

Chapter Seven

Surviving the Great Depression: Fitzsimons and the New Deal

Congressman Lawrence Lewis, Democrat of Denver, was recovering from a bad cold as he and other state leaders worked over the weekend to prepare for President Franklin Roosevelt's visit to Denver on Monday, 12 October 1936. In this election year, the nation was mired in the depths of the worst economic depression it had ever seen. The Army Medical Department was, like most of the government, financially strapped, and Fitzsimons' future hung in the balance. As a cost-saving measure the Surgeon General wanted to close the facility and transfer patients to other government hospitals. Regardless of how effectively the Army's tuberculosis specialists could treat patients, they faced losing one of their most powerful weapons—their only tuberculosis center—if the Surgeon General had his way. The success of the Army's tuberculosis program was now a matter of politics and money as well as science and medicine.

Lewis, part of the Colorado contingent advising Roosevelt on his visit, was determined that the president should visit Fitzsimons. (Roosevelt had been there once before, during the 1932 campaign.) Lewis wrote in his personal diary that he had wired a White House assistant, Marvin H. McIntyre, who was traveling on the presidential train, stating, "I strongly urged the desirability of the President visiting Fitzsimons Hospital."¹ McIntyre told Lewis that the president had agreed, remarking that "the Secret Service doesn't want me to go to Fitzsimons hospital; but I'm going anyway. I've visited that hospital before and I want to see it again."² Lewis notified the local newspapers and then on the eve of the president's visit drove to Cheyenne, Wyoming, with Colorado Democrats Governor Edwin Johnson, Senator Alva Adams, and U.S. Representatives John A. Martin and Ed T. Taylor to meet the president's train and accompany him to Denver. Detailing his experience in his personal diary, Lewis wrote that about 10:00 p.m. he "went in to see the President who was working on the speech to be delivered tomorrow at Denver. He read part of it to us. He asked us about political conditions in Colo., etc. We were with him for about 1/2 hour." The visitors then returned to their

sleeping cars on the train and before going to bed Lewis noted in his diary the berth that he occupied, referring to himself in the third person: "L. L. in Lower 10, Car G."³

On the morning of Roosevelt's visit to Fitzsimons, Lewis woke to find "a beautiful Colorado Autumn day." After breakfast he had another opportunity to speak to the president and "stressed again (as I did before) the fact that the strongest emotional appeal in Denver is his (the President's) favorable attitude toward Fitzsimons Hospital." Arriving in Denver midmorning, the party rode by car to the Capitol building, where Roosevelt recounted his administration's accomplishments on behalf of Colorado.⁴ Lewis sat next to Eleanor Roosevelt on the platform and described the crowd as "very enthusiastic."⁵ He then rode with Secret Service officers to Fitzsimons, where Mrs. Roosevelt visited a friend and tuberculosis patient, reporter Anna V. Herendee.⁶ The president did not leave the car, but as was his custom, greeted people from the back seat (Figure 7-1). Wrote Lewis, "I stood by the President's car and talked with him about the Hospital and he asked various questions of me and Col. Buck, the commanding officer." Some



Figure 7-1. President Franklin Roosevelt makes a speech at Fitzsimons General Hospital, from his car, 12 October 1936 with Congressman Lawrence Lewis standing by. Photograph courtesy of the Denver Public Library, Western History Collection, Image #Rh-221.

patients had come out to see the president, but Lewis suggested that he make some remarks, "explaining that his words would be carried to every bedside by a wiring system." Roosevelt spoke briefly of the good work of the hospital and gestured to the snow-clad mountains, announcing, "I am quite impressed with the beauty and value of this hospital and it will remain here as long as I am president of the United States."⁷ That evening, Lewis recorded the president's words verbatim in his diary. He was so happy that "in violation of all rules of Secret Service L. L. [Lewis] tossed his hat high in the air and joined in the cheers."⁸

A successful presidential trip to one's hometown was certainly something to celebrate, but Roosevelt's promise of support for Fitzsimons was actually the coda to Lewis' four-year effort to keep the hospital alive. In the end, he more than succeeded. Instead of abandoning its primary tuberculosis hospital, as the Surgeon General had proposed, the Army transformed the post into the largest, most modern military hospital in the world. The rescue of Fitzsimons reveals the inner workings of Depression-era Washington and the War Department's efforts to take advantage of New Deal programs to maintain its military preparedness. During the Depression Congressman Lewis and the War Department learned how to secure funding from four different sources: annual military appropriations; patient benefits from various federal agencies; construction and work relief funding for specific projects on the Fitzsimons reservation; and dedicated federal funding for a new hospital building. The story of Fitzsimons during the Depression reveals the increasing role federal funds played in building the nation's medical infrastructure and the continuing demand that tuberculous soldiers, sailors, veterans, and government workers made upon the country. It also demonstrates what a single member of Congress could accomplish in the 1930s if he worked hard and played his politics right.

The Great Depression

The Great Depression in the United States began in the fall of 1929 and did not end until the United States entered World War II.⁹ After the stock market crash of October 1929 the economy deteriorated with a breadth and depth never before seen. By the time of Franklin Roosevelt's inauguration in March 1933, stocks had lost 80 percent of their value; the gross national product had fallen 50 percent; more than 5,000 banks had failed; industrial production had fallen by 50 percent; and 15 million people—25 percent of the labor force in the United States—were unemployed. In Cleveland, Ohio, the unemployment rate was almost 50 percent, and in construction industries it was as high as 80 percent. After hitting bottom in 1933 the economy recovered slightly, only to collapse again in 1937. Economic calamity reached into the middle class to the point that in his second inaugural address Roosevelt noted that one-third of Americans were "ill-housed, ill-clad, and ill-nourished."¹⁰

As the economy failed after the crash, federal tax and tariff receipts declined and the Hoover administration (1929–33) cut government expenditures. In light of the economic crisis, peace on the U.S. borders, and a persistent isolationist and

antimilitary public, Congress imposed deep budget cuts on the War Department. Following the tight budgets of the 1920s, these reductions cut military muscle and bone. Chief of Staff Douglas MacArthur, appointed in 1930, vigorously opposed the cuts, but in May 1931 he was forced to close fifty-three posts, and reduce headquarters and regional corps staff by 15 percent. He more successfully rejected proposals in 1932 to make Army tents and medical and mess facilities available to the Bonus Army protesters or to use Army barracks and surplus uniforms to house and clothe needy civilians. The Army, he believed, should not be used as a relief organization.¹¹ When the Roosevelt Administration came into office in 1933, it cut the War Department budget again by so much—20 percent—that MacArthur had to close another fifteen large Army posts and 200 smaller ones, cancel all military construction projects costing more than \$20,000, limit training exercises, and even suspend target practice for all personnel except new recruits.¹² Such meager funding, MacArthur said, left him with “only a naked framework” of a national military force.¹³

Budget cuts also reached personnel. Advocates of increased Army air power, a motorized cavalry, and a modernized Navy wanted to shift funding from military personnel to machinery and thereby reduce the number of officers, including medical officers.¹⁴ MacArthur and the War Department had set as an “irreducible minimum” 14,000 officers and 165,000 enlisted men for the Army, but in 1933 Congress funded only 12,000 officers and 118,750 enlisted men.¹⁵ Congress passed a special retirement option to encourage officers in the World War I “hump” to retire, and in 1936 reduced the Medical Administrative Corps to only sixteen officers.¹⁶ “It is a pity that we should have become so oblivious to the bitter lessons of the World War,” wrote Secretary of War George Dern in 1935, “as to allow our defense to dwindle until, if another war should be forced upon us, we should, as usual, be unprepared for effective action.” The normally soft-spoken former Utah governor continued: “In that event we should find that our so-called ‘economies’ have in reality been a hideously extravagant waste of money and lives.”¹⁷ General George C. Marshall, Army Chief of Staff (1939–45), later remarked that “during the postwar period, continuous paring of appropriations had reduced the Army virtually to the status of that of a third-rate power.”¹⁸ It was unclear whether the Army’s first-rate tuberculosis hospital could survive in a “third-rate” budget environment.

As MacArthur struggled with issues of air power and mechanization, the burden of cutting the Medical Department budget fell to Surgeon General Robert U. Patterson (Figure 7-2). Appointed in June 1931, Patterson arrived at an unpropitious time, and unfortunately lacked the political acumen or finesse to maneuver effectively in Washington during a time of crisis. Born and educated in Canada, Patterson practiced medicine in Montana before entering the Medical Corps in 1901.¹⁹ He served at a wide range of posts, from the Philippines and the Presidio in San Francisco, to the American mission in Cuba. During World War I, Patterson commanded an American Expeditionary Forces base hospital and received the Distinguished Service Medal, among other decorations, for his service. After



Figure 7-2. Robert Urie Patterson, Surgeon General, 1931–35.
Photograph courtesy of the National Library of Medicine, Image #B021105.

the war he worked in the Office of The Surgeon General (OTSG), advised the Veterans' Bureau on hospital administration, and commanded the Army and Navy General Hospital in Hot Springs, Arkansas, from 1925 to 1930. Serving as Surgeon General during the economic crisis, Patterson focused more on the *costs* of running a tuberculosis hospital than on the *needs* of tuberculosis patients—and it would cost him politically.

The Medical Department budget already had serious staffing shortfalls, so Patterson at first rejected deep reductions and instead proposed funding increases for staff and equipment, declaring “it was felt...that the view of this office should be on record.” But the War Department did not even submit Patterson’s request to Congress, and ordered him instead to cut.²⁰ One of his first austerity moves was to close the Army School of Nursing, a move that had been proposed by his predecessor, General (Gen.) Merritte Ireland, because of the low number—only 10 percent—of

its graduates who subsequently joined the Army Nurse Corps (ANC).²¹ Patterson did so clumsily, however, closing the school in January 1933, while ANC chief Julia Stimson was out of town and without consulting her. Stimson wrote, "I was given scant courtesy and told the matter was settled. So after 13 years the school is wiped out ruthlessly in two months."²² At the same time that he implemented other painful budget and staff reductions, Patterson nevertheless allocated \$2 million to rebuild the Army and Navy General Hospital in Hot Springs, Arkansas, a step that some people believed demonstrated favoritism for his former command.²³

Roosevelt swept into office in March 1933 with a mandate to fight the Depression and took bold steps during his first 100 days. He quickly got Congress to pass legislation to restore confidence in the nation's banks, and then won approval of the Economy Act, which dramatically reduced federal spending, targeting the generous veterans' benefits, including those for tuberculosis, that Congress had passed in the previous decade.²⁴ The House of Representatives had tried to reduce veterans' benefits in 1931, but the American Legion was able to block any cuts.²⁵ But now, Roosevelt, ever the astute politician, knew that financially struggling Americans would object to the fact that veterans, who comprised only 1 percent of the population, received one-quarter of the federal budget in benefits. Telling Congress that "for three long years the Federal Government has been on the road toward bankruptcy," he called for immediately cutting \$400 million in veterans' benefits and another \$100 million through a 15 percent wage cut for federal employees, both military and civilian.²⁶ Facing a compliant Congress, catching veterans' organizations by surprise, and sweetening the legislation with a companion bill to legalize the sale of 3.2 beer, Roosevelt signed the Economy Act into law on 20 March 1933, less than two weeks after his inauguration. The bill stripped 500,000 veterans of government benefits—essentially all those receiving benefits for nonservice-connected illnesses or injuries, including the thousands who had presumptive benefits for tuberculosis—and cut benefit amounts by 25 to 80 percent for those veterans who retained them. Given the fact that as of March 1933, fully 60 percent of veteran patients were being treated for non-service-connected disabilities, the Economy Act set off the wholesale discharge of veterans—including tuberculosis patients—from federal hospitals.²⁷ The White House further accelerated the departure of patients from Fitzsimons and other Army hospitals with Executive Order No. 10, which required veteran patients to be cared for in Veterans Administration (VA) hospitals only, resorting to Army, Navy, and the Public Health Service hospitals only on an emergency basis.

In 1933, two main funding streams supported tuberculosis patients in Army hospitals like Fitzsimons: Congressional appropriations to the War Department for the physical plant, medical personnel, and supplies; and individual per capita benefits from the Army, Navy, VA, and the Soldiers' Homes to cover patients' hospital costs. As early as 1930, federal agencies scrambled to justify their budgets by maintaining high hospital occupancy rates. The VA and the Soldiers' Homes began to send more of their beneficiaries—and their benefits—to VA hospitals

instead of Army and Navy facilities like Fitzsimons. The Economy Act cuts thereby caused government hospitals to seemingly fight over tuberculosis patients. It also left Patterson's Medical Department with hundreds of vacant hospital beds at the same time he wanted to build a new hospital in Hot Springs, Arkansas. With both funding streams—operating funds and veterans' benefits—slashed, the Surgeon General looked for places to cut.

The 1920s had been hard on Army hospitals, and like many of them, Fitzsimons, which in 1931 had more veteran patients than any other Army hospital—66 percent of its admissions—was falling into disrepair.²⁸ That year the Fitzsimons hospital commander, Colonel (Col.) Carroll S. Buck, advised the OTSG that the heating system of steam pipes was “rapidly reaching a point where extensive major replacements will be mandatory.” In addition, “nearly all of the buildings of this hospital are of the semi-permanent type.... deteriorating rapidly, particularly as to the floors, and the cost of their proper maintenance increases from year to year.”²⁹ Buck believed that certain repairs could prolong the life of the buildings, but War Department inspector Col. William S. Browning was less sanguine. In a November 1932 report he stated that while Fitzsimons was “efficiently and economically administered,” he believed that “in view of the necessity for rigid economy in both funds and personnel during the depression, serious consideration should be given to the question of abandoning this hospital, as far as the Army is concerned, before becoming involved in a heavy outlay for repairs.”³⁰ After receiving Buck's estimate for repair and renovation of the physical plant, which totaled \$509,248, exceeding the Medical Department's construction and repair budget for the entire year (\$497,232), the OTSG commented that “if the above required sum is reasonably correct, it is believed that this office must soon seriously consider the question of its ability to maintain the Fitzsimons General Hospital.” Buck quickly pared the request to \$113,000, but in March 1933, as Congress debated the Economy Act, another inspector was less circumspect than Browning and recommended “that this hospital be abandoned in so far as the Army is concerned.”³¹ This was not a new idea; as early as 1926, Surgeon General Ireland had considered in a “memo to file” transferring Fitzsimons to the VA and sending Army and Navy tuberculosis patients to Beaumont General Hospital in El Paso, Texas.³² Nothing came of the idea, but now the economic crisis and the grim inspection reports offered Patterson a seemingly tidy way to cut his Medical Department's costs.

On 26 April 1933 Patterson asked Army Chief of Staff MacArthur for permission to abandon Fitzsimons “without delay,” citing the declining number of active military tuberculosis patients, the reduction in veteran patients, and the cost of maintaining Fitzsimons' physical plant.³³ While MacArthur's staff recommended that he endorse the request and send it to the Secretary of War for approval, MacArthur asked for a detailed memo on the rationale for abandonment.³⁴ As Patterson's office developed the memo, the Surgeon General, perhaps assuming abandonment was a *fait accompli*, sent Fitzsimons' commander Buck two telegrams, the first advising him of the recommendation to abandon the facility and

the second rather crassly inquiring about the feasibility of transferring Fitzsimons' equipment to other Army hospitals.³⁵ A week later, Patterson sent Buck a longer memo marked "confidential," and explained that "on economic grounds" Fitzsimons should be abandoned. But, he added, "[I]t is by no means certain that political pressure upon the Secretary of War and the president may not be so great as to force the retention of part of the hospital at least." He therefore asked Buck for a memo on the feasibility of maintaining a small hospital for 300 tuberculosis patients, adding, rather sanctimoniously, "as this is a confidential memo, please express yourself frankly, make your estimates from an unbiased standpoint, simply having in mind the best interests of the Army as a whole, and without allowing local sentiment or the personal feelings of military personnel on duty with you to influence you in any way whatever."³⁶

Patterson, however, underestimated the power of local sentiment. When word of the proposed abandonment got out, Colorado State Representative Joseph Constantine of Denver protested to Patterson. The Surgeon General responded by outlining his reasoning, and noted that the Army might transfer the hospital to the VA. "But," he averred, "it is not in my province to decide that matter," and suggested that Constantine contact other high government officials, including the president. Patterson added a hand-written postscript to the state legislator, whom he had probably never met, noting, "this letter is confidential to you and not for publication—of course you are at liberty to use the information it gives."³⁷ That he trusted such secrecy also suggests Patterson's lack of political sagacity.

Patterson presented his rationale for abandoning Fitzsimons to MacArthur in a forceful twenty-one page document arguing that maintaining Fitzsimons for Army personnel was "financially indefensible," and that abandonment would save the Army money. Dated 10 May 1933, his memo opened by pointing out that the withdrawal of VA patients from military hospitals would leave some 2,000 beds vacant. This loss of patients and the supporting VA funds would "result in a marked increase in the cost of hospitalizing military personnel in Army hospitals unless the patients be concentrated in available military hospitals and one or more hospitals closed." Fitzsimons should be closed, he believed, because the majority of patients were veterans, not active military, and tuberculosis was declining in military patients, so that "there is no justification for the Army to maintain a separate hospital in a time of peace for the treatment of tuberculosis." In addition, Patterson argued, "Due to the lack of Army installations in the region and Denver's distance from national borders Fitzsimons has *no strategic* importance whatever." He also asserted that Fitzsimons maintenance and per diem costs per patient were the highest among Army hospitals and that Fitzsimons' patients could be accommodated at other Army facilities with tuberculosis patients going to the Beaumont General Hospital in Texas. Patterson closed cautioning that "for 15 years Fitzsimons General Hospital has meant a great deal of money in the pockets of the citizens of Colorado," so that "quite naturally the people of the State of Colorado and the City of Denver in particular, are anxious to have a large Government institution maintained by the State." If the VA took over Fitzsimons, he said, it "might

help to satisfy the agitation in the State of Colorado if it were known that there is a possibility that a Government institution would probably not be entirely lost to the state of Colorado, although given up as an Army hospital.”³⁸ The OTSG hand-delivered the memo to the chief of staff, but MacArthur did not immediately act.

The Gentleman from Colorado

Colorado officials would indeed agitate at the prospect of losing Fitzsimons. The hospital employed more than one-half of the 2,000 federal workers in Denver, and the city was struggling. The Depression had not hit Colorado immediately after the 1929 stock market crash, but falling farm prices and collapsing businesses and banks soon threw it into economic decline. The Dustbowl of 1933–39 would deepen the state’s distress and even the number of Colorado millionaires fell from 181 in 1929 to twenty-nine in 1932.³⁹ Although a traditionally Republican state, in 1932 Coloradans voted Democratic across the board, making the congressional delegation—two senators, four U.S. representatives, and the governor—all Democrats for the first time in the state’s history. One of those Democrats was Rep. Lawrence Lewis.

Lewis, a Denver lawyer, was an unlikely hero. Born in St. Louis, Missouri, in 1879, Lewis’ family moved to Pueblo, Colorado, when he was a boy. After attending the University of Colorado, he worked as a reporter for the *Pueblo Chieftain*, and then returned to college. This time he attended Harvard, where he received a bachelor of arts degree and a law degree, and according to one colleague, was a “militant member of the Harvard Democratic Club.”⁴⁰ Lewis returned to Colorado and started a successful law practice in Denver. During the war, he served on the Liberty Loan and Red Cross committees and volunteered for the Army. He was trained in field artillery, but did not go to France. Lewis ran unsuccessfully for Congress in 1930 but won in 1932 running on the Democratic ticket and in support of repealing Prohibition. Uniformly referred to as conscientious and hardworking, Lewis was by temperament quiet, courteous, and personally moderate—not a grandstander. As Senator Edwin Johnson of Colorado observed, “Midnight oil was his companion and every step he took was measured with meticulous study and care lest the slightest error creep in.”⁴¹ Never married, Lewis devoted his life to his work, and during his time in Congress carefully recorded his daily activities in large diaries, detailing how he traveled to and from work, where he ate meals, the various people he met, and what they talked about. These rich diaries reveal the tireless efforts he made on behalf of his district and state to win New Deal funds and jobs to keep Denver afloat during the Great Depression. Throughout the 1930s Lewis helped the silver mining industry, sugar beet farmers, and the budding aviation industry in the state, and he secured millions of dollars in public works and jobs programs for Colorado. His first and favorite client, however, was Fitzsimons Hospital.

Lewis began his efforts on behalf of Fitzsimons even before his election to Congress when he helped convince the Democratic candidate for president,

Franklin Roosevelt, to visit Fitzsimons during his 1932 campaign. Then, Roosevelt had amazed the obscure lawyer running for office because "without a word, he thanked me for my part in the victory fund drive [during World War I] and remembered the numerous instances where he had met me."⁴² As both men faced the Depression, Lewis' challenge would be to support Roosevelt and advocate for his district at the same time. He therefore voted for the Economy Act, and then immediately sent a telegram to the Denver Chamber of Commerce warning that the number of patients at Fitzsimons "is likely to be reduced as a result of the economy program."⁴³ The message was superfluous, though, because local newspapers were already sounding the alarm. When the Economy Act cut Fitzsimons' salaries 15 percent the *Rocky Mountain News* warned that such reductions could be a prelude to closing the hospital, which would cost Denver \$2 million in trade, and "come as a disastrous blow to Denver merchants and businessmen." Although city leaders protested, the newspaper suggested that such efforts were futile because the administration of the Economy Act was intentionally put in the hands of the president "largely for the purpose of blocking individual congressmen who might seek to protect their own constituents from what cuts would be made."⁴⁴

But that was exactly what Lewis set out to do. With Fitzsimons as his new client, he quickly identified the levers of power in Washington regarding funding for the hospital; his diary shows that the freshman-congressman-but-seasoned-lawyer would talk about the hospital anytime, to virtually anyone in Washington. Lewis gathered a political team on behalf of Fitzsimons that included the Colorado congressional delegation, other state political leaders, and leaders of the Denver business community. Although Lewis rarely communicated directly with Fitzsimons' administrators or patients in 1933, newspaper reporters Charles O. Gridley of the *Denver Post* and Charles S. Holmes of the *Rocky Mountain News* functioned as conduits of information between Fitzsimons and the congressman.

As Lewis looked for support for Fitzsimons he at first got the runaround. He began with Secretary of War Dern, who referred him to MacArthur. The chief of staff had not yet received Patterson's May 1933 memo and told Lewis that the War Department was "most anxious to maintain Fitzsimons Hospital but that its continued operation depends in large measure upon whether Veterans' Administration patients are kept there," Lewis wrote in his diary. "MacArthur agrees that the veteran tuberculosis cases can be maintained at Fitzsimons. Suggested I bring pressure to bear on Gen. [Frank T.] Hines of Veterans' Administration."⁴⁵ On Saturday, 22 April, Lewis met with Hines who claimed that his hospitals could care for patients more cheaply than Army hospitals. When Lewis phoned Patterson, the Surgeon General's only suggestion was that Lewis "take the matter up with the President."⁴⁶ Lewis relayed these conversations to reporters Holmes and Gridley, who publicized his lobbying efforts. Then, with little sense of urgency in the matter, the congressman turned to other issues.⁴⁷ Four days later, however, Gridley shocked Lewis by reading to him Patterson's telegram to Buck on abandonment, which Lewis recorded verbatim in his diary: "In view of immediate abandonment of Fitzsimons and transfer of all patients elsewhere you will report

amount of money appropriated in construction and repair work at the hospital that you will not require beyond June 30. Funds not required up to June 30 to be transferred to Beaumont Hospital, El Paso.” Feeling deceived and alarmed by the speed of developments, Lewis “got in touch immediately with [Colorado] Senators Costigan and Adams and newspaper men. Arranged for interview tomorrow morning (9:30 o’clock) with Surgeon General Patterson.”⁴⁸

The tense meeting at the Munitions Building between Patterson and the Colorado delegation prefigured Patterson’s and Lewis’ strategies on Fitzsimons for the next three years. Patterson based his argument for closing Fitzsimons on economics and the budget crisis, citing the possible savings to the Army, downplaying Denver’s importance to the nation, and arguing that the Army should care only for active military patients in its hospitals. Lewis took a more political view, citing Denver civic pride, but also stressed the welfare of tuberculosis patients and the government’s responsibility for them regardless of whether they were former military or on active duty. Lewis would also out-work Patterson on the issue. He opened the meeting at the Munitions Building recalling his telephone conversation with Patterson in which the Surgeon General gave Lewis the impression that there was no immediate danger of the War Department abandoning Fitzsimons. At this, “Patterson interrupted to say things had moved very fast since then and that he had sent late yesterday recommendation to Secretary of War that hospital be abandoned.” Patterson denied sending the telegram to Buck about abandoning Fitzsimons, but “was very much flustered when L. L. asked him point blank about it.” The Surgeon General then “gave a long monologue” saying that Fitzsimons was of “rather flimsy construction,” and that the withdrawal of VA patients made it impracticable to run the hospital for Army patients only. Patterson said that “he would be glad to turn it over to Veterans’ Admin.” whereby “L. L. suggested removal of some T. B. Patients would be equivalent to a death warrant. Patterson denied this.” The meeting ended with no resolution, but before the Colorado delegation left the War Department, they secured a promise from Dern and MacArthur that no definite decision would be rendered on Fitzsimons for at least ten days.⁴⁹

Lewis then went to Postmaster General James A. Farley, a trusted Roosevelt political adviser, to warn him about the “political significance and disastrous results if Fitzsimons hospital is closed.”⁵⁰ When Farley offered to deliver a letter to the White House, Lewis “burned the midnight oil” to complete it. Adolph F. Zang, Denver business leader and officer of the Denver Chamber of Commerce, was in Washington as part of the Fitzsimons advocacy group, and Lewis got him out of bed at the Willard Hotel to work on the letter. They revised and corrected the statement he had written and added an introduction. Then, after midnight Lewis woke up his congressional assistant to type the letter to Farley. Then, “To bed 2:20 a.m.”⁵¹ The next day Lewis appealed to Louis W. Douglas, Roosevelt’s Director of the Budget, who had quickly become the power broker for government funding issues.⁵² When the Colorado delegation finally got in to see the busy budget director, Lewis presented Fitzsimons as the most effective and economic means of treating tuberculosis and warned of the danger of transferring the very

sick patients. Douglas was noncommittal but reassuring, expressing doubts about moving patients around to different government hospitals and stating that "he recognized the advantages of Colo. Climate for the treatment of T.B."⁵³ Douglas requested a "succinct memo" with evidence in support of Fitzsimons, as did Roosevelt's closest adviser, Louis M. Howe, when Lewis was able to get five minutes with him.⁵⁴ Lewis then turned to the memo.

Between committee sessions and meetings on other issues including help for the Colorado silver mining industry and repeal of the 18th Amendment on Prohibition, Lewis began developing an extended brief in support of Fitzsimons and collecting expressions of support from the Colorado legislature and governors of neighboring states, among others. But he had to scramble to keep up with events. When he learned on 9 May from *Denver Post* reporter Gridley that a hospital train had been ordered to transfer 100 veteran patients from Fitzsimons to the naval hospital at Fort Lyon, Lewis immediately did the rounds of officials. "Left at once in taxicab for [VA Administrator] Gen. Hines' office.... saw director of budget Lewis W. Douglas," he recorded that night. While the congressman waited, Douglas' assistant phoned Hines, Patterson, and MacArthur "asking that situation be held in status quo until complete study of hospital situation can be made. All agreed to this."⁵⁵ But when the meticulous congressman called Fitzsimons the next day to be sure that the transfer order had been rescinded, people there told him it had not. He again called the budget office and got assurances that Douglas "would do everything practicable to hold entire hospital situation in abeyance until whole hospitalization program can be studied."⁵⁶ Lewis redoubled his efforts on the brief, and on 10 May took his completed memo to Douglas and Louis Howe, and sent copies to a number of other government officials.⁵⁷

In the brief, Lewis refuted Patterson's criticisms regarding the high cost of running Fitzsimons. He used Medical Department figures on the per diem costs of tuberculosis patients—not all patients—at the various Army hospitals, pointing out that treatment for tuberculosis patients at Fitzsimons cost \$4.41 per diem, which was lower than VA hospitals (\$4.83) or other Army hospitals, which ranged from \$4.44 at Letterman in San Francisco to \$5.26 at Walter Reed in Washington, DC. Lewis also dismissed Patterson's assessment of the high cost of maintaining the Fitzsimons plant, arguing instead that the government should conserve the \$4 million it had already invested in the Denver facility. (He would later use aerial photographs of the Fitzsimons reservation to show the extent of government investment.⁵⁸) He included a letter from Colorado tuberculosis specialists (including Gerald B. Webb) praising the medical care and cautioning against moving patients to other locations. He also recounted Fitzsimons' relative success in tuberculosis treatment, quoting the Surgeon General's own 1932 annual report that lauded the effectiveness of the rest treatment, heliotherapy, artificial pneumothorax, and thoracoplasty. Lewis cited commendations of other Army hospitals that sent tuberculosis patients to Fitzsimons, and Navy Surgeon General Percival S. Rossiter, who "deplored the removal of Navy tuberculosis patients from Fitzsimons Hospital" because "the Navy had no hospital suitable for treatment of tuberculosis;

that to send tuberculosis patients to [Navy hospitals in] Norfolk or Mare Island might be fatal to them." Perhaps most importantly, Lewis pointedly rejected Patterson's distinction between active military and veteran patients, reasoning that while the veteran population may decline over the years "the Army will continue on; and, in the case of war the existence of 'going concerns' of well-organized hospitals with efficient staffs will save many lives." Lewis closed his brief noting that Denver was situated centrally in the country and argued, "[I]f the government wishes to do everything possible to cure its tuberculosis patients, this institution should be saved for that purpose."⁵⁹ To Patterson's argument that closing Fitzsimons would save the War Department money, Lewis argued that maintaining Fitzsimons would save American lives.

A direct confrontation between the Surgeon General and the congressman in 1933 was diverted by the involvement of two other governmental bodies: an *ad hoc* committee and the Federal Hospitalization Board. In the face of such spirited opposition, Patterson finally sought advice and appointed what he called an "unofficial board" to compare the costs of caring for tuberculosis veterans at Fitzsimons and the "practicability and desirability of caring for these tuberculosis patients at the Soldiers' Home." He also asked for an assessment of "the possible psychological reactions that would result among these patients if moved to Washington, and...the possibility of criticisms from time to time, and the probable nature of them."⁶⁰ For its part, the White House placed the Fitzsimons issue within the larger question of national hospitalization policy. By May, Roosevelt was backtracking on the Economy Act, issuing a statement that benefit cuts for service-connected veterans had "been deeper than was originally intended." The government would therefore reconsider benefit levels and not close any hospitals "pending a careful, studious survey of the entire hospital situation." That, the president said, "will require considerable time."⁶¹ The question of abandoning Fitzsimons therefore went to the Federal Board of Hospitalization, which had been established in 1921 to coordinate the activities of the various federal hospitals and included the Surgeons General of the Army, Navy, and Public Health Service, and the VA Director. With the problem bucked to these two boards MacArthur put Patterson's recommendation aside.

The freshman congressman from Colorado had fended off an attack on a tuberculosis hospital during the worst budget crisis in American history. The *Denver Post* rewarded Lewis by naming him to its May "Gallery of Fame."⁶² The Roosevelt Administration recognized him as a significant player as well when it invited him to a White House meeting to discuss Senate efforts to rescind much of the Economy Act. On 4 June Lewis "jumped in taxicab and arrived just at 8:30, was informed Pres. Roosevelt was going to confer with some of the leaders of the House and I had been asked to be there." They met in the Oval Office until 11:00 p.m., and discussed the "Senate's amendment to independent offices appropriations bill limiting cuts and vets compensation of service-connected cases to 25 percent." Roosevelt was worried that reversing the budget cuts would undermine the gains since 4 March and warned that he would veto the revisions. Reporting

on the meeting in his diary, Lewis recorded the names and titles of the men at the meeting, noting with pride that "of all 15 present L.L. only congressman who had not been in House for several terms and only one from Far West."⁶³

Roosevelt was unable to stop the reversal of much of the Economy Act, but the Colorado freshman had apparently caught his eye because later that summer the *Denver Post* announced that the president was going to punish Colorado's senators Edward Costigan and Alva Adams for not supporting his programs and that "all patronage powers [would be] handed over to Lewis."⁶⁴ This meant that the Denver congressman would be given preference in such matters as recommending individuals for federal office and announcing federal funding for the state. The modest Congressman did not comment on this development in his diary. Two weeks later, however, he was less reticent after he had to stop two more efforts to transfer veteran patients from Fitzsimons to other hospitals—one on 12 June to remove VA patients and another on 15 June to remove Soldiers' Home patients.⁶⁵ Doubting by this time that VA director Hines was behind these moves, Lewis focused on Patterson, writing in his diary that he had "concluded to see Farley next week as to chances of having Surgeon Gen. Patterson removed."⁶⁶ Lewis would go to the mat for his tuberculosis hospital.

The Trials of Colonel Buck

During the hectic 1933 spring negotiations, Lewis had breakfast with Fitzsimons Hospital commander Col. Carroll Buck at the Army and Navy Club on 24 May. Buck was even more absorbed in Fitzsimons' trials than Lewis, but unfortunately Lewis did not report on their conversation in his diary. One of Patterson's first major appointments, Buck assumed command of Fitzsimons in August 1931. Born in Vermont, Buck attended medical school at the University of Minnesota before entering the Army as a contract surgeon in 1898 and later joining the Medical Corps. Buck served with Pershing in the 1916 Punitive Expedition into Mexico and during World War I ran medical supply depots in Philadelphia. He later told reporters that "the biggest disappointment of his life was that he was not sent overseas."⁶⁷ After the war, he was a surgeon at Schofield Barracks in Hawaii and studied hospital administration at the Army Industrial College.⁶⁸ Genial and soft-spoken, Buck described himself as a man with no hobbies other than his work. He soon found that keeping his hospital open was more than a full-time job.

Although the Army Medical Department did not abandon Fitzsimons, during 1933 the patient population fell from 1,125 to 699.⁶⁹ In an effort to manage these "seismic disturbances," as he called them, Buck sent a stream of letters to the Surgeon General's office reporting on the steps he was taking to implement budget cuts, repeatedly asking for competent staff, and seeking information about Fitzsimons' future.⁷⁰ In addition to cutting employee salaries by 15 percent, the Economy Act required Buck to cut civilian employees from 365 to 145. Given such drastically reduced staff levels, Buck told the VA not to send any more thoracoplasty cases to his hospital until its fate had been decided.⁷¹ Economic hardship

also caused the American Red Cross to discontinue many of its recreational programs, and when the First National Bank of Aurora, Colorado, closed in 1933, it froze the Fitzsimons Hospital Fund that held patients' cash for recreation and sundries.⁷² And then there were Patterson's telegrams. Being in charge of Fitzsimons, Buck told a colleague, "was a fine job until the economy jolted us, now it is awful." Many of his employees appealed to him for assistance, and "drawing little wages and with dependents in most cases, many of whom are invalids, it is mighty hard to turn a deaf ear to their true stories."⁷³

The word "embarrassed" appears often in Buck's letters as he struggled to maintain staff morale and provide proper care to the patients who could be transferred from the hospital at any time. On 7 July, Buck told the Surgeon General, "[W]e are further embarrassed by the uncertainty as to the policy to be followed in reference to the care of beneficiaries of the Veterans Administration. Practically no admissions are being made, and the slow attrition will soon leave us without many patients." His letter concluded that "the local situation is most unhappy, and any definite information on any of these subjects will furnish a certain amount of relief, even though the news is not good."⁷⁴ The same day, he asked the OTSG for a "definite date of the abandonment of this hospital," explaining "during the past three months the life of a hospital executive in the military service has been anything but a happy one, and I think that the amputations made at the other general hospitals are much more satisfactory than to have a re-amputation performed each month as seems to be the prospect for the undersigned." He confided, "In spite of the labor of Congressman Lewis in Washington, and the efforts of the *Denver Post* at home, I cannot figure that there is much prospect of the recovery of this hospital, and have been governing myself accordingly."⁷⁵

As if Buck did not have enough problems, 1933 was a year of loss for him. In addition to the death of his leading tuberculosis expert, Col. Earl Bruns, in March 1933, Buck had to manage a staff that included Major Charles A. Shepard, a tuberculosis specialist who had been convicted of killing his wife Zenana with poison and sentenced to life in prison in 1931. The trial created quite a scandal, with sordid revelations such as a young woman's testimony that Shepard had proposed marriage to her before his wife died.⁷⁶ Shepard remained on duty at Fitzsimons with War Department approval pending his appeal, however, because he enjoyed the support of a senior Army officer's wife who was "a grateful patient of his in the Philippines." This situation led Rep. Fiorella LaGuardia (D-NY) to attach an amendment to the 1934 Army appropriations bill preventing commissioned officers from retaining their positions after being convicted of a felony, unless authorized to do so by Secretary of War.⁷⁷ When the Supreme Court overturned Shepard's conviction on a technicality in the summer of 1933, one can only wonder at the delicate social dynamics within the Fitzsimons community around the tainted medical officer.⁷⁸ Buck experienced another loss in July 1933 when one of Fitzsimons' best medical officers, Maj. Shannon Van Valzah, died of peritonitis, which Buck described as "a great shock to all of us."⁷⁹ But worse was to come. Buck's wife of more than thirty years, Ynez, went to Chicago to attend Van

Valzah's funeral and then traveled to Albany, New York, to visit their daughter. There she suffered a severe stroke and after several months of suffering, died on 12 November 1933.

During Congress' extended summer recess that year Lewis did what he could to help Buck and Fitzsimons. His approach was twofold: block the abandonment of the hospital and revise the language in Executive Order No. 10 that restricted veteran patients to VA hospitals. He stayed in Washington over the summer, as the *Denver Post* put it, "devoting his time principally to the retention of Fitzsimons General Hospital."⁸⁰ This time paid off because Lewis was again able to see the president. He wrote in his diary for 21 July, "To exec. offices at White House at 2:45 p.m. and after about 20 minutes wait saw Pres. Roosevelt (with [Colorado Governor Edwin] Johnson and [Denver businessman Jeffrey] Keating) for about 5 minutes. Talked of greater use of silver, world market for gold producers, Fitzsimons Hospital, special election in Colo. to submit repeal of 18th Amendment and special session of Colo. Legislature."⁸¹ This brief meeting would prove crucial to Lewis because Roosevelt told him that concerning Fitzsimons "I could come back to him if I needed help to save it."⁸²

Lewis got more good news when the Surgeon General's own "unofficial board" recommended against removing patients from Fitzsimons pending the review of national hospitalization needs. Lewis now turned to the Federal Hospitalization Board and met with most of the members to make his case. Lewis' statement to the board was more emotional than his brief to the Bureau of the Budget. The hospital was "the particular pride of our city," he explained, and "represents in the minds of our citizens the care and solicitude of the federal government for those who have had their health impaired or lost in the service of our country." Thus, he cautioned, "[e]ven the suggestion of its abandonment or its diminution in service is something that excites the public mind out there and creates grave public apprehension." While Lewis said he disliked "to deal in hyperbole," he believed Fitzsimons was "unsurpassed in any hospital for the treatment of tuberculosis in the world." With regard to economic issues he suggested that the government could save money if it opened all hospital facilities to all government patients. But, he added, they should consider issues other than money. "How about economy in human suffering and human lives? Fitzsimons has conserved and saved these. It should be allowed to carry on." He asserted that "after all, government is not merely a matter of dollars. It is dollars plus public sentiment and public support." Then, resorting to hyperbole after all, he stated that if Fitzsimons should be closed, "the public reaction among our people might be such as to imperil in Denver and vicinity the success of the Administration's entire program."⁸³

The board, he wrote that night, "gave me a very courteous hearing at the outset of the meeting. L. L. talked for about 20 minutes and then withdrew."⁸⁴ He had read the board well, because it did pass a resolution stating that Fitzsimons should treat all government tuberculosis patients—military and veteran—until the board had time to examine the issue in greater depth.⁸⁵ When Roosevelt approved the recommendation days later, Lewis noted that Executive Order No. 10 was modified

“to include all government hospitals thus permitting Veterans Administration within their discretion, to continue hospitalization [*sic*] their patients in Fitzsimons and other hospitals not controlled by Veterans Administration.”⁸⁶ This was good news. A *Denver Post* 2 August 1933 headline read, “Lewis Announces Victory in Campaign to Save Fitzsimons.”⁸⁷

In the meantime, Congress continued to chip away at the Economy Act that had deeply cut veterans’ benefits. In June 1933 it had rolled back \$100 million in cuts by limiting benefits reductions to disabled veterans to 25 percent and creating review boards to which veterans could appeal. The following March 1934, Congress passed legislation to virtually repeal the Economy Act and, when Roosevelt vetoed the bill, both houses of Congress overrode the veto and handed the president his first congressional defeat.⁸⁸

Round Two—1934

The year 1934 at first seemed to bode well for Fitzsimons. Congressman Lewis checked in with the Army Chief of Staff, recording in his diary that he “called on Gen. MacArthur who says he thinks Fitzsimons hospital is safe.”⁸⁹ The same week Buck told a colleague in the OTSG that “I’ve gotten my head above water again” and that he had been “reassured by the Surgeon General personally that this hospital might be expected to continue under military administration.”⁹⁰ But Buck soon felt neglected. “I do not get many direct replies to my letters,” he told the OTSG.⁹¹ Loy McAfee in the OTSG responded that he had a “lapful of letters” from Buck and was doing the best he could.⁹² In early March Buck’s worries were confirmed when the OTSG denied Fitzsimons construction and repair funds. Alarmed, Buck wrote Surgeon General Patterson a curious letter. Against his secretary’s advice he addressed his superior officer as “Bob,” and told him that “it looks as though open season would be declared on this institution each spring and that we should have to stand for a lot of gunning like the migratory fowl.”⁹³ If Fitzsimons were indeed to be abandoned, he pleaded, “for the sake of patients and personnel that a definite decision be made promptly, as it is most demoralizing to everybody concerned to have the uncertainty hanging over them for a long period of time.”⁹⁴ Patterson’s response to this letter is unknown, but behind the scenes he was preparing to zero out the Fitzsimons budget, offer the facility to the Public Health Service, and obtain federal funds to construct a tuberculosis ward at Beaumont Hospital in El Paso.

Intent on his mission, and having to make deep cuts somewhere in the Army Medical Department, Patterson appeared before a closed-door meeting of the House Subcommittee on Military Appropriations on 7 March 1934 to recommend the abandonment of Fitzsimons “solely for economic reasons.” He stated that “in time of peace there is no justification for a special hospital for tuberculosis in the Army.” In a letter to subcommittee chairman Ross A. Collins (D-MS), Patterson conceded Lewis’ point of the previous year that the Fitzsimons per diem patient cost was lower than other hospitals, but argued that it was due

to the large number of patients there and that such benefit would accrue to Beaumont Hospital when its patient population increased.⁹⁵ Patterson also pointed out that fewer than 200 of the active duty patients at Fitzsimons had tuberculosis and that they could be cared for at Beaumont. He omitted the fact, however, that 451 veteran and 150 civilian tuberculosis patients were also at Fitzsimons at the time. According to the *Rocky Mountain News*, Patterson told the subcommittee that he would "be delighted if the Army could get rid of Fitzsimons."⁹⁶ The subcommittee approved the Surgeon General's request and included language in the military appropriations bill that would appall a Fitzsimons partisan: "Resolved: That no part of this or any other appropriation contained in this act shall be available for any expense on account of the Fitzsimons General Hospital beyond such an amount as may be necessary for the care of such hospital on a bare maintenance basis."⁹⁷

That night Lewis wrote, "Chas. O. Gridley, correspondent for the 'Denver Post,' called up and directed my attention to the fact that on p. 29 of Army Appropriation bill is a provision for putting Fitzsimons Hospital on a 'bare maintenance basis.'" Then, "To bed after a hectic day and more hectic evening."⁹⁸ Two days later Gridley wrote a story suggesting that the proposal to abandon Fitzsimons was a "scheme...hatched by Texas and Arkansas representatives, with the aid of Surgeon Gen. Robert U. Patterson, in an effort to aid William Beaumont hospital at El Paso and the Army and Navy hospital at Hot Springs, Ark." Referring to the Army and Navy Hospital as Patterson's "pet institution," Gridley suggested that the Surgeon General needed to close Fitzsimons in order to justify building a new facility. He noted that one subcommittee member, Rep. Tilman B. Parks, represented the Arkansas district in which the Army and Navy Hospital was located and a Texas member, Rep. Thomas L. Blanton of Abilene, attached the offending amendment to the bill. According to Gridley, the plot was revealed when El Paso Congressman R. E. Thomason told a reporter that "he hopes by the plan to get 280 Fitzsimons patients and 52 Fitzsimons officers for William Beaumont."⁹⁹ The Army tuberculosis program—its patients, staff, and equipment—had become an object of pork barrel politics.

The collaborators still had to get by Lewis, however, and he launched into action, operating the levers of power he had identified in 1933 (Figure 7-3). "Spent all morning planning how to circumvent plans to abolish Fitzsimons hospital," he wrote in his diary.¹⁰⁰ The fight was now on a different playing field—the legislative branch of government—where Lewis could maneuver on his own turf. But as Holmes of the *Rocky Mountain News* wrote, "it is no light undertaking to amend any appropriation bill over the recommendation and report of the committee handling it."¹⁰¹ Appropriations subcommittee chairmen were some of the most powerful members of Congress, so Lewis immediately went to the floor of the House and "saw a large number of friends in House and asked their support for amendment." These friends included Joe Burns of Tennessee, the powerful House majority leader. Lewis also called in his ace. "Went to White House executive offices and there saw Marvin H. McIntyre who remembered my conversation (in presence of Gov. Johnson) with President on July 21, 1933 concerning Fitzsi-

mons and President's remark that I could come back to him if I needed help to save it." Lewis gave McIntyre his *Congressional Record* remarks on Fitzsimons and a "copy of Gen. Patterson's biography in 'Who's Who' in which he boasts of being a Republican." He then told subcommittee chairman Ross Collins that he wanted to offer an amendment to the appropriations bill to restore funding for Fitzsimons. Collins agreed to allow a debate on the amendment, but said that he would have to oppose it despite the fact that "he cared little about the matter one way or another." As Lewis wrote that evening, the chairman told him that "all he knew about Fitzsimons Hospital was what Gen. Patterson had told him. Collins admitted that Patterson is not open and above-board—(even said he is worse)."¹⁰²

Lewis drafted his amendment to strike the offensive language and add \$50,000 in hospitalization funds to cover Fitzsimons' expenses for the year.¹⁰³ The next day he phoned his colleagues to ask their support, tracking down senior members of Congress from the South who had influence with subcommittee chairman Collins.¹⁰⁴ The legislation moved quickly; the next day the full House considered the military appropriations bill and took up the Lewis amendment about two o'clock in the afternoon. Speaking for his provision, Lewis reiterated his previous arguments, adding that Patterson had misled the military appropriations subcommittee and the Congress by not telling them that the Federal Hospitalization Board sup-



WE MUST HOLD THE FORT!

Figure 7-3. Denver Post cartoon dramatizing the local efforts to prevent the closing of Fitzsimons General Hospital, 7 March 1934, Lewis Scrapbook No. 4, 1933–34. Image courtesy of the Colorado Historical Society, Denver, Colorado.

ported the continued care of government patients at Fitzsimons pending its review of national hospitalization requirements. More importantly, he said, "This is not a mere matter of dollars and cents—we are dealing with human lives." He told his House colleagues, "I wish we could visit the various wards, and see those fellows who reached out to me with fevered hands and said in hoarse whispers, 'Lewis, for God's sake are they going to take us away from here, are they going to break this hospital up and send us hither and yon to climates where we will not be able to live?'" A congressman from Missouri responded, "These are our men." Lewis agreed. "We represent not some bureaucrat who comes up secretly before a committee and says he wants such and such done," he argued, "but we represent the people at home and these poor boys that I have been describing."¹⁰⁵ The House applauded.

Chairman Collins dutifully cited the Surgeon General's arguments regarding the economies of closing Fitzsimons, and Rep. Thomason of El Paso extolled the benefits of treating tuberculosis in Texas, where the winters were milder than in Colorado. But Lewis rallied his supporters to the House floor, and after thirty minutes of debate the House agreed to his amendment. Not one to crow, Lewis simply recorded the vote noting, "Joe Byrns (majority leader), 'Billy' Bankhead, John McDuffie, Lindsay Warren, Mrs. Greenway, Mrs. McCarthy of Kansas, Mrs. Rogers of Mass, 'Ham' Fish of N.Y., the entire Colo. Delegation, Mrs. Jenckes of Ind. And many others (both Republican and Democrats) backed me up. House adjourned 4:02 p.m."¹⁰⁶

A few days later Lewis visited Roosevelt's assistant Marvin McIntyre and "told him of the outcome of the fight in the House for Fitzsimons Hospital and of the obnoxious and clandestine conduct of Surgeon General Patterson and suggested his removal is in order."¹⁰⁷ He then repaid his Southern friends by gathering support for the cotton bill, noting in his diary that Congressman Billy Bankhead of Alabama had helped him on Fitzsimons and "we are reciprocating."¹⁰⁸ Lewis bird-dogged his Fitzsimons amendment through the Senate and it became law as part of War Department appropriations less than two weeks after Patterson's closed-door testimony. Wrote Fitzsimons commander Buck, "Fitzsimons is again on the map and those of us who are stationed here and interested in its future are delighted in consequence. We are very thankful that the annual Spring attack on the hospital only lasted two days, so that the morale was not wrecked and money not taken from us."¹⁰⁹ In April, however, the beaten-but-not-bowed OTSG sent Fitzsimons a curt memo advising that by the end of May the hospital would be downsized from 1,832 to 1,185 beds, a reduction of one-third capacity, and that the buildings and staff levels should be reduced accordingly.¹¹⁰ To some extent this merely formalized patient reductions during the year, but it did not help morale.

The Fitzsimons fight had been good for Lawrence Lewis' reputation, though, as he approached his first reelection campaign. Despite his successes he faced opposition from the left of the Democratic Party, which wanted more help for the poor and the unemployed, and on the right from veterans who opposed Lewis' vote for the Economy Act. When he returned to Colorado in October Lewis was therefore "flabbergasted" when 500 people—more than twice the number he had expect-

ed—attended a Democratic dinner in his honor.¹¹¹ The state Democrats touted his successful campaign to save Fitzsimons as his crowning achievement and Lewis' campaign posters in English and Spanish did, too, stating "he saved Fitzsimons hospital from complete abandonment in 1933 and again in 1934."¹¹² Lewis visited Fitzsimons, dining with Buck in the patients' cafeteria, meeting with a women's committee on war veterans, presenting the hospital chaplain with an American flag, and visiting patients, including "about 100 or more men who came up to thank L. L. in person for having helped them to secure adjustment of their claims for compensation for service connected disabilities."¹¹³ On election eve Lewis wrote, "The campaign is over—now for the election tomorrow!... I should not be surprised at anything. I may be defeated, I may be elected by a greatly reduced plurality, I may be elected by an increased plurality. We shall see."¹¹⁴

Benefiting from Coloradans' support for the New Deal and his own hard work, Lewis won by a greater margin than he had in 1932. But Fitzsimons' future was not secured. Plans to abandon it lived on in Patterson's office, which continued to plan the construction of a tuberculosis section at Beaumont Hospital. The week after the election, one of Patterson's assistants, Col. Roger Brooke, advised Patterson that the VA would probably be able to take over Fitzsimons in the near future if the hospital "could be transferred fully equipped." This, he was afraid, "would embarrass us somewhat down at William Beaumont" because they were expecting the Fitzsimons equipment. Brooke closed his memo on a lighter note. Having just returned from a hunting trip in North Carolina he told the Surgeon General he had "a big fat goose in storage at Walter Reed Hospital awaiting your pleasure."¹¹⁵

Round Three—1935

When Lewis returned to Washington for his second term, he occupied a strengthened position. The House Democratic Caucus rewarded him with a seat on the powerful Rules Committee, which determined what legislation reached the House floor and under what conditions each bill would be debated. The *Rocky Mountain News* proclaimed the appointment the first time "a representative of the Rocky Mountain region has been named to this powerful body."¹¹⁶ Lewis' standing with the Administration remained strong. In January, MacArthur told him that his "fight for retention of Fitzsimons Hospital had been won and that I could now 'cease defensive tactics and assume the offensive' for improvement of the Hospital." MacArthur assured Lewis that he had "repeatedly over-ruled" the Surgeon General's efforts to abandon Fitzsimons, and confided, to the great interest of Lewis, that "Patterson's term will expire May 20, 1935 and that he will not be [re-]appointed."¹¹⁷

MacArthur's advice, however, was premature. On 2 February Lewis discovered that the Surgeon General had again asked the House subcommittee on military appropriations to eliminate funding for Fitzsimons. Doing his political homework, Lewis checked with the White House and MacArthur to confirm that they were not behind the Fitzsimons cuts, and then prepared to make his own statement before the subcommittee. At a hearing on 5 February he reminded them of the

Federal Board of Hospitalization's recommendation that government tuberculosis patients be treated at Fitzsimons, and told the subcommittee that Patterson's views "are not shared by his superiors. Authoritatively, I am assured that the General Staff is unalterably opposed to closing it." Lewis refuted Patterson's claims that the hospital was in poor condition and the weather not suitable for lung patients. When a member of the subcommittee cited Patterson's point that the War Department was bearing the cost of other departments' tuberculosis patients, Lewis countered with concern for the nation's military and veteran tuberculosis patients. "We, as Members of Congress, have to look at the whole picture. All the money comes from the Federal treasury—is raised by Federal taxes." The real question was "how and where can the Government most effectively and economically treat all Government patients afflicted with a certain disease—in this case tuberculosis?"¹¹⁸ According to the *Rocky Mountain News* Lewis showed the committee that Patterson "was alone in recommending the abandonment of Fitzsimons."¹¹⁹

This time the subcommittee sided with Lewis and funded Fitzsimons. Taking nothing for granted, Lewis stood vigil on the House floor as his colleagues debated the military appropriations bill, and "stayed constantly in Chamber lest some attack should be made on Fitzsimons hospital to which if made, I am prepared to reply."¹²⁰ The next day he did the same, sitting in the front row, and was able to write that evening, "No effort made to amend bill so as to affect adversely Fitzsimons."¹²¹ By the end of the week he wrote, "The Army Appropriation Bill passed as reported by the Appropriations Committee, with ample provision therein for Fitzsimons hospital."¹²² The press began reporting that Patterson's "superiors in the War Department already have announced they will not recommend his reappointment," so as Lewis tracked the bill through the Senate the following week, he spoke to several senators about possible successors to Patterson.¹²³ By the end of the month Fitzsimons was secure for another year.¹²⁴

On 10 May, two years after Patterson submitted his proposal to abandon Fitzsimons, the Secretary of War took his cue from Congress and rejected the recommendation. The following week he declined to reappoint Patterson to another four-year term as Surgeon General. Although six years short of mandatory retirement age, the sidelined Patterson chose to retire and become dean of the University of Oklahoma Medical School.¹²⁵ For Lewis, Buck, and Fitzsimons' patients and personnel, the battle against abandonment had been won. Now Lewis could, as MacArthur had suggested, take the offensive on improving Fitzsimons. This time the problem truly did turn on economics as much as politics and the solution would be to find additional streams of funding for the Army hospital. Therefore, on 10 May, the same day the Secretary of War chose not to abandon Fitzsimons, Lewis requested \$2.25 million for a permanent building for Fitzsimons as part of a work relief projects proposal for Denver.¹²⁶ In June he asked for an additional \$300,000 to fund more immediate repairs and construction at the hospital.¹²⁷

Secretary of War George Dern appointed Col. Charles Reynolds as the new Army Surgeon General, who Lewis said "favorably impressed" him in their first meeting.¹²⁸ One of three brothers who were all medical officers, Reynolds' service

history had not included tuberculosis work but he had successfully managed Army medical support for New Deal programs. He told Lewis that he would travel west to inspect both Beaumont and Fitzsimons hospitals to assess which one would be a better facility for tuberculosis treatment. Even before his visit, though, Reynolds told the General Staff, "It is my opinion that if funds can be made available a new general hospital should be built at Denver."¹²⁹ After an August trip during which Buck showed him around Fitzsimons, the new Surgeon General concluded that "from a standpoint of climate and transportation Denver affords decidedly the location of choice," and recommended the construction of "a modern 500 bed hospital building at an estimated cost of \$2,250,000." Within a month Secretary Dern approved the request.¹³⁰

From the Depression to the New Deal

Although Congress was still relentlessly cutting military spending, Lewis and the War Department came to realize that it was still willing to fund Army construction on civilian work relief projects at Fitzsimons and other hospitals. MacArthur, generally dubious of the New Deal, went after these funds to keep his department functioning.¹³¹ The Public Works Administration (PWA) was created in 1933, and built bridges, dams, municipal buildings, port facilities, educational buildings, and hospitals across the country. A complementary relief program, the Works Progress Administration (WPA, later renamed the Works Projects Administration), established in 1935, put people to work on smaller construction projects building roads, schools, and airports, as well as projects in literature and the arts.¹³² In the 1930s, then, the War Department took on nonmilitary activities such as laying down telegraph cable in Alaska, conducting the Nicaraguan interoceanic canal survey, lighting the Statue of Liberty, and engineering projects to control floods and improve harbors and waterways.¹³³

Although no member of Congress from Colorado sat on the House military appropriations subcommittee from 1933 to 1950, and none on the Senate's counterpart until 1939, Lewis took advantage of the New Deal's focus on infrastructure construction to obtain federal appropriations for Colorado. He secured funding for Fort Logan in southwest Denver, convinced the government to build a new Air Corps Base at Lowry Field in southeast Denver, and saved Fitzsimons. These military facilities in turn increased Denver's strategic importance, which undercut one of Surgeon General Patterson's earlier arguments against the hospital. The WPA eventually spent more than \$100 million in Colorado, and by 1936 the federal government was the largest single employer in the state with more than 43,000 workers.¹³⁴ State projects included sixty-three schools, more than 100 recreation buildings, twenty-six sewage disposal plants, and twenty-eight dams. A sign of Lewis' influence was that despite democratic Governor Johnson's refusal to provide matching state funds (he believed that federal grants were "unwarranted interference in local affairs and a waste of money besides") Colorado ranked tenth among states in per capita New Deal dollars.¹³⁵ And almost one in every six

federal dollars coming to Colorado went to veterans who received treatment at Fitzsimons on both an inpatient and outpatient basis.¹³⁶

By mid-1935, instead of Lewis petitioning the White House, the White House was calling him. In July he noted in his diary, "Rec'd phone message from [Louis] Howe that probably \$282,200 for Fitzsimons Hospital improvements had been approved and announcement by President's Board would be made tomorrow."¹³⁷ This was the Administration's response to Lewis' \$300,000 request, so later that year Lewis went out to Fitzsimons to view what was being done with the WPA funds. In addition to seeing renovated and repaired buildings, he noted, "Yesterday, total patients 865, of which 515 are Vet. Admin cases, 61 are CCC, 289 various branches of the Army and War Dept. employees."¹³⁸ More than bricks and mortar, the congressman understood the importance of maintaining the Fitzsimons patient census, and noted a new class of patients—"CCC" workers.

The Civilian Conservation Corps—the CCC—was perhaps the most popular New Deal jobs program.¹³⁹ It put healthy young men, ages eighteen to twenty-five, to work in the nation's parks and forests building trails and planting trees. If they became sick or injured the Army Medical Department took care of them, and by 1935 CCC workers accounted for 316,000 patient days, greater than VA veterans' 275,000 patient days in Army hospitals.¹⁴⁰ Although the CCC put a strain on hospitals such as Fitzsimons by increasing the demand on their limited resources, it was also a boon in generating additional patients at a time when government hospitals were struggling to defend their existence. Conceived during the New Deal's first 100 days, Roosevelt cobbled the CCC together using the resources of various federal agencies: the Labor Department recruited young men from state relief agencies; the War Department trained them and managed the camps; and the Interior and Agriculture departments supervised the conservation work. Through its existence from 1933 to 1942 the CCC employed 2.5 million men who developed more than 3 million acres of national, state, and local parkland; planted more than 4 million acres of trees; stocked almost a billion fish; and built a network of forest-fire lookout towers.¹⁴¹ A 1936 Gallup poll found that 82 percent of the public supported the program; Wayne N. Aspinall, Speaker of the Colorado House of Representatives and later congressman, called the CCC "one of the great political institutions of Colorado."¹⁴²

At first resistant to managing civilian projects, Dern and MacArthur soon gave the CCC their full support, suspending other activities to mobilize for the program. They saw the camps as an opportunity to recruit and train Army reserve personnel and, during a time when Congress was slashing officer positions, demonstrate "the value of the officer corps to the public and Congress."¹⁴³ The War Department's first victory came when it met Roosevelt's goal of signing up 250,000 CCC workers by the Fourth of July, 1933. The Medical Department screened CCC applicants for disabilities and diseases, inoculated enrollees against smallpox and typhoid, and provided camps with physicians to oversee sanitation and provide routine healthcare. Accidents and car wrecks were the leading cause of death for CCC workers, and respiratory infections and sexually

transmitted diseases the most common illnesses. Most ailing CCC workers were cared for in their quarters or camp infirmaries, but seriously injured men and those suspected of having infectious diseases, including tuberculosis, went to Army hospitals, and sick and injured CCC workers who were veterans went to VA hospitals.¹⁴⁴ Tuberculosis specialists repeatedly recommended that all CCC enrollees be screened by X-ray for the disease, but the War Department decided that such screening was impractical because “the amount of equipment, personnel, both professional and unskilled, would be enormous and out of all proportion to the benefits accrued.”¹⁴⁵ Medical officers did reject hundreds of CCC applicants for tuberculosis, but by 1939 the CCC camps had reported 1,758 cases of active tuberculosis among its workers.¹⁴⁶

Supporting the CCC camps at first depleted the Army medical staff. In 1933 when Patterson needed forty medical officers for the CCC camps, he took fifteen of them from Fitzsimons citing “the anticipated loss of veteran patients and the consequent abandonment of the hospital.”¹⁴⁷ Soon, however, CCC enrollees began to occupy beds vacated by veterans so that by November 1933 fifteen medical officers were transferred back to Fitzsimons, and the War Department eventually called on Medical Reserve officers to serve as CCC camp physicians. In the mid-1930s, the OTSG authorized the hospitals to hire one civilian doctor and dentist for each thirty CCC and VA patients, and one civilian nurse for every ten such patients.¹⁴⁸ Roosevelt also directed the War Department to lift its restriction on black officers and employ African American medical officers and chaplains to care for African American workers in the CCC camps.¹⁴⁹

In the mid-1930s the CCC, the VA, and other federal agencies like the PWA and WPA, which also sent patients to military hospitals, began to pay the Medical Department per capita reimbursements for maintenance and repair costs at the rate of \$0.20 per patient day. Years of deferred maintenance caused the Medical Department to seek these funds, explaining, “the maintenance cost of a hospital increases each year. New scientific developments, modern equipment, appliances, etc., place great demands on the hospitals built twenty years or more ago, and many of our hospitals are not fire resistant.”¹⁵⁰ By 1938 maintenance credits for construction and repair of hospitals tallied \$228,000 from the CCC, \$59,000 from the VA and \$2,000 each from the Navy and the WPA.¹⁵¹

In 1936 Fitzsimons admitted 486 CCC patients—more than 10 percent of its 4,100 admissions that year. Although CCC tuberculosis cases were low, several patients had long hospital stays.¹⁵² As late as June 1943—a year after the program ended—fourteen CCC enrollees were still in government hospitals, half of them at Fitzsimons. CCC tuberculosis patients Joe R. Gonzales, Agustín Tovar, Lucio G. Rodriguez, and Davies Gonzales were all at Fitzsimons—Joe Gonzales and Tovar had been at Fitzsimons for almost four years.¹⁵³ It took time for the staff to locate suitable facilities to which to transfer the men, because, as Buck explained, “it was felt that it would have done an injustice to the individual and to the community where they reside, to release them without arrangements for their continued care.”¹⁵⁴

A fan of the CCC, Roosevelt recommended to Congress in 1939 that it be made permanent, but it gave him only a three-year extension. As war broke out in Europe and Asia and the United States began to increase its military forces, the CCC became a burden rather than a welcome jobs program, and camps fell into disrepair. Congress allowed the CCC to expire in 1942, but some camps would serve new federal missions—troop training and prisoners of war detention.

Building a New Hospital

Public health trends during the Depression were complex. Widespread, persistent poverty increased the sickness rates for some groups of people, but to the surprise of many, mortality rates for many diseases, including tuberculosis, continued to decline due to public health improvements and surveillance. As part of the New Deal, for example, the Public Health Service conducted a "health inventory" and launched public health campaigns to reduce diseases such as pellagra, polio, heart disease, sexually transmitted infections, and tuberculosis.¹⁵⁵ With regard to the latter, public health officials warned that death rates were no longer "an adequate criterion of the extent of sickness and impairment," because if fewer people were *dying* of tuberculosis, more people were *living* with tuberculosis.¹⁵⁶ While Franklin Roosevelt is known for the March of Dimes campaign against polio, he and Eleanor also joined the fight against tuberculosis. The First Lady addressed a meeting of the National Tuberculosis Association in 1935 and kicked off its 1936 Christmas seal campaign. Tuberculosis took such a toll on the country, she said, that "we cannot look upon any money which is spent to prevent it as really amounting to anything in comparison with what it costs us if we let it go on and continue unchecked."¹⁵⁷

Despite such efforts, the Depression was unequivocally hard on hospitals. In 1934, the *Journal of the American Medical Association* observed that private hospitals "have seen a considerable proportion of their paying patronage reduced to such financial straits as to be forced to enter the tax-supported institutions."¹⁵⁸ This trend pressured government hospitals at all levels by increasing their patients and reducing their income. Although the Roosevelt Administration expanded the social safety net with Social Security for the elderly and disabled, it stopped short of national health insurance. Hospital construction, however, was one way of supporting the national healthcare infrastructure. The New Deal provided construction grants across the country for hospitals, medical schools, and medical clinics, and as historian Rosemary Stevens shows, the \$77 million in PWA and WPA funds for medical facilities provided the foundation for the Hill-Burton Act of 1946, which subsidized postwar hospital construction.¹⁵⁹

Although there was no national health planning, the Federal Board of Hospitalization's study of national government hospital needs ultimately determined Fitzsimons' fate. In July 1936, the Board expanded on Surgeon General Reynolds' call for a new 500-bed hospital at Fitzsimons, noting the need for "a modern, fireproof hospital particularly adapted for the treatment of tubercular patients in

this area, not only for the Army and the Veterans' Administration but at times for patients of the Navy and other Government agencies." It therefore recommended to the President the construction of a 600-bed hospital at the Fitzsimons site "at a cost not exceeding \$2,250,000."¹⁶⁰ This was the amount requested by both Lewis and Reynolds. The Board adopted the resolution unanimously and sent it to the Bureau of the Budget for funding approval. By 1936 War Department staff had changed their posture and, after attending Bureau of the Budget meetings observed that "in view of the fact that Fitzsimons Gen. Hospital is to be retained as an Army hospital, it appears advisable that it be included in the Army authorization bill that is to be presented to Congress."¹⁶¹

Congressman Lewis then set to work acquiring the funding. This task was much less politically contentious but still involved a long, sustained effort as Lewis pursued the two-step process of securing congressional authorization for the project and then obtaining congressional appropriations for construction. His activities also included helping to transfer the title of the land from the Denver Chamber of Commerce to the War Department, getting the VA to commit to funding 250 beds for tuberculosis patients at Fitzsimons, shepherding hospital blueprints through the War Department, and requiring that Colorado marble be used in construction. Congress easily approved the funding for a new building at Fitzsimons in 1937. The next year Lewis turned to New Deal construction programs rather than War Department monies to secure congressional appropriations for the building by adding the words "and hospitalization" in the public works bill for 1938.¹⁶² That legislation authorized \$4,050,000 for Fitzsimons' new building, \$3,750,000 from PWA and \$300,000 from WPA programs.¹⁶³ Charles Gridley called the measure "a triumphant climax to a five-year fight by the *Denver Post* for the preservation and expansion of Fitzsimons General Hospital."¹⁶⁴

Fitzsimons won the lion's share of the Army Medical Department's hospital construction budget for fiscal year 1939—\$4 million of \$7 million. Groundbreaking for the new building began in August 1938, and in December the War Department contracted with the Great Lakes Construction Company of Chicago, Illinois, for a 608-bed hospital to be completed after 600 days of work, for \$2,999,035.79.¹⁶⁵ Buck and the OTSG had been developing plans for a new building since 1933 so by 1937 architects and engineers had reams of blueprints. These plans abandoned the dispersed pavilion style of the World War I era for a multiple-story building that required less land and saved medical personnel steps between departments and wards.¹⁶⁶

In his 1939 annual report, the Surgeon General said that the new building "will be the largest single hospital structure ever built by the Army." With nine stories, a basement and subbasement, it would measure 554 feet long by 156 feet deep with the wider section at the center, comprising 404,500 square feet (Figure 7-4). Outfitted for tuberculosis patients, it included nine heliotherapy decks, as well as outpatient, clinical, and dining facilities, and 608 beds, which would increase Fitzsimons' capacity to a pre-Patterson level of 1,185 beds. The largest wards had only five or six beds per room, and there were 173 single rooms. The Surgeon



Figure 7-4. The new building at Fitzsimons General Hospital, c. 1941.
Photograph courtesy of the National Library of Medicine, Image # A07858.

General explained that this facilitated not only the segregation of patients by rank, sex, and disease, but also “permits the same separation of patients who have some type of tuberculosis according to types of lesions,” that is, pulmonary patients with serious tuberculosis in one room and those with less serious in another.¹⁶⁷ The building was equipped for wheelchairs and the hearing impaired and some rooms had outlets to provide oxygen from a central supply.¹⁶⁸ As one reporter wrote, the equipment in the new hospital “includes everything from cages for experimental rats and guinea pigs to a machine for sterilizing operating room air that is the very latest development of alert medical science.”¹⁶⁹

The expanded capacity also suited Fitzsimons’ increasingly broad mission. Its 1940 annual report noted that although the chief purpose of the hospital was to care for patients with tuberculosis, “due to a greater military population in this vicinity, the hospital has widened its scope of professional work and serves this military community for the definitive treatment of general medical and surgical cases.”¹⁷⁰ On a visit to Fitzsimons in late 1940, the new Surgeon General, Major General James C. Magee, welcomed the additional beds because the growing Army would generate new medical cases. “Presently, Fitzsimons hospital treats an average of 900 cases daily,” he told reporters, “with the opening of the new unit, the load can be extended to 1,500.”¹⁷¹

Dedication

In the fall of 1936, Lewis had run as a proud ally of President Roosevelt, and both men won their elections by wide margins. By 1937, however, Lewis, like Roosevelt, had lost some of his shine. As the economy continued to languish, many Coloradans became frustrated or disillusioned with the New Deal. Lewis had also voted against some key legislation, including the Wagner Act, prized labor legislation that established minimum wages and maximum hours for mil-

lions of workers. A Washington newspaper observed that “Lewis is [the] only Rules Committee Democrat member north of Mason Dixon line against [the] wages and hours bill.” It complained that he “Votes NO on all New Deal measures except pork. Regarding this, his one conviction is that all pork should go to Denver.”¹⁷² The “pork,” however, did not offend many Colorado voters, because when another Lewis—John L.—president of the American Federation of Labor, put Congressman Lewis on his 1938 blacklist, the Colorado American Federation of Labor endorsed him nonetheless—its members voted for the congressman who brought jobs to their state.¹⁷³ In 1940 Lewis again retained his seat even though he campaigned little, staying in Washington due to the wartime emergency, and despite the fact that much of Colorado voted Republican, electing a Republican governor and supporting Wendell Wilkie for president over Roosevelt.¹⁷⁴

In late 1941, as work on the new building at Fitzsimons neared completion and Army Medical Department officials prepared for the dedication, they asked Lewis to do the honors. Col. Frederick Wright, the Fitzsimons director of surgery, had assumed command after the retirement of Carroll Buck in June 1940.¹⁷⁵ Congressman Lewis happily accepted, and in his usual formal manner recorded in his diary, “Colonel Frederick S. Wright, of the Medical Corps, Commanding Officer at Fitzsimons General Hospital at Denver, called and discussed with me plans for the ‘dedication’ of the new building at the hospital at which he wishes me to speak.”¹⁷⁶ To prepare his remarks, Lewis reviewed the *Congressional Record* and his diaries on his work for Fitzsimons.¹⁷⁷

On a cold 3 December day whipped by prairie winds, 500 invited guests gathered outside the imposing entrance of the shiny new structure. They included Army Surgeon General James Magee; the governor of Colorado; the mayor of Denver; numerous other federal, state, and city officials; and a sister, brother, and nephew of William Thomas Fitzsimons, the hospital’s namesake. According to the *Rocky Mountain News*, Col. Wright “turned to Representative Lewis, who sat with his hat pulled down and his coat rolled up about his ears,” saying “Without Mr. Lewis, this new building would not be possible.”¹⁷⁸ Amidst applause, Lewis took the podium to recount the story of saving Fitzsimons, beginning with the establishment of the tuberculosis hospital during World War I: “I know many ex-service men with arrested cases of tuberculosis who are now engaged in useful civil occupations who owe their recovery of relatively good health to having been treated at Fitzsimons [H]ospital,” he observed. In spite of this good work, though, “there were some in the Congress and elsewhere” who wanted to abandon the hospital. While he said, “I shall pass lightly over many exciting episodes during the anxious days and nights between 1933 and 1936,” he did read the text of his 1934 amendment to restore funding for Fitzsimons. He saluted the members of the U.S. Congress who had supported his amendment, naming more than twenty individuals, and adding slyly, “none of the influential persons who actively advocated abandonment of Fitzsimons are now connected with the government.” Then Lewis recalled how “one beautiful Indian summer day, October 12, 1936, President Roosevelt came to Denver....and so Fitzsimons was definitely saved from abandonment.”¹⁷⁹

It was a triumphant day for Lewis, but the ribbon-cutting ceremony was one of the last public events he attended. He was exhausted. He had striven to execute his duty to the fullest with a perfect attendance record in Congress.¹⁸⁰ But his diaries suggest the cost. In the late 1930s his handwriting became smaller, so that he could fit all of his activities on one daily page, but by end of the decade, he began to leave whole weeks and months blank. At times he simply stapled committee reports to pages to document his work. As Hitler began his rampage across Europe, Lewis' writing—when he wrote—grew even smaller, covering the pages and margins with his work and news of the Battle of Britain. The 1941 diary includes the *Congressional Record* vote on the draft, news of Hitler's blitzkrieg against Russia, and notes on trips to the dentist. In April he checked into Walter Reed General Hospital—more for a rest than medical treatment—and although he mustered his energy to attend the Fitzsimons dedication, he did not record the event in his diary. It stands silent until a single entry for Sunday, 7 December 1941: "Attack by Japs on Pearl Harbor."¹⁸¹ Lawrence Lewis' diaries end there. In March 1942 the Capitol physician ordered him to bed rest due to high blood pressure and "dental troubles," which were likely infections that were taxing his body.¹⁸² While Lewis recuperated his staff carried on the work of his congressional office.¹⁸³ Colorado voters were not inclined to change horses during wartime, and despite his absence from the House, they reelected Lewis in 1942. In Florida for his health, he missed the swearing in and most official business in 1943, as well as President Roosevelt's visit to Fitzsimons in April 1943.¹⁸⁴ By September Lewis returned to the Congress, but his health did not hold. In early December he checked into Walter Reed, and died of a heart attack on 8 December 1943 at age sixty-four.¹⁸⁵

The *Denver Post* attributed Lewis' death to "overwork on congressional duties."¹⁸⁶ So did his colleagues upon hearing the news on the House floor. "Lawrence Lewis is a casualty just as truly as if he had lost his life in actual conflict," said Rep. John Chenoweth, (R-CO). Said John McCormack (D-MA), "Lawrence Lewis died in the line of duty."¹⁸⁷ Members praised his good manners and graciousness. Rep. Robert F. Rockwell said that "Lawrence Lewis did not seek fame—he preferred to accomplish what he thought was best for his people in a modest manner; he sought no reward—except the personal satisfaction of a job well done."¹⁸⁸ After funeral services in Washington, Lewis was buried next to his parents in a cemetery in Cincinnati, Ohio. The new Fitzsimons hospital building stood as his memorial. Like him, it was quickly swept into wartime service, but unlike the congressman, the hospital thrived. Among the first patients admitted to the new building on 17 December 1941 were victims of the Japanese attack on Pearl Harbor.

As it had over the centuries, war would foster disease. Tuberculosis would again flourish in war-torn regions, and Fitzsimons and the Army Medical Department would be called upon to care for the sick. After years of haggling over fifty beds here and fifty beds there the Army Medical Department now quickly increased Fitzsimons' capacity to 3,000 beds. In 1942 Congress authorized

American military hospitals to admit tuberculosis patients from Allied nations as well, and Fitzsimons cared for soldier-patients from Britain, Canada, Norway, the Netherlands, the Philippines, China, and even enemy soldiers with tuberculosis from Germany, Italy, and Japan.¹⁸⁹ The next world war brought a new globalism to Fitzsimons. "The geographic area served by this hospital," remarked its commander, Brig. Gen. Omar H. Quade, "has been extended to include the greater part of the world."¹⁹⁰

Notes

1. Lewis Diaries, 12 October 1936, Lawrence Lewis Papers, 385 N11, C4, Colorado Historical Society, Denver [hereafter cited as Lewis Diaries]. This story of Roosevelt's visit to Denver in October 1936 is drawn from articles in the *Rocky Mountain News* and *Denver Post* and the scrapbooks and diaries of Lawrence Lewis. Available sources do not indicate whether the Secret Service's concern had to do with the president's security or with fears of disease transmission.

2. "Secret Service Men Say President Will Not Visit Fitzsimons Hospital but His Secretary Indicates He Will," *Denver Post*, 10 October 1936; and Lawrence Lewis, "Address of Hon. Lawrence Lewis, of Colorado, at Dedication of a New Building at Fitzsimons General Hospital," 15 June 1942, *Congressional Record*, 77th Cong., 2nd sess., A2614.

3. Lewis Diaries, 12 October 1936.

4. Franklin D. Roosevelt, "Campaign Address at Denver, Colo. 'We Have Sought and Found Practical Answers to the Problems of Industry, Agriculture, and Mining,'" 12 October 1936, *The Public Papers and Addresses of Franklin D. Roosevelt, with a Special Introduction and Explanatory Notes by President Roosevelt* (New York, NY: Random House: 1938–50), vol. 5, 433–49.

5. Lewis Diaries, 12 October 1936.

6. "A Visit by Mrs. Roosevelt," *New York Times*, 13 October 1936.

7. "Support of Fitzsimons Promised by President," *Denver Post*, 12 October 1936.

8. Lewis Diaries, 13 October 1936.

9. On the Depression see David M. Kennedy, *Freedom From Fear—The American People in Depression and War, 1929–1945* (New York, NY: Oxford University Press, 1999); and Robert S. McElvaine, *The Great Depression: America 1929–1941* (New York, NY: Times Books, 1984).

10. Franklin Delano Roosevelt, Inaugural address, 20 January 1937, *Inaugural Addresses of the Presidents of the United States* (Washington, DC: U.S. G.P.O., 1989); Bartleby.com, 2001. www.bartleby.com/124/, accessed 18 October 2012.

11. John W. Killigrew, "The Impact of the Great Depression on the Army," Ph.D. dissertation, Indiana University, 1960, IV-23. On the War Department during the Depression see also Mary C. Gillett, *The Army Medical Department, 1917–1941* (Washington, DC: Center of Military History, United States Army, 2009); Elias Huzar, *The Purse and the Sword: Control of Army by*

Congress through Military Appropriations, 1933–1950 (Ithaca, NY: Cornell University Press, 1950); D. Clayton James, *The Years of MacArthur* (Boston, MA: Houghton-Mifflin, 1985); and Joseph W. A. Whitehorne, *The Inspectors General of the United States Army, 1903–1939* (Washington, DC: Office of the Inspector General and the Center of Military History, 1998).

12. James, *The Years of MacArthur*, 430; and Huzar, *The Purse and the Sword*, 226–27.

13. Killigrew, “The Impact of the Great Depression on the Army,” X-20–21.

14. James, *The Years of MacArthur*, 356.

15. Huzar, *The Purse and the Sword*, 143.

16. Richard V. N. Ginn, *The History of the U.S. Army Medical Service Corps* (Washington, DC: Office of The Surgeon General and Center of Military History, 1997), 97.

17. *War Department Annual Reports*, 1935 [hereafter cited as WDAR, year], 1.

18. Huzar, *The Purse and the Sword*, 137.

19. For biographical information on Patterson see “The Surgeons General,” Office of Medical History, U.S. Army Medical Department, Web site, http://history.amedd.army.mil/surgeongenerals/R_Patterson.html, accessed 24 August 2012; and Gillett, *The Army Medical Department, 1917–1941*, 507–8.

20. *Annual Report of the Surgeon General*, 1932 [hereafter cited as ARSG, year], 10.

21. Mary T. Sarnecky, *A History of the Army Nurse Corps* (Philadelphia, PA: University of Pennsylvania Press, 1999), says this contributed to a nursing shortage during World War II, 154.

22. Sarnecky, *A History of the Army Nurse Corps*, 445, 153–54.

23. ARSG, 1931, 378–79; and “Texas and Arkansas Plot to Close Fitzsimons,” *Denver Post*, 8 March 1934.

24. See Chapter 5 in this volume on veterans’ benefits for tuberculosis.

25. Walter P. Dillingham, *Federal Aid to Veterans, 1917–1941* (Tallahassee, FL: University of Florida Press, 1952), 55–56.

26. Kennedy, *Freedom From Fear*, 138–39. The bill was formally titled “Bill to Maintain the Credit of the United States Government.” For more on the Economy Act, see Stephen R. Ortiz, “The ‘New Deal’ for Veterans: The Economy Act, the Veterans of Foreign Wars, and the Origin of New Deal Dissent,” *Journal of Military History* 70 (April 2006), 415–438; Dillingham, *Federal Aid to Veterans, 1917–1941*; Michael B. Wallerstein, “Terminating Entitlements: Veterans’ Disability Benefits and the Depression,” *Policy Sciences* 7 (1976), 173–82; and William Pencak, *For God and Country: The American Legion, 1919–1940* (Boston, MA: Northeastern University Press, 1989).

27. Patterson memo, “Abandonment of Fitzsimons General Hospital,” 8 May 1933, Record Group 112, Records of the Surgeon General of the Army [hereafter cited as RG 112], Entry 31, 1928–37, Box 280, National Archives and Records Administration [hereafter cited as NARA].

28. On average out of 4,620 patients, 3,086 were veterans. See *Fitzsimons Annual Report* [hereafter cited as FZAR], 1931, 15.

29. FZAR, 1931, 1–2, and 4.

30. Excerpt included in 1933 inspection report, RG 112, Entry 31, 1928–37, Box 280, NARA.

31. “Annual Estimate, C & R, FY 1934,” February 1933, and February 1933 endorsements, RG 112, Entry 31, 1928–37, Box 283, NARA; and 1933 inspection report, p. 8., RG 112, Entry 31, 1928–37, Box 280, NARA.

32. Merritte W. Ireland, “Memorandum to File,” 16 June 1926, RG 112, Entry 29, 1917–27, Box 378, NARA.

33. R. E. Callan, "Memorandum for the Chief of Staff: Abandonment of Fitzsimons General Hospital," 28 April 1933, summarizing the Surgeon General's memo of 26 April 1933; original memo not in file, RG 112, Entry 31, 1928–37, Box 280, NARA.

34. Callan, "Memorandum for the Chief of Staff: Abandonment of Fitzsimons General Hospital."

35. C. D. Buck, "Reduction of Personnel," 13 April 1933, and radiograms of 5 April 1933, RG 112, Entry 31, Box 278, NARA; and "U.S. to Abandon Army Hospital Here by June 30," *Rocky Mountain News*, 26 April 1933.

36. Patterson memo, "Reduced Use of Fitzsimons General Hospital," 3 May 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

37. Joseph P. Constantine to Robert U. Patterson, 6 May 1933, and Robert U. Patterson to Joseph P. Constantine, 10 May 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

38. Patterson, "Abandonment of Fitzsimons General Hospital," 8 May 1933, RG 112, Entry 31, 1928–37, Box 280, NARA. Emphasis in the original.

39. Stephen J. Leonard, *Trials and Triumph: A Colorado Portrait of the Great Depression, with FSA Photographs* (Boulder, CO: University Press of Colorado, 1993), 260. Also on the Depression in Colorado, see Phil Goodstein, *From Soup Lines to the Front Lines: Denver during the Depression and World War II, 1927–1947* (Denver, CO: New Social Publications, 2007); and Carl Abbot, Stephen J. Leonard, and Thomas J. Noel, *Colorado: A History of the Centennial State*, 4th ed. (Boulder, CO: University of Colorado Press, 2005).

40. Remarks by Rep. William S. Hill, quoting a letter from John O'Connor, former Member of Congress, dated 16 December 1943, Appendix to the *Congressional Record*, 78th Cong., 2nd sess., 31 May 1944, A2680.

41. Quoted by Rep. John R. Murdock, Appendix to the *Congressional Record*, 78th Cong., 2nd sess., 31 May 1944, A2691.

42. "30,000 Denverites Turn Out to Welcome Gov. Roosevelt," *Rocky Mountain News*, 16 September 1932. See also "Rousing Denver Welcome Awaits Roosevelt Today," *Rocky Mountain News*, 15 September 1932.

43. Lewis Diaries, 11 April 1933.

44. "Salaries Cut \$5,000 Month at Fitzsimons," *Rocky Mountain News*, 9 April 1933.

45. Lewis Diaries, 20 April 1933; and "Denver Post Battle to Save Fitzsimons is Bringing Results," *Denver Post*, 20 April 1933.

46. Lewis Diaries, 22 April 1933.

47. Lewis Diaries, 23 April 1933. See also "Fight to Prevent Abandonment of Fitzsimons Opens," *Rocky Mountain News*, 27 April 1933.

48. Lewis Diaries, 26 April 1933.

49. Lewis Diaries, 27 April 1933.

50. Lewis Diaries, 29 April 1933.

51. Lewis Diaries, 2 May 1933.

52. Huzar writes that both the War Department and Congress "have regarded the voice of the budget bureau as that of the president," Huzar, *The Purse and the Sword*, 137.

53. Lewis Diaries, 3 May 1933.

54. Lewis Diaries, 9 May 1933; and "Budget Chief is Given Case on Fitzsimons," *Rocky Mountain News*, 4 May 1933.

55. Lewis Diaries, 9 May 1933. See also Lawrence Lewis, "Address of Hon. Lawrence Lewis, of Colorado, at Dedication of a New Building at Fitzsimons General Hospital, 15 June 1942, *Congressional Record*, 77th Cong., 2nd sess., A2613.

56. Lewis Diaries, 10 May 1933.

57. Lewis Diaries, 3 June 1933.

58. Remarks of Rep. Lawrence Lewis of Colorado, "Memorandum Concerning Fitzsimons Army Hospital in Denver Colo.," 73rd Cong., 1st sess., *Congressional Record*, 3 June 1933, 4932–34.

59. "Lewis Invited to Fitzsimons Conference," *Denver Post*, 22 July 1933.

60. "Outline of Data Desired in Report of an Unofficial Board for the Soldiers' Home, Washington, DC," and other correspondence, RG 112, Entry 31, 1928–37, Box 284, NARA.

61. John T. Woolley and Gerhard Peters, "The American Presidency Project," Santa Barbara, CA: University of California, available at: <http://www.presidency.ucsb.edu/ws/index.php?pid=14637>, accessed 24 August 2012.

62. "May Gallery of Fame" *Denver Post*, May 1933.

63. Lewis Diaries, 4 June 1933.

64. "New Threat against Fitzsimons Seen in Order to Move Patients," *Rocky Mountain News*, 15 June 1933.

65. Lewis Diaries, 12 June and 15 June 1933.

66. Lewis Diaries, 16 June 1933.

67. "Col. C. D. Buck Quietly Arrives to Take Charge of Fitzsimons," *Denver Post*, 2 August 1931; and "Col. C. D. Buck New Head of Fitzsimons Hospital," *Rocky Mountain News*, 22 May 1931.

68. Veterans of Foreign Wars, John S. Stewart Post No. 1, "The Story of a Great Institution, 1918–1938, Fitzsimons General Hospital," 1938, Colorado Historical Society, Denver.

69. *ARSG*, 1934, 159.

70. *FZAR*, 1933; Buck memo, "Care of BSH [Beneficiary of the Soldiers' Home] cases," 13 June 1933, RG 112, Entry 31, 1928–37, Box 284, NARA; Buck to McAfee, 3 August 1933, RG 112, Entry 31, 1928–37, Box 280, NARA, and similar correspondence in this file.

71. Patterson to Medical Director, Veterans Administration (VA), 2 May 1933, RG 112, Entry 31, 1928–37, Box 284, NARA.

72. "Fitzsimons Hospital Patients Follow a Variety of Activities," *Denver Post*, 4 February 1934.

73. C. D. Buck to J. B. Huggins, 11 July 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

74. Buck to Patterson, "Prospects of Fitzsimons General Hospital," 7 July 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

75. Buck to McAfee, 7 July 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

76. See "Major Shepard is Given Life Imprisonment," *Rocky Mountain News*, 23 December 1930; "Major Shepard Gets Life Term," *Rocky Mountain News*, 4 February 1931.

77. McAfee to Buck, 11 April 1933, RG 112, Entry 31-K, Box 280, NARA. The identity of the officer is unknown.

78. U.S. Supreme Court, *Shepard v. United States*, 290 U.S. 96, (1933); and Buck, "Report of Annual Examination of Major Chas. A. Shepard," 6 January 1934, RG 112, Entry 31-K, Box 280, NARA.

79. "Denver Surgeon Dies," *Nevada State Journal*, 10 July 1933.

80. "Lawrence Lewis Will Remain Two Weeks in Capitol," *Denver Post*, 23 July 1933.

81. Lewis Diaries, 21 July 1933.

82. Lewis did not mention this in July 1933, but referred to the conversation when he reminded Marvin McIntyre of it the following spring. See Lewis Diaries, 7 March 1934.

83. "Remarks Made before the Federal Board of Hospitalization, July 25, 1933, by Congressman Lawrence Lewis of Colorado Regarding Fitzsimons General Hospital," RG 51, Records of the Bureau of the Budget, Entry 4, Box 9, NARA.

84. Lewis Diaries, 25 July 1933.
85. Federal Board of Hospitalization, "Resolution Adopted by the Federal Board of Hospitalization," and other correspondence 25 July 1933, RG 112, Entry 1928-37, Box 280, NARA; and Lewis Diaries, 25 July 1933.
86. Lewis Diaries, 2 August 1933.
87. "Lewis Announces Victory in Campaign to Save Fitzsimons," *Denver Post*, 2 August 1933.
88. While many people welcomed the action, veterans' organizations, especially the Veterans of Foreign Wars, launched an urgent campaign to reverse it. See Stephen R. Ortiz, *Beyond the Bonus March and the GI Bill: How Veteran Politics Shaped the New Deal Era* (New York, NY: New York University Press, 2009).
89. Lewis Diaries, 10 January 1934.
90. Buck to L. B. McAfee, 6 January 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
91. Buck to McAfee, 21 January 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
92. McAfee to Buck, 3 March 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
93. Floyd Kramer memo, "Veterans' Administration Reimbursement," 5 March 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
94. Buck to Patterson, 8 March 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
95. Robert U. Patterson to Ross A. Collins, 8 March 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
96. "Congressman Fighting Hard to Save Hospital for Denver," *Rocky Mountain News*, 8 March 1934.
97. Debate on amendment to the military appropriations bill for fiscal year 1935, *Congressional Record*, 73rd Cong., 2nd sess., 8 March 1934, 4024. See also "Report Criticizes Department," *New York Times*, 6 March 1934.
98. Lewis Diaries, 5 March 1934.
99. "Texas and Arkansas Plot to Close Fitzsimons," *Denver Post*, 8 March 1934.
100. Lewis Diaries, 6 March 1934.
101. "Congressmen Fighting Hard for Hospital," *Rocky Mountain News*, 8 March, 1934.
102. Lewis Diaries, 7 March 1934.
103. Lewis amendment *Congressional Record*, 73rd Cong., 2nd sess., 8 March 1934, 4024.
104. Lewis Diaries, 7 March 1934.
105. "Fitzsimons to Remain in Operation—House Votes Ample Funds," *Denver Post*, 8 March 1934.
106. "After 30 minutes debate, on division 70 ayes and 22 noes for amendment. On Teller Vote, 74 ayes and 51 noes." Lewis Diaries, 8 March 1934; and comments regarding an amendment to the military appropriations bill for fiscal year 1935, *Congressional Record*, 73rd Cong., 2nd sess., 8 March 1934, 4024-29; Lewis Diaries, 8 March 1934. See comment on page 24.
107. Lewis Diaries, 12 March 1934.
108. Lewis Diaries, 15 March 1934.
109. Buck to McAfee, 13 March 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
110. Roger Brooke, "Operating Capacity of Fitzsimons General Hospital," 2 April 1934, RG 112, Entry 31, 1928-37, Box 280, NARA.
111. Lewis Diaries, 14 October 1934.
112. Lewis scrapbook, No. 6, Manuscript 385, Lawrence Lewis Papers, Colorado Historical Society, Denver.

113. Lewis Diaries, 24 October 1934.
114. Lewis Diaries, 5 November 1934.
115. Roger Brooke to Patterson, 12 November 1934, RG 112 and 331, 1927–38, NARA.
116. "Lawrence Lewis Receives a Seat on Rules Committee," *Rocky Mountain News*, 11 January 1935.
117. Lewis Diaries, 11 January 1935. Historian Mary C. Gillett writes that "a new policy forbidding the reappointment of general officers eliminated the possibility of dissension about whether he should remain as surgeon general longer than four years." See Gillett, *The Army Medical Department, 1917–1941*, 508.
118. "Statement of Hon. Lawrence Lewis," 5 February 1935, War Department Appropriations bill for 1936, Subcommittee of House Committee on Appropriations, U.S. Congress, 74th Cong., 1st. sess., 675; and remarks by Rep. Lewis, "Fitzsimons General Hospital at Denver, Colo.," 22 February 1935, *Congressional Record*, 74th Cong., 1st sess., 2504–7. See also Lewis Diaries, February 1935.
119. "Lewis Repeats Role as Savior of Fitzsimons," *Rocky Mountain News*, 20 February 1935.
120. Lewis Diaries, 20 February 1935.
121. Lewis Diaries, 21 February 1935.
122. Lewis Diaries, 22 February 1935.
123. Lewis Diaries, 25 February 1935.
124. "Final Attempt to Block Funds for Fitzsimons is Voted Down," *Denver Post*, 15 February 1935.
125. In 1942 Patterson became dean of the School of Medicine of the University of Maryland in Baltimore. He died at Walter Reed General Hospital in 1950 and was buried in Arlington National Cemetery. Available at: http://history.amedd.army.mil/surgeongenerals/R_Patterson.html, accessed 24 August 2012.
126. "\$13 Million Asked for Denver Projects; Lewis Backs Huge Plan of Work Relief," *Denver Post*, 10 May 1935.
127. "\$300,000 Fund Sought for Fitzsimons Repairs," *Denver Post*, 30 June 1935.
128. Lewis Diaries, 7 June 1935.
129. Reynolds memo, "Fitzsimons General Hospital," 8 July 1935, RG 112, Entry 31, 1928–37, Box 283, NARA.
130. C. R. Reynolds memo, "Fitzsimons General Hospital," 21 August 1935, and endorsement, 16 September 1935, RG 112, Entry 31, 1928–37, Box 280, NARA; and "Three Million May be Spent on Fitzsimons," *Denver Post*, 5 August 1935, Lewis Scrapbook No. 7, 1935–36.
131. James, *The Years of MacArthur*, 364 and 431.
132. McElvaine, *The Great Depression, America, 1929–1941*, 152–53, 265–75.
133. James, *The Years of MacArthur*, 363–64. For a partial list of Medical Department construction financed by nonmilitary New Deal programs see C. M. Walson, "Permanent New Military Department Construction," *U.S. Army Medical Bulletin* 35 (1936): 52–58.
134. Abbot, Leonard, and Noel, *Colorado: A History of the Centennial State*, 282.
135. Abbot, Leonard, and Noel, *Colorado: A History of the Centennial State*, 275; and Lyle W. Dorsett and Michael McCarthy, *The Queen City: A History of Denver*, 2d ed. (Boulder, CO: Pruett Publishing, 1986), 231 and 286.
136. Leonard, *Trials and Triumphs*, 108–9.
137. Lewis Diaries, 12 July 1935.
138. Lewis Diaries, 3 December 1935. Examples of federal construction at Fitzsimons: In 1934 federal workers paved roads, built sidewalks, and brought about eighty acres of the 595-acre reservation under cultivation with irrigation and drainage ditches (*FZAR*, 1934, 3–7);

in 1937 Work Projects Administration appropriations funded 133,931 square feet of road, 11,799 linear feet of curb and gutter, and 15,333 square feet of sidewalk (FZAR, 1937, 4); and in 1940 federal workers renovated eighteen buildings on the post, painted eleven other buildings, and expanded twenty-five sets of quarters by enclosing the open porches (FZAR, 1940, 2–3).

139. John C. Paige, *The Civilian Conservation Corps and the National Park Service, 1933–1942: An Administrative History* (National Park Service, available at: http://www.nps.gov/history/history/online_books/ccc/ccc1a.htm, 1985, accessed 24 August 2012); Joseph M. Speakman, *At Work in Penn's Woods: The Civilian Conservation Corps in Pennsylvania* (University Park, PA: Pennsylvania State University Press, 2006); and Robert J. Moore, *The Civilian Conservation Corps in Arizona's Rim Country: Working in the Woods* (Reno, NV: University of Nevada Press, 2006).

140. ARSG, 1935, 134.

141. William E. Leuchtenburg, *Franklin D. Roosevelt and the New Deal, 1932–1940* (New York, NY: Harper Colophon Books, 1963), 174; and Paige, *The Civilian Conservation Corps*, chapter 5.

142. Speakman, *At Work in Penn's Woods*, 1 and 170; and Leonard, *Trials and Triumphs*, 61. On the Civilian Conservation Corps [hereafter cited as CCC] in Colorado see the Colorado State Archives Web site, <http://www.colorado.gov/dpa/doit/archives/ccc/cccscope.html>, accessed 24 August 2012.

143. James, *The Years of MacArthur*, 420.

144. Adjutant General to the administrator of the Veterans' Administration, 20 February 1935, Record Group 407, Records of the Adjutant General's Office [hereafter RG 407], CCC, Box 933, NARA. Correspondence regarding the disposition of veteran-members of the CCC, January–March 1935, RG 407, CCC, Box 933, NARA.

145. War Department letter to Civilian Conservation Corps, 28 August 1940, RG 407, CCC, Box 934, NARA. Specialists recommending X-ray screening of CCC employees included Esmond Long and H. E. Kleinschmidt, "Desirability of a Tuberculosis Survey of Applicants for the CCC," 23 July 1935; Henry C. Pillsbury, "Mass Radiography of Selectees, Civilian Conservation Corps," 17 April 1936; and related correspondence in RG 407, CCC, Boxes 937 and 938, NARA.

146. ARSG, 1939, 266.

147. Buck and McAfee correspondence, October 1933, RG 112, Entry 31, 1928–37, Box 280, NARA.

148. E. C. Jones memo, "Employment of Doctors, Dentists, Nurses and Other Civilian Employees for the Care of CCC and VA Patients, Fiscal Year 1938," 3 July 1937, RG 407, CCC, Box 1018, NARA.

149. Charles Johnson, "The Army, the Negro and the Civilian Conservation Corps: 1933–1942," *Military Affairs* 36 (October 1972), 85–86; and John A. Salmond, "The Civilian Conservation Corps and the Negro," *Journal of American History* 52 (June 1967): 82.

150. ARSG, 1936, 142–43.

151. ARSG, 1937, 166.

152. C. D. Buck, "Reimbursement for Subsistence," 16 October 1934, RG 112, Entry 31, 1928–37, Box 284, NARA.

153. Adjutant General's Office, "Continued Medical Attendance and Hospitalization for Former CCC Enrollees Hospitalized at Present," 15 June 1943, RG 407, CCC, Box 933, NARA.

154. FZAR, 1942, 5.

155. John Duffy, *The Sanitarians: A History of American Public Health* (Champaign,

IL: University of Illinois Press, 1990), 256–66.

156. Edgar Sydenstricker, “Health and the Depression,” *The Millbank Memorial Fund Quarterly Bulletin* 11 (October 1933): 273–80. On tuberculosis during the Depression see Natalia Molina, *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939* (Berkeley, CA: University of California Press, 2006), 134, 244–45; and Emily K. Abel, *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles* (New Brunswick, NJ: Rutgers University Press, 2007).

157. “First Lady Urges Tuberculosis War,” *New York Times*, 31 March 1935; and “Seal Sale Opened by Mrs. Roosevelt,” *New York Times*, 27 November 1936. Eleanor Roosevelt died in 1962 at the age of 78 of complications of tuberculosis she had contracted in her youth. Available at: <http://www.gwu.edu/~erpapers/abouteleanor/erbiography.cfm#yr1953>, accessed 26 November 2012.

158. “Hospitals in 1933,” *Journal of the American Medical Association* 102 (31 March 1934): 1084; and Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York, NY: Basic Books, Inc., Publishers, 1989), 148.

159. Stevens, *In Sickness and in Wealth*, 163–70.

160. Federal Board of Hospitalization, “Minutes,” 28 July 1936, Record Group 51, Records of the Office of Management and Budget [hereafter RG 51], Entry 3, Box 8, NARA.

161. George R. Spalding, “Hearing on the Bureau of the Budget in Connection with the Future of Fitzsimons Hospital,” 19 October 1936, RG 112, Entry 31, 1928–37, Box 283, NARA.

162. “Fitzsimons Building Authorization Also is Voted by House,” *Denver Post*, 19 July 1937; and “Way Cleared for Grant of PWA Funds to Fitzsimons Hospital,” *Denver Post*, 14 May 1938.

163. United States Housing Act, Amendments of 1938, approved 21 June 1938; and ARSG, 1939, 186.

164. “Fitzsimons Will Get Almost 4 Millions,” *Denver Post*, 20 June 1938.

165. FZAR, 1939.

166. The late nineteenth century development of the elevator and antiseptic and aseptic protocols enabled hospitals to abandon the pavilion style. See Allan Brandt, “Of Bed and Benches: Building the Modern American Hospital,” in *The Architecture of Science*, Peter Gailson and Emily Thompson, eds., (Cambridge, MA: MIT Press, 1999); and Charles E. Rosenberg, *The Care of Strangers* (New York, NY: Basic Books, 1987).

167. ARSG, 1939, 186.

168. “Army to Train Hospital Aides at Fitzsimons,” *Denver Post*, 30 March 1941.

169. “World’s Best Equipped Hospital Soon Ready for Patients,” *Rocky Mountain News*, 30 March 1941.

170. FZAR, 1940, 1.

171. “Fitzsimons New Building Wins Praise,” *Denver Post*, 25 October 1940.

172. *Washington Times*, 2 December 1937, Lewis scrapbook, No. 10, 1937–38, Lewis Papers.

173. “Lewis Launches Congress Purge, Issues Blacklist,” *Philadelphia Inquirer*, 13 July 1938, Lewis Scrapbook, No. 10, 1937–38.

174. Scrapbook No. 11, Lewis Papers.

175. “Colonel Buck to Retire from U.S. Army June 30,” *Denver Post*, 25 April 1940. Due to the wartime emergency, within weeks Buck returned to duty at Letterman Hospital in San Francisco; “Fitzsimons Training Program is Speeded,” *Denver Post*, 6 September 1940.

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177. Lewis Diaries, 22 November 1941.

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185. "Lawrence Lewis Back on Job After Illness of a Year," *Denver Post*, 8 September 1943.

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188. Appendix to the *Congressional Record*, 78th Cong., 2nd sess., 31 May 1944, A2680-A2691, *passim*.

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190. *FZAR*, 1942, 2.