In 1907, a small group of business executives from Rock Island, Illinois, arrived in Colorado Springs looking for a home for their new, expanded corporate operations. The men represented the Modern Woodmen of America (MWA), a life insurance organization with over a million members, and they intended to build a tuberculosis sanatorium. The business philosophy for this medical facility was simple and straightforward, “It must show a profit in lives and in dollars.”¹ They found a perfect match in Colorado Springs, a community that shared these values. By this time, Colorado Springs was already a renowned destination for people with pulmonary diseases. From the 1880s through the 1940s, tuberculosis treatment was the community’s only major industry. Nothing else came close to attracting as many residents and jobs as did TB.

There are many ways to explore and understand the impact tuberculosis had on the Pikes Peak Region. This paper uses the MWA Sanatorium for Tuberculosis as a clarifying lens. In a community with dozens of sanatoria, MWA was the largest. It used a distinctive model in which patients received free care. It illustrates the ever-present role of consumption in both local and national culture. It explains the revolutionary shift in doctor-patient relationships brought on by the disease, a relationship that gives new meaning to the term “managed care.” Finally, in both its rise and ultimate decline, it serves as an example of how Colorado Springs grew adept at reinventing itself with changing economic realities.

To understand the impact that tuberculosis had on the Pikes Peak region, one must first understand a bit about this ancient disease. Archaeologists have found evidence of TB lesions in the chest cavities of mummies. Symptoms that would have been so familiar to people living in Colorado Springs a century ago, were described by writers in the Classical world. The disease was well known in Greece during the time of Pericles. Hippocrates, the father of medicine, described the condition over 2,400 years ago. It was common at the time of the Roman Empire, and even then the regimen of rest, fresh air, and good food was recommended for its treatment.²

The onset of tuberculosis is characterized by fever, night sweats, and cough, but the most shocking and visible symptom was weight loss. The rapid deterioration of once healthy bodies struck fear in society. This tell-tale sign led to the most common names for the disease: consumption and phthisis (Greek for “wasting away”). It was also referred to as the White

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Plague, a reference to the ghostly pallor of its victims. In his 1839 novel, *Nicholas Nickleby*, Charles Dickens described the disease in dire, vivid terms.

*There is a dread disease, in which the struggle between the soul and body is so gradual, quiet and solemn that day by day, and grain by grain, the mortal part wastes and withers away; a disease in which death and life are so strangely blended, that death takes the glow and hue of life, and life the gaunt and grisly form of death.*

There was good reason to view the disease in such bleak terms. Tuberculosis was the leading cause of death in both the United States and Europe during the 19th century, and it was among the most common diseases throughout the rest of the world. In the 1880s, scientists estimated that TB was the cause of death of one-seventh of all the people that had lived up to that time. The disease did not respect national or international boundaries, and it affected all classes of people. The poor, as usual, were slaughtered by the illness, but it also reached to the highest levels of society. Frederic Chopin, Emily Bronte, Anton Chekov, Robert Louis Stevenson, and Eleanor Roosevelt are just a few of the notable names associated with consumption. Its prevalence is related to the rise of the “Culture of Death,” a term used to describe the fascination with death that affected everything from mourning customs to cemetery design to the literature and art of the Romantic period.

Despite the fact that a large percentage of the population became infected at some point in their life, it was still unclear what actually caused the disease. As late as the 1880s, medical textbooks pointed to heredity as a key factor in contracting TB. A discovery by German bacteriologist Robert Koch revolutionized the scientific understanding of how it spread. In 1882, Koch isolated and identified the tubercle bacillus, named for the oblong shape of the bacterium. Koch’s breakthrough not only led to a new name for the disease, but due to his work tuberculosis could now be identified using lab smears and a microscope.

While scientists made important discoveries about the nature of TB, physicians were stuck with few effective treatment methods. Many of the remedies they did use were downright dangerous. Some doctors advocated the use of compounds such as strychnine, heroin and mercury. One physician ordered his patients to drink large quantities of a concoction made from whiskey, kerosene and creosote before each meal.

The vast majority of consumptives were simply told to “chase the cure.” That is, they were to escape their home and work environments in order to live a vigorous life outdoors. The

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5 Chadwick, Henry D. and Alton S. Pope, *The Modern Attack on Tuberculosis* (New York, 1946) 28. In 1886, a published report claimed that up to 40 percent of TB cases were due to hereditary causes, whereas contagion played a “minor role” in the spread of the disease.
6 Dormandy, The White Death, 134.
purpose of this was to strengthen their body and improve their appetite. Some invalids got on whaling boats and spent time at sea, some traveled to Cuba and other tropical climates, and many sought sunny locations west of the Mississippi. One example of this trend was the weak and sickly Theodore Roosevelt, who went to Dakota Territory to work on a cattle ranch. “Chasing” was an active cure for a wide variety of pulmonary ailments, and there were few instructions from doctors other than “go west and breathe again!”

It is hard to say exactly how many TB sufferers migrated to the West. Colorado, Texas, New Mexico, Arizona, and Southern California received the largest influx. Each of these settings was situated on the high, dry and sunny plateau of the American Southwest. More than half of the Denver and Colorado Springs respondents to a 1913 health survey reported that either they or their immediate families had migrated for medical reasons. Colorado Springs did not passively wait for the “chasers” to arrive. Community leaders actively promoted the region as a destination for invalids. The local Chamber of Commerce led this effort, and they established a “Climactic Conditions Committee” to focus on promotional opportunities related to health care and medical treatment. They were far from modest in their claims, as can be seen in the text to this Chamber advertisement.

**Colorado Springs, Colo. is the ideal all-the-year-round health and pleasure resort. This unique City of Sunshine, nestled at the foot of the Rocky Mountains, has long held the international reputation of being one of the greatest health and pleasure resorts in the world. Why? The atmosphere is absolutely aseptic and free from all germ life. Epidemics of diseases such as scarlet fever, diphtheria, typhoid, etc. are unknown. There have been more permanent recoveries from pulmonary complaints than any other climate in the world.**

The phrase “City of Sunshine” became a ubiquitous slogan for Colorado Springs throughout the era of TB treatment. It may have been inspired by a poem written by Ernest Whitney that was published in 1892. The saying was used in a wide variety of business, government and promotional publications beginning shortly thereafter. From 1922 until 1955 it was listed as the official motto of the community in the annual Colorado Springs City Directory. Though the expression is largely forgotten today, the concept is still reflected in the municipal flag.

**COLORADO SPRINGS**

*City of Sunshine! In whose gates of light*

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8 Dormandy, *The White Death*, 117-120. “Go west and breathe again!” was a slogan used by one railroad company to encourage invalids to follow the orders of their doctors.


10 Reproduction on display in the medical exhibit at the Colorado Springs Pioneers Museum.

11 Buckman, George Rex, *Colorado Springs, Colorado and Its Famous Scenic Environs*, 2nd edition (New York, 1893) p. 3. The first edition of this volume was commissioned by the Colorado Springs Chamber of Commerce and published the previous year by Alley-Allen Press of New York.
Celestial airs and essences abound;
City of Refuge! From snow’s sacred height
Disease falls thwarted as a baffled hound,
Loosing its fang, long burning in the wound;
City of Life! Thou hast a gift of years
For all; swift Death a thousand times discrowned
Within thy walls, and Fate, with waiting shears,
Heed thee, as though alone of earth didst feed their fears.

-Ernest Whitney

Marketing efforts focusing on our arid, healthful climate may have remained consistent over many decades, but the treatment “lungers” received when they arrived in Colorado Springs changed dramatically. For the better part of twenty years from the time the city was founded in 1871, patients largely cared for themselves using a combination of rest, outdoor activities and ample food. Chasers had little oversight or interaction with doctors. That didn’t last, by the late 1880s new tuberculosis treatment methods first developed in Europe began to change that doctor-patient relationship.

Hermann Brehmer founded the first sanatorium that was dedicated to the treatment of tuberculosis in the Bavarian Alps in 1854. His ideas about proper therapies for TB patients were not all that new. He valued fresh air, diet and regimented exercise, but unlike American doctors that loaded patients on whaling boats or sent them on western adventures, he used a “closed model” that dictated constant medical supervision. Other European institutions using the same theories soon followed. They all eliminated the independence and self-motivated recovery prevalent in the “open model” used in America. While US doctors lauded their democratic spirit and independent philosophy, they ultimately lost the battle to the closed model.

It took nearly three decades, though, for this new approach to reach our shores. Edward Livingston Trudeau founded the first American sanatorium in 1882 in Saranac Lake, New York. This happened to coincide with Koch’s discovery of the TB pathogen. With a growing awareness of the threat to public health caused by tuberculosis, a treatment approach that segregated infected patients away from healthy citizens gained in popularity. Similar facilities slowly spread across the country. By 1900, there were 34 such institutions nationwide with 4,485 beds. By 1950, this number exploded to 699 facilities with 97,726 beds.

Every sanatorium did things a little different, but each followed two basic tenets. First, they admitted that there was little medicine alone could do to truly cure the disease. There

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12 Dormandy, The White Death, 147. The names “sanatorium” and “sanitarium” are often used interchangeably, but they derive from different Latin roots: the verb *sanare* meaning “to heal” and the noun *sanitas* translates to “health.” According to Dormandy, the Europeans preferred the former because it implied active medical intervention, while many American facilities used the latter to reflect a commitment to healthy living. This paper uses “sanatorium” as that was the term preferred by the Modern Woodmen of America.
13 Ibid, 151.
15 Chadwick and Pope, The Modern Attack on Tuberculosis, 55.
were no drugs or procedures that resulted in a cure. Physicians could, however, promote and improve the body’s own defensive mechanisms through a carefully controlled regimen of rest, fresh air and exercise. More importantly, patients could only derive the benefits of this treatment under strict medical supervision. This highly structured system was the revolutionary aspect of the sanatorium movement.\textsuperscript{16}

Colorado Springs began to welcome new TB treatment centers. They were typically established along the outskirts of town, where they slowly began to surround the community. This ensured that the city would benefit from a financial boost related to TB, while keeping the actual patients and their contagious spittle at a distance.\textsuperscript{17}

A Timeline for some of the Major Colorado Springs Sanatoria
1888 – Bellevue
1890 – Glockner
1892 – Union Printers Home
1901 – Nordrach Ranch
1905 – Cragmoor
1909 - Modern Woodmen
1910 – Star Ranch in the Pines
1911 – Bethel
1911 - Sunny Rest
1926 – Methodist
1926 - Crestone Heights

Modern Woodmen of America arrived in Colorado Springs in the midst of this cultural shift in the treatment of TB. MWA was founded in 1883 in Lyons, Iowa. It served as a fraternal benefits society that provided life insurance coverage to its members. Many of these insurance societies sprang up in the late 19\textsuperscript{th} century, and one might assume from the group’s name that it was somehow related to the woodworking profession. Inspiration for the name actually came from a sermon about a pioneer woodcutter and the value of clearing trees to make way for families and civilization.\textsuperscript{18} The founder of MWA, Joseph Cullen Root, thought this parable was a good analogy for a group that sought to clear away a man’s economic burdens in the event of his death. While not restricted to cabinet makers and the like, MWA was still selective. From the time of its founding the MWA only enrolled “white men, believers in a Supreme Being, American citizens, or those in process of being naturalized, and those not engaged in extra hazardous occupations.” Despite these restrictions, MWA insured 1,045,869 members at the end of 1909.\textsuperscript{19} In addition to insuring the life of a breadwinner, the organization also had a strong social element. MWA members were organized into camps that nurtured community

\textsuperscript{16} Dormandy, The White Death, 149.
\textsuperscript{17} An editorial written during the deliberations over the location of the MWA sanatorium reported that a similar facility, the Union Printers Home, spent over $1,000 each week with local merchants. The Gazette, October 11, 1907, 4.
spirit by bringing families together for patriotic, recreational and service activities. MWA still exists and remains one of the nation’s largest, private insurance companies with over 750,000 members.

Naturally, a life insurance company’s financial success would improve if death rates due to TB could be reduced. As such, the MWA called its decision to build a sanatorium, “enlightened selfishness.” In 1907, the Modern Woodmen began looking for a suitable site for the proposed facility. They reviewed a number of locations around the West in search of one with dry air, mild temperatures, and a climate that permits life in the open as close to year round as possible. Colorado Springs, of course, possessed all of these. The local Chamber of Commerce made generous offers of land and other financial incentives to encourage the organization to build its TB facility here, and the MWA encouraged those efforts by indicating that “sufficient inducements” would help ensure the decision. Local business leaders secured options on three potentials sites for the sanatorium. Ultimately, society officials selected one of these sites, the Ambler Ranch located ten miles northwest of downtown Colorado Springs. The ranch spanned a broad valley known at the time as Monument Park, because it was dotted with fanciful rock outcrops called hoodoos that had names like the Anvil and the Dutch Wedding. In December 1907, MWA officials paid $15,000 to purchase the 1,380-acre ranch.

The sanatorium took over a year to build and received its first patient—Eric Lund of Alexandria, MN—on December 17, 1908. From an initial capacity of 117 patients, the facility ultimately grew to provide space for 245 patients. The facility was a self-contained community that cost $1.5 million to construct. The central architectural feature of the site was the 180 identical TB cottages lined up in neat rows. They were modeled after the TB tents designed by Charles Fox Gardner, which in turn were inspired by Ute tepees he observed in the Colorado mountains. The TB cottages were octagonal in shape and each was painted red, white and green to match the MWA colors.

In addition to patient and staff housing and the hospital and administrative buildings, the operation included a farm, orchard, prize-winning dairy herd, post office, and railroad depot. The cost of operating the facility in the first year was $46,409. The construction and ongoing operating expenses were paid for from the proceeds of a 10 cent annual fee charged to each member, along with voluntary contributions by individuals and local “camps” from across the country.

The sanatorium provided free treatment for any member, provided the disease was not too far advanced. A 1910 MWA report on the sanatorium explained this policy, “As a matter of right they receive such care and expert treatment as will enable them to overcome a disease

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20 Modern Woodmen of America, The Modern Woodmen Sanatorium, 3 and 17.
21 The Gazette, August 8, 1907, 5.
22 The Gazette, October 8, 1907, 5.
23 The Gazette, December 5, 1907, 1.
24 From a timeline of the MWA provided on the Modern Woodmen Fraternal Financial website (http://www.modern-woodmen.org/AboutUs).
26 Ibid, 11.
27 MWA, Modern Woodmen Sanatorium, 8.
which, if left to run its course unchecked, must surely kill them, depriving their families of support, and requiring the Society to meet avoidable insurance losses.” The same report was very clear, though, that the facility was not operated as a hospital designed to give comfort in the final days of the illness. The business model was simple: cure the curable and avoid unnecessary claims. Sanatorium officials vigorously opposed efforts—either through desperation or fraud—to admit individuals deemed “incurable,” that would end up displacing another patient with a more optimistic diagnosis. This triage continued after admittance as well. A patient was subject to discharge within thirty days of admission, if he was found to be incurable.28

The only expenses borne by the patient during his stay was for the cost of for their laundry, postage, barbering, and other personal needs. In 1910, these expenses were projected to amount to less than $5 per month. Invalids also had to ensure that they could purchase a train ticket home, so that once discharged they would not become a burden to either the sanatorium or the local community. Members were also instructed to bring their own clothing. Some of the items listed on the inventory suggested that patients should not expect to be pampered. Among the recommended items were, “one heavy overcoat, a cap with ear flaps, one pair of woolen mittens or heavy gloves.”29 The reason for all the cold weather gear was that the MWA accepted the common belief that climate and fresh air were of supreme importance in the treatment of pulmonary tuberculosis. To TB specialists of that time fresh air meant outside air, but it also meant cold air.30 Therefore, whenever possible patients were ordered outside and into their “cure” chairs in all seasons. Their Adirondack-style recliners were modeled after those used at the Trudeau Sanatorium.

Patients came to the Woodmen Sanatorium from all over the country. Once admitted, they fell under the strict control of the medical staff. There was no attempt to make patients think they were in a pleasure resort. They were encouraged, rather, to adopt a courageous frame of mind, as their lives were regulated down to the last detail. A 1946 medical textbook explained the need for such control over invalids in both medical and psychological terms, “the patient upon admission becomes an individual with a broken body and disturbed mind, not just a pair of lungs sent in for repair.”31

In order to establish clear boundaries and expectations, the Modern Woodmen staff provided their clients with a 15-page rule book. The rules were intended to be the patient’s “best friend,” and they covered everything from when they could exercise to how they used their ever-present sputum cups. No alcoholic beverages or tobacco were permitted at the facility. Neither was morphine or other drugs not prescribed by the staff. Pastries and confections were also prohibited. Hazing, coarse jokes, gambling and other forms of “rowdyism” were likewise banned. Each patient had a cottage to himself. There were restricted hours and days for visitation by family and friends. Patients were provided with “town privileges” to visit Colorado Springs, but they must return to the sanatorium no later than 11:30

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28 Ibid, pp. 8-10. The report provides an extensive cost benefit analysis that rationalizes TB treatment. The average cost of treating a curable case was $253.11, as compared to the average insurance claim by members of $1,593.40. Each cured case, therefore, leads to a net savings of $1,340.29.

29 MWA, Modern Woodmen Sanatorium, 11.

30 Hetherington and Eshleman, Tuberculosis: Prevention and Control, 88.

a.m. This standard would have made such trips nearly impossible given the distance and the transportation methods available at the time.\textsuperscript{32}

Patients lived according to a highly regimented daily schedule that focused on rest, food, and monitoring vital signs. MWA published a sample schedule in 1910, though this schedule undoubtedly changed over the years and even during the course of a patient’s stay. A dramatic account of this closely controlled existence can be seen in a diary kept by Roy Mosher, who was a patient at the MWA Sanatorium in 1929 - 1930. His daily journal tracks routine measurements of temperature and pulse, and it also comments on his general health condition and other rather unpleasant topics, such as the color and consistency of his sputum. While it offers little insight into his thoughts about being a patient or outlook on life, it does track his physical decline. Throughout the diary there is a palpable sense that the author is growing weaker. He ultimately succumbs to TB in 1932.\textsuperscript{33}

- Daily Routine for Patients\textsuperscript{34}
  - 7:00 a.m. Patient arises
  - 7:30 a.m. Breakfast
  - 8:15 a.m. Rest in tent or outside
  - 10:00 a.m. Luncheon
  - 10:45 a.m. Absolute rest until dinner time
  - 12:30 p.m. Dinner
  - 1:15 p.m. Rest in tent or in “chasing” chairs
  - 3:00 p.m. Luncheon
  - 3:45 p.m. Temperature and pulse taken by nurse
  - 4:15 p.m. May take some prescribed exercise
  - 6:00 p.m. Supper
  - 6:45 p.m. Rest until temperature and pulse is taken
  - 7:30 p.m. Luncheon
  - 8:00 p.m. Retire

While the Mosher diary provides little insight into life at the sanatorium, other candid photos exist that are evidence that patients did not completely abandon fun and games while “chasing the cure.” One shows four men playing cards at a small, outdoor table. They are surrounded by TB cottages, and are under the watchful but seemingly bemused gaze of a nurse. In another, a group of men—possibly the same four—are crowded into a cottage hoisting what


\textsuperscript{33} Mosher, Roy, \textit{Diary: June 15, 1929 – April 28, 1930}, from the Mosher Collection at the Colorado Springs Pioneers Museum. The following is a typical entry from near the end of the diary: “4-26-1930, 4 p.m., 100' - 114 (pulse), sunlamp 13 min AM and PM, not much appetite, aversion to food all day, arm sore after hypo, plenty sick all day!”

\textsuperscript{34} MWA, \textit{The Modern Woodmen Sanatorium}, 10.
looks like beer bottles. A third shows a man and “woman” dressed up as if for some sort of skit.  

The MWA took pride in their patriotic rituals, and so it is no surprise that the sanatorium celebrated Independence Day. A program for the 1927 event outlines the day’s agenda. There were many activities that would have been common to any community gathering at the time. Participants could play games of croquet and pitch horseshoes. There was a pie eating contest, and attendees could guess how many grains of corn a rooster would eat during the event. Patients could join in a “loud sock” parade that offered a first place prize of $2. Organizers also created events that probably had more resonance for those receiving TB treatment, such as a sputum cup folding contest and a milk drinking competition.

Even when the patients were resting, the Sanatorium was still a place of constant activity. By 1930, the staff consisted of 155 men and women. On cold days the furnace that generated heat for all of the structures burned up to 25 tons of coal hauled in from the nearby Pikeview Mine. CARETAKERS managed a 200-acre farm and a large herd of Holstein dairy cattle. The kitchen operation alone was of massive proportions and produced an average of 368,000 meals annually. In a year’s time, the 245 weakened and often emaciated invalids consumed 134,000 pounds of meat, 75,000 gallons of milk, 17,000 pounds of butter, and 800 crates of eggs.

MWA officials never went away from their traditional focus on diet, rest, and fresh air as the key to TB recovery; however, they were willing to adopt new technologies and techniques that proved promising. They acquired x-ray equipment as an important diagnostic tool. The MWA—along with most TB treatment centers around the country—also embraced the new therapeutic practice of artificial pneumothorax. In this treatment, part of the lung was collapsed so that it could rest and heal. This “collapse therapy” became especially common following World War I.

Biochemical discoveries made during World War II ultimately led to the demise of the MWA Sanatorium and every other similar facility. After more than a century of futile and frustrating attempts to identify effective antibiotics, new drugs poured out of wartime laboratories at a remarkable rate. The antibiotic revolution began with sulfa drugs and penicillin that proved effective on other infectious diseases but had little impact on TB. The isolation of streptomycin at Rutgers University in 1943 offered the first promising chemotherapy results, and it became even more effective when used in combination with another compound called PAS. By 1947, a cure for tuberculosis was no longer just a dream and shortly thereafter sanatoria began to go out of business.

The Modern Woodmen Sanatorium for Tuberculosis followed suit. With the advent of effective drug therapies the Society no longer needed to be in the tuberculosis business. Physicians discharged the last nine patients on April 25, 1947, and MWA put the property up for

35 These and other images are part of the Modern Woodmen Sanatorium collection at the Colorado Springs Pioneers Museum.
37 MWA, A Neighbor’s Story, 17.
38 For an extensive discussion of collapse therapy see the chapter in Dormandy, The White Death.
Several organizations, including the State of Colorado, expressed interest in the site. It was finally purchased three years later by financier Blevins Davis for $1.5 million. According to a newspaper reporting, he had no immediate plans for the facility and the surrounding land, but he hoped that whatever it became would be a positive addition to the community. Almost immediately, he sold off the iconic TB cottages for as little as $25 apiece. Many of these ended up as backyard sheds and play-houses all across town. One of these ultimately came to the Colorado Springs Pioneers Museum, where it remains on exhibit. Davis finally gave the property to the Poor Sisters of St. Francis Seraph. The order uses the property as a retreat, conference and nursing facility. The covered sleeping porches that project from the side of the hospital building remain as a symbol of the facilities former function.

The MWA sanatorium operated for 39 years and served over 12,000 men. Was the treatment effective? That is a difficult question to answer, since no independent studies exist that specifically examines the MWA facility. The Modern Woodmen categorized patients according to a recovery scheme established by the National Tuberculosis Association. Following the first year of the sanatorium’s operation, and counting only those patients that stayed three months or longer, the MWA reported the following results: apparent cures (25%), arrested cases (27.5%), improved cases (30%) and unimproved cases (16.25%). A key element in defining recovery was patient weight gain. The 117 patients treated in 1909 gained an average of 16.7 pounds and the aggregate weight increase was 1,888 pounds.41

The recovery rate must have improved over time. A report published by MWA in 1930 claimed that 80% of its patients were either cured or “greatly improved.”42 Perhaps a more important statistic is long-term survival rates. No such data exists for MWA alone, but a 1938 case study of 75 facilities nationwide showed that patient survival depended on the severity of the case when they were admitted to a sanatorium. Seventy-five percent of those admitted with a “minimal” case survived at least five years after being discharged. Patients that recovered from a moderate case had a long-term survival rate of 60 percent. For those that arrived at hospitals with an advance case, the survival rate was only one in three.43

The era of the TB sanatorium was over.44 The demise of this industry was not immediate, but it was inexorable. It left an indelible mark on American culture, too. The insidious nature of tuberculosis—along with other diseases, most notably polio—had a dramatic impact on the awareness of “germ theory.” This influenced everything from sanitation regulations to standards of personal hygiene, and even local ordinances about spitting on sidewalks. The sanatorium movement also led to significant changes in the professionalization and specialization of both the medical and public health communities. The National Tuberculosis Association became a leading voice in the movement toward public health education.45 As TB declined, this organization changed focus and became the American Lung

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40 Colorado Springs Gazette, April 28, 1947, 1.
41 MWA, The Modern Woodmen Sanatorium for Tuberculosis, 8.
42 MWA, The Neighbor’s Story, 25.
44 While the sanatoriums are gone, the disease remains a stubborn presence. In 2009, The World Health Organization reported 9.4 million new cases of TB worldwide and 11,545 of these cases were located in the U.S.
Association. Though they became identified with anti-smoking efforts, their origins in the tuberculosis battle are clear in their recognizable “T” logo. While physicians gave up some of the authoritarian control they enjoyed in the sanatorium setting, compartmentalization of specialties and warnings to “follow the doctor’s orders” has continued to grow.

The loss of the tuberculosis industry could have been a devastating blow to the local economy. Seemingly overnight, however, Colorado Spring demonstrated the amazing ability to reinvent itself. Business leaders went from recruiting hospitals to military bases, beginning with Camp Carson but followed quickly by others. A community that once was a destination for rest and recovery now focused on national defense and related industries.

Though TB faded into the background locally, reminders of the MWA Sanatorium can still be found. You may spot the cone-shaped roof of a TB cottage in your neighbor’s backyard. While visiting the cemetery, you may stumble across a distinctive MWA headstone that features elaborately carved logs and woodworking tools. Echoes of that history can be heard in the names of Woodmen Road and Woodmen Valley. Dedicated doctors and nurses still care for patients on the picturesque, tree-lined campus that was once home to the lungers of the MWA. Perhaps most importantly, this “City of Sunshine” still relies on its high, dry climate to attract tourists, athletes, families and businesses.

*Article by Matt Mayberry. Mayberry is a historian and the director of the Colorado Springs Pioneers Museum. He is part of the long tradition of Colorado Springs health seekers. He left his home state of Iowa and relocated to Colorado in order to seek relief from severe asthma.*