(Oct. 1990)
United States Department of the Interior
National Park Service
NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM

1. NAME OF PROPERTY   FORT BAYARD HISTORIC DISTRICT

HISTORIC NAME: Fort Bayard; United States General Hospital for Tuberculosis; Veterans
Administration Hospital #55
OTHER NAME/SITE NUMBER: N/A

2. LOCATION   0.5 miles north of junction of U.S. 180 and S.R. 152

STREET & NUMBER: NOT FOR PUBLICATION: N/A
CITY OR TOWN: Santa Clara
STATE: New Mexico   CODE: NM
COUNTY: Grant
CODE: 017 ZIP CODE: 88036

3. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this

_x_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
_x_meets ___does not meet the National Register criteria. I recommend that this property be considered significant
_nationally
_x_statewide _ _locally. (___See continuation sheet for additional comments.)

[Signature]
State Historic Preservation Officer

[Date]
5/21/2002

Signature of certifying official:
State or Federal agency and bureau

In my opinion, the property ___meets ___ does not meet the National Register criteria.
(____See continuation sheet for additional comments.)

[Signature]
State or Federal agency and bureau

[Date]

4. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is:

Action

✔ entered in the National Register
___ see continuation sheet.
___ determined eligible for the National Register
___ see continuation sheet.
___ determined not eligible for the National Register
___ removed from the National Register

[Signature]
Sign of the Keeper (A.O. Pope)

[Date]
7/7/02
5. CLASSIFICATION

OWNERSHIP OF PROPERTY: Public/State

CATEGORY OF PROPERTY: District

NUMBER OF RESOURCES WITHIN PROPERTY:

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NUMBER OF CONTRIBUTING RESOURCES PREVIOUSLY LISTED IN THE NATIONAL REGISTER: 0

NAME OF RELATED MULTIPLE PROPERTY LISTING: N/A

6. FUNCTION OR USE

HISTORIC FUNCTIONS: DEFENSE: Military facility
HEALTH CARE: Sanitarium (sanitorium), hospital

CURRENT FUNCTIONS: HEALTH CARE: Hospital

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION:

LATE 15TH AND EARLY 20TH CENTURY
REVIVALS: Classical Revival; Colonial Revival;
Mission/Spanish Colonial Revival
MODERN MOVEMENT: Modernistic
OTHER: Hipped Box

MATERIALS:

Foundation: CONCRETE, STONE
Walls: STUCCO, WOOD; CONCRETE
Roof: SHINGLE
Other: BRICK, CONCRETE

NARRATIVE DESCRIPTION (see continuation sheets 7-5 through 7-22).
8. STATEMENT OF SIGNIFICANCE:

APPLICABLE NATIONAL REGISTER CRITERIA

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

___ B Property is associated with the lives of persons significant in our past.

_X_ 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 value, or represents a significant and distinguishable entity whose components lack individual distinction.

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

CRITERIA CONSIDERATIONS:  D

AREAS OF SIGNIFICANCE:
Military
Exploration/Settlement
Health/Medicine
Architecture

PERIOD OF SIGNIFICANCE: 1866-1951

SIGNIFICANT DATES: 1866; 1899; 1920; 1922; 1926

SIGNIFICANT PERSON: N/A

CULTURAL AFFILIATION: N/A

ARCHITECT/BUILDER: unknown

NARRATIVE STATEMENT OF SIGNIFICANCE (see continuation sheets 8-23 through 8-42).

9. MAJOR BIBLIOGRAPHIC REFERENCES

BIBLIOGRAPHY (see continuation sheet 9-43 through 9-45).

PREVIOUS DOCUMENTATION ON FILE (NPS): N/A

_ 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 #

PRIMARY LOCATION OF ADDITIONAL DATA:

_X_ State historic preservation office (Historic Preservation Division, Office of Cultural Affairs)
_ Other state agency
_ Federal agency
_ Local government
_ University
_ Other -- Specify Repository:
10. GEOGRAPHICAL DATA

ACREAGE OF PROPERTY: 704 acres

UTM REFERENCES (see continuation sheet 10-46)

VERBAL BOUNDARY DESCRIPTION (see continuation sheet 10-46)

BOUNDARY JUSTIFICATION (see continuation sheet 10-46)

11. FORM PREPARED BY

NAME/TITLE: David Kammer, Ph.D., with assistance Historic Preservation Division staff

ORGANIZATION: Contracting Historian

DATE: 03/31/01

STREET & NUMBER: 521 Aliso Dr. NE

TELEPHONE: (505) 266-0586

CITY OR TOWN: Albuquerque

STATE: NM

ZIP CODE: 87108

ADDITIONAL DOCUMENTATION

CONTINUATION SHEETS

MAPS (see continuation sheet Map-47)

PHOTOGRAPHS (see continuation sheets Photo-48 through Photo 51)

ADDITIONAL ITEMS

PROPERTY OWNER

NAME: State of New Mexico, State Property Control Division

STREET & NUMBER: 1100 St. Francis Drive, Joseph Montoya Building, Room 2022

TELEPHONE: (505) 827-5103

CITY OR TOWN: Santa Fe

STATE: NM

ZIP CODE: 87501
National Register of Historic Places
Continuation Sheet

Description

The Fort Bayard Historic District is located in Grant County north of U.S 180, immediately north of the village of Santa Clara and approximately six miles east of Silver City. The district consists of approximately 704 acres, and its resources include 70 contributing buildings, 10 contributing sites, eight contributing structures, five noncontributing buildings, one noncontributing structure, two noncontributing sites, and one noncontributing object. The district encompasses portions of the former Fort Bayard Military Reservation on which the original fort dating to 1866 was located and on which sites related to military training, food production, and the fort’s cemetery, now a National Cemetery, were located. The majority of buildings within the district, as well as the majority of sites and structures, are associated with the construction of the U.S. Army’s first tuberculosis sanatorium (1899-1920) and its subsequent operation by the United States Public Health Service (1920-1922), and then the United States Veterans Bureau (later Administration) from 1922 to 1965. The pattern of roadways and the location of buildings oriented around the old fort’s parade grounds, constituting the core of the historic district, reflect the centralization typical of both military base and sanatorium organization during the early part of the twentieth century. Building types include residences, the hospital and various support and storage buildings. Many of the buildings exhibit Classical Revival, Colonial Revival and Mission Revival details popular during the eras in which they were constructed. The hospital, located at the south end of the parade ground, is the main building within the core of the district and employs modernistic design. Following the federal government’s closing of the veterans’ hospital in 1965, 480 acres containing all of the hospital-era buildings, as well as some foundations of earlier buildings associated with the fort era were transferred to the State of New Mexico. The remainder of the land within the district was transferred to the Gila National Forest beginning in 1956. Later, in 1975, the state transferred 14 of the 480 acres to the United States Department of Veterans Affairs when the former Fort Bayard Cemetery was included in the newly designated Fort Bayard National Cemetery. Although the historic district’s extension into three different jurisdictions reflects administrative changes following the period of significance, it embraces the principal resources associated with Fort Bayard during the period of significance. As such, it retains a high degree of integrity as to the district’s location, setting, plan, materials, feeling and association, especially to its post-1922, United States Veterans Bureau/Administration period.

Geographic Setting

Fort Bayard lies at an elevation of approximately 6,100 feet at the northern fringe of the Mexican Highland section of the Basin and Range Province. It is located equidistant from the three principal areas of settlement it sought to protect. Six miles to the east was the old copper mine at Santa Rita del Cobre; to the northwest lay the mining camp of Pinos Altos; to the west following its founding in 1871, lay Silver City, the commercial center for the area’s mining districts.
Cameron Creek, draining from the southern slopes of the nearby Pinos Altos Range, flows through the eastern half of the district, sinking into the closed Mimbres River Basin some 15 miles to the south. Riparian vegetation including cottonwoods, willows and sycamores, line the creek’s floodplain while the gently sloping hillsides rising from the creek consist of piñon-juniper interspersed with grasslands. The arid soils characteristic of the area and an annual rainfall of 16 inches dictated the need for irrigated farming during the fort and early tuberculosis sanatorium eras in which the army sought to achieve a degree of self-sufficiency for the fort and sanatorium’s residents. Numerous sites associated with the Late Mogollon or Classic Mimbres period dating from around A.D. 1000 to 1100 appear along the creek. Although Gila National Forest archaeologists have recorded many of these sites, including at least three located within the district, they pre-date this nomination’s period of significance and are not included as contributing resources.

In the more than 130 years that have elapsed since its founding, the decision of Lt. James Kerr to select the site on “a beautiful situation on the eastern slope of the Pinos Altos Mountains,” remains evident. Viewed from the water tanks and Nurses’ Quarters, located on a knoll northwest of the hospital grounds, the district lies at the heart of much of the historic development that has marked the settlement of Grant County. To the east the Kneeling Nun, a locally celebrated natural feature in which an eroded rock formation suggests the form of a nun, appears as a promontory above the now open-pit Santa Rita Copper Mine. To the north and west, the Pinos Altos Range rises above the foothills with Signal Peak recalling the Army’s efforts to develop a heliographic signal system during the late Apache campaigns. To the west the hills and arroyos of the Arenas Valley roll gently toward the former Ciénega de San Vicente, the marsh where Silver City was founded in 1871, and the Little and Big Burro Mountains beyond. Together these vistas convey a strong feeling of the setting and location that have characterized Fort Bayard since its founding.

This perspective also offers a panorama of the historic district itself. The eastern portion of the district consists largely of the floodplain lying east of Cameron Creek. After coursing through short narrow canyons, as it drains down through the southeastern slopes of the Pinos Altos Mountains, about a half-mile above the fort site the floodplain of the creek broadens creating a natural parkland. A potential agricultural resource in this generally mountainous terrain, the floodplain became a farming site for both the Army and then the sanatorium and hospital. Used to produce hay for the cavalry and then for the sanatorium and hospital’s dairy cows, the former field system remains lined by trees with occasional rows of low-lying rock berms recalling early efforts to clear the land for plowing. The eastern periphery of this field system rises to piñon-juniper slopes that the Army once used as a rifle butt, or target practice range. Indicated on the Fort Bayard U.S.G.S. map published in 1908 the site consists of a trench extending along a generally north-south axis approximately 130 yards and periodically punctuated with enlarged pits where the soldiers setting the targets took cover during the target shooting. Ax-cut stumps, a pickhead, and bullet casings are evident around the rifle butt site.

Although the eastern bank of the floodplain narrows directly east of the hospital complex, this irrigable land also offers evidence of the efforts of the tuberculosis sanatorium to achieve a high degree of self-
sufficiency. A few surviving apple trees and earthen roadways recall the once extensive fruit orchard, hospital vegetable gardens, and hog farm located east of the creek. Remnants of wood pens are scattered in disturbed areas marked by recent growths of Trees of Heaven along the east bank. Farther south, the east side floodplain again widens, marking the sanatorium’s garden irrigated by wastewater drawn from its septic plant that was piped across the creek.

In contrast with the broader floodplain along its east bank, the west bank of Cameron Creek is lined with a steeper slope, which then broadens to the general plane on which the fort and, then, hospital complex were constructed. A broken concrete weir and a heavily silted reservoir in back of a dam with a masonry downstream face approximately 25 feet high recall efforts to impound and channel the creek’s waters prior to the construction of the eight-mile piping system and the digging of wells (see Photo #21). An extensive series of concrete foundations on the west bank above the dam site mark the remains of the power and refrigeration plants, pumping station, and coal bins constructed during the sanatorium era (see Photo #20). Further evidence of that era of a self-sufficient sanatorium appear farther downstream where concrete foundations and troughs mark the site of the 300-cow dairy barn and silos. Just beyond lie the hospital dump and stepped concrete septic tanks (see Photo #32).

The north and western peripheries of the district consist of rolling terrain covered by grasslands and piñon-juniper. The highest point in the district, rising to an elevation of approximately 6,240 feet lies just to the north of the water tanks. Approximately 50 yards below this knoll to the northeast lies the former sanatorium incinerator, a brick and concrete structure with a brick chimney rising approximately 30 feet and topped by a decorative brick coping (see Photo #19).

The land extending toward Twin Sisters Creek, the drainage paralleling Cameron Creek to the west, slopes downward in a westerly direction. In the northwest portion of this grassland is a second target practice range lying along an east-west axis. It also measures approximately 130 yards in length and contains three rifle pits. Materials evident in the vicinity of this site include pieces of manganese glass, hand-soldered cans and double-seamed aqua water bottles. Following the conversion of the fort to a sanatorium, workers developed a nine-hole golf course with fairways consisting of native grasses and “greens” consisting of crushed stone on this plateau. Appearing on 1945 aerial photographs, the “greens” are seen near the target practice range. The current Fort Bayard National Cemetery is located approximately 400 yards to the southeast.

Declared a National Cemetery in 1975, and encompassing approximately 14 acres, the site includes the original cemetery plot dating to the fort era. Located in this plot are rows of headstones marking the graves of Buffalo Soldiers who served at Fort Bayard, as well as the headstone of a recipient of the Congressional Medal of Honor. Wrought iron and chain link fencing now surrounds the expanded cemetery, which includes a small maintenance building and a grid system of gravel roadways lined by drainage ditches. A separate “pauper’s cemetery” (noncontributing) is located several hundred feet northwest of the current guardhouse. This small
cemetery, containing approximately 286 burials, was created after the hospital was transferred to the state in 1965. The cemetery commands approximately 1.8 acres and is bordered by painted white rocks. The majority of markers consist of small concrete tablets with the name of the deceased and birth and death dates etched on a small copper plate.

The western boundary of the district extends approximately 700 yards south of the cemetery where it turns east at the masonry wall flanking the roadway entering the Fort Bayard State Hospital grounds. Prior to its realignment a half-mile to the south in the 1950s, State Road 11 and U.S. 180 passed by the gate before turning west along the approximate alignment of the earlier wagon road to Silver City. The present road leading to the hospital grounds, Fort Bayard Boulevard, ends at the gate (see Photo #15). At the gate the district boundary extends eastward along the state property boundary to the east side of Cameron Creek where it turns northward.

The Sanatorium and Hospital Complex

Much of the acreage within the peripheral areas of the historic district encompasses sites associated with the cultural landscape that evolved as the fort and then the sanatorium sought to address the needs of training, food production, and water. The core of the district, however, contains the complex of buildings directly associated with the housing and healing of personnel during the sanatorium and hospital eras and, to a much lesser degree, the fort era. Included in this area are the three building types found in the district. Residences, including both single and multi-unit dwellings, generally appear in groups such as the line of physicians’ residences and the three enclaves of staff residences. The hospital lies at the center of the complex. Support buildings including warehouses, storage facilities, mechanical buildings and shops are scattered around the hospital grounds, their location in part determined by the pattern of roadways and their function.

Fort Bayard evolved from a military post to a multi-ward sanatorium in 1899, and then to a central hospital in 1922. The center of the district exhibits evidence of each of these three generations of use. A single building (building #223), the parade ground, early headstones within the cemetery and archeological sites recall the first manifestation of the fort. A number of second-generation buildings dating to the era of the Army’s tuberculosis multi-ward sanatorium, which was constructed during the first two decades of the twentieth century, lay over the nineteenth century fort site. Finally, the current hospital and accompanying support buildings, which were constructed in 1922 when the operation of the facility shifted from the Public Health Service to the Veterans Bureau, succeed many second-generation buildings that no longer stand (see Photo #23). Since 1922, only a few buildings and landscape projects completed under the Works Progress Administration (WPA) in the late 1930s, three Quonset huts (1946, 1948), and three recently constructed buildings that serve as the fire station and laundry have been added to the district. (see Photos # 3 & 11).
Parade Ground

The dominant landscape feature dating to the earliest period of Fort Bayard is the parade ground (see Figure 7-1). Located at the center of the fort as the principal feature around which most of the fort was organized, the parade ground measures approximately 400 by 600 feet. A steel flagpole is located in the north central section of the ground, and a statue commemorating the fort’s Buffalo Soldiers rests near its center. The parade ground continues to function as the district’s unifying element in unison with the hospital, which is located on its southern portion. Efforts made during the later years of the fort era to landscape the parade ground and the roadway in front of Officers’ Row with borders of trees are indicated on an 1884 map of the area. This landscape practice has continued with trees planted along peripheral roadways and an informal grove of deciduous and specimen conifer trees planted along the south side of the grounds that provides shade for hospital patients and visitors.

Officers’ and Non-Commissioned Officers’ Quarters

A row of residences currently occupied by physicians line a roadway along the west side of the parade ground and occupy an axis previously occupied by the Army’s officers’ row (buildings #22-28). Constructed between 1904 and 1910, these residences employ a range of Classical Revival details. They consist of the seven remaining of nine original single-family residences, six duplexes and the commanding officer’s single-family residence. All are two-story symmetrical buildings with hipped roofs, sometimes broken by large cross-gables, and punctuated by multiple dormers, many of them with pedimented gables (see Photo #13). Boxed eaves appear in some of the houses while open eaves with exposed rafters appear on others. Sidelights and transoms are located at each of the main entries, and the majority of windows are single, double-hung wood sash with six over two lights. In the instances in which the main entries are located on the opposite sides of the duplexes, paired two-story porches line a portion of the front and all of the side elevations. In the instances in which the main entries are paired at the center of the front elevation, the two-story porches extend the full width of the façade. Across each residence, the porches are broad and employ Doric columns, tripled at the corners, and ornate turned balusters. Perhaps as a concession to the sanatorium’s Southwestern locale, all of the residences had clay-tile roofing and a white pebbledash stucco coating applied to their brick walls sometime in the 1920’s. In recent decades some of the clay tiles have been replaced with pressed metal tiles.

Constructed during the same period are three Non-Commissioned Officers’ duplexes (buildings #138, 139 & 213) located south of the parade ground. Each was built in 1907 of brick and displays a rectangular, gable-end oriented plan (see Photo #5). The duplexes feature a symmetrical arrangement of six over six double hung, wood frame windows across the front façades and have full-width porches across their first floors. The back porch of each building is enclosed as a shed addition with two six over six windows and two entry doors at the rear and multi light panel windows along the side. At some point, each building was coated with stucco and have been recently roofed with pressed metal tiles.
Administration Building and Nurses’ Quarters

Facing the parade ground along the north side is the former sanatorium Administration Building, now the Yucca Lodge (building #149). Both the Yucca Lodge and Nurses’ Quarters (building #67), located on the hill near the concrete reservoir and water tanks, have clay-tiled hipped roofs with wide overhangs revealing ornate decorative brackets and pebble-dash stucco coatings. Both buildings also contain large porches supported by substantial piers (see Photos #10 & 18). The plan of the former consists of two asymmetrical one-story wings flanking a two-story core, balancing the overall elevation. With its U-plan extending to the rear, the front elevation of the Nurses’ Quarters appears as a full-width, two-story porch topped by the ornate dentil course at the cornice, which suggests more Italianate rather than Mediterranean influence. Historically, the Nurses’ Quarters had two wings arranged at a skew on each side of the main building. It is unknown what these wings consisted of, but based on their appearance on a 1925 campus plan, they most likely were one-story, wood frame quarters with enclosed sleeping porches.

Warehouses and Steam Plant

Less ornate are the warehouses (buildings #140 & 141) and steam plant (building #125), which also date to the sanatorium era and are located along the roadways south of the parade ground (see Photo #2). Constructed in the late 1910s, these modest structures consist of brick rectangles with pitched roofs in which the gable ends are blocked with simple stepped parapets. Other warehouses dating from this period are located east of the parade ground and include buildings #248, 323, and 390 (see Photo #7). Notable at the heating plant is the ramp along the east side of the building. Trucks and wagons used the ramp to deposit loads of coal hauled from the railroad terminal at Bayard, three miles to the south (see Photo #2).

United States Veterans’ Hospital No. 55

One of the most substantial alterations to Fort Bayard and to the parade ground-oriented sanatorium occurred in 1922 when the current hospital was constructed at the southern portion of the grounds (buildings #143-145). Designated as United States Veterans’ Hospital No. 55 and celebrated as “the world’s largest hospital structure for the treatment of tuberculosis exclusively,” the building dwarfed all of the previous buildings at the sanatorium (Silver City Independent 5/30/22). Using an H plan, the hospital has a basement and rises to three stories with a flat roof. Strikingly modern in appearance with a sparse cornice molding, the building contains two amply fenestrated infirmary wards facing east and west (see Photo #24). The wards connect via passageways to the kitchen and mess, which are located midway between the wings. Multiple entrances appear on all sides of the building. There is a sun deck above the corridor connecting the wings of the second-story as well as a ramp leading north toward the parade grounds.
United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section 7 Page 11

Fort Bayard Historic District
Grant County, New Mexico

1920’s Staff Housing

The new hospital with its capacity for 250 bed patients greatly expanded the need for additional support facilities and staff housing. As a result, more than two-dozen single-family residences were constructed while the hospital was being completed. Characteristic of large institutional projects sponsored by the Treasury Department, of which the early Veterans’ Bureau was a part, the agency used three blueprints for the three standard housing types erected at the sanatorium. The most modest design consists of a wood frame house with a pitched roof and the main entry located at a screened porch at one of the gable ends (see Photo #17). An enclave of these houses (buildings #1-7 & 102-112) appears along the tree-lined roadways at the south end of the district near the entrance to the grounds. In recent years, all of the porches have been enclosed, but the majority of the houses retain their original plan and materials. To the west of the physicians’ residences on the slope leading to the former Nurses’ Quarters are an additional row of slightly less modest wood frame houses (buildings #38-42). With a larger center hall plan than the former type, these houses have entries along both their front and rear elevations with shed porches facing west. These residences also retain a high degree of integrity with the most notable alteration being enclosed porches.

More ornate in their details is a second row of medical officer’s residences, also located on the slope above the parade grounds (buildings #49-54). Employing a central hall plan with rear and side wings extending from the main rectangle of the building, these houses incorporate a modest range of Colonial Revival details. One story with pitched roofs suggestive of Cape Cod cottages, the front elevations of this group are lined with full-length porches that have single and paired molded capital supports. Decorative pedimented gables extend over the porch steps. Small cutout porches appear at one of the rear corners, and multi-light, double-leaf French doors with sidelights and transoms mark front entries. Similar to the other two housing types constructed around 1922, these residences also retain a high degree of integrity.

Post 1922 Buildings

The completion of the hospital and the accompanying staff residences brought the period of most substantial construction at Fort Bayard to an end. Between 1926 and 1951, when the Fort Bayard Fire Zone Layout Plan was issued, a substantial number of buildings were demolished that dated to the Army post and Army sanatorium periods, leaving much of the area east of the parade ground open (see Figure 7-5). The majority of additional buildings added to the tuberculosis hospital complex after 1922 were those completed as WPA projects from 1938 through 1940. The WPA mainly made improvements to existing buildings, but also constructed the guardhouse, motor pool, carpenter and electrical shop, a greenhouse (later razed), and theater. Most noteworthy is the latter building (building #79), located at the southeast corner of the parade ground. With a high, flat-roofed section marking the auditorium portion of the theatre and a smaller gabled portion marking the entrance, the building employs Mission Revival elements including a tile roof at its gable, a curvilinear parapet set in relief at its entry, and ornate wrought iron fixtures (see Photo# 9).
WPA crews also undertook numerous landscaping projects in addition to building projects. These included the masonry gateway at the entrance to the hospital where U.S. 180 then passed by the grounds. Curved masonry walls culminating at two stone piers topped by wrought iron fixtures, the gateway remains the principal access to the hospital grounds. The grounds themselves underwent improvements as workers sought to eliminate flooding and erosion by installing a system of stone and poured concrete block drainage ditches along the hillside below the Nurses’ Quarters. The majority of these drainages run parallel to the complex’s streets and are therefore not delineated on the district map. Punctuating the two-feet wide canals with concrete footbridges, the drainage projects reduced the threat of erosion from the hillside to the west of the hospital. Further landscaping efforts transformed the open spaces south of the hospital into park-like grounds with groves of trees. The creation of low-water requirement informal shaded areas, which required only periodic flood irrigation, has been termed a “frontier pastoral” landscape and was a common WPA landscape practice in New Mexico (Kammer 1994:27).

The cultural landscape characterizing the historic district today was largely in place by 1941. All of the contributing buildings, with the exception of three Quonset huts added between 1946-48, had been completed, and only a few buildings (’s 401, 403, and 404) would undergo significant alterations to their plans and appearance. Only four additional noncontributing buildings have been constructed in the district in the six decades that have elapsed. Moreover, as the specific focus of activity narrowed to the mission of the hospital, and buildings associated with the training and food production activities of the fort and early sanatorium eras were removed, the archeological evidence of those activities remained largely undisturbed. Despite jurisdictional shifts for parts of the district, it retains a high degree of integrity, a characteristic that both local citizens and the State of New Mexico value and seek to retain.

**Contributing and Noncontributing Resources**

Building and structure identification numbers listed below and used to identify buildings on the district map (see Figure 7-5) are keyed to the Fort Bayard Fire Zone Layout Plan (see Figure 7-4) dated May 1951. Accompanying this is a Building Schedule listing the properties that existed at the time. The numbers in this listing correspond to the comprehensive Inventory of Buildings that the Veterans Administration delivered to the State of New Mexico when it conveyed the property to the state in 1965. Included in that inventory were the estimated value of each building, its function, and the year of its construction. If a change in the function became apparent during the survey, the current function is noted parenthetically. Based upon blueprints and the building survey, those dates appear accurate with the exception of building #213, which is dated 1905. Based on architectural details and workmanship, this building probably dates to the 1890s. Some of the buildings indicated on the 1951 map have since been demolished. Buildings constructed since 1951 that lack a numerical designation are identified only by their state facility function or a “N”, designating them to be noncontributing.
Contributing historic sites were determined on the basis of the buildings and land uses indicated on the Fort Bayard U.S. Veterans Hospital No. 55 Water Lines Map dated May 1922. If surface observations indicated areas with substantial building remains, landscape details or archaeological features consistent with the map and are likely to yield important information, they were determined to be contributing under Criterion D.

Although not indicated on the district map, the masonry drainage system extends through much of the hospital complex area and in most cases parallels the roadway system and is treated as a single resource.

**Table of Contributing Buildings**

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<td>1905</td>
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<td>Boiler House</td>
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<td>Wood</td>
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<td>391</td>
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<td>Quonset</td>
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<td>403</td>
<td>Storage (tin shop &amp; tool storage)</td>
<td>Steel</td>
<td>1948</td>
<td>Quonset</td>
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Continuation Sheet  

Fort Bayard Historic District  
Grant County, New Mexico  

Noncontributing Buildings  

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<td>Laundry</td>
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<td>Fire Station; two buildings</td>
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Contributing Structures  

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<td>Brick Incinerator</td>
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<td>158</td>
<td>Steel Flag Pole and Spanish-American War marker</td>
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<td>1900; 1902</td>
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<td>Masonry Drainage System</td>
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<td>N/A (21)</td>
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Noncontributing Structures  

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<td>N3</td>
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### Contributing Sites

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<tr>
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<td>Former Redwood Water Tank Foundation</td>
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<td>1920</td>
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<td>N/A (29 &amp; 30)</td>
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<td>Earth</td>
<td>ca. 1870</td>
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<td>N/A (23)</td>
<td>Fort Bayard National Cemetery</td>
<td>N/A</td>
<td>ca.1880s; 1975</td>
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<td>N/A (25 &amp; 26)</td>
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<td>ca. 1890</td>
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<td>ca. 1925</td>
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<td>Northwest Rifle Butt Trenches and Pits</td>
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<td>Earth; Stone</td>
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<td>ca. 1910</td>
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<td>Concrete; Stone</td>
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### Noncontributing Sites

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<td>Trailer Site</td>
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### Noncontributing Objects

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National Park Service

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Fort Bayard Historic District
Grant County, New Mexico

Figure 7-1: Parade Ground; undated (courtesy Silver City Museum).
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Fort Bayard Historic District
Grant County, New Mexico

Figure 7-2  1885 Plan of Parade Ground and Fort (see reverse side)
Figure 7-3  Portion of 1925 Plan of Fort Bayard United States Veterans Bureau Hospital (see reverse side)
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Fort Bayard Historic District
Grant County, New Mexico

Figure 7-4  Portion of 1951 Fort Bayard Fire Zone Layout Plan (see reverse side)
United States Department of the Interior
National Park Service

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Fort Bayard Historic District
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Figure 7-5  Fort Bayard Historic District Map (see reverse side)
United States Department of the Interior
National Park Service

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Fort Bayard Historic District
Grant County, New Mexico

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Statement of Significance

During the 99 years spanning its establishment as a fort in 1866 through its closing as a Veterans Administration hospital in 1965, Fort Bayard served as the most prominent evidence of the federal government's role in the development of southwestern New Mexico. From 1866 to 1899 it functioned as an Army post during which period its soldiers, many of them African-American, or Buffalo Soldiers, protected settlers working in nearby mining districts and participated in the final campaigns of the Apache wars. In 1899 the facility became the Army's first tuberculosis sanatorium. Serving in that capacity for 21 years, Fort Bayard, with its high, dry setting, became nationally known for the climatological therapy it provided its patients, as well as its staff's research to develop efficient methods of screening large numbers of individuals for the dreaded disease. It was transferred to the United States Public Health Service in 1920 and then to the Veterans Bureau in 1922 when a modern hospital replaced the multiple ward system of the earlier sanatorium. It continued to serve veterans with pulmonary ailments until 1965 when the federal government closed the hospital, transferring the facility to the State of New Mexico. Although many of the buildings of the first two periods no longer stand, Fort Bayard is significant not only for the role it played as a military post in fostering early settlement in the region, but for its role as a nationally prominent tuberculosis sanatorium and hospital. Its built environment, as described in Section 7, is significant for presenting a well-preserved example of the planning patterns and architectural styles of the building types associated with sanatorium construction during the early decades of the twentieth century, and especially with the post-1922 period, as the emphasis shifted from climatological treatment using dispersed open air wards to the centralized operation of the U.S. Veterans Bureau’s sanatorium complex in 1922. The sites are also significant for their historic association with military training and the efforts of the sanatorium to achieve a high degree of self-sufficiency as a part of its mission to restore the health of its tuberculosis patients. For these reasons, the Fort Bayard Historic District is nominated at the state level of significance under Criterion A in the areas of Military, Exploration/Settlement, and Health/Medicine, and under Criterion C, in the area of Architecture.

Establishment of Fort Bayard Army Post

Fort Bayard was established on August 21, 1866 by troops of Company B, 125th United States Colored Infantry under the command of Lt. James M. Kerr. Kerr was acting on a recommendation made earlier by Major Nelson H. Davis, Assistant Inspector General, to Brigadier General James H. Carleton, the commander of the Army’s New Mexico Military Department. Later, in 1869, a 13-square mile parcel of the public domain including the fort and extending northward was declared by Executive Order the Fort Bayard Military Reservation.

Carleton’s establishment of the fort just months prior to his removal from command in New Mexico reflected the policies he had pursued since arriving in the territory in the summer of 1862. A career soldier, he
was commander of the California Column, consisting of 2,350 soldiers sent eastward to secure New Mexico from further Confederates threats. Prior to the Civil War he had served in the California Department under Colonel Edwin Vose Sumner, who during the 1850s had reorganized the New Mexico military department establishing forts away from communities and closer to locales where the threat of Indian attacks was more likely. While in California Carleton had witnessed the potential that gold mining held for the future development of the West and came to believe that it would be necessary to remove the threat of Indian attack to realize this potential. With the outbreak of the Civil War and much of the Army’s attention turned eastward, Navajo and Apache attacks on residents in the Territory of New Mexico increased. After placing New Mexico under martial law to restore the authority of the Union and to reduce the threat of Confederate subterfuge, Carleton turned his attention to eliminating the Indian threat. His most notable effort was to resettle the Mescalero Apaches and the vast majority of Navajos along the Pecos River at Bosque Redondo in 1864. These efforts also reflected the intent of Carleton’s superior, General John Pope, commander of the Military Division of Missouri, to create a line of posts across southern New Mexico to protect residents from Apache raids.

In southwestern New Mexico, Carleton’s policy, beginning in the winter of 1863, consisted of conducting a series of relentless campaigns or “scouts.” Using this tactic, troops ventured into Apache strongholds, dogging various bands until they surrendered from sheer exhaustion and went willingly to agency sites where they were closely monitored. These campaigns sometimes involved the establishment of temporary posts, such as Fort McLane (1860-1863) south of Fort Bayard, and Fort West (1863-64), north of present Silver City. During one of these scouts, Mangas Coloradas, the respected leader of the Warm Springs band of Apaches, whose lands extended across much of southwestern New Mexico, was killed while held captive at Fort McLane in February 1863. Incidents such as this combined with the harsh conditions to which the Mescaleros and Navajos were subjected at Bosque Redondo would later place Carleton and his policies under much public as well as political scrutiny. His campaign, however, marked the beginning of the end of the “Indian-White Civil War, then over 250 years old” in the American Southwest (Lamar 1966:122). It has been proposed that the Army’s persistence in pursuing its conflicts with the West’s Indians as police actions rather than as a conventional war prolonged the bloodletting for another two decades.

The establishment of Fort Bayard contributed to this campaign to subdue hostile Indians in southwestern New Mexico. The valleys and slopes lying southeast of the Pinos Altos Mountains had long held the promise of mineral wealth and had attracted those willing to accept great risk to attain it. Following the discovery of copper at Santa Rita del Cobre in 1803, Mexican miners labored at great risk to extract the ore and then ship it south to Janos in the present Mexican state of Chihuahua. Later, in the 1820s, the early American adventurer, James Ohio Pattie, worked at the mine. Apache attacks were so severe, however, that the mine lay abandoned until the 1850s. The Bartlett Boundary Survey party camped there in 1851 and the mine was revitalized when the Army established nearby Fort Webster during 1852-53 and again from 1857 to 1860, and in the 1860s, Americans ventured into remote areas of the region’s mountains in search of wealth. Thomas Birch and two other prospectors found gold along Bear Creek about 12 miles northwest of the mine at Santa Rita during this
With the conclusion of the Civil War and the preoccupation it commanded, attention again turned to the West and its potential for extractive wealth. At the same time, however, the size of the Army had greatly diminished so that by 1866 the entire United States Army stood at less than 55,000 men. Seeking “to give the best protection for the means at hand,” General of the Army, Ulysses S. Grant sought to disperse the 5,000 troops available along the western frontier at well-selected fort sites (Hart 1964:11). With posts already established at Fort Cummings (1863) and Fort Selden (1865), the site on the hill above Cameron Creek extended the Army’s reach northward, offering protection to miners working at both the nearby Santa Rita and Pinos Altos mining districts. The fort was named after Captain George D. Bayard who had served with the 4th Cavalry along the frontier as a junior officer, and who was mortally wounded at Fredericksburg, Virginia, in 1862 having obtained the rank of brigadier general of volunteers. Charged with protecting the miners and the necessary supplies and foods arriving in the district on pack trains, the fort quickly assumed a key role in the settlement and exploration of the region.

Initially, two cavalry companies and one infantry company were assigned to the new fort. Living in canvas tents, the troops were faced with not only meeting their primary mission but also with constructing permanent quarters and the other buildings and structures required by a frontier fort. On one occasion during its earliest period, the fort itself was raided by a band of Apaches (Giese 1976:np). More often, however, the troops encountered these bands during the frequent scouts that they conducted, searching for small renegade groups. Often extending over several weeks, the scouts were comprised of both infantry and cavalry units, sometimes numbering as many as 40 soldiers. They ranged eastward to the Rio Grande, with stops at Fort Selden, and westward into the newly designated Arizona Territory with incursions into the Mogollon Mountains to the northwest and the Chiricahua Mountains to the southwest. On occasions the “scouts” even involved crossing the border into Mexico under the provisions of “hot pursuit” quietly practiced by the Army during this period (Reeve 1950).

The fort to which these early scouting details returned and called home offered few amenities during its early years. Typical of the Army’s fort planning, the post was organized around a large parade ground sited on the flattest parcel of land on the rolling terrain above the west bank of Cameron Creek. The first buildings, constructed closely together along the rectangular periphery of the grounds, consisted of temporary huts built of logs, cobbles and adobe with earthen floors, and covered with flat dirt roofs that leaked during summer rains.
No evidence remains of this earliest period at Fort Bayard other than the parade ground, however, the descriptions provided by 2nd Lt. Fredrick E. Phelps, who served there from 1871-1876, furnish a sense of the crude facilities. Juxtaposing the attractive location of the fort with its crude buildings, he noted, “The locality was all that could be desired; the Post everything undesirable” (Reeve 1950:50).

Even as its occupants labored under these unfavorable conditions, the future of the post remained uncertain. In the summer of 1870, General John Pope, commander of the renamed Department of Missouri, of which the forts in New Mexico were a part, considered closing the fort and establishing a new fort farther south in the Mimbres Valley to replace forts Bayard and Cummings (Miller 1989:234). The fort’s future for the next three decades was assured, however, when Secretary of War Belknap approved its budget in July 1870, designating $45,000 for the construction of permanent quarters. By 1877, a row of officers’ quarters had been completed along the west side of the parade grounds. Similar to the earlier temporary buildings, the construction of these buildings was carried out by both the post’s soldiers and contractors. As was the case with much of the construction carried out at army posts in the West, much of the work was shoddy. In 1881, Chief Quartermaster Lee portrayed the post’s buildings as hastily constructed with the enlisted men’s barracks listed as “wretched” and the officer’s quarters as “barely habitable” (quoted in Miller 1989:235).

Despite the early fort’s shortcomings, it quickly had an impact on the area. By 1869, settlers, led by John M. Bullard and William M. Milby, began to occupy the Ciénega de San Vicente, six miles west of the fort, a traditional camping site of the Warm Springs Apaches. Two years later, the settlement was renamed Silver City as numerous mines opened at nearby Silver and Chloride Flats. At least 18 of the miners working these diggings were members of the California Column, who had mustered out in New Mexico, and their former commander, General Carleton was a partial owner of one of the mines (Miller 1982:46). At the same time, the community of Santa Clara started to develop a mile south of the fort with many of its residents deriving their income from work provided by the needs of the fort. Renamed Central City in 1868 because of its central location, it briefly served as the county seat for newly created Grant County.1 It soon relinquished the seat to Pinos Altos, however, and, ultimately, to Silver City in 1871. Freighting routes penetrating the area from the Butterfield Stage route to the south soon opened as did routes between Santa Rita and Pinos Altos. Soon local stagecoaches traveled these routes as well with several local roads passing near the fort. A number of these alignments remained near the fort well into the twentieth century when the highway to Silver City passed directly in front of the hospital grounds’ gate. This stimulated more settlement as the region became increasingly connected with the territory’s larger trade network along the Santa Fe Trail. The shipping of substantial amounts of copper to Mexico for use in that country’s coinage had an equally positive effect on the local economy.

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1 In 1947 the name was shortened to Central, and in 1999 the name Santa Clara was restored.
Protecting the growing number of settlers often taxed the ability of the three-company garrison at Fort Bayard. Already undermanned as a result of the widespread discharges following the close of the Civil War, few of the companies were at their full complement. During his final inspection tour of the territory’s forts in 1867, General Carleton recommended that the fort’s troops be increased to four companies of cavalry and two of infantry. Even these recommendations did little to offset the continued reduction of soldiers in New Mexico during the 1870s. The number of soldiers throughout the territory fell to as low as 884 at mid-decade (Miller 1989:39). Eventually, additional troops were sent to the post, and by the late 1870s, it was considered a large fort. Post records for 1879, for example, list one brevet lieutenant colonel, a major, four captains, 11 lieutenants, 325 enlisted men in three cavalry and one infantry companies, 14 laundresses, 14 civilian employees, 25 Navajo scouts, 280 cavalry horses and 89 mules (Giese 1976:np).

Dating to the company that initially established the fort, many of its enlisted soldiers were African-Americans. Grouped in both cavalry and infantry units, these Buffalo Soldiers were a mainstay of the Army during the late Apache wars and fought heroically in numerous skirmishes. In 1877 a band of 40 Apaches who had fled the San Carlos Reservation in Arizona attacked a party of six Buffalo Soldiers of the 9th Cavalry, their officer and three Navajo scouts in the Florida Mountains. Fighting his way through the encirclement, Corporal Clinton Greaves led the party to safety and was subsequently awarded the Congressional Medal of Honor. Between 1877 and 1881, eight other members of the 9th Cavalry received similar medals for their bravery. Like many soldiers who served at Fort Bayard, some of the Buffalo Soldiers remained in the area following their discharge. John Crockett Givens, for instance, worked in Central City where he was elected Justice of the Peace in the 1880s. When he died, Givens was buried at the post cemetery. Lines of headstones noting the names of men and their various Buffalo Soldier units still remain in the older section of what is now the National Cemetery. In 1992, these soldiers were recognized for their bravery when a Buffalo Soldier Memorial statue was dedicated at the center of the Fort Bayard parade ground.

Post as Established Fort

By the early 1880s Fort Bayard had evolved from the crudely fashioned buildings marking its origin to a fully developed post with its principal buildings facing the parade ground. An 1885 map (see Figure 7-2) prepared for the Secretary of War depicting a proposed water system indicates how the built environment had enveloped the periphery of the parade ground. Along the south side of the parade grounds were quartermaster’s storerooms flanking the sally port. Along the east side were the troop’s barracks with cavalry stables and corrals to the rear. Facing the barracks along the west side were the officers’ residences. These consisted of a line of eight pitched-roof duplexes, each with a central hall plan that flanked the commanding officer’s residence. Along the north side stood the fort’s library and hospital, replaced the following year by a hospital farther up the hill from the parade ground. The map also indicates a spring, a reminder of the first decade of the fort’s history when barrels of water were transported from springs to the garrison for men and livestock alike. It also indicates, however, the fort’s efforts to improve its water supply, denoting three water tanks located on a knoll.
northwest of the officers’ residences. Below but near the hospital’s present gravity-based water system, the tanks represented an almost continual effort during the fort’s first 50 years to improve its chronically short water supply.

Moreover, the 1884 map indicates that the increased size of the garrison caused additional buildings to be constructed well away from the traditional orientation of the parade ground. Most notable is the outline indicating the new fort hospital to the north. Much of the construction going on at the fort during this period was contracted to local builders. Frequently noted in the Silver City newspapers, these federally funded projects injected considerable cash into the local civilian economy on which the residents of Central City, and to a lesser degree, Silver City depended. Additionally, the post contracted with suppliers for flour, beef, bacon, hay, corn and milled lumber. Although the contractors were often local, the area’s agriculture, which was limited to farmlands in the Mimbres Valley, frequently proved insufficient. Suppliers were frequently forced to import foodstuffs from the Mesilla Valley at a greater cost to the Army (Miller 1989:154). Despite its remote location, freighters did manage to keep the post sutler’s store well stocked. So extensive were the supplies available at the store operated by John A. Miller that it soon gained the reputation as having one of the largest stocks of goods in the Southwest and served soldiers, as well as miners assembling their grubstakes (Silver City Enterprise Jan. 4, 1882).

While progress was made in modernizing the fort and equipping it with amenities, the soldiers stationed there remained much involved in the protracted struggle with the Apaches through the 1886. Following the death of Victorio in Mexico in 1880, small bands of Apaches under Nana and Gerónimo continued to flee the San Carlos Reservation in Arizona to make quick attacks in the area. In part this conflict continued to fester because of the Army’s unwitting decision to group several Apache bands on a single reservation where interband tensions remained high. In 1883, the McComas Incident captured the attention of the national press when a Silver City judge and his wife were killed and their son taken captive, never to be seen again. During periods of concerted pursuit, troops from other forts were temporarily assigned to Fort Bayard and dispatched to the field when information, sometimes transmitted to nearby Signal Peak through heliographic signals, offered clues as to the Apache band’s location. Attached to a unit responsible for establishing the chain of heliographic stations between Fort Stanton and Fort Bayard was the newly commissioned 2nd Lieutenant John J. Pershing who reported for duty at the fort during the summer of 1886.

Following the surrender of Gerónimo in 1886, it became apparent that the Army’s extensive frontier fort system was no longer necessary. At first, residents of the area remained uneasy, still expecting small bands of Apache raiders to reappear. As late as 1890, a local newspaper, citing a small raid carried out by the Apache Kid in the Black Range, warned that it was important to keep adequate cavalry troops stationed at Fort Bayard. Criticizing the decision to transfer cavalry units to other posts while retaining infantry troops, it argued that the infantry was of “no value in this immediate section” in apprehending Indian bands (Silver City Enterprise Oct. 10, 1890).
More often, however, publicity relating to the fort addressed the daily issues of garrison life. Some notices cited soldiers sent to Silver City to work off their fines by cleaning the streets while others announced appearances of the fort’s baseball and football teams as well as the band and the fort’s entertainment group known as the Mohawk Minstrels. Additional attention focused on the fort’s education program for soldiers’ children with a school located at the rear of the enlisted men’s barracks run by the post chaplain. Soldiering soon became reduced to exercises, maneuvers and target training. Ironically, it was only after the conclusion of the Indian wars, when the Army adopted the bolt-action Krag-Springfield .30/40 rifle in 1892 that marksmanship began to draw greater attention. According to normal guidelines, rifle ranges were to be located between a half-mile and three miles from a fort and situated so that the sun was to the back of the shooters (McChristian 1981:71). Both of the rifle ranges, or butts as they were termed at Fort Bayard, met that criteria with the northeast site located on the east side of Cameron Creek above the fort’s field system and the northwest site located west of the knoll housing the fort’s water tanks.

By 1890 it was apparent that the era of the western frontier, at least from the Army’s perspective, had come to an end. Fort Cummings had closed in 1885 followed by Fort Seldon in 1890. That same year, General Grierson, commander of the New Mexico Department, recommended the closing of the Territory’s additional forts with the exception of Fort Wingate. Thus, Fort Union closed in 1891, Fort Stanton in 1896, and Fort Bayard was scheduled for closing in 1899.

Fort Bayard: the Army’s First Sanatorium

Even as the last detachment of the 9th U.S. Cavalry prepared to depart the discontinued post on January 12, 1900, new federal occupants had already taken up their duty at Fort Bayard. Following an order issued by the War Department on August 28, 1899 authorizing the Surgeon General to establish a general hospital for use as a military sanatorium, Major Daniel M. Appel, an Army surgeon, arrived at Fort Bayard on October 3, 1899. According to the Secretary of War’s order, Appel was to establish the first sanatorium dedicated to the treatment of officers and enlisted men of the Army suffering from pulmonary tuberculosis. The new sanatorium was also charged with providing care and treatment for discharged soldiers entitled to the benefits of the U.S. Soldiers’ Home in Washington, D.C.

The opening followed a similar conversion that occurred at Fort Stanton in April 1899, when the facility opened as a sanatorium for tubercular merchant seamen. Unlike Fort Stanton, which transferred to the Department of Interior in 1896, and then to the U.S. Marine Hospital Service, a bureau within the Treasury Department, in 1899, Fort Bayard remained within the Army under the auspices of the Army Medical Department. The Army’s decision to retain the fort, even after it had outlived its military usefulness, grew from the strong interest that General George M. Sternberg, Surgeon General of the Army, had in pulmonary tuberculosis and its treatment.
General George M. Sternberg

In addition to being an Army surgeon, Sternberg was also a noted bacteriologist who, in 1880, had translated Antoine Magnin’s *The Bacteria*, which presented the latest research in germ theory. Sternberg’s work contributed to preparing American understanding of Robert Koch’s pronouncement in 1882 of the existence of the tubercle bacillus (Ott 1996:55). Over the next two decades Koch’s analysis gained converts, leading to the universally accepted belief that tuberculosis represented a bacterium infection that could be diagnosed and then monitored by microscopic inspection of patient’s sputum.

Sternberg was no doubt aware of the efforts of Edward Livingston Trudeau. Beginning in the 1870s, when he undertook his own recovery from consumption by withdrawing to the Adirondack Mountains, Trudeau had become an advocate of extended bed rest in remote, healthful environments. Quickly accepting Koch’s research, Trudeau argued that those afflicted by the tubercle bacillus could best be healed when removed from cities and placed under the care of physicians who carefully monitored their weight and sputum and who prescribed constant bed rest with exposure to fresh air. Preferring the term “sanatorium,” derived from the Latin word “to heal,” to “sanitarium,” derived from the Latin term for health, Trudeau founded his Adirondack Cottage Sanatorium at Saranac, New York, in 1885. This spawned the opening of hundreds of similar institutions throughout the country (Caldwell 1988:70).

Sternberg was also aware of the relatively good health that the Army’s soldiers had enjoyed serving in the higher elevations of the American West. Members of Zebulon Pike’s expedition of 1810 and of Fremont’s exploratory parties of the 1840s had witness their health improve while in the Rocky Mountains. Similarly, Josiah Gregg, George Frederick Ruxton, and others traveling the Santa Fe Trail noted the invigorating climate where higher elevations and dry air enlivened invalids and promoted a feeling of general well-being (Spidle 1986:90-91). Motivated by these precedents as well as the growing popularity of climatological therapy for tuberculosis, Sternberg began to investigate the possibility of establishing an Army sanatorium in Colorado during the 1890s.

The need for the Army to treat its active soldiers as well as veterans became more pressing in the wake of the Spanish-American War. For the first time since the Mexican-American War of 1846, during which time American troops occupying Vera Cruz and other tropical areas in Mexico had suffered immensely, the Army was deploying soldiers to humid, tropical environments. The Army once again found its soldiers succumbing to disease at a far greater rate than they were to enemy fire. Most disturbing, particularly among those soldiers serving in the Philippines, was the incidence of pulmonary disease. Thus, as the Army made plans to discontinue its post at Fort Bayard, Surgeon General Sternberg proposed transferring the facility to the Army Medical Department. Although remote, the fort had become more accessible after 1891 when a railway depot was established at the nearby town of Bayard. More important, at 6,100 ft. and with a dry, sunny climate, the fort lay within what proponents of climatological therapy termed the “zone of immunity.”
Major D.M. Appel

The fort that Major Appel encountered when he arrived in October of 1899 reflected the neglect that had occurred there as the Army shifted its priorities away from the western frontier. Finding “all of the buildings, as well as the water and sewer systems, very much dilapidated,” he began a program of “extensive repairs and alterations” that would extend over the next decade (Appel 1900:1003). In order to accommodate the first group of patients arriving from the Old Soldiers’ Home, Appel quickly converted the old brick hospital north of the parade ground to serve as the infirmary for bed-ridden cases. Not only were the feeble and bed-ridden assigned there, but “febrile cases,” as doctors often described active tuberculosis cases, were also placed there to be “kept absolutely at rest until the subsidence of the fever.”

Consistent with practices at private sanatoria, Appel also prescribed that ambulant cases remain outdoors at least eight hours daily during the entire year, prohibiting patients from entering their dormitories from 8 a.m. until 8 p.m., and ordering that all of the dormitories’ windows always remain open. Indicative of the similarities between the rigid regimes characteristic of both military and sanatorium life, he assigned patients who were expectorating tubercle bacilli to rooms with two beds and placed the rest in rooms containing six to 12 beds. Appel ordered all patients to carry paper “spit-cups” with them and to burn them in incinerators located on the grounds at least every 24 hours. Finally he also established a schedule in which patients were weighed weekly so that their weight charts would serve as indicators of their general progress.

A detailed picture of the sanatorium’s first years appears in two papers Appel presented to annual meetings of the American Medical Association in 1900 and in 1902 (Appel 1900:1003; 1902:1373). Within the first eight month’s of the facility’s operation, it had admitted 165 patients. Of those 14 had died and 49 had been discharged. Of the 102 who remained, one had been cured; 26 were listed as convalescent, indicating an absence of active symptoms; 54 were listed as improving; and 21 were listed as not improved. Working with Appel was Earl S. Bullock, another Army physician and himself a victim of tuberculosis. Upon leaving the Army, Bullock remained in Silver City where he converted St. Joseph’s Hospital to a sanatorium in 1902 and then, in 1905, opened New Mexico Cottage Sanatorium. Also assisting Appel was a staff that included seven female nurses, two of whom worked as dieticians, three stewards, and 16 privates serving in the Hospital Corps. As had been the practice earlier at the fort, the sanatorium also employed civilians including cooks, a baker, dairyman, watchman, teamsters and laborers.

Typically, both the patients and the staff coming to the sanatorium arrived by railroad. Just as the extension of the railroad across the American West had enabled the Army to subdue the Indians, it also aided health seekers as they traveled to the region’s sanatoria. Ailing soldiers assigned to Fort Bayard traveled by train as far as Bayard station, which was located three miles to the south along a short line to the Santa Rita mining district and operated by the Atchison, Topeka, and Santa Fe (AT&SF). Begun in 1891 as the Silver City and Northern Rail Road Company and acquired by the AT&SF in 1898, the 14-mile line passed through the
town of Bayard, which was established in the early 1900s primarily to provide a depot for the sanatorium. Accompanying the construction of the depot were coal elevators, now demolished, that provided the fuel for the heating and power plants.

Two years later, Appel reported that although the fort’s water and sewer systems had been repaired, no new construction had yet occurred except for the glass solarium, a two-story steel framed structure located at the northeast corner of the parade ground. Referred to as “the birdcage,” because of its stepped shape, transparent glass skin and steel ribbing, the solarium symbolized the importance that climatological therapy placed on exposure to the sun.

Admissions had increased, so that by March 1902, the sanatorium had treated over 600 patients. Concerned that its treatment program had not produced “more favorable results,” Appel sought to analyze the difficult situation confronting the Army’s first tuberculosis facility. Noting that “80 per cent of our patients come from the tropics,” where the climate’s enervating effects had permitted the disease to make “rapid progress before admission,” he compared the Army’s admission policy to that of private sanatoria. While the latter ordinarily admitted only about 25 percent of patients for whom the prognosis was thought to be good, Fort Bayard was obligated to admit any soldier ordered to the facility regardless of his condition. Moreover, noted Appel, the enlisted soldiers, who were generally less educated and often alcoholics, “especially of the class to which most of our patients belong,” were not prepared to follow the demanding regime prescribed by physicians, particularly if their most acute symptoms subsided (Appel 1902:1375). Upon receiving a discharge from the Army, many patients elected to depart Fort Bayard rather than accept their rightful opportunity to remain and undergo a long-term convalescence.

Of particular significance was the emphasis that Appel gave to rest and diet two years earlier. Now able to point to empirical data garnered by the painstaking recordation of patients’ weight changes and daily routines, he was able to present the conferees with evidence supporting the regime emerging at Fort Bayard. Although ambulant patients were still restricted from engaging in vigorous activities, Appel instituted a series of morning breathing exercises at the old fort’s gymnasium designed to inflate temporarily collapsed portions of the lungs. As a beneficial result of these exercises, Appel offered data demonstrating the increase of chest measurements and also began to study red blood cell counts, concluding that the high elevation of the sanatorium increased the count and contributed to a greater likelihood of patients’ recovery. Stating “life in the open air, which is the keynote of our treatment, is at first uncomfortable, but in our dry air, bright sun and clear sky a tolerance is soon induced,” Appel reaffirmed his commitment to a nutritious three-meal diet with raw egg and milk supplements (Appel 1902:1376).

Major Appel’s tour of duty at Fort Bayard ended in late 1902 when he was reassigned to the Philippines and replaced by Colonel Comegys, who had served at the fort during the early 1890’s. As Appel’s tour ended, Colonel John V. Hoff, Assistant Surgeon General of the Army, visited the sanatorium, followed some months
later by Surgeon General O’Reilly. Praising Appel’s efforts as “astounding,” Hoff proclaimed the institution “pregnant with possibilities” and recommended $40,000 in appropriations to install an electrical plant, sidewalks, and improvements (Silver City Enterprise Oct. 17, 1902). Over the next decade, particularly with the coming of Major George E. Bushnell as commanding officer in 1905, Fort Bayard underwent substantial change, assuming much of the appearance it held until 1922 when the modern hospital and its accompanying buildings were constructed.

Infrastructure Improvements to Fort Bayard Sanatorium

Not only were sidewalks added (provoking some envy in Silver City for their greater width), but an electrical and refrigeration plant, a cold storage unit, and a pumping station were also completed. In order to protect the wells along Cameron Creek from which the water was now being pumped, workers completed a masonry dam in 1903 to eliminate torrential flooding during late summer rains. Beginning with the construction of buildings # 22, 23, and 24 in 1904, the entire line of officers’ residences along the west side of the parade ground underwent replacement; a process completed by 1911. In 1908, the fort’s first infirmary along the north side of the parade ground gave way to the new Administration Building. Three new two-story brick residential quarters were completed south and east of the parade ground, and the nurses’ dormitory, as well as two other residences appeared on the northwest knoll near a new masonry reservoir.

Using blueprints prepared by the Army’s design staff, these construction projects were granted to Southwestern builders located in El Paso, Las Vegas, New Mexico and nearby Silver City. The newspapers in Silver City carefully monitored the number and size of construction contracts given to local builders such as Matthews and Laird and J.A. Harlan. Harlan faced many of the sanatorium’s buildings in the same pebbledash stucco that he had previously used on the Mission Revival A.T. & S.F. depot in Silver City.

With the temporary admission from 1903 to 1906 of sailors, the sanatorium began to accommodate several hundred patients. To house this increased number of convalescents, a series of long wood frame buildings, known as “K” wards were constructed east of the parade ground, and a series of two-story wards with Mission Revival style elements appeared along the south side of the parade ground. The “double-decker” wards were rectangular in plan and had enclosed courtyards that permitted screened porches to be arranged around both the courtyards and their exterior elevations. Porches were lined with beds and patients were issued wool helmets and heavy sheepskin coats so that they could spend even the coldest days outdoors. Because of these large porch decks, patients frequently referred to the buildings as “ships” (Ehrman 1965:7).

With the emphasis given to a nutritious diet heavy with milk and eggs, the sanatorium began to expand the farming program that had marked the fort’s efforts to raise some of the forage required by the cavalry’s livestock. Efforts to develop truck farming and the sanatorium’s dairy began around 1906 with the initiation of a piped water system originating in springs north of the facility. The new gravity-based system permitted
workers to landscape the dirt-covered parade ground with trees, blue grass and flowerbeds. They were also able to irrigate gardens and provide water for the 120 Jersey and Durham cows that comprised the sanatorium’s growing dairy herd (Silver City Enterprise Aug. 6, 1906). Over the next decade, particularly after the military reservation expanded in 1910 to include springs on land formerly owned by the Comanche Gold Mining Company, these landscape and agricultural efforts continued. By 1919, they culminated with the completion of concrete-floor ed dairy barns and silos, hog and chicken farms and an orchard.

By 1919 the cumulative effect of over 15 years of construction and improvement projects resulted in the creation of a small, nearly self-sufficient community. Although dependent on coal brought by trucks from Bayard Station to power its heating plant, the community produced much of its foodstuffs, and contained a post exchange and mobile canteen wagon as well as a fire department. Its post office and telephone system, connected to the Grant County system in 1903, offered residents communication with the outside world, and a small hotel offered relatives visiting patients a place to stay at the sanatorium. Beyond the Ward buildings southwest of the parade ground, stood a white, cruciform two-story Red Cross building with an adjacent baseball field backed with a wood grandstand (see Figure 8-1). Not only were there a library and a chapel, but also buildings for social clubs, including the Knights of Columbus and the Masons. Indicative of the policy of segregation common to era, a large tent was converted to serve as a club for African-American patients (Silver City Independent July 8, 1919).

Major George E. Bushnell

Much of the sanatorium’s success can be attributed to George E. Bushnell whose tenure at Fort Bayard stretched over 12 years during which he was promoted to colonel. An individual with broad interests, Bushnell not only contributed to the formulation of public health policy regarding the screening for tuberculosis but pursued botanical studies as well. When beans were found at some of the nearby prehistoric Mogollon sites, he planted and reproduced the beans, soon referred to as Aztec beans. He also worked with Department of Agriculture foresters to select ornamental shade trees for the grounds and initiated a nursery for the entire military reservation, reasoning that ample forestation might contribute to the clean air seen as advantageous to pulmonary convalescents. As the sanatorium expanded its agricultural production, Bushnell sought to divert the complex’s wastewater to irrigate the farm’s crops (Silver City Enterprise April 28, 1905). Evidence of this latter effort remains, with three concrete septic tanks topped by a grid of steel piping stepped down to the bank of Cameron Creek. Paired steel towers and suspension cables held asbestos piping that carried the treated effluent from the tanks to the sanatorium’s gardens on the other side of the creek.

As had his predecessors, Bushnell participated actively in ongoing research pertaining to the detection and cure of tuberculosis. Of particular interest, as Bushnell’s career drew to an end during World War I, was the need to examine swiftly yet accurately, thousands of young men drafted into military service. The screening process posed a variety of dilemmas for an Army faced with instant and substantial manpower needs, as it
needed to train its draftee examiners “not only to exclude from the army men who will cripple its effectiveness and help to swell the pension list, but also to do his part to hold to service those who are not afflicted with manifest disability” (Bushnell 1917:326). The Army was also required to determine whether soldiers had incurred any disease in line of duty or before enlistment prior to being discharged from the service.

In a series of papers published in the *American Review of Tuberculosis*, Bushnell set forth his testing methodology, which he based on tests and procedures developed at the sanatorium’s receiving ward. Specifically he argued that it was possible to screen individuals, often within 30 seconds, by having them strip to their waist and cough and breath while listening to various parts of their lungs. Rales, an abnormal sound detected by examination of the movement of air through the upper lobes of the lung, were the basis for rejection. Similarly, if examiners detected rales when examining the upper back or if they detected a vocal resonance indicative of lesions in the lower lobe, they rejected recruits.

Despite the value of Bushnell’s suggestions for screening recruits and those about to be discharged, World War I exacted a great cost on soldiers in all uniforms. The cold, damp trenches where soldiers spent much of their time were unhealthy, and the gas warfare exacted an even greater human toll. Many soldiers upon returning to the United States were subjected to the Great Influenza of 1918-19, which also contributed to pulmonary disease. Even as he departed Fort Bayard, Bushnell continued to address ways of regaining one’s health after being “wounded by tuberculosis” (Bushnell Sept. 1918:397).

Recognizing the proliferation of Army hospitals throughout the country dedicated to the care of those with tuberculosis, he remained an advocate of rest, pure air for “better oxygenation,” and “good food well assimilated” (Bushnell July 1918:25-26). Based on his experiences at Fort Bayard where adhering to a carefully prescribed daily regime was viewed as offering the best chance for recovery, Bushnell argued that with “tuberculosis we prescribe, but a mode of life.” In sharp contrast to the chemotherapy approach to treating tuberculosis that would emerge within two decades, he felt that physicians should not hope “to destroy or inhibit the tubercle bacillus, as much as to help our patients to restore their own immunity.” To a great degree Bushnell’s advice and the program he developed at Fort Bayard contributed to the Army’s, and more broadly, the nation’s efforts to fight tuberculosis during the first four decades of the twentieth century.

**United States Veterans’ Hospital No. 55 at Fort Bayard**

The conclusion of the World War I brought significant changes to the scope of Army activities as they pertained to veterans. The former institution of the Old Soldiers’ Home, under the auspices of the Army as well as the practice of providing medical care to both those on active duties and discharged veterans qualifying for medical care, came to an end. The first indication of the change at Fort Bayard occurred in the spring of 1920. In late May the War Department closed the sanatorium, transferring its corpsmen, physicians and most patients to other facilities. Many were transferred to the Army hospital in Denver in an effort to consolidate services.
The shift from Army to civilian control was completed in June when the United States Public Health Service assumed control of the facility. A second phase occurred in 1922 when a new agency, the Veterans’ Bureau, was created within the Treasury Department and charged with operating hospitals throughout the country whose clientele were veterans requiring medical services. As a result, in the summer of 1922 the United States General Hospital at Fort Bayard, as the sanatorium was then known, was transferred to the Veterans’ Bureau and became known as United States Veterans’ Hospital No. 55. Its mission of treating those afflicted with tuberculosis, however, remained the same.

The years immediately following the conclusion of the war were marked by increased activity designed to promote the well-being of the soldiers who had returned from the war, many bearing physical and psychological scars. In order to advocate their interests as well as to provide a network for all veterans, organizations such as the Veterans of Foreign Wars and the American Legion were founded with chapters springing up throughout the country. Leading the American Legion’s organizational effort in New Mexico was Bronson M. Cutting, owner of the Santa Fe New Mexican and, from 1927 until his death in 1935, a United States senator. Under Cutting’s leadership, by late 1920 there were 51 American Legion Posts in the state. The tubercular veterans at Fort Bayard formed large posts of both the American Legion and the Veterans of Foreign Wars. The leverage these organizations exerted, in part, contributed to substantial efforts in the early 1920s to modernize the facilities serving those who had sacrificed their physical well being for a grateful nation.

Modernization of the Hospital

Such was the case at Fort Bayard when in February 1922 Treasury Department and Veterans Bureau officials announced plans to construct a modern hospital and to make the sanatorium “the largest institution of its kind in the world” (Silver City Independent Feb. 14, 1922). The new hospital would permit the facility to improve the treatment given to the more than 1,000 patients already at the facility as well as an additional 250 bed patients. The cost of the project was over a million dollars, which included the construction of additional residential quarters for employees.

The results of this ambitious building project were significant. The immense three-story hospital, with its H plan, contained two infirmary wings connected by a passageway along which a kitchen and mess were located signaled a greater centralization of medical services. Located at what had been the south end of the parade ground, the hospital became part of a dual centerpiece symbolizing the new direction in hospital operation. The now truncated parade ground to the north recalled the 65-year history of the fort and how the organization of the earlier Army sanatorium closely paralleled the settlement pattern of a fort.

An aerial photograph taken in ca.1923 just after the hospital was completed reveals the mix of old and new as the transition was occurring (see Figure 2). Symmetrical and generously fenestrated along the elevations marking the infirmary wards, the new building suggests how designers working under chief architect James A.
Wetmore attempted to integrate the basics of climatological therapy--fresh air and sun--into modern structures. At the same time, the basement offered spaces for some of the modern therapeutic treatments unrelated to climate. To the northwest, the row of hipped-roof physicians’ residences continued to line the shortened parade ground.

Farther to the background of the photograph are two rows of new residences with elements of the Colonial Revival style and the Sojourners Club, which was completed in 1922 as the first Spanish-Pueblo Revival style building at the post. To the left is the cemetery with its headstones recalling both the era of the fort and of the sanatorium. With the exception of a few long rectangular brick warehouses paralleling the boundaries of the parade ground, the vast majority of light-roofed linear buildings visible in the photograph are the wards that had been rendered surplus with the opening of the new hospital. By 1926, most of those wood frame buildings as well as the “double-decker” Mission Revival wards in the right foreground had been removed, adding “greatly to the general appearance” of the reformed sanatorium (Silver City Enterprise July 16, 1926). Replacing them were types of building associated with a large modern hospital. These included numerous additional residences produced from three basic plans, two of which were modest and utilitarian and the third evocative of the then popular Colonial Revival style. They also included a wide range of support buildings. Some, such as three rectangular warehouses located near the parade ground and the steam plant date to the years just before the 1922 hospital. Other shops and storage facilities would appear as part of New Deal projects carried out at the hospital.

In effect, as the Army-era sanatorium grew, the landscape in the area surrounding the parade ground became cluttered with temporary wood frame buildings whose usefulness expired with the completion of the new hospital. Peripheral areas that continued to contribute to the self-sufficiency of the hospital, such as the power and refrigeration plants, the new livestock barns, and the orchard and field systems, retained their general appearance. The central grounds surrounding the new hospital, however, underwent a beautification program. A road improvement project resulted in surfacing the macadam roadways with a hard bituminous layer. Landscaping and tree planting continued in the area where the parade ground abutted the north side of the hospital. Although the deck above the passageway connecting the two wings of the hospital offered patients a place to sit in the sun, a ramp permitted non-ambulatory patients to have access to the small trees that gradually became a shaded grove.

Under the auspices of the Veterans’ Bureau, diversionary activities for the patients and staff broadened. The same year that the hospital was completed, the Masonic order completed the Sojourners’ Club building. Retired General of the Army John J. Pershing returned to his first duty post amid much fanfare for its dedication in the summer of 1922. Later, a nine-hole golf course with fairways consisting of native grasses and greens made of oiled crushed stone followed. Also popular among the patients, staff, and the many employees of the post who resided in nearby Central City were frequent boxing matches and baseball games staged at the baseball field and grandstand located southwest of the Red Cross building. Of particular pride for the residents of Fort
Bayard was the post’s baseball team. It competed in the Copper League, a league composed of teams from the copper mine towns of the Southwest. Functioning independently of organized baseball, the league earned the sobriquet of an “outlaw league.” Removed from organized baseball, teams in the league sometimes employed professional players playing under assumed names who had been banned from organized baseball. The Fort Bayard team, for instance, included several members of the 1919 Chicago White Sox, the so-called “Black Sox,” widely believed to have thrown the 1919 World Series (Foy). Working at jobs such as in the post’s fire department or motor pool, they played for Fort Bayard team during the early 1920s.

Offsetting these pleasurable diversions, however, was an ongoing concern that plagued many disabled veterans regarding their entitlements. Going back to the fort era and then the arrival of the first veterans from the Old Soldiers Home, the soldiers and disabled patients assigned to the sanatorium had relied upon small pensions, often as their only source of income. These monies permitted them to purchase the daily items they needed, both on the post and in nearby Central City. Patients’ spending played a key role in the community’s economy, despite proscriptions against partaking in some of the town’s offerings, such as alcohol and bawdy houses. As World War I faded from the nation’s collective memory and with the onset of the Great Depression, Congress periodically sought to cut veterans’ benefits, finally doing so in 1933. Senator Cutting bitterly opposed these cuts, which were often substantial. The monthly income for many Fort Bayard patients was reduced from $100 to $20 per month (Lowitt 1992:238).

The New Deal and World War II

During the Great Depression the hospital continued to treat its patients, although the agricultural program received less emphasis. Thomas Foy, a lifetime resident of Central who served as mascot of the baseball team in 1922, recalls that the quality and reputation of the medical staff remained high. During the 1930s many Civilian Conservation Corps (CCC) boys were brought to the hospital for treatment for minor afflictions unrelated to tuberculosis. As the New Deal sought to undertake public works projects as a means of providing the unemployed with work relief, Fort Bayard received funding for a series of construction and landscape projects. With the exception of four relatively minor contemporary buildings, the WPA projects would complete the built environment and cultural landscape that characterizes much of the historic district today.

Notable among the WPA projects was the post theater and a series of landscaping projects that resulted in an extensive series of masonry drainage canals throughout the grounds. With numerous accompanying masonry retaining walls constructed to reduce erosion, the drainage system was designed to offset the waters that tended to flow from the knoll on which the Nurses’ Quarters and water tanks are located during monsoon rains. Now lined by trees and with occasional concrete footbridges, the drainage system combines with the random groves of tress planted in earlier landscaping projects to convey the frontier pastoral motif that characterizes most of the grounds.
During World War II the hospital continued to serve tubercular veterans. As the fight against tuberculosis shifted away from climatological to collapse therapy, artificial pneumothorax and thoracoplasty, and eventually to chemotherapy in the mid-1940s, the hospital's practices also changed. Between 1943 and 1945, when many of the hospital's workers entered military service, as many as 100 German prisoners of war were brought to the fort from the large P.O.W. camp near Lordsburg, New Mexico. Housed in a building north of the hospital and guarded by two platoons of soldiers, they were assigned jobs ranging from hospital orderlies to small construction projects and caring for the post's gardens and orchard.

Post-War Years

In the post-war years, the hospital continued its operation with its mission expanded to treat local World War II veterans with ailments other than tuberculosis. In 1946, the drug streptomycin became the leading chemotherapy prescribed for pulmonary disease, and then, by the mid 1950s, physicians also began to prescribe isoniazid and then para-aminosalicylic acid to treat tubercle bacillus. As the needs of the modern medical program shifted, the agriculture programs as well as much of the infrastructure that had previously provided self-sufficiency for the sanatorium ceased. The remains of these buildings and field systems are sites possessing high historical value relating to former essential activities at the fort and sanatorium. As a result of these changes, large portions of the old Fort Bayard Military Reservation were turned over to the United States Forest Service in 1956. They now are incorporated into the Gila National Forest.

By 1965, the need for a high elevation-dry climate tuberculosis facility lay several decades in the past. The Veterans' Administration decided to close the hospital in that year. However, in part because of the concerns of the local communities that depended upon the hospital for employment, the State of New Mexico assumed responsibility for the facility and 484 acres of the former military reservation. Since then the state has used it for geriatric, as well as drug and alcohol rehabilitation and orthopedic programs. Because of the extensive cemetery dating to the fort and sanatorium eras at Fort Bayard, the State of New Mexico transferred 16 acres in 1975 for the creation of the Fort Bayard National Cemetery, now under the auspices of the United States Veterans' Administration.

In recent years, local citizens and their elected representatives as well as state officials have come to appreciate Fort Bayard for its historical significance as well as its contributions to the local economy. The parade ground, now the site of an annual reenactment of life at frontier forts, the historic sites, and the cemetery are viewed as valuable resources dating to the fort era. In 1992, Fort Bayard was selected as the site for a statue commemorating the Buffalo Soldiers. Likewise the buildings and sites dating to the sanatorium era, as well as the hospital and its associated buildings are valued for their association with the health care industry that was critical to the New Mexico's growth during the early decades of the twentieth century. A locally formed Fort Bayard Historic Preservation Society is seeking to gain recognition for Fort Bayard and hopes to establish a museum that will present its history to the general public. The preparation of this nomination represents a step
in that process.
Figure 8-2:  Red Cross Building; undated (courtesy Silver City Museum)
Figure 8-2: ca. 1923 Aerial of Fort Bayard (courtesy Library of Congress)
Bibliography


____. “United States General Hospital for Tuberculosis at Fort Bayard, New Mexico.” *Journal of the American Medical Association* 35(1900): 1003-5.


Mick Coon. Interview with David Kammer, November 15, 2000


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*Silver City Independent*. Various issues, 1902-1922.


United States Department of the Interior  
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Fort Bayard Historic District  
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UTM Coordinates (starting from NW corner and moving clockwise)

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Verbal Boundary Description

Boundaries are marked on the accompanying USGS, Fort Bayard, N. Mex., topographic map.

Boundary Justification

The boundary of the district had been drawn to encompass the significant resources associated the Fort Bayard military post and the subsequent Army sanatorium and veterans' hospital. These include buildings on or near the original parade ground, housing and other support buildings and structures of the sanatorium and hospital constructed at distances away from the parade ground, the cemetery, and sites associated with the cultural landscape that emerged over these three eras.
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Maps

Figure 7-2  Fort Bayard, New Mexico, 1885"
Figure 7-3  "Fort Bayard Hospital," 1925
Figure 7-4  V.A. Hospital, Ft. Bayard, New Mexico Fire Zone Layout Plan," 1951
Figure 7-5  11 x 17 District Map
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Photographs

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Santa Clara, Grant County, New Mexico
David Kammer, unless otherwise noted
New Mexico Historic Preservation Division, Santa Fe

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Looking NE, Building #106
November 13, 2000

Photo 2 of 32
Looking NE, Building #125
November 13, 2000

Photo 3 of 32
Looking NW, Fire Station
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Looking E, Building #140
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Looking W, Building #138
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Looking N, Building #149
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Looking NW, Building #401
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Looking NE, incinerator
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Looking SE, Power and Refrigeration Site
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Looking NW, Dam
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Looking N, orchard
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Looking W, Building #143-145
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Looking N, Cemetery with Buffalo Soldier Headstones
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Looking S, Northeast rifle butt
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Looking NW, Former hospital foundation
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Looking S, Calle de la Cienega
January 22, 2001

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Looking N, Hospital Grounds
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Looking SW, East side of parade ground
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Looking W, North side of parade ground
January 22, 2001

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Looking E, Septic treatment site
January 22, 2001
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2. Ft. Bayard, Grant City, NM
3. #2
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2. Ft. Bayard, Grant Cty., NM
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1. Warehouse, Ft. Bayard Hist. District
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7. #4
1. Bldg. #135, Ft. Bayard Hist. District
2. Ft. Bayard, Grant Cty., NM
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1. Bldg # 213, Ft. Bayard Hist. District
2. Ft. Bayard, Grant Cty., NM
7. #6
2. Ft. Bayard, Grant City, NY
7. #7
1. Former Gatehouse, Ft. Bayard Hist. District
2. Ft. Bayard, Grant Cty., NM
7 #8
1. Theater, Ft. Bayard Dist. District
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1. Bldg. #44, Ft. Bayard Hist. District
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1. Nurses' Residence, Ft. Bayard Hist. District
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