APPENDIX F

PHOTO LOG
All photos presented in this photographic log were taken by Mabbett & Associates, Inc. during the site visit conducted on May 26, 2016.

Photograph 01 - Exterior of Site building, photo taken facing southeast.

Photograph 02 - View of Building 14 and the parking lot in front of it.
Photograph 03 - Grassy area west of Building 14.

Photograph 04 - Parking lot outside Building 14, facing West Spring Street.
Photograph 05 - View of Building 14 from the corner of West Spring Street and Campbell Avenue.

Photograph 06 - View of south end of Building 14.
Photograph 07 - West side of Building 14 and walkway.

Photograph 08 - Exterior stair case on Building 14.
Photograph 09 - Bulkhead for access to basement of Building 14.

Photograph 10 - West of Building 14, sloping grassy area.
Photograph 11—West of Building 14, manhole.

Photograph 12 - Inside the lobby of Building 14.
Photograph 13 - Basement of Building 14.

Photograph 14 - Electrical and phone panel for Building 14.
Photograph 15 - Sewage line access in basement.

Photograph 16 - Basement of Building 14.
Photograph 17 - Gas furnace in basement of Building 14.

Photograph 18 - File storage in basement of Building 14.
Photograph 19 - View of Building 14 from west side

Photograph 20 - Fence on West Spring Street
Photograph 21 - Exterior view of fence on West Spring Street

Photograph 22 - Campbell Avenue Gate
APPENDIX C

Historic Preservation Documentation
MEMORANDUM OF AGREEMENT

Among the U.S. Department of Veterans Affairs Connecticut Healthcare System;
The Connecticut State Historic Preservation Officer;
The Advisory Council on Historic Preservation; and
The Fisher House Foundation

Regarding Construction of a Fisher House in West Haven, CT

WHEREAS, the U.S. Department of Veterans Affairs Connecticut Healthcare System (VACHS) proposes to coordinate with the Fisher House Foundation (Foundation) to construct a 16-suite Fisher House to serve the needs of military and veterans' families at its West Haven campus, 950 Campbell Avenue, West Haven, CT; and

WHEREAS, the VACHS has determined that construction of the Fisher House and related site work comprise an undertaking requiring review under Section 106 of the National Historic Preservation Act (NHPA) (54 U.S.C. § 306106) and has determined the undertaking’s area of potential effects (APE) to be the southeast corner of its West Haven campus, including the site of Building #14; and

WHEREAS, the undertaking entails demolition of Building #14, a new parking lot, landscaping and systems work, and construction of the Fisher House; and

WHEREAS, the VACHS identified Building #14 and the Campbell Avenue gate as contributing features to an eligible National Register of Historic Places historic district and the Connecticut State Historic Preservation Officer (SHPO) concurred with this finding; and

WHEREAS, the VACHS has found that the undertaking will result in an adverse effect to the historic property due to demolition of Building #14; and

WHEREAS, in accordance with 36 C.F.R. § 800.6(a), the VACHS and Foundation have consulted with SHPO to resolve the adverse effect and determined that there are no reasonable alternatives that would avoid or minimize the adverse effect upon Building #14 given current operational planning at the campus; and

WHEREAS, in accordance with 36 C.F.R. § 800.6(a)(1), the VACHS has notified the Advisory Council on Historic Preservation (ACHP) of its adverse effect determination and the ACHP has chosen to participate in the consultation; and

WHEREAS, on December 1, 2015, the VACHS invited the Mashantucket Pequot Tribal Nation and Mohegan Indian Tribe to participate in consultation, and neither has elected to do so; and

NOW, THEREFORE, the VACHS, the SHPO, the Foundation, and the ACHP agree that the undertaking will be carried out in accordance with the following stipulations to take into account its effect on historic properties.
STIPULATIONS

VACHS shall ensure that the following measures are carried out:

I. Mitigation

A. VACHS will send a staff member to a window restoration course in 2017. Staff will then have the skills to identify and initiate restoration efforts on the deteriorated windows in Buildings 5 and 9. VACHS will provide a window restoration plan within 120 days of the completion of the training course. VACHS will repair the windows of buildings 5 and 9 within the next two to five years.

B. The gate along Campbell Avenue will remain in place and in good condition until such time when VACHS receives funding to erect new security fencing along the perimeter of the facility through the "Erect New Security Fencing" SCIP construction project, or sooner. A lead based paint assessment for the gate will be conducted and paint work will be completed to the extent that VACHS is able to accomplish in-house, and will include, at a minimum, new paint.

C. Upon execution of the "Erect New Security Fencing" project, VACHS will relocate the gate to a new site on the West Haven campus, to be determined at a later date, as a non-functioning exhibit. VACHS will make repairs as necessary, to ensure that the gate is maintained in good condition. VACHS will mount a plaque or other memorial exhibit explaining the historic nature of the gate.

D. Should the gate not be removed and relocated within five years' time, the gate shall be restored in its original location.

II. Dispute Resolution

A. Should any signatory to this agreement object in writing to the VACHS to any action carried out or proposed with respect to the undertaking, or the manner in which the terms of this agreement are implemented, the VACHS shall consult with such party to resolve the objection.

B. If the VACHS determines that such objection cannot be resolved through consultation, it will forward all documentation relevant to the dispute, including its proposed resolution, to the ACHP.

i. The ACHP will provide the VACHS with its advice on the resolution of the objection within 30 days of receiving adequate documentation.

ii. Prior to reaching a final decision on the dispute, the VACHS will prepare a written response that takes into account any timely advice or comments regarding the dispute from the ACHP and signatories and provide them with a copy of this written response.

iii. The VACHS may then proceed according to its final decision.

iv. If the ACHP does not provide its advice regarding the dispute within the 30 day time period, the VACHS may make a final decision on the
dispute and proceed accordingly.

v. Prior to reaching such a final decision, VACHS shall prepare a written response that takes into account any timely comments regarding the dispute from any other signatory to the MOA, and provide it and the ACHP with a copy of the response.

C. The VACHS's responsibilities to carry out all other actions subject to the terms of this agreement that are not the subject of the dispute remain unchanged.

III. Duration

A. This agreement will expire two years after the Fisher House is complete, or seven (7) years from the date of its execution, or upon completion of its stipulations and the undertaking, whichever occurs first.

B. If the terms of this agreement and the undertaking are not completed within seven (7) years, the VACHS will either (a) execute a new agreement pursuant to 36 C.F.R. § 800.6, or (b) request the other signatories to reconsider the terms of this agreement and amend it in accordance with Stipulation IV, below. The VACHS will notify the signatories as to the course of action it will pursue.

IV. Amendments

A. This agreement may be amended when such an amendment is agreed to in writing by all signatories.

B. The amendment will be effective on the date a copy signed by all of the signatories is filed with the ACHP.

V. Termination

A. If any signatory to this agreement determines that its terms will not or cannot be carried out, that party will immediately consult with the other parties to attempt to develop an amendment per Stipulation IV, above.

B. If within 30 days (or another time period agreed to by all signatories) an amendment cannot be reached, any signatory may terminate the agreement upon written notification to the other signatories.

C. Once the agreement is terminated, and prior to work continuing on the undertaking, the VACHS will either execute a new agreement pursuant to 36 C.F.R. § 800.6, or request, take into account, and respond to the comments of the ACHP under 36 C.F.R. § 800.7. The VACHS will notify the other signatories as to the course of action it will pursue.

VI. Anti-Deficiency Act

A. This agreement is subject to the Anti-Deficiency Act (31 U.S.C. § 1341). The VACHS's responsibilities under this agreement are contingent upon the availability of appropriated funds from which payment, if any, can be made. Should funds not be available to allow the VACHS to meet its responsibilities, it will consult pursuant to 36 C.F.R. § 800.4 through § 800.7, as applicable.
Execution

Execution of this agreement by VACHS, SHPO, the Foundation, and the ACHP, and implementation of its terms, evidence that the VACHS has taken into account the effects of this undertaking on historic properties and afforded the ACHP an opportunity to comment, in compliance with NHPA Section 106 and 36 C.F.R. § 800 et seq.

SIGNATORIES:

U.S. Department of Veterans Affairs Connecticut Healthcare System

By: _____________________________ Date: 11/18/16
Gerald Culliton, Director

Connecticut State Historic Preservation Officer

By: _____________________________ Date: 11/18/16
Kristina Newman-Scott

Advisory Council on Historic Preservation

By: _____________________________ Date: 12/6/16
John M. Fowler, Executive Director

INVITED SIGNATORY – FISHER HOUSE FOUNDATION

By: _____________________________ Date: 11/28/16
David A. Coker, President
Appendix A: West Haven Fisher House Area of Potential Effects and Proposed Design

Area of Potential Effects (APE) for proposed Fisher House
VA Connecticut Healthcare System, 950 Campbell Avenue, West Haven, CT

Note: north arrow lower left corner, map not to scale
Proposed Fisher House Design and Site Plan
VA Connecticut Healthcare System, 950 Campbell Avenue, West Haven, CT
October 21, 2015

Mr. Daniel Forrest
State Historic Preservation Officer
One Constitution Plaza, 2nd floor
Hartford, CT 06103

RE: Proposed Construction of a Fisher House at the VA Connecticut Healthcare System - West Haven Campus, 950 Campbell Avenue, West Haven, Connecticut

Dear Mr. Forrest:

The Department of Veterans Affairs (VA) Connecticut Healthcare System West Haven Medical Center (CHSWHMC) is proposing a 16-suite Fisher House be constructed at 950 Campbell Avenue, West Haven, Connecticut (see attached area of potential effects map). This undertaking will involve demolition of Building 14 and modification of the Campbell Avenue gate, both historic properties. In addition, the proposed project will involve the creation of a mitigated parking area to recover 20 parking spots for Veterans and employees that will be lost due to the proposed Fisher House Project.

CHSWHMC shall prepare a graded pad site with utilities readily available for construction of the lodging facility by the Fisher House Foundation (see below for details of the Fisher House Program). The proposed project involves demolition of Building 14, civil/site construction activities, grading of the building site, preparation grading, electrical, natural gas, water and sewer work, parking lot improvements and repairs to the Campbell Avenue gate.

Building 14 was built around 1916 in the southeast corner of the CHSWHMC campus as part of the William Wirt Winchester Memorial Hospital for tuberculous patients. The 2-story residential style masonry building is currently used as offices (see attached photos). Its condition is deteriorated, with lead-based paint and asbestos containing building materials, posing a potential safety and environmental health hazard. In addition, the building’s windows and doors are not weather tight and do not meet the requirements of the Executive Order (E.O) 13514 of 2009; Federal Leadership in Environmental, Energy, and economic performance or the Energy Independence and Security Act of 2007. The entrance gate on Campbell Avenue was designed in 1916 by landscape architect, Beatrix Farrand. It is currently in very poor condition and not currently in use (see attached photos).

VA surveyed the CHSWHMC for National Register of Historic Places (NRHP) eligibility in 2013. Building 14 and the Campbell Avenue gate were identified among 20 contributing resources to a historic district, with a period of significance of 1916-1958, in a draft NRHP nomination prepared in 2014 and provided to your office by its author on September 17, 2015.
The following is an overview of the VA Fisher House Program.

**History:** In 1990, Zachary and Elizabeth Fisher established the Fisher House program, constructing “comfort homes” to temporarily accommodate the families of hospitalized military personnel. The first two homes opened in 1991 at the National Naval Medical Center in Bethesda, Maryland and at Walter Reed Army Medical Center in Washington, D.C. In 1994, the first VA Fisher House was built at the Samuel S. Stratton VA Medical Facility in Albany, New York. From 1990 through 1998, all Fisher Houses were given as gifts to the United States Government by the Zachary and Elizabeth Fisher Armed Services Foundation. In 1999, Fisher House Foundation assumed the mission of building new Fisher Houses. VA Fisher Houses are constructed by Fisher House Foundation on government land (VA Medical Facility grounds). Upon completion, VA Fisher Houses are donated to the Department of Veterans Affairs and become federal buildings. VA assumes responsibility for operation, maintenance, upkeep, and staffing.

**VA Fisher House Mission:** Fisher Houses provide “a home away from home,” for the family members and caregivers of hospitalized Veterans and Active Duty Service members. Fisher Houses allow for guests to be at the bedside of their hospitalized loved one for as long as needed at no charge. Fisher Houses provide the opportunity for family members and caregivers to be actively involved in their loved one’s treatment plan, supporting positive clinical outcomes and access to medical care for those Veterans that would not be willing to travel for care without support from family. Families can prepare meals together, do their laundry, relax with a book from the library, watch TV or a DVD, play games, utilize the internet, and visit with other families supporting a sense of normalcy during a very challenging time. Fisher Houses offer a comfortable environment where families can come together to provide support for one another, and establish a peer support network that continues long after the episode of care for the Veteran concludes.

A requirement for VA Fisher House construction is that the house must be located on the medical center grounds; or within walking distance of the VA Medical Facility. The houses are typically 7,800 to 16,800 square foot homes with eight to 20 bedrooms. Each house is professionally furnished and decorated in the style of the local region. They feature private suites with private baths and common areas, including kitchens, laundry facilities, dining rooms, living rooms, and libraries.

The VA Connecticut Healthcare System was identified in 2007 as a priority site for VA Fisher House construction. Veterans travel from all over Connecticut and the surrounding states to receive specialty care at this medical center. Construction of a 16 suite Fisher House is planned. It is anticipated that the West Haven Fisher House will accommodate over 500 families per year, saving Veterans and families thousands of dollars in lodging costs.

A Fisher House on the West Haven Campus is a necessity to support access to critical medical care for Veterans traveling far distances; and to accommodate their families in a safe and comfortable environment on campus during their hospitalization.

In addition to your office, CHSWHMC is inviting the following entities to be consulting parties: Fisher House Foundation, City of West Haven, West Haven Historical Society, Connecticut Trust for Historic Preservation and the federally-recognized Narragansett Indian Tribe of Rhode Island.
It is our opinion and determination that the proposed project is an undertaking which will result in an Adverse Effect to a historic property due to the demolition of Building 14. Alternative locations on the grounds of the CHSWHMC were considered but were found not to be suitable.

We request your concurrence with our identification of consulting parties, historic properties and adverse effects. Pursuant to 36 CFR 800.6, we seek to negotiate a memorandum of agreement with you and other consulting parties to mitigate the undertaking’s adverse effect. By copy of this letter, we are notifying the Advisory Council on Historic Preservation (ACHP) of our finding.

We would very much appreciate receiving a response from you within 30 days, so we can continue to move forward with this important project of service for our veterans.

As Director of the West Haven VA Medical Center, I am responsible for coordinating VA efforts. Please contact me (Gerald.Culliton@va.gov) or 203-932-5711 ext. 3888, or Mr. Thomas Hemenway, Green Environmental Management System (GEMS) Coordinator, at 203-932-5711, ext. 2767, if you have any questions or need additional information regarding this undertaking.

Sincerely,

Gerald Culliton
Director
U.S. Department of Veterans Affairs
Connecticut Healthcare System

Attachments:
1. CT Project Review Cover Form
2. Property Card
3. APE Map
4. Photos
5. Site plans, Design, and typical elevations
6. Landscape Concept Plan
7. Soil report
8. VA CT Master Plan

Cc: Christopher Daniel, VA Liaison, ACHP
Douglas Pulak, Deputy Federal Preservation Officer, VA
Thomas Hemenway, GEMS Program Manager, VA CTCHS
Summary of NRHP Findings: VA Medical Center, West Haven, Connecticut
October 3, 2013

NRHP Eligibility
The West Haven Campus of the VA Connecticut Healthcare System is recommended eligible for inclusion in the National Register of Historic Places at the national level under Criterion A for the treatment of tuberculosis patients in the twentieth century, at the local level for Criterion B for its association with the Winchester family, specifically Sara Winchester, and at the regional level for Criterion C for its Georgian Revival architecture and gate designed by landscape architect Beatrix Ferrand.

The complex consists of two hospitals on a single site: the early twentieth century hospital funded by a donation from the Winchester family and a post-World War II hospital constructed by VA. Both hospitals were constructed for the express purpose of treating tuberculosis, rendering it a unique complex of medical buildings of the twentieth century. In 1911, an anonymous donor, later identified as Sara Winchester, made a substantial donation to the New Haven Hospital for the construction of a tuberculosis hospital. Sara’s husband, William Wirt Winchester of the family associated with the Winchester rifle, died of the disease in 1880. Construction of the William Wirt Winchester hospital began in 1916 and the hospital was dedicated in 1918. Sara Winchester commissioned noted landscape architect Beatrix Ferrand to design the elaborate gate on Campbell Avenue. In addition to the hospital at West Haven, Ms. Ferrand was responsible for landscaping efforts at, among others, Dumbarton Oaks, Yale, and Princeton.

The facility was sold in 1948 to the Veterans Administration. At West Haven, VA constructed two large hospital buildings as part of the Third Generation hospital construction campaign for new healthcare facilities for Veterans returning from World War II. Unlike the majority of its Third Generation hospitals, VA utilized the existing Winchester hospital complex and incorporated the older buildings into the modern hospital. VA also retained the Campbell Avenue gate, but changed out the letters to read “Veterans Administration Hospital.” In addition, VA planned only a handful of dedicated TB facilities as part of the Third Generation program, with many ultimately built as general medical facilities given the advancements in the treatment of TB made in the mid-twentieth century. West Haven is one of the only TB hospitals built and maintained by VA during the crucial Third Generation period.

Period of Significance
1916 – 1958 (Early TB hospital to end of Third Generation)

Building Construction
Three major construction periods: Winchester Hospital, VA – Third Generation, and post Third Generation. There are 17 buildings and 2 objects (Campbell Avenue gate and surrounding wall) extant from the Winchester TB hospital, two buildings from the Third Generation hospital, and 15 buildings added after the close of the Third Generation.

Contributing Elements
The West Haven campus has 19 contributing elements to the potential NRHP historic district. These are Buildings #3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 21, 22, 24, and 50, along with the Campbell Avenue gates and the associated wall.
National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. **Name of Property**
   Historic name: _West Haven Veterans Administration Hospital_
   Other names/site number: _William Wirt Winchester Memorial Hospital_
   Name of related multiple property listing: _Third Generation Veterans Hospitals_
   (Enter "N/A" if property is not part of a multiple property listing)

2. **Location**
   Street & number: _950 Campbell Avenue_
   City or town: _West Haven_  State: _Connecticut_  County: _New Haven_
   Not For Publication: [ ]  Vicinity: [ ]

3. **State/Federal Agency Certification**
   As the designated authority under the National Historic Preservation Act, as amended,
   I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.
   In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:
   ___ national  ___ statewide  ___ local
   Applicable National Register Criteria:
   ___ A  ___ B  ___ C  ___ D

   ________________________________________________
   Signature of certifying official/Title:  ____________ Date: ____________
   State or Federal agency/bureau or Tribal Government

   ________________________________________________
   Signature of commenting official:  __________________ Date: ____________
   Title: ____________________________________________ State or Federal agency/bureau or Tribal Government
4. National Park Service Certification

& I hereby certify that this property is:
& ___ entered in the National Register
& ___ determined eligible for the National Register
& ___ determined not eligible for the National Register
& ___ removed from the National Register
___ other (explain: ____________________________)

<table>
<thead>
<tr>
<th>Signature of the Keeper</th>
<th>Date of Action</th>
</tr>
</thead>
</table>

5. Classification

Ownership of Property
& (Check as many boxes as apply.)
Private: 
Public – Local
Public – State
Public – Federal  

Category of Property
(Check only one box.)

Building(s)  
District  

& Site
Structure  
Object  

Sections 1-6 page 2
West Haven VA Hospital

Name of Property

New Haven, CT

County and State

**Number of Resources within Property**
(Do not include previously listed resources in the count)

<table>
<thead>
<tr>
<th>Contributing</th>
<th>Noncontributing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

Number of contributing resources previously listed in the National Register _______

---

6. **Function or Use**

**Historic Functions**
(Enter categories from instructions.)

HEALTH CARE / hospital

---

**Current Functions**
(Enter categories from instructions.)

HEALTH CARE / hospital

---
7. Description

Architectural Classification
(Enter categories from instructions.)
Colonial Revival
No Style

Materials: (enter categories from instructions.)
Principal exterior materials of the property: brick

Narrative Description
(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a summary paragraph that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph
The West Haven Campus of the VA Connecticut Healthcare System consists of 35 buildings plus one structure on a campus of approximately 44 acres. Of those 35 buildings, 19 are largely the buildings from a predecessor tuberculosis hospital. These buildings form the backbone of the West Haven campus and include the support facilities, administrative buildings, and select patient services. These nineteen buildings are the contributing resources to the historic district. With the exception of the two large main hospital buildings, the remaining 16 buildings are mostly smaller structures, such as generator buildings and additions. These 16 buildings are non-contributing elements to the historic district. The one structure, the elaborate entrance gates on Campbell Avenue, is a contributing element to the historic district.

The West Haven Campus is located in northern West Haven, Connecticut. The steep topography of the site has resulted in a small pocket of buildings located near Campbell Avenue while the majority of the buildings dominate the crest of a hill along West Spring Street. The surrounding neighborhood is largely residential with the exception of the cemetery and light commercial development along Campbell Avenue. The main entrance for the campus is from Campbell Avenue but a second entrance is located at the south corner of the campus on West Spring Street. While mature trees cover the site, the majority of landscaping efforts have been supplanted by the expansion of surface parking lots.
Narrative Description

Building #3
Historic Use: Attendants Locker Room
Present Use: Research / Administration
Year Built: 1916
Status: Contributing

The two-story building is sited to the northwest of Building #2 on the western portion of the hospital campus. Clad in red brick and oriented towards the southeast, the former attendants building features the delineated belt course, window sills, and jack arches with keystones found on the original buildings on the campus. The center three bays project from the main block of the building. This central portion is further emphasized with a gable roof, bullseye window, and an entablature with brackets and columns at the main entrance. Ironwork with geometric design elements forms a decorative balustrade at the center. The original door and windows have been replaced; however the fenestration pattern remains intact. The gable-on-hip roof is clad in asphalt shingles. Two dormers with arched tops pierce the roof on the southeast elevation.

Building #4
Historic Use: Administration / Quarters
Present Use: Research / Administration
Year Built: 1916
Status: Contributing

The former quarters building is a two-story building with an L-shaped footprint. The building features many of the architectural details that link the original buildings of the hospital campus, such as the red brick exterior. Keystones at the center of each jack arch mark the windows of the first floor; the second story windows do not include this feature. Overall, the original windows appear to have been replaced with modern, double hung sash windows. The hip roof retains its dormers but it has been sheathed in asphalt shingles. The appearance of the southwest elevation suggests the building once had a double gallery, given the presence of decorative wooden railings. The addition of windows and exterior sheathing have resulted in the two-story box columns now appearing as pilasters. A steel door, metal awning, and metal railing are recent additions to the exterior.

Building #5
Historic Use: Main Administration / Quarters
Present Use: Research / Administration
Year Built: 1916
Status: Contributing

Building #5 was once the main hospital building for the former tuberculosis sanitarium on the property, before it became a hospital in the VA network. The building is three stories in height plus a basement. The building features a central, linear block, but several projecting bays give it an irregular footprint. The primary entrance for the building is at the central portion of northeast elevation. While the entrance doors appear to have been replaced with modern metal doors, the segmental pediment, dentil molding, transom light, and elaborate door surround appear original. The entrance is framed by a colonnaded gable front.
featuring two-story Corinthian columns and pilasters. The windows appear to be replaced, but the
fenestration pattern remains intact. The window openings present with the same decorative, outsized
keystones surrounded by jack arches found across many of the other original buildings on campus. The
decorative details are focused largely at the entrance to the building; however, a festoon depicting various
flora, including possibly daisies, poppies, and primroses, decorates the upper story near the north end of
the northeast façade. A cornice, heavy altered and sheathed in vinyl, lines the building between the
second and third floors.

The remaining elevations are not as elaborately finished as the northwest façade. The decorative detail of
the outsized keystone in the jack arch above each window is fairly ubiquitous. On the southeast elevation,
an offset colonnaded entry weakly references the more elaborate entrance on the northeast elevation. The
columns and entablature have been altered heavily and any original details have since been obscured or
removed.

Building #6
Historic Use: Administration / Quarters
Present Use: Information Resources / Voluntary / Compensated Work Therapy
Year Built: 1916
Status: Contributing

The former quarters building mirrors Building #4. The building features a truncated L-shaped footprint,
red brick exterior, and hip roof. Rounded dormers pierce the asphalt shingle sheathing at several points.
The south and east corners appear to have once been open porches that have since been enclosed; the two-
story columns remain extant and now appear to function as pilasters. The building features the decorative
keystones found on several of the other original buildings on campus. Building #6 is linked to several of
the surrounding buildings via connected corridors; these corridors obscure several of the access points to
the building.

Building #7
Historic Use: Radioisotope Laboratory
Present Use: Research
Year Built: 1916
Status: Contributing

Located near the northwest elevation of Building #1, Building #7 is a two-story building oriented towards
the northwest. The asphalt-clad hip roof is interrupted by a front gable on the northwest elevation. The
entrance on the northwest elevation is emphasized through the projecting central three bays and a shallow
portico; the original door has been replaced with a metal security door. Stone lintels, keystones, and
water table relieve the strict red brick of the exterior. A metal exterior staircase has been added to the
northeast elevation. The building has a largely rectangular footprint.

Building #8
Historic Use: Nurses Quarters
Present Use: Northeast Program Evaluation Center
Year Built: 1916
Status: Contributing
Despite some exterior alterations, the former nurses quarters retains its historic appearance. The building has a U-shaped footprint, slightly interrupted by three bays projecting from the center section of the southeast (front) elevation. These central bays and the northeast and southeast corners were likely once open porches, but have since been enclosed with white vinyl cladding and sash windows. The columns that once provided architectural detailing have been sheathed in vinyl as well, retaining the historic form if not the appearance. The remaining sections of the building are sheathed in red brick laid in Flemish bond. Stone lintels underscore each window but stone keystones at the center of each jack arch crown only the windows of the first floor. A stone belt course encircles the building. The roof over the main portion of the buildings is hipped; however, a front gable roof tops the central porch on the southeast elevation. The roofs are clad in asphalt shingle.

**Building #9**
**Historic Use:** Managers Quarters  
**Present Use:** Administration  
**Year Built:** 1916  
**Status:** Contributing

This building rejects the largely institutional scale of the majority of the buildings on the West Haven campus for a smaller, residential appearance that references the Colonial Revival architecture of the rest of campus. The brick building is two-and-a-half stories in height. Oriented towards the southeast, the building sits northeast of Building #8A on a small cul-de-sac adjacent to other former quarters. The original building was three bays in width, but a setback addition to the northeast has added an additional two bays. A simple door surround and paneled wooden door mark the entrance. The windows on the lower floor feature stone keystones at the center of each jack arch; this architectural detail is also present on the windows of the other elevations. Wooden louvered shutters cover several of the windows, but the majority have been removed. These shutters feature crescent moon detailing and appear to be original to the building. The side gable roof is clad in asphalt shingles. Three dormers with arched sashes puncture the roof on the southeast elevation. A small wooden porch shields the entrance on the northwest elevation.

**Building #10**
**Historic Use:** Managers Garage  
**Present Use:** Storage  
**Year Built:** 1916  
**Status:** Contributing

A modest garage, located just to the north of Building #9, features a brick clad exterior, flat roof, and a single garage door opening on the southwest elevation.

**Building #11**
**Historic Use:** Duplex Quarters  
**Present Use:** Administration  
**Year Built:** [ca. 1952]  
**Status:** Contributing

**Building #12**
**Historic Use:** Duplex Quarters  
**Present Use:** AM&M / Center of Excellence  
**Year Built:** [ca. 1952]
These two former duplex buildings are identical. Both are located just northwest of Building #14 near Campbell Avenue. Both buildings feature red brick exteriors, hip roofs with copper detailing at the ridges, and eyebrow dormers at the north and south elevations. Both footprints are rectangular with a small projection on the east elevation. Paired entrances on the east elevation and a highly symmetrical façade indicate the buildings’ previous incarnations as duplex quarters. The windows appear to be replacements, but the double-hung sash windows likely reflect the original appearance. Both buildings are devoid of the Colonial Revival detailing found on the majority of the other brick building on campus. Wooden ramps have been added to the east elevations of both buildings, likely at the time the buildings shifted use.

Building #14
Historic Use: Staff Quarters
Present Use: Learning Base Recovery Center
Year Built: 1916
Status: Contributing

Part of the small residential section located at the northeast section of campus along Campbell Avenue, this former quarters building includes many of the architectural features utilized across the original buildings of the West Haven campus. The red brick exterior, stone detailing at the windows, including keystones at the jack arches, and stone water table are characteristics commonly found on the other original buildings. The building has a shallow L-shaped footprint due to a small projection at the southern portion of the west elevation. Oriented towards the north, the north elevation features a central door delineated with side lights, elliptical fanlight, and a portico with dentil molding. A Palladian window pierces the upper portion of the wall. The front gable roof is sheathed in slate. Gabled dormers with arched upper window sashes line the east and west elevations. These features combine to give the building a Colonial Revival appearance. An exterior stair case has been added on the west elevation.

Building #15
Historic Use: Supply Storehouse
Present Use: Facility Management
Year Built: 1916
Status: Contributing

This one-and-a-half story building features the decorative elements found on other original buildings of the West Haven campus, most notably the keystones within jack arches at the windows at the northeast gable end. A bullseye window appears to have been filled in on the same elevation. A side gable roof sheathed in asphalt shingles supports solar panels on the southeast elevation. Replacement sash windows line the southeast elevation. A single entrance at the east end of the southeast elevation is indicated with a modest overhang. The building has a largely rectangular footprint, marred only by a small, square addition at the east corner.

Building #16
Historic / Present Use: Boiler Plant
Year Built: 1916
Status: Contributing
The boiler plant is located near the northwest edge of campus. The main section is two tiers in height but encompasses a single story housing equipment. Large windows mark the northwest elevation; in addition, clerestory windows line the upper portions of the northwest and southeast elevations. The boiler house is clad in the same red brick as the other original buildings of the campus. The building has a flat roof and a largely rectangular footprint. A short tower-like stack marks the southwest elevation. Immediately adjacent is the taller brick chimney for the boiler house.

**Building #21**  
**Historic / Present Use:** FMS Shops  
**Year Built:** 1916  
**Status:** Contributing

Located in the northwest section of campus near other support facilities, the building is a one-story, brick clad building. A projecting section at the southeast corner results in a shallow L-shaped footprint. The building is oriented towards the northwest and the adjacent ring road. The northwest elevation has a mix of vehicular entrances and large windows, resulting in an industrial appearance. The only decorative element is a narrow stone band near the roofline; the northeast end has additional bands.

**Building #22**  
**Historic / Present Use:** FMS Shops / Garage  
**Year Built:** 1916  
**Status:** Contributing

The garage building presents a run of thirteen large bays on the southeast elevation; two of these have been filled in with bricks, leaving a total of eleven garage doors. The block containing the three westernmost bays is slightly taller than the eastern section, but the entire building is clad in red brick and presents a unified appearance of a single building. The red brick exterior matches the other original buildings on campus but it lacks the Colonial Revival detailing found on the patient buildings. The widows likely have been replaced but the original fenestration pattern appears intact. The building has an irregular footprint.

**Building #24**  
**Historic Use:** Laundry  
**Present Use:** Linens / Warehouse  
**Year Built:** 1916  
**Status:** Contributing

The laundry facility features multiple brick clad sections, most notably a two-story section at the southeast, and has an irregular footprint. The remaining block is one-story in height. These disparate heights combined with the various flat roofs give the building a stepped appearance. The laundry is part of a collection of support buildings located in the northwest portion of the campus; it is sited to the west of the engineering shops (Building #22). Large replacement windows pierce the exterior, but the building is largely devoid of the architectural ornamentation found on many of the original buildings of the campus. The building is oriented towards the southeast and the majority of the hospital campus.

**Building #50**  
**Historic / Present Use:** Sewage Pump Station  
**Year Built:** 1916
The small pump station building is of modest construction with a red brick exterior similar to the other original buildings on the hospital campus. One story in height with a shed roof, the building is located to the northeast of Building #7.

**Former Entrance Gate**

Historic / Present Use: Entrance Gate on Campbell Avenue  
Year Built: 1916  
Status: Contributing

The former entrance gates for the original tuberculosis hospital are extant on Campbell Avenue. Designed by landscape architect Beatrice Farrand, the gates consist of brick posts with concrete caps culminating in decorative urns. Smaller pedestrian gates flank the central vehicular gate. Ornate ironwork, comprised of scrolls, tassels, flowers, and shields curve along the upper section; a lantern serves as the central focal point for the decorative, delicate work. “Veterans Administration Hospital” arches across the gate. The gates are relatively plain in comparison. Iron pickets and a middle rail form the framework; the shorter pickets are capped in embellished arrow finials.

**Connecting Corridors**

Historic / Present Use: Connecting corridors  
Year Built: 1916  
Status: Contributing

Connecting corridors link several of the main buildings on campus. A two-story brick corridor connects Buildings #5 to Building #6. This corridor resembles neighboring buildings by incorporating the same red brick, asphalt roof, and keystone detailing. A one-story enclosed corridor ties together Building #6 and Building #7. With its white sheathing and modern windows, this corridor does not blend as seamlessly with the original campus architecture.

**Non-contributing Buildings**

**Building #1**  
Historic Use: General Medical  
Surgical Building  
Present Use: Main Hospital  
Year Built: 1955  
Status: Non-contributing

**Building #2**  
Historic Use: Tuberculosis Building  
Present Use: Outpatient / Nursing Home  
Year Built: 1955  
Status: Non-contributing

Upon taking over the hospital facilities at West Haven, VA constructed two large hospital buildings along the southeastern edge of the campus facing West Spring Street. Both buildings featured characteristics typical of the standard plan hospital buildings constructed by VA at various hospital campuses nationwide following World War II. These defining features included brick exteriors, regularly spaced groupings of...
windows, lack of architectural ornamentation, modest entrances indicated by concrete canopies, flat roofs, and rectilinear footprints composed of a central spine and intersecting wings.

However, any resemblance to these other Third Generation buildings has been stripped away through heavy-handed renovations. At West Haven, Buildings #1 and #2 have lost the majority of these characteristics. A sheathing of metal panels has replaced the red brick over the majority of the structure; stone cladding now wraps the first two floors of the wings. The original fenestration patterns have been severely compromised. Continuous bands of windows, uninterrupted by exterior cladding, now line the exterior. While the flat roof remains, the original entrances have been subsumed under multiple additions.

Building #1, standing at 14 floors, remains oriented towards the southeast. The projecting wings on the southeast elevation once had stepped back upper floors; these spaces have since been infilled and brought flush with the lower stories. The north and south elevations of these wings have been almost entirely sheathed in glass panels. Extensions to the penthouse floor have altered the original roof configuration. While the entrance remains largely in the same location on the southeast elevation, the concrete canopy has been removed; at the time of the site visit in April 2013, additional alterations were underway at the entrance.

Building #2, slightly shorter at 11 stories, has experienced additional alterations, most notably the construction of several additions clustered around the southwest, southeast, and northeast elevations. These additions have resulted in the relocation of the primary entrance to the southwest elevation; the building is no longer accessible from the southeast elevation. The additions are all one or two stories in height, resulting in Building #2’s upper stories springing from the center. The original rectilinear footprint with intersecting wings has been subsumed into a largely rectangular one.

Building #8A
Present Use: NEPEC Administration
Year Built: 1994
Status: Non-contributing

Tucked between Buildings #8 and #9, this one-story building references some of the original architecture of the West Haven campus. The building is oriented towards the southeast. With the exception of sections of white vinyl cladding, red brick sheathes the exterior. The building features a largely rectangular footprint with the exception of two projecting bays on the southeast elevation. A modest, partially glazed door indicates the entrance. The gable-on-hip roof is covered in asphalt shingles. Double-hung sash windows puncture the exterior in regular intervals.

Building #11A
Present Use: Substance Abuse
Year Built: 2009
Status: Non-contributing

Building #12A
Present Use: Mental Health
Year Built: 2010
Status: Non-contributing
Building #14A
Present Use: Center of Excellent / Telmental
Year Built: 2011
Status: Non-contributing

These three buildings (#11A, 12A, and 14A) are situated along Campbell Avenue across the internal road from the former duplex quarters (Buildings #11 and 12). The buildings are identical, pre-fabricated structures. Each is a single story, has a square footprint, flat roof, and metal sheathing. The buildings do not have notable architectural detailing or ornamentation. Plain metal overhangs and ramps indicate the entrances of each building; the buildings are all oriented towards the northwest.

Building #15A
Present Use: Safety Office
Year Built: 2010
Status: Non-contributing

The safety office is housed in a prefabricated building added to the campus in 2010 immediately southwest of Building #15. The modular building has a flat roof, paneled exterior sheathing, and square footprint. A metal staircase and wheelchair lift mark the main entrance on the southeast elevation. Air conditioning units demarcate the southwest elevation.

Building #16A
Present Use: A/C Plant
Year Built: 1963
Status: Non-contributing

The A/C plant is a small brick addition tucked behind the north corner of the boiler house (Building #16). The one-story building devoid of any architectural ornamentation. A large chiller tops the structure.

Building #19
Present Use: Incinerator
Year Built: 1993
Status: Non-contributing

The incinerator building is a one-story, brick clad building tucked behind the safety office (#15A). The building has a rectangular footprint, flat roof, and plain exterior. A large window pierces the exterior wall of the southwest elevation. Large mechanical equipment shielded by a canopy marks the southeast elevation.

Building #27
Present Use: Research
Year Built: 1960
Status: Non-contributing

The research building is tucked behind Buildings #3 and #4 and adjacent to another research building (#34). The research building features two one-story sections, both with flat roofs; the section to the southeast has a slightly lower rise, resulting in a stepped appearance for the building. The building has a rectangular footprint. Oriented towards the southeast and the main hospital buildings, the primary
entrance is indicated by a double-pitch pavilion roof. While sections of the building are clad in brick, other portions are devoted to large windows and blue colored stucco, features rarely found on other buildings of the campus.

Building #29
Present Use: Emergency Generator
Year Built: 1983
Status: Non-contributing

This one-story, metal clad building is situated to the northeast of the boiler plant (Building #16). The building has a shallow gable roof, utilitarian exterior, and rectangular footprint. Louvered openings are irregularly placed on the exterior.

Building #34
Present Use: Research
Year Built: 1988
Status: Non-contributing

Sited to the west of Building #5 and adjacent to additional research facilities in Building #27, Building #34 references some of the general architectural characteristics of the historic campus but could not be mistaken for an original building. A red brick exterior and symmetrical façade reflect the surrounding campus, but the arched doorways and parapet gable do not. The building is oriented towards the northwest as indicated by the paired entrance doors and signage. Square, fixed windows line the northwest elevation.

Building #35
Present Use: Administration
Year Built: 1990
Status: Non-contributing

The brick-clad building strongly resembles its neighbor to the northwest, Building #36. The building features a square footprint with small projections at the corners. Devoid of any sort of architectural ornamentation, the exterior is clad in red brick punctured by fixed single pane windows. The flat roof converts to a shallow, asphalt clad hip roof. The entrance is indicated by a plain portico, concrete steps, and concrete ramp.

Building #35A
Present Use: Research
Year Built: 2004
Status: Non-contributing

One of the newer buildings on the West Haven campus, the research building is located on the northwestern edge of campus, just southwest of Building #35. The red brick cladding, concrete band between the two floors, and concrete windowsills reference the historic architecture of the campus, but the building is devoid of any of the architectural detailing commonly found on the older buildings on campus. The flat roof extends into a quasi-hip roof, similar to the roofing style found on the two buildings to the northwest. A plain portico with a gable roof marks the simple entrance. The building has a square footprint and is oriented towards the northeast.
Building #36
Present Use: Outpatient Psychiatry
Year Built: 1992
Status: Non-contributing

Building #36 is one of three structures located adjacent to the large surface parking lot on the northwest portion of campus. One story above grade, the building has a roughly square footprint. The red brick exterior references the historic architecture of the surrounding campus, but the faux Mansard-esque roof, irregular fenestration, and paired fixed windows do not. The building is oriented towards the northeast, as indicated by the concrete ramp, functional portico, and paired metal doors.

Building #39
Present Use: Generator Building
Year Built: 1997
Status: Non-contributing

The modest generator building is located to the northwest of Building #1 along the main service road of the campus. The one-story, brick-clad building has a flat roof and rectangular footprint. Oriented towards the east, paired louvered openings mark the northern portion of the primary façade while paired steel doors mark the southern.
8. Statement of Significance

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

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

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

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

Criteria Considerations
(Mark “x” in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years
Areas of Significance
(Enter categories from instructions.)
  HEALTH / MEDICINE
  GOVERNMENT

Period of Significance
1916 - 1958

Significant Dates
1916
1948
1953

Significant Person
(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder
  Scopes  Feustmann
  Beatrix Farrand
  Veterans Administration
Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The West Haven Veterans hospital is eligible for the NRHP as a historic district under Criterion A for health / medicine on a national level as a facility utilized by VA as part of the Third Generation of Veterans hospitals. These hospitals provided healthcare to the growing Veteran population following the end of World War II. West Haven was also VA’s sole dedicated tuberculosis hospital constructed during the Third Generation period. The facility is also eligible under Criterion C at the national level for its association with Scopes Feustmann, an architectural firm that specialized in tuberculosis facilities in the early twentieth century, and Beatrix Farrand, a noted landscape architect responsible for the design of the elaborate entrance gates on Campbell Avenue.

Narrative Statement of Significance (Provide at least one paragraph for each area of significance.)

As World War II drew to a close, VA faced providing healthcare to an unprecedented number of Veterans. VA implemented a nationwide construction campaign to build new, modern hospitals, but it needed temporary measures to deliver medical care before the new facilities were activated. The primary way VA bridged this service gap was to utilize existing facilities. These hospitals were often properties once pressed into use by the War Department now deemed surplus due to the cessation of hostilities. At West Haven, VA used an existing hospital, built for tuberculous patients, to not only provide medical care but also as the site for the only dedicated tuberculosis hospital constructed as part of the “Third Generation” of Veterans hospitals.

The hospital at West Haven started with an anonymous donation. In 1909, Eli Whitney, president of the board of directors of the General Hospital Society of Connecticut and grandson of the noted inventor, received a $300,000 donation via attorney Frank Leib for the construction of a dedicated facility for the care of tuberculous patients. Leib cautioned the Society that complete anonymity for the donor was required and suggested additional monies might be forthcoming. In 1911, when the Society selected a 58-acre site on Campbell Avenue in West Haven, the donor gave an additional $300,000 for the purchase of the property. Additional funds to cover construction costs, purchase of additional parcels, and design for
In 1918, the dedication of the new facility led to the revelation of the identity of the anonymous donor: Sarah Winchester. Winchester was the widow of William Wirt Winchester, scion of the New Haven family known for its eponymous rifles. When her husband died from tuberculosis in 1881, Winchester became one of the wealthiest women in New England with a fortune that included controlling shares of the Winchester Repeating Arms Company; these dividends alone provided her with an annual income equivalent in modern dollars to about $160,000. In early 1886, Winchester purchased land in the Santa Clara Valley near San Jose, California and relocated westward to build a new home. Despite moving 3,000 miles away, Winchester retained ties to the New Haven community. Upon hearing of the needs of the General Hospital Society, she determined the new tuberculosis hospital would be the ideal memorial for her husband. Thus the facility was dedicated in 1918 as the “William Wirt Winchester Memorial Hospital” for the care of those tuberculous patients in the advanced stages of the disease.

A bacterial infection, tuberculosis is a highly communicable disease transferred via tiny droplets when an infected person coughs, speaks, or sneezes. Symptoms of TB include fever, night sweats, and weight loss. As the disease progresses, chest pains, coughs, and bloody sputum follow. In 1900, tuberculosis caused an average of 194 deaths annually per 100,000 people in the United States, with those between the ages of 25 to 34 dying at a rate of 294 deaths per 100,000.

Various treatments for tuberculosis were espoused over the years, but by the early twentieth century, numerous medical tracts promoted the “open air” treatment as the “only treatment which has stood the test of time and the only universally employed at the present day.” The treatment emphasized fresh air for the tuberculous patient through plenty of time spent outdoors and evenings spent on sleeping porches or wards with open windows. Along with fresh air, this treatment emphasized constant medical supervision, good food, and “tranquility and hopefulness of mind.” Some medicine was used to alleviate some symptoms temporarily, but for the most part no drugs were administered. The sanatoria served to provide this care to the tuberculous patients, as well as to keep them isolated from the general population, and to prevent further spread of the disease. Often the sanatoria were located in relatively rural areas, in order to best accomplish both goals of treatment and isolation.

One of the most famous open-air sanatoria was the Adirondack Cottage Sanitarium, located about 300 miles north of West Haven in Saranac Lake, New York. Started by physician Edward Trudeau, the sanitarium became immensely popular, leading to the construction of private “cure cottages” in the area.

---

2 Ibid., p. 78.
3 Ibid., p. 91.
8 Captive, 107.
as well as additional sanatoria constructed in Gabriels and Ray Brook, New York. Patients adhered to a strict regimen that included copious amounts of food and rest.9

Two patients at the sanitarium, later rechristened the Trudeau Sanitarium, were William Scopes and Maurice Feustmann. Scopes arrived at the sanitarium in 1896. Inspired by watching the construction of the Administration Building at Adirondack Cottage, he took architecture courses via correspondence and worked on various buildings at the sanitarium while still a patient. Feustmann, already a trained architect from studies at the University of Pennsylvania in Philadelphia and the Royal Polytechnic Institute in Munich, came to the sanitarium around the same time. In 1903, the two formed the architectural firm of Scopes Feustmann. While responsible for a number of residential and commercial buildings, the firm became renowned as specialists in tuberculosis sanitarium architecture. Scopes Feustmann designed not only buildings for the Trudeau Sanitarium, but also the Vermont State Sanatorium in Pittsford, Vermont; the St. Louis Sanitarium in Duluth, Minnesota; the Laurentian Sanatorium in St. Agathe, Quebec; the Will Rogers Memorial Hospital in Saranac Lake, New York; and the William Wirt Winchester Memorial Hospital in West Haven, Connecticut.10

In 1909, the National Association for the Study and Prevention of Tuberculosis published general guidelines and plans for buildings designated for the care of tuberculous patients. These guidelines offered design tenets based on successful solutions at existing tuberculosis sanitoria; Scopes Feustmann’s Vermont Sanatorium was featured. Due to the prevailing “open air” theory of treatment, emphasis was often placed on patient access to the outdoors. The guidelines recommended that the configuration of the buildings and the choice of the site should provide ample southern exposure. If a selected property contained existing buildings, these facilities often could be retrofit for tuberculous patients through the addition of large sleeping porches. Porches were key design elements for the various patient buildings described in the guidelines, including cheap means to add them to private homes. The guidelines devoted little space to building materials and architectural styles; instead, plans that allowed for easy expansion in case patient populations grew, as well as cost-effective building materials were emphasized.11

Scopes Feustmann applied many of these tuberculosis sanitarium trends to their design for the William Wirt Winchester Memorial Hospital. The administration building is located centrally within the larger hospital campus. Separate wards are provided for those patients at the advanced stages of the disease; these wards are located in close proximity to the administration building. The porches on the patient buildings provided enough space for every patient to partake of the healing fresh air of Connecticut. The facility was designed to house 136 patients in individual rooms as well as larger wards. Features of the facility included four patient dining rooms, an operating suite, an X-ray department, and multiple service kitchens. Staff housing included nurses’ quarters, gardener’s cottage, and a house for the doctor in charge of the facility. A dedicated plant supplied the necessary power for the facility, including for the state of the art refrigeration and ice-making equipment.12

---

11 The National Association for the Study and Prevention of Tuberculosis, Some Plans and Suggestions for Housing Consumptives (New York: n.p., 1909): 8, 36, 74
As part of her contribution to the hospital, Winchester donated $25,000 towards the entrance to be designed by Beatrice Farrand. A noted landscape architect and one of the founding members of the American Society of Landscape Architects, Farrand started her practice working with residential clients. Her success led her to larger commissions, including landscapes for Yale, Princeton, the New York Botanical Gardens, and Dumbarton Oaks. Hallmarks of Farrand’s style included use of native plants, intricate borders utilizing flowers, and vertical elements including shrubs and climbing plants. While working on a project at nearby Yale, Farrand completed the design for the elaborate gate and entrance elements, including “William Wirt Winchester Hospital” arched across the top of the metalwork; the letters have since been replaced to read “Veterans Administration Hospital.”

Before the General Hospital Society of Connecticut could activate their new facility, the Society received a request from the Surgeon-General for the United States Army to use temporarily the Winchester hospital for the care of tuberculous soldiers returning from World War I. Upon receiving Mrs. Winchester’s approval, the Society leased the hospital to the Army. The Army planned to add several new buildings to the campus, including additional housing for medical staff, to accommodate 1,000 patients. The Army not only used the hospital for the care of ill servicemen, but also for the training of medical officers.

In September 1919, the Army transferred the hospital to the U.S. Public Health Service (PHS). The Army no longer required the facility due to the cessation of hostilities and the PHS was responsible for the care of returning disabled soldiers. Thus, PHS assumed the leases of several Army hospitals, including the Winchester hospital, to provide rehabilitation measures for Veterans. In April 1922, PHS transferred the property to the newly formed Veterans Bureau, now the responsible entity for Veteran healthcare. The West Haven facility became known as U.S. Veterans Bureau hospital, No. 41.

The government lease on the property expired on July 1, 1927. However, the Veterans Bureau opted to move out of the facility by the end of April to provide the General Hospital Society of Connecticut time to complete their own renovations before finally using the hospital they had constructed ten years earlier. The Society operated the facility for the care of tuberculous patients for over a decade, but the facility closed in July 1940, possibly due to the economic pressure providing medical care for a dwindling patient population placed on the Society. The facility operated temporarily as a camp, Camp Happyland, for children with tuberculosis after it closed as a hospital. In 1943, as World War II created a new demand for stateside military hospitals, the Army once again took over the Winchester facility. At the time, the facility had 160 beds.

The Army operated the facility throughout the war. Upon cessation of hostilities in 1945, the Winchester facility was at a crossroads. As before, the Army no longer required the hospital, but neither did the Society. The General Hospital Society of Connecticut had merged recently with the Grace Hospital Society to create the Grace-New Haven Community Hospital. The new organization sought to shed the

16 “Veterans’ Hospital Will Be Abandoned,” The Bridgeport Telegram (Bridgeport, Connecticut), 28 April 1927: 1.
17 “Army Takes Over Hospital in Allington,” [New Haven Register], [January 29, 1943], Collections of New Haven Public Library, New Haven, Connecticut.
Winchester facility, but financial considerations complicated the issue. Back in 1922, when the Winchester hospital was under governmental control the first time, Sarah Winchester died. In her will, after various gifts to family and friends, she left the residue of her estate to the Society for the continued betterment of the William Wirt Winchester Memorial Hospital. In addition, trusts set up for relatives were for the life of the recipient; upon the recipient’s death, the remaining principal went towards the hospital as well, allowing the endowment to grow. The new Grace-New Haven Community Hospital sought to retain the Winchester endowment but rid itself of the Winchester hospital.¹⁸

Courtey of a ruling from the Superior Court of New Haven County, the organization was allowed to sell the Winchester hospital with this caveat regarding the sale:

> the proceeds of such sale to providing and operating a building or buildings, or a distinct and separate part or parts thereof so designed and constructed as to maintain an individual identity, to be called and known as the ‘William Wirt Winchester Annex,’ as a worthy, distinctive and enduring memorial to William Wirt Winchester, the husband of said Sarah L. Winchester to be used for the care and treatment for patients suffering from tuberculosis and for no other purpose.¹⁹

When the Grace-New Haven Community Hospital found a buyer in 1948, the earnings flowed into the creation of the Winchester Chest Clinic. The clinic remains in operation today as part of a partnership with Yale University.²⁰

The new owner of the property was the Veterans Administration. At first, rumors circulated that the VA was going to purchase the property for the creation of a dedicated hospital for women veterans. However, the manager of the nearby Newington Veterans hospital pointed out VA does not build separate hospitals for women, leaving the VA hospital in the Bronx as the closest hospital for female veterans in Connecticut. In late 1945, VA announced plans to build a new 500-bed general medical and surgical hospital in the New Haven area at the expense of cancelling a 140-bed addition to the facility in nearby Newington, Connecticut. The Winchester hospital site was raised as a possibility for the new hospital or possibly a discrete purchase by VA for the care of tuberculous Veterans.²¹

In early 1946, VA enlarged its hospital plans for New Haven: a new 900-bed hospital designed for both tuberculosis and general medical and surgical cases at the William Wirt Winchester facility. In August 1946, President Truman and the Federal Board of Hospitalization approved the final plans. VA decided to build two distinct buildings, one housing 500-beds for the general medical and surgical cases and a second 400-bed building for tuberculous patients. Support facilities, largely the existing buildings of the Winchester facility, would be shared by the two buildings.²²

Hospital construction was delayed repeatedly by structural changes to the building as well as lack of materials, a change in the type of exterior brick used on the two buildings, and a shortage of qualified masons. The new hospital facility was dedicated on September 13, 1953. VA Administrator Harvey V. Higley conducted the formal dedication of the $15,000,000 hospital. VA’s chief medical director Admiral

---

¹⁸ Captive, p. 204-5.
¹⁹ Superior Court of California, Santa Clara County, Probate Case #12772, quoted in Captive, p. 205.
²⁰ Captive, p. 205.
Joel T. Boone was also in attendance. As with other VA hospital dedication ceremonies of this period, following prayers from a variety of religious leaders and a performance by the 102nd Army Band, visitors were welcomed into the new facility for scheduled tours. In addition to the latest in medical equipment and operating suites, the West Haven Veterans hospital offered two patient libraries, two chapels, a theater, and extensive recreation facilities including shuffleboard, tennis, and volleyball courts.

The two new “Third Generation” hospital buildings at West Haven reflected VA’s shift from using architects in private practice to standardized plans. The resulting main hospital building was constructed at several facilities throughout the United States, including Veterans hospitals in Cincinnati, Ohio; Louisville, Kentucky; and Oklahoma City, Oklahoma. These building exhibited the common characteristics of red brick exteriors, no architectural ornamentation, modest entrances, and bands of fenestration across all elevations. The buildings were configured based on a central spine with truncating return wings projecting from the primary elevation.

The new hospital was the only facility built by VA during the post-war “Third Generation” construction campaign dedicated to the care of tuberculous patients. Approximately 10 percent of VA’s patient load in 1945 was infected with tuberculosis. As part of a post-war research program implement in conjunction with the Armed Forces, VA investigated various treatments for tuberculosis. By 1950, chemotherapy for tuberculosis was the largest research program for VA. Five years later, 46 VA hospitals were involved in testing of various treatment measures for tuberculosis, including testing of new drugs. The new hospital at West Haven was likely one of those facilities. When the hospital opened in 1953, fifteen physicians were dedicated solely to the tuberculosis wards. In addition, testing of new isoniazid drugs and physical therapy programs for tuberculosis patients were already underway.

Five scant years later, the successful treatment of tuberculosis resulted in a reduction of tuberculosis beds to 156 beds at West Haven. Gradually what was once an entire building designated for the care of tuberculous patients became converted, floor by floor, to a rehabilitation center. By 1960, the number of tuberculous patients had dropped further. The hospital dedicated 160 beds for tuberculosis and pulmonary care with only about one-third of the patients suffering from tuberculosis; as stated by Dr. Nicholas D’Esopo, chief of the pulmonary disease department, “There are now more cases of lung cancer than of tuberculosis.”

By the mid-1980s, the deterioration of the facility and a decrease in patient load threatened the accreditation of the residency program with Yale. To address the former, the West Haven hospital underwent a massive upgrade campaign. The most high profile change was the renovation of the two large buildings constructed by VA in 1950. By the early 1990s, the exterior skin had deteriorated to the point replacement was required. Both of the two 1950s hospital buildings received new skins of metal.

---

24 “18th Largest With 670 Patients, VA Hospital Marks Fifth Year,” [New Haven Register], [ca. 1958], Collections of New Haven Public Library, New Haven, Connecticut.
28 “18th Largest...”
29 “West Haven VA Hospital,” The New Haven Register, 8 Sept 1963.
and glass in 1992. The renovation project also included new fire and safety systems, new laboratories, and new electrical systems.\textsuperscript{30}

\textbf{Statement of Significance}

The Veterans hospital at West Haven is a unique hospital within the network of VA healthcare as the only hospital constructed by VA specifically for the care of tuberculous patients as part of the Third Generation of Veterans hospitals. In addition, VA utilized an existing tuberculosis hospital from the previous generation, when tuberculosis treatment relied on fresh air rather than drug treatment. Instead of clearing the site and removing these extant buildings, as was VA’s standard course of action at other Third Generation facilities, the original hospital was incorporated into the new facility.

The heavy alterations of the exterior of Buildings #1 and #2, most notably the new additions and replacement of the exterior finishes, have compromised severely the historic qualities of these two Third Generation buildings. The expansion of surface parking lots has removed the majority of the original landscaping and recreational facilities. The other notable change is the addition of smaller, largely temporary buildings scattered throughout the campus.

Despite these changes, many of the historic elements of campus remain. VA’s construction, including Building #1 and #2, has been limited largely to the areas around the original Winchester hospital, allowing the historic hospital configuration to remain intact. The buildings of the former Winchester hospital remain in operation, several continuing in their original function. The elaborate gate on Campbell Avenue remains the hallmark of the entrance to the facility, despite the changes in the facility name.

The West Haven hospital retains the integrities of design, workmanship, and feeling. The retention of its historic appearance combined with minimal recent intrusions render West Haven in possession of the elements of significance for inclusion in the National Register of Historic Places as a historic district under Criterion A for health / medicine on a national level. In addition, the significance of the Scopes Feustmann designed tuberculosis hospital and Beatrix Farrand designed entrance gates render the historic district eligible under Criterion C on a national level.

---

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

Hannah, Lindsay and Susan Barrett Smith, United States Third Generation Veterans Hospital National Register of Historic Places Multiple Property Documentation, September 2011.


Previous documentation on file (NPS):

___ preliminary determination of individual listing (36 CFR 67) has been requested
___ previously listed in the National Register
___ previously determined eligible by the National Register
___ designated a National Historic Landmark
___ recorded by Historic American Buildings Survey #
___ recorded by Historic American Engineering Record #
___ recorded by Historic American Landscape Survey #

Primary location of additional data:

___ State Historic Preservation Office
___ Other State agency
___ Federal agency
___ Local government
___ University
x ___ Other

Name of repository: Collections of VA’s Federal Preservation Office, Washington, D.C.

Historic Resources Survey Number (if assigned): _____________
10. Geographical Data

Acreage of Property  43.87 acres

Use either the UTM system or latitude/longitude coordinates

**Latitude/Longitude Coordinates (decimal degrees)**
Datum if other than WGS84: 
(enter coordinates to 6 decimal places)
1. Latitude: 41.283259  Longitude: -72.957177
2. Latitude: 41.281104  Longitude: -72.962130
3. Latitude: 41.285630  Longitude: -72.962505
4. Latitude: 41.286441  Longitude: -72.960628

**Or**

**UTM References**
Datum (indicated on USGS map):

☐ NAD 1927  or  ☐ NAD 1983

1. Zone:  Easting:  Northing:
2. Zone:  Easting:  Northing:
3. Zone:  Easting:  Northing:
4. Zone:  Easting:  Northing:
Verbal Boundary Description (Describe the boundaries of the property.)

See attached map.

Boundary Justification (Explain why the boundaries were selected.)

Current boundaries of the West Haven Veterans hospital.

11. Form Prepared By

name/title:  Lindsay S. Hannah / Project Manager
organization:  R. Christopher Goodwin  Associates, Inc.
street number:  309 Jefferson Hwy, Suite A
city or town:  New Orleans    state:  LA    zip code:  70121

e-mail  l.hannah@rcgoodwin.com
telephone:  504.837.1940

date:  July 2014

Additional Documentation

Submit the following items with the completed form:

- Maps:  A USGS map or equivalent (7.5 or 15 minute series) indicating the property's location.

- Sketch map for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- Additional items: (Check with the SHPO, TPO, or FPO for any additional items.)
Photographs
Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn’t need to be labeled on every photograph.

Photo Log
West Haven Veterans Hospital
West Haven, Connecticut
New Haven County
Lindsay Hannah
April 3, 2013
1. Southeast elevation of Building #1. Camera pointed north.
2. Southeast elevation of Building #2 with outpatient clinic additions in foreground. Camera pointed northwest.
3. Northeast elevation of Building #5 (right side of image) and northwest elevation of Building 6 (left side of image) with connecting corridors. Camera pointed south.
5. Southeast elevation of Building #8. Camera pointed northwest.
8. Southwest elevation of Building #15 at foreground. Upper portion of Building #16 visible in background. Camera pointed northwest.
10. South corner of Building #35 in foreground with Building #36 in background. Camera pointed northwest.
11. Southwest elevation of Building #27. Camera pointed northeast.
West Haven VA Hospital
Name of Property

New Haven, CT
County and State

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.