Hospitals & Asylums

World Heritage Application Treatment HA-6-12-23

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United Nations Educational Scientific and Cultural Organization (UNESCO) protection under Art. 11 paragraphs 2 and 4 of the Convention Concerning the Protection of the World Cultural and Natural Heritage (1972) is sought for the $125 million New Deal intention of legislating common Title 24 of the United States Code, Hospitals & Asylums (HA), and Code of Federal Regulation, Housing and Urban Development (HUD) and matching $125 million full repayment of UNESCO dues to persecution of Palestine, over five $25 million years, to obligate, in this application, HUD produce four 5-year Capital Fund Program (CFP) action plans by four local Public Housing Authorities (PHAs) to abate asbestos, mold, and lead, create four new HUD offices and repopulate four registered historical HA "carpet bombing" sites distributed in behalf of 24CFR Part 905, at: (1) St. Elizabeths Hospital in the District of Columbia (DC) 24USC§225 et seq., 50 percent (2) Army and Navy General Hospital at Hot Springs National Park in Arkansas, 25 percent 24USC§18 and §20, (3) Tubercular Hospital at Fort Bayard, New Mexico, 20 percent 24USC§19 and (4) Joint Black Hills Veterans Administration (VA) and Indian Health Service (IHS) medical center and drug abuse treatment for tribal members to settle *United States v. Sioux Nation of Indians*, 448 U.S. 371 (1980); free camping at Battle Mountain Sanitarium Reserve and Black Hills National Forest, pursuant to the leave no trace principles, perfection of bona fide claims; private exchange of land, 5 percent 24USC§151 et seq.

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Chapter I. Public Housing Prospectus

International protection of the world cultural and natural heritage shall be understood, in this application, to mean the establishment of a system of international co-operation and assistance designed by HUD to support 5-year plans for public housing at four geographically distinct abandoned and underutilized HA properties pursuant to Arts. 7 and 11, paragraphs 2 & 4, of the Convention Concerning the Protection of the World Cultural and Natural Heritage (1972). The Five Campus HA Marathon in the District of Columbia Chapters IV, V, VI, VII and X of Title 24 of the US Code, Army and Navy General Hospital, Battle Mountain Sanitarium Reserve, and Fort Bayard included in the World Heritage List. Two properties - St. Elizabeths Hospital and the Army and Navy General Hospital must also be included in the List of World Heritage in Danger, to shame Congress into approving major construction funding for HA in the HUD budget, in the District of Columbia, and Hot Springs National Park. The four legislated HA districts, three historical registered and at least another seven sites, could be consolidated into one World Heritage Listing – Hospitals & Asylums Marathons.

HUD shall be obligated to report to the General Conference of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on the dates and in a manner to be determined by it, give information on the legislative and administration provisions which they have adopted and other actions which they have taken for this application, in collaboration with internationally recognized human rights, with details of the experience acquired in this field, to be brought to the attention of the World Heritage Committee pursuant to Art. 29 of the World Heritage Convention. Essentially, if HUD produces four five year plans for public housing at three abandoned HA properties and one underpopulated substance abuse treatment center, HUD, aforementioned HA properties, i.e. Gallaudet University sign language interpreters, and Interior historical preservation and world heritage committees, might be invited to consult with the Committee for the Protection of Cultural and Natural Heritage of Outstanding Universal Value, called the World Heritage Committee, in an advisory capacity pursuant to Arts. 8(3) and 10 of World Heritage Convention (1972).

The Five Campus HA Marathon and Hot Spring National Park loops are nearly exactly 26.2 miles; furthermore, there is an extensive trail system at Fort Bayard and logging roads at Battle Mountain Sanitarium Reserve. The marathon seems to an important part of the 19th century design to connect these HA cultural facilities with nature to maintain the physical and mental health of the revolutionary community, cured of arthritis by bathing in healing mineral hot springs. To sustain free camping trails need only to be connected to public water, electricity, wifi and supermarket. The major construction cost to abate HA sites is testimony to the environmental hypocrisy of building housing for a rainy day, where the Apache nomad would leave no trace, and be healthier and wealthier for the trail to market, however long. Swimming and running the marathon may be the medical necessity, HUD PHA CFP 5-year plan writers, need to heal the damage to the cardiac muscle caused by mold and MRSA from decaying buildings, infecting the calculus of the arteries, that accumulates at an accelerated rate due to the combined sedentariness of the business math and voluminous HUD statute, to stop neglecting their superhuman urban renewal jobs and unaccountable rental investment scams obese bureaucrats fall into. To avoid chest pain, public housing grant writing should be limited to a 4 hour work day max, with little food consumption, to avoid nagging chest pain, and consequently diminished computing capacity, to be divided between physical labor and recreational swimming in salinated water, to sterilize the mold and MRSA, and running to strengthen the heart and clear the airways. Howard University and especially Gallaudet University, Armed Forces Retirement Home and Arlington National Cemetery campuses are gorgeous, and do not need much, if any, HUD assistance, except inclusion of the entire

five campus District of Columbia marathon in the World Heritage List. Without a comprehensive trail system in DC, disinfected slum clearance grant writers must be guided to swim at the free DC pools and run the city sidewalks to prevent and treat calculus of the arteries. In Washington DC, only St. Elizabeths Hospitals is of concern to a HUD PHA 5-year plan and World Heritage in Danger listing.

Hospitals & Asylums (HA) is codified in Title 24 of the United States Code. Housing and Urban Development (HUD) is published in Title 24 of the Code of Federal Regulations. HA was first legislated by President James Madison in the Naval Hospital Act of February 26, 1811 mostly to provide realistic benefits to Revolutionary veterans, before the consolidation of relevant agencies into the Department of Veterans Affairs (VA), by executive order 5398, due to increasing demand during the Great Depression, in 1930. HA statute shelters the Army and Navy Hospitals, Soldiers' and Airmen's Home, renamed the Armed Forces Retirement Home since 1991, National Home for Disabled Volunteer Soldiers, St. Elizabeths Hospital, Gorgas Hospital, Arlington Memorial Amphitheater and mentally ill nationals returned from foreign countries. During Reconstruction, President Abraham Lincoln created the Columbia Institution for the Deaf, now Gallaudet University, and Freedmen's Hospital and Asylum for freed slaves, now Howard University, both in Washington DC. The codification of HA at Title 24 of the US Code was the work of Hon. Edward C. Little who died, shortly before publication, on June 24, 1924, as noted in the preamble to Constitution of Hospitals & Asylums Non-Government Economy (CHANGE).

Until 2000 HA statute was not collectively studied and the various real properties were operated without oversight and many closed without simple ownership and are maintained by voluntary efforts or totally abandoned. Several abandoned, historically legislated, Native American sacred sites, have fallen into a condemnable state of repair, that now require major construction financing from Congress, to protect the social and environmental utility of the historic properties, that have been decaying since the end of World War II, in direct proportion to the collective punishment for “carpet bombing” by the veteran population served at that facility, in violation of Art. 33 of the Fourth Geneva Convention Relative to the Protection of Civilians in Times of War (1949) and Basic Rule Art. 35(2) Protocol I relating to the Protection of Victims of International Armed Conflict of 8 June 1977. (1) St. Elizabeths Hospital is the largest blight in Washington DC, it was expanded to accommodate WWII draft dodging soldiers, hoping to avoid military service due to alleged mental illness; four times larger than an equivalent number of buildings around the abated (2) Army and Navy General Hospital, expanded to debrief returning WWII soldiers, at Hot Springs National Park, the true, but small and urban, first national park; (3) Tubercular Hospital at Fort Bayard, closed due to the invention of effective antibiotic treatment for tuberculosis, streptomycin, after WWII, and current winter site of marathon training occupation, would also benefit Forest Service commitment to major abatement and renovation with public housing of historical significance with National Forest access, but, due to the zero maintenance cost of the Native American maternity petroglyph sacred site, the rest of civilization could just whither and fall off, leaving the bellybutton of the world, current and prior voluntary effort and mathematical perfection, is not an EPA superfund disaster to be included in the World Heritage in Danger List like plans (1) and (2); and (4) assist the Black Hills VA to reasonably accommodate Indian Health Service (IHS) to fully populate the underutilized substance abuse treatment facility.

The fact that a property belonging to the cultural or natural heritage has not been included in either of the two lists mentioned in paragraphs 2 and 4 of Art. 11 shall in no way be construed to mean that it does not have an outstanding universal value for purposes other than those resulting from inclusion in these lists under Art. 12 of the World Heritage Convention (1972). Besides Battle Mountain

Sanitarium, there are ten other National Home for Disabled Volunteer Soldiers (NHDVS) facilities, three of which are listed in the National Register of Historical Places, which might self-determinately wish to be recognized by HUD and this World Heritage Site Listing of HA sites. Although their statute may have been repealed, so have the indispensable services of Freedmen's Hospital and the Columbia Institution for the Deaf and Dumb, and the author has conveniently patched together the entire historical legislative text, noting amendments and repeals in 2021 whereas repeal does not adequately affect existing liabilities 1USC§109. To defend HA properties against a psychological duty to reject sites from the World Heritage List, it seems prudent to mention that London Breed, the first African-American mayor of San Francisco, was born on exactly the same day, as the author, Anthony J. Sanders, 11 August 1974, and is equally deserving a HUD PHA 5-year plan to lease vacant skyscrapers to serve as public housing 24CFR Part 905. Mayor Breed was raised in San Francisco public housing, and her advocacy for the leasing of vacant skyscrapers to serve as public housing to redress the highest real estate and rental prices in the nation, is central to her campaign. Her municipal legislation has been somewhat successful and San Francisco saw a 1.6 percent decrease in home prices in 2022, the largest decline in housing prices in the nation, but more work is needed. It is doubtful the resignation of Nancy Pelosi from Speaker of the House has made local California government email non-lethal. Public housing project 5-year plans, need to distinguish between this World Heritage List HA prospectus, skyscraper leasing in San Francisco and other urban renewal and abatement projects around the nation, without discrimination on the basis of geographically distributed cost to HUD and prospective tenants of public and affordable housing, but also by the outstanding universal value of wilderness access to the mental and physical health of public housing tenants led to achieve the highest level of physical and mental health by HA marathons, around the nation and in the urban jungle of DC.

The general feeling in the CFR and amongst concerned citizens is that HUD is a 'troubled' agency, created by Johnson to assassinate Americans and make foreign war, mitigated by its benevolent roots in the New Deal and use as a refuge for the benefit of otherwise shortchanged African-American families, who comprise 80 percent of public housing tenants, resulting in an insolvent environment of benign neglect, no white petitioner has ever done due diligence. To grade HUD conduct the same as the Education Department (ED), UNESCO is appraised of two aspects of major HUD budget fraud; (1) concealing extortionate maintenance fees, of about $1,000 a unit per month, paid to private operators of public and affordable housing, evidently expressed in the way (2) the HUD budget overview, having fictitiously reversed definitions of budget authority and outlays, wrongfully attempts to justify their extortionate rents to the federal government, by subtracting some revenue funded activity, not including public housing rental income, from the actual amount of federal outlays paid by the Treasury, of interest to the White House Office of Management and Budget (OMB) federal outlays total. HUD must add revenue funded operations, prospectively including rental income, to federal outlays, to yield budget authority and better individually and collectively study the bottom line of subsidized public and affordable housing programs. The FY 2024 President’s Budget decadently requests over $100 billion in mandatory funding over 10 years for programs at HUD as well as tax credits to provide affordable housing, that do not pass. Five or ten year plan is not a generally accepted accounting practice (GAAP) by the annual Audit Standard No. 6 Evaluating Consistency of Financial Statement by the Public Company Accounting Oversight Board.

To perfect 3 percent inflation in HUD Budget Authority, Outlay and Limit ledger, all offsetting receipts other than Manufactured Home Fees must be excluded from the discretionary outlay total. To account for this, Manufacture Home Fees row must be moved, from Offsetting Receipts subtracted from Gross Budget Authority, to just below the Gross Federal Outlay Subtotal, to be subtracted to produce (Net)

Outlays Gross – the number to be entered as Discretionary Outlays, in the overview table and OMB Outlay by Agency Table. The HUD budget is begged to stop the President's extortionate request for affordable housing in excess of 3 percent inflation, to cater to what is perceived as an increase in homelessness, and instead enforce a national 3 percent limit on housing and rental price inflation pursuant to Housing Bubble Deflation in Sec. 32 of the Echinacea Recount Agenda of 2024 that also notes the dispute in the text of Art. 25(1) of the Universal Declaration of Human Rights (1948) regarding a unexplained novel right to 'housing' rather than the traditional intergenerational freedom of 'shelter'. The HUD budget is advised to scrimp, save and contribute, to prioritize the major construction of public and affordable housing and achieve environmental urban renewal goals, at a marginalized growth rate of 3 percent of total HUD spending, ie. $2.1 billion of $70 billion, to afford expansion of PHAs to HA World Heritage sites, skyscrapers in San Francisco and other public and affordable housing and urban renewal projects around the nation. The exact amount 3 percent HUD budget inflation is judged is $72.5 billion FY 24 in Sec. 4,000(b)(10) of the ERA of 2024.

HUD was created on September 9, 1965, to allow the federal government to tackle urban problems including substandard and deteriorating housing in a coordinated manner. As part of an initiative begun under President John F. Kennedy that was completed by President Lyndon B. Johnson, HUD consolidated five existing independent federal housing and community development agencies – the Federal Housing Administration, Public Housing Administration, Fannie Mae, Urban Renewal Administration, and Community Facilities Administration. HUD must be held responsible for the rehabilitation of abandoned HA properties for two reasons. One, the codification of Title 24 US Code and Code of Federal Regulations, clearly obligates HUD to take responsibility for the rehabilitation of HA real property, and this common codification of law, would both sustain the HUD budget to exceed $70 billion in less than 42 months (Rev 13:5) and facilitate the expansion of the number of HUD office from 66 to 70 , by righteously expanding public housing through urban renewal, rather than the currently rejected extortion attempt to house the statistically increasing homeless population, siding with “shelter”, rather than “housing”, in the novel dispute regarding the true text of Art. 25(1) of the Universal Declaration of Human Rights (1948). Two, HUD is uniquely skilled, as the federal agency competent to rehabilitate real property and make effective use of the renovated buildings as public and affordable housing. Federal obligation for asbestos, mold and lead abatement at these facilities, all of which listed in the National Historic Register, is preliminarily estimated at a $100 million HUD grant to be distributed amongst four local Public Housing Authorities (PHAs), over five years, with the largest share going to St. Elizabeths Hospital, for building code compliance and abatement activities 24CFR§905.200(6) and (12)(vii)(B).

The estimated cost of rehabilitating all four HA properties is estimated by the layman, at no less than $100 million over five years, in order ensure representation of HUD's HA heritage, in the HUD congressional budget request. The distribution of >$100 million HUD liability for building code and abatement and activities at four HA sites is estimated at 50 percent for St. Elizabeths Hospital in DC, 25 percent for the Army and Navy General Hospital at Hot Springs National Park, 20 percent for Fort Bayard, and 5 percent for the Battle Mountain Sanitarium Reserve substance abuse treatment settlement of *United States v. Sioux Nation of Indians*, 448 U.S. 371 (1980). Whereas, it appears the author's nemesis, Antony J. Blinken, Secretary of State, has shorted UNESCO about $125 million of $750 million arrears from 2011, with his acceptable >$600 million settlement, and resumption of regular dues in 2021. Wherefore, in pursuit of partnership, HUD shall budget $125 million, over five years, for the abatement of four HA sites, and the State Department, shall budget $125, over five years, mostly for the incidental reconstruction of Palestine by UNESCO, without prejudice to any

supplemental voluntary contributions under Art. 16 of the World Heritage Convention (1972) and Sec. 100 of the ERA of 2024 that pointed out Post-COVID Statistics were in $750 million in Arrears to UNESCO. To treat the collective punishment of carpet bombing the United States Treasury would be newly obligated, within the 3 percent inflationary margin of two agency budgets, to pay a total of $250 million over five years, $50 million a year, $25 million for UNESCO and $25 million for Title 24.

A five year Capital Fund Program (CFP) for four HA properties is preliminarily estimated at $125 million, would be distributed by the respective Public Housing Authorities (PHAs) as follows - 50 percent, $62.5 million, $12.5 million for five years, for St. Elizabeths Hospital in DC, 25 percent, $31.25 million, $6.25 million for five years, for the Army and Navy General Hospital at Hot Springs National Park, 20 percent, $25 million, $5 million for five years for Fort Bayard, and 5 percent, $6.25 million, $1.25 million for five years, for the Battle Mountain Sanitarium Reserve, significantly less than the crazed VA overestimate that unnecessarily triggered major construction approval by Congress, for being in excess of the arbitrary amount of $1.5 million annually. The mathematical perfection of the Fort Bayard application, that is neither entirely abandoned, nor occupied, is encouraging. Approval of a prospectus is usually done by the Committee on Environment and Public Works of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives when major construction exceeds +/-$10 million in total expenditures and over $1.5 million annually under 40USC§3307, but may be excluded if the President thinks the public housing, recreation, military and veterans history, is in the public interest under 40USC§3301(C)(iv)(vi)(vii)(viii) or for instance, the World Heritage Committee recognizes HUD agency budget responsibility for HA abatement, and the benign neglect of the Constitution would be overruled by the Draft Articles of State Responsibility for Internationally Wrongful Acts (2001).

Exposure to high levels of lead may cause anemia, weakness, and kidney and brain damage. Very high lead exposure can cause death. Lead can cross the placental barrier, which means pregnant women who are exposed to lead also expose their unborn child. Lead can damage a developing baby's nervous system. Although there are no regulations specifically pertaining to the demolition of lead based paint contaminated structures, demolition does pose a lead based air contamination hazard, and removal and disposal of the debris requires consideration, it will be necessary to contract with an EPA certified lead hazard inspector before beginning and after completing to determine if there is any soil-lead contamination when the area is finished under 40CFR§745.227(h)(4) and abate any soil contamination under (e)(7). Three of the major health effects associated with asbestos exposure are lung cancer, mesothelioma, and asbestosis. Although treatment of lung cancer is improving, mostly in regards to the early treatment aspergillosis with corticosteroids, or to abate aflatoxin induced carcinogenesis, mesothelioma is invariably fatal. Although attributed to reductions in smoking, most of the reduction in lung cancer over the past few decades is probably due to reductions in lifetime environmental asbestos exposure. Cigarette smokers have at least a 10 times greater risk of developing lung cancer than do nonsmokers. Asbestos exposure and cigarette smoking act synergistically; an asbestos worker who smokes has a 50-100-fold increased chance of developing lung cancer (Mitchell '89: 340-344).

Air toxics regulations under the Clean Air Act specify work practices for asbestos to be followed during demolitions and renovations, that apply equally to mold. The regulations require a thorough inspection where the demolition or renovation operation will occur. The regulations require the owner or the operator of the renovation or demolition operation to notify EPA Administrator at least 10 days in advance, and/or the appropriate delegated entity (often a state agency) before any demolition of buildings that contain a certain threshold amount of regulated asbestos-containing material. Work

practice standards must control asbestos emissions. It is required that all asbestos-containing materials must be removed before demolition, adequately wetting all regulated asbestos-containing materials, sealing the material in leak tight containers and disposing of the asbestos-containing waste material as expediently as practicable. These work practice standards are designed to minimize the release of asbestos fibers during building demolition or renovation, waste packaging, transportation and disposal. The rule generally requires that asbestos-containing waste material from stripping and removing abatement operations be sealed in a leak-tight container while wet, labeled, and disposed of properly in a landfill qualified to receive asbestos waste under 40CFR§61.145.

Mold smells bad and may cause topical and thoracic infections, tumors, lymphomas and leukemias. Mold is best treated with saline bathing or hydrocortisone crème, that works better than prescription anti-fungal medicine, and can instantly cure stage I lung cancer nodules caused by aspergillosis. Mold aerosolization during the demolition or renovation process is a serious public health hazard, just like asbestos. Asbestos abatement requires that the asbestos be wetted to prevent the fibers from becoming airborne. Mold is abated with chlorinated water. These abandoned asbestos and lead contaminated buildings smell moldy from a quarter mile away. It seems best to require that both asbestos and mold abatement be consciously conducted at one time, by using chlorinated water to both wet the moldy asbestos being contained, and sterilize the moldy building before demolition of renovation.

Demolition costs are subject to many, many factors that make them vary from as little as $2 to $17 per square foot. In general, completely demolishing a home alone costs between $4,000 and $14,000. Adding in a foundation raise or demolition can increase that number by $1,000 to $5,000, depending on whether it's a basement or a slab, and factors such as asbestos and lead paint can add even more - upwards of $20,000 if the entire building needs asbestos abatement. The top factors that influence the cost of a home demolition or renovation include: The size of a structure, the foundation type and whether it needs to be demolished during the course of the project, the materials used to build the home - brick is harder to demolish than wood., the cost of permits and removal of hazards such as asbestos and lead paint and debris removal. The average cost to demolish a commercial building is between $4 and $8 per square foot. Keep in mind that this cost can go up or go down depending on the square footage. The cost of demolishing a commercial building decreases with increased square footage.

With asbestos and mold abatement estimated to cost as much as $20,000 per building, not including lead paint and soil abatement, and more than 300 buildings, of varying sizes, in need of abatement at four sites, asbestos and mold abatement of HA could cost HUD as little as $6 million, of the $125 million budgeted for HA renovation, over five years, at the same four sites. Lead abatement might cost the same. Demolition of about 150 buildings of various sizes, some very large, might cost another $20,000 per building, $3 million total. This testimony does not reflect the overestimated values of the major construction industry as it pertains to building code compliance, let alone, abatement activities hereby estimated to cost at least $15 million, of $125 million. $125 million, distributed over five years, by the respective Public Housing Authorities (PHAs) as follows - 50 percent, $62.5 million, $12.5 million for five years, for St. Elizabeths Hospital in DC, 25 percent, $31.25 million, $6.25 million for five years, for the Army and Navy General Hospital at Hot Springs National Park, 20 percent, $25 million, $5 million for five years for Fort Bayard, and 5 percent, $6.25 million, $1.25 million for five years, for the Battle Mountain Sanitarium Reserve 24USC§153.

HUD has a common law obligation to repopulate HA sites by renovating the abandoned and underutilized buildings to produce new units of public and affordable housing. In order to be fungible,

PHAs must have an approved 5-year Action Plan. Work affecting health and safety and regulatory compliance regarding hazardous materials, ie. abatement, is prioritized before major systems (e.g. heating, roof, etc.) and other costs of lower priority. By HUD minimally taking responsibility for abating the abandoned federal buildings, the savings passed down to the affordable housing tenant, mean the difference between low-income and middle income rents. PHA criteria for significant amendment or modification of this preliminary estimate should treat the proposed demolition, disposition, homeownership, Capital Fund financing, development, and mixed-finance proposals for each site 24CFR§905.300(b)(1)(ii)(C)(iii). It is hypothesized that all four public housing projects could be finished for $250 million, in five years, however it seems humbler, more in synch with the mixed economy, that usually finishes such works, to give UNESCO half, for Palestine reconstruction, and better pray for relief from public and private investors and international study pursuant to Art. 22 of the World Heritage Convention (1972) and Federal Interagency Panel for World Heritage 36 CFR§73,.11.

In addition, HUD is obligated to partner with the Interior Department (and Forest Service) to abate HA properties, and HUD PHAs must recognise Interior and Forest Service contributions in their 5-year Action Plan(s). All HA sites are listed on the National Register of Historic Places pursuant to the National Historic Preservation Act of 1966 under 16USC§470 *et seq*. The Keeper of the National Register will conduct an annual review of the condition of properties determined eligible for the National Register with information provided by the Advisory Council on Historic Preservation pursuant to 36CFR§63.6. Federal agencies undertaking a project having an effect on a listed or eligible property must provide the Advisory Council on Historic Preservation a reasonable opportunity to comment in accordance with Section 106 process of the National Historic Preservation Act of 1966 under 36CFR§60.2(a). Favorable tax treatments are allowed for rehabilitation, and discourage destruction of historic buildings by eliminating certain otherwise available Federal tax provisions both for demolition of historic structures and for new construction on the site of demolished historic buildings §60.2(c) and §67.5. The National Historic Preservation Fund provides grant-in-aid for preservation, rehabilitation, restoration and reconstruction under §68.1 for state and local governments under §61.1. Pursuant to the Secretary of Interior's Standards for the Treatment of Historic Properties under §68.3. Furthermore, negotiations in 2021 regarding rehabilitation of the Army and Navy General Hospital Hot Springs National Park, led the Interior Secretary to agree to increase to $5 million annually, local financing pursuant to Title X of the National Parks and Recreation Act of 1978, Public Law 95-625 that provides Federal grants to economically hard-pressed communities specifically for the rehabilitation of critically needed recreation areas and facilities, and for the development of improved recreation services under 16USC§2501-2514.

HUD contracts should provide just and reasonable compensation, just like General Services Administration (GSA) statute promises, to any person who gives information about the property or actually preserves, collects, surrenders, or pays over the property, especially by prioritizing affordable in-kind building space to recognize the contribution of volunteers and their organizations 40USC§1309. HUD abatement education programs are essential to revitalizing early 20th century communities, where abatement is a major public health concern and construction cost. Graduates could be employed at the future public housing site, or in the larger community of HUD financed, private abatement projects. Abatement of asbestos, mold and lead shall be performed in accordance with methods and standard established either by a State of Indian tribe under a program authorized by the EPA 24CFR§35.1325, 40CFR§61.145. The monopolistic and inflationary effect of approval of EPA certification is neutralized by periodic HUD approved training programs, for responsible parties and early 20th century communities in need of abatement 24CFR§58.77. At least once every three-years

(in the beginning and middle of a CFP five year plan) HUD shall conduct training, for the staff of responsible entities to approve for the general public §58.77(d)(1)(ii)

The legislative intent of common Title 24 of the United States Code and Code of Federal Regulations is so obvious that HUD could be assumed to have already acquired all abandoned HA properties at no cost and their condemnable state of repair is evidence of HUD neglect. However, denial of legislative intent, for HUD acquisition of abandoned HA properties, is suggested in common part 24 of the CFR, that coerces non-procurement, debarment, suspension, and limited denial of participation, whereby the HUD Secretary, herself, must reassure PHA's of their obligation to produce 5-year plans for four abandoned and underutilized HA properties around the nation, despite the unfortunate codification of government wide debarment policy at 24CFR§24.1 and 2CFR part 2424 that does not, and never did, apply to the assumed HUD acquisition of abandoned and underutilized HA properties 2CFR§2424.137. There is no denying HUD, like any street urchin witnessing an abandoned public building 40USC§1309, has both the responsibility and authority to acquire abandoned Hospitals & Asylums (HA) property by eminent domain pursuant to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, 42USC§4601 and 49 CFR part 24 associating rural surface transportation grants with public bus service 23USC§173 under 24CFR§42.1.

Work Cited Chapter 1

Abatement 24CFR§35.1325

Acquisition, Construction and Alteration 40USC§3301 et seq.

Battle Mountain Sanitarium Reserve 24USC§151 et seq.

Consolidation of relevant agencies into the Department of Veterans Affairs (VA) E.O. 5398 (1930)

Convention Concerning the Protection of the World Cultural and Natural Heritage (1972)

Demolition or renovation 40CFR§61.145

Displacement, relocation assistance, an real property acquisition for HU an HUD-assisted programs 24CFR§42.1

Draft Articles of State Responsibility for Internationally Wrongful Acts (2001)

Effect of approval of certification 24CFR§58.77

Geneva Convention (IV) Relative to the Protection of Civilians in Times of War (1949)

Governmentwide debarment and suspension (nonprocurement) 24CFR§24.1 and 2CFR part 2424

Historic Preservation Certifications under the Internal Revenue Code 36 CFR Part 67

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National Historic Preservation Act of 1966 under 16USC§470 *et seq*.

National Parks and Recreation Act of 1978, Public Law 95-625 16USC§2501-2514

National Register of Historic Places 36CFR Part 63

Preservation, sale, or collection of wrecked, abandoned, or derelict property 40USC§1309

Procedures for State, Tribal, and Local Government Historic Preservation Program 36 CFR Part 61

Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) of 8 June 1977

Repeal does not adequately affect existing liabilities 1USC§109

Rural surface transportation grants with public bus service 23USC§173

Saint Elizabeths Hospital 24USC§225 et seq.

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The Public Housing Capital Fund Program 24CFR Part 905

The Secretary of the Interior's Standards for the Treatment of Historic Properties 36 CFR Part 68

Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, 42USC§4601 and 49 CFR part 24

United States v. Sioux Nation of Indians, 448 U.S. 371 (1980)

Universal Declaration of Human Rights (1948)

Who in HUD may grant an exception to let an exclue person participate in a covered transaction? 2CFR§2424.137

Words denoting number, gender and so forth 1USC§1

Work practice standards for conducting lead-based pain activities 40CFR§745.227

World Heritage Convention 36 CFR Part 73

Chapter II. Fort Bayard Trail System

The Fort Bayard Trail System marathon runs to the south of Twin Sisters peaks, where it connects the Continental Divide National Recreational Scenic Trail (CDTNST), along Twin Sisters Creek wash, with standing water at Big Cypress Tree, the maternity petroglyph site on the Dragonfly Trail, Bataan Park and Dollar General in Santa Clara, New Mexico. Fort Bayard provides direct trail access to the nation's first wilderness area, the Gila National Forest. It takes a half to full day of road walking, in any direction, to access the wilderness from Silver City, or vice versa, access Silver City from the wilderness. Camping is prohibited on Boston Hill and there is a closed thrift store across the street from the US Post Office stealing tents, ostensibly for the city to compensate non-profits for the extortionist camping prohibition solicited at the Visitor Center, up to $500 fine and 90 days in jail. The Town Manager is obligated to clearly legislate a special ordinance recognizing the leave no trace principles are required to camp on Boston Hill at Sec 1101 of Silver City Rules and Regulations and cross-connect Silver City sidewalks to the National Forest trails. The Fort Bayard Trail System trails and historical trials are only a few road miles away. The maternity petroglyphs, with delayed cord clamping protocol, justify HUD/HA/World Heritage Site, partially leased by the Forest Service, to provide the growing population affordable housing with wilderness access pursuant to a HUD PHA Capital Fund Program (CFP) 5-year plan under 24CFR§905 for 24USC§19.

Indians of the Mogollon culture lived in the Pinos Altos region 300 – 1450 CE. Like the Pueblo, the Apache believe they have always lived in this area. Both tribes formally dispute the African origin and southern migration from ice age land bridge human evolutionary theories, with a bias for northerly migration along the current lines of the most crossed land border in the world, from the south. Mining activity in the region began in 1804 to deliver copper from Santa Rita del Cobre to Mexico City by mule train. In the late 1860s there was a gold rush to Pinos Altos. In 1870 miners flocked to news of a silver discovery in the hills near La Cienega de San Vicente. At first only a cluster of tents and crude shelters, the settlement was soon christened Silver City. In the late 19th century it was a stronghold for Apaches led by Victorio and Geronimo. During the War with Mexico in 1846, General Stephen Kearny, commander of the West, and Kit Carson led troops to abandoned Santa Rita del Cobre Presidio, before following the Gila River to California. A more southerly route taken by General George Cooke in December of 1846 established the 1858-1861 Butterfield Overland route, that connects the El Paso bus station with Las Cruces, Deming and Lordsburg with the Greyhound.

New Mexico should make an effort to improve public access to nature, history, recreational opportunities and market by improving public transportation in the Southwest region of the state. The Silver City and Bayard area is currently unserved by local New Mexico Department of Transportation (NMDOT) or Greyhound bus services, and is 100 mile mountain hike to Deming or Lordsburg, from Silver City market and culture, that made special camping accommodations at the old water works to host Trail Days 2023. The Silver City, Deming, Lordsburg region in Southwest New Mexico should be connected by a free, or local fare NMDOT bus route, going, minimally, with one bus on a route from Silver City, to Fort Bayard, to Santa Clara, to Bayard. Regionally, one or two long routes a day or

divided labor, should provide Silver City with access to national ground transportation, to City of Rocks State Park, Hot Springs and Deming, where there is Greyhound access, from Deming a route to and from the international border at Columbus is in order, and back around to Silver City via Lordsburg, pursuant to Southwest NMDOT rural surface transportation grant 23USC§173.

Bayard is a commercial copper mining region incorporate in 1925, with a population of 3,036 and elevation of 6,125 feet. With income levels below the state and national average, Bayard and Santa Clara, would benefit greatly from HUD abatement training and financing. Nearby Village of Santa Clara engaged Silver Architects to conceptualize a Living Heritage Park plan for Fort Bayard National Historical Site and produced a final business plan. The campus is 468-acres Pershing-era fort complete with its own water system fed by 19 natural springs, surrounded by National Forest land. The Gila National Forest is located in Silver City, New Mexico, behind ACE hardware. The Forest Service submitted a letter of intent to enter into a lease agreement for the utilization of 30,000 square feet of buildings at Fort Bayard for $600,000 annually on July 25, 2016. In phase one this would be the only source of finance. The minimum renovation cost for the Forest Service to move in is estimated at $4,126,000, for a water and sewer system upgrade, gutter repair, forest service and public parking. Revenues from the Forest Service lease alone could afford necessary repairs over 7 years. The Forest Service also wants a $35,000 RV and tent campground to be privately operated, upgrade the disc golf course, solar energy partnership, archery range, trails are the most requested amenity, and redevelop the community orchards.

Total Capital Improvements needed at Fort Bayard are estimated by the to cost $23,753,900 over six years. This, nearly exactly corroborates, the $25 million over five years, estimate for HUD to also abate themselves an office at the Site. Both HUD and General Services Administration (GSA) are nearly impossible to do historical preservation business with, wherefore UNESCO World Heritage site status is sought. HUD public housing has more to offer, than General Services Administration (GSA), in general and in the context of historical Fort Bayard, HUD is especially called for pursuant to common Title 24 of the United States Code and CFR, and is more worth the extraordinary amount of effort it takes to get government agencies to make multi-million dollar major construction investments. After seven years of inaction, the Forest Service should make a $600,000 a year offer for HUD to be the lead agency to collect rents and finance abatement work renovation and demolition at Fort Bayard pursuant to a PHA CFP 5-year plan 24CFR part 905.

The Fort Bayard area is a sacred Native American birthing site that costs colonizers dearly for their ill-advised hospital construction. The nomadic pre-contact Native Americans who lived in the Fort Bayard area, did not build kivas, pyramids or cliff dwellings, like the Pueblo to the north and Aztec to the South. Strict 'leave no trace principles', only permitted the carving of petroglyphs that satisfied three criteria, one, carved by a shaman, a medicine man, two, at a sacred site, and three, for a special event. It took an Apache guide to locate the site, where the Dragonfly Trail, meets the standing water on Two Sisters Creek Road, that is not precisely located by either Google maps, or the Fort Bayard Trail System map at the Dragonfly and Big Tree Trailheads. It was much easier for the natives to navigate by Twin Sisters Peaks to the standing water at the birthing site about thirteen miles down Twin Sisters Creek. The Apache guide explained the obstetric meaning of the pictures etched above the slanted birthing rock, overlooking the rare puddles of standing water in Twin Sisters Creek. Petroglyphs at this site indicate that the location was a maternity site with cord clamping protocol, a waiting overlook, water, game and dragonflies.

Childbirth Petroglyph

The petroglyph of a woman giving birth, with an umbilical cord connected to the fetus below her feet, designates the location as a auspicious site for a woman to give birth to baby, with delayed cord clamping protocol. Below the petroglyph is a slab of rock, tilted at an auspicious angle for a woman giving birth. About 10 meters away from the birthing site are two red faced rocks, next to each other, with petroglyphs, depicting large heads with stick bodies, with a bold slashing line on the abdominal area of the larger one. This is believed to location where the mother clamped and severed the umbilical cord. Delayed cord clamping is an ancient obstetric practice, whereby the cord is not clamped and severed after it stops pulsating. This petroglyph site clearly directs the mother to not sever the umbilical cord until getting up and walking to the cord clamping site. Mothers would need an umbilical cord clamp, sharp knife and a bowl to carry the placenta.

Delayed Cord Clamping Protocol

Traditionally, the cord is clamped when it stops pulsating, and the umbilical cord is severed with a scalpel. Before the mid-1950s the term early clamping meant, clamping within one minute of birth and delayed clamping was more than five minutes after birth. Early clamping is associated with hemorrhage risk. Delayed clamping is associated with polycythemia and jaundice. In deliveries requiring resuscitation, delaying cord clamping to milk the umbilical cord, particularly with the preterm newborn, is advised. The World Health Organization (WHO) advises cord clamping be delayed one to three minutes (Budin '17). The clamp can be removed when the cord is completely dry. The cord usually falls off in about 2 to 3 weeks and a belly button forms. Sponge bathe baby until the stump falls off and baby can bathe.

Dragonfly Petroglyphs

Two carvings describe the dragonflies, that used to live there in large numbers before a massive flood about ten years ago, washed away the topsoil and nearly annihilated the dragonfly population. The dragonfly was also a popular motif on pottery CE 200 – 1300 when the petroglyphs were carved. On one rock a petroglyph of a horned toad is next to a baby foot print. Another petroglyph on red rock veneer, facing up, at the top of the hillside, praised the abundance now locally extinct game - tortoises, probably trying to cross the highway in the past few decades, and big horn sheep, whose range is now limited to the San Francisco area in New Mexico.

Game Petroglyphs

On August 21, 1866, Lieutenant James M. Kerr, Company B, 125th United States Colored Infantry, ordered his troops to begin building a new post to protect miners in Apache country, the 5th such fort in New Mexico territory for this purpose since 1803. The fort was named after 1852, West Point graduate General George D. Bayard, who was killed in the Civil War Battle of Fredericksburgh. The Apaches had been in a bitter conflict with the Spanish and then Mexicans settlers for roughly 200 years. The slaughter of women and children had been fierce on both sides. After the Civil War the Army shifted their attention to West, forcing the Apache and Navajo off their lands. Soldier stationed there fought Cochise, Victorio, Nana, Loco and Geronimo. The Army intensified campaigns against the Apache, with extermination or forced confinement on reservations as the only options.

Up until Custer's defeat in 1876, cavalry were taught to shoot revolvers from the horse and get dismounted to shoot their single shot carbines with accuracy. Every fourth man was a horse-holder. Firepower was increased by 25 percent and only one horse, rather than four, could be run of at a time by the enemy. Along with the use of artillery, railroads, heliographs and telegraph, this resulted in Geronimo's surrender in 1886 and detention in Florida. During the Geronimo Campaign, 24 heliograph stations were used, spanning from southern Arizona to southwestern New Mexico. Morse code was flashed by mirrors from mountaintop to mountaintop across great distances. In one instance a message traveled 700 miles in four hours. Heliographs served to send messages where telegraph lines has been severed. The Fort Bayard campaigns resulted in the award of the Medal of Honor to enlisted men and officers, including to a number of Buffalo soldiers and Apache scouts. However, despite their service some scouts were deported to Florida and later Fort Still, Oklahoma. In 1887 the Dawes Act gave Indians of Oklahoma their version of the Homestead Act and citizenship in 1901. Other tribes had to wait until 1924.

Fort Bayard was one of many installations throughout the Southwest that was garrisoned by the so-called Buffalo Soldiers. Company B of the 25th United States Colored Infantry Regiment established the post, and they were joined by other black units, including troops from the 38th, 9th and 10th Colored Cavalry Regiments and the 24th, 25th, and 125th Colored Infantry Regiments. More than 175,000 African-American men served in segregated army units during the American Civil War. Beginning in 1866 the War Department began consolidating these regiments into peacetime units, eventually settling on two infantry regiments and two cavalry regiments. The Buffalo Soldiers National Museum asserts that Cheyenne warriors gave the name to members of the 10th Cavalry Regiment in reference to the troopers' physical appearances and their fierce actions during battles. After the ninth Calvary left New Mexico in 1881 no Buffalo Soldier regiments served in the territory until the 10th Cavalry moved to Fort Bayard in 1887. As the American Frontier began to close, The 24th Infantry served at Fort Bayard from 1888 to 1896. The final Buffalo Soldiers to serve in the Land of Enchantment were members of the 25th Infantry Regiment and ninth Cavalry Regiment who were stationed at Forts Bayard between 1898 and 1899. Together with federally operated sites at Fort Bayard National Cemetery, New Mexico Historic Sites plays an important role in preserving the history of the Buffalo Soldiers' time in New Mexico (Roberts & Smith '23).

During the final decade of the fort's existence as an active military post a number of interesting

personalities appeared on the scene. In 1886 West Point graduate Lt. John J. Pershing first assignment was to Fort Bayard, where he was known “as a man who did his duty”. In 1922 Gen. Pershing, who had joined the Masonic Order, returned to Fort Bayard of the commencement of the construction of the Sojourner's Club. Over 200 of the patients and staff were Masons in 1923. Lt. Col. Zenas Bliss was the longest serving post commander from 1888-1896. Arriving with the 24th Infantry he dispatched troops in pursuit of the Apache Kid, who terrorized the Southwest with hit and run tactics between 1889 and 1895. Chaplain Captain. Allen Allensworth established a school at Fort Bayard to teach the “three R's” to a total of 118 students, soldiers who were former slaves, as well as children at the fort. His manual for instruction so impressed his superior's that it was adopted as the official school manual for the entire Army. He retired from the Army in 1906 as the first black officer to achieve the rank of Lt. Colonel. He went on to found a colony for blacks in southern California, remembered today as Allensworth State Park. Walter Loving enlisted in the Army in 1893 and was assigned as a bandsman to the 24th Infantry. While serving in the Philippines he came to the attention of Governor William H,. Taft, and was asked to crate the Philippine Constabulary. Loving performed at Taft's inauguration and the 1904 Louis Fair. He was interned by the Japanese in the Philippines in 1942 and was later executed by Japanese troops in Manila in 1945. In December of 1899, the era of Fort Bayard as an active military post came to an end. Fittingly, Buffalo Soldiers had established the post 33 years earlier and were the last to leave.

On August 28, 1899, the War Department authorized Surgeon General of the Army, General George M. Sternberg, to establish a hospital at Fort Bayard for use as a military sanatorium, the first of its kind. His strong interest in the treatment of tuberculosis was instrumental in retaining the fort. The 24th Infantry served in Cuba in 1898. The war in Cuba produced so much TB, one in four soldiers became victims, many more contracted Yellow Fever and malaria. To handle these victims the Army in 1899 converted Ft. Bayard into its first TB Hospital. This involved many new buildings and a new water and sewer system. The US Army Tuberculosis Hospitals was the world's largest sanatorium complex built between 1902 and 1912. From 1900 to 1922, the US Surgeon General continued to maintain the buildings for the treatment of tuberculosis. From 1901 to 1920 the Army built over 360 new structures. In 1904 a moving picture theatre was located near the northeast corner of the parade ground. It was remodeled to include “the most modern appliances known to stagecraft”. Before being succeeded by the 1940 New Deal theatre the earlier structure was used for movies, plays, dances, church services an other social occasions. Sports and other outdoor activities offered an important diversion for patients and staff, In addition to baseball games, rodeos, boxing matches and golf were played. Today there is a frisbee golf course near the old Fort Bayard entrance, and the Fort Bayard Trail System is great for hiking, running, horseback and bicycle riding. The Gila National Forest is and always has been the greatest attraction at Fort Bayard.

Army surgeon Major Dr. George E. Bushnell (Commanding Officer 1904-1917) believed convalescing soldiers recovered more quickly at high election, with clean air, abundant sunshine, and low humidity. Life in the open air, was the keynote of the treatment administered, is at first uncomfortable, but the dry air, bright sun and clear sky induced tolerance. In addition, wholesome foods from the post's gardens, dairy herds and poultry and livestock, contributed to the patient's welfare. These healing conditions

were found in many sanatoriums of the time, and continued until the 1940s when more effective drug treatment became prevalent. During his assignment he improved the water system, landscaped the post, established a nursery and planted a garden to supplement patients' nutrition. WWI saw Fort Bayard's patient population growth. Many victims of poisonous gases were treated in temporary buildings built in 1918 for some 3,000 lung victims. These were quickly removed in 1925. In 1920 Fort Bayard was transferred to the United States Public Health Service, and then to the Veterans Bureau two years later. In 1922, a new, modern Veterans' Hospital was dedicated to better care for more than 1,000 patients and to allow for an additional 250 beds with window-lined rooms. In 1944, for Army private wages, 100 German prisoners of war cared for the burial grounds, which became a National Cemetery in 1976.

Tuberculosis is a chronic infectious disease that involves a protracted or lifelong relationship between the tubercle bacillus, *Mycobacterium tuberculosis*, and the host. Many individuals are infected with this organism yet relatively few develop overt disease, factors include the size of the infecting inoculum, hereditary and acquired immunologic elements. Prior to the introduction of streptomycin in 1946 patients were subjected to a variety of measures, including holding mirrors to reflect sunlight into their throats to overcome tuberculosis. Currently, tuberculosis is treated with nine months of the combination of INH and rifampin chemotherapy will result in roughly 95% cure rates. Therapy with INH, rifampin and ethambutol helps avoid the complication of drug resistance with 'non-tubercular mycobacterial disease', suspected in *School Board of Nassau County v. Arline* (1987). The addition of pyrazinamide can reduce treatment time to six months, but is toxic (Iseman '89: 97-100).

By 1965 there were no longer enough TB patients for the VA to warrant keeping the hospital so they sold the buildings and 480 acres, including a 284 acre foot water right to the state for $1.00. In 1965, the US Department of Veterans Affairs transferred a well-maintained Fort Bayard to the State of New Mexico. From 1965 to 2010, Fort Bayard served as a long-term care facility for veterans civilians and needy patients. The quality of care was good in spite of the surrounding buildings and grounds that suffered from benign neglect. In 2008, when the building could no longer pass fire codes, Grant County passed a Revenue Bond Issue and the new State Hospital near the Old Fort Gate was begun. A new Fort Bayard Medical Center was completed in late 2010, and staff and patients were transferred to the state-of-the-art facility. The old fort has been vacant ever since. In 2016 the old hospital was torn down and the electricity and steam heat system for all the buildings closed off, except for the theater which had been rewired in 2008.

In 1997 a group of local citizens began the Fort Bayard Historical Preservation Society. In 2004 Fort Bayard became a National Historic Landmark. The Fort Bayard Historic Preservation Society maintains a research collection that is available to scholars and other patrons. It is housed in the Santa Clara Armory building located at 19990 US Hwy. 180, and is available by appointment. Fort Bayard has 468 surrounding acres. From its early beginning as a small cluster of crude adobe buildings and tents, Fort Bayard expanded rapidly. From 1866 to 1899 a military post; 1900 to 1920 a US Army Hospital for TB; 1921 to 1965 a Veterans Administration TB Hospital; 1966 to present, a New Mexico

Health Department long-term care facility. Nothing of the military period remains except the parade grounds. Today only 82 buildings, of over 400 constructed remain, because in the late 1930s a local Work Progress Administration (WPA) project removed over 300 buildings. The Fort Bayard Historical Preservation Society staffs a museum at the commanding officer's house, a few days a week. There is no electricity or water anywhere in the Fort. The site needs to be abated for asbestos under the tiles, mold and lead based paint. Having had the worst buildings removed in the 1930s, most are not falling down, and due to the presence of the Fort Bayard Historical Preservation Society is quite pleasant to visit, as a historical ghost town. Abatement is not thought to be as extensive and expensive as in St. Elizabeths Hospital and the Army and Navy General Hospital, but a 5-year plan financed by HUD for asbestos, mold and lead abatement will be necessary to ensure rehabilitated public and private housing is affordable for low-income tenants, rather than driving up the price to middle income renters.

Discussion with the volunteers at the Fort Bayard New Deal Museum revealed the Gila National Forest Service is committed to abating several buildings. Ownership and development is however compromised by current State of New Mexico ownership rules and HUD insolvency. Under current arrangements, ownership of the land by the state of New Mexico precludes the sale of any of the property, although it can be leased for 99 years. This conflicts with HUD Capital Fund Financing from private sources that relies upon the sale of 'fixer uppers'. Otherwise HUD has longstanding funding shortages, primarily due to the exorbitant fees of $1,000 a unit they pay to private HUD contractors to sustain affordable housing, and has so far not expressed any interest in rehabilitating Fort Bayard with public and affordable housing, although any astute observer would realize that HUD is highly obligated to take over responsibility for the maintenance of HA facilities by common Title 24 of the United States Code and Code of Federal Regulations. It should be a simple for HUD to produce a 5 year plan to abate Fort Bayard, open a HUD office there and produce public and affordable housing in 5 years. ust outside the old Fort Bayard gate, Bataan Park has a lot of recreational infrastructure, a playground, many gazebos with fire pits, a baseball-field, basketball court and cross-country course, to commemorate the many New Mexican soldiers who perished in the death march of US soldiers captured by the Japanese in the Philippines, just to the south of Fort Bayard Medical Center, at the gates of the old fort.

Bataan Park Baseball Field

The CFP 5-Year Action Plan must describe the capital improvements necessary to ensure long-term physical and social viability of the PHA's public housing developments, including the capital improvements to be undertaken within the 5-year period, their estimated costs, status of environmental review, and any other information required for participation in the CFP, as prescribed by HUD. In order to be entitled to fungibility, PHA's must have an approved 5-year Action Plan. Except in the case

of emergency/disaster work, the PHA shall not spend Capital Funds on any work that is not included in an approved CFP 5-Year Action Plan and its amendments 24CFR§905.300(b)(1)(i). The Capital Fund Budget Work for each of the 5 years shall be prepared by Public Housing Authorities (PHA's) using the form(s) prescribed by HUD, to conduct this work affecting health and safety and compliance with regulatory requirements, despite HUD mental 'disability', not dissimilar, to VA substance abuse mental 'disability', requiring equal legislation and HUD spending category for asbestos and mold abatement with chlorinated water by Environmental Protection Agency (EPA) licensed contractors with a special asbestos disposal contract with a local dump 40CFR§61.145, with lead-based paint poisoning prevention standards at 24 CFR part 35, before major systems (e.g., heating, roof, etc.) and other costs of lower priority 24CFR§905.300(b)(1)(ii)(C).

A PHA may engage in development activities using any of the following sources of funding - (1) Capital Funds; (2) HOPE VI funds. (3) Choice Neighborhood funds. (4) Proceeds from the sale of 'fixer upper' units under a homeownership program that currently conflicts with State of New Mexico 99 year lease. (5) Proceeds resulting from the disposition of PHA-owned land or improvements. (6) Mixed-finance development, private financing in accordance with §905.604. (7) Capital Fund Financing Program (CFFP) proceeds under §905.500. (8) Proceeds from an Operating Fund Financing Program (OFFP) approved by HUD pursuant to 24CFR part 990, (9) Funds available from other eligible sources 24CFR§906 and §905.200(b)(12)(vii).

A HUD PHA in New Mexico is hereby obligated to collaborate with the Gila National Forest Service to produce a 5 year action plan to abate Fort Bayard, open a HUD office there and produce about 1,000 new units of public and affordable housing within five years. This 5-year plan may begin their request for Capital funds, by reporting the exact amount of mixed-finance from the Forest Service abatement commitment. The CFP funding request for the PHA is 20 percent of the $125 million total 5 year request - $25 million total, $5 million for five years for Fort Bayard. The auspicious mathematics of this estimate is attributed to the fact that Fort Bayard is neither abandoned, nor medically occupied, and taking into consideration the abatement commitment of the Gila National Forest Office, is thought to be the most likely of these several projects to be an immediate success. Abating 80 buildings for asbestos and mold, at a cost of $20,000 per building, might cost $1.6 million. Lead based paint and soil contamination abatement ,the same. It is conceivable, a PHA might abate the entire property and open their office building in the first year of operation and Fort Bayard would be fully occupied, by an economically self sufficient population, in 5 years, by 2030. To get to work, for their $600,000 a year lease payment, Forest Service staff should receive asbestos, mold and lead abatement training, before the approved course is made available to the general public 24CFR§58.77(d)(1)(ii).

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Tubercular Hospital at Fort Bayard 24USC§19

Chapter III. Hot Springs National Park Marathon

There are 26 miles of trails in 900 acre Hot Springs National Park Hot Springs, looping around Hot Springs, North, West and Sugar Loaf Mountains. Approximately 1.5 million people visited the National Park at Hot Springs, Arkansas, a city with a population of only 36,969, in 2018. Bathhouses cost >$20, the healing qualities of the natural water are however the draw to the park, and the Roman bathhouse is well worth the novelty experience. Of the original eight bathhouses, only two still function. The rest have changed with the times into shops, galleries, offices a boutique hotel, even a brewery. There is no entrance fee to the park. There is a free parking garage at 128 Exchange St. The Gulpha Gorge campground is first come first serve, with a 14 day limit. Visitors can fill a container at one of the "jug fountains" around the park and drink the mineral water.

Wilderness camping can be found at Indian Mountain to the south of the park. Free food is served in Hot Springs daily. There is no public transportation between Hot Springs and Little Rock. The Ouachita National Recreational Scenic Trail, along the Ouachita Mountains between Little Rock, Arkansas and Oklahoma, is a twenty mile road walk from Hot Springs, and is usually hiked in the snow of winter, to avoid being overwhelmed with minuscule chiggers that leave a large scar and Rocky Mountain Spotted Fever infected tics. Chiggers can either be drowned in a 5 minute bath or asphyxiated with nail polish. Like all Rickettsial tic-borne diseases, bubonic plague, some malarias, and MRSA, Rocky Mountain Spotted Fever is treated with doxycycline or clindamycin for pregnant women and children under 8. The Army and Navy General Hospital is the largest urban blight in Hot Springs and the entire National Park System, is said to be the most endangered historical property in the United States, and really needs to be abated, demolished and renovated, repopulated and retrofitted with free hot tubs and heated swimming pool (Farrar '19). This would better hold the land in trust for the Native Americans who told white settlers no tribe claimed the hot springs, but that all tribes bathed in the healing waters of the springs (Paige & Harrison '87: 22)(Scully '66: 5-6) and finally provide free baths 16UUSC§361 for everyone, again.

Recognizing the Importance of Hot Springs National Park on its 175th Anniversary H. Res. 138 passed by unanimous roll-call vote and was published in Congressional Record Vol. 153, No. 47 on 19 March 2007. It noted that the Act creating the Hot Springs Reservation in 1832 preceded both the establishment of the Department of the Interior in 1849 and the establishment of Yellowstone National Park as the first national park in 1872. Hot Springs locals are highly supportive and enthusiastic about being officially recognized as the first national park. Though it is the oldest federal land in the national parks system, Hot Springs wouldn't get the actual title of park until

1921, and the small and urban park, is still struggling for recognition as the first national park.

It is held, official recognition of Hot Springs National Park as the first National Park in 16USC§1a-1 (2013 restored) and 54USC§100101(b)(1)(A) be predicated on the achievement of two objectives. One, provide free bathing to the public, after more than a century legislating negotiations with bathhouse and medical monopolies. Two, abate and repopulate the Army and Navy General Hospital and salvageable buildings, and demolish the rest, to produce public housing and free, hot tubs and swimming pool, with a HUD PHA CFP 5 year action plan 24 CFR part 905.

On the occasion of the 100th anniversary of the park Laura Miller. Hot Springs National Park Superintendent said, “Our priority is preserving the thermal springs in perpetuity so that future generations can enjoy the benefits and the beauty of the springs”. The 47 hot springs of Hot Springs National Park are the result of complex natural geological processes. The park is in the Zig-Zag Mountains, a section of the Ouachita Mountains of central Arkansas and eastern Oklahoma. The springs emerge from the Hot Springs Sandstone Member of the Stanley Shale near the anticlinal axis, between the traces of two thrust faults that are parallel to the axis of the anticline (Bedinger et al '79). The smell of sulfur is missing at Hot Springs because this water is not heated through a volcanic process. Instead, the water warms up over thousands of years as it travels along what is known as a geothermal gradient (Paige & Harrison '87: 182). Rainwater travels down 6,000 to 8,000 feet below the surface, slowly heating up as it travels deeper and deeper. The water travels for 4,000 years before hitting a fault line and relatively quickly, in about 400 years, reaching the surface in what is now the historic downtown area of Hot Springs National Park, along Bathhouse Row, 4,400 years later, with an average surface water temperature of 143° Fahrenheit (62° Celcius). Slightly less than a million gallons of water a day flow from the 47 springs in the park (Bryan '21: 18). Several species of ostracods, algae and harmless bacteria have been found living in the hot springs. Ostracods, small relatives of shrimp and other crustaceans, are sometimes called seed shrimp. Most ostracods look like a tiny kidney bean the size of a rain of sane with a dot for an eye and little legs sticking out of the bottom. They are able to open up both halves of their body like a clam and pull all of their legs and antennae inside their shell – like a turtle does when it feels threatened. Two species of miscroscopic thermophile have been discovered and named – *Fontimonas thermophila* and *Thermoanaerobaculum aquaticum* (Ogle et al '21)

The northern slopes of the ridges and basins provide a suitable habitat for deciduous forest dominated by oak and hickory. Pines predominate on the south sides of the ridges. Other shrubs and trees that flourish in this environment include yaupon, easter hackberry, elm, juniper, dogwood, serviceberry, redbud, and holly. Ground cover in the spring and summer includes pinks, verbenas, phlox, spiderworts, golden ragwort, purple cornflower, rose gentians, asters, butterfly milkweed, and sunflowers. These species are a few of the various wildflowers found in the area. Cypress trees are Arkansas's largest woody plant. Many live to be more than 1,000 years old. Diospyros,the genus that persimmon trees (*Diospyros virginiana*) are part of, loosely translated means “fruit of the gods”. The tree's ripe fruit is prized by man and beast, however, the unripe fruit is highly astringent. The pawpaw

is a sweet tangy, luscious or nauseating. Pollinating flies and beetles are drawn to pawpaws by flowers, which resemble decaying flesh in both color and fragrance. The beauty-berry is a shrub that produces pink to pale purple flowers and repels mosquitoes when rubbed on the skin. The thorns of the honey locust, which can grow to more than 15 inches in length, are thought to have developed to protect it from long extinct Pleistocene megafauna, such as ground sloths (Ogle et al '21).

A wide variety of animals have lived in the park area over the centuries. Bison, wapiti, mountain lion, and wolf left the region after the arrival of European and American settlers. Some of the present-day species near hot springs include squirrel, rabbit, opossum, fox, coyote, skunk, raccoon, gopher, weasel, mink, rat, frog, and armadillo. Hot Springs National Park lands lie in the Mississippi flyway, which means migratory birds, game birds, and waterfowl spend portions of the year in the park. Long falls, mild winters, and early springs with few frosts and snows mark the seasonal progress of the year. This climate produced a typical southeastern woodland environment conducive to exploitation by aboriginal people (Bedinger '74: 3-4). Archeological evidence suggests that during the Paleo-lndian period (circa 12,000 to 8000 B.C.), early humans quarried for novaculite, a dense, chert-type rock, near the hot springs. Lanceolated novaculite points *are* found in Paleo-lndian sites in southern portions of Arkansas along the Ouachita and Red rivers (Mason '62: 234). Novaculite tools from the Hot Springs quarries have been unearthed in Indian graves and mounds from the shores of the Gulf of Mexico to the Atlantic Ocean (Haag '61: 318-319). Paleo-lndians and their descendants lived and built mounds along major waterways such as the Ouachita River (which Gulpha Creek and Hot Springs Creek empty into). Various Indian tribes frequented the Hot Springs area for the novaculite and the water, but no evidence exists to suggest a significant settlement in the very area of the Hot Springs (Reyer '87). Around the 18th century the Caddo settled in the area, followed by the Choctaw, Cherokee, and other tribes in the early 19th century. The Quapaw lived in the Arkansas River delta area (Mississippi) and went to the Ouachita area to hunt and use the springs. In the 19th century the Quapaw were placed on a reservation southeast of Hot Springs. Native Americans told white settlers no tribe claimed the hot springs, but that all tribes bathed in the healing waters of the springs (Paige & Harrison '87: 22)(Scully '66: 5-6).

The Hunter and Dunbar expedition wrote the “water is celebrated for its medicinal qualities; particularly in removing rheumatic pains and affections” (McDermott '63: 104, 110). Governor William C. C. Claiborne of the Louisiana Purchase Territory, on May 3, 1804, mentioned the springs of the Ouachita springs region in a letter to Major Richard King (Jones '55: 3). Thomas Rodney, U.S Judge and Land Commissioner of the Mississippi Territory mentioned Major Richard King's visit to the hot springs region in an October 1804 letter to his son Caesar A. Thomas indicating the medical virtues of the “boiling springs” (McDermott '63: 83). James B. Wilkerson arrived in Arkansas Post on January 9, 1807. The maps that he drew located the hot springs sites. About 1807 Jean Emmanuel Prudhomme, a plantation owner, arrived at the hot springs and constructed a cabin. He came there to regain his health. After two years of bathing in the hot water and a diet of local foods, he had fully regained his health and returned home to Louisiana. By 1814 more than 20 summer shelters could be found in the valley, and two years later maps depicted trails from the Mississippi to the hot springs (Scully '66: 23, 26, 5). At any given time in 1815, up to 500 people, from as far away as South Carolina occupied the area (Valencius '02:154). On August 24, 1818, the Quapaw ceded land including the Hot Springs to the U.S. and were removed to the Indian Territory (present-day Oklahoma) (Scully '66: 5-6).

In 1820 an expedition found a Doctor Wilson at the springs dispensing medical advice on the use of the hot waters. The baths consisted of a few excavations in the rocks. Bathers regulated the flow of hot water to suit their pleasure (Scully '66: 23, 27, 28).The water mixture for the tub baths consisted of two

parts cold water to one part hot water (Stevens 1876). John Pope, the Arkansas territorial governor in 1829, requested the United States Congress to erect at Hot Springs a building to accommodate the sick and indigent and either donate or lease the structure to the territory. The Congress took no action on this proposal. In 1830 Ambrose H. Sevier, Arkansas territorial representative, sent a letter to the editor of the Arkansas Gazette suggesting that the Arkansas Territorial Assembly may wish to lease the hot springs and dispense the proceeds to the needy. Sevier introduced the idea that the government might sponsor public health facilities in Hot Springs. The bill, which he sponsored, had a provision to lease the thermal springs and use the revenue for the support and maintenance of the sick and indigent persons who might visit the region for their health, that passed on April 20, 1832. The territorial assembly did not act on this proposal until 1832 when the United States Congress passed superseding legislation.

In 1832 Sevier introduced a bill in Congress stating: Be it enacted by the Senate and House of Representatives that the Hot Springs in Arkansas Territory, together with four sections of land with the springs, as near the center as may be, are hereby reserved and set apart for future disposal by the United States Government, and are not to be entered, preempted., or appropriated for any purpose or purposes whatever, that was signed by President Andrew Jackson on April 20, 1832 (Stat. 505) (White '64: 97). The U.S. Supreme Court affirmed the governments title to the springs and surrounding area and disallowed claims in the *Hot Springs Cases*, 92 U.S. 698 (1875), refusing to intervene on behalf of either party other than reaffirm that the United States is the owner of the property in *Gaines v. Hale*, 93 U.S. 3 (1876). On June 16, 1880 an act of Congress declared Hot Springs, North, West and Sugar Loaf Mountains, with a total of 994.07 acres surrounding the newly established permanent reservation as forever reserved from sale,. These mountains would best serve the public interest as undeveloped property and dedicated them to public use forever as public parks. Out of the approximately 2,530 original acres set aside as a federal reservation in 1832, the government in 1880 set aside over 900 acres for a permanent reservation (Garrison '30: 549).

The government took full control of the area on June 28, 1876, when a government Receiver arrived at Hot Springs. In 1877, General Benjamin F. Kelley arrived at Hot Springs Reservation as the first superintendent. He was quickly approached by bathhouse owners to solve the “problem” of the poor people living in a tent city known as “Ral city” on Hot Springs Mountain above the springs. They dug out pools around the springs so they could bathe in the thermal water. The Ral Hole, a spring that was covered by a wooden shack, allowed poor people who were afflicted with all kinds of disease to bathe. Kelley eventually moved the transient town to the south side of the mountain so it would not impact the bathhouses' water supply. Kelleytown, as the new area was called consisted of a barracks and two pools, one each for men and women. Superintendent Kelley had the Ral Hole filled in because it was contaminating the surrounding water. Supporters of the spring rallied and threatened violence. In response, federal troops were dispatched to calm the situation and enforce the closing of the Ral Hole. Kelley kept the pools open on the south side of the mountain and build a small building over the Mud Hole spring, which later became the first government free bathhouse. In February 1878, Superintendent Kelley requested funds from the wealthier patrons of the springs to help feed, clothe, shelter and care for 100 to 300 poor invalids who at any given time depended on charity. However a few weeks later a fire consumed a good portion of the federally owned health resort on March 5, 1878 (Hudgins '52: 109). In December 1878, the congress passed a bill stipulating: The superintendent shall provide and maintain a sufficient number of free baths for the use of the indigent, and the expense thereof shall be deprived out of the rentals hereinbefore provided for. According to the author of an 1876 newspaper article, seventy-five percent of patrons in Hot Springs suffered from complaints of

mercurial syphilitic character (Percefull '06).

The establishment of free bathing in 1878 and the highly visible Government Free Bathhouse was a recognition of Congress of the great and general faith in the curative properties of the water, but the government's actions amounted to an invitation to the indigent invalids of the entire country to come to Hot Springs for relief. By January of 1879 Hot Springs needed the intervention of the Army Medical Department to help with the large numbers of persons living in or visiting the town. Hot Springs had a population of 5,000 and played host to 2,000 to 3,000 visitors at any given time. Sewage became a major problem. Many residents openly advocated ousting the Interior Department and turning control of the Hot Springs reservation over to the War Department. By 1880 the Medical Department of Army managed federal funds in support of indigents in several hospitals in other parts of the country, regardless of their status as veterans or non-veterans (Percefull '06). During the 1880s a few of the open springs gradually dried up. Corn Hole, a popular spring for people to soak their feet, dried up in 1882, and government officials covered over the mudhole. Other open springs were either covered over by the government or the bathhouse owners to prevent their pollution. During the 1880s open springs were either covered over by the government or the bathhouse owners to prevent their pollution (Cron '46: 220). By the 1890's, most of the springs were covered and a complicated piping system had evolved for supplying the bathhouses with hot water. In 1901 the springs had to be uncovered to give access for sampling, and chemical analyses (Bedinger et al '79: 3).

Senator Logan passed legislation that provided one hundred thousand dollars for the construction of an Army and Navy hospital at Hot Springs on June 30, 1882 (22 Stat. 121). Since its conception in 1882, one of the major focuses of the Army and Navy General Hospital has been the use of thermal waters to treat rheumatic diseases (Smith 1963). The hospital utilized the therapeutic properties of the mineral hot springs in that area. Since the origination of the idea to construct a hospital, the hot springs played and integral part, in site selection for the hospital, as well as in the way in which many of the injured or sick soldiers were treated. The 1887 hospital continued to serve the military until it was replaced by a new, modem hospital in 1933 (Vogel 1968).

By 1945, the Army and Navy General Hospital became one of the largest centers in the world for the treatment of these types of arthritic and crippling diseases. More than 10,000 cases were treated in just the two-year period 1944 and 1945. In June of 1945, the combined facilities of the hospital and the Eastman Hotel housed over 1,700 patients! The medical staff included 60 physicians, 90 nurses and 10 dentists. The Army and Navy Hospital also employed hundreds of local citizens in many capacities including chefs, boiler operators, and administrative staff. (Farrar '19). During WWII the hospital became one of national importance due to the medicinal properties of the therma1 waters used to treat various illnesses and injuries. It was the use of these thermal water that were an important to the 1887 hospital and made this 1933 hospital one of national significance. During WWII, the Amy and Navy General Hospital was the largest center for treating adults afflicted with infantile paralysis in the country. The hospital offered spa therapy for patients with arthritis and poliomyelitis. It was the only center designated for the treatment of poliomyelitis. Most of the poliomyelitis patients were in the

subacute or conva1escent phase, having been transferred to Army and Navy General Hospital from points all over the world. Between 1941 and 1945 of 14,731 admissions, 8,303 (57%) were for arthritis (Enna '04: 11).

Alonzo Bell, Assistant Secretary of the Interior Department, championed free bathhouses for the invalid poor of the United States and declared the therapeutic value of the springs as priceless. He warned of the dangers of a monopoly on the water if the government instituted leases on the springs and predicted with the fostering care of the United States Hot Springs should become the great national sanitarium of the continent (Percefull '06). During the first two decades of the 20th century both the federal government and the bathhouse owners began intense studies of European bathing establishments to see how Hot Springs could be improved (Greenley 1906). The Government free bathhouse for the indigent was established pursuant to act of Congress of December 16, 1878. The number of baths given to the poor during the year 1910 was 200,048. The act of March 2, 1911, provides that an applicant for free baths shall be required to make oath that he is without and unable to obtain means to pay for baths, and a false oath as to his financial condition makes him guilty of a misdemeanor and subjects him, upon conviction thereof, to a fine of not to exceed $25, or 30 days' imprisonment, or both (Haywood 1912).

By the 1890s the majority of people who came to Hot Springs hoped to obtain a cure for some form of venereal disease. By the time the United States entered the First World War in 1917, Hot Springs National Park was ready to play an important role in the government's newly-intensified campaign to control the spread of syphilis. An estimated 13% of those drafted were infected with either syphilis or gonorrhea. In July 1918 Congress enacted the Chamberlain-Kahn Act that created the Division of Venereal disease of the US Public Health Service. Within the first six months of 1921, a cooperative agreement between the Treasury and Interior Departments resulted in the transfer of administrative authority of Hot Springs National Park to the Public Health Service. The new United States Free Bathhouse and Venereal Disease Clinic opened on November 14, 1921 (Percefull '06). Treating venereal disease continued to be a major activity for physicians in Hot Springs during the first three decades of the 20th century. Mercury ointments continued to be used well into the 19th and early 20th century. Sometimes people took mercury orally, and at other times it was rubbed into the skin or injected by needle. Before the 20th century patients would eventually succumb to the disease if they had not already been fatally poisoned by the mercuric treatment (Wong '16).

No truly effective means of controlling syphilis or gonorrhoea came before the advent of sulfa drugs in the late 1930s and penicillin in the 1940s. Large doses of mercury and iodides of potassium often led to serious complications, such as loss of teeth, fissures of the tongue, and hemorrhaging of the bowels. People came to Hot Springs to remove mercury from their bodies. Physicians at this time believed that the mercury somehow combined with the toxins of the venereal disease and then needed to be flushed from the body. Physicians believed that the baths at Hot Springs more effectively removed mercury from the body than the conventional means of expelling the chemical. Patients bathed in the hot water until salivation began, which signalled the body's expulsion of the mercury. In the 1940s penicillin and other drugs replaced the use of thermal water as a treatment for venereal diseases. Antibiotics eliminated the need for the patient to expel mercury from his body. In the final analysis, the thermal water provided only a temporary respite and not a cure from these diseases (Thompsom 1892:49-51).

On August 25, 1916, Congress established the National Park Service and placed Hot Springs Reservation under its administration, even though it was not designated a National Park and change its

name to Hot Springs National Park until March 4, 1921. Congress in 1921 began a debate on whether or not to change the name of Hot Springs Reservation to Hot Springs National Park. Representative James Robert Mann of Illinois argued that the term national park meant a place of unparalleled natural beauty and that Hot Springs did not fall in that category. Representative Chester William Taylor of Arkansas countered by arguing that the present designation for the hot springs as a reservation was inappropriate. Taylor believed that most people thought a reservation was a place occupied by "uncivilized" Indians and this title did not reflect the true nature of the spa facilities available at Hot Springs. On March 4, 1921 Congress passed the name change as a stipulation attached to an appropriations bill and Hot Springs Reservation became re-designated as Hot Springs National Park (Norsworthy '70:.42-43). In 1922 the Department of the Interior began an experiment in managing this unique park. By mutual agreement, the superintendent for Hot Springs National Park was detailed from the Public Health Service. This experiment continued until 1936 when Thomas J. Allen became the first superintendent selected from the National Park Service (Scully '66: 110-111).

The waters of Hot Springs have always had a reputation for treating rheumatism, arthritis, paralysis, and neuralgia. A man named Dean was brought to the springs in 1827, in a wagon, who had been incapable of motion for three months--in six weeks time he completely recovered, and at an ..ejection held at the time made one of the hardest kind of fights. One patient who threw away his crutches after seven days of bathing claimed that the ideal water temperature for a cure was between 95 and 100 degrees. Scientific experts claimed that the baths cured joint diseases by stimulating the blood to circulate faster and clean out dead and poisonous materials around the joints (Scully '66). Rheumatism ranked second to syphilis in the reasons why people came to Hot Springs in 1885. Many testimonials from the departure register of the Government Free Bathhouse describe how an invalid came to the springs crippled and left in good health. Those suffering from consumption most often found that the thermal waters and vapor baths only aggravated their conditions. A differential diagnosis now holds that the moisture is harmful for pneumococcus but “saline” and Hot Springs mineral water beneficial for methicillin resistant Staphylococcus aureus (MRSA) diseases.

At the beginning of the 20th century interest developed in treating heart diseases at Hot Springs (Nash 1947: 20). Physicians also claimed thermal bathing was helpful for diarrhea, dysentery, nervous disorders, eye diseases, Bright's disease, circulatory diseases, hay fever, diabetes, spinal diseases, blood diseases, poisoning, sterility, menstruation problems, hair restoration, tonsillitis, migraine headaches, ringworm, locomotor ataxia, high blood pressure, insomnia, sore throat, cholera, malaria, skin diseases, measles, obesity, and gall bladder problems. In addition, physicians prescribed thermal baths as a general health tonic. Physicians did not recommend the water for cancers or pregnant women after the 10th week. They believed that the warm baths could induce a natural abortion. Obesity was treated with baths and diet. Ultimately it was held that chlorinated and saline swimming pools and hot tubs are highly effective at treating the exact same arthritic and rheumatic conditions as natural mineral and salt waters. This led to the closure of all but one of the bathhouses on Bathhouse Row (Paige & Harrison '87: 205-6), although there are now two.

The historic Army and Navy General Hospital district located in Hot Springs, Garland County, Arkansas, on 105, 200, 417, 421 and 425 Reserve Street, and has been listed in the National Register of Historic Places since 9 February 2007. It originally contained approximately 10 acres, until the hospital grounds were increased in 1931 by assignment of 9.15 acres of park land adjoining it on the east, bringing the total area of the hospital reservation to 24.24 acres. The Army and Navy General Hospital complex is currently in advanced state of decay, with about 100 abandoned mold, asbestos

and lead contaminated buildings, from its WWII heyday, many of which are falling down. On the last day of operations, April Fools Day of 1960, the army sold the hospital to the State of Arkansas for $1. In 1961 it was reopened as the Hot Springs Rehabilitation Center. From 2009 the facility known as the Arkansas Career Training Institute, and later the Arkansas Career Development Center, until it was closed in 2020. On July 1, 2020, the electric power and steam heat was turned off to the large hospital building and the complex went dark (Farrar '19). It was supposed to go back to the federal government on July 1, and the Department of Army declined to take the deed, and the Department of Army has taken the position they do not want the property (Kendall '21).

In 1909 the appointment of the first and only medical director of the Hot Springs Reservation, Major Harry M. Hallock. In 1911 Hallock recommended Congress appropriate money for a new building with examining rooms, a dispensary, emergency war office accommodation and all forms of equipment for scientific hydrotherapy. Congress did not. On May 17, 1913 Harry M. Hallock, medical director of the Hot Springs Reservation committed suicide (Percefull '06). After human and animal trials were funded by medical director Hallock, the medicinal value of the various salts and gases usually present in mineral waters were thoroughly explained. One of the most important groups of mineral waters are the alkaline waters, which are characterized by the presence, in predominating quantities, of one or more of the alkaline or alkaline earth carbonates or bicarbonates. These are the carbonates or bicarbonates of sodium, potassium, lithium, calcium, and magnesium. In case iron is present in large quantities as the bicarbonate we have a water belonging to the chalybeate class. Since these waters are alkaline they are excellent remedies in cases of sour stomach and in sick headaches which arise from acid dyspepsia. They act very markedly on the mucous membranes, increasing the flow of the gastric juice and other digestive fluids, and are consequently of use in many cases of indigestion. In conjunction with the sulphated salines they give excellent results when used in the treatment of catarrhal conditions of the stomach and intestines. Such waters correct acidity of the urine, markedly increase the flow of urine and help to dissolve uric acid deposits. They are therefore of value in cases of rheumatism and gout. Sodium chloride occurs in almost all mineral springs to some slight extent, but in the muriated saline waters it occurs in large quantities as a predominating constituent. Waters containing large quantities of this substance are chiefly used in giving baths, which increase the action of the skin, and by absorption through the pores serve as a genuine tonic. Taken internally the flow of the digestive fluids is promoted and the appetite increased. Putrefactive changes in the intestines are also prevented. In large doses sodium chloride increases the flow of urine and the amount of urea present in the same. Sodium and magnesium sulphates, or Glauber and Epsom salts, respectively, in small doses act as a laxative, in large doses as a cathartic. They are both valuable in increasing the flow of the intestinal fluids and in increasing the flow of urine, accompanied by an increased elimination of urea. Waters containing these salts are of great service in eliminating syphilitic, scrofulous, and malarial poisons from the system, and in eliminating mercury and other metallic poisons. Persons suffering from obesity, derangement of the liver, and Bright's disease are perhaps the most benefited by this class, of waters. It must be borne in mind that such waters should be used with great care by the feeble and anaemic (Haywood '12).

The day after Clay Farrar committed suicide, at age 70, on 28 February 2021, two weeks before I arrived on the scene, the Committee on the Future of the Army and Navy Hospital reported that the pipes burst due to freezing and the bottom three floors were damaged by flooding. Farrar's suicide is believed to be the mostly result of opportunistic amphetamine exposure, shortly before my freshly Pneumovaxed arrival, after publicly exhibiting delusions indicative pneumococcal infection of statin shrunken brain, whereas the identity theft of Hot Spring National Park rangers proved to be aggravated

by a methicillin resistant *Staphylococcus aureus* (MRSA) heart attack conspiracy. Farrar probably took a statin, suffered a brain infection as side-effect, that went uncured with Pneumovax, and untreated with antibiotics, and was not even symptomatically cured by the statin that shrank his brain. MRSA heart attacks are treated as congestive heart failure. Prescription treatment of MRSA heart attack is either doxycycline, or clindamycin, for pregnant women and children under 8. MRSA heart attack by Hot Springs nursing students, led to the discovery that a saline or chlorine bath, useful for curing spinal MRSA and related arthritis, sterilises the MRSA lesions on the heart, but they reinfect before going away, unless Hawthorn, the supreme herb for the heart is taken to absorb the lesions. Whereby doxycycline or clindamycin and/or saline bath and Hawthorn are thought to be a curative treatment for the MRSA heart infection underlying congestive heart failure, propolis is palliative (Sanders '23).

Twentieth- century advances in aquatics - combining disinfection, recirculation, and filtration systems - led to an explosion in recreational use of residential and public disinfected water. However, infectious agents, including bacteria, viruses, protozoa, and molds, may threaten the health of swimming pool bathers. Viruses are a major cause of recreationally-associated waterborne diseases linked to pools, lakes, ponds, thermal pools/spas, rivers, and hot springs. Although there is little evidence that swimming pools present a significant health hazard, disease can be spread by contaminated swimming pool water or by contact with contaminated objects or persons in the pool or pool area. Some of the illnesses known to be spread by contaminated water are: colds and respiratory infections, typhoid fever, amoebic and bacillary dysentery, cholera, diarrhea, hookworm, tapeworm, infectious hepatitis, intestinal disorders, and miscellaneous eye, ear, nose, throat, and skin infections. Therefore, it is highly important to eliminate organisms which cause these diseases from swimming pool water (Army '86: 1-5). *Cryptosporidium* causes a diarrheal disease spread from one person to another or, by ingestion of fecal contaminated water. This pathogen is tolerant of chlorine and other halogen disinfectants and can survive up to ten days in chlorinated water. *Cryptosporidium* has emerged as the leading cause of pool associated outbreaks in the United States (Sacket '18: 1.22). Peer reviewed literature recently recognised, in a backhanded citation, the net public health benefit of bathing in saline is mostly due to the relative effectiveness of saline to kill, dreaded MRSA, *S. aureus* that regulates its salt intake. Disrupting this mechanism, or over-saturating it, means the bacteria either absorbs too much salt from their environment, or lose too much water – causing them to dehydrate and die (Gründling '16).

Although the National Park Service is sought to secure the swimming pool grant from the Interior Department, to prevent outbreaks of realist and imaginary disease being used to justify Draconian pool closures, it may be necessary to contract private operation of the swimming pool by swimming pool professionals, Before Ral Springs was closed by the first superintendent, as many as 20 people would crowd into the free free spring (Paige & Harrison '87: 47). Swimming at national parks is often impaired due to water contamination, real, accidental, intentional or imaginary, because water treatment is not appropriate for natural swimming holes. Before 1930, the city of Hot Springs owned the area and maintained a large natural “swimming pool” at Gulpha Gorge. When the National Park Service bought the property in the 1930’s, claiming bathers had contaminated the water, they took the dam out and let the water run. It is true, micro-organisms pollute swimming pools. Every swimmer adds 1.000.000 to 1.000.000.000 microorganisms to the water. The water itself contains microorganisms, as well. After oxidation a disinfectant must be added to the water to kill pathogenic microorganisms. Pool chlorine is also known as hypochlorous acid. Bromine doesn't smell as strongly and it it tends to be less irritating to eyes. Saltwater chlorinators turn salt into chlorine using a specialized generator. UV pool sanitation systems are an almost chemical-free way to keep your swimming pool clean. The pool will require additional chemicals to keep it clean before and after it is

sanitized by the UV light. Pool ozone is considered a supplemental disinfectant. A swimming pool ionizer releases heavy metal ions, like copper and silver, into the pool water to kill bacteria and algae. It's a slow-acting process, and it's not sufficient enough to work as a stand-alone sanitizer. A natural pool system with plants, rocks, and sometimes wildlife in the pool, may work. This type of system relies on the pool biofilter, a zone of rocks and aquatic plants that regenerate the water and clear it of impurities. This is the same purification system that is often found in nature. Salt is a popular source of chlorine because it's affordable and easy to get. It also doesn't have the same risks as some other sources of chlorine or pool cleaners. The best pool salts are 99% sodium chloride as possible. Saltwater chlorinators are the preferred method of disinfection. Hot Springs success at treating arthritis indicates that the natural mineral waters are adequately salinated and heated to be treated as a sterile bathing water, with little salination needed for the two parts cold water, for one part hot, prescribed at the 147 degree Fahrenheit hot spring.

Free hot tubs and a large swimming pool seem necessary to provide all visitors with the promised free bath. The cost of constructing Olympic-size swimming pools is between $300,000 and $500,000. Maintenance costs $250,000 a year in chemicals and utilities alone (Brown '08). With insurance, life guard and other labor it would probably cost $500,000 to construct and $500,000 a year to maintain. Olympic-size pools conform to very strict measurements. They are exactly 50 meters in length, 25 meters wide, contain 10 lanes, two meters deep and contain 2.5 million liters, 660,430 gallons of water. Each lane measures 2.5 meters in width. In the United States a 25 yard pool is used for most competitions. The Hot Springs YMCA has a 25 x 25 meter pool that is about four feet deep and has ten lanes. With more than a million visitors annually, from 4,000 to as many as 10,000 a people, including small children, might seek a free bath, on any given days. Diving boards 0-6 ft in height require a depth of 8.5 ft, 6-9 ft in height a depth of 10 ft and higher than 9 feet a depth of 11.5 ft (Army '86: 2-6). Special care would need to be taken to regulate the heat of the water using the natural 147 F Hot Springs water, so that is not too hot or too cold to swim outdoors in the winter. Youth swimming classes, aquatic exercise programs for older patrons and winter bathers may prefer water temperatures between 28.3 and 30 C (83 to 86 F), while swim teams prefer water temperatures ranging from 25.5 to 27.7 C (78 to 82 F) (Vore '12).

After the loss of two honour scholars to suicide, there is some concern that the Army and Navy General Hospital at Hot Springs National Park may be a "suicide hot spot". Suicide hotspots, or places where suicides may take place relatively easily, include tall structures (e.g., bridges, cliffs, balconies, and rooftops), railway tracks, and isolated locations such as parks (Cox et al '13). After erecting a barrier on the Jacques-Cartier bridge in Canada, the suicide rate from jumping from the bridge decreased from about 10 suicide deaths per year to about 3 deaths per year (Perron '13). Getting federal funding for abating sources of toxic exposure, such as mercury, lead and asbestos, and repopulating the abandoned Army and Navy General Hospital, seems to be the great white hope for improving morale at Hot Springs National Park in Arkansas. Suicide risk factors to watch out for, especially in Hot Springs where many people go to wash off domestic abuse, include: Individual level: history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants. Relationship level: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial and work stress. Community level: inadequate community connectedness, barriers to health care (e.g., lack of access to providers and medications). Societal level: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking and mental illness. Studies from the U.S. examining historical trends indicate that suicide

rates increase during economic recessions marked by high unemployment rates, job losses, and economic instability, particularly for working-age individuals 25 to 64 (Luo '11)(Stone et al '17).

The National Park has abated several buildings to serve as a Ranger Station and Forest Laboratory on the eastern edge of the campus. Otherwise the property, is entirely abandoned, and except the Army and Navy General Hospital that has undergone abatement, before it too was abandoned in 2020, will require environmental inspection and abatement before it can be demolished or renovated. Abandoned property shall be disposed of by the park superintendent under 36CFR§2.22. A HUD PHA is needed to finish the job in 5 years pursuant to the 5-year CFP plan 24CFR part 905. The estimated total five year cost to abate, renovate and demolish to make room for the the free public hot tub(s) and heated swimming pool, two parts cold to one part hot spring, is $31.25 million. At $20,000 a building, it is estimated that 100 buildings could be abated for moldy asbestos, for as little as $2 million. Concluding lead based paint and lead soil abatement might cost about the same. Leaving about $27 million to demolish and renovate the historical buildings to provide public and affordable housing and construct and maintain, for a while, the long awaited free public hot tubs and heated swimming pool for up to $500,000 to construct and $500,000 a year to maintain (Vore '12) 21CFR§1250.89.

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Chapter IV. Battle Mountain Sanitarium Reserve

Black Hills Veterans Administration Medical Center and Residential Rehabilitation Treatment Program (RRTP) in Hot Springs, South Dakota operates under 24USC§151-154. For the past decade historical Battle Mountain Sanitarium has been under threat of reconfiguration. At the 2011 State Convention, The American Legion Department of South Dakota passed a resolution that the VA Medical Center and Domiciliary continue to remain in Hot Springs. The local community of Hot Springs, organized against the reconfiguration proposal and developed a detailed alternative, Plan E, proposing, an expanded campus in Hot Springs would be staffed with 492 FTEs, which would result in an additional 135 FTEs from the FY 2014 total of 357 FTEs. In 2014 VA notified the Advisory Council on Historic Preservation (ACHP), the State Historic Preservation Office (SHPO), the National Park Service (NPS), as the steward of National Historic Landmarks (NHL) and Tribal Historic Preservation Officers of federally-recognized tribes with geographic or cultural ties to the Black Hills pursuant to Sec. 106 of the National Historic Preservation Act. Four parties objected to substitution of the National Environmental Policy Act (NEPA) for the National Historic Preservation Act (NHPA). Section 110 of the National Historic Preservation Act requires that prior to acquiring, constructing, or leasing buildings, each federal agency shall use, to the maximum extent feasible, historic properties available to the agency (BHHCS '16: 31-32).

The Pilot Program to Help Individuals In Recovery from Substance Abuse Disorder Become Stably Housed (Recovery Housing Program) was authorized under Sec. 8071 of the Support for Patients and Communities (SUPPORT) Act. The Recovery Housing Program (RHP) allows states and the District of Columbia to provide stable transitional housing for individual in recovery from a substance-use disorder pursuant to Sec. 104 of the Housing and Community Development Act of 1974, as amended 42USC§5304(d) and implementing regulations at 24CFR part 42. HUD statute admits, a drug abuse treatment facility may charge the PHA a reasonable fee for information on past and current drug abuse of public housing applicants 24CFR§960.205(d)(5)(e). Consistent with this work, for Battle Mountain Sanitarium, a PHA shall produce a third estimate regarding the cost of maintaining the facility, architectural modifications to improve accessibility of disabled persons, in a 5-year capital fund program (CFP) plan for the underutilized medical and substance abuse treatment facility, is expected to pay $1.25 million annually for five years, to better recognize the World Heritage of registered HA properties and open a HUD relocation assistance office for the veteran and Native American patients who would be treated by the joining of Veterans Affairs (VA) and Indian Health Service (IHS) to fully occupy the 55 buildings at Battle Mountain Sanitarium, currently operated by Black Hills Veterans Administration Medical Center, mostly by doubling the number of Residential Rehabilitation Treatment Program (RRTP) beds from 100 veterans, by another 100 tribal members, a month, providing monthlong residential drug abuse treatment for maybe 2,400 a year. HUD housing counseling might help addicted patients get off drugs and abused patients get well.

The 2015 Facility Condition Assessment of the Hot Springs Campus identified 15 conditions specifically related to accessibility estimated to cost $15.2 million. The 2015 Facility Condition

Assessment for Hot Springs identified an additional $33,972,546 required to correct deficiencies in the architectural, electrical, mechanical, plumbing, steam generation/distribution, structural, transport, information technology, and hazardous materials (asbestos and lead paint) systems of the campus buildings; and site work relating to parking lots, roads, and other items. Renovation costs were estimated at between $49,190,661 and $63,184,331 over thirty years Black Hills Health Care System (BHHCS '16: 12-13). A third price quote by HUD is likely to be even less. The HUD budget for Battle Mountain Sanitarium in this application is estimated at $1.25 million a year, below the $1.5 million major construction threshold, costing $6.25 million, over five years, pursuant to a HUD PHA 5-year CFP action plan 24 CFR Part 905.

The current Hot Springs Campus domiciliary layout, including open-bay sleeping and communal bathrooms, does not meet current VA standards for delivery of Mental Health Residential Rehabilitation Treatment Program (MH RRTP). No accommodations for single- parent Veterans. Small town setting offers limited opportunities for employment, housing, and permanent re-integration. Resident rooms are institutional in character. Living, dining, limited kitchen, laundry facilities are shared by 8 to 16 residents. Public transportation, housing and work opportunities are very limited. Discharge planning can be extremely challenging for those with a history of homelessness, co-occurring mental health disorders that impact independence, and lack of income. This results in extended length of stays for those Veterans (BHHCS '16: 18). The paucity of economic opportunity to buy illicit drugs in rural care may be helpful for detox, and the VA should not excessively discriminate against the rural economy.

Accessibility Deficiencies at VA Hospital Medical Center, 2015

Cost	B. No.	Building Name	Accessibility Issue
$63,325	10	Catholic Chapel, Electric Room	Rework ramps to provide accessible route.Replace door knobs with lever hardware along accessible routes. Renovate public and staff toilets to comply.
$18,697	11	Auditorium, Library	Small diameter (1-inch) handrails at connector do not meet criteria and should be replaced.
$987,222	12	Hospital	Many public and staff toilets do not comply or partially comply. Accessible toilets are limited to Ground and 1st Floor but not on the upper floors. Remodel to provide accessible facilities where required. Replace door knobs with lever hardware along accessible routes (approx 25 percent of doors).
$8,414	14	Facilities Management, MAS	Interior accessible routes and public and staff toilets on Floor 1 partially comply. Floor 2 Offices not accessible (less than 2,000 sf, no action recommended). Replace door knobs with lever hardware on Floor 1. Install lever faucets and grab bars at Floor 1 toilet.
$560,922	2	Dom Kitchen,	Renovate public and staff toilets. Replace door knobs with lever hardware along accessible routes.

		EMS	
$137,114	20	Day Care / Quarters	Exterior entrances, interior accessible routes and stairs, and toilets partially comply with criteria. Ground Floor: accessible from rear. Construct ramps and landings for accessible entries to Floor 1. Renovate at least one (1) toilet for accessibility on Floor 1. Replace door knobs with lever handles along accessible routes.
$249,298	21	Apartments	Exterior entrances and interior accessible routes and stairs do not comply with criteria. Replace door knobs with lever hardware along accessible routes. Provide ramps to Ground and Floor 1. Renovate at least one (1) Apartment Unit for accessibility.
$2,056,713	3	Dom Quarters, AMMS, Fiscal	Interior accessible routes and ramps, public and staff toilets, Dom resident rooms, toilets and bathing facilities do not comply with criteria. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels. Install elevator to provide access to all floors. Replace door knobs with lever hardware throughout.
$2,461,823	5	Dom Quarters, Canteen	Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C levels and install elevator to provide access to all floors. A Level Domiciliary resident rooms and A and B Level resident toilets and bathing facilities do not meet accessibility criteria. C Level public and staff toilets do not comply and should be renovated. Replace door knobs with lever hardware on approx. 50 percent of all doors.
$24,930	53	Nutrition Food Svc., Eye, Podiatry	Public and staff toilets partially comply; remodel toilets and showers to meet criteria. Replace door knobs with lever hardware along accessible routes (Basement toilets and locker costs included with Interior Finish / Door).
$2,337,173	6	Dom Quarters, Warehouse	Interior accessible routs and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C levels and instal elevator to provide access to all floors. Domiciliary resident rooms and toilets and bathing facilities do not comply. Renovate resident rooms toilets and bathing facilities to meet accessibility criteria. Replace door knobs with lever hardware throughout building.
$31,162	66	Fire & Security	Replace door knobs with lever hardware. Renovate public (office toilet to meet criteria.
$3,116,231	7	Dom Quarters, Arts & Crafts	Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels, and install elevator to provide access to all floors. Domiciliary resident rooms, and toilets and bathing facilities do not comply. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria. Replace door knobs with lever hardware throughout.

$3,116,231	8	Dom Quarters, Recreation	Interior accessible routs and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels, and install elevator to provide access to all floors. Replace door knobs with lever hardware throughout. Domiciliary resident rooms, and toilets and bathing facilities do not comply. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria.
$49,860	9	Protestant Chapel	Rework ramps to provide accessible route. Replace door knobs with lever hardware along accessible routes. Renovate public and staff toilets to comply.
$15,218,115			TOTAL

Source. Table 1-3 pg. 14

Hot Springs is a city in and county seat of Fall River County, South Dakota, United States. The City of Hot Springs sits in the canyon of Fall River at the base of Battle Mountain to the east, Seven Sisters Range to the south, and Hot Brook and Cold Brook canyons to the north-northwest. The visual appeal of the city is the surrounding sandstone cliffs and evergreen forests. Most of the oldest part of the city is designated as a historic district and maintains many of the original buildings constructed to support the city's early days as a resort destination for the therapeutic warm waters in the area (BHHCS '16: 85). The Hot Springs Historic District developed around the establishment of a warm water mineral springs resort. From colonial times travelers addressed their health by visiting mineral springs, where bathing in or ingesting the waters was considered a means to maintaining good health or dealing with chronic conditions and diseases. With about 354 employees Battle Mountain branch of the VA Black Hills Health Care System employs more than 10% of the population of Hot Springs.

Established by Congress in 1865, the National Asylum for Disabled Volunteer Soldiers, changed its name in 1873, ultimately encompassing a network of eleven branches across the country, the National Home for Disabled Volunteer Soldiers (NHDVS). The NHDVS was overseen by a Board of Managers and operated until 1930 when it was absorbed by the Veterans Administration (VA). The eleven NHDVS properties established between 1865-1930 are the Eastern Branch in Togus, Maine; the Northwestern Branch in Milwaukee, Wisconsin; the Central Branch in Dayton, Ohio; the Southern Branch in Hampton, Virginia; the Western Branch in Leavenworth, Kansas; the Pacific Branch in West Los Angeles, California; the Marion Branch in Marion, Indiana; the Danville Branch in Danville, Illinois, the Battle Mountain Sanitarium in Hot Springs, South Dakota; the Mountain Branch in Johnson City, Tennessee; and the Bath Branch in Bath, New York. Some former NDHVS properties were dramatically changed by development under the VA; others retained the essential characteristics that identify them as NHDVS properties. Four NHDVS properties are recommended for National Historic Landmark (NHL) designation for their ability to most outstandingly represent the national context of the development of a national policy for veteran health care: the Northwestern Branch, the Western Branch, the Mountain Branch and the Battle Mountain Sanitarium. In 1973 administration of the cemeteries was transferred to the National Cemetery System and the sites were so designated. The National Cemetery System became the National Cemetery Administration in 1998 (Julin '08: 2, 6-7).

The men served by the institution were first referred to as inmates, a term that fell into disuse during the 1880s and was replaced by beneficiaries, soldiers, men, and members. The initial branches served Union Army volunteer veterans of the Civil War who had suffered injury or debilitating illness during

the war. In the 1880s standards were broadened to allow former Union soldiers with any disability, including those caused by age. The broadening of admittance standards recommended by the Board of Managers eventually expanded membership to all veterans of all wars who could not live independently for any reason, regardless of the nature of their disability. As Civil War veterans aged and young veterans from other conflicts entered the system, the NHDVS Board of Managers increasingly turned their attention to medical care. Until World War I, NHDVS members were the only veterans receiving government-provided medical care regardless of the cause of illness or disability. The federal government's expansion of medical care to World War I veterans and the subsequent development of the Veterans Administration medical system (VA, now the Department of Veterans Affairs) reflect the foundation established by the NHDVS. Cemeteries were established at these facilities to provide a final benefit—perpetual burial among comrades (Julin '08: 1, 6). African American soldiers were allowed membership at the National Home branches, which established a policy of racial equality; in the decades following the Civil War the level of equality became less and less. While African Americans were at the same facility and received the same benefits, they were segregated within the facility and slept in separate barracks and ate at different tables. Few African Americans took advantage of the opportunity even though 10 percent of the Union Army was African American. By 1900, only two and a half percent of the members at the National Home branches were African American. The Hampton branch in Virginia was designed to encourage African American members, but it was not successful because not that many African Americans went there (NPS '17).

Battle Mountain Sanitarium was the tenth branch and the first sanitarium established by the National Home for Disabled Volunteer Soldiers after the Civil War. The Hot Springs Campus occupies the buildings constructed in 1907 as part of the Battle Mountain Branch of the National Home for Disabled Volunteer Soldiers, the first to serve entirely as a medical center. An official report for the years 1908-09 stated that 865 veterans were treated at the sanitarium during the period; the majority were Civil War and Spanish-American War veterans. The most common diseases treated were rheumatism and arteriosclerosis. Veterans suffering from pulmonary tuberculosis were admitted only if officials deemed them capable of making reasonable improvement or recovery. Veterans stayed at the sanitarium only as long as they received benefits from treatment. Once treatment was completed, they were discharged or transferred to one of the Branch Homes (NHDVS 1910: 261-272). Battle Mountain Sanitarium continued to expand in the decades after its establishment. In 1913, a conservatory and greenhouse was completed, and in 1915 a sandstone staircase with 204 steps was constructed, linking the site on upper town's eastern bluff with the valley floor. A hospital building was completed in 1926. The grounds also included residences for staff and auxiliary. Battle Mountain Sanitarium enhanced Hot Springs' reputation as a center for health and medical care. With the establishment of this facility, Hot Springs gained an expansive institution which added to its physical attractions and to the economic health of the community. Ironically, the lure of Hot Springs' mineral water resorts began to wane shortly after Battle Mountain opened its doors (Julin '17: 48). The Battle Mountain Sanitarium was recognized as a National Historic Landmark in 2011. The property also is a contributing element to the Hot Springs Historic District, a property listed in the National Register of Historic Places since 1974.

Of the fifty-three buildings and structures on the Battle Mountain Sanitarium campus, twenty-nine dating to the NHDVS period survive, as do the landscape, small-scale features and cemetery. Services

provided at the VA Hot Springs Campus include primary care, urgent care, pharmacy services, outpatient surgery, inpatient care (10 beds), dialysis, x-ray and mobile imaging, specialty care, laboratory services, mental health, and a call center. There are also seven beds for long-term care in a Community Living Center (nursing home) and 100 beds for the RRTP that serves homeless Veterans and provides mental health services for post-traumatic stress, substance abuse, alcohol abuse, and other conditions (BHHCS '16: 185). Prairie Hills Transit, a non-profit organization, provides public transportation within Hot Springs and service to Rapid City, Custer, and Edgemont via disability accessible vehicles. The transportation service is available Monday through Friday from 7:00 a.m. to 4:00 p.m. with a 24-hour advance request. Bicycle and pedestrian routes in the Hot Springs area include the Freedom Trail that parallels Fall River through the city, the George S. Mickelson Trail that crosses the western part of Fall River County (BHHCS '16: 202) and the Centennial Trail that runs from Wind Caves National Park to Sturgis.

Water is supplied to the Hot Springs Campus from a natural spring located approximately one-half mile northwest of the campus. Water is diverted from the spring to a cistern located at the campus Boiler Plant (Building 18) through a buried eight-inch diameter pipe via gravity. Water is pumped from the cistern via two pumps to two water towers (980,000 gallons total capacity) through buried eight-inch and six-inch diameter pipe. Vested Right Water License No. 2420-2 appropriates 1.56 cubic feet per second (700 gallons per minute) of water from the spring. This water right has a priority date of January 1, 1907 (SD 1999). Water License No. 2421-2 appropriates an additional 1.23 cubic feet per second (551 gallons per minute) of water from the spring. The Hot Springs Campus is also connected to the Hot Springs municipal water system for backup supply. The Hot Springs Campus reported a total water consumption of 24,284,000 gallons in FY 2013 and 26,103,000 gallons in FY 2014, with greater consumption during the summer months when landscape irrigation is required (BHHCS '16: 213-214). The Hot Springs Wastewater Treatment Plant treats wastewater generated throughout Hot Springs, including wastewater generated at the Hot Springs Campus. The treatment facility design flow is 700,000 gallons per day (EPA 2014a), and the average facility flow is 350,000 gallons per day (Bastian 2014). Treated water is discharged to Fall River. Wastewater generation from the Hot Springs Campus is metered at two locations where wastewater is discharged to the city wastewater collection and treatment system. The Hot Springs Campus reported a total wastewater generation of approximately 13,200,000 gallons in FY 2013 and approximately 10,100,000 gallons in FY 2014 (VA 2015), or approximately nine percent of the Hot Springs Wastewater Treatment Plant average facility flow.

Electricity service at both the Hot Springs Campus and the Rapid City CBOC is provided by Black Hills Power, a subsidiary of Black Hills Corporation. The Hot Springs Campus consumed 6,409,513 kilowatt-hours in FY 2013 and 6,275,920 kilowatt- hours in FY 2014. The Hot Springs Campus operates three 500-horsepower steam boilers to provide facility heating. The boilers utilize #2 fuel oil supplied by Harm's Oil in Aberdeen, SD. Fuel oil is stored in three 39,590-gallon ASTs. The Hot Springs Campus consumed 397,444 gallons of #2 fuel oil for steam generation in FY 2013 and 438,765 gallons in FY 2014. The Hot Springs Campus currently receives telephone, television, and internet service from Golden West Telecommunications (BHHCS '16: 216-218). Medical waste is routinely generated through operations at both the Hot Springs Campus and the Rapid City CBOC. Medical waste is collected by a third party and transferred to Stericycle in Dacono, CO, where wastes are treated for ultimate disposal. In FY 2013, the Hot Springs Campus generated 12,754 pounds of medical waste and the Rapid City CBOC generated 806 pounds of medical waste. The Hot Springs Campus is classified as a RCRA Conditionally Exempt Small Quantity Generator (CESQG) of hazardous waste. CESQGs generate 100 kilograms (220 pounds) per month) or less of hazardous waste or 1 kilogram

(2.2 pounds) per month or less of acutely hazardous waste (BHHCS '16: 198-200).

Battle Mountain Sanitarium occupies 77 acres at the base of Battle Mountain overlooking Fall River. Battle Mountain is 4,434 feet in elevation. The Battle Mountain Sanitarium Reserve, Game Production Area has been around for many years, originally occupying roughly 3,500 acres northeast of Hot Springs. These acres are actually federal property leased to the state of South Dakota. There are a collection of towers on top. Much of the Friendshuh GPA area had been part of the Friendshuh Ranch for many years, before rancher Gary Friendshuh sold 4,400 acres to South Dakota Game Fish and Parks for $8 million, to help expand the game preserve. This GPA is also adjacent to some BLM land, with all areas combined providing public access of over 8,000 acres. The high point in South Dakota's 8,000-acre Battle Mountain-Friendshuh Game Production Area (GPA) is located at the head of Dudley Canyon, on the east side. If there was an official name for this mountain long ago, it seems to have been forgotten by area residents. According to Lists of John, with 600 feet of rise, this mountain is tied for #18 on the Black Hills prominence list. Friendshuh Mountain acts as a watershed between Dudley Canyon to the west and Spring Canyon to the east-northeast. Though all the upper canyon is on public lands, the mouth of the canyon is on private land. Elk, deer, pronghorns, bighorns, coyotes, fox, wild turkeys, hawks, eagles, vultures, mountain lions and rattlesnakes inhabit the GPA. Almost half the area is heavily forested, dominated by Ponderosa pine with pockets of aspen. Along the various streams in the canyons, are a small variety of other trees, including cottonwood, ash, birch, cedar, and others. The rest of the GPA is large open meadows, which provide excellent grazing habitat for elk and deer. A geologist has discovered that there is a fossilized dinosaur footprint near Friendshuh Mountain.

No permits are needed to be anywhere in the Battle Mountain/Friendshuh GPA. There is a curfew for the entire area, and camping is ostensibly not allowed and the warden claims to have issued tickets to people who were not aware of the signs posted in a manner reasonably likely to come to the attention of trespassers under 22-35-6(2). It is an affirmative defense the person reasonably believed that the owner of the premises, or other person permitted to license access to the premises, would have permitted him or her to enter or remain under 22-35-7 and 24USC§151. A National Park superintendent may require permits, designate sites or areas, and establish conditions for camping under 36CFR§2.10(b)(4) 6am. (run-on) Residing in park areas, other than on privately owned lands, except pursuant to the terms and conditions of a permit, lease or contract, is prohibited under 36CFR§ 2.61(a). A special use authorization is not required for camping in the National Forest under 36CFR§251.50(c). In regards to Battle Mountain Reserve the no camping notice should be abolished. Without any law, or any official solicitation whatsoever, the Game Production Area, has done remarkably well at animal husbandry and Battle Mountain is teeming with deer, turkey, rabbit, sage and echinacea to cure coronavirus with.

Recreational resources near the VA Hot Springs Campus include local, state, and national parks. The City of Hot Springs maintains a number of public parks and amenities for various recreational and

community events, including golfing, playgrounds, trails, sports, picnicking, swimming, organized events, and relaxing. City parks include Upper Chautauqua, Lower Chautauqua, Brookside, Butler, Centennial, and Cold Brook. Cold Brook Lake and Angostura Reservoir provide fishing, boating, and camping options. Evans Plunge, fed by the natural hot springs, is an enclosed pool offering year-round swimming, hot tubs, and a steam room. Fall River is a major recreational asset through the center of the city with the Freedom Trail system and parks along the river. Custer State Park is approximately 20 miles north of Hot Springs. Encompassing 71,000 acres within the Black Hills, the park is known for its granite peaks and buffalo herds, and provides wildlife viewing areas, scenic drives, fishing, educational programs, trails, and resort services. Wind Cave National Park is approximately six miles north of Hot Springs. Encompassing approximately 33,000 acres, the park offers trails, camping opportunities, and tours through one of the longest caves in the world (BHHCS '16: 192-193). Bicycle and pedestrian routes in the Hot Springs area include the Freedom Trail that parallels Fall River through the city, the George S. Mickelson Trail that crosses the western part of Fall River County (BHHCS '16: 202) and the Centennial Trail that runs from Wind Caves National Park to Sturgis, that is not normally solicited because the overnight permit in Wind Caves may pose a fire hazard. Excessive private development and land ownership, due to the abundance of VA loans in the area has compromised the trail system in the Hot Springs area and much planning is needed to develop trails from the City of Hot Springs to the Mickelson and Centennial Trails and Pine Ridge Reservation.

The Black Hills (Lakota: Ȟe Sápa; Cheyenne: Mo'òhta-vo'honáaeva; Hidatsa: awaxaawi shiibisha) is a small and isolated mountain range rising from the Great Plains of North America in western South Dakota and extending into Wyoming, United States. The Black Hills, in western South Dakota and northeastern Wyoming, consists of 1.2 million acres of forested hills and mountains, approximately 110 miles long and 70 miles wide. The Black Hills rise from the adjacent grasslands into a ponderosa pine forest. Described as an "Island in the Plains," the Forest has diverse wildlife and plants reaching from the eastern forests to the western plains. The Black Hills encompass the Black Hills National Forest. The hills are so called because of their dark appearance from a distance, as they are covered in evergreen trees. The Black Hills are one of the few remaining exposed portions of the Trans-Hudson orogenic belt. The peaks of the Black Hills are 3,000 to 4,000 feet above the surrounding plains, Black Elk Peak (formerly known as Harney Peak), which rises to 7,244 feet (2,208 m), is the range's highest summit (Hill '04)(Wolcott '67). As of 2016, the remains of 61 mammoths, including 58 North American Columbian and 3 woolly mammoths had been recovered (Agenbroad et al '94: 15-27).

Tribal tradition states that as long ago as the 16th century the Fall River Valley and canyon area were seldom without groups of tipis belonging to North American Plains Tribes. They knew the curative value of the warm springs located there and used them for bathing their sick and lame. Evidence of human occupation of the Black Hills region corresponds archaeologically to that of Northwest Plains cultures in general, spanning at least the previous 12,000 years (Kornfeld et al. 2010). Legend has it, American Indians were stricken with an epidemic known as "fell disease" about the middle of the 16th century that threatened to obliterate the tribes. A messenger arrived from the Great West with news of a wonderful water which, he said, had been touched by the finger of the Great Spirit and would cure all manner of diseases. Indians came to these springs by the thousands. The Arikara arrived by AD 1500, followed by the Cheyenne, Crow, Kiowa and Arapaho. After a lapse of more than 200 years, the Cheyenne took possession of the springs and built an immense tipi city covering hundreds of acres. In the 18th century the Lakota (also known as Sioux) arrived from Minnesota and drove out the other tribes, who moved west.

The First Treaty of Fort Laramie Treaty with Sioux Etc., known as the Horse Creek Treaty, was signed with the Sioux, Cheyennes, Arrapahoes, Crows, Assinaboines, Gros-Ventre, Mandans, and Arrickaras, in 1851. It stipulated that Plains Indians would stop inter-tribal fighting, let white migrants and railroad surveyors travel safely through their lands, allow the US government to build roads and army posts in their land, and to pay compensation to the US government if their tribe members broke these rules. In return, the US government stated they would protect Plain Indians from any white Americans and pay the tribes a $50,000 annuity providing they stuck to the treaties terms. Art. 5 of the 1951 Horse Creek Treaty specifically granted the Black Hills to the Sioux, but did not prejudice any rights or claims any other tribes might have to the land. This culminated in a fierce conflict in about 1869, the memory of which is preserved in the name of Battle Mountain, where the besieged Cheyenne established fortifications. The Sioux won the battle and possession of the springs which they called Wi-wi-la-kah-to (Springs - hot). They called the area Minnekahta (Water - hot) and termed the Black Hills a great "Medicine Home." After the Battle Mountain fight, tradition says the Sioux and Cheyenne agreed to allow the springs to be a health sanctuary to give their sick and lame the benefit of the healing waters.

Exploration of the area by white men in 1874-1875 led to settlement and the discovery of 75 geothermal springs. The crystal clear clear water issues from clefts in rocks or bubbles out of the ground. Bathhouses, swimming plunges, hotels, hospitals and sanitariums were built turning the City of Hot Springs into an early national health resort. Some of these structures still exist, including a sanitarium now used as the VA Center and the South Dakota Soldier's Home. The discovery of gold in the area in 1874 as the result of George Armstrong Custer's Black Hill's expedition, led to a conflict over control of the region sparked the Black Hills War of 1876, also known as the Great Sioux War, the last major Indian War on the Great Plains. Following the defeat of the Lakota and their Cheyenne and Arapaho allies in 1876, the United States took control of the Black Hills. U.S. Congress to pass an act in 1877 which vested ownership of the Black Hills to the United States. The US government took the Black Hills and, in 1889, reassigned the Lakota, against their wishes, to five smaller reservations in western South Dakota, selling off 9 million acres (36,000 km^2) of their former land. Despite their forced relocations, the Lakota never accepted the validity of the US appropriation. They have continued to try to reclaim the property, and have repeatedly filed a suit against the federal government, rejected by the Court of Claims in 1942, reheard pursuant to a 1978 Act and $17.1 million compensation was upheld in *United States v. Sioux Nation of Indians*, 448 U.S. 371 (1980). The Lakota, Dakota and Nakota peoples have refused the compensation, valued at over $1 billion as of 2011, and continue to seek the return of their land (Anaya 12: 1)

VA is committed to developing a vigorous process to identify possible redevelopment partners for the unused portion of the Battle Mountain Sanitarium campus. This process will include alternative VA uses, other federal agency uses, state or local government uses, Native American uses, and private developer projects, as well as mixed use or multiuser coalitions (BHHCS '16: 418). The Indian Health Service (IHS) reports that the Great Plains tribes suffer 11 times the national average rate of injury due to alcohol intoxication, the highest in the nation. The Hot Springs area is recognized as a Native American sacred site (Sundstrom 1996). Battle Mountain is recognized by a Siouan name ("He-oki-cize") (Hans 1907). The VA considers the Hot Springs a sacred site area, with Battle Mountain interconnected, as a historic property of religious and cultural importance to Native American tribes with ancestral, aboriginal, or ceded land ties to the Black Hills Region (BHHCS '16: 121-122). What HUD does not spend reasonbly accomodating substance abuse treatment for tribal members, can be spent on a HUD office at the sanitarium, and shady trails between reservations, Battle Mountain Sanitarium Reserve, Centennial Trail and public land to settle *United States v. Sioux Nation of Indians*,

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Chapter V. District of Columbia Five Campus Marathon

The District of Columbia (DC) encompasses 68 square miles of land and water, with 61 square miles of land available. The Five Campus Marathon, is a self-guided, nearly completely flat, 26.2 mile marathon, that passes through five different historical Hospitals & Asylums (HA) sites in DC, that are, or were legislated in Title 24 of the United States Code. The HA Marathon is an important test of physical fitness for sedentary federal bureaucrats, to ensure their calculus of the arteries benefits the people who fought in the Revolution and were liberated by Reconstruction. The HA Marathon is the best way for a tourist to see DC in one day and leave a multimillionaire slumlord of St. Elizabeths Hospital. The best course runs from the Miriam's Kitchen 7am breakfast, a little to the northeast of the Mall, to the Armed Force Retirement Home in the northeast, Howard University in the east, Gallaudet University in the southeast, St. Elizabeth's Hospital across the Anacostia River to the south, and back north along the Potomac to the Arlington National Cemetery, Mall Area in time for dinner at 4 pm. Those starting in the Howard and Gallaudet University vicinity might like the 7:30 am breakfast at So Other Might Eat. Arlington National Cemetery doesn't allow running, and has such an invasive search policy, it is easiest to skip the Memorial Amphitheater, and enjoy the Mall. Post-COVID DC policy is that bus drivers are not allowed to prosecute people who do not pay their fare. DC gets over 39 inches of rain a year, more than Seattle. The currents are dangerous for bathing, but there is plenty of camping along the Potomac River to the north of Georgetown, where the navigable waters end, all the way to Harper's Ferry, where the Appalachian Trail (AT) connects.

The United States capital was originally located in Philadelphia, during the First and Second Continental Congresses, and Congress of Confederation upon ratification of the first federal constitution. In June 1783 a mob of angry soldiers demanding payment for their services during the American Revolutionary War converged on Independence Hall. Governor Dickinson sympathized with the protestors and refused to remove them. As the result of the Pennsylvania Mutiny of 1783, Congress was forced to flee to Princeton, New Jersey on June 21, 1783. On October 6, 1783 Congress resolved to find a permanent residence. Various tribes of the Algonquian-speaking Piscataway people, also known as the Conoy, inhabited the lands around the Potomac River and present-day Washington, D.C. when Europeans first arrived and colonized the region in the early 17th century. Two pre existing settlements were included in the territory, the port of Georgetown, founded in 1751, and the port city of Alexandria, Virginia, founded in 1749. Washington District of Columbia (DC) was founded on July 16, 1790 (not exceeding ten miles square, 100 square miles) pursuant to Art. I Sec. 8 of the US Constitution. President George Washington chose the exact site along the Potomac and Anacostia Rivers. On December 23, 1788 Maryland and on December 3, 1789 Virginia, passed laws ceded land to the new “district”. The Residence Act of July 16, 1790 mandated the site for the permanent seat of the federal government. Pierre Charles L'Enfant was appointed to design the city grid system. In 1800 the seat of government was finally moved to the new city and on February 27, 1801 the District of Columbia Organic Act, placed the District under the jurisdiction of Congress. On May 3, 1802, the

City of Washington was granted a municipal government consisting of a mayor appointed by the President of the United States. DC was burned to the ground by the British during the War of 1812, including the newly constructed White House, Capitol and Library of Congress. Subsequently, the city became smaller when the Alexandria portion retroceded to Virginia. In 1973 the mayor and council were locally elected.

The 2020 Census estimated the District of Columbia had a population of 689,545. In 2023 DC population is estimated at 674,815, the 23rd largest city in the nation. DC has the highest population density in the nation of about 11,535 pert square miles. However, during the work week, the population swells to more than one million as commuters come from Virginia and Maryland. The Washington metropolitan area has a population of over 6 million, the 7th largest metro area, and if Baltimore is included, the 4th. The city population only increased in size during the Civil War whereas slaves in DC were emancipated on April 16, 1862, nine months before the Emancipation Proclamation, and it became a hub for freed slaves. The majority of the DC population remains African-American. According to the most recent Census the racial composition of DC is 44.66 percent Black, 40.46 percent White, 5.69 percent Two or more races, 4.76 percent Other race, distributed, 4.1 percent Asian, 0.29 percent Native American and -.05 percent Native Hawaiian or Pacific islander. Of DC residents 6.6 percent are crudely estimated to be of Hispanic ethnicity. 15 percent speak a language other than English. There are 177 embassies and countless cultural centers in DC. DC has the highest income inequality in the nation, the median household income for white households is $141,650 is over three times higher than the Black households, $45,072.

HA sued the District of Columbia (DC) to reduce the penal population from 1,500 detainees per 100,000 residents in 2005, then the highest in the world, to achieve the arbitrary legal limit of 250 detainees per 100,000 pursuant to Mental Health Services for District of Columbia 24USC§225 *et seq*. The rate of incarceration in DC was reduced to 369 per 100,000 in 2013. Subsequently, the United States lapsed in reporting state by state detention statistics to the World Prison Brief, but has sustained a steady aggregate decline in prison population. Detention of January 6th insurgents has caused a surge in detention in DC, population 712,816 in 2020. Although the current number of detainees in DC is uncertain, the trial of 1,069 Jan. 6th insurgents can be estimated to have swollen the DC prison population from around 2,630 to 3,699, about 519 detainees per 100,000 residents, better than average for the United States, but extremely penal by international standards, and this is corrupting of the national capitol, this time, to the point of electing a Speaker of the House from Louisiana, the absolute largest state prison in the largest national prison in the world, to be sentenced to the arbitrary legal limit of 250 detainees per 100,000 under Art. 3(3) US Constitution. Jan. 6th insurgents should be sentenced to federal prison near their family and appeal, not be allowed to loiter in DC and no new arrest warrants for Jan. 6th rioters should issue.

District of Columbia Admission Act HR 51 (2021) was introduced by long-time African-American DC Congresswoman Eleanor Holmes Norton to grant DC statehood. The Act is short and does not list grievances or describe the institutional obligations that would be incurred by statehood, nor is it historically thought to be necessary for statehood applications to do so. Granting DC statehood would provide DC with two new Senate seats to complement their one house seat, just like the small state of Vermont. DC statelessness is an idiosyncrasy that requires treatment. Primarily, federal real property is not taxed by the District. Consequently DC has an extortionate 10 percent sales tax. Statehood might facilitate better federal grants to compensate for the extensive tax-free federal property in DC to enable DC to reduce the sales tax. The DC Admissions Act should definitely provide Congress with an

assessment of exactly how much the federal property tax-exemption is worth. Without a Congress willing to provide the capitol with all the trappings of statehood, public work bribing and monumental building DC financial institution transactions are frequently obstructed and embezzled, and cannot be resolved except by leaving DC for a real state, with a legislature capable of dealing with the severe mental illness of federal officials claiming responsibility for the money stolen mostly by FBI cyber-leaking transportation security, or going to at least three Western Union locations before one works.

The historical HA properties are all very interesting. Except for a little mold at Howard University dorms, and English ivy at the Armed Forces Retirement Home forest, they are mostly in good to great repair, with the glaring exception of St. Elizabeth's Hospital, the largest urban blight in DC, ten times larger than nearly the same number of dilapidated outbuildings at the Army and Navy General Hospital in Hot Springs National Park. The history of HA statute and buildings predate the current heritage sites in DC. In summary, the United States Sailors' home was opened in 1833 in Philadelphia and Soldiers' Home enacted in 1851. The Army and Navy Hospital at Hot Springs, Arkansas was enacted 30 June 1882, 50 years after Hot Springs Reservation, the true first national park, was set aside on 20 April 1832. St. Elizabeth's Hospital was opened in 1855 until it was completely closed in 2010. Freemen's Hospital & Asylum was founded in 1862 to provide medical treatment for former slaves and care for aged and disabled black patients. National Cemeteries were enacted 17 July 1862. The Columbia Institution for the Deaf was enacted in 1864. The National Asylum, was enacted in 1865 and changed its name to National Home for Disabled Volunteer Soldiers in 1873, it grew from three to ten facilities before a total of 11 facilities were consolidated with the Bureau of Pensions and National Cemetery Administration by the Veterans Administration in 1930. The Tubercular Hospital at Fort Bayard, New Mexico was enacted in 1907 after being transferred to the Surgeon General in 1900 from the Army Post that had garrisoned the African-American Buffalo Soldiers since 1866. The first edition of the United States Code was published in 1926. In 1928 Ancon Hospital in Panama was renamed Gorgas Hospital. In 1960 the law provided for the hospitalization of mentally ill national returned from foreign countries. In 1991 the US Soldier's and Airmen's Home changed its named to the Armed Forces Retirement Home. When in DC in 2021 the author consolidated the historical text of all Hospitals & Asylums Title 24 US Code statute, with footnotes regarding amendment and repeal (Sanders, '21).

The majority of DC land was created by draining mosquito infested swamps. Although not located in DC, or even in the United States, Gorgas Hospital in Panama, requires an honorable mention regarding malaria treatment. Symptoms of malaria are generally non-specific and most commonly consist of fever, headache, malaise, weakness, gastrointestinal distress (nausea, vomiting, diarrhea), neurologic complaints (dizziness, confusion, disorientation, coma), back pain, myalgia, chills, and/or cough. The diagnosis of malaria should also be considered in any person with fever of unknown origin regardless of travel history. Laboratory diagnosis of malaria can be made through microscopic examination of thick and thin blood smears. Determination of the infecting *Plasmodium* species for treatment purposes is important for four main reasons. Firstly, *Plasmodium falciparum* and *P. knowlesi* infections can cause rapidly progressive severe illness or death, while the other species, *P. vivax*, *P. ovale*, and *P. malariae*, are less likely to cause severe disease. Secondly, *P. vivax* and *P. ovale i*nfections also require treatment for the hypnozoites, which remain dormant in the liver and can cause relapsing episodes. Thirdly, *P. falciparum* and *P. vivax* species have different drug resistance patterns in different geographic regions of the world. Finally, for *P. falciparum* and *P. knowlesi* infections, the urgent initiation of appropriate therapy is especially critical.

For *P. falciparum* infections acquired in areas with chloroquine resistance, four treatment options are

available. These include artemether-lumefantrine (Coartem®), which is the preferred option if readily available, and atovaquone-proguanil (Malarone™). These are fixed-dose combination therapies that can be used for pediatric patients ≥5 kg. Quinine sulfate plus doxycycline, tetracycline, or clindamycin (for pregnant women and children under 8) is also a treatment option. Quinine should be given for three days, except for infections acquired in Southeast Asia where seven days of treatment is required. The fourth option, mefloquine, is associated with rare but potentially severe neuropsychiatric reactions when used at treatment dose. For *P. falciparum* infections acquired in areas without chloroquine-resistant strains, which include Central America west of the Panama Canal, Haiti, and the Dominican Republic, patients can be treated with oral chloroquine, or, hydroxychloroquine at recommended doses. There has been no widespread evidence of chloroquine resistance in *P. malariae* and *P. knowlesi* species; therefore, chloroquine (or hydroxychloroquine) may still be used for both infections. Chloroquine (or hydroxychloroquine) remains an effective choice for *P. vivax* and *P. ovale* infections except for P. vivax infections acquired in Papua New Guinea or Indonesia. For persons with intermediate G6PD deficiency, clinicians may consider giving primaquine at 45 mg (base) po once per week for eight weeks with close monitoring for hemolysis.

In 1811 Congress established the U. S. Naval Asylum for disabled and elderly regular Navy and Marine veterans in the Naval Hospital Act of 26 February 1811. However, the home was not operational until the 1830s, when Congress appropriated funds necessary to complete a building in Philadelphia for use as a hospital and asylum, after the Naval Commissioner had been detained by angry veterans, recovered from a long illness and appealed the claim for extra service pay in *US v. Thomas Fillebrown, Secretary of Commissioners of Navy Hospitals* 32 US 28 7 Pet. 28 (1833) as cited by Justice Story in *Minis v. US* 40 U.S. 423 (1841). The U.S. Naval Asylum was constructed in Philadelphia, Pennsylvania, near the Schuylkill River on the site of a former plantation. By 1886, the U. S. Naval Asylum held 201 patients and pensioners. In 1889 its name was changed to the U. S. Naval Home. In 1976, a new facility opened in Gulfport, Mississippi, and its residents transferred to that site. The original buildings have been vacant since the 1980s and the burials associated with it were relocated to Mount Moriah Cemetery, overseen by the National Cemetery Administration. The US Naval Home was designated a National Historic Landmark in 1976 (Julin '08: 8).

In 1851, Congress created the U.S. Military Asylum, known by the 1860s as the U.S. Soldiers' Home, after decades of debate about the costs of such a facility as well as its appropriateness in the United States. The casualties suffered during the Mexican-American War, however, helped to convince legislators that a provision for soldiers unable to care for themselves was necessary. The institution was originally funded from Mexican-American War fines as well as deductions from the salaries of enlisted men. The U.S. Soldiers' Home was intended to house disabled and elderly soldiers; regulars or volunteers with twenty years of service who had contributed to its support through pay deductions were eligible for admittance. Originally developed with three branches, the asylum was centralized in Washington, D.C. by the end of the 1850s because so few ex-soldiers sought residence at the institution. By the time the Civil War began, the Soldiers' Home housed approximately 130 residents, about half its capacity. Its lack of success in attracting men led some congressmen to believe veterans would not be interested in living in institutions (Kelley '97: 12-14).

In 1852, after extensive lobbying by Dorothea Dix, Congress established the Government Hospital for the Insane to provide care to regular members of the Army and Navy forces and residents of Washington, D.C. Located in the southeastern part of the city, the hospital was constructed as a central administrative building with east and west wings. Architect Thomas U. Walters, who designed the Capitol Building, drew the first plans for the central unit. During the Civil War, parts of the facility were used to treat ill and injured Union soldiers and sailors. A shop manufactured artificial limbs and amputees remained at the hospital while they learned to use their prostheses. Men reluctant to admit their residence at an institution for the insane began to refer to the institution as "St. Elizabeths," the name of the tract of land upon which the hospital was built. Following the war, the military hospital and artificial limb shop were closed and the facility returned to its original purpose; it provided long-term care to many Civil War veterans suffering from mental illnesses. In 1866, Congress passed an act allowing Union veterans diagnosed as insane within three years of their discharge to enter the hospital and in 1882 authorized the National Home for Disabled Volunteer Soldiers (NHDVS) to transfer mentally ill patients there. A cemetery was established on the grounds to bury deceased veterans. The care of Civil War veterans led to overcrowding, and the institution added new buildings in 1878, 1879, and 1883. In 1916, Congress officially changed the name of the hospital to St. Elizabeths and treated mostly civilians.

Before 1862, the capacity of the U.S. Soldiers' Home, as well as the services provided by the Government Hospital for the Insane, were more than adequate to serve veterans who needed the services and assistance they could provide. The Civil War created a much larger and more diverse body of veterans, men who were not career military soldiers and whose needs could not be met by the existing facilities (Julin '08: 10). After an extended stay at the U.S. Soldier's Home in Washington D.C., on September 22, 1862 President Abraham Lincoln signed the Emancipation Proclamation whereby "all persons held as slaves..shall be...forever free". In 1990 the Armed Forces Retirement Home Act of 1991 in Title XV of the National Defense Authorization Act Year for Fiscal Year 1991 Pub. L. 101–510, Nov. 5, 1990 assumed command of the U.S. Soldiers Home as codified at 24USC§401 et seq. In 2021 it was observed there is an infestation of English ivy killing the old trees on the campus. Groundskeepers there are entitled to an assessment and grant from the National Park Service to protect the trees on the campus from the English ivy invasion pursuant to 24USC§423.

The Columbia Institution for the Deaf and Dumb was established on February 16, 1857. An Act of Congress, that changed the institution's charter, enabling it to issue college degrees, was signed into law by President Abraham Lincoln (1809-1865) in 1864 and was codified in Chapter 5 Columbia Institution for the Deaf 24 US Code §231-250. The school for the deaf became the teaching hospital of Howard University Medical School in 1868 when the law was abolished and

school renamed Gallaudet University in honor of Thomas Hopkins Gallaudet (1787-1851), a notable figure in the advancement of deaf education, and is endowed as Education for the Deaf under 20USC§4357. I. King Jordan was elected President of Gallaudet University (1988-2006) amid student protests for a deaf leader in response to the only female President Elizabeth A. Zinser (1988). When the federal government again attempted to appoint a hearing female President another student protest quickly elected deaf male President T. Alan Hurwitz in October 18 2010. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) of 1979 that states, "the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields ". “Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person” in the first comprehensive human rights treaty of the 21st century, the Convention on the Rights of Persons with Disability (CRPD) of 2006. The Gallaudet University campus is beautiful, people there speak in sign language and can be employed to provide international sign language interpretation to public audiences.

Forerunner of the Howard University Hospital, Freedmen's Hospital served the black community in the District of Columbia for more than a century. On April 16, 1862, the District of Columbia Emancipation Act freed slaves in the District of Columbia and compensated owners up to $300 for each free-person. First established in 1862 on the grounds of the Camp Barker, 13th and R Streets, NW, Freedmen's Hospital and Asylum cared for freed, disabled, and aged blacks. In 1863, the Hospital & Asylum was placed under Dr. Alexander Augusta (1825-1890), the first African-American to head a hospital. After the Civil War, it became the teaching hospital of Howard University Medical School, established in 1868, while remaining under federal control. Between 1872 and 1910 every single hospital administrator, whether white or black, was involved in some sort of scandal from misconduct to malpractice. Prior to 1874 it was run by the Freedmen's Bureau in the U.S. Department of War, and in 1874 it was transferred to the Department of the Interior. During 1883–1905, the hospital was run by the Commissioners of the District of Columbia, but it was returned to the Department of the Interior afterwards. Early in the 20th century, Congress authorized the construction of a new hospital which was completed in 1909.

In 1940, the Freedmen's hospital was transferred from the Department of the Interior to the U.S. Public Health Service. President John F. Kennedy signed a bill that officially transferred the hospital to Howard University P.L. 87-262 September 21, 1961 75 Stat. 542, codified at 20USC§124-§129. Sec. 7 repealed all laws specifically applicable to Freedmen's Hospital effective with the transfer. Moving into new facilities in March 1975, Freedmen’s Hospital was renamed Howard University Hospital (Newmark '12). The original Freedmen's building (Bryant and 6th Streets) still stands and now houses Howard University's College of Nursing and College of Allied Health Sciences. Freedmen's Hall, a permanent museum located at the University Hospital, is devoted to the history of medical education and health care at Howard University. Students are protesting that the high cost tuition, about $26,000 annually, does not pay to have mold abated with Chlorine (bleach), Hydrogen peroxide, Quaternary ammonium compounds, Essential oils, Alcohol, Iodophors (iodine), Phenolics, Formaldehyde.

Essential oils include cinnamon oil, thyme oil, clove oil and/or tea tree oil. Mold abatement is usually done, in conjunction with asbestos abatement if needed, by removing moldy materials and spraying the hazardous debris and structure with chlorinated water to kill fungi.

On June 15, 1864, the Arlington House property and 200 acres of surrounding land were designated as a military cemetery. The first burial at Arlington National Cemetery was that of Private William Henry Christman of Pennsylvania, who lies in Section 27, Lot 19. Section 27 also contains the remains of more than 3,800 former slaves who resided in the Freedman's Village on the cemetery grounds. Freed slaves were allowed to farm on this land from 1863 to 1883, and those who died while residing in the village were buried here. Confederates were originally buried in several different sections of the cemetery using headstones that were the same as those used to mark the graves of civilians. Beginning in 1898, former Confederates led an effort to identify and mark Confederate burials. Legislation in 1900 led to pointed top headstones for Confederates. On average, 28 burials occur each weekday, for a total of nearly 6,900 each year. Flags at Arlington National Cemetery are flown at half-staff from 30 minutes prior to the first funeral until 30 minutes past the last funeral. Today the cemetery covers over 600 acres and contains the remains of more than 300,000 veterans in 70 burial sections, and 38,500 remains in the eight columbariums.

The largest structure within the cemetery is the Memorial Amphitheater, located on Memorial Drive, near the center of the grounds. The original amphitheater was constructed in 1873 near the Arlington House. Dedicated on May 15, 1920, the amphitheater is used for three major ceremonies each year, the services on Easter, Memorial Day, and Veterans Day. The amphitheater is enclosed by a white marble oval colonnade, topped with a frieze inscribed with the names of 44 battles from the Revolutionary War through the Spanish-American War. The names of 14 U.S. Army Generals and 14 U.S. Navy Admirals are inscribed on panels flanking the stage. Inscribed above the west entrance is a quote from the Roman poet, Horace, which reads "Dulce et decorum est pro patria mori," meaning, "It is sweet and fitting to die for one's country." The Memorial Amphitheater is codified by An Act to Abolish the Arlington Memorial Amphitheater Commission P.L. 86-694 of September 2, 1960 at 24USC§295a. Arlington National Cemetery is sought to abolish their ID check and search, except on marathon days and Presidential Memorial Day addresses, and repeal the ban on public speaking, and recreational activities, running, jogging, sports and picnics in 32CFR§553.33(c)(3)&(7).

In the 20th century St. Elizabeths hospital went through two phases. At first they had a farm where the patients worked, recovered and were released from the institution. At its peak at the end of World War II there were 7,000 patients, mostly people dodging the draft due to mental illness, and the property was filled with building. By mid-century, the farm was closed and a dwindling number of patients were taken into a life of psychiatric pharmaceutical drug treatment, by police. The hospital ceased to be a federal facility in 1987 and became part of Washington, D.C.'s mental health system 24USC§225 *et seq.* St. Elizabeths was designated a National Historic Landmark in 1991 (Julin '08: 9-10). In 2010 the Department of Homeland Security took over the campus to the west of Martin Luther King Jr. Ave. The District of Columbia owns the land to the east. There is a homeless shelter. The psychiatric

hospital continues to function behind gates, but intake is not part of either contemporary police or psychiatric emergency service culture, and St. Elizabeths Hospital could probably be closed down, if the life-long patients were released to congregate housing for the allegedly mentally ill, to be constructed at the site pursuant to *Olmstead v. LC* (1999). For instance, an older sister of an elderly African-American DC resident was detained there from age 7 to over 60 today. Of 62 buildings DHS plans to restore 54, but there are more than 50 large abandoned buildings unclaimed and DHS is unskilled. A moderate income apartment complex, with efficiency to three bedroom apartments, has been renovated on the road to the hospital,. Strangely they are building expensive condominiums in a vacant lot across the street and all of the construction is taking place on the fringe surrounding the complex. There are plans to put in a grocery store and shopping center, but the land is currently not hygienic due to mold and decay from the abandoned building that require abatement and major construction. The federal government must not delay demolishing the condemned buildings,

The abandoned buildings at St. Elizabeth Hospital urgently need to be abated to enable demolition or renovation pursuant to Environmental Protection Agency (EPA) standards, to abate mold with chlorinated water, while wetting asbestos for disposal 40CFR§61.145 and after lead based paint abatement, finally covering the lead based paint contaminated soil 40CFR§745.227 to make the campus safe for free camping, swimming pool and public housing within 5 years 24CFR§905.200. There a tax credit encouraging historical preservation of the buildings under 36CFR§67.1 et seq. At least once every three-years (in the beginning and middle of a CFP five year plan) HUD shall conduct training programs regarding the environmental abatement activities, for the staff of responsible entities to approve for the general public pursuant to 24CFR§58.77(d)(1)(ii).

To ensure the environmental abatement is thorough enough for children to play and homeless persons to sleep, it seems necessary for the HA/HUD common law to extend to the regulation of camping in Title 24 of the District of Columbia Municipal Regulations Section 24-121, to eliminate conflict in the law 24DC Mun. Regs. 24-121-1&3 is overruled and camping cited 24DC Mun. Regs. 24-121-2&4. No person or persons shall set up, maintain, or establish any camp or any temporary place of abode in any tent, wagon, van, automobile, truck, or house trailer, of any description, or in any combination, on public or private property, without the consent of the Mayor of the District of Columbia 24 DC Mun. Regs. 24-121.1; and Not more than two (2) single, temporary places of abode, as defined in this section, shall be maintained at any one (1) location 24DC Mun. Regs. 24-121-3, repealed. Leaving; Nothing contained in this section shall prevent any owner or lawful occupant of private property provided with sufficient sewage and water facilities, in the opinion of the Director of Health, from permitting use of the his or her private property for setting up and maintaining a temporary place of abode for not more than a total thirty (30) days in any consecutive three (3) months 24 DC Mun. Regs. 24-121.2. Each tent, wagon, van, automobile, truck, house trailer, or other temporary place of abode shall be situated or placed more than forty feet (40 ft.) from any public space; and shall not disturb the peace and quiet of the neighborhood 24DC Mun. Regs. 24-121.4.

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Appendix: Leave No Trace Principles

HA history provides several unique lessons regarding appropriate treatment of land and water. Native Americans told white settlers no tribe claimed the hot springs, but that all tribes bathed in the healing waters of the springs (Paige & Harrison '87: 22)(Scully '66: 5-6). After the Battle Mountain fight, an informational sign says, the Sioux and Cheyenne agreed to allow the springs to be a health sanctuary to give their sick and lame the benefit of the healing waters. An Apache guide explained nomadic ancestors did not build kivas, pyramids or cliff dwellings. Strict 'leave no trace principles', only permitted the carving of petroglyphs that satisfied three criteria, one, carved by a shaman, a medicine man, two, at a sacred site, and three, for a special event.

Leave No Trace Principles

(1) Plan Ahead and Prepare

(A) Know the regulations and special concerns for the area you'll visit.

(B) Prepare for extreme weather, hazards, and emergencies.

(C) Schedule your trip to avoid times of high use.

(D) Visit in small groups when possible. Consider splitting larger groups into smaller groups.

(E) Repackage food to minimize waste.

(F) Use a map and compass or GPS to eliminate the use of marking paint, rock cairns or flagging.

(2) Travel and Camp on Durable Surfaces

(A) Durable surfaces include maintained trails and designated campsites, rock, gravel, sand, dry grasses or snow.

(B) Protect riparian areas by camping at least 200 feet from lakes and streams.

(C) Good campsites are found, not made. Altering a site is not necessary.

(i) In popular areas: Concentrate use on existing trails and campsites. Walk single file in the middle of the trail, even when wet or muddy. Keep campsites small. Focus activity in areas where vegetation is absent.

(ii) In pristine areas: Disperse use to prevent the creation of campsites and trails. Avoid places where impacts are just beginning.

(3) Dispose of Wastes Properly

(A) Pack it in, pack it out. Inspect your campsite, food preparation areas, and rest areas for trash or spilled foods. Pack out all trash, leftover food and litter.

(B) Utilize toilet facilities whenever possible. Otherwise, deposit solid human waste in catholes dug 6 to 8 inches deep, at least 200 feet from water, camp and trails. Cover and disguise the cathole when finished.

(C) Pack out toilet paper and hygiene products.

(D) To wash yourself or your dishes, carry water 200 feet away from streams or lakes and use small amounts of biodegradable soap. Scatter strained dishwater.

(4) Leave What You Find

(A) Preserve the past: examine, photograph, but do not touch cultural or historic structures and artifacts.

(B) Leave rocks, plants and other natural objects as you find them.

(C) Avoid introducing or transporting non-native species.

(D) Do not build structures, furniture, or dig trenches.

(5) Minimize Campfire Impact

(A) Campfires can cause lasting impacts to the environment. Use a lightweight stove for cooking and enjoy a candle lantern for light.

(B) Where fires are permitted, use established fire rings, fire pans, or mound fires.

(C) Keep fires small. Only use down and dead wood from the ground that can be broken by hand.

(D) Burn all wood and coals to ash, put out campfires completely, then scatter cool ashes.

(6) Respect Wildlife

(A) Observe wildlife from a distance. Do not follow or approach them.

(B) Never feed animals. Feeding wildlife damages their health, alters natural behaviors, [habituates them to humans], and exposes them to predators and other dangers.

(C) Protect wildlife and your food by storing rations and trash securely.

(D) Control pets at all times, or leave them at home.

(E) Avoid wildlife during sensitive times: mating, nesting, raising young, or winter.

(7) Be Considerate of Others

(A) Respect other visitors and protect the quality of their experience.

(B) Be courteous. Yield to other users on the trail.

(C) Step to the downhill side of the trail when encountering pack stock.

(D) Take breaks and camp away from trails and other visitors.

(E) Let nature's sounds prevail. Avoid loud voices and noises.

Leave No Trace Seven Principles © 1999 by the Leave No Trace Center for Outdoor Ethics builds on work of the US Forest Service, National Park Service, and Bureau of Land Management in the 1980s. *Held v. Montana* (2023) is a constitutional court case filed on March 13, 2020 by Our Children's Trust and other law firm regarding a 1972 amendment of Art. IX (Environment and Natural Resources) of the Montana constitution, that provided "state and each person shall maintain and improve a clean and healthful environment in Montana for present and future generations". The plaintiffs, Our Children's Trust, argued that state support of the fossil fuel industry had worsened the effect of climate change on their lives, thus depriving them of their constitution rights. Specifically, plaintiffs challenged a provision of the Montana Environmental Policy Act that prohibited the state from considering greenhouse gas emissions as a factor when deciding whether or not to issue permits for energy-related projects. In 2023 Montana was the fifth largest coal-producing state in the U.S. And the twelfth largest oil-producing state. Since 2003 the state received nearly $650 million from resource extraction, the eighth highest in the country. The language is consistent with the new human right that "everyone, everywhere, has the right to live in a clean, healthy and sustainable environment" pursuant to Resolutions from the Human Right Council in 2021 (A/HRC/RES/48/13) and the General Assembly in 2022 (A/RES/76/300).

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Concluding remarks were made on 15 December 2023.