

BARNES GENERAL HOSPITAL
(Veterans Administration Hospital)
East Fourth Plain Boulevard & O Street
Vancouver
Clark County
Washington

HABS WA-240

WA-240

HABS
WA-240

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
PACIFIC WEST REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
1111 Jackson Street, Suite 700
Oakland, CA 94607

HISTORIC AMERICAN BUILDINGS SURVEY

BARNES GENERAL HOSPITAL (Veterans Administration Hospital)

HABS No. WA-240

- Location:** 1601 East Fourth Plain Boulevard, Vancouver, Clark County, Washington. The center is bordered on the north by East Fourth Plain Boulevard, on the west by Interstate 5, on the south by Clark College's athletic fields, and on the east by Fort Vancouver Way and office buildings owned by Clark County.
- USGS Willamette Meridian Quadrangle, Clark County, Washington, Vancouver, WA-OR, Located on the SW ¼, Section 23, and the NW 1/4, Section 26, T2N, R1E,
- Present Owner:** Department of Veterans Affairs
- Present Use:** Department of Veterans Affairs Medical Center
First occupant was Barnes General Hospital; second occupant was Veterans Medical Center.
- Significance:** The historic site as it exists today has been severely compromised. Roughly one-third of the original buildings remain. New construction has not been in keeping with the original one story wood frame buildings. Despite the loss of integrity, the site is significant for its association with World War II army hospital operations and early Veterans Administration hospital history.

PART I HISTORICAL INFORMATION

A. PHYSICAL HISTORY

1. Date of Construction: 1940-1941
2. Architect: Whitehouse and Church
3. Original and subsequent owners:

Owned by the United States Army from construction until 1946 when ownership was transferred to the Veterans Administration. It remains under this ownership to the present day.

4. Original and subsequent occupants:

United States Army, United States Veteran's Administration.

5. Builder, contractor, suppliers:

Hoffman Construction, builder contractor as supervised by the Army Constructing Quartermaster.

6. Original plans and construction:

In all, sixty-three wood frame buildings were constructed on the sixty-five acre site.

7. Alterations and additions:

Over the years there have been numerous alterations made to the site as well as to individual buildings. Asbestos shingle siding was added to all buildings. New buildings have been constructed at various locations. The main entrance to the site was shifted to the east altering the original central focus on the Administration building. Landscaping and the construction of a new nursing home in the 1990s further shifted the focus away from the original administration building.

Major alterations were made to the chapel when it was moved from its original location and the front entrance was eliminated and replaced with a connecting corridor. The gymnasium was radically altered in the 1990s with the addition of new offices and complete renovation of the exterior.

Minor alterations on the interiors include reconfiguring partition walls, new flooring, etc.

B. HISTORICAL CONTEXT

Early land ownership and acquisition

The Hudsons Bay Company was the original European owner of the land, which was referred to as Fort Vancouver. The U. S. Government acquired the land for military use in 1879 and changed the name to Vancouver Barracks; however, a portion of the land, known as the Mission of Saint James was still owned by Catholic Church. The legality of church ownership versus the U. S. Government ownership was contested for many years. On April 8, 1905, the U. S. Government officially acquired the disputed church property from Reverend Edward O’Dea, Bishop of Nesqually for \$25,000 (Portland VAMC, 1947-2004; Taylor, 1992).

Hospitals at Fort Vancouver/Vancouver Barracks

The first hospital at on Fort Vancouver was 32’ x 22’ wood structure located near the Columbia River. This early hospital mainly treated malaria, venereal disease, and injuries. A newer hospital was constructed in 1858 and the first hospital burned in 1860. In 1903 a new Vancouver Barracks Hospital was constructed. It was replaced by Barnes General Hospital in 1941 and the 1903 hospital became the Reserve Training Center.

Site Conditions Prior to Construction of Barnes General Hospital

The Project Area of Vancouver Barracks was largely undeveloped until World War I. A single road was built in the 1880s that led north from the lower Vancouver Barracks north through woods to the northern property boundary. World War I brought significant changes to this landscape as the trees were harvested for ship building. This clearing resulted in a more open landscape which was then further cleared to make way for the Barnes General Hospital in 1941.

An early account of the area was given by Clarabelle Haven Gillogly in “Vancouver Barracks Remembered” on Feb 25, 1946:

I think I can safely say that up to the 80’s this portion of the Barracks was just as nature had planned it. ...During the 80’s and under the leadership of General Miles, a most beautiful driveway was laid out and completed through the woods of the Reserve. These were “Horse and Buggy” days, and this lovely driveway gave pleasure to many people. General Miles must have been an engineer with

artistic temperament. The driveways were beautifully curved. Bridle paths were also cut through the thick undergrowth and with the advent of the bicycle these bridle paths were taken over by those who enjoyed bicycling.

Clearly a nature lover and knowledgeable plant enthusiast, Ms. Gillogly goes on to describe forests of fir, cedar, spruce and hemlock, a deep moss floor, wild tea vine and Twin Brother vine, ferns, trilliums, wild iris, wild violets, syringa bushes, mock orange, arrowroot and dogwoods. She then notes the first changes made to the site, "Perhaps the first radical changes were during the first World War when the forest of the Reserve was stripped of its spruce and cedar trees."

Another account of the site prior to construction is described in the Completion Report issued at the completion of the hospital. This document describes the site as "covered by trees, mostly fir, ranging from four inches to thirty-six inches in diameter. There were also many old stumps and some small underbrush in areas not heavily wooded" (Vancouver VAMC, 1951-2004).

Vancouver Barracks History

From its establishment in 1849 until World War I, Vancouver Barracks was the principal military site in the Pacific Northwest. Throughout the 1860s and 1870s, the soldiers of Columbia Barracks primarily engaged in enforcing domestic policies in the Pacific Northwest including actions to control periodic Indian uprisings with the Nez Perce, Modoc and Bannock Indians. The post also served as headquarters for organizing survey and exploration expeditions to Alaska in the 1870s and 1880s. In the late 1880s and 1890s, forces at Vancouver Barracks served as a police force during civil unrest in the region including anti-Chinese riots in Seattle and Tacoma, Washington, mine union strikes in Coeur d'Alene, Idaho, and railroad union strikes that occurred across twenty-seven states and territories. During World War I, the Spruce Production Division, part of the U.S. Army Signal Corps, was formed at Vancouver Barracks to provide milled spruce for Allied demands. It became the site of the Cut-up Plant, the largest spruce mill in the Division. However, with the construction of Camp Lewis in 1917, Vancouver Barracks was no longer the most important military site in the region. Camp Lewis became the major training and assembly point for overseas bound soldiers,

Between World War I and World War II, there was little military activity at Vancouver Barracks. During this time, the post served as a Citizen's Military Training Center, and a branch of the newly formed U. S. Army Air Service began operations at Vancouver Barracks which led to the establishment of an army airfield in 1925. The post also served as a headquarters and dispersing agency for the Civilian Conservation Corps program in the Pacific Northwest during the 1930s. During World War II, Vancouver Barracks was revitalized when it served as a staging area for the Portland Support Embarkation under control of the Ninth Service

Command. It also served as a training center. In 1946, Vancouver Barracks was declared surplus by the army. The reservation was slated for disposal but in 1947 about sixty-four acres of the post were reactivated to serve as headquarters for reserve training in the Pacific Northwest” (Taylor, 1992).

Barnes General Hospital history

The construction of the Barnes General Hospital was part of the third and last major building boom for the Vancouver Barracks site. In addition to the hospital construction, on September 18, 1942, Camp Hatheway was activated as a staging area for the “Portland Sub-port of Embarkation” (the main port of embarkation being the Port of Portland) and in 1944, the Port took over the entire barracks, except for the hospital and the Ninth Service command’s ordnance department land, as a staging area.

Dozens of temporary emergency army hospitals were constructed between 1940 and 1941 in response to the United States involvement in World War II. The site for Barnes General Hospital in Vancouver was selected in November of 1940 and contract for construction was awarded to Hoffman Construction Company of Portland, Oregon. On January 25, 1941, the buildings were dedicated as the Barnes General Hospital and on April 16, 1941, the first patients were formally admitted. Originally built for 750 beds, the facility was quickly expanded to 1,000 beds. To start it received only patients from the Northwest and Alaska, but later it received patients from other parts of the country. With the end of the war in 1945, these temporary hospitals were declared surplus by the U.S. Army and were either demolished or transferred to other government agencies. In the case of the Barnes General Hospital, it was transferred to the Veteran’s Administration. (Portland and Vancouver Medical Center files and VA Facilities Management website)

Though the army only operated Barnes General Hospital for five years, it is the most significant portion of its history for its association with World War II.

Construction of Barnes General Hospital

The Barnes General Hospital was constructed by the United States Army in response to emergency needs of WWII. Thus all of the structures on the site, except one, were considered temporary. The rapid construction of the hospital was accomplished by employing 500-1,000 workers. Although the Portland architectural firm of Whitehouse and Church oversaw the design and construction, the design was standard military design issued by the US Army. Identical hospital complexes were constructed throughout the nation during the same period. Specifically, these were single story wood structures with interconnecting corridors.

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The "Temporary" first aid station was built first and then the "Temporary" office building was started on December 20, 1940 and completed on January 3, 1941. All buildings were referred to as "Temporary". The Vancouver Port Authority gave permission for an unloading point and cut-up plant at the Port siding at the foot of Ninth Street. All standard parts for framing were cut to size before they were hauled to the job. "Knock-down" door and window frames were nailed up at the Port of Vancouver Terminal No. 2. Due to the winter rains, all doors and windows were painted before installation.

The entire hospital complex was completed in under six months. Local headlines read "Work Rushed on Army Hospital Here" in October 1940. In all, sixty-three wood buildings were constructed on the sixty-five acre site. These buildings were intended to have a life of five years. The hospital was expected to cover the duration of the time needed to treat battle casualties of World War II. In 1941, at its peak of operation, the hospital had 1,502 beds and 1,056 employees.

At the peak of the design and construction period, thirty-five people were employed by the architect-engineer. The peak numbers of construction workers for Hoffman Construction was 1,020 employees, 56 of which were administrative employees. Labor was all union, primarily from Washington, some from Portland, Oregon. Construction was supervised by the army Constructing Quartermaster and his staff of eleven officers and thirty-one civilian employees. (Vancouver VAMC, 1951-2004)

Brigadier-General Joseph K. Barnes

The hospital was named for Brigadier-General Joseph K. Barnes, born in 1817 in Philadelphia. On August 22, 1864 he was commissioned as surgeon-general— a position he held of 18 years- he had four years of service in the Medical Department of the Army and had served in various Indian wars and participated in the Mexican War. General Barnes was stationed at Vancouver Barracks in 1857. He later left to participate in Civil War. (VAMC files and Medical History website)

Operation of Barnes General Hospital

The first patients were received at the hospital from Fort Stevens, Oregon on April 16, 1941. On that day the U. S. flag was raised signifying a new military post had opened. The total cost for construction was \$1,098,000. A preliminary skeleton staff of 20 doctors, 32 nurses, and 100 enlisted men were employed and shortly a staff of 199 persons under control of Col. Sidney L. Chappell was established. At one point the hospital provided quarters for nearly 550 nurses, enlisted men and their officers. The hospital had its own post exchange, infirmary, morgue, cold storage plant, fire station, and motor repair shop. In 1946, after the end of World War II, beds were reduced to 100 and the work force to 126. The hospital was renamed Vancouver Barracks Hospital; however, it was still commonly referred to as Barnes Hospital.

As part of the operation of the hospital, a regular newsletter was published entitled "The Uni-former". This newsletter included articles, cartoons, and announcements. The tenor of the newsletter was uplifting and included humorous and inspirational articles. It also published all the names of soldiers receiving the Purple Heart who were at the hospital. In addition to the "Uni-former", a published daily bulletin announced movies, parties, speakers, meetings, reminders, and game times.

Part of the therapeutic treatment at Barnes was the incorporation of recreation and sports. The hospital had its own baseball team that would regularly play the Camp Hatheway team. The Red Cross recreation hall had two greens and offered croquet, horseshoes, bad mitten, tennis, and softball. Other activities including community sings were held regularly. On Sunday evenings records were played – mostly symphony and orchestral work by the Boston Symphony Orchestra and the Boston Pops. This record collection was given to the Red Cross by the United States Officers.

The hospital theatre was the location of many performances such as big bands led by Jan Garber, Jack Teagarden, and Louis Armstrong. Other performers such as Joey Rardin's Camel Caravan, which featured singers, dancers, and acrobats, and the Arthur Brothers Circus also came to entertain. On July 4, 1943, actor Charles Laughton came to Barnes and entertained the patients by portraying famous characters. Actresses such as Shirley Temple and Rita Hayworth also visited the hospital. Another famous visitor was Henry R. Luce, editor of *Life*, *Time* and *Fortune* magazines, Luce interviewed soldiers at the hospital for stories for his publications.

The hospital library and pool room offered quieter forms of activity. Patients were also taken on outings such as a fishing trip to the Sandy River in Oregon. The hospital chapel and chaplain played a significant role in the rehabilitation of patients. The chaplain would pay a visit to the patient within twenty-four hours of reception into the hospital and different types of religious services were offered in the chapel.

The hospital was the recipient of donations from the surrounding community, local farmers donated local Washington peaches and other produce, and the local women sponsored a clothing drive for the patients. (Vancouver VAMC, 1951-2004) (Figure 2)

Veterans Administration History

The first law regarding the medical care for the country's war veterans extends as far back as the English law enacted in 1736 by the Pilgrims of Colonial America. It reads, "If any man shall be sent forth as a soldier and shall return maimed, he shall be maintained competently by the colony during his life." In 1789, the first U. S. Congress passed a law to provide pensions to disabled veterans. The responsibility

for management of veterans programs moved around to different agencies over the years, such as the Bureau of Pensions, War Department, and Department of the Interior. Following the Civil War, the establishment of the National Home for Disabled Volunteer Soldiers provided domiciliary, hospital and medical care for disabled veterans. Following World War I, the need for veterans hospitals grew much greater and the first Langlely Bill authorized construction of veterans hospitals by the Department of the Treasury. The Veterans Bureau was created in 1921, in an attempt to consolidate the various agencies that administered veterans benefits. The Veterans Bureau was given direct authority to construct veterans hospitals. The first director was Charles Forbes, who led a somewhat checkered career as director that resulted in his conviction for fraud and bribery. Forbes was replaced by General Frank T. Hines, a World War I veteran with an upstanding reputation. He served as director until the Veterans Bureau became the Veterans Administration in 1930. Subsequently, he became the first Administrator of Veterans Affairs. General Hines served in this capacity through the end of World War II, when he was replaced by General Omar Bradley. The Veterans Administration united three bureaus – the Veterans Bureau, the Bureau of Pensions and the National Homes for Disabled Volunteer Soldiers.

Although the Veterans Bureau/Veterans Administration constructed many new buildings, the transfer between agencies of existing federal lands and existing facilities with adaptable structures avoided acquisition and construction costs. The transfer of military posts after World War I and World War II helped to avoid a detrimental economic impact upon local communities.

The Veterans Administration (VA) experienced enormous growth after World War II with the return of some sixteen million veterans and the passing of the GI Bill and education and housing benefits. The VA health care system grew from fifty-four hospitals in 1930 to 97 in 1942 and to 151 by 1950. In 1988, legislation created a new federal cabinet-level Department of Veterans Affairs to replace the Veterans Administration. It now functions as the fourteenth arm of the executive branch. (VA Facilities Management website)

Veterans Administration Hospital at Vancouver

The Barnes Army Hospital met all of the Veterans Administrations requirements and served as an economical solution. The buildings had always served a medical function and therefore easily adaptable. Even the connecting corridors were in keeping with the VA design standards. Connecting corridors were a typical design feature of the veterans hospitals constructed in the 1930s.

At its meeting on May 7, 1946, the Federal Board of Hospitalization gave consideration to a request from the Veteran's Administration that the Administrator of Veteran's Affairs be authorized to acquire by transfer the Army

hospital known as the Barnes General Hospital at Vancouver, Washington, for temporary use, pending development of the permanent hospital program in that area. This property has been declared surplus by the War Department and is now under the jurisdiction of the War Assets Corporation. (Vancouver VAMC, 1951-2004)

The hospital property was described in this document as “bounded on the north by North Plain Avenue, on the South by extension of 19th Street, on the east by Loring Road, and on the west by Reserve Street. Also the laundry building designated as building #778, located on Alvord Road and McLanglin Road, with the right of egress and ingress.” (Vancouver VAMC, 1951-2004) The hospital was to be converted to a 500-bed General Medical and Surgical Hospital for temporary use only until permanent facilities were constructed.

Originally, the VA took over the hospital as an annex to the Portland VA hospital in 1946. The Portland connection was cut on Oct. 20, 1947, and the number of beds increased from 500 to 575. In the first year of operation under the Veterans Administration, the payroll came to \$1,538,746. By 1966, the payroll had risen to \$4,362,352. Supplies and equipment in 1946 totaled \$439,356 and by 1966 it was \$843,197. Between 1946 and 1953, over 26,000 veterans were admitted. Approximately thirty-seven percent of patients were from southwest Washington with the remaining from Oregon, Idaho, Alaska and other parts of Washington. In 1946 there was a staff of twenty-four doctors and three dentists. By 1966, the hospital had received some 72,134 patients.

Similar services to those provided when it was an army hospital continued to be provided. Social activities such as theatrical performances continued, although the entertainment tended to be local rather than national. Theme parties and bingo parties were held. Picnics and waffle suppers were held. There was a Christmas gift shop, gift wrapping services and flower distribution. Many of these services were organized and provided by the Veterans Administration Voluntary Service program (VAVS).

This organization performed many tasks at the hospital and operated as a well-run well-organized volunteer organization. One VA publication stated in 1953, “The Veterans Administration and the Voluntary Service Organizations recognize that the VA hospitals are integral parts of the communities in which they are located and that the welfare of the patients, as citizens, is a responsibility of and of definite interest to the other citizens of the community. Through this normal association the patients are better able to prepare themselves to return to their homes.” More than 30 local organizations were active in active in volunteer projects each year. For example, in 1953, a total of 28,596 hours of volunteer service were performed at the VA hospital. (Vancouver VAMC, 1951-2004) The hospital was highly valued as a part of the Vancouver community. A local newspaper article stated, “To a community the size

of Vancouver the presence of a Veterans Hospital such as we have here is indeed a comfort and a blessing.” (Vancouver VAMC, 1951-2004)

The local community’s dedication to the hospital is illustrated in the huge public outcry that resulted in 1955 after the federal government attempted to consolidate the Vancouver and Portland hospitals. The controversy began brewing as it was announced that the administration of the Vancouver Veterans Hospital was to merge with the Portland Veterans Hospital. The local community of Vancouver was strongly opposed and they enlisted state politicians for help. Politicians from both Washington and Oregon got involved. Senator Wayne Morse and Senator Richard Neuberger of Oregon and Congressman Russell Mack of Washington opposed the consolidation. As part of the defense for keeping the two hospitals under separate management, the argument was made that the Vancouver hospital had been consistently operated at a cost of a dollar-fifty to two dollars cheaper per bed per day than the Portland hospital. There was also the concern that Portland would “dump” chronic patients in the Vancouver hospital resulting in difficulty in keeping good medical staff. In spite of these efforts, the consolidation went through in September of 1955. Dr. William McCarty, manager of the Barnes VA Hospital was transferred to a Pennsylvania hospital, Dr. J. Gordon Spendlove, Portland VA Hospital manager, took over as manager of both hospitals. The consolidation was short-lived and in December of 1956, the consolidation was dissolved. This was due in part to ongoing protests, but also the discovery that consolidation was not more cost efficient. Dr. McCarty was restored to his post at Barnes and Dr. Spendlove continued his position at the Portland Hospital. When the consolidation was dissolved, *The Columbian* ran the headline, “Full Independent Status Restored to Barnes by VA”. Part of the insistence on separate management was the local hope for a new hospital complex in Vancouver. As stated in the local newspaper, “The result should give impetus to efforts to secure appropriations for construction of permanent replacement for Barnes...Its wartime frame buildings cannot go on forever.” This was not realized for another 30 years.

PART II ARCHITECTURAL INFORMATION

A. GENERAL STATEMENT

1. Architectural character: The buildings, as designed, have no stylistic references. Rather they are entirely functional, serving the immediate needs of wounded soldiers returning from the War. They are simple one story wood frame buildings with gable-roofs and connecting corridors. They are identical to most temporary army hospitals constructed at the same time throughout the country.
2. Condition of fabric: Of the original sixty-three buildings, only twenty-three remain. Plans call for twenty-one of these buildings to be demolished in 2005. Additional

buildings are scheduled for demolition in 2006. The two buildings to remain will be the Communications Building and the Gymnasium. Originally intended to last five years, these buildings have long outlasted their usefulness. Due to repeated budget constraints the buildings have been retained and utilized in various ways for over fifty years. In 2005, funds have become available to demolish the buildings and construct new medical facilities. The condition of most of the buildings is fair to poor. Although maintained, they had undergone numerous changes such as asbestos siding on the exterior and new partitions on the interior.

C. DESCRIPTION OF SITE

Site Integrity – Historic District

None of these buildings can be deemed individually eligible for National Register listing. They must be considered as an historic district. The significance of the site lies in the collection of buildings, their interrelatedness, and the overall layout rather than the individual resources. Individually, most of the buildings are a generic building type that does not represent the overall feeling and association of the World War II army hospital. The chapel, a more distinctive building, architecturally, has been compromised by the addition to the front elevation; however, it has been determined individually eligible by the Washington State Historic Preservation Office. The red brick Communications Building would not be individually eligible as it would have lost its all of its associative value with the demolition of all other contributing buildings. The function of the Communications building was intricately tied to the operation of the site.

A total of sixty-three buildings were originally constructed in 1941 as part of the Barnes General Hospital. Two years later, the gymnasium, chapel and possibly the communications buildings were constructed. Of the total of sixty-six buildings, twenty-two remain. This is one-third of the total number of buildings constructed within the historic period. In addition to the loss of original buildings over time, new construction has occurred. Some of the new construction is compatible with the historic buildings in style and massing, but the large nursing home and multi-story office buildings are considerably different in style, materials, and feeling than the original wood frame single story buildings.

In addition to new construction, the layout of the site has been substantially altered in several locations. The northwest corner of the site has a massive multi-story office building under construction. This has resulted in this quadrant of the site having considerable loss of integrity. The entire eastern boundary has no historic buildings remaining. The central portion of the site has also lost integrity with the construction of the nursing facility, new landscaping, and large parking areas. Originally the entrance to the complex was directly in front of the Administration building. This entrance was marked by a center island and flag pole. This central drive has been eliminated and the entrance off of Fourth Plain was shifted to the east. A parking lot

is now located across the street from the Administration Building. This has resulted in a loss of a key character defining feature of the original site design.

Individual Building Integrity

Of the twenty-three extant historic buildings, only one has been compromised enough to warrant a designation of 'non-contributing'- the Gymnasium. However twenty of the twenty-one buildings are in fair to poor condition. All of the wood buildings have asbestos shingle siding covering the original horizontal wood lap siding. All of the interiors have been altered to some extent. The chapel has had a major alteration made to the front elevation.

Eligibility

The Barnes General Hospital complex nominally has integrity of location, setting, design, material, workmanship, feeling and association. The remaining twenty-three historic buildings are arranged in such a manner as to continue to convey their historic function. The buildings still partially convey the original layout of the site. The site would be eligible for listing in the National Register under criterion "a" for its "association with events that have made significant contribution to the broad patterns of our history". That is, the site is significant for its strong associations with World War II army hospitals and their operations. It is also significant for its association with early Veterans Administration hospital history.

D. DESCRIPTION OF EXTERIOR

All of the extant buildings are similar in design materials and workmanship. Some buildings differ according to their function, for example, the chapel, gymnasium, and theatre. All buildings are interconnected through a series of corridors attached to the buildings. All buildings except the Communications Building and the Gymnasium are single-story wood frame construction with gable roofs. Original windows are multi-paned double-hung wood frame sash. Some of these have been replaced over time. The original lap siding has been covered with asbestos shingles on all buildings. The overall plan of most buildings is a long narrow rectangle with a central hall and rooms on either side.

Description of Individual Buildings

A5 (T-2239) Administration

This one story building is rectangular in plan with a gable roof. The north elevation is the primary façade. A central gable roofed front porch is supported by four sets of paired square columns. The building is eaveless on the gable ends and is sided with asbestos shingles which cover the original lap wood siding. The windows are one over one double-hung sash – replacements for the original six over six windows. Windows are

trimmed with plain wood framing painted white. Interconnecting corridors on the rear elevation link the building to others. Originally the main entrance drive to the site was located in front of this building. The access was later changed to a street further to the east and this central drive was replaced with a parking lot.

B12 (T-2279) Chapel

This one-and-one-half story chapel is rectangular in plan and has a front facing gable roof. The building is sided with asbestos shingles which cover the original wood lap siding. The chapel has a small steeple at the north elevation which is the primary façade. Originally, the primary façade had a projecting gable entrance. This entrance was altered by the addition of an interconnecting corridor attached to the front of the building. Windows in the chapel are large multi-paned double-hung wood sash on the side elevations. There are also some six over six wood windows as well. There are no eaves on the gable ends and the side eaves are very shallow. The chapel interior retains much of its original integrity. Walls are paneled with varnished knotty pine wainscot. The open beam ceiling is intact as is the altar space. Some changes have been made to the choir and mezzanine.

B8 (T-2286) Clinic – Surgery

This one story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash. They are trimmed with plain wood frames painted white. Interconnecting corridors on the north elevation link the building to others. The south elevation has been altered with the addition of a newer enclosed entry that has obscured the original entrance.

Gymnasium

The gymnasium has been radically altered so that it can no longer be considered a contributing building. The two story building is a rectangle with several additions. The stucco covered contemporary additions have obscured the original square building. The entire building has been resided with stucco and has new replacement windows. The only remaining evidence of the original building it is the gymnasium room on the interior. Here, the original wood floor and roof truss system are visible.

A8 (T- 2243) Officers Quarters and Mess

This one story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash and trimmed with plain wood frames painted white. Interconnecting corridors on the south and west elevations link the building to others. A shed roof porch has been added to the front (north) elevation at the west end.

A6 (T-2241) Officers Quarters

This one story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash and trimmed with plain wood frames painted white. Interconnecting corridors on the east elevation links the building to others.

A9 (T-2265) Officers Quarters

This one story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash and trimmed with plain wood frames painted beige. Interconnecting corridors on the west elevation link the building to others. A shed roof covers the front porch on the east elevation. The roof is supported by exposed brackets.

A7 (T-2263) Officers Quarters

This one story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. No windows are visible on this building. They may be covered by asbestos siding. Interconnecting corridors on the east elevation link the building to others. A shed roof covers a porch on the west elevation. The porch roof is supported by exposed brackets. A small enclosed porch is on the south elevation.

#1819 Radio Transmission

This one story flat roofed red brick building does not appear in the 1941 "Completion Report" and may be an earlier or later building. The building does appear on a 1946 site plan. It is the only permanent building constructed during the period of significance. Located some distance from the rest of the complex, the building is an L-shaped plan.

It has decorative brick quoins, a cast stone cornice and flat eaves. The front entrance is deeply recessed and is decorated with a cast stone surround. The entrance retains its original paneled wood door. The reinforced concrete building has concrete interior walls, ceiling, and floor in the main building. The room on the east elevation has exposed brick walls and a concrete floor and ceiling. This room houses the heating equipment and storage. The main building is divided into two main rooms, a bathroom and closets. Windows are large multi-paned wood sash hopper and smaller double-hung windows.

C6 (T-2107) Theatre

This two story building has an irregular plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Some of the windows are the original eight over eight double-hung wood sash painted beige. Newer one over one double-hung windows have been added. The building has had an extension made to the south elevation.

B-9 (T-2287) Ward

This one-story building is a staggered rectangular plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash painted beige. An interconnecting corridor on the north elevation links the building to others.

C12 (T-2113) Ward

This one-story building is rectangular in plan with a gable roof. The building is situated above ground level with stairs leading to the front entrance on the south elevation. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted white. An interconnecting corridor on the north elevation links the building to other buildings. A large wood deck has been added to the west elevation.

D1 (T-2125) Ward

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted beige. An interconnecting corridor on the east elevation links the building to others. A concrete handicap ramp has been added to the front (west) elevation.

D3 (T-2127) Ward

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted beige. An interconnecting corridor on the east elevation links the building to others. A shed roof covers the front porch on the east elevation. The roof is supported by exposed brackets.

D5 (T-2143) Ward

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted beige. The building is situated above ground level and a set of stairs lead to the front (south) entrance. An interconnecting corridor on the north elevation links the building to others. A shed roof covers the front porch on the east elevation. The roof is supported by exposed brackets.

C13 (T-2214) Ward

This one-story building is rectangular in plan with a gable roof. The building is situated above ground level with stairs leading to the front entrance on the south elevation. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted white. The building is situated above ground level and a set of stairs lead to the front

(south) entrance. An interconnecting corridor on the north elevation links the building to others. A large wood deck has been added to the west elevation.

A11 (T-2267) Ward

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash painted white. The west elevation has had a porch enclosure/extension and handicap ramp added.

B10 (T-2288) Ward

This one-story building is staggered in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted beige. An interconnecting corridor on the north elevation links the building to others.

B11 (T-2289) Ward

This one-story building is staggered in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted beige. An interconnecting corridor on the north elevation links the building to others.

D2 (T-2126) Ward

This one-story building is staggered in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are eight over eight double-hung wood sash painted white. Interconnecting corridors on the east elevation link the building to other buildings. A shed roof covers the front porch on the east elevation. The roof is supported by exposed brackets.

C15 (T-2116)

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash painted white. An interconnecting corridor on the west elevation links the building to other buildings. Wood decking has been added to the front (east) elevation.

C16 (T-2131) Ward Detention

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash painted white. An interconnecting corridor on the west elevation links the building to others. Wood decking has been added to the front (east) elevation.

C14 (T-2215) Ward Detention

This one-story building is rectangular in plan with a gable roof. The building is eaveless at the gable ends and is sided with asbestos shingles which cover the original wood lap siding. Windows are six over six double-hung wood sash painted white. An interconnecting corridor on the west elevation links the building to other buildings. Wood decking has been added to the front (east) elevation.

PART III SOURCES OF INFORMATION

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