United States Department of the Interior
National Park Service

National Register of Historic Places
Inventory—Nomination Form

See instructions in How to Complete National Register Forms
Type all entries—complete applicable sections

1. Name

historic Oteen Veterans Administration Hospital Historic District

and/or common

2. Location

street & number N side U.S. 70 at jct. w/SR 2002

N/A not for publication

city, town Asheville

N/A vicinity of N/A congressional district

state North Carolina code 37 county Buncombe code 021

3. Classification

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4. Owner of Property

Mr. Billy Shadrick, Housing Projects, Inc., P. O. Box 1030, Thomasville, N.C., 27360;

ame The Summit, A Joint Venture, American Retirement Corp., 3100 West End Avenue,

Nashville, Tennessee, 37203; Chancellor, Western Carolina University, Cullowhee,

street & number N.C., 28723; Director, Veterans Administration Hospital, Asheville, N.C., 28805

city, town Asheville

5. Location of Legal Description

courthouse, registry of deeds, etc. Buncombe County Courthouse

street & number City-County Plaza

city, town Asheville state North Carolina 28817

6. Representation in Existing Surveys

title Buncombe County Historic Properties Inventory

has this property been determined eligible? yes X no

date 1978-1979

X federal X state county local

depository for survey records N. C. Division of Archives and History

city, town Asheville state N. C. 28805
See attached map entitled "Veterans Administration's property" for a delineation of the VA's holdings within the boundaries of the Oteen VA Hospital Historic District. All other property within the district is owned by the three parties listed in addition to the VA.
7. Description

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Describe the present and original (if known) physical appearance

The Oteen Veterans Administration Hospital Historic District is a striking collection of white frame Colonial Revival and massive yellow stucco Georgian Revival structures located at the intersection of US 70 and the Blue Ridge Parkway in Asheville, North Carolina. The complex occupies a grassy knoll that blends into wooded hillsides against the backdrop of western North Carolina's Craggy Mountains. Rhyming the landscape's transition from cultured lawn to forest, the hospital layout advances from the ordered symmetry of the focal administration building and its attendant wards to less formally sited wards and, in the woods to the rear, to casually grouped utilitarian structures. Riceville Road leaves US 70 at the foot of the hospital's lawn and, running north through the district, divides employee's dormitories and other residential structures to its west from the facility's main campus. Mature firs line the eastern edge of the road for about one-hundred yards. Other mature evergreens and shrubs throughout the site, as well as smaller flowering trees, attest to the thorough site development that accompanied the building of the hospital complex.

In 1967 a massive, modern hospital structure was built on the generous lawn that led from US 70 up to the administration building. The building and its adjacent parking lots now dominate the view from US 70. However, the older hospital complex stands intact to its rear and offers imposing views to those who make their way to it along the Riceville Road or the service roads that still connect it to the Veterans Administration's new facility.

The structures included in the Oteen Veterans Administration Hospital Historic District were built between 1924 and 1940 to replace a large collection of frame buildings which had served as U. S. Army General Hospital No. 19 in the late teens and early twenties. From the completion report submitted by the constructing quartermasters on June 1, 1919, one learns that U.S.A. Hospital No. 19 occupied a site of 346 acres and included 102 buildings. Forty-seven of these were identified as tuberculosis wards. Each ward was a long and narrow one- or two-story structure with a deep screened porch along one side and clerestory windows above the porch to bring maximum natural light to an interior already served by continuous windows along the other elevations. As recorded in documentary photos, the buildings make a clear statement about the prevailing tuberculosis treatment methods of the period: maximum sunshine and fresh mountain air. Both these and the simpler administrative and dormitory structures were sheathed in narrow German siding.

A site plan for Hospital No. 19 shows that the Army owned more land to the west of Riceville Road than to the east. Then as now, however, the eastern section--called the "lower reservation"--contained about two-thirds of the buildings. The quartermasters' report records that 123 acres of the Army's 346 were being farmed when the land was purchased, but only forty-two acres were "in a fairly high state of cultivation." During these earliest years the location of the hospital was known as Azalea, N.C., after the nearby Azalea station which bore the name of a nineteenth-century Swannanoa Valley plantation.

In 1922 the hospital was placed under the authority of the newly created Veterans Bureau and plans were announced to replace the World War I-era frame structures with permanent buildings. The building program took about ten years to complete. Typical of the progress reports carried regularly in local newspapers over the next decade is this account from the Asheville Times of September 10, 1928:
The second major step in the process which is turning the United States Veterans hospital at Oteen into one of the nation's best and most beautiful permanent institutions will soon get under way, Col. E. P. Odendhal, medical officer in charge, told The Times Saturday. In Washington, plans have already been drawn for the new group of structures which will cost at least $670,000. Bids will soon be let, Col. Odendhal said.

This latest group of buildings will undoubtedly change the aspect of the hospital. It will turn the entire unit into a handsome, well organized hospital of large proportions. But just in the last five or six months, Oteen has undergone a change. The entire place is beginning to look well.

New Drives Built

New concrete drives have been built. Trees, grass and shrubs are showing the effects of good care. The new $750,000 administration and receiving building has been completed and occupied. Bull Mountain road (Riceville Road) has been paved and fitting gates are being erected near to the new building. The officers' quarters, well landscaped, have become homes. But the most of the effect of beauty is the result of the demolition of the old temporary structures.

The old wooden structures are being pulled down as they are replaced. Now, to the south from the administrative offices, one may see a vista of trees and mountains, formerly cut off by the more-or-less unsightly shacks.

Most of the buildings within the boundaries of the Oteen Veterans Administration Hospital Historic District were constructed between 1924 and 1932. Hospital wards A and B were completed in 1925; a new kitchen in 1926; four Colonial Revival style officers' residences were completed west of Riceville Road in 1927; the focal administration and clinical building in 1928; a new dining hall, wards C and D, two small Colonial Revival apartment houses, and a large nurses' dormitory in 1930; and two more wards, E and F, Negro attendants' quarters, and additional nurses' quarters in 1932.

In addition to these eighteen major buildings, a number of smaller, utilitarian structures were raised, including a power plant and laundry. The grounds were developed through considerable landscaping efforts, the construction of an entrance gate, the laying out and paving of walks and drives, the installation of ornamental lighting, and the construction of enclosed corridors linking the administration building to most of the wards.
In short, the Veterans Bureau created on this site one of the largest, best equipped, and most complete tuberculosis hospitals in the nation, and in doing so it activated superior standards for design and construction. It is unclear whether the choice of the Georgian Revival and Colonial Revival styles reflected the VA's attempt to harmonize with the traditions of a southern state—"an effort to 'fit in' and appear part of the host community" being a stated design goal—or whether, lacking a strong local architectural statement, the choice was made as a general reference to American history. The VA often employed a standard Georgian Revival vocabulary, known as "the architectural set," but the Oteen structures do not appear to be from it. More clearly stated in press releases of the period was a desire to build in keeping with the stunning natural environment. Hence, the resulting hospital complex: individual structures are well-proportioned and display strict Georgian symmetry; as a collection, however, this formality is appropriately compromised as the buildings find their individual settings on the irregular and semi-wooded terrain.

Of the major structures on the site there are basically two types: most are structural steel and concrete infilled with hollow tile and finished with stucco on the exteriors and plaster on the interiors; six residential structures are wood frame with weather-boarded exteriors. Except for the shops and warehouses to the rear of the site, all of the steel and concrete buildings support the Georgian design theme. The administration building and all but the earliest wards display formally composed facades, hip roofs, incised quoining, and classical cornices and other details. In their present state all but the structures recently rehabilitated have mustard-colored bodies with gray foundations and white trim. All the hip roofs are covered with dark gray slates. Some of the smaller steel and concrete structures are flat roofed and depend solely on classic cornices to tie them in with the group theme.

Four two-story frame officers' quarters are the southernmost residential structures lining the west side of Riceville Road. One is a single-family dwelling, the others are duplexes. Each carries a Colonial Revival theme with gabled roof forms, a boxed cornice, a pedimented entrance, or entrances, and flanking porches supported by boxed posts. Two two-story frame apartment buildings just north on Riceville Road develop the Colonial Revival theme more convincingly with Palladian entrance compositions of a semi-circular arch between sets of slender boxed columns.

Research has yet to identify the Veterans Bureau architects responsible for the hospital complex. W. P. Rose Company of Goldsboro, N.C., was the contractor for the six major structures completed in 1930. Ryan Construction Company of Chicago, Illinois, built five major structures in 1931-32. The most expensive building in the complex was probably the administration building, at $750,000.

The Oteen VA Hospital historic district's boundaries have been drawn to include all major buildings surviving from the 1924-1940 period of the hospital's development with the following exceptions: the Negro Attendants Quarters (1932) and Laundry (1932) have been excluded because they are separated from the main campus both by the massive modern hospital constructed on its former lawn in 1967 and additionally by the sloping contour of the site.
Buildings east of Riceville Road are treated first, beginning with the major structures and proceeding to subordinate structures. Then, structures west of Riceville Road are listed.

(A) Contributing  
(B) Non-Contributing  
(C) Intrusion  

(A) 1. (former) Administration Building (1928)

The Administration Building is a massive horseshoe-shaped structure composed of a long four-story hipped-roof central section flanked by three-story flat-roofed wings which project in front of the taller section creating an entrance court enclosed on three sides. The building's elaborately decorated entrance is centered on the building facade on the long interior wall of the three-sided court. A paved driveway circles a tall flagpole directly in front of the entrance. The flagpole is mounted on an eight-foot high ornamental concrete base.

The building faces south. Porches supported by stout square columns extend east and west off its three-story wings.

The whole composition rises from a high string course which demarcates the ceiling level of a full semi-subterranean basement. Besides the principal entrance at center, secondary entrances are centered on the south walls of the projecting wings. A full entablature cornice, which crowns the wings beneath their parapets, continues around the building above the third floor. A second cornice is developed above the fourth floor of the hip-roofed central section. Two single-bay pavilions project slightly to either side of the entrance bay. These pavilions receive pedimented heads at roof height. Their corners and all the building's corners are articulated by incised rusticated quoining that rises to the first cornice. Bas relief swags on concrete panels ornament the spandrels between floors one and two, and two and three, on the projecting pavilions.

A heavy, opaque, concrete balustrade rises from the circular drive before the entrance. Large urns rest atop the rail at door height. The entrance composition, of concrete, consists of a cornice and pediment on pilasters with a bold shell and swags spilling from the tympanum just above the doorway, now filled with double plate-glass doors. Both of the doorways centered on the wings also display decorated surrounds. Each double doorway (here with original two-panel doors in place) is surmounted by a segmental pediment on an entablature supported by long scroll brackets.

All fenestration on the building is 6/6 steel sash with tilt-out operation. These windows are used both singly and in pairs. Three pairs divide the south face of each projecting wing into three bays above the first floor. On the face of
the central section a pair flanked by singles creates a bay. There is a central bay above the entrance, the two projecting pavilions each lighted by a single window, and then two more bays on either side.

On the interior the building is organized around double-loaded corridors throughout. Practically all surfaces are smoothly plastered and simply functional. Even the central lobby area received no decorative treatment. According to press releases the building accommodated 169 patient beds in addition to administrative offices and receiving rooms.

(A) 2. (former) Wards A and B (1925)

Wards A and B were the first of the "permanent" buildings constructed on the site. Each is a long rectangular-plan structure rising four floors to a full cornice below parapets and a flat roof. The first floor is articulated on the building surface as a tall foundation but besides this feature and the cornice the buildings are plain and functional. They face each other across a courtyard and form a symmetrical grouping with the administration building to their south.

Broad expanses of these buildings' surfaces are created out of multi-paned steel windows. Four 6/3/6 tilt-out sash set side by side establish a window bay along the longer walls. Three such sash set side by side establish a smaller bay unit on the shorter south and north walls. Here again the structure reflects the tuberculosis treatment procedure, allowing maximum sunlight and fresh air to enter the wards.

(A) 3. (former) Wards C and D (1930)

Wards C and D are similar structures built to the north and to either side of the grouping created by the administration building and wards A and B. Ward C faces west and fronts on Riceville Road. Ward D faces south and is approached from a service road on its south side. According to press releases each building was designed to accommodate eighty beds.

Each of these wards is a strikingly composed bilaterally symmetrical structure, the focal point of which is a central three-story hip-roofed mass from which extend to both sides two-story flat-roofed wings. The central section is five bays across, with a three-bay projecting entrance pavilion. Bas relief swags ornament the span-drels on the pavilion and a segmental pediment announces the principal doorway. A full entablature cornice crowns the two-story wings and continues through the first bay of the central section on either side. The hip-roofed three-story central section displays its own full entablature cornice. The three end bays on each seven-bay wing also project forward slightly, articulating flanking pavilions. All corners, as well as the pillars between window bays, display incised rusticated quoining. Windows were probably originally all 6/6 and 9/9 steel tilt-out sash although some wooden double-hung sash are now in place in Ward D.
Ward C was rehabilitated as apartments in 1980 and although the work was not done in accordance with the Secretary of the Interior's standards--windows were filled in and reduced in size and proportion, a new front porch with ribbed roof was added, and the entrance steps and doorway completely reworked--the basic form of the building and its exterior features were preserved.

(A) 4. (former) Wards E and F (1932)

Buildings E and F are identical 120 patient wards constructed east of Ward D facing south. Each is a long three-story structure on a semi-subterranean basement articulated on the building surface as a foundation capped with string course. Similarly as on wards C and D, the central five bays received a hip roof with the central three further articulated below a pedimented gable as the central entrance pavilion. Consistent with the other structures as well, bas relief swags ornament spandrels in the central bays, rusticated quoining articulates corners and structural pillars, and full entablature cornices surmount the principal entrance and crown the buildings.

Ward E is still being used by the Veterans Administration Hospital, but has been converted to a dormitory for nurses. In recent years an elevator tower has been added to the building, centered on its rear facade. Ward F is undergoing rehabilitation by a private developer for conversion to apartments. At present all of its metal window sash and interior partitions have been removed.

(A) 5. (former) Kitchen (1926) and Dining Hall (1930)

The kitchen and dining hall are adjacent two-story utilitarian structures connected by enclosed corridors similar to those which connect the hospital wards. The kitchen was one of the earlier permanent structures on the site. Both buildings are devoid of exterior architectural features save their cornices which, again with their yellow stucco surfaces, relate them to the more formally composed hospital structures.

6. Enclosed connecting corridors (ca. 1932 and later)

Enclosed corridors were constructed connecting Wards D, F, and E about the same time Wards E and F were built in 1932. Eventually enclosed corridors were infilled connecting all of the major structures central to the complex. The corridors were constructed of reinforced concrete and stuccoed hollow tile.

(A) a. One-story semi-subterranean corridors surmounted by brick-paved open air walks connect buildings D, F, and E. These are the most elaborate on the grounds with rusticated piers at twenty foot bays and with concrete caps on solid rails that line the open walkways.
(B) b. Two-story corridors connect the other buildings. These are flat-roofed utilitarian structures with no architectural articulation and generally without any special design consideration where they contact the buildings they connect. Additional space was gained for the hospital complex by expanding to either side of the corridor immediately north of the administration building.

Some corridors have been demolished as indicated on the attached map.

(A) 7. (former) Fire Station and Garage (1934)

One of the last permanent-type buildings constructed in the complex, the fire station and garage is a two-story flat-roofed structure with flanking one-story wings. The principal elevation, which faces east, is formally organized around four segmentally arched vehicle bays. The careful design of this utilitarian structure highlights the planning concept behind the entire complex. Although sited with other utilitarian structures well to the rear of the main hospital campus, the building displays both the symmetrical arrangement and classical details of the Georgian Revival theme.

(B) 8. Temporary (?) Office (recent)

This is a small, factory-built structure--much like a mobile home--which was brought to the site recently for use as an office by a developer who has plans to turn the former Administration Building and Wards A and B into apartments. The building has been placed on a concrete slab which was originally occupied by a utility structure associated with the hospital. It is unclear whether the developer intends to leave the building on the site indefinitely.

(A) 9. (former) Officers' Quarters (four buildings) (1927)

One single-family residence and three duplexes constructed in 1927 to provide housing for officers on the Veteran Administration Hospital staff. All four are two-story gable-roofed frame buildings covered in weatherboarding. Boxed cornices with crown molds which return into the building gables, fan lights in the gables, and pedimented entrance compositions indicate Colonial Revival styling. Flat-roofed porches extending from both ends of the duplexes were supported by boxed columns, but have been enclosed and lighted with inappropriate "trailer-type" sash. These structures sit well off Riceville Road and face the road across lawns planted with evergreens and flowering trees. All four buildings have been covered with artificial siding.

A service drive runs parallel to Riceville Road to the rear of the quarters. Stucco-on-tile parking structures (A) line the service drive opposite the residences: a single car garage for the single family structure, two-car garages for the duplexes. Each bay of the parking structures has an overhead garage-type door. The parking structures display simple shed roofs.
Continuation sheet

Description

Item number 7

Page seven

(A) 10. Staff Apartments (two buildings) (1930)

Two identical weatherboarded frame two-story apartment buildings constructed in 1930 to house hospital staff. Each is a long, seven-bay rectangular mass with its long side presenting a symmetrical facade to Riceville Road. Hip roofs with pedimented dormers, full cornices, Palladian entrance compositions, and double-tier end porches on continuous boxed columns contribute to a strong Colonial Revival image. The entrance composition consists of a semi-circular arch cut from the tympanum of a single-bay sheltering gable, this arch and gable supported by sets of slender boxed columns. Both buildings have recently been covered with artificial siding.

A single eight-bay parking structure (A) serves both apartment buildings, centered behind them across the service drive.

(A) 11. (former) Nurses Dormitories (two buildings, 1930 and 1932)

Two large nurses dormitories were added to the hospital complex in 1930 and 1932. Both employ the same design vocabulary and display the same basic form; however, the 1930 structure is almost twice as large as the 1932 structure. Both present strict Georgian symmetry organized around central entrance pavilions. Both are three-story permanent-type (steel and concrete) structures with slate-covered hip roofs from which project barrel-vaulted dormers. Three-tiered porches extend from the ends of each building.

The rectangular plan of the 1930 building is twenty-one bays long exclusive of porches. The 1932 building extends only eleven bays from end to end. The 1930 building utilizes nine dormers along its massive facade, the 1932 building only three. The hip roof of the 1932 building extends out over its end porches, while the porches of the larger 1930 structure receive flat roofs and crowning balustrades. Single-story flat-roofed porticos supported by paired boxed columns shelter each building's principal entrance, but the larger building's is three bays wide while the smaller building's is only one. Besides these differences, the buildings are almost identical.

Upon the stuccoed building surfaces are articulated a water table and rusticated foundations below the ground floor level, rusticated quoining at all corners, a string course above the first floor, and raised panels on all spandrels. The panels between the second and third floors on the three-bay entrance pavilions display bas relief swags. Each building has a full entablature cornice. Rusticated stucco piers support the first tier of the porches. Continuous boxed columns carry the second and third levels. The interior of each building is organized simply around double-loaded corridors.
Each dormitory was originally served by a pair of eight-bay parking structures sited facing one another on axes perpendicular to the principal structures and at their rear. The parking structures behind the smaller, 1932 dorm have been demolished.

Besides its parking structures (A) the larger dormitory is still served by a long, single-level, gable-roofed metal structure (B) which was the nurses' recreation hall. It is sited parallel to the parking structures, also across the service drive.

Note: The Negro Attendants Quarters and Laundry (buildings 14 and 11 on the attached map), as well as other minor structures in their vicinity, were excluded from the Historic District at the suggestion of the Veterans Administration's historic preservation officer. Their justification for drawing the boundary to exclude these structures is incorporated in this description on page 2 above, paragraph 5.
8. Significance

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Specific dates: 1924-1940

Builder/Architect: VA architect, various builders

Statement of Significance (in one paragraph)

The Veterans Administration Hospital Historic District is a splendid collection of Georgian and Colonial Revival structures built between 1924 and 1940 to serve as an important tubercular and respiratory treatment facility in the Veterans Administration Hospital system. Located adjacent to the Blue Ridge Parkway beneath the Craggy Mountains at Asheville, North Carolina, the complex of massive, formally composed buildings stands in striking contrast to the wooded mountainsides surrounding it. It is unclear whether the choice of architectural styles was the VA’s attempt to harmonize with the traditions of a southern state or simply a general reference to American history. Asheville’s VA Hospital had its beginnings in a small United States Army hospital opened in 1918 to service the large number of soldiers training in the area for duty in the First World War. In 1920 the hospital was transferred to the United States Public Health Service. In 1921 Congress created the United States Veterans’ Bureau to oversee the affairs of military veterans, and shortly thereafter the hospital became part of that system. Heavy construction took place from 1924 to 1930 as the hospital replaced the impermanent early structures with more substantial permanent buildings, including a $750,000 central administration building completed in 1928. In 1930 the Veterans Administration was organized to replace the Veteran’s Bureau and the hospital was transferred to that system. Construction at the Asheville hospital continued in the 1930s, although at a slower pace. Following the successful development of chemotherapy treatments in the early 1950s, the Asheville hospital has diversified into a comprehensive medical center. In 1967 a new hospital complex was built adjacent to the original. The VA still owns many of the older buildings, which it largely uses for dormitory facilities. Other owners of the original complex include: Western Carolina University; The Summit, A Joint Venture, Inc.; and Housing Projects, Inc., the latter of which owns the 1928 administration building. Plans are underway to convert several of the structures to apartments.

CRITERIA ASSESSMENT

A. The VA Hospital at Asheville, North Carolina, was for years one of the VA’s larger treatment centers for tubercular and respiratory diseases.

C. The VA Hospital complex is a splendid collection of substantial Georgian and Colonial Revival structures, the finest in western North Carolina.
The Veterans Administration Medical Center in Asheville dates back to the First World War when the establishment of a number of army training facilities in the southeastern United States created the need for an army hospital. The hospital has been under the auspices of a number of federal agencies since then and has undergone considerable expansion. For most of its existence it has been used to treat veterans of United States military service.

Prior to World War I the Federal Government made only sporadic attempts to provide hospital facilities for military veterans. In 1811 Congress authorized the U. S. Naval Home in Philadelphia as a "permanent asylum for disabled and decrepit Navy officers, seamen and marines." The home was not completed and occupied until 1833, however, and its primary focus was on housing the veterans not on medical care. A similar home for soldiers, the U. S. Soldiers' Home, was opened in Washington in the 1850s. After the Civil War Congress created the National Asylum for Disabled Volunteer Soldiers. Most medical care for Civil War veterans was provided by individual states, however. This system was inadequate for the huge number of veterans created by the First World War, and by 1919 there were five separate Federal agencies administering veterans' benefits, including the Public Health Service, which operated hospital facilities. In 1921 Congress created the United States Veterans' Bureau in an attempt to simplify the problem. The Bureau of Pensions and the National Home for disabled Volunteer Soldiers (originally the National Asylum) were exempted from this legislation. In 1930 the Veterans Administration (VA) was created. The VA was given complete control over the administration of veterans benefits, including hospitals.

The facility that would become Asheville's VA hospital spent the first two years of its existence as a United States Army hospital. Ground was broken for the hospital in March of 1918 and the first patient was admitted in September of that year. The hospital was completed in April 1919 and was officially known as U. S. Army General Hospital No. 19. It consisted of 104 frame buildings, located on 337 acres. The hospital's patients were soldiers undergoing training in the area for the First World War. Following the war's conclusion and the closing of many of these training camps the hospital became oriented towards veterans, and in 1920 it was transferred to the United States Public Health Service. The facility was named Oteen after an Indian word meaning "chief aim." At this time the hospital became a specialized institution for the treatment of tuberculosis and other respiratory ailments. Asheville had long been a center for treatment of tuberculosis. In the early twentieth century the town "was believed to have complete immunity from tuberculosis and ... the town became a resort for tubercular patients." By 1917 Asheville had 2,500 to 3,000 tubercular patients annually seeking the alleged benefits of the clean mountain air.

The newly formed Veteran's Bureau took over the operation of the hospital in 1922. At this time it decided to replace the crude World War I buildings with more permanent structures. The period from 1924 until 1930 saw heavy construction at the site and much of the present physical plant was constructed during this period. The administration building, which also offered operating rooms, laboratories, and space for 200 additional beds, was completed in 1928 at a cost of $750,000. By the end of the 1920s the hospital had a capacity of almost 700 beds. The treatment of tuberculosis continued to be the hospital's primary focus. It was not the only VA hospital devoted to respiratory ailments. It was, however, the only such facility in the southeast.
The hospital was formally incorporated into the newly formed Veterans Administration in July, 1930. The VA system and the Oteen complex continued to expand despite the economic difficulties of the 1930s. By 1944, the Oteen Hospital had a capacity of 1,269 beds. Oteen's emphasis on tuberculosis continued in this period and the hospital was reported locally to be the "largest and best equipped tuberculosis plant in the administration system." Eventually "advances in chemotherapy greatly enhanced the ability to treat tuberculosis chemically," and the hospital diversified. Treatment programs at the hospital now include thoracic surgery, nuclear medicine, respiratory care, cardiac care, open heart surgery, and speech pathology, among others. The hospital has a strong blanket affiliation with Duke Medical School. The VA system has likewise grown from its modest beginnings and now encompasses 171 hospitals, four of which are in North Carolina.

In 1967 the VA opened a new, more modern facility adjacent to the original complex. The VA continues to own many of the buildings in the original complex. These are primarily used as dormitories. The other buildings are owned by a variety of organizations including: Western Carolina University; Housing Projects, Inc.; and The Summit, A Joint Venture, Inc. The latter two owners plan to rehabilitate their structures as apartments. The 1928 administration building is owned by Housing Projects, Inc.

The VA hospital system is the largest in the nation under a single head. On an average day seven percent of the nation's hospitalized patients are under care. Asheville's VA hospital has always been one of the cornerstones of this system. For thirty years, including its period under the control of the Veteran's Bureau, Oteen was one of the nation's leading facilities for respiratory ailments for veterans and as such is a facility of considerable historical significance.
Continuation sheet

HISTORICAL SIGNIFICANCE

Item number 8

Page three

1 VA History in Brief (Washington: Veterans Administration, 1977), 3, hereinafter cited as VA History. Originally the agency was designated the Veterans' Administration but the apostrophe is no longer used.

2 VA History, 3-6; "Hospital Planning by the Construction Service of the Veterans Administration," The Federal Architect, Vol. 13, No. 1, October, 1944, hereinafter cited as "Hospital Planning."

3 "Veterans Administration Medical Center," Unpublished typescript, copy in file, hereinafter cited as "Veterans Administration Medical Center."

4 "Veterans Administration Medical Center"; William S. Powell, The North Carolina Gazetteer (Chapel Hill: The University of North Carolina Press, 1968), 366. According to Colonel Henry Hoagland, who suggested the name, it was the chief aim of every patient to get well.


6 "Veterans Administration Center"; Asheville Times, December 12, 1927; January 10, 1928.

7 Asheville Times, April 1, 1928.

8 "Hospital Planning," p. 17. Besides Oteen, the VA had TB facilities at: Aspinwall, PA; Castle Point and Sunmount, NY; Rutland Heights, MA; Outwood, KY; Memphis, TN; Excelsior Springs, MO; Kerrville (Legion), TX; Walla Walla, WA; Livermore and San Fernando, CA; and, Tucson and Prescott (Whipple), AZ.


10 Asheville Citizen, June 3, 1934. This assessment was made by Dr. Joseph F. Wallace, head of the tuberculosis section of the VA.

11 "Asheville Veterans Hospital," Unpublished typescript, copy in file. These advances in chemotherapy also greatly reduced Asheville's number of private tubercular patients.

12 "Veterans Administration Medical Center."


14 VA History, 13-16.
9. Major Bibliographical References

See continuation sheet.

10. Geographical Data

Acreage of nominated property 30
Quadrangle name Oteen
UMT References
A Zone 17 365310 3939710
Easting Northing
B Zone 17 3656410 3939570
C Zone 17 3659410 39393510
E F G

Quadrangle scale 1:24000

Verbal boundary description and justification
See plat map. Boundary of district outlined in red.

List all states and counties for properties overlapping state or county boundaries

<table>
<thead>
<tr>
<th>state</th>
<th>code</th>
<th>county</th>
<th>code</th>
</tr>
</thead>
<tbody>
<tr>
<td>state</td>
<td>code</td>
<td>county</td>
<td>code</td>
</tr>
</tbody>
</table>

11. Form Prepared By

name/title
Architectural description by Douglas Swaim, Preservation Specialist; Historical significance by Jim Sumner, Researcher

organization
N. C. Department of Cultural Resources Archives and History

date
April 8, 1982 (revised June 1, 1984)

street & number
13 Veterans Drive

telephone
704-298-5024

city or town
Asheville, state North Carolina 28805

12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

___ national ___ state ___ local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

State Historic Preservation Officer signature

For NPS use only
I hereby certify that this property is included in the National Register

date

Keeper of the National Register

Attest: date

Chief of Registration date
Asheville Citizen. June 3, 1934; May 1, 1935.

Asheville Times. December 12, 1927; January 10, 1928; April 1, 1928; February 12, 1930; January 13, 1944; October 25, 1967.


"Veterans Administration Medical Center." Unpublished typescript. Copy in file.
Veterans Administration's Property (within the boundaries of the Oteen VA Hospital Historic District)