-up foundation wall openings through which utility lines ran, in some window sills, and reportedly in the lintels of some interior double-door openings. Window sills at Buildings S6220 and S6226 were constructed of red clay bricks. Many or all of the remaining buildings have cinder brick window sills.

The assembly-line method of construction, which was making headlines all around the country, was also used in building Camp Carson, and the newspapers reported on the method there as elsewhere. A transit

crew marked the foundations and first-floor levels and was followed by a foundation crew. Foundations were generally either of wood piles or concrete piers, and holes for the supports could be drilled by auger in six minutes each. Framing crews were subdivided so that one crew would construct the floors, while another erected the walls. Plumbing and electrical crews were subcontracted and worked in the same manner. Contractors came from around the nation. Laborers and construction materials were largely local, though some men and materials were shipped from out of state. Materials were shipped in on a specially constructed railroad spur. In early April almost 11,500 workers were on the job at Camp Carson. Troops began arriving in June 1942, sharing the camp with the construction workers who were still working at top speed to finish the camp. As the initial construction neared completion, plans were made to expand the camp to include a training unit and a 3,000-man internment camp. Contracts for these projects were let immediately.

A major fire swept through the camp January 21, 1943, destroying 23 buildings in the internment camp, as well as other buildings throughout the post. Contracts were let for the re-building of these facilities.

Camp Carson played a strong role in the U.S. Army throughout World War II. During the war period, 104,165 men trained at Carson. In addition to the training headquarters for the major divisions, the camp housed mule packers, engineers, WACs, tank battalions, decontamination units, airborne engineers, mountain troops, and prisoners of war. At one time, the hospital complex was the largest in the country, with over 9,000 patients.

Camp Carson was also the home of the 10th Mountain Division. Camp Hale, near Leadville, Colorado, was used as a winter training area for mountain troops beginning November 1942. The camp accommodated 15,000 men and 5,000 mules. Instruction was given in rock climbing, mule skinning, skiing, and use of weapons in high elevations. During World War II, the 10th Mountain Division trained here and was then ordered to Italy where it joined the Fifth Army. Their work in the Italian Alps was credited with hastening the end of World War II.

After World War II, Camp Carson became a separation center where about 9,000 soldiers became civilians. In April 1946 the War Department announced that Camp Carson would remain open despite the

end of the war. Major units stationed at Camp Carson after World War II earned the post the nickname of the "Home of Mules, Mutts, and Mountaineers." The 4th Field Artillery Battalion (Pack) continued its training with mules. Camp Carson also became the summer home for mountain troops who wintered near Leadville. The 39th and then the 14th Regimental Combat Teams used the camp as headquarters.

The northeast section of the post held the mule barn area. Each mule of the 4th Field Artillery Battalion (Pack) had its own serial number and was trained to carry portions of 35mm howitzers weighing as much as 300 pounds, plus a 95-pound pack saddle. On December 15, 1956, the Army mules were retired, to be replaced by helicopters. The mule barns were razed in 1970.

In the 1950s and 1960s, one group of Carson trainees ate raw meat, fought with their teeth, were chained at night, and branded for identification. They were the four-footed members of the Army's canine school where dogs were trained as scouts, messengers, and sentries. By 1954, the school had furnished a dog platoon for each active division. In July 1974 dog training became an Air Force function and the Carson center was discontinued.

With the start of the Korean War in 1950 the military began to expand again. A Separation Center was established at the post. Through the center enlisted reservists, national guardsmen, and draftees were separated from the service, and additional men, rotated from combat zones, were reassigned duties. Also in 1951 a Blood Donor Center was established at the army hospital. Voluntary donations from troops and civilians sent more than 11,500 pints of blood to Korea. Other units included the 5022 ASU Special Troops, 40th Field Artillery Group, 11th Armored Cavalry Regiment, 313th Engineer Construction Group, U.S. Army Hospital, Mountain and Cold Weather Training Command, and the Army Dog Training Center. When the Korean War ended in 1953, the Army again began to downsize, and the east wing of the hospital complex was converted to officers' quarters.

In August 1954 Camp Carson officially became a permanent installation and the name was changed to Fort Carson. Camp Hale, near Leadville, was only sporadically used after the transfer of the Mountain and Cold Weather Training Command for Fort Greeley, Alaska. Camp Hale was closed June 30, 1965. In trade for Camp Hale, 2,871 acres

were acquired from the Department of the Interior. Then in 1965 and 1966, Fort Carson acquired an additional 78,700 acres of land adjacent to the south part of the original reservation.

In 1964, the Army nearly doubled its manpower in preparation for Vietnam. However, the Army also decided not to open new installations, but to expand and fully utilize existing installations. Therefore, space was limited at installations such as Fort Carson. Lt. General Charles A. Corcoran, Post Commander between 1966 and 1968, remembered that housing was at a premium during his tenure. Officers and dependents usually occupied the available base housing. Others had to find housing off the base. Corcoran remembered finding enlisted men living in rented chicken coops in Colorado Springs.

There were approximately 30,000 troops at Fort Carson during this period, most either new recruits leaving for Vietnam or returning troops finishing the last few months of their two-year enlistments. Corcoran remembers that his largest problem with the returning vets was their disenchantment with the war; returning vets seemed to have the most troubles with drugs and alcohol addictions. Many bought fast cars or motorcycles and they were always getting into accidents. Officially, the returning vets spent their last few months getting a mixture of military training and skills development, intended to return them to normal life; however, voluntary participation in these programs was low.

The area under the command of Fort Carson increased considerably between 1982 and 1983 when the Army acquired an additional 244,000 acres for maneuver training at Pinon Canyon Maneuver Site in southeast Colorado. The site provides the required space to train over realistic distances and varied environments.

Chapter 4

THE CAMP CARSON GENERAL HOSPITAL IN WORLD WAR II

Sunshine for the pale and palsied,
Sunshine for the chilled and weak,
Giving pallid lips the rubies,
And the rose to Pallor's cheek,
Praise God for the floods of sunshine,
Free as e'en the mountain air!
This is Colorado's glory,
Poured like rivers everywhere.

Colorado Sunshine, in Robert Athearn's *The Coloradans* (listed in *For Further Reading*, p. 59).

History of the Complex

The Colorado sunshine and mountain air has enjoyed a reputation for healing invalids since the late 1800s. Large numbers of tubercular patients came west to Colorado in the hopes that the mountain air would provide relief from their disease. Many actually did survive, which fueled Colorado's reputation for a healthy climate. Historian Robert Athearn quotes P.T. Barnum as exclaiming over the wonders of the mountain climate, "Two-thirds of them came here to die and they can't do it! This wonderful air brings them back from the verge of the tomb." By the end of the 1800s, there were claims that fully one-third of the state's population consisted of recovered invalids. Around the turn of the century, proof that tuberculosis was a contagious disease began to erode sympathy for the consumptives. Physicians advised institutionalization near the victim's home, rather than travel for treatment. Even so, patients traveled to sanatoriums in Colorado Springs and Denver to avail themselves of the healthy climate.

Thus, once Colorado Springs was chosen for a military installation, it was no surprise that Camp Carson was selected for one of the ten general hospitals authorized by the Surgeon General in August 1940.

The hospital opened on August 6, 1942, and admitted the first patient the following day. It could accommodate 1,250 patients with a staff of 1,000 nurses, hundreds of doctors, and 2,000 civilians, according to articles in the Colorado Springs Gazette and Telegraph. By early 1943, hospital capacity expanded to 1,754 beds, and by August, 1943, plans were made to expand hospital capacity to 2,146 beds. By the end of the war, the hospital could handle about 3,000 patients. On May 10, 1943, the Convalescent Barracks opened. Prisoner of War wards also opened in May, and cared for between 100 and 130 admissions a month.

In October 1943, the hospital became home to the Army Nurse Corps Training Center, which trained civilian nurses in Army nursing techniques. The center only existed for two years, but trained over 3,000 nurses.

Convalescent rehabilitation was an ongoing part of the Camp Carson hospital mission. In September 1943, the *Camp Carson Mountaineer* reported that "in the far end of the Station Hospital are located barracks for men who are able to leave their hospital ward, but are still not ready to return to their outfits for general duty." In June 1944, the station hospital was redesignated as the Fort Carson Army Service Forces Convalescent hospital. In February 1945, the Camp Carson U.S. Army General Hospital was activated. In May 1945, the Fort Carson Hospital Center was organized with jurisdiction over the convalescent center, the general hospital, and the nurses' training center. By the end of the war, there were two convalescent hospital centers in addition to the general hospital complex (Figure 4). Combined, these two centers could handle an additional 4,500 patients. These centers were to emphasize the rehabilitation of patients through physiotherapy, recreation, and vocational training. Both centers were mainly of temporary wooden buildings, which are no longer extent.

Convalescent Hospital Area B was constructed in 1945 at least partially from 700 Series plans. It housed about 2,400 patients and included three mess halls, a ration breakdown building, post exchange, a clinic, a bowling alley, five gymnasiums, shops, a physiotherapy building, swimming pool, and a Finnish bath (Figure 5). Sports facilities included tennis, basketball, handball, croquet, horseshoe, volleyball, bad-

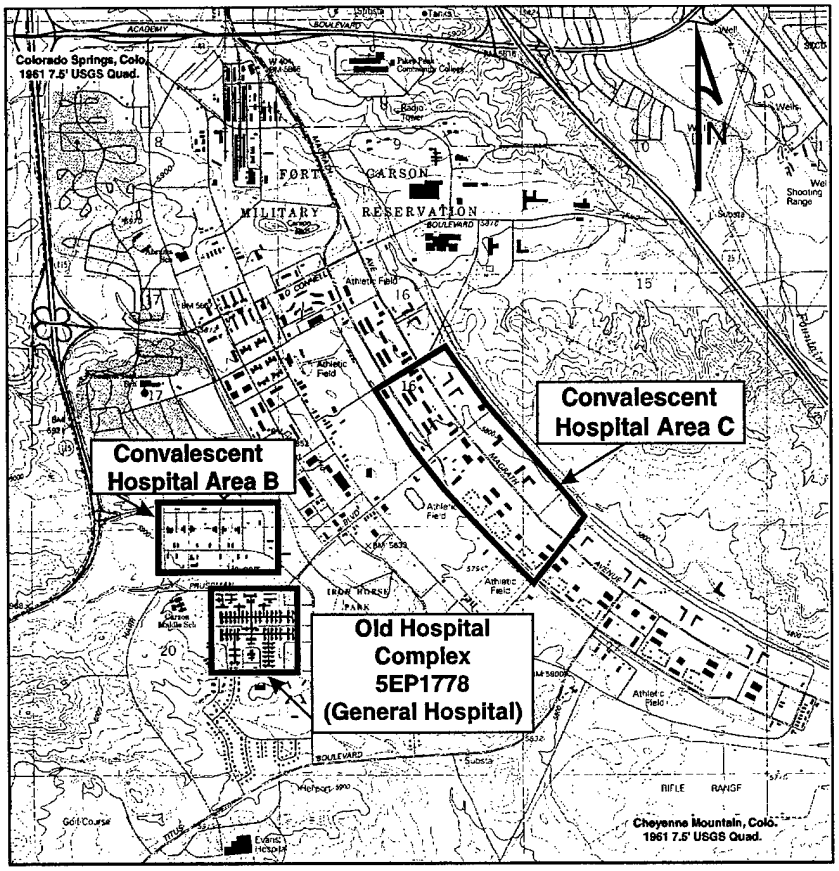

Figure 4. Location of the hospital complex and convalescent hospitals.

Old Hospital Complex

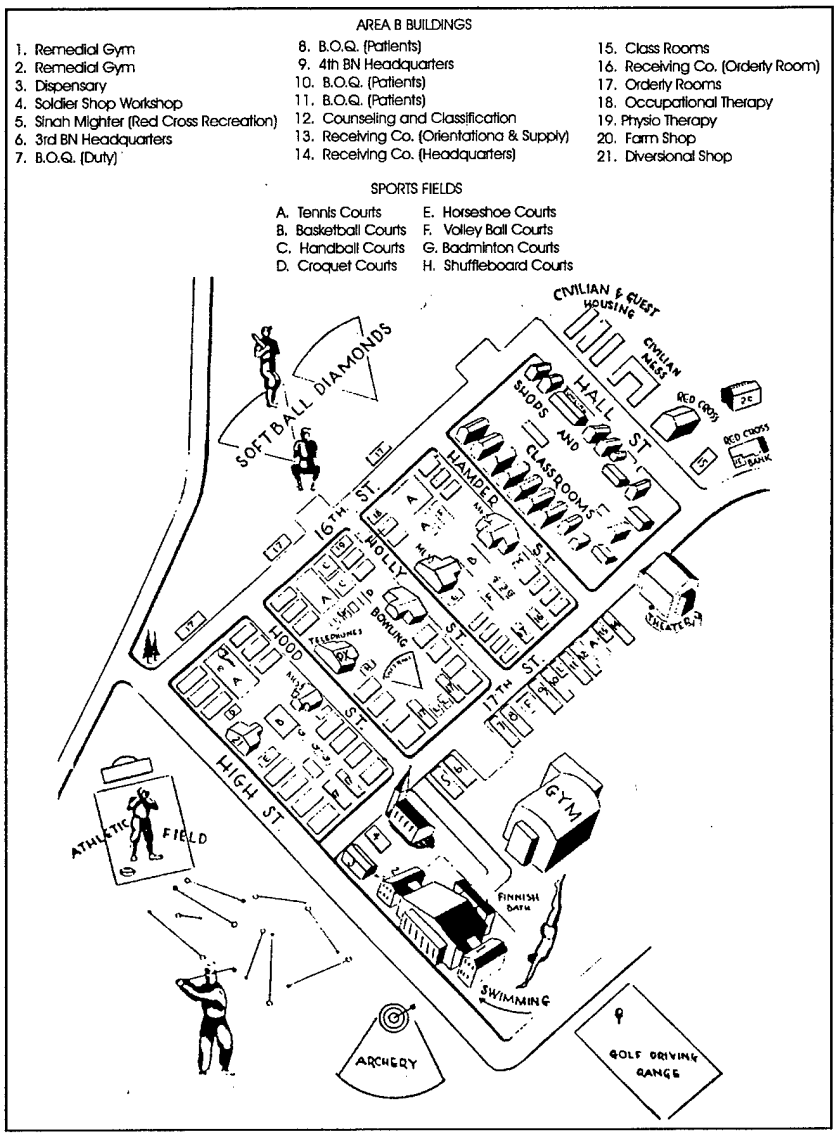

Figure 5. Convalescent Hospital Area B. From *Carson's Record is Proven: Hospitalization in Nature's Most Healthful Climate..and Morale-Building Environment.* Manuscript on file in the Local History Collection, Pikes Peak Library District, Colorado Springs, Colorado.

minton, and shuffleboard courts. Only one gymnasium (Building T-6049, site 35EP2444) and the theater (Building T-6120, site 5EP2445) were of cinder block construction.

Convalescent Hospital Area C was also constructed in 1945 at least partially from 700 Series plans. The Iron Horse Gym (Building T-1843, site 5EP2441) is one of the few buildings from the convalescent center still extant. Originally, the center included an orientation building, a post exchange, classrooms, a counseling and classification building, a post office, a consultation dispensary, a Red Cross building, a physical education reconditioning headquarters, a physiotherapy and an occupational therapy building, as well as quarters and a mess (Figure 6). Sports facilities included the gymnasium, and areas for tennis, basketball, handball, croquet, horseshoes, volleyball, badminton, shuffleboard, golf, and archery.

At the end of World War II, the need for extensive hospital facilities ended. The hospital center was inactivated on March 31, 1946, when the hospital became formally known as only as Station Hospital, Camp Carson, Colorado. The general hospital was replaced by a 400-bed station hospital. This was reduced to 350 beds in June and further reduced to 300 beds in November. The unused hospital buildings served as a separation center where discharges and reassignments for soldiers from a four-state area were processed. In 1946, many of the unused hospital buildings at the eastern end of the hospital were converted into living quarters assigned to military personnel and their dependents.

The 1947 Annual Report of the Station Hospital of Camp Carson indicates the hospital was authorized 250 beds at the beginning of the year. This was decreased to 200 beds on July 1, 1947, and further reduced to 100 beds on July 11, 1947. In July 1947, three wards were closed and all medical patients transferred to one ward, A-12. All females were in Ward A-11. The Annual Report noted that a major change occurred with the institution of a complete obstetrical facility and delivery service at the station hospital on August 1, 1947. Apparently, these activities were carried out as part of regular hospital functions.

The 1949 Annual Report of the Station Hospital of Camp Carson states that the hospital then was still at a capacity of 100 beds. The report describes the hospital:

Old Hospital Complex

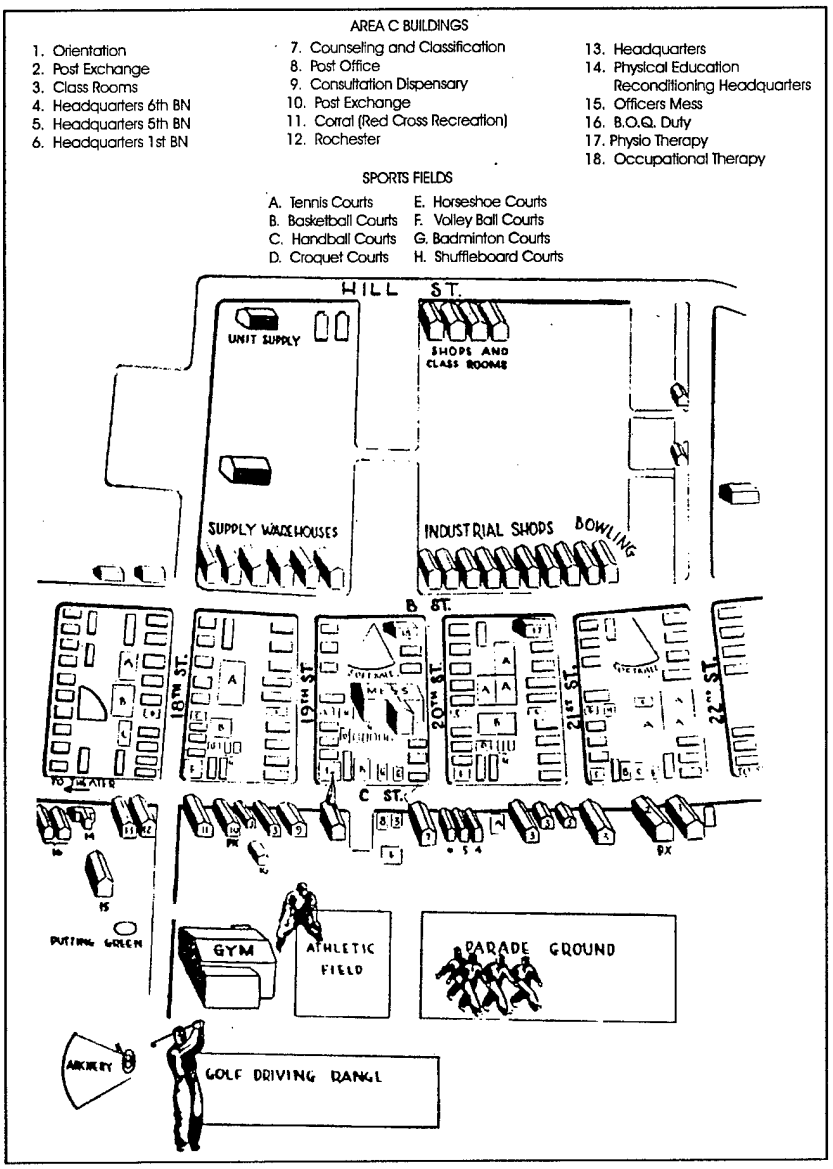

Figure 6. Convalescent Hospital Area C. From *Carson's Record is Proven: Hospitalization in Nature's Most Healthful Climate..and Morale-Building Environment.* Manuscript on file in the Local History Collection, Pikes Peak Library District, Colorado Springs, Colorado.

> The Station Hospital is constructed of cinder block, painted yellow. Buildings are of two-story, semi-permanent construction. There are 24 ward buildings built in two parallel rows, one of 14 buildings and the other of 10, making a total of 24 buildings, or 48 wards, with a bed capacity of 2,606 beds with 100 square feet per patient. During the past year 24 wards were used as living quarters for officers and their families. Two families being assigned quarters in each ward, this is possible because each ward is divided by a main cross ramp. In the month of November, 1949 five more wards were made available for quarters, making a total of 29 wards housing 58 families.

In 1949, John Burk and his family visited Fort Carson's Post Provost Marshal, Lt. Col. Snyder. Lt. Col. Snyder and his family occupied an entire wing of the post hospital facility as family quarters, as did several field grade officers and their families. The Burks were impressed with the plethora of bathrooms available, as well as the "indoor roller skating facilities" available in the lengthy corridors. In addition to conversion to family quarters, the nurses' mess hall was converted to an officers' club, and the headquarters were used as post headquarters. The Medical Detachment barracks were in use as temporary family quarters for married enlisted men. In fact, in 1949 only three wards were in use for medical treatment. The medical and surgical services each had one ward (medical service had A12, the surgical service A10), and a third ward was designated the Women's Ward and used for all female patients.

With the beginning of the Korean War in 1950, hospital facilities were expanded to five wards to house the incoming casualties. The hospital was also again used to house a separation center, and also a blood donor center. The 1952 Annual Report of the hospital states that the authorized bed capacity for the year was 1,300. When the Korean War ended in 1953, such large numbers of hospital facilities were again no longer needed and the east wing of the hospital complex was closed. Most of the unused buildings were again converted to officer housing units. Use of the convalescent hospitals apparently ceased in the early 1950s after the Korean War ended.

After the Korean War, the hospital was again downsized. The 1954 Annual Report states that bed authorization for the year fluctuated

between 725 and 560 beds. In 1955, the bed authorization fluctuated between 560 and 400. Similar bed capacity was reported for 1956.

John and Betty Boyle served three tours of duty at Fort Carson between 1953 and 1965. She was an orthopedic nurse and he was in the Medical Supply section. They remember the surgical wards as being Wards A2 through A10 (Buildings 6231-6237), and the surgical overflow wards as Wards A12-A28 (Buildings 6230; 6240-6249). The medical wards at that time were B1-B9 (Buildings 6253-6253; 6262). Additional medical wards, which served as the tuberculosis wards in the early 1950s, were B11-B27 (Buildings 6263-6267). The prison ward was apparently in B10 (second floor, Building 6262), and the Boyles remembered that ward had bars on the windows.

Mrs. Boyle remembers that the skiers from Camp Hale kept the orthopedic ward busy. Not just the mountaineers who were training at Camp Hale would use the facilities, but others from Fort Carson, and their dependents, would go into the mountains to go skiing ... and use the orthopedic facilities as necessary. Mrs. Boyle remembered one weekend when they brought an entire bus back from Camp Hale to the hospital complex. Among the patients was an officer's wife who had four small children at home and had broken both ankles.

In 1958, a site for a new hospital complex was selected, but the project was shelved due to cost. The hospital complex continued to function as a hospital through the Vietnam War. In 1969, the hospital complex was designated as a U.S. Army Medical Department, providing medical and dental services for armed forces personnel, retirees, and their dependents from Colorado, Utah, Wyoming, and North and South Dakota. In 1959, active wards were consolidated on the second floor of the west side of the complex.

Throughout the Vietnam War, portions of the hospital complex were serving as base housing. Men quartered in the hospital complex were lucky, as many enlisted men had to find their own housing off base. Post Commander at the time, General Corcoran remembers finding enlisted men living in rented chicken coops in Colorado Springs.

Craig Schinost served at Fort Carson from October 1966 to August 1968 except for a short temporary duty assignment at Walter Reed Medical Center. Although his duties were in the veterinary corps, he

remembers being housed in the Old Hospital Complex in Building 6267. Being housed in the hospital complex allowed him to mess there also. As Mr. Schinost recalls, this was a source of jealousy among those quartered elsewhere, as the hospital was known for having the best mess on the base. Schinost thought that the high quality of the mess probably resulted from the combination of the number of officers quartered in the complex as well as the intention of feeding the hospitalized Vietnam returnees well.

John Burk reported for duty as commander of the 6th Battalion, 8th Artillery in March 1967, and was also assigned quarters in the hospital complex. Visiting officers' quarters were also in former hospital buildings. Burk recalls that the post nursery was located in the hospital complex in one of the former family quarters wings. The facilities were inadequate ("ill run, ill equipped, overcrowded, and most likely unsanitary"), and the nursery was closed in 1968 until it could be properly refurbished. The Officers' Wives Club and NCO Wives volunteered both money and guidance for the refurbishment.

While many of those who served at Fort Carson remember the non-medical functions of the Old Hospital Complex, much of the complex did actually function as a hospital, providing care and rehabilitation facilities to returning Vietnam War veterans. In 1968, bed authorization was 350, with a seasonal peak expansion to 500. This was changed on June 1, 1968, to 450 beds up to 625 and changed again on July 12 to 425 beds. Corcoran remembers that the vets had trouble with both drug and alcohol addictions and these would undoubtedly have been addressed at the medical facilities. In 1975, America pulled out of Vietnam and Fort Carson, once again, acted as a separation center for returning forces.

Throughout the 1970s and 1980s, plans for a new hospital repeatedly surfaced, but without the requisite funding. The Old Hospital Complex continued to function despite electrical systems overloaded by the demands put on it by modern technology. Acceptable plans for a new hospital and the funding were finally both available and site preparation began in 1981. Evans Hospital opened in 1986. The use of the Old Hospital Complex as a hospital was discontinued. Offices for a number of post functions have been moved into the hospital complex as the temporary wood buildings they were housed in have been demolished.

Hospital Organization

Military hospitals in World War II and since are divided into two categories: fixed or mobile. Mobile units are used in the field and can include field hospitals, evacuation hospitals, and convalescent hospitals or depots. The Old Hospital Complex at Fort Carson was a fixed hospital. Fixed hospitals could be either a station hospital or a general hospital. The station hospital normally received patients only from the station to which it pertained. General hospitals were designed to serve general and special, rather than local and ordinary, needs. The 1941 technical manual also states that when possible two or more general hospitals be grouped together with a convalescent center in order to reduce administration and transportation needs and that this grouping be called a hospital center. This is clearly what the Army was working toward when it made the Old Hospital Complex a part of the Fort Carson Hospital Center.

General hospitals in 1945 were run by the Post Surgeon, a Hospital Commander who functioned as the chief executive officer of the facility (Figure 7). Below him were the Medical Inspector, the Post Veterinarian, the Administrative Division of the hospital, and the professional divisions of the hospital. The Post Veterinarian inspected all the food products of animal origin used at the post, made inspections of local food supply locations, and supervised care of the animals at the post. The duties of the Medical Inspector were to inspect communicable disease control measures, sanitation, water supply, and waste disposal. He also supervised insect and rodent control, prepared numerous government reports, and conducted the venereal disease control program.

The hospital administrative staff was divided into medical supply, the adjutant's office, the registrar, and the dietetics division. The medical supply division was subdivided into the office of the Medical Supply Officer, purchases, property, maintenance, and linen exchange. Particular attention was paid to the supply and storing of alcohol, narcotics, and habit-forming drugs. The Medical Supply Officer was to receive and issue these supplies in person. All reserve supplies were to be kept locked in safes in rooms specially provided for that purpose, and the keys and safe combinations were to be kept by the Medical Supply Officer in person.

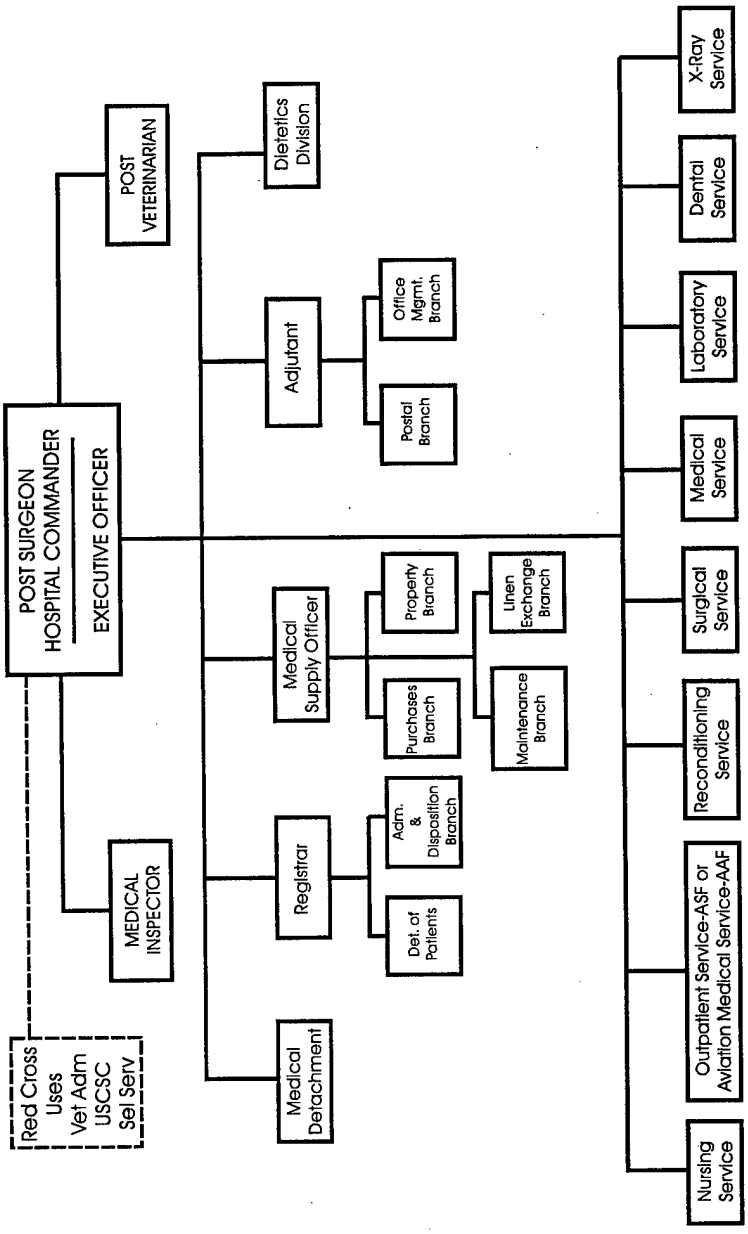

Figure 7. A portion of the standard organization of regional medical services and station medical services; July 1, 1945, War Department Technical Manual 8-262.

The Adjutant's duties were first to assist the Hospital Commander as necessary. The postal branch and the officer service branch, which provided secretarial and office services for the hospital, were also under the Adjutant. The Registrar was responsible for keeping all the medical records, except those of the outpatient branch, and was responsible for taking care of the patients' personal belongings.

The Admission and Disposition Branch was also under the Registrar, and was responsible for examining patients prior to admission and for admitting them to the proper ward, as well as keeping track of the paperwork. In 1941, patients were required to surrender all personal baggage except for one suit of pajamas, one convalescent suit, and one bathrobe. The storage of these personal items was the responsibility of the branch. When prisoners or insane cases were admitted, their guards or attendants were to escort them to the proper ward accompanied by an orderly from the branch.

The dietetics division was responsible for preparing menus and distributing food, as well as operating and inspecting all the messes, the central bakery, and meat cutting shop. Enlisted duty personnel and patients in enlisted status whose condition permitted were to be served through a cafeteria system. There were to be separate messes for nurses and officer patients. Ambulant patients on an officer status were to be furnished table service. Nurses ran their own mess, which could also be used by dietitians, physical therapy aides, and other employees. They were to pay into the hospital fund for each day they were furnished meals.

The professional staff at the hospital was divided into the nursing division and the major services. The 1941 technical manual lists five major services: surgical, x-ray (roentgenological), medical, dental, and laboratory. By 1945, the War Department had added reconditioning and outpatient services to the technical manuals. The x-ray service operated the diagnostic section, maintained necessary records, and filed and disposed of x-ray films.

The nursing service was responsible for providing nursing services for the hospital, assisting in the general training of nurses, supervising the nurses' quarters, and conducting the cadet nursing training program. Nurses were to be regarded as having authority in and about the hospitals next after the officers of the Medical Department and were to be accorded

the respect due their position. The nurses were supervised by the Principal Chief Nurse and in general the service was run separately from the other services.

The surgical service consisted of seven sections: general surgery, anesthesia and operative, septic surgery, EENT, orthopedics and physical therapy, urology, and central services. The medical service also consisted of seven sections: general medical, neuropsychiatric, dermatology, cardiology, communicable disease, gastroenterology, and the medical library. The reconditioning service consisted of three sections: physical therapy, occupational therapy, and educational reconditioning. The dental service consisted of the operative section, the oral surgery section, and the prosthetic section. The laboratory service included the pathology, bacteriology, chemistry, and serology sections. The outpatient service included the dispensary and pharmacy sections. It was responsible for all pharmacies, immunizations, miscellaneous physical examinations, and providing medical details for ranges or bivouacs.

In addition, there was an Assigned Activities unit directly under the hospital commander that was responsible for Theater of Operations (T/O) units, Prisoner of War Camps, and other miscellaneous duties assigned to the commander. As Fort Carson did have a Prisoner of War Camp, which included its own infirmary, it would be logical if the medical personnel fell into the Assigned Activities unit.

Chapter 5

BUILDINGS IN THE OLD HOSPITAL COMPLEX

The 57 buildings in the Old Hospital Complex were designed as a self-sufficient network. These included hospital wards, hospital clinics, living quarters, mess halls, support services, administration, recreation, and utility buildings. The complex had many uniform architectural components, including the utility lines and cinder block construction. Foundations consist of continuous poured-concrete foundation walls, and piers. The foundation walls are one foot thick and rise from the footings to approximately one foot above grade. Crawlspaces below the buildings hold utilities. The structural system of the buildings consists of load-bearing cinder block exterior walls, and piers. The floor system is wood-joist construction. Joists bear on interior, built-up longitudinal beams. The roofs are supported by wood-trussed rafters that bear on the interior wood beams and the perimeter walls. The solid, massive appearance of the buildings is relieved by frequently occurring windows. The simple and rhythmic pattern of standardized doors and windows that are devoid of extra detail adds to the complex's impassive nature.

Administration

Most visitors to the complex would first pass through the administration buildings. These buildings originally contained offices and facilities used to oversee the daily operation of the hospital complex. There were originally two buildings devoted to this function, the Administration Building (S6225; Figure 8) and Administration and Receiving (S6226). Both buildings sit at the complex's north edge, flanked by large parking lots.

The two buildings are similar in their location, construction, and simple, two-story appearance. However, the Administration Building has typical cinder brick sills while the Administration and Receiving building sports red clay brick sills. And, the interior of each building was quite different. The Administration Building was constructed

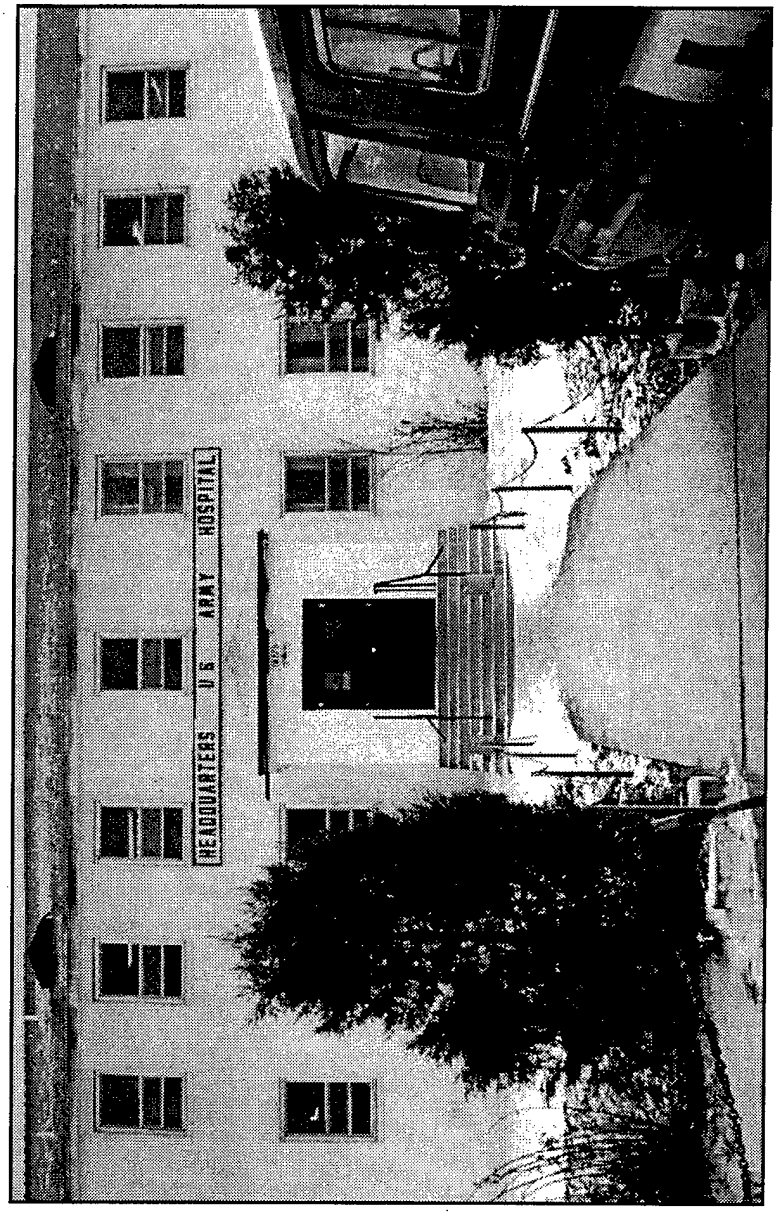

Figure 8. Undated photograph of the Administration Building (Building S6225) taken during the building's tenure as post headquarters.

as a simple rectangle filled on both floors with large office rooms. Later wings added several additional offices at both ends of the building. Still more office rooms were added with an extension of the wings. According to Army records, this building has always been used as an Administration General Purpose building. At various times the building has housed the Hospital Headquarters, Post Headquarters, Medical Administration facilities, a pharmacy, and offices for Plans Operations Training and Security.

Administration and Receiving was originally used as a general administration building to oversee daily operations of the complex. It contained a typical emergency room, receiving area, examination rooms, waiting areas, reception area, and registrar's office. It also was home to the telegraph office, mail room, and post office. The second floor was devoted to offices.

Clinics

The hospital clinics originally provided services to patients at the hospital. Three buildings functioned as clinics: Central Services and Occupational Therapy/Clinic Building (S6232), the Clinic (S6243), and the Surgery and X-Ray/Hospital Clinic (S6233). These three buildings were generally located in the north-central portion of the complex.

The Central Services and Occupational Therapy Building was a relatively small, simple, rectangular, two-story structure, bordered on the north side by a two-story corridor. It contained the hospital's Occupational Therapy complex on the first floor and its Central Services on the second floor. The first-floor contained a doubly loaded corridor terminated at a large open workshop room. The rooms off the corridor were occupied by ceramics, weaving, and bookbinding areas, as well as storage and office space. The second-floor hall connected the corridor entrance to the building with a large room identified as "General Arts and Crafts." This floor also contained the Central Services area consisting of a Supply Room, and Oxygen Room, and Clean Up and Work Room, and a counter near a small lobby space.

This building is unique in the complex for several reasons. The building was not part of the complex's original layout. It sits awkwardly between patient wards. It is only slightly longer than half the length of

its neighboring ward buildings. With the addition of a later wing, the building's backwards L shape extends well beyond the end wall line from the surrounding buildings, making this one of the few exceptions with the right grid pattern of the complex. The original building is also wider than the standard 32'-4" width of most 800 Series buildings.

The Clinic Building (S6243) is also the only building of its kind in the complex. The building is a narrow, rectangular, basically symmetrical, two-story structure. As constructed, it contained a sick-call room on the first floor, as well as a pharmacy, rooms for examination, and several clinics. The second floor contained a darkroom, as well as several additional clinics, laboratories, and dental examination rooms.

The Surgery and X-Ray Building (S6233) is also unique in the complex. It is a narrow, rectangular, two-story structure. As constructed, the first floor contained two operating rooms and two x-ray rooms, as well as rooms for fluoroscopy, cystoscopy, and plastering. There was also an office, several work rooms, and doctors' and nurses' changing rooms. The second floor contained, four operating rooms, a sterilizing room, an anesthesia room, a surgical dressing room, doctors' and nurses' dressing rooms, and several work rooms. This was used as a surgical and x-ray building until 1977. Following World War II, the Surgical and Orthopedic Clinic was moved to the lower west wing. An Occupational Therapy unit was also housed there.

Hospital Wards

Hospital wards are those buildings that housed patients during their treatment and recovery. Four types of wards at the complex made up about 40% of all the buildings. There were two combination wards, two neuropsychiatric wards, seven special wards, and thirteen standard wards. Standard wards housed non-contagious and convalescent patients. Neuropsychiatric, or detention, wards housed neuropsychiatric patients and prisoners.

All wards originally had the same massing, construction, and basic layout. All were narrow, two-story, cinder block buildings (Figure 9). A typical layout consisted of doubly loaded corridors flanked by utility, service, and patient rooms. The corridors terminated in large common-ward rooms overseen by a windowed observation room. Sun rooms and

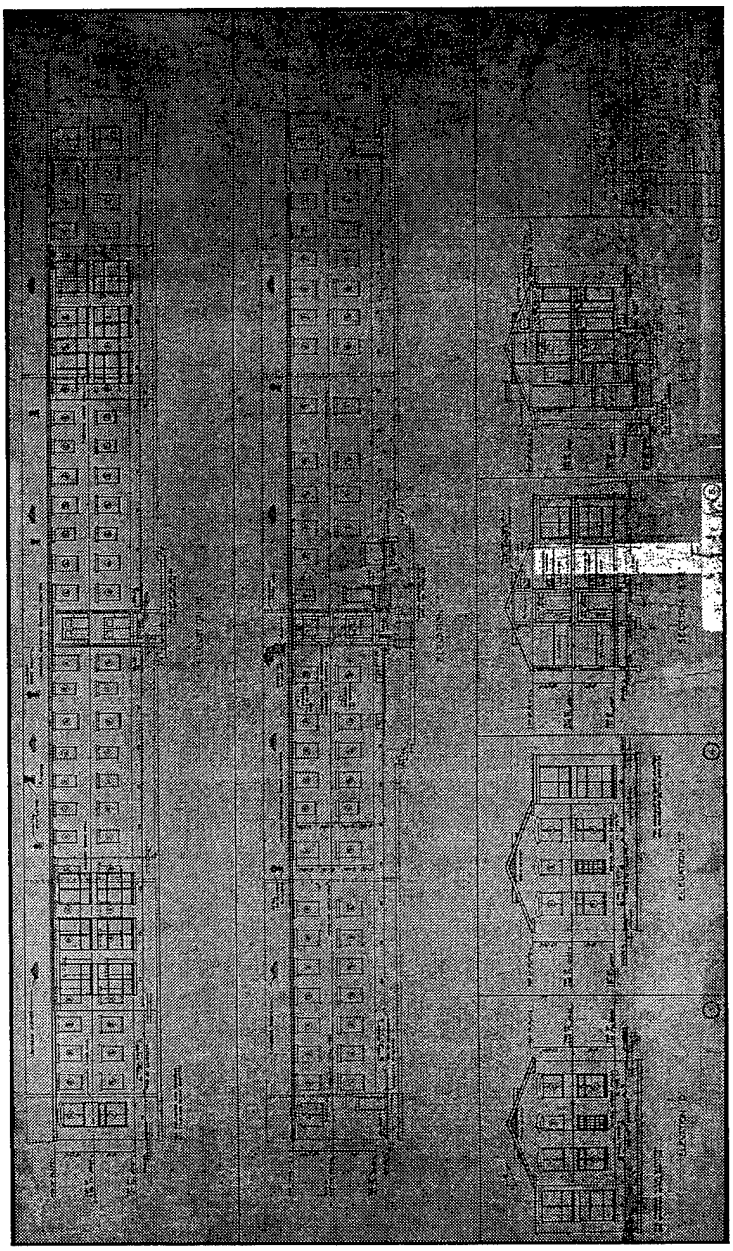

Figure 9. Elevations and sections for a neuropsychiatric ward (Building S6253).

porches were accessed from the common-ward rooms (Figure 10). Each floor of each building operated independently, and each contained its own medical personnel office(s), examination and treatment room(s), kitchen, and linen and utility rooms.

The differences between the ward types were more pronounced. Standard wards could accommodate up to 48 men in open-ward rooms (Figure 11) and five men in private rooms, per floor. The open-ward rooms of the standard wards were the largest of the ward buildings. Combination wards held 36 men in open wards and ten in private rooms, per floor. Neuropsychiatric wards held 36 men in open wards and five in private rooms, per floor. Special wards held 24 men in open wards, 12 in private rooms and two in semi-private rooms, per floor. Only the special wards contained semi-private rooms each with call buttons (Figure 12). All private bathrooms had a toilet, sink, and bathtub or shower, but only the private and semi-private rooms of the special and combination wards had private bathrooms. Each of the neuropsychiatric ward floors contained its own dining room. These wards also incorporated additional internal and external security measures not seen in the other ward types.

The neuropsychiatric wards were highly secure areas and sometimes functioned as wards for ill prisoners such as those from the Prisoner of War Camp at Fort Carson. These wards were completely self-contained. Patients slept, recreated, dined, and were treated all within the same walls. Control elements such as compartmentalized spaces and windowed observation rooms that have security glass with wood or metal shutters are fairly obvious. So are the observation windows within heavy metal doors that could be covered with metal plates, operable on only one side. Windows and entrances were sealed with expanded metal mesh.

Seven buildings were built as special wards. Both floors of these two-story buildings were identical, accommodating 12 patients in private rooms, two patients in a double room, and another 24 patients in open wards that sat at the ends of the corridor. Each floor also had offices, clean and dirty linen closets, utility rooms, general patients' bathrooms, an examination room, and a kitchen.

Figure 10. View of a neuropsychiatric ward (Building S6253) showing the screened porches accessed from the common-ward rooms.

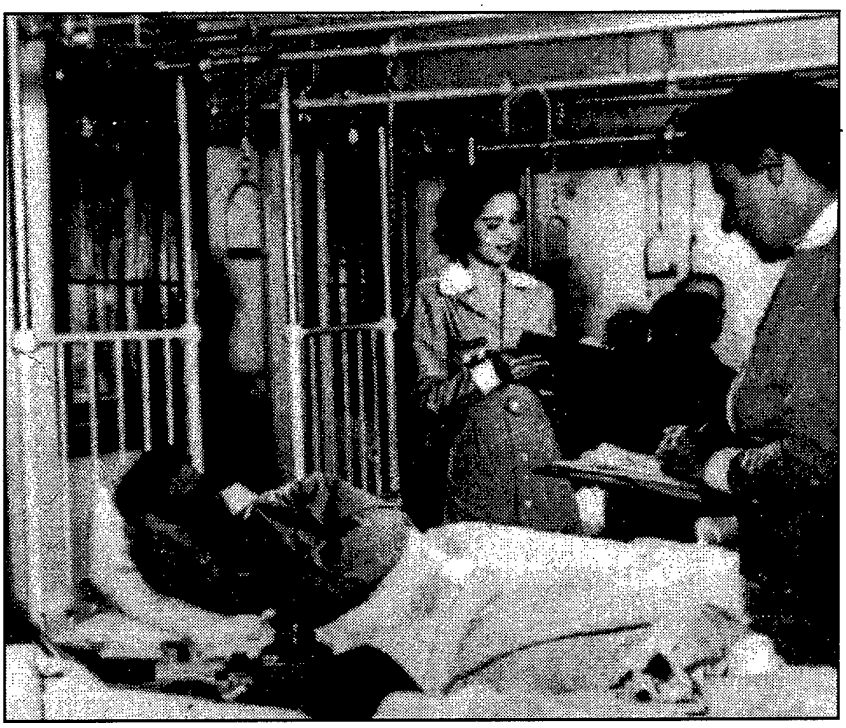

Figure 11. Interior of a World War II hospital ward; location unknown.

Figure 12. Interior view of a special-ward second-floor hallway (Building S6262). Note the call lights over the doorways to the patients' rooms.

Living Quarters

The living quarters housed the nurses, medical personnel, and the doctors (officers). The nurses' and officers' quarters are at the north end, or front, of the complex, flanking the administration buildings. The barracks for the medical detachment are to the rear of the complex. Through the life of the hospital, many of the wards were also changed to living quarters.

Building 6222 was built as a hospital nurses' or officers' quarters and is the only set of living quarters built from this set of plans (HNQ-63, HOQ-63). It is a two-story structure, constructed with 63 private bedrooms. Each bedroom had a small closet. Bathrooms were semi-private, and contained a toilet, sink, and bath tub. Common living spaces occurred in a large open space at the north entrance and in sun rooms at the building's east and west ends. An office room sat adjacent to the central common living space.

Buildings 6224 and 6228 were also hospital nurses' or officers' quarters, but built from a different set of plans. Building 6224 was constructed with a two-story wing and Building 6228 was constructed with a one-story wing. Building 6228 originally contained 43 bedrooms on the first floor and 32 on the second floor. There were 42 semi-private bathrooms, one public bathroom, and one private bathroom. The private and semi-private bathrooms contained a toilet, sink, and bathtub. Common living spaces occurred at an open space at the north entrance in the east and west sun rooms (located on both floors), and in an additional one-story sun room at the building's southeast corner.

Buildings 6223 and 6227 were also nurses' or officers' quarters, but built from yet a different set of plans. These are one-story structures. Each originally contained 31 private bedrooms. Each bedroom had a small closet. Bathrooms were semi-private and contained a toilet, sink, and bathtub. Common living spaces occurred at the central entrance and in the sun rooms at the building's ends. Each building contained an office room located near the central common living space at the north entrances.

Building 6220 was also built as nurses' quarters, from a different set of plans. This was a two-story building containing 16 private bedrooms. Each bedroom had a small closet. Bathrooms were semi-private and

included a toilet, sink, and bathtub. A large open space between the offset and central stairwell was used as a common living area.

Six two-story buildings were built to house the medical detachment. Both floors of the buildings were virtually identical. Only the presence of a corridor hallway on the first floor differentiated them. Each floor originally accommodated 48 enlisted men in two open "Squad Rooms." The first floor accommodated 17 non-commissioned officers in private and semi-private rooms. The second floor accommodated up to 21 of the same. All residents shared common bathrooms and shower areas. The first floor also contained two offices. Common spaces, or "Day Rooms," occurred in offset screen porches and in sun rooms at the east and west ends of the building. These two-story porches and sun rooms were intended as airy, sunny, common spaces for residents to relax.

Mess Halls

Mess halls are those buildings that originally contained facilities for the storage, preparation, serving, and consumption of meals. There are three mess halls within the Old Hospital Complex. One mess hall (Building S6221) originally served detachment personnel (Figure 13). The Nurses' Mess and Kitchen (Building S6250) served the regular medical staff. The Patients' Mess and Kitchen (S6250) sat near the complex center between the detachment barracks and the patient wards.

All three buildings are one story and originally had cruciform plans that organized kitchen and dining rooms perpendicular to each other. All incorporated offices for the kitchen staff. The principal differences among them were the sizes of the dining rooms, kitchens, and food storage areas, and the number of offices.

Recreation

Recreation buildings included hobby rooms, workshops, a theater, and other rehabilitation and relaxation programs for both patients and hospital staff. There were two recreation buildings, one for the medical detachment (Building S6257) and one for the patients (Buildings S6251). The hospital post exchange building (S6261) originally housed some of these recreational facilities, including a library and a lunch room.

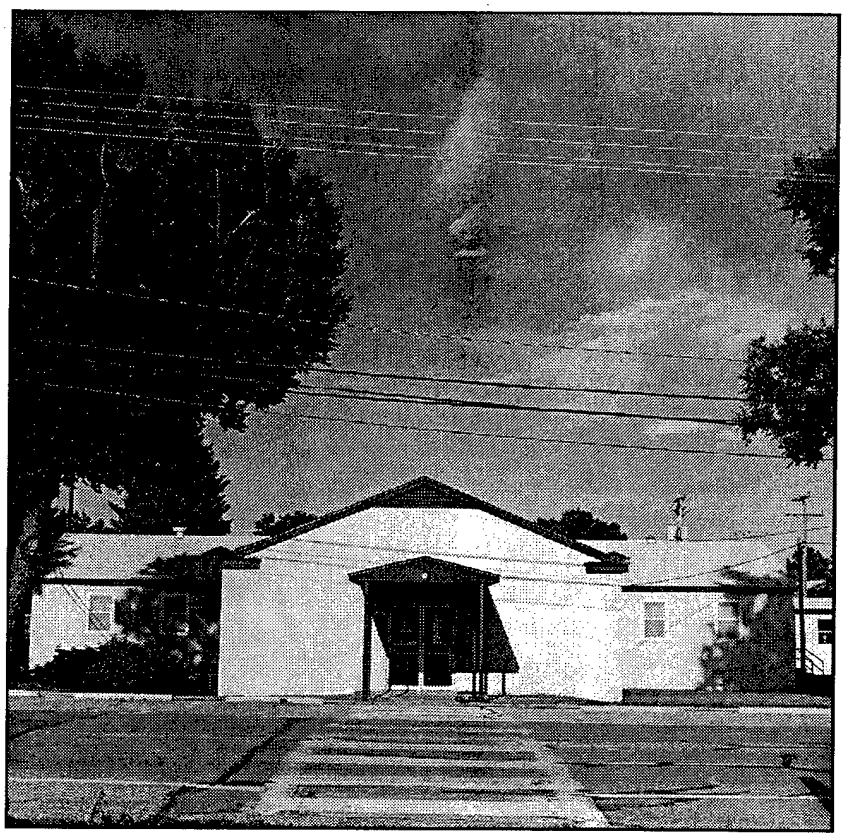

Figure 13. Nurses' Mess and Kitchen (Building S6221). West view of building.

These facilities, however, were secondary to the building's function as a post exchange.

The two recreational buildings are near the center of the hospital complex. Both were constructed as two-story buildings and both housed offices and facilities for recreational staff. Both were constructed using typical Old Hospital Complex 800 Series methods and materials, although S6251 has a theater space with a roof supported by free-span built-up wood trusses.

The Patients' Recreation Building originally incorporated a 500-seat theater that accommodated both film and live performances (Figure 14), a reading room, a stenographic room, recreation staff offices, and quarters for up to 14 personnel. The building also housed Red Cross offices and quarters and was known as the ARC in reference to the American Red Cross acronym.

Support Services

We defined 10 buildings as housing support services, providing a wide variety of functions. These ranged from housing vehicles to serving as mortuaries. The layouts, building form, and method of construction of these buildings are widely varied, as each originally served a unique purpose.

The Hospital Post Exchange (S6261) is a two-story building originally incorporating a lunch room, a PX, tailor, shoe and barber shops, and a large storage room on the first floor. The second floor housed general and medical reading rooms, library stacks, and a large assembly hall.

The Morgue (Building S6273) was a one-story building containing autopsy, viewing, preparation, and mortuary rooms, as well as a small janitor's closet and one-stall bathroom (Figure 15). The building was used as a morgue until 1992, so the interior of the building was relatively well preserved when this project was underway.

The Paint Shop (Building S6275) is a simple, rectangular, one-story building originally constructed with an open, one-room plan. This was later subdivided into two rooms, each with its own exterior entrance.

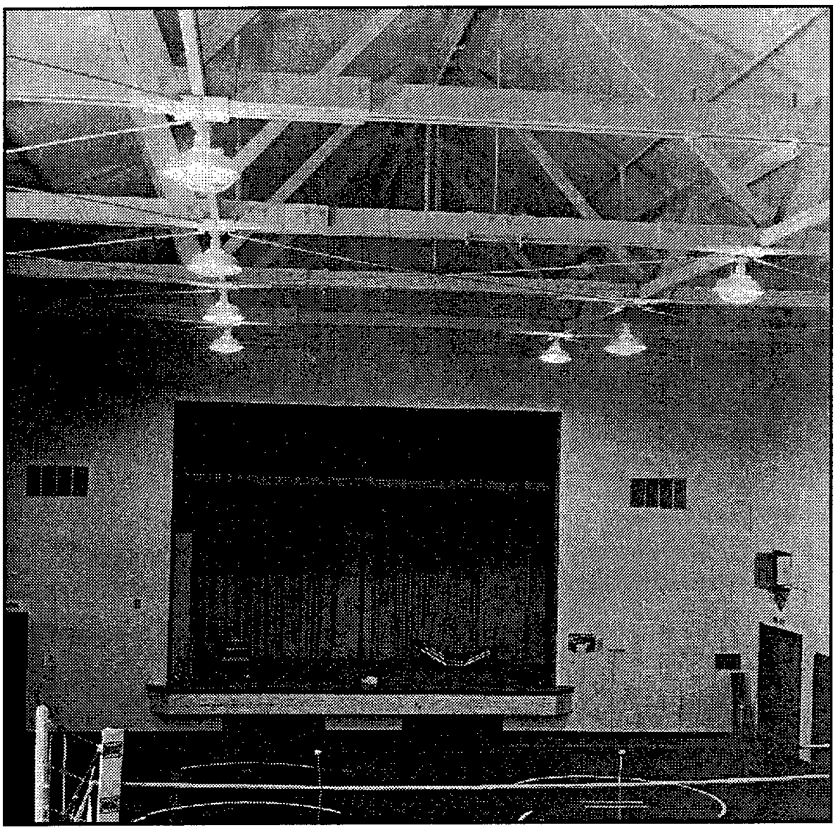

Figure 14. The Patients' Recreation Building (Building S6251). Recreational activities included theater programs.

The Radio Broadcast Station (Building S6260) was built as a telephone exchange and housed the complex's phone circuit boards and mechanical equipment in its small, rectangular shell. It is a small, one-story building, 64' by 30' 4".

The Shop (Building S6274) originally contained facilities for bedding repair, furniture repair, paint, blacksmith, orthopedic, and carpenter shops and a seamstress room, as well as a small janitor's closet and bathrooms. This was a small one-story, T-shaped building.

The two storehouses (Building S6270 and Building S6271) were constructed from different plans, but have identical exteriors. Both are rectangular and basically symmetrical. Their 51' widths distinguish them from the 32' 4"-wide ward buildings. Building S6270 contained one large storage room on its first floor and two more in the attic. The first floor also contained several smaller storage rooms, bathrooms, three offices, soiled and clean linen rooms, two vaults (one for drug storage), and drug and linen dispensaries. Building S6271 incorporated one of the interior rooms or vaults of S6270. Its spaces were devoted to open storage areas (Figure 16), and its attic floor did extend to the interior wall edges.

The Utility Shop (Building S6276) contained three shop rooms, a storage room, bathrooms, office, and a clerk's room. The shop rooms held work areas for carpenters, steam fitters, electricians, plumbers, gardeners, and tinsmiths. The building is a narrow, rectangular, one-story structure that is almost perfectly symmetrical.

There were two garages at the Old Hospital Complex (Buildings S6288 and S6225A) that were built from different designs. Building S6288 was constructed as an eight-stall garage. It is a narrow, rectangular, one-story structure with a concrete pad on its west side used as a vehicle wash area. The building's only entrances are through the garage doors. Building 6225A, while part of the Old Hospital Complex, was built in 1982 and is not a historic structure.

Utilities

The utility buildings originally housed the hospital complex's heating, backup electrical power plants, and oil drums. The four utility buildings are the most diverse of the functional categories in terms of

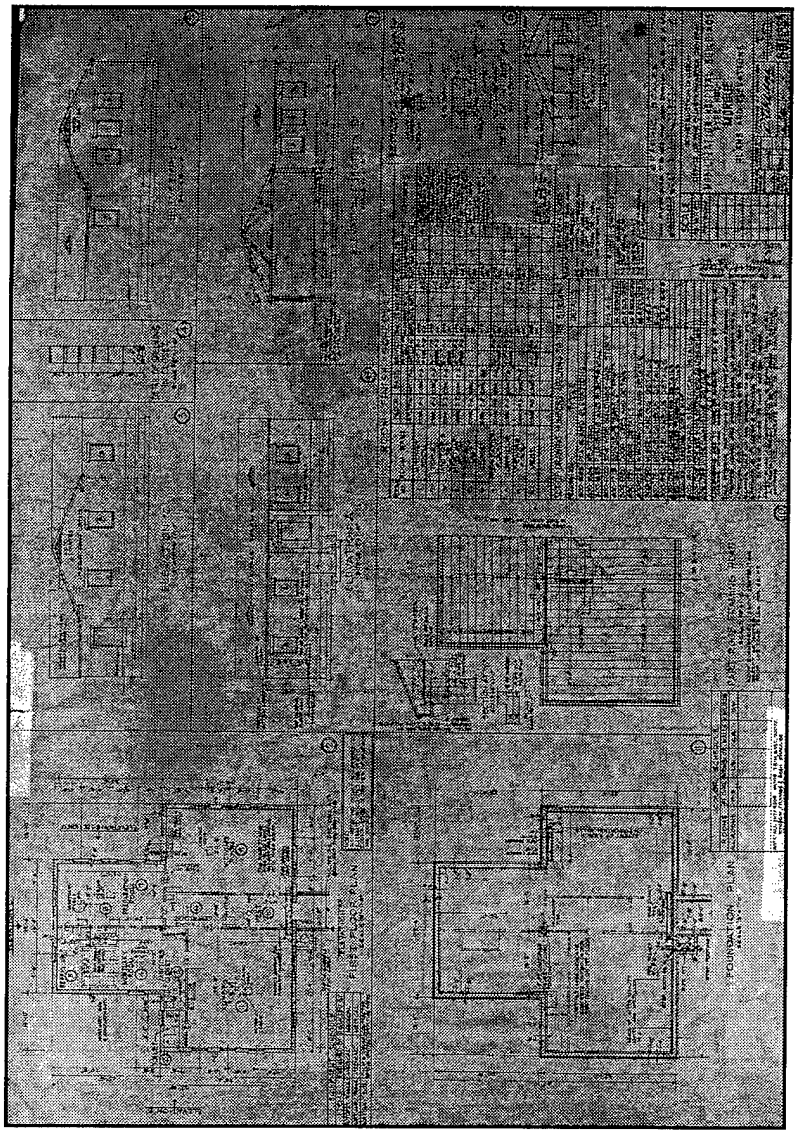

Figure 15. Plans and elevations for the hospital morgue (Building S6273).

Figure 16. Interior of the storehouse (Building S6271).

their methods and materials of construction, and they were constructed at different times. Only Building S6290, the Steam Plant, appears to have been part of the original Old Hospital Complex layout. All these buildings are more austere even than most other 800 Series buildings. None are linked by corridors. Therefore, they are unlike the other buildings which fit into the complex's rigid functional organization and physical layout.

The Generator Plant (Building P6229) was constructed in 1974. Today, the building contains only a generator and engine. The generator is used as a backup source of electrical power for the complex. The Standby Generator plant (Building P6268) was also known as a General Storehouse. The building was constructed in 1962 to house two 150-kilovolt diesel-powered electrical generators for backup power. Available 800 Series plans for the similarly constructed Oil Storage House (Building T6289) suggest that the walls and ceilings of that frame utility building were not finished.

The Oil Storage House (Building T6289) was constructed in 1948 to house oil drums. The drums may have been 55-gallon drums filled with motor oil for the complex's vehicles.

The Steam Plant (Building S6290) originally housed the coal-fired boilers that provided the hospital complex's steam heat. The building is a large rectangular one-story structure that was originally one large room on the interior. A metal catwalk along the north wall creates a small mezzanine. This is used to service the pipes and heaters. A deep concrete utility trench runs under the building's north wall and continues as a tunnel outside the building. In 1952, a crematorium was constructed on the south side of the building. This feature was used to incinerate contaminated materials. It no longer exists.

In 1981, the complex's original coal-fueled boilers were converted to use a combination of natural gas and fuel oil. This prompted the demolition of three silos on the north side of the steam plant. The silos were apparently used to store coal.

The Covered Walkways

The hospital's system of covered walkways, or corridors, provided sheltered passage between virtually all buildings (Figure 17). The

corridors incorporated ramps that allowed wheeled gurneys and wheelchairs easy access to the second floor. Several types of 800 Series corridors were constructed at the complex. Like the rest of the complex, the corridors are constructed of cinder block. All originally had flat roofs and windows at regular intervals.

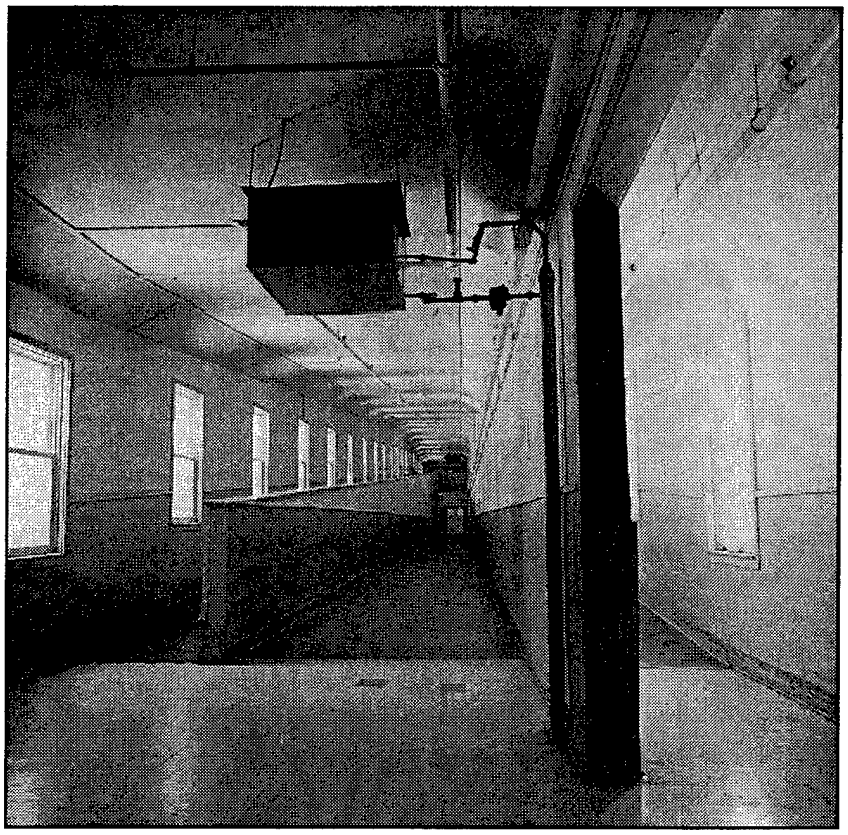

Figure 17. Interior shot of ramp system and double corridor connecting Building S6251 to the hospital complex. The system of covered walkways united the entire complex. The ramp system allowed wheelchairs, gurneys, and supply trolleys to move easily between buildings and floors.

Chapter 6

TAPS

The Old Hospital Complex opened on August 6, 1942. It ended its medical career in 1986 with the opening of the Evans Army Hospital. These "temporary" buildings were then over forty years old. The buildings were aging, they were out of compliance with modern codes, and they generally did not meet the needs of the office staff that occupied them. The decision to demolish much of the complex, while necessary and cost-effective, marks a rite of passage for Fort Carson in traveling from its World War II origins into the 21st century.

The Old Hospital Complex was historically significant because of its architecture; it was composed of utilitarian structures built on 800 Series plans. The simple, rhythmic patterns of the buildings contrasted with the complexity of the activities within the structures and the turmoil of the times they endured. The 800 Series building plans were, themselves, relatively fleeting and persist in few buildings today. The photographs and narrative descriptions of the Old Hospital Complex completed before the building demolition will help future generations interpret this period of Army architecture. The variety of functions within the buildings served Fort Carson staff and dependents literally from birth through death. The buildings included administrative offices, clinics, wards, living quarters, mess halls, recreation, and even a mortuary.

The Old Hospital Complex was also associated with significant events in the history of our nation. The complex's role in the return and rehabilitation of wounded soldiers from World War II, Korea, and Vietnam ensure it a place in the most enduring and poignant tales of Fort Carson during those times. The later re-use of the buildings for offices and housing reflects the constant need of the Army to make the best use the facilities they have to adapt to changing needs.

Between 1942 and 1986, the Old Hospital Complex touched the lives of thousands of America's uniformed personnel and their families. While many of the buildings may be demolished, its place in the history of Fort Carson will endure.

For Further Reading

Abbott, Carl

1976 Colorado: A History of the Centennial State. Colorado Associated University Press, Boulder. A well-written history.

Athearn, Robert G.

1976 The Coloradans. University of New Mexico Press, Albuquerque. Another well-written history of Colorado.

Cleary, David A.

1983 A Life which is Gregarious in the Extreme: A 1983 History of Furniture in Barracks, Hospitals, and Guardhouses of the United States Army, 1880-1945. Report prepared for National Park Service, Harpers Ferry Center, Harpers Ferry, West Virginia. Deavid Clary and Associates, Bloomington, Indiana. A highly detailed and technical, but fascinating, history of military furniture and architecture that pulls together hundreds of obscure sources.

Connor, Melissa, and James Schneck

1996 The Old Hospital Complex (5EP1778), Fort Carson, Colorado. National Park Service, Midwest Archeological Center, Lincoln, Nebraska. The technical report on which this narrative is based; includes detailed architectural descriptions of each building type. Thoroughly documented and illustrated. Available from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield VA 22161 (703-487-4650). Order Number AD - A321 945/8INZ.

Jackson, Miles H.

1955 Fort Carson, Colorado. Miller Publishing Company. A brief overview of the fort.

Pearce, Sarah J.

1983 A Guide to Colorado Architecture. State Historical Society of Colorado, Denver. A dictionary of architectural terms and styles common in Colorado.