HABS No.

Fitzsimons General Hospital, Swimming Pool
(Fitzsimons General Hospital, Building 614)
(Fitzsimons General Hospital, Building 423)
East McAfee Avenue and South Van Valzah Street, Southeast Corner
City of Aurora
Adams County
Colorado

CO-172-DC

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
Intermountain Support Office - Denver
National Park Service
P.O. Box 25287
Denver, Colorado 80225-0287

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HISTORIC AMERICAN BUILDINGS SURVEY
FITZSIMONS GENERAL HOSPITAL, SWIMMING POOL
(FITZSIMONS GENERAL HOSPITAL, BUILDING 614)
(FITZSIMONS GENERAL HOSPITAL, BUILDING 423)
ADAMS COUNTY, COLORADO
HABS No. CO-172-DC

Location:	East McAfee Avenue and South Van Valzah Street, Southeast Corner, City of Aurora, Adams County, Colorado.
UTM Coordinates:	Zone 13 Easting 514570 Northing 4399370
Quadrangle Maps:	Fitzsimons, Colorado (1965, revised 1994)
Date of Construction:	1945
Present Owner:	United States of America U.S. Army Garrison, Fitzsimons
Present Use:	Swimming Pool
Significance:	The Swimming Pool, erected in 1945, is associated with the expansion of facilities at Fitzsimons General Hospital during World War II. The building is associated with the hospital's mission, having been originally used for patient therapy. The building represents war era construction of permanent buildings at the post through its blond brick walls, gabled roof, and large multilight windows.
Historians:	Thomas H. Simmons and R. Laurie Simmons, Front Range Research Associates, Inc., Denver, Colorado, August 1998.

History

The Swimming Pool was completed in 1945, as part of the expansion of Fitzsimons General Hospital during World War II. The olympic-size pool was originally erected for patient therapy. The hospital's authorized bed capacity in 1945 was 3,417, and physical therapy was a key component of rehabilitation programs. After the war, the Swimming Pool continued to be used for patients and also provided recreational opportunities for personnel and their families at the post. In 1953, programs in the building included year-round swimming, learn-to-swim programs for children, and an aquacade.[1]

Description

The Swimming Pool is a tall one-story building with front gable roof. The roof has overhanging eaves with returns and narrow fascia molding. The walls of the building are blond brick and the raised foundation is painted concrete, with a slightly projecting water table. The front projecting gable is slightly lower than the main part of the building. The central, projecting, shed roof, enclosed entrance bay faces west and has brick walls. The walls of the entrance are stepped back on the sides. The entrance bay has a concrete roof with metal coping. Above the entrance are three six-light windows. Between the windows are panels of banded brick. The entrance bay has a central inset entrance area facing a raised concrete stoop (HABS photo no. CO-172-DC-1). Double slab doors with small vertical lights have a plate glass overdoor. The walls flanking the entrance projection feature three groups of small two-light windows with shared sills creating a horizontal emphasis.

The upper walls of the long north and south sides of the building have ribbons of factory style, eighteen-light windows with shared metal sills. Many of the windows are painted white. Between the windows are narrow sections of banded brickwork. The lower walls of the north and south sides have no windows. The north wall has double door entrances to the east and west ends of the building which have brick surrounds with slab doors (HABS photo no. CO-172-DC-2). The south wall has two shed-roof, one-story brick projections. A fence encloses a patio area on the south (HABS photo no. CO-172-DC-4).

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[1]**The Fitzsimons Army Hospital, 35th Anniversary Edition**, October 1953, 37; Clarence McKittrick Smith, **United States Army in World War II: The Technical Services, the Medical Department: Hospitalization and Evacuation, Zone of Interior** (Washington, D.C.: U.S. Government Printing Office, 1956), 306.

The rear (east) of the main part of the building has a louvered vent in the upper gable face. The rear wall is slightly lower, gabled, and projects slightly outward (HABS photo no. CO-172-DC-3). The rear projection has a double door entrance with slab doors on the north and a band of two-light windows and a single window on the south. On the rear, the projection features a group of three windows flanked by groups of two windows. Toward the north end of the wall is a door with rectangular light surmounted by a louvered vent.

The interior of the building contains an olympic-size swimming pool. The ceiling above the swimming pool has an exposed steel truss roof structure (HABS photo no. CO-172-DC-5). A mezzanine on the west end of the building overlooks the pool. The floor of the pool area is clad with small ceramic tiles (HABS photo no. CO-172-DC-6). The tile is not original, but was replaced with like tile. The lower walls are composed of glazed ceramic blocks and the upper walls are composed of red fire brick (HABS photo no. CO-172-DC-7). The shower walls are composed of glazed blocks (HABS photo no. CO-172-DC-8).[2]

Project Description

Fitzsimons Army Medical Center was inactivated in 1996 and the installation was redesignated as U.S. Army Garrison Fitzsimons. The installation is being redeveloped by Fitzsimons Redevelopment Authority in partnership with the University of Colorado Health Sciences Center. This Historic American Buildings Survey documentation, which was completed in partial fulfillment of Section 106 compliance, was produced for Fitzsimons Redevelopment Authority, Aurora, Colorado. Daniel Gilbert was the liaison for Fitzsimons Redevelopment Authority. Christine Whitacre reviewed the project for the National Park Service, Intermountain Support Office, Denver, Colorado. The historical narrative was researched and written by Front Range Research Associates, Inc., Denver, Colorado, with R. Laurie Simmons and Thomas H. Simmons serving as project historians. Roger Whitacre, Denver, Colorado, conducted the large format archival photography for the project.

Bibliography

Colorado Historical Society, Office of Archaeology and Historic Preservation. Historic

[2]Sheree Jamison, Fitzsimons Army Medical Center, Department of Engineering and Housing, facsimile transmission to R. Laurie Simmons, 3 May 1991, in the files of Front Range Research Associates, Denver, Colorado.

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U.S. Department of the Army, Fitzsimons Army Medical Center, Real Property Section. Building Information Schedule. 23 September 1990. Photocopy from microfiche. In the files of Front Range Research Associates, Denver, Colorado.

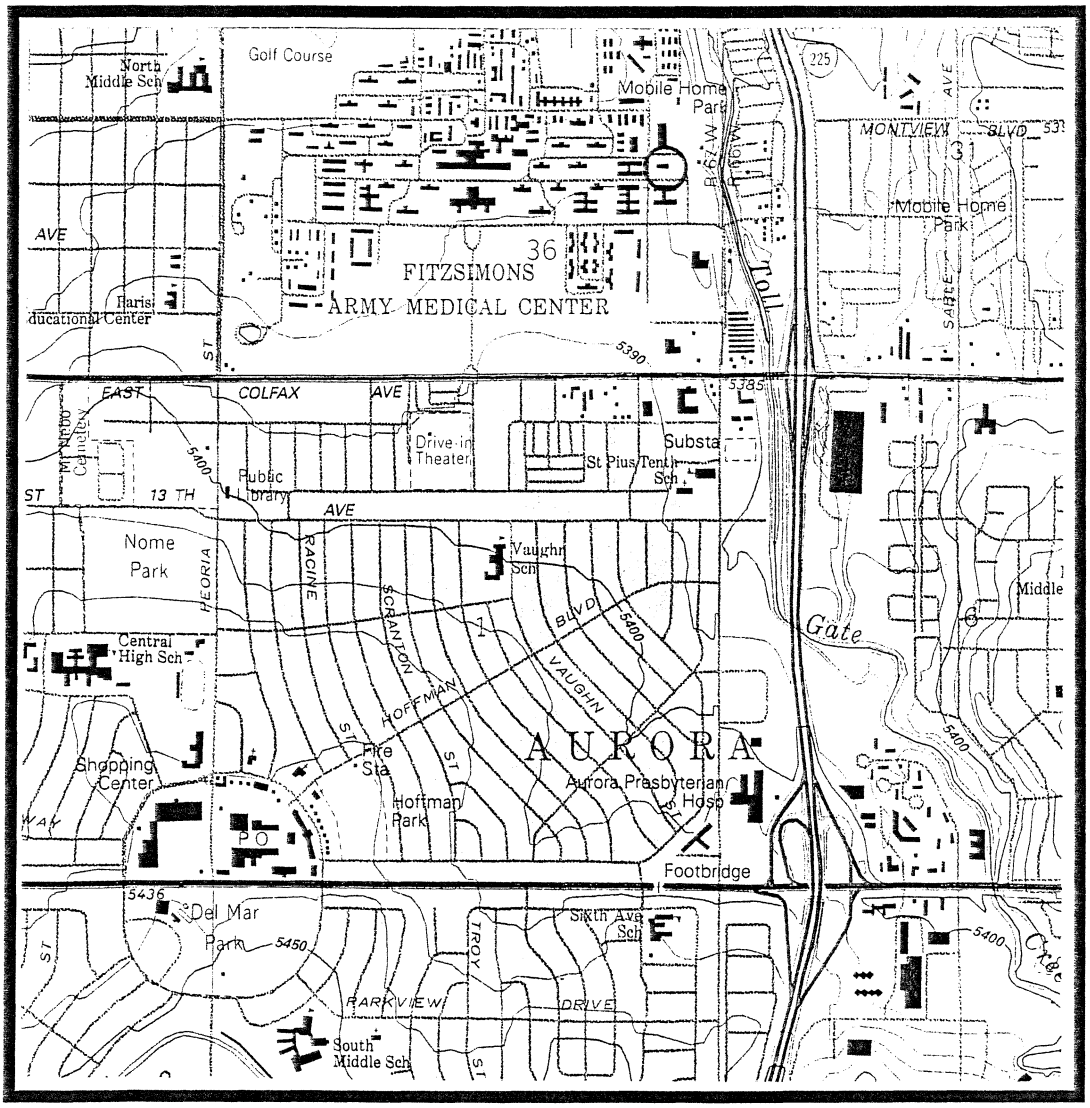

Figure 1. Geographic Location Map. This extract of a topographic map shows the location of Building 614. SOURCE: U.S. Geological Survey, "Fitzsimons, Colorado," 7.5 minute topographic map (Reston, Virginia: U.S. Geological Survey, 1965, revised 1994).

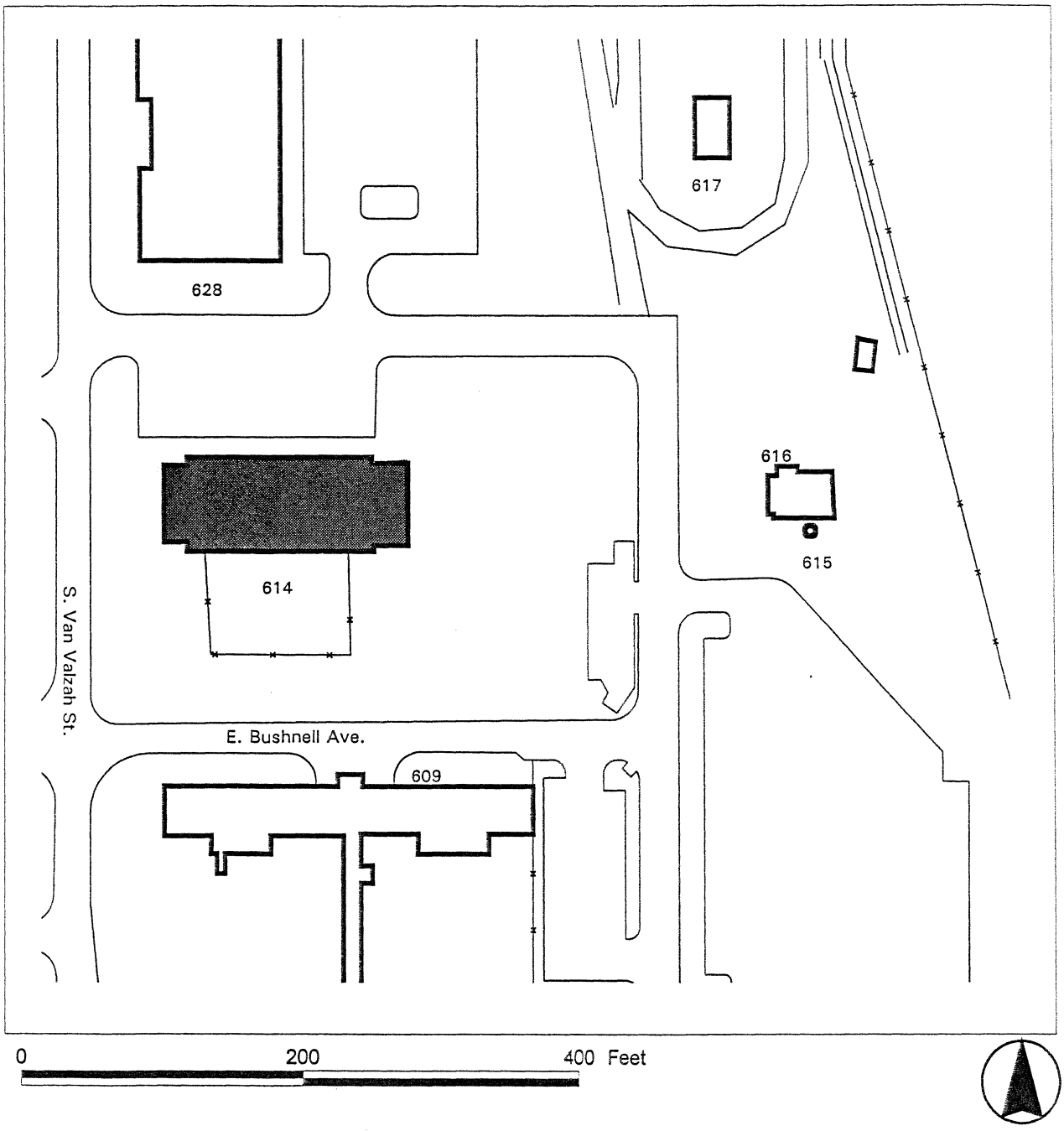

Figure 2. Building 614 and Its Surroundings. SOURCE: Extract of AutoCad drawing of the installation provided by U.S. Army Garrison, Fitzsimons, Public Works, Aurora, Colorado.

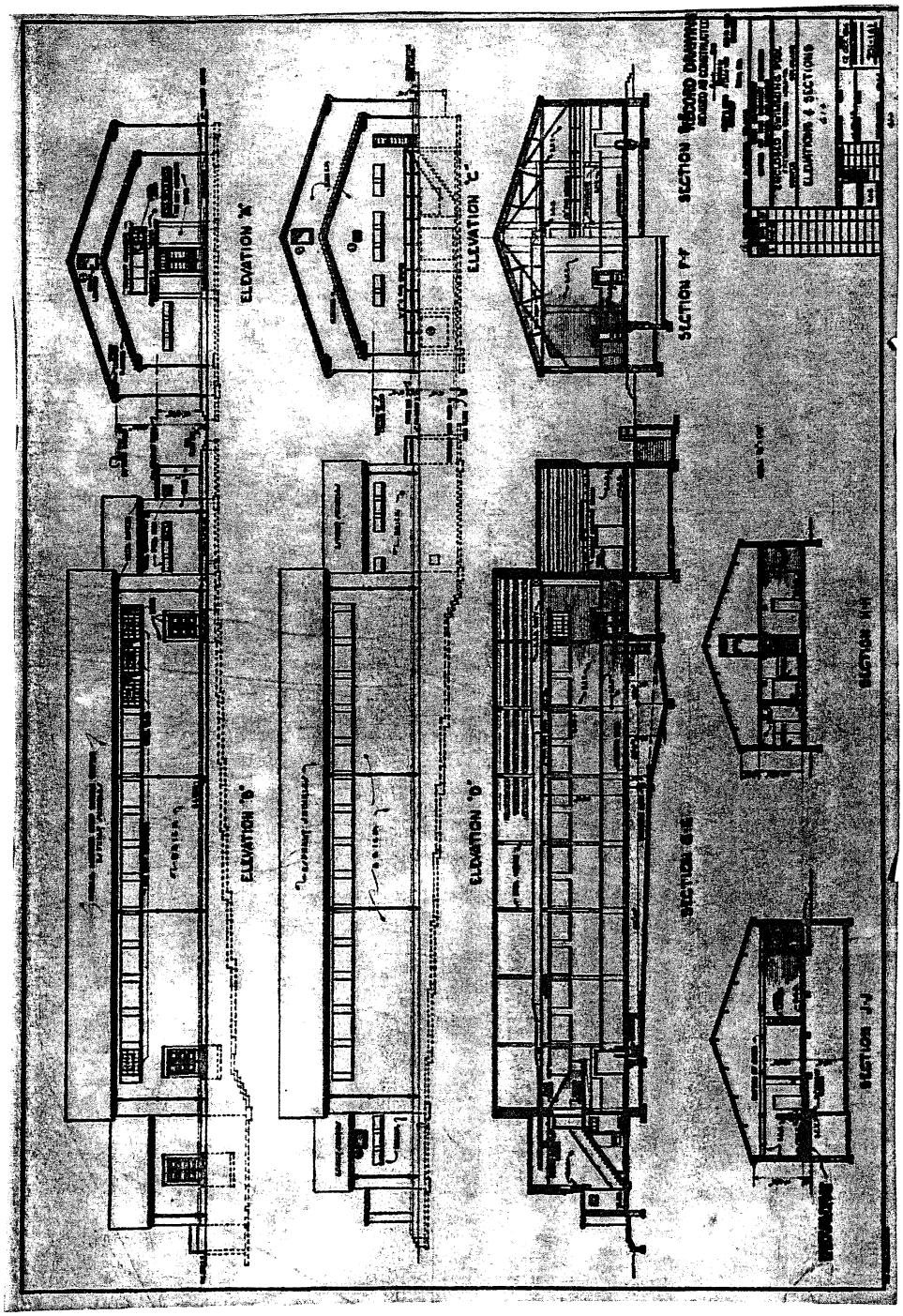

Figure 3. Building 614, Architectural Drawing, 1945. SOURCE: Print from microfiche aperture card, in the files of the by U.S. Army Garrison, Fitzsimons, Public Works, Aurora, Colorado.

ADDENDUM TO:
FITZSIMONS GENERAL HOSPITAL, SWIMMING POOL
(Building 614)
(Building 423)
Southeast corner of East Nineteenth Place (formerly East McAfee Avenue) & Wheeling Street (formerly South Van Valzah Street)
Aurora
Adams County
Colorado

HABS CO-172-DC
HABS COLO,1-AUR,2DC-

HABS
COLO,
1-AUR,
2-DC-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
U.S. Department of the Interior
1849 C Street NW
Washington, DC 20240-0001

HISTORIC AMERICAN BUILDINGS SURVEY

FITZSIMONS GENERAL HOSPITAL, SWIMMING POOL
(Fitzsimons General Hospital, Building No. 614)
(Fitzsimons General Hospital, Building No. 423)

This report is an addendum to a seven-page report previously transmitted to the Library of Congress in 1998 as part of the documentation of U.S. Army Garrison Fitzsimons.

Location: East 19th Place (formerly East McAfee Avenue) and Wheeling Street (formerly South Van Valzah Street), Southeast Corner
City of Aurora
Adams County
Colorado

USGS Quadrangle Fitzsimons, Colorado, Universal Transverse Mercator Coordinates: Zone 13, 514576E, 4393770N

Present Owner: United States of America
Department of Veterans Affairs
Eastern Colorado Healthcare System
1055 Clermont Street
Denver, Colorado, 80220

Present Occupant: Unoccupied .

Present Use: The building is currently vacant and slated for demolition.

Significance: The swimming pool (Building No. 614) was constructed in 1945 as part of a massive building campaign at the Fitzsimons General Hospital during World War II. The building originally provided aquatic therapy to disabled or paralyzed hospital patients, using methods that were innovative for their day. Architecturally, the brick walls and substation proportions of the building convey a solid, permanent character, reflective of the increasing permanence of buildings throughout the hospital campus at that time. In 1998, the City of Aurora assumed ownership of the swimming pool and opened the facility to the public. The building quickly became a popular community landmark, and was actively used by the public until its closure in March 2009.

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date(s) of erection:

Property records from the former Fitzsimons Army Medical Center note that construction of the swimming pool (Building No. 614) began in December 1944 and was completed in 1945. Original architectural drawings for the building date from October 1944 through March 1945; all drawings are also stamped "Record Drawing: Revised as Constructed," dated July 8, 1946.[1]

2. Architect(s):

Architectural drawings for the building were prepared by the U.S. War Department, Office of the District Engineer, Denver, Colorado. As-built drawings were checked by Henry A. Koch, Architect; Dan W. Wood, Engineer; and the firm of VGR&CTM, all of Denver, Colorado.[2]

3. Original and subsequent owners, occupants, uses:

The U.S. Army initiated construction of a general hospital on the site in 1918, expanding its facilities in response to changing military needs. During and after World War II, the Army constructed numerous new buildings to expand the hospital's ability to provide care for soldiers wounded during the war. Among the facilities constructed at that time was the swimming pool (Building No. 614), which originally was used for the rehabilitation of hospital patients. After the war, the pool continued to serve as a rehabilitation facility but was also used as a recreational swimming facility for hospital personnel and their families.[3] In 1998, the building was transferred to the City of Aurora, which operated it as a public swimming pool. Although the VA purchased the property in 2007, the City continued to operate and maintain the pool until March 2009. The building is currently vacant and slated for demolition.

4. Builder, contractor, suppliers:

The contractor for the original building was Mead & Mount Construction of Denver. Known works by the firm include a number of recognized significant historic buildings constructed in the Denver area from ca. 1925 through the 1960s, such as the Lowry Field Brick Barracks in Denver, Union Pacific Railroad Station in Greenly, and the 1948 annex to the Arapahoe County Courthouse in Littleton. In 1968, Mead & Mount was acquired by Barton Malow, a Michigan-based general contracting firm.[4]

5. Original plans and construction:

Original plans for the swimming pool were obtained from the City of Aurora Facilities Management Department. Plans showing major alterations and additions to the swimming pool were obtained from the City of Aurora Facilities Management Department. The existing condition of the building was photographed in 1998, when the property was transferred from

the U.S. Army to the City of Aurora. These documents provide vital information about the original features of the building and its physical evolution over time.[5]

As originally built, the swimming pool was a double-height blond brick structure with a front-gabled roof and Art Deco stylistic influences. The building was oriented to the west, toward the interior of the Fitzsimons General Hospital campus. The building's footprint was generally rectangular in form, with partial-width projecting wings on the front (west) and rear (east) façades. The building utilized load-bearing brick masonry construction but included a steel system of columns and roof trusses and concrete floor slabs. The building's exterior brick walls were largely unadorned, but the clerestory level of the side façades was designed with a horizontally ribbed, rusticated pattern. A simple molded wood cornice adorned the roof line. The building originally featured metal awning windows with six-over-three lights at the clerestory level and narrow, horizontal metal awning windows at the ground level on the west and east wings. At the main (west) entrance, original architectural drawings depicted wood double doors with glazing at the upper portion and an inset panel at the lower portion; a wood-framed transom with six lights separated by wood muntins extended above the main entrance.

The core rectangular mass of the building included a double-height space, with the west entry wing measuring two stories in height and the east wing consisting of a single story. The Olympic-size indoor swimming pool (100'-0" x 50'-0") was located on the interior of the core double-height space, which was spanned with an exposed steel truss roof system. A mezzanine overlooking the swimming pool was situated at the west end of this open interior space, accessed from the west entry wing. Separate locker rooms were located within the front (west) and rear (east) wings of the building. Original architectural drawings indicate that the original interior doors were wood with two inset panels. The interior spaces were finished with glazed structural block walls and decorative ceramic tile floors with geometric patterns reflecting the Art Deco architectural style. The swimming pool was lit with underwater electric lights filtered through prism glass fixtures, which were accessed through a basement space under the pool deck – a novel feature at the time of the building's construction.

6. Additions and Alterations:

Alterations and additions to the building were determined through analysis of original architectural plans, on-site field investigations to note existing conditions, and architectural drawings for alterations and additions to the building. The only available architectural drawings noting alterations and additions spanned the period from 1998 through 2008, when the City of Aurora owned the building. According to the Fitzsimons Redevelopment Authority, when the property was transferred from the U.S. Army to the City of Aurora, the real property records and architectural drawings documenting earlier alterations and additions were lost. Consequently, there is a gap in archival information regarding alterations and additions that occurred between the building's original construction in 1945 and its transfer to the City in 1998.

The original form, massing, and spatial arrangement of the building remain largely intact. The exterior façades retain their original brick fabric, and the original wood cornice is extant

as well. Two small, one-story, non-original additions abut the building's south façade, and a larger addition enclosing mechanical equipment extends from the southeast corner of the original building. Most of the original windows and doors have been nearly completely replaced; exceptions include one window at the basement level of the west façade and interior doors at the mezzanine level. Portions of original interior walls at the east wing were demolished to create an accessible entrance to the pool, and portions of the original south façade were demolished to form an exit to the south yard. Otherwise, the majority of the original building fabric remains intact, although it has been obscured by the following series of alterations and non-historic alterations and additions.

At an unknown date, the outdoor space to the south of the pool was fenced to create an outdoor recreation area. Two small additions were constructed on the south side façade to accommodate this use. Each utilizes blond brick to match the original exterior finish and includes a flat roof with a flat wood fascia. Based on the building materials and architectural details, along with analysis of historic site plans of the Fitzsimons campus, these two additions appear to have been constructed as early as 1970.[6] One addition is located near the center of the south façade and provides an exit vestibule leading from the interior pool area. The vestibule features a pair of single metal doors. Creating this opening required selectively demolishing a portion of the original south façade. At the interior of the south façade, the new opening was constructed using glazed tile that does not match the original precisely, showing evidence of this alteration. The other addition extends from the rear (east) façade and functioned as a small concession booth. The interior of the concession booth is accessed through a single metal door on the south façade of the addition; there is no access to the interior pool area from the concession booth. An opening on the west façade of the addition provides access to the concession counter. Additional recreational equipment added to the outdoor area included a tetherball pole, a volleyball net, and movable picnic furniture.

When the property was transferred to the City of Aurora in 1998, alterations were made to the building to accommodate an accessible entrance to the pool through the east wing. Previously, the main (west) entrance to the pool lacked wheelchair accessibility, creating obstacles for disabled patients receiving aquatic therapy at the pool. The existing double doors at the north façade of the east wing were replaced by a metal and glass assembly with a single door and one sidelight. A concrete ramp with tubular metal railings led to the new entrance. New signage and lighting was mounted above the entrance. Beyond the new entrance at the interior of the east wing, a lobby space was created from a portion of the original men's locker room. A diagonal partition wall with a plain painted finish divided the new lobby from the remaining men's locker room. The floor of the lobby was finished with new 1'-0" x 1'-0" green ceramic tiles that complemented the color palette of the original tiles but did not match their size or pattern. A slight ramp was constructed to bridge the difference in grade between the lobby space and pool space, and this slope was covered with white 1" x 1" tiles, matching the size of the original tile but not the original color palette. In addition, a dropped acoustical tile ceiling was installed in the lobby, and a built-in desk unit was constructed. A new interior opening was created between the lobby and the pool by demolishing a section of interior wall and installing a steel beam lintel.

All but one of the original metal awning windows were replaced with vinyl windows soon after the City of Aurora obtained the building in 1998. At the same time, the original precast concrete window sills were covered with continuous metal flashing. The only extant original window is in the basement well at the east end of the building. The configuration of the new vinyl windows does not resemble the historic units, which featured an even grid of lights. In contrast, the new windows have a square central light that is flanked by more narrow rectangular lights.

Most of the doors throughout the building were also replaced when the window changes were implemented, although original interior doors remain intact at the mezzanine level. While architectural drawings indicate that the original doors were wood with inset panels, the new replacement doors were flush-panel metal units; the one exception was the metal-and-glass door installed at the entrance on the north façade of the west wing that was remodeled in 1998 to provide wheelchair accessibility.

In March 2002, an addition was constructed at the southeast corner of the building. The one-story addition wraps around the south and east façades of the building, forming a fully enclosed boiler room space and partially open-air space for a new air handler and mechanical equipment storage. The exterior walls of the addition feature a blond brick veneer that matches the original building and covers the concrete block construction. The addition encompasses 1,360 square feet of space. Two separate spaces within the addition are defined by two separate shed roofs, which are structurally independent of one another. Along the east façade, a shed roof sloping from west to east covers the open space for the air handler. Slender galvanized steel columns support the ridge of the roof, while the lower end of the steel roof joists rest on the east exterior wall of the addition. This roof form is completely open to the west, and the gable ends at both the north and south also are open. A louvered metal vent in the east exterior wall provides additional ventilation for the air handler space. Along the western portion of the south façade of the addition, a shed roof that slopes from north to south covers the boiler room. The addition's interior has concrete block walls with a cement stucco finish. Two sets of double metal doors are located along the southern façade of the addition. The eastern set of doors provides access to the open air handler space, while the western set opens into the boiler room.

A number of alterations to the plumbing system were made ca. 2002, but these changes do not affect the visual character of the building or any of its significant character-defining features. In April 2003, the heating, ventilation, and air conditioning (HVAC) system was replaced. The existing ducts, grills, air handler, condensate pump, heater unit, controller, and associated piping were removed through selective demolition and replaced with new components. The new ducts were left exposed along the perimeter of the ceiling in the interior pool space.

B. Historical Context:

The overall history of the development of Fitzsimons Army Medical Center is narrated below, as excerpted and edited directly from *Cultural Resources Study: Fitzsimons Army Medical Center*, 1991, and

reproduced in *Historic American Buildings Survey: Fitzsimons Army Medical Center/Fitzsimons General Hospital*, 1995.[7] (Note that grammar and punctuation used in the original text were maintained, and consequently the excerpted text does not comply fully with HABS standards for grammar and punctuation.) At the conclusion of the 1991 historic context, the recent evolution of Fitzsimons Army Medical Center, from 1991 through 2009, is set forth. Finally, the swimming pool (Building No. 614) is placed within the historic context, and building-specific historic information is provided.

Overall Historic Context[8]

Early Ownership and Development of the Site of Fitzsimons Army Medical Center, 1886-1917

Fitzsimons Army Medical Center (FAMC) in Adams County, Colorado, occupies all of Section 36, Township 3 South, Range 67 West, 6th Principal Meridian, except for approximately 45.2 acres in the northeast corner. The plat of Gutheil Park subdivision, which was comprised of all of Section 36, was recorded 6 December 1895 in what was then Arapahoe County. The subdivision was created by the Gutheil Park Investment Company, which was capitalized at $100,000. Alfred Henry Gutheil was president and generally manager of the company.[9]

Gutheil was born in 1864, in Attenburg Thuringen, Germany. He came to the United States in 1880, lived in Maryland, Ohio, and Illinois, homesteaded in Nebraska, and managed a stock ranch in Wyoming before settling in Denver in 1886. In 1888, Gutheil entered the real estate business and, the following year, bought and platted Gutheil Gardens, a subdivision on lands adjoining Gutheil Park on the east. Gutheil quickly disposed of his holdings in Gutheil Gardens to concentrate on Gutheil Park, where he established his residence. In addition to developing real estate, Gutheil served as Adams County judge from 1905-1909. He operated a nursery known as "Gutheil Gardens" after selling his Gutheil Park land for the site of the Army recuperation camp in 1918. Gutheil died in 1955.[10]

The Gutheil Park development was divided into 240 blocks of land, plus the 45.165 acre tract in the northeast corner. The plat shows existing Denver streets extending east-west through the subdivision. East End Boulevard (now Peoria) formed the western boundary of the subdivision, while Gutheil Avenue was the eastern limit. Seven north-south streets were platted in the interior: Lovett Avenue; Center Avenue; Baker Avenue; School Land Boulevard; Cummings Avenue; Magnolia Avenue; and Tollgate Avenue. The grid-pattern of planned streets divided the subdivision into 60 street blocks. Tracts of five or ten acres were offered for sale. As an added inducement for investment, the developers promised each tract would be plowed up and irrigation ditches extended to the parcel upon sale. Another bonus included free fruit and shade trees given to buyers.[11]

The Gutheil Park subdivision is shown on the W.C. Willits Farm map of 1899 as a grid of streets. In reality, the interior streets of the development probably were never constructed, as the tract never flourished as a residential subdivision. At the time of its creation, it was relatively remote from business and commercial activity in central Denver. The western edge of Gutheil Park abutted the town limits of Fletcher (later Aurora), which was itself struggling. The Gutheil development was a mile east of the end of the trolley line from Denver at Galena and East Colfax. In 1899, the Denver Times reported that A.H. Gutheil and F.A. Joslin incorporated the Gutheil Park Railway Company with the intention of building a streetcar line to provide access from the subdivision to the town of Fletcher. No evidence exists that the line was actually constructed.[12]

In 1901, Gutheil Park became the home of another of the developer's ventures, the Gutheil Nurseries. Gutheil lived in a large, two-story residence called "Park Lodge," which now serves as the commanding officer's quarters at FAMC. [Although the FAMC property was transferred to the University of Colorado in 1996, the original commanding officer's quarters remains extant. Today, the building is leased to the University hospital and used as part of the CEDAR drug and alcohol treatment center.] The nursery grounds were "situated on the open plains, an ideal location for producing the best and hardiest Nursery Stock possible." Irrigation water was required to make the plantings flourish on the dry plains, and the nursery had a supply form the High Line Canal and from the Antero Reservoir. The West Branch of the High Line Canal crossed Colfax Avenue within two blocks of the nursery. Impressive brick and wrought-iron entry gates stood at the southwest corner of the property at East Colfax Avenue and Peoria Street.[13]

The nursery gardens and associated park were regarded as a showplace by local residents and attracted many visitors. The development's pamphlet stated that "the Gutheil Park Nurseries are said to comprise the most beautiful grounds near Denver. We are continually adding new drives, lawns, and other attractive features of landscape gardening."[14]

The Campaign for a Military Tuberculosis Hospital in Denver, 1917-1918

The United States entered World War I on 6 April 1917. By that date, the Allies, who had been involved in the monumental struggle since 1914, were desperate for manpower. Preparations for mobilization of America's forces had begun months before America joined the fight and the unprecedented expansion of facilities and manpower accelerated. Shortly after the first American troops landed in Europe, civic and commercial leaders in the Denver area began a campaign to encourage the construction of a military post in their city.

The Denver Civic and Commercial Association, forerunner of the Denver Chamber of Commerce, led the campaign to acquire a military facility for the Denver area. Governor Julius C. Gunther urged the group to visit Washington, D.C. to request the establishment of a training camp near Denver. The city's geographic position in the interior of the country caused the War Department to ignore it when establishing cantonments and when calling for contracts for munitions and supplies. One official, however, suggested that "Denver was the finest place on earth for a recuperation hospital."[15]

Mobilization for the war required the expansion of medical facilities to provide care for many types of war-related casualties. Many soldiers returning from Europe in the early months of the war were found to be suffering from pulmonary diseases resulting from prolonged exposure in trenches, underground bunkers, and battlefields. The idea of attracting a military recuperation camp which would serve such casualties soon gained favor with Denver leaders. William G. Evans, a prominent member of the Civic and Commercial Association, suggested that if Denver could not obtain a cantonment, it might be more successful at attaining a recuperation camp for those suffering from pulmonary and respiratory ailments.[16]

The climate of Colorado had long been believed to be beneficial in the treatment of tuberculars. The cool, dry air and large number of days per year with sunshine were regarded as advantageous for such patients, and many homes were built with open sleeping porches. Historians Stephen Leonard and Thomas Noel have opined that "one of Denver's most viable industries during the depressed 1890s

was tending tuberculosis patients." By the early 20th century, several institutions for the treatment of the "white plague" had opened in Denver and hundreds of tuberculars had come to the city for treatment. The first facility, the National Jewish Hospital, was established in 1892 and operational by 1899. Other Denver area sanitariums quickly came into existence, including the Jewish Consumptives Relief Society (1903), Agnes Memorial Sanatorium (1904), National Swedish Hospital (1903), Craig Hospital (1909) and Bethesda (1914).[17]

Acquiring a military recuperation camp specializing in the treatment of tuberculars seemed a logical step to Denver citizens, who welcomed the economic benefits of treating the "one-lunged army." In addition to its advantageous climate, local boosters believed that Denver's labor supply, railroad network, pleasant residential neighborhoods, business and industrial sectors, and location between the East and West coasts made it a desirable site for a military hospital.[18]

In 1906, the Navy affirmed Colorado's beneficial climate when it established a tuberculosis hospital at Fort Lyons, later redesignating it the Navy Hospital at Las Animas. The Army had a western tuberculosis hospital at Fort Bayard, New Mexico, and the Public Health Service had a similar institution at Fort Stanton, New Mexico. The Army recognized the need for the enlargement of its facilities after the advent of World War I, but Fort Bayard's limited water supply controlled its ability to expand. Therefore, the agency decided to build such hospitals in several locations around the country.[19]

In response to requests from Colorado, Colonel George E. Bushnell was sent to the state in November 1917 to inspect possible sites for a recuperation camp. Bushnell, who had spend two years in Colorado recovering from tuberculosis, was a medical officer with the Surgeon General's Office and a recognized pioneer in the treatment of tuberculosis. In inspecting the sites, Bushnell kept in mind that the Army's experience was that it was difficult and expensive to lease and remodel existing buildings for a tubercular hospital. It was hinted that the government was not interested in buying land for a hospital, but would prefer to rent a hospital site for a nominal fee. The committee representing the Civic and Commercial Association quickly added several real estate agents to its membership and secured options on several locations for a recuperation camp.[20]

Bushnell inspected several undeveloped sites during his visit. The grounds of the A.H. Gutheil Nursery, located near Aurora, eight miles east of Denver, brought praise from the Colonel. Upon viewing the magnificent unobstructed vista of the mountains from the nursery grounds, Bushnell reportedly remarked, "What an effect that view would have on our poor boys!" The campaign to win Bushnell's approval was not limited to inspection tours, but also included a dinner in his honor hosted by the Civic and Commercial Association. For the occasion, several of the doctors who had treated the Colonel during his convalescence in Denver were present.[21]

Finally, Bushnell expressed approval of the Gutheil Nursery site as the proper location for a recuperation camp. Two major roads, Colfax Avenue and Montview Boulevard provided necessary access to the grounds. Bushnell was also reportedly impressed by the water available from Denver and the ease of constructing a sewage system on the site. In addition, an uncomplicated rail connection could be made to the Union Pacific Sable Junction trackage, about a mile from the post.[22]

The size of the site, 594.84 acres, was also significant, being large enough to accommodate the low density type of medical complex desired for treatment of tuberculars. At that time, hospitals for tuberculars featured buildings with long rectangular floor plans of low height. Wide spacing between buildings insured a maximum of sunshine and fresh air. The grounds were also extensive enough to encompass future construction if more buildings were deemed necessary.[23]

Creation of General Hospital No. 21, 1918-1919

Ground was broken in April 1918 and, in May, construction began on 48 buildings at the site then designated as Army General Hospital No. 21. General hospitals of the Army were created to service both general and special needs of patients. Such hospitals were designed for the treatment of all injuries and diseases, and especially for the care of patients from abroad. General hospitals received patients who suffered from severe or obscure illnesses from station hospitals and were maintained with better facilities for treatment of serious or complicated cases than field hospitals. General hospitals were staffed with specially qualified personnel to treat complex cases and were designed to instruct and train junior medical officers. Such hospitals were under the exclusive control of the Surgeon General and were governed by regulations prescribed by the Secretary of War.[24]

Construction of the hospital facilities was completed under the supervision of Constructing Quartermaster Major W.J. Cameron and Assistant Quartermaster Captain F.T. Wood. The C.S. Lambie Company was the general contractor. Lambie was a Pennsylvania native, who had worked as a civil engineer and contracting builder in Denver since 1911. Other contractors included Seerie and Varnum and Allison Stocker. Together, the three companies were said to make up the three largest contracting firms in Denver. Denver architect T. Robert Weiger served as Chief Engineer.[25]

The buildings to be erected at the hospital were based upon standard architectural designs for hospital structures developed by the Quartermaster Corps and the Construction Division in consultation with the Surgeon General's Office. (Copies of the standard architectural designs [were] located at the Directorate of Public Affairs Office at the Fitzsimons Army Medical Center, Aurora, Colorado [as of 1995], and in Record Group 112 at the National Archives Cartographic and Architectural Branch, College Park, Maryland.) On April 1918, the Construction Division, formerly a part of the Quartermaster Corps, was given responsibility for preparing plans and specifications for all military construction projects. The standard building plans included five classes of buildings: general administration buildings (HABS No. CO-172-BU); care and treatment buildings such as wards (HABS Nos. CO-172-BI, CO-172-BJ, CO-172-BK, CO-172-BL, CO-172-CH); special care and treatment buildings, such as surgical (HABS No. CO-172-BT), laboratory (HABS No. CO-172-AN), and physical reconstruction buildings; food (HABS Nos. CO-172-T, CO-172-BM, CO-172-BO, CO-172-BY); housing (HABS Nos. CO-172-I, CO-172-J, CO-172-L, CO-172-Q, CO-172-R, CO-172-S, CO-172-AW, CO-172-BN, CO-172-BP), and supply buildings (HABS Nos. CO-172-AC, CO-172-AG, CO-172-BF); and utility and physical operations buildings such as power house (HABS No. CO-172-AR), shop (HABS Nos. CO-172-AE, CO-172-AF), laundry (HABS No. CO-172-CE), garage (HABS Nos. CO-172-N, CO-172-P, CO-172-AA, CO-172-AB, CO-172-AJ, CO-172-AK), and fire station (HABS No. CO-172-CG) buildings. The style of the buildings was the standard one adopted by the Army during that era for posts in the southwestern region, the Mission Revival style.[26]

Among the original 48 buildings constructed on the post were an administration building (HABS No. CO-172-BU), two-story officers' tuberculosis wards (HABS Nos. CO-172-BI, CO-172-BL), officers' quarters (HABS No. CO-172-J), a nurses' infirmary, an operating pavilion (HABS No. CO-172-BT), garages (HABS Nos. CO-172-N, CO-172-P, CO-172-AA, CO-172-AB, CO-172-AJ, CO-172-AK), an officers' recreation building (HABS No. CO-172-K), a post exchange, a central infirmary for 300 patients (HABS No. CO-172-BR), two-story tuberculosis wards (HABS No. CO-172-BJ), an isolation ward, one surgical ward, two-story hospital corps barracks (HABS No. CO-172-AW), a laboratory (HABS No. CO-172-AN), storehouses (HABS Nos. CO-172-W, CO-172-AO, CO-172-AP, CO-172-BF, CO-172-CC), a guardhouse (HABS No. CO-172-AX), a laundry (HABS No. CO-172-CE), a shop building (HABS No. CO-172-AE), a general mess and kitchen (HABS No. CO-172-BY), an officer patients' mess and kitchen (HABS No. CO-172-BM), an officers' mess and kitchen attendants' dormitory, a nurses' mess and kitchen (HABS No. CO-172-BO) and attendants' dormitory (HABS No. CO-172-L), a hospital corps mess, a pumphouse (HABS No. CO-172-AR), a power house (HABS No. CO-172-AR), a Red Cross headquarters (HABS No. CO-172-CA), an officers' recreation quarters (HABS No. CO-172-K), a chapel, an incinerator, and a fire station (HABS No. CO-172-CG). The hospital also utilized several buildings already on the site, including stables and the Gutheil residence, which was remodeled and served as the Commanding Officer's Quarters.[27]

At the center of the entire post was the Red Cross Building, a cross-shaped structure with entrances at each of its four wings. The Red Cross Building was surrounded by a landscaped quadrangle area much like one found on a typical college campus, with pathways to the other activity areas. Also in a centralized location were the infirmary building, surgical ward, operating pavilion, mess hall, post exchange, fire station, laundry, and chapel. The installation was essentially a symmetrical development around the buildings erected at the center of the grounds. Flanking the central area on the west and at intervals of 200 feet were the semi-infirmary tuberculosis wards and the officers' and nurses' wards. On the east, with the same proportioned spacing, were more semi-infirmaries, the open air wards, and personnel housing. The northeast quadrant held the power house and store houses, as well as the school shops of the Education Department.[28]

The first group of 48 stucco and hollow tile buildings was dedicated on 13 October 1918, although the hospital was not officially completed until 1919. Work was handicapped by the shortage of all kinds of labor resulting from the war. One medical officer later commented that:

> …the speed with which the site of this hospital was secured and the construction work carried through was truly remarkable…Many hitches occurred in the building of other Army tuberculosis hospitals so that they were not ready when required, and three other tuberculosis hospitals had to be quickly put in operation by means of taking over sanatoria and hospitals already in operation and converting them rapidly for Army use. General Hospital Number 21…was ready when needed and in less than no time was filled up with patients.[29]

Before the first 48 buildings were dedicated, it became apparent that more facilities would be needed to serve the mounting flow of casualties from the front. Surgeon General Gorgas remarked that the expansion of the hospital would make it "the largest and finest of its kind in the world." Accordingly, another unit of 25 buildings was begun in October 1918 and were completed by April of the

following year. The second group of buildings included 16 open air wards (HABS Nos. CO-172-BJ, CO-172-BK, CO-172-CH), three officers' wards, nurses' quarters (HABS No. CO-172-BN), a barracks, and a storehouse (HABS No. CO-172-CC). The first group of buildings cost $1,750,000 and the second $1,285,000. A third group of buildings erected during wartime included a school building and two curative shops for physical reconstruction work.[30]

At the time of their construction, the hospital buildings were described as "modern, open-air style construction." The buildings were of hollow terra cotta tile and stucco construction, with frame roofs covered with four-ply tar and gravel or "Elaterite" roofing. The more elaborately designed buildings reflected the Mission Revival style influence, apparent primarily in the employment of smooth stuccoed walls, minimal exterior ornamentation, and decorative, shaped parapets placed on entry bays and gable ends. Other details were influenced by function and economy, including the expansive porches, ridge ventilation, and the standard six-over-six light, double-hung windows and paneled and glazed doors. Buildings had reinforced concrete foundations and basements.

Interiors reflected the pragmatic mission of the post. Walls and ceilings were covered with asbestos plaster board and two coats of wall plaster. Floors were generally of maple, sometimes pine. The interior woodwork was constructed of white pine and covered with two coats of white paint. Toilet, utility, and bath rooms had concrete floors.[31]

Infirmary buildings housed the more seriously ill patients and those confined to bed. Hospital planners originally allocated about one-third of the total number of beds on the post to nonambulant patients housed in the infirmary. As the war drew to a close, however, about two-thirds of the patients needed the services of the infirmary. During the early 1920s, several of the open-air wards were converted to infirmaries to serve these patients.[32]

The length of the main infirmary (HABS No. CO-172-BR) was 816 feet and its width only 33 feet. These dimensions garnered the building the designation "Upper and Lower, Center, West and East." The plan of the building allowed for perfect ventilation and maximum sunshine, two factors considered essential for the treatment of tuberculars. Although the building was heated, windows on the two-story building were arranged so that the entire front could be opened to the air, while rear windows allowed the passage of air through the building. Open porches were placed all along the southern elevation of the infirmary so that patients' beds could be wheeled out into the air. The center of the building housed offices, kitchens, and toilets, with patient wards in wings flanking the central area.[33]

To increase exposure to the sun, two-story fresh air wards (Standard Plan K-107) were generously spaced, faced south, and were staggered. The ambulatory fresh air wards had southern walls open to the air and were unheated, although each had a glass-enclosed, steam-heated lounge. The open side of the ward was fitted with curtains which could be raised and lowered in an attempt to control climatic exposure. The central portion of the building contained the day room, lockers for clothing, a dressing room, and toilet facilities. Semi-infirmary wards (Standard Plan K-108) represented a compromise between the infirmary and ambulatory ward (HABS Nos. CO-172-BJ, CO-172-BK, CO-172-CH), being moderately heated and less open in front. It was soon found that snow, high winds, and rain came through the open windows despite the curtains and they were enclosed.[34]

Although, in theory, the wide spacing between buildings seemed reasonable, in reality, it made the hospital difficult to administer and expensive to operate. In addition, patients were exposed to the extremes of weather when leaving their wards for mess or treatment. The post attempted to solve this problem by constructing a number of covered passageways between buildings. The difficulty of caring for patients in such dispersed facilities would be noted by future hospital planners.[35]

Facing the main gate to the west was the social nucleus of the post, the Red Cross Building. The building was described by contemporaries as "literally a glass house permeated by sunshine and fresh air." A central glass lantern tower rose above the building as a focal point for the quadrangle. Among other features, the interior of the building had an elevated stage for entertainment and large open fireplaces. The Red Cross supplied many forms of entertainment for patients, including movies, vaudeville, and concerts. The building was the site of programs for ambulant patients, while those unable to leave their beds had programs brought to their wards. Much of the material provided for entertainment was donated by local service organizations.[36]

Facilities of the educational service included four buildings: a two-story schoolhouse with formal classrooms (HABS No. CO-172-AL); two curative shops; and one shop building (HABS No. CO-172-CF). All of these buildings [were] still standing [in 1995]. Relatively few buildings of this type were erected in the country during World War I, as most mobilization construction was considered of temporary duration.

The entire hospital was heated from a central steam plant, which was coal fired. Coal was transported via the railroad spur from Sable directly to the post power house. In cold weather, the hospital required three carloads of coal per day. Steam lines ran through concrete tunnels, the concrete roofs of which became the post's original sidewalks. During the winter, shoveling snow on the sidewalks was not a problem as the heat transmitted through the tunnels caused the snow to melt as it fell. Electric lighting and power was purchased from the Public Service Company of Colorado. The electric distribution system for the post was completed in May 1919.[37]

All of the young trees remaining in the old Gutheil Nurseries at the time the site was acquired were transplanted to spots around the post for landscaping. The 1918 map of the post indicates that the nursery stock was originally located in the southwest corner of the post, in the area of the former Gutheil residence and the duck pond. The semi-arid climate in which the hospital was located required that the trees be watered frequently once they were transplanted. For this task, the mules pulled a water wagon around the grounds. Dust was an early problem until grass and trees were well established. The lack of adequate water for maintaining trees and lawns would be a problem for many years.[38]

Included in the early equipment of the Utilities Section was a World War I Liberty truck with solid rubber, smooth tires and no windshield. The Liberty truck provided a vital link to the city, making daily trips to Denver bringing mail, milk, and other supplies. Mules and wagons were used for many of the transportation needs on the post. In addition, the hospital also possessed a 1918 model "Jimmy" ambulance salvaged from the war era. The ambulance was used to transport patients from the wards to a clinic or x-ray station. The first lawn mower on the post golf course was built from a World War I motorcycle, with three 24-inch mowers replacing the cycle's front wheel. In his annual report for

1920, the commanding officer stated that motor transportation equipment was the area which had given the hospital the greatest trouble, due to lack of replacement parts and deterioration of equipment.[39]

Road connections between the hospital and Denver were a persistent problem during the early years. When the hospital opened, only the main entrance road, which ran through the former nursery and entered the post at the southwest corner, existed on the hospital grounds. The main road was gravel surfaced and became muddy during periods of precipitation. The condition of roads to the hospital grounds became a critical issue during the first year of the hospital's operation. The post began receiving patients in October 1918, and in December, a record-breaking 45 inches of snow fell. Access to and from the hospital quickly became impossible. The Utilities Section worked industriously to improve road conditions within the grounds, installing concrete roads and cinder roadways. In 1919, Fitzsimons Bus and Taxi Company began operating from Fitzsimons to downtown Denver via East Colfax and East Seventeenth Avenue. During the following decade, work continued to improve roads, with the most frequently used streets being concrete-surfaced, and the auxiliary roads graded and covered with gravel and cinders.[40]

On Armistice Day, 11 November 1918, the capacity of General Hospital No. 21 was reported at 380 beds. New construction underway was 50-percent complete and would add 736 beds. Morale at the post was affected after the war when the "emergency men," those called to service to replace the personnel sent overseas, were retained in the service against their wishes. Although the dismissal of the emergency men lead to shortages in personnel, it was generally conceded that their departure improved the atmosphere of the hospital. In 1920, a majority of the personnel were judged to be efficient, but reflecting "extreme youth and lack of training." In addition, quite a few of the personnel assigned to the Medical Department were assigned there because they were unfit for combat. These men were also generally unable to perform their duties in the Medical Department. The arrival of a number of experienced men from the general hospital at Fort Bayard, New Mexico, added to the stability of the staff.[41]

As a general hospital, the facility was also a teaching unit for medical staff. In the beginning, the training of medical officers was a necessity, as many assigned to the facility had limited experience with the treatment of tuberculosis. Frequent turnover resulting from the discharge of emergency officers insured the continuance of the training programs. In addition, patient/nurses were trained in laboratory techniques with the idea that, upon their return to civilian life, they would have additional employable skills.[42]

As the number of casualties returning from the war dwindled, fears that the Army would abandon Hospital No. 21 increased, and local civic leaders began a concerted campaign to keep the installation open. This was the beginning of a continual effort to keep the facility operating in the face of plans to abandon the site and transfer its services elsewhere. The Surgeon General's Office, and particularly Colonel Roger Brooke, who was in charge of hospitalization, believed that Denver was the best site for a permanent Army tuberculosis hospital. Denver's economic advantages were a primary factor in this assertion. The hospital's location "near a large health[y] city, where the families of patients could live and the patients themselves find employment when discharged as arrested cases" was regarded as a significant argument for its continued operation.[43]

The Inter-War Years, 1920-1938

A War Department directive dated 26 June 1920 redesignated the facility Fitzsimons General Hospital. The post was renamed in honor of William Thomas Fitzsimons, the first Army officer of the United States to die in World War I. By the 1920s, Fitzsimons was described as the largest active military hospital in the world and the largest tuberculosis hospital in the United States. In 1920, of 3,442 admissions to the hospital, 2,132 were treated for tuberculosis. The hospital had established an impressive reputation in the treatment of tuberculosis and in the field of research regarding the disease.[44]

In the 1920s, Fitzsimons continued its instruction for medical staff of the post and also trained medical personnel from other institutions. In 1923, a five-week course in tuberculosis was given to physicians of the Veterans Bureau. By 1925, interns were being trained at the hospital in one-year courses. Expansion of hospital services during the 1920s included neuropsychiatry, physiotherapy, and cardiovascular sections.[45]

Colonel Paul Hutton, commander from 1923 to 1929, led the post through a period of stability. Several buildings were constructed during the first year of Hutton's command, reflecting increased funding nationwide for Quartermaster Corps projects. During 1923, a bachelor officers' quarters, mess and kitchen (later the officers' club), a nurses' quarters, an oil house, and a Quartermaster filling station were completed. In 1924, the Quartermaster Corps planned a ten-year program to replace temporary buildings, to modernize the water, heating, and sewage systems for its facilities, and to add garages and warehouses. Construction at Fitzsimons in 1924 included a garage (HABS No. CO-172-AB), a heliotherapy ward, and a bath house. In 1928, a farm implement building (HABS No. CO-172-BC) was erected, and in 1929, a post exchange filling station and a garage were completed. Other established buildings were converted to new uses and some extant buildings were remodeled or improved during the 1920s.[46]

By the 1930s, many of the buildings at Fitzsimons General Hospital, which were originally designed as temporary or semi-permanent structures, were beginning to rapidly deteriorate and the costs of maintaining the physical facilities were increasing yearly. Colonel Carroll D. Buck, commander of the hospital from 1931 to 1940, was to see the institution through troubled years when closure of the facility appeared imminent. During the decade, annual reports to the Surgeon General noted that most of the buildings on the reservation were of a semi-permanent nature and had been constructed during 1918-1919. In his report for 1931, Buck stated that "it will be necessary to constantly increase the funds for regular maintenance and in the near future to make larger allotments for the replacement of crumbling piers and rotting floor joists." In addition, Buck noted that although the power plant had been converted from coal to gas consumption, the steam heating system was old and reaching the point where extensive major replacements were necessary. The question of whether to commit funds for major improvements or abandon the facility would dominate the coming years.[47]

The economic depression of the 1930s had a profound impact on construction activities at Fitzsimons General Hospital, especially during the first half of the decade. In 1930, the hospital built irrigation wells, a gas meter house, and a farm building. In 1931, a building for x-ray film storage was added to

post facilities. In 1933, Army housing construction programs stopped and even maintenance funds decreased. No further building was authorized at Fitzsimons until 1935.[48]

In June 1935, Congressman Lawrence Lews announced that the War Department had agreed to ask for an immediate allocation from work relief funds for improvements at Fitzsimons, including funds for new construction and extensive ground improvements. These funds were to come from monies allocated as part of the Emergency Relief Appropriation Act which funded relief, work relief, and increased employment by providing useful projects. The Works Progress Administration (WPA) organized the projects. Of the $282,000 allocated for projects at the hospital, $118,500 was to be spent on rehabilitation of sewer, water, and electrical systems; $98,950 for rehabilitation of hospital and miscellaneous structures; $39,750 for roads, walk, drainages, and grounds; $22,000 for new garages; and $2,000 for demolition of old buildings. By October, several hundred men were busy on WPA projects at the hospital, with Colonel Buck directing the improvement work. During 1935 and 1936, seven garages were built, as well as a gardener's implement shed, and a new incinerator building.[49]

Lewis believed the new expenditures represented a commitment to retain the facility which had been threatened for so long with abandonment. Local civic and business leaders were ecstatic over the news of the new appropriations for the hospital. J. Harry Custance, president of the Denver Chamber of Commerce, asserted that the city had finally won its long fight to keep Fitzsimons open. Sensing that the time was right to press for further improvements which would secure the post's future, Lewis seized the opportunity to ask for a two-and-a-half million dollar allocation to build a new hospital building in the middle of the hospital grounds. In August 1935, Surgeon General Reynolds arrived in Denver for an inspection trip and was reported to be considering the proposal.[50]

The timing of the request coincided with two important factors. First, in response to the deteriorating condition of world affairs, the size of the Army was increasing dramatically. Second, the Denver area was considered a likely location for the construction of a new Army Air Corps technical school. The school, which was to be established at Lowry Field in 1937 insured that, for the first time, Denver was regarded as an Army center and the fitting site for a large, permanent, military hospital.[51]

In order to make Fitzsimons a viable, permanent institution, the most pressing problem was in securing adequate, up-to-date facilities for medical and surgical patients. Lewis continued to press for the construction of a modern, permanent hospital building. In January 1936, Veterans Administrator Frank T. Hines came out in support of the idea, promising that his agency would guarantee to use a minimum of 250 beds in the new building. In July 1936, Congressman Lewis's request for funds for a new main building was approved.[52]

In October 1936, Surgeon General Reynolds ordered preparation of plans for a new main building. Reynolds made a visit to Fitzsimons to discuss the project and Colonel Buck personally took charge of the initial preparation of the hospital building plans. The planners determined that the new building would differ from Fitzsimons' original structures by following the more recent practice of concentrating wards in tall buildings under a single roof. This was in marked contrast to the earlier procedure of building a number of low, widely spaced buildings, as represented by Fitzsimons' original layout.[53]

In 1937 Congress approved a large appropriation for Fitzsimons, part of an increased spending package for a number of posts. Colonel Buck was busy putting the finishing touches on his plans for a new permanent hospital building. The structure, which was to be the first major permanent building on the post, would be equipped with modern surgical and medical facilities. In his report for the year 1938, the Surgeon General stated that the new main building would be "the largest single hospital structure ever built by the Army." Congress approved $3.75 million for the new main building, with three million dollars coming from Public Works Administration funds, and the rest from money reserved by the Federal Board of Hospitalization.[54]

The hospital's facilities resembled a small city in terms of the variety of its services and buildings. In addition to the buildings constructed in 1918-1919, the post had been expanded to include additional residential buildings, recreational facilities, storage structures, and improved landscaping. Practically everything needed by patients and staff for daily life was available. Included on the post were paved streets and sidewalks, a police force, a fire department, stores, restaurants, a power plant, a chapel, a nine-hole golf course, and tennis courts. These elements were in addition to the medical facilities and administrative offices. The Post Exchange housed a department store, a butcher shop, a grocery store, barber and beauty shops, a tailor shop, and a restaurant. A branch of the Denver post office was established at the hospital. At the same time, the greenhouse, stables, and farm continued to reflect the pastoral nature of the hospital setting.[55]

By mid-December 1938, preparations were well underway for construction of the new main building, which would make Fitzsimons the biggest general Army hospital in the country, with 2,252 beds. Construction began in January 1939, excavation having been accomplished during the previous year on the former site of the administration building.[56]

Mobilization and Entrance into World War II, 1939-1941

Construction at Fitzsimons during the late 1930s provided much needed jobs for local residents, but international events soon overshadowed economic problems. In September 1939, Germany invaded Poland and President Roosevelt proclaimed a "limited national emergency." The War Department began to examine all areas of military preparedness. For the first time in several years, the Army undertook extensive projects to renovate its existing medical facilities and bring them in line with modern medical operations. In 1939, facilities at Fitzsimons underwent much needed repair and upgrading, including installation of street lighting; improvement of the post water distribution system; reconstruction of the electric substation; renovation of officers' and nurses' quarters; installation of an emergency lighting unit; and reconstruction of a building for warehouse purposes.[57]

The Construction Division of the Quartermaster Corps had developed a series of architectural plans for standardized buildings to be used for mobilization. The drawings for hospitals had been prepared in 1935 and consisted of plans for 49 buildings, including: administrative offices, clinics, wards, mess halls, personnel quarters, service buildings, and hospitals. The buildings included in these drawings were of a standard size, required small numbers of skilled workmen to construct, and were low in cost. The design of temporary buildings emphasized speed of construction, conservation of materials, and assembly-line building techniques.[58]

In April 1941, the first conscripts arrived for training at the Fitzsimons Technician's School. Plans for the school expanded rapidly as world events pushed the country closer to war. Originally, 300 men were to report to the school each month, with about 750 undertaking training at one time. The trainees were housed in 25, 63-man temporary barracks. The standard barracks were 29.5 feet wide by 80 feet long and two stories in height. The buildings were of wood platform construction and covered with drop wood siding. Windows were double hung, with panes divided into six or eight lights. Continuous eaves, called "aqua medias," capped all windows. Roofs were wood framed and covered with prepared roofing material.[59]

From September 1940 to December 1941, the number of normal beds in general army hospitals increased by more than three-fold. In October 1941, the total population of Fitzsimons was approximately 3,300, of which approximately 1,200 were patients in the hospital. During that year, $109,350 in WPA funds was allocated, employing 96 men for eight months, constructing a firehouse, motor repair shop, pipe warehouse, and general warehouse. Most of the buildings were of frame construction with cement floors. The hospital water system was also updated. Another project during 1941 constructed seven new temporary barracks buildings, two to be used for additional nurses working in the new main building, and one for recreation.[60]

The contract for the new main building was awarded to the Great Lakes Construction Co. of Chicago in December 1938. Construction on the new main building took over two years to complete and, when finished, it was regarded as "the last word in Army hospitals." On 3 December 1941, the hospital building was dedicated by Congressman Lewis and 500 other dignitaries representing the Army, civic groups, government, and business. The building's construction was considered as a personal triumph for Lewis. The congressman presented the building to Major General James C. Magee, Surgeon General of the Army, who had been a close friend of the late William T. Fitzsimons. Magee stated that "the Army is exceedingly proud of this new structure." Colonel Frederick S. Wright, commanding officer, served as host for the dedication.[61]

The new building, with 290,000 square feet of space, was reportedly the largest structure in Colorado. Its 610 beds gave Fitzsimons a total capacity of 2,252 beds, making it the largest general army hospital in the country. The building's dimensions were 554 feet in length, 250 feet in width, and 152 feet in height above the ground. The Rocky Mountain News reported that the hospital had 1,800 rooms and 1,900 windows. The newspaper described the facility as "modern architecture, with extra large window space throughout."

The new building was composed of a concrete framework and facebrick of seven blended colors. The design included set back, terraced bays to provide maximum light and air, and nine heliotherapy decks. A central tower rose ten stories, and the center portion of the structure was eight stories, with wings ranging from five to seven stories. The base of the building was constructed of Texas sandstone. An impressive porte cochere constructed of Colorado Yule marble distinguished the main entrance of the building. Etched into the walls of the porte cochere were inscriptions in Latin and English reflecting the mission of the hospital, such as, "Welfare, virtue and strength of body from science, courage, and the fine arts." The walls inside the entrance were composed of panels of Colorado Travertine stone and the paving and curbs under the structure were made of granite. The style of the new building was in marked constrict to the original design of the post's facilities. Not

only was the building of greater height and massing, its Art Moderne or Modernistic style contrasted to the earlier, Mission Revival influenced buildings.[62]

With the completion of the permanent hospital building the continued operation of Fitzsimons appeared to be finally assured. However, excitement over the opening of the new building was tempered by the gravity of events on the international scene. Those at the dedication agreed with General Magee that "after the national emergency, this huge building will stand as a lasting and enduring building."[63]

Four days later, the Japanese attack on Pearl Harbor brought America's entrance into World War II. The first patients from the war were admitted to the new hospital building on 17 December and it became filled quickly thereafter. During World War II, military hospitals expanded at a record rate, providing more than twice as many hospital beds in the United States as during World War I. A number of problems resulting from rapid mobilization would surface, including labor shortages, lack of adequate housing near hospitals, and inadequate transportation to hospitals. Civilians took over jobs traditionally held by enlisted men, in positions such as medical technicians, orderlies, clerks, and cooks. In addition, a new military unit, the Women's Army Corps, filled a critical need for noncombat services resulting from the war.[64]

Wartime Activities and Expansion, 1942-1945

In 1942, Brigadier General Omar H. Quade assumed leadership of the post. Quade, who served as commanding officer until 1948, led Fitzsimons during a period of unprecedented expansion of military medical facilities throughout the country. During the height of the war, as many as 5,000 patients at a time were at Fitzsimons. In September 1942, there were only 15 general hospitals in operation, but by January of the following year there were 31. In the midst of the war, speed of construction and conservation of building materials became key elements in design and simple construction plans became the rule.[65]

Colonel Quade reported that in 1942, Fitzsimons had experienced the greatest growth in its history. During the year, one-and-a-half million dollars were allocated for additional buildings, including four wards, and a building for nursing staff facilities. The new facilities were of a semi-permanent brick construction, similar in design to the original wards. Denver architect Burnham Hoyt was selected as architect and engineer for the buildings. Other buildings completed included four additional wards, two permanent detachment barracks, a bachelor officers' building, and additional warehouse facilities. Existing utilities were also extended on the post.[66]

A new, permanent, post chapel, designed to conform with the architectural style and construction materials of the existing buildings was dedicated on 17 December 1942. By 1942, a second technicians' school with a capacity of 1,000 students had been added to the operations of Fitzsimons. The school occupied 59 temporary buildings and was graduating over 1,000 men each month. The school at Fitzsimons was said to be the largest institution of its kind in the world. Included in the school buildings were barracks, laboratories, classrooms, a mess hall, and a recreation center. The buildings were built following a single standard plan which provided uniformity of exterior design, but allowed for modification of interiors for special purposes. The completion of the technicians' school in the northeast corner of the post was one of the major accomplishments of 1942.[67]

In addition to its operations at Fitzsimons, the government also expanded operations at Lowry Field and established new camps, posts, training schools, and military hospitals throughout the state. In 1942, the Army announced the creation of a new Army Air Force technical training school to be located at Buckley Field. Among the other installations in the state were the Peterson Air Field near Colorado Springs; La Junta Army Air Field; Camp Hale, which was located near Leadville; Pueblo Army Air Base; Camp Carson near Colorado Springs, which was the largest military camp in the state; Fort Logan; the Naval Convalescent Hospital which was established in the Hotel Colorado at Glenwood Springs; and Fort Lyons Veterans Administration Hospital.[68]

Continued expansion at Fitzsimons was reflected in the dedication of a new theater building (HABS No. CO-172-BZ). Actress Dorothy Lamour helped inaugurate the 1,035-seat theater in August 1943. Entertainment for patients had long been a concern for the staff, and original facilities had grown outdated. The theater was built by the U.S. Army District Engineers under the direction of Carl H. Jabelonsky. It was designed with many special facilities for the hospital's patients while at the same time coping with the scarcities of building materials resulting from the war. Thus, the theater seats were constructed with a minimum of metal needed for the war effort. The seats were extra large and wide space was left between rows of seating. In addition, some seats were equipped with special hearing aids. A large open space in the middle of the auditorium was designed to provide access for wheelchairs. The theater space housed a full-size screen, orchestra pit, and a large stage. Murals depicting scenes from Colorado history were painted on the interior walls by Private Philip Henselman. On the exterior, the theater reflected the Art Moderne style of the Main Building, with its rectilinear ornament, geometrical curves, flat planes, a varied roofline, and aluminum detailing on the doors and windows.[69]

A prisoner of war camp was established on the post during wartime. In 1942, plans were made for the operation of such camps. The Geneva Convention required that medical care for prisoners of war be equal to that of American troops. When the American forces began capturing large numbers of German and Italian prisoners, those requiring a higher type of care than could be provided for at station hospitals were sent to general hospitals. Fitzsimons was designated the hospital for treatment of tuberculars.[70]

The Fitzsimons camp was on the southeast corner of the grounds and was composed of standard Theater of Operations style buildings, including prisoner barracks, a mess hall, guard barracks, a recreation area and a lavatory/bath house. Theater of Operations buildings were of the lightest possible frame construction to conserve resources. Exteriors of such buildings were finished with heavy treated paper or fiberboard. Plumbing was centered in separate lavatory buildings and heat came from stoves rather than a central heating plant. The prisoner stockade was surrounded by barbed wire and had three watch towers on its perimeter. The prisoner of war camp was razed in 1947.[71]

In 1944, a new group of enlisted personnel arrived at Fitzsimons, members of the Women's Army Corps. The Corps dated to 1942, when Congress established the Women's Auxiliary Army Corps (WAAC) in order to supply desperately needed manpower for noncombat positions. In 1943, the Women's Army Corps (WAC) was established, granting enlisted women full military status. The WAC volunteers provided the Army with workers in positions requiring civilian skills, such as

mechanics, weather observers, carpenters, photographers, intelligence analysts, and heavy equipment operators.

Although the Surgeon General was initially slow to requisition WACs, personnel shortages at the Army's medical facilities by mid-1944 led the Medical Department to request that 50,000 WACs be assigned to care and treatment installations around the world. In the spring of 1944, the Female Medical Technicians Campaign was initiated to attract women into the Corps for medical service. Only highly qualified workers were accepted into the program.[72]

In 1945, a severe shortage of nurses led to further requests for WACs to serve in medical facilities. In January, a "General Hospital Campaign" was launched to recruit WACs for medical installations. As part of the campaign, Fitzsimons General Hospital received a giant bell which toured Denver, tolling every 80 seconds to mark the return of another American battle casualty needing care.[73]

By the end of the war, over half of the students at the enlisted technicians schools around the country were WACs. Eventually 20 percent of all WACs, or approximately 20,000 volunteers, were involved in the medical field, making the Medical Department the largest employer of the group. As members of the medical staff, WACs served as clerks, social workers, physical therapists, laboratory technicians, x-ray technicians, dental hygienists, pharmacists, optometrists, and medical and surgical technicians.[74]

In order to receive a contingent of WACs, a post commander had to demonstrate considerable need, as the women were only assigned in detachments of 50 or more. In addition, suitable housing had to be provided for the women, including separate barracks at least 50 yards from the nearest men's housing and separate toilet facilities in the office. At Fitzsimons, WAC facilities completed in 1944 included a recreation and administration building, a mess hall (HABS No. CO-172-T), and six barracks (HABS Nos. CO-172-Q, CO-172-R, CO-172-S). The buildings were situated northwest of the administrative center of the post.[75]

End of World War II and After, 1945-Present

The end of World War II led to new fears that Fitzsimons would be threatened with closure. Demobilization occurred at such a rapid rate that "hospital resources built up over a period of more than five years were liquidated in little over a year." By December 1946, only 14 general hospitals were still in operation around the country. The number of patients arriving began to dwindle, and many patients were transferred to Veterans Administration Hospitals.[76]

During the war, the local economy had continued to benefit greatly from the expansion of nearby military establishments. As World War II ended, there was a sense of apprehension about cutbacks in operations at all the local installations. Once again, citizen groups began a campaign to keep the facilities at Fitzsimons open. They stressed that large numbers of sick and wounded soldiers returning from the war required long-term care which the hospital could provide. In fact, the tensions of the Cold War period ensured that the country would continue its global commitments. In 1948, the government approved plans to build a new 200-unit housing project for enlisted and officer families at Fitzsimons under the Title VIII Wherry Housing Plan. The project was expected to provide only half of the housing needed on the post.[77]

In July 1950, the installation was redesignated Fitzsimons Army Hospital. The facility was annexed to the City of Aurora in August 1955. Aurora enjoyed a period of unprecedented growth in the years following the end of World War II. During this time, the Denver Metropolitan area became one of the fastest growing regions in the United States, largely the result of the trend towards suburbanization. As the Denver area expanded, much of this growth moved out onto the eastern plains of Aurora. Despite a housing shortage, civic leaders had successfully promoted Aurora as a residential suburb in the immediate post-war years. Many of the city's new residents were veterans who had been stationed in Colorado and had found it a desirable place to live.[78]

In the early 1950s, Aurora began annexing the many newly platted residential subdivisions which had sprung up around the city's southern and eastern borders. At the same time, the city began annexing large tracts of undeveloped land, laying the foundation for future commercial development. Aurora's boom years continued well into the 1970s and 1980s. The populations grew from approximately 75,000 people in 1970, to over 150,000 in 1980, to 222,103 in 1990. Much of Aurora's post-war development continued to be a result of the area's military establishments, which had long been a critical factor of the city's economy.[79]

Following World War II, the built environment of the post changed, as a number of temporary buildings were declared surplus and disposed of or put to new uses. From 1953 to 1961, the hospital leased six temporary barracks and recreational buildings to Adams-Arapahoe School District No. 28 for use as a junior high school. Between 1959 and 1961, 37 temporary buildings were declared surplus and demolished.[80]

During both the Korean and Vietnam conflicts, Fitzsimons continued to serve the medical needs of the military. In 1959, expansion of facilities resulted in the construction of four new permanent buildings to house female officers. On 1 January 1960, the post was renamed Fitzsimons General Hospital. In 1961, services at the installation were expanded to include neuropsychiatry, obstetrics, pediatrics, radiology, and dental clinics. In 1963, the U.S. Army Medical Equipment and Optical School was transferred to the installation. In March 1974, the hospital was redesignated Fitzsimons Army Medical Center; one of eight such institutions in the country.[81]

In 1972, the post disposed of two parcels of land. The former railroad right-of-way extending north of FAMC was conveyed to the City of Aurora for park purposes and land along the south entrance was conveyed to the Colorado Highway Department for a highway right-of-way. In 1974, a 129-man barracks was constructed on the post, and an additional six temporary buildings were demolished. The following year, the Post Exchange and the Auto Hobby Shop were completed. In 1980, a Reserve Training Center was built, and three years later, an Animal Housing Facility was added. In 1984, two new barracks were erected. The following year, a linear accelerator facility was constructed as an addition to the main hospital building. From 1987 to 1989, four temporary buildings were demolished.[82]

In 1989, Fitzsimons Army Medical Center, which had once again been threatened with closure, was removed from Base Closure Studies. [In 1991], the hospital consist[ed] of 342 buildings on 576.51 acres of land. The installation [had] several missions, including the provision of general hospital support for Army and Air Force hospitals in surrounding states and direct hospital support for Lowry

> Air Force Base; operation of a facility for educational development services for military personnel in several states; utilization as a major medical training center; service as a regional coordinator of medical activity within the region; provision of veterinary services; and provision of dental care and treatment to eligible personnel. Several tenant activities which receive administrative and logistical support from FAMC [were] also located on the post. Fitzsimons Army Medical Center continue[d] to function as one of the largest employers in Aurora and [had] fulfilled its founders' dreams of playing a vital role in the progress and prosperity of the community.[83]

Recent Evolution of Fitzsimons Army Medical Center, 1991-2009

Concerns about the closure of FAMC continued throughout the 1990s. Although the hospital received a steady flow of patients, few active-duty soldiers were stationed in Colorado, and most patients were retirees. In 1991, the Base Realignment and Closure (BRAC) Commission determined to close nearby Lowry Air Force Base within a three-year period, further decreasing the military population in the area. In addition, many of the buildings at FAMC needed numerous updates and upgrades to meet modern medical standards. To stabilize its future, Fitzsimons' administrators and Colorado politicians attempted to include construction money to update Fitzsimons Army Medical Center in their annual requests for construction funding from the U.S. Congress. This proposal included demolition of the main hospital and construction of a new Army Medical Center on its site. The construction funds were denied, and, by 1995, Fitzsimons again became a subject of study for potential BRAC closure. In February 1995, over 1,000 local citizens rallied to support Fitzsimons' continued operation, emphasizing its role in the local economy. Nonetheless, the final BRAC determinations of 1995, released in June of that year, stated that FAMC would be closed by 1999. Military planners cited the age and condition of the buildings, as well as the lack of active-duty soldiers in the area as prime reasons for its closure. In September 1995, members of the Colorado congressional delegation began discussions about transferring the property to the University of Colorado for use as a teaching hospital. Fitzsimons Army Medical Center officially closed in June 1996.[84]

After the closure of FAMC, the property was conveyed to the City of Aurora, which retained exclusive ownership and tenancy of a small portion of the property including the swimming pool (Building No. 614). Most of the remaining parts of the complex were leased to the University of Colorado beginning in 1997. A third-party entity, the Fitzsimons Redevelopment Authority, was established as a partnership between the City of Aurora and the University of Colorado to manage and redevelop the property. In 1999, the University of Colorado committed to preserving the main hospital, Building No. 500, and in 2002, restored a suite in the main hospital where President Eisenhower stayed during his recovery from a heart attack suffered in 1955. However, numerous auxiliary historic buildings on the campus were demolished to make room for construction of new facilities. In 2006, a complex of new health sciences buildings was constructed on the site at a cost of approximately $2 billion. Today, the site is the location of the University of Colorado Hospital, The Children's Hospital, and several of the primary hospitals in the University of Colorado Denver School of Medicine system. The U.S. Department of Veterans Affairs (VA) began considering relocating facilities from downtown Denver to Fitzsimons as early as 2004. Congressional funding for a new VA hospital on the site was approved in 2006, and in the following year, the VA purchased 17 acres of land at the southeast corner of the former Fitzsimons Army Medical Center campus that includes the swimming pool (Building No. 614). The VA plans to construct a new veterans'

hospital on the site, to take advantage to the proximity of other health care facilities in the Anschutz Medical Campus.[85]

Building-Specific History, Swimming Pool (Building No. 614)

The swimming pool (Building No. 614) was constructed as part of the expansion of Fitzsimons General Hospital during World War II. It housed a large pool that was used for swimming and aquatic therapy, which was touted widely as beneficial for treating wounded soldiers. Prior to the construction of the swimming pool (Building No. 614), wounded hospital patients would visit the City Bath House for such therapy and treatment. Local newspapers promoted the construction of the swimming pool as essential for providing exercise to wounded men who were unable to bear weight on their legs. Upon the pool's completion, the hospital initiated a program of "hydro-therapy," supervising patients in swimming exercises in cool water. The July 7, 1945 edition of the *Denver Post* stated that, "In addition to the helpful physical effects of swimming, the psychological 'lift' has not been overlooked by physicians, who emphasize that each new skill acquired by the wounded veteran boosts his confidence." The swimming pool also was available for unsupervised recreational swimming for patients, staff, and their families.[86] The building continued to support aquatic functions for rehabilitation and recreation during much of the twentieth century, until the property was transferred to the City of Aurora in 1991. The City of Aurora continued to operate the building as a municipal swimming pool that was open to the public year-round until March 2009.

In 1991, Fitzsimons Army Medical Center conducted a cultural resources survey that documented all buildings on the campus constructed prior to 1946. At that time, the swimming pool (Building No. 614) had not yet gained 50 years of age, and consequently was recommended not eligible for listing in the National Register of Historic Places (NRHP). In 2007, when the VA acquired the property, the building was recommended eligible for NRHP listing as a contributing element to the NRHP-eligible Fitzsimons Army Medical Center Historic District under Criterion A.[87]

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

Original plans for the swimming pool were obtained from the City of Aurora Facilities Management Department. Plans showing major alterations and additions to the swimming pool were obtained from the City of Aurora Facilities Management Department. The existing condition of the building was photographed in 1998, when the property was transferred from the U.S. Army to the City of Aurora. Each of these resources provides information about the original features of the building and their evolution over time.[88]

1. Architectural character:

The swimming pool (Building No. 614) is a two-story masonry building that displays Art Deco stylistic influences. The interior features a large open space housing an Olympic-size swimming pool. Architectural detailing that reflects the Art Deco style includes the cantilevered flat canopy over the main west entrance, the horizontal rustication pattern in the

exterior brick work, the ceramic tile at the interior arranged in decorative geometric patterns, and the underwater prism glass light fixtures within the pool.

2. Condition of fabric:

The swimming pool (Building No. 614) is in generally good condition and has no serious or apparent structural problems or deficiencies. The exterior brick masonry exhibits limited cracking along the mortar joints travelling from the corners of some window lintels. Some water infiltration has occurred, but because the building features few wood elements, it has caused only minor damage, such as deterioration of the original wood cornice.

B. Description of Exterior:

1. Overall dimensions:

The building footprint consists of a large, central rectangle with smaller rectangular wings protruding from the east and west ends. The narrow ends of the rectangular footprint are oriented to the east and west. Overall, the building footprint measures 181'-1-½" x 64'-3". (These overall dimensions do not include the projecting canopy or stoop at the main west entrance or the exterior basement well at the east end.)

The building's central massing or core, which encloses the swimming pool, measures 129'-3" x 64'-3". This portion of the building is eight structural bays deep and five structural bays wide. The interior is a single, open, double-height space. From the floor to the gutter line, the walls measure 21'-1" in height. The floor slab rises an additional 1'-6-½" above the exterior finish grade level. The interior pool is below the floor slab, with a depth of 3'-6" at the shallow end and 9'-6" at the deep end. A small basement space is located outside the perimeter of the pool, beneath the main floor slab that forms the pool deck. A full-width interior mezzanine is located at the west end of the open interior swimming pool space. The floor slab for the mezzanine is located 10'-3-¾" inches above the main floor slab.

The west projecting wing measures 18'-0" x 50'-3"; the canopy projecting from the west end of this wing measures 5'-10" x 18'-3", and the projecting stoop measures an additional 8'-2" x 18'-3". The west projecting wing is one structural bay deep and three structural bays wide. The two-story west wing measures 14'-10-¾" in height from the floor slab to the gutter line, plus an additional 1'-6-½" from the exterior finish grade to the floor slab.

The east projecting wing measures 26'-0" x 56'-3", and is one structural bay deep and five structural bays wide. The walls of the east wing measure 12'-1-¾" from floor slab to gutter line, plus an additional 1'-6-½" from the exterior finish grade to the floor slab. The east wing also includes a basement, which is accessed from an exterior stairway and well along the east façade.

An addition constructed in 2002 at the southeast corner of the building roughly measures 34'-3" x 15'-3-¾". The footprint of the addition is an irregular L-shaped plan. The lower portion of the L-plan footprint, which abuts the south façade of the original building, roughly measures 24'-0" x 45'-3 3/4". The overall size of the addition is 1,360 square feet.

2. Foundations:

The swimming pool (Building No. 614) has a raised concrete slab foundation. The footings for the foundation are constructed with reinforced concrete. To prevent settlement during the freeze-thaw cycle, the foundation footings reach a depth of 4'-10" below the floor slab. A basement is located at the east end of the building, and in that area the foundation footings reach a depth of 11'-10" and the basement floor reaches a depth of 10'-10". At the exterior of the building, the foundation is enclosed with a concrete water table. The foundation for the 2002 addition at the southeast corner is an at-grade concrete slab.

3. Walls:

The building utilizes load-bearing brick masonry exterior walls, backed up by a steel column system. The blond brick walls use a common bond pattern. The bricks have a rough, scored texture, typical for the era of construction. The brick walls are 1'-0" thick. At the clerestory level of the north and south façades, the brick is corbelled to form a horizontally ribbed rustication pattern. This rustication pattern is also present at the second floor of the west façade. At the secondary entrances on the north side façade of the building, the brick walls are corbelled to create door surrounds. Window and door openings are created with precast concrete lintels and sills, and door openings are created with reinforced hollow clay tile lintels.

4. Structural systems, framing:

The structural system of Building 614 consists of load-bearing brick exterior walls reinforced by steel columns and a steel-truss roof system. Within the two-story main core of the building, eighteen steel columns are spaced at 16'-0" intervals. To create the wide, open roof span, seven exposed steel trusses are bolted to the steel columns that are exposed along the interior walls. At the far ends of the space, the roof trusses and steel columns are concealed within the wall. The trusses are a variant of the closed flat gable truss form, using additional vertical and diagonal steel bracing. Steel longitudinal braces and struts run perpendicular to the trusses, connecting them together. Metal purlins are anchored to the top of the trusses, supporting a wood roof diaphragm. The floor structure consists of reinforced concrete floor slabs supported by reinforce concrete foundation footings. The floor of the mezzanine at the west end of the interior pool space is supported by reinforced concrete columns with cantilevered reinforced concrete beams.

The 2002 addition located at the southeast corner of the building utilizes concrete masonry block construction with a blond brick veneer. Steel roof beams are connected to the exterior walls with steel leveling wedges. The eastern portion of the addition is open to the air, and the roof of this portion is supported by steel beams that rest on steel columns.

5. Porches, stoops, balconies, bulkheads:

A partial-width projecting entrance portico covers the building's main entrance on the west façade. The flat roof of the portico is supported by massive square engaged pilasters constructed of reinforced concrete columns with brick veneer. The portico roof has a simple,

stepped wood fascia board with a painted finish. The portico floor is a raised concrete slab supported by concrete footings. The portico floor extends beyond the portico roof, creating an uncovered raised platform area. Two shallow concrete steps lead up to the porch floor from the sidewalk leading to the building from Wheeling Street.

6. Chimneys:

No chimneys are present on the swimming pool (Building No. 614).

7. Openings:

a. Doorways and doors:

Original exterior doorways are located at the ground floor on the west and north facades, and at the basement level at the east façade. Original exterior door openings feature reinforced hollow clay tile lintels. Within the main entrance portico at the west façade, the door opening is filled with double doors and a transom. Architectural plans indicate that the original doors were wood with glazing at the upper portion and an inset panel at the lower portion. The plans also note that the original wood-frame transom had six lights separated by wood muntins. The original doors were replaced in about 1998. The primary entrance presently includes flush-panel metal doors with small lights and a metal transom with a single, fixed light. The north side façade has three sets of double-door openings at the ground level: one is located at the west end of the building's core, one is at the opposite (east) end, and one is at the east wing. Each opening features a corbelled brick surround. Originally, the doors on the north façade were wood with three square panels, arranged vertically. These doors were replaced ca. 1998. At the central core of the north façade, the new replacement doors are flush-panel metal units with no glazing. At the west wing, the door opening has been filled with a single metal-and-glass door with a single metal-and-glass sidelight. Another original door opening is located at the east façade at the basement level. Originally, this door was wood with three vertical panels, but is replacement is a flush-panel metal unit with no glazing.

Five non-original doorways have been added to the south façade of the original portion of the building. At the center of this façade, a ca. 1970 addition includes two door openings that provide access to the swimming pool area. The door surrounds do not include any detailing. Both single doors are flush-panel metal units with no glazing. The concession stand, which is located in another ca. 1970 addition on this façade, includes one single, flush-panel metal door unit with no detailing. The 2002 addition at the east end of the south façade includes two sets of double doors, both of which are flush-panel metal units with no detailing.

b. Windows and shutters:

Window openings are located on all façades of the building, created by cast concrete sills and lintels. At the north and south side façades, the windows are at the clerestory level in a horizontal band. At the west and east façades, narrow rectangular windows are located at the upper portion of the first story. The west façade additionally features three square

windows at the second story. Nearly all of the original windows were replaced ca. 1998 with new vinyl sash windows. One original window is extant at the basement level of the east façade, and it has a grid of rectangular lights within an operable metal awning sash. Original architectural drawings indicate that similar windows historically were in all window openings. The replacement windows in the clerestory levels of the side façades feature a square central light flanked by more narrow rectangular lights. At the west and east façades, the narrow horizontal replacement windows are sliding units, with two lights set side by side. At the second floor of the west façade, the replacement windows are fixed with a single light. A continuous strip of metal flashing was applied in about 1998, concealing the original cast concrete window sills. No shutters are located on the building.

8. Roof:

a. Shape, covering:

The swimming pool (Building No. 614) features a front-gabled roof form. An independent front-gabled roof extends over each of the three main portions of the building: the main core, the west wing, and the east wing. Originally, the roof was sheathed with mineral asphalt surface stripped shingles. The color of the original shingles is not known. Today, the roof has composition shingles of a brick red color. The roofing material is in poor condition, with a number of exposed patches, especially along the south façade.

The portico at the west main entrance has a flat roof covered with built-up gravel roofing, which matches the original roof material. The two ca. 1970 additions on the south façade likewise have flat roofs forms with built-up gravel roofing.

The 2002 addition at the southeast corner of the building features two independent shed-roof forms, with slopes that are perpendicular to one another. These roofs have composition shingles of a brick red color.

b. Cornice, eaves:

A flat wood fascia board and simple molded wood cornice run along the roofline of the original building. The roof eaves, below the fascia board and above the cornice, are narrow and encased with wood and feature small, round metal vents. The white paint finish on these wood elements has deteriorated, and consequently they have experienced water infiltration which has caused areas of wood rot. No alterations have been made to the fascia board, cornice, or eaves.

c. Dormers, cupolas, towers:

The building features no dormers, cupolas, or towers.

C. Description of Interior:

1. Floor plans:

a. First floor:

The first floor of the swimming pool (Building No. 614) is organized into three main sections: the west wing, the interior core, and the east wing. Historically, the building was entered from the west wing. The main entrance was relocated ca. 1998 to a new, wheelchair-accessible entrance on the north façade of the east wing.

The west wing roughly measures 18'-0" x 50'-3", but also includes an entrance vestibule that measures 5'-10-½" x 18'-3". The main entrance, at the center of the west façade, opens onto the vestibule and a central stair leading to the second floor. The vestibule and stair are flanked on the north and south by the women's restroom and locker room. Doors at the north and south walls of the vestibule provide access to the restroom and locker room. Each room has an east-side door opening leading to the swimming pool within the building's main core.

The main core of the building measures 129'-3" x 64'-3". The below-grade swimming pool at the center of this space measures 100'-0" x 50'-0". This vast pool space includes four doorways exiting to the exterior; two are located on the north façade, at either end, and the other two are located in the ca. 1970 vestibule that was added to the center of the south façade.

According to architectural plans, the east wing measures 26'-0" x 56'-3". The northern portion contains a non-historic lobby space, accessed from the entrance on the north façade of the east wing, which was remodeled ca. 1998 to provide wheelchair accessibility. When this lobby was constructed ca. 1998, an opening in the wall was created to provide access between the lobby and the swimming pool. A storage closet is located at the far northwest corner of the east wing and has a door that opens from the main, central swimming pool space. The southern portion of the east wing contains the men's restroom and locker room, which open onto the swimming pool space.

Two of the additions to the building are accessible only from the exterior. The ca. 1970 small concession booth on the south façade is accessed from a door in the south wall. The 2002 mechanical addition at the building's southeast corner is accessed through two sets of double doors in the south wall.

b. Mezzanine Floor:

The mezzanine floor is located at the west end of the open, two-story, swimming pool space. The mezzanine stretches across the full 64'-3" width of the room, and cantilevers out 12'-0" from the wall. The mezzanine is accessed from the second floor of the west wing.

c. Second Floor:

Only the west wing includes a second floor. This space is organized around a central staircase and corridor and has storage rooms to the north and south. The central corridor opens onto the mezzanine floor to the east.

2. Stairways:

In the west wing of the building, a central stair leads from the main entry vestibule to the second floor and mezzanine. This stair is constructed from reinforced cast concrete and consists of 17 closed risers and 17 treads. The floor of the stairs is unfinished concrete, with grooved metal strips inset at the nose of the stair tread. Both sides of the stair are enclosed by walls. Originally, wood handrails were mounted on the walls adjacent to the stair, but original handrails have been replaced with tubular metal handrails.

3. Flooring:

The flooring of the swimming pool is finished with ceramic tile, terrazzo, and concrete in a variety of colors and patterns and serves as the dominant decorative feature of the building's interior. The flooring in the entrance vestibule of the west wing is concrete with a blue paint finish. In the locker rooms and restrooms, in both the west and east wings, the flooring is putty-colored terrazzo with black, blond, and white flecks. In the central space, the deck around the pool is floored with 1" x 1" flecked green ceramic tiles in varying shades of seafoam green, arranged in a checkerboard pattern. The floor of the pool itself is covered with tiles of varying sizes and shapes, in similar shades of seafoam green, scattered in a random pattern. Along the pool floor, the lanes of the pool are delineated with stripes of black 1" x 1" ceramic tiles. The lobby space in the east wing has flooring with larger, non-historic ceramic tiles, approximately 1'-0" x 1'-0", in a darker spruce green. A slight ramp was constructed to bridge the difference in grade between the lobby space and pool space, and this slope was covered with non-historic, white 1" x 1" tiles, matching the size of the original tile but not the original color palette. The vestibule leading into the lobby from the accessible entrance at the north façade is floored with small, irregularly arranged ceramic tiles, approximately 1" x 1", in shades of putty, blonde, and gray. A border of small blue tiles lines the perimeter of the floor of the vestibule. The second floor and the mezzanine are floored with terrazzo matching the locker rooms and restrooms. However, non-original felt carpet has been installed over the original terrazzo flooring on the mezzanine.

4. Wall and ceiling finish:

Since the building houses a swimming pool, the walls are finished with a variety of materials that are impermeable to water. In all spaces, the interior walls are constructed with blond-colored "salt glazed" tile masonry units to a height of approximately 10'-3". The salt glazed units comprise the entirety of the wall surfaces – from base molding to ceiling – in the entrance vestibule, the locker rooms and restrooms, the stair well, and the second floor corridor. Base moldings are black ceramic tile with a cove profile. In the double-height central pool space, the salt-glazed units form a wainscot, and the upper portion of the walls are constructed from structural facing tile in multiple shades of brick red. This wall material

is also revealed at the interior of the storage rooms on the second floor. The interior walls of the pool are tiled to match the floor of the swimming pool. Although the tiles vary in sizes and shapes, they are in similar shades of seafoam green and scattered in a random pattern. One gypsum board wall with a white painted finish and black rubber baseboards is located in the lobby area of the east wing, where the lobby was partitioned off from the men's locker room ca. 1998.

Ceilings within the building are finished with a combination of wood, ceramic tile, and acoustic tile. Within the swimming pool space, ceilings are finished with wood planks, approximately 2" x 4", running with the slope of the roof, with a white painted finish. The ceilings of the storage spaces on the second floor are unfinished wood planks, approximately 2" x 4". In the locker rooms, ceilings are finished with square glazed ceramic tile, approximately 4" x 4", in a blond color or, with cast concrete painted white. Within the non-original lobby space, the dropped ceilings are finished with acoustical tile, approximately 12'-10" x 4'-0".

5. Openings:

   a. Doorways and doors:

      Interior doorways are single openings, created with a metal buck, a single unit which creates the door lintel and frame. Within the swimming pool space, door surrounds are created by extending the tile wainscot above the doorway, with a soldier course of tile across the door lintel. Original interior doors were wood with inset panels. All original interior doors were replaced with flush metal doors ca. 1998.

   b. Windows:

      The building does not feature any window hardware or decorative trim on the interior.

6. Decorative interior features and trim:

   The tile floor and wall finishes create the primary decoration in the building. All trim is integral to the floor and wall finishes. The original architectural drawings indicate that wood bleachers were bolted to the wall and floor of the mezzanine, but the bleachers no longer are extant, and the date of their removal is unknown. With the exception of the non-historic built-in desk in the lobby, no cabinetry or millwork is included within the building. Metal lockers within the locker rooms are freestanding units.

7. Hardware:

   All interior door and window hardware was replaced ca. 1998, when the original doors and windows were replaced. Existing door pulls are steel. Existing pool ladders are steel; their date of installation is unknown.

8. Mechanical equipment:

   a. Heating, air-conditioning, ventilation:

      The HVAC system was replaced in 2003. Air handlers are located in the mechanical addition at the southeast corner of the building. Currently, metal HVAC ducts are exposed within the main interior space containing the swimming pool and extend through the steel roof trusses along the north and south walls and continue along the west wall. Large air diffusers are located in the northeast and southeast corners of the swimming pool space and connect to the HVAC ducts.

   b. Lighting:

      Historic lighting fixtures are extant only at the mezzanine and along the pool walls. At the mezzanine, light fixtures are suspended pendants with cone-shaped metal shades painted brick red. Original light fixtures are mounted alongside the walls of the sunken swimming pool, providing underwater lighting, and feature round prism glass shades within metal trim. Non-original florescent and glass-pendant light fixtures were mounted to the roof trusses ca. 2000. Within the locker rooms, non-original florescent light fixtures are mounted to the ceiling.

   c. Plumbing:

      Plumbing fixtures are located in the locker rooms and restrooms in the east and west wings. Sinks and toilets are porcelain with steel faucets and handles. Showers are non-historic, utilitarian units mounted to the shower wall, including the shower head and knobs in one assembly.

D. Site:

1. General setting and orientation:

   The swimming pool (Building No. 614) is sited at the eastern border of the former FAMC campus, at the southeast corner of the intersection of East 19th Place (formerly East McAfee Avenue) and Wheeling Street (formerly South Van Valzah Street). As originally constructed, the primary entrance to the building was oriented to the west, toward the interior of the campus. However, the main entrance shifted to the north ca. 1998, when a ramp was added to the existing secondary entrance at the north and the original main entrance was closed to the public, which changed the building's perceived orientation. The building occupies a full block but is sited slightly northwest of the center of the block. Generous setbacks surround the building on all sides. A parking lot is located on the north side of the building. The neuropsychiatric ward (Building Nos. 608 and 609) is located immediately south of the swimming pool (Building No. 614). The south lawn is partially fenced, creating an outdoor recreation area with access to the interior of the swimming pool. Picnic tables, a tetherball pole, and a volleyball net are included within the fenced area of the south lawn.

2. Historic landscape design:

   On the west, south, and east sides, the building is surrounded by a lawn planted with pine trees. A poured concrete sidewalk leads from Wheeling Street to the original main entrance at the west façade.

3. Outbuildings: None

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August 2009

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