

United States Department of the Interior  
National Park Service

# National Register of Historic Places Registration Form



This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).

## 1. Name of Property

historic name Lincoln Veterans Administration Hospital Historic District

other names/site number Lincoln Community-Based Outpatient Clinic / LC13:H08-001

## 2. Location

street & number 600 South 70<sup>th</sup> Street

NA

not for publication

city or town Lincoln

NA

vicinity

state Nebraska code NE county Lancaster code 109 zip code 68510

## 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

national X statewide local

Kathleen Schaefer FPO 7/25/12  
Signature of certifying official Title Date

Dept. Veterans Affairs  
State or Federal agency/bureau or Tribal Government

In my opinion, the property meets does not meet the National Register criteria.

Michael J. Smith 07-03-12  
Signature of commenting official Date

Director / CEO / SHPO  
Title

Nebraska State Historical Society  
State or Federal agency/bureau or Tribal Government

## 4. National Park Service Certification

I hereby certify that this property is:

☒ entered in the National Register

☐ determined eligible for the National Register

☐ determined not eligible for the National Register

☐ removed from the National Register

☐ other (explain):

for Edison H. Beall 9.10.12  
Signature of the Keeper Date of Action

Lincoln Veterans Administration Hospital Historic District  
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County and State

## 5. Classification

### Ownership of Property

(Check as many boxes as apply.)

☐ private  
☐ public - Local  
☐ public - State  
☒ public - Federal

### Category of Property

(Check only one box.)

☐ building(s)  
☒ district  
☐ site  
☐ structure  
☐ object

### Number of Resources within Property

(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
15	5	buildings
2	0	sites
1	1	structures
1	0	objects
19	6	<b>Total</b>

### Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing)

United States Second Generation Veterans Hospitals

### Number of contributing resources previously listed in the National Register

NA

## 6. Function or Use

### Historic Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

### Current Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

## 7. Description

### Architectural Classification

(Enter categories from instructions.)

Late 19<sup>th</sup> and 20<sup>th</sup> Century Revivals:

Colonial Revival/ Classical Revival

### Materials

(Enter categories from instructions.)

foundation: Concrete

walls: Brick

roof: Slate

other: Terra Cotta

roof: Asphalt

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### Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

#### Summary Paragraph

The Lincoln Veterans Administration (VA) Hospital Historic District, currently known as the Lincoln Community-Based Outpatient Clinic (CBOC) of the Veterans Affairs Nebraska-Western Iowa Health Care System, is located at 600 South 70<sup>th</sup> Street, Lincoln, Nebraska. The Lincoln CBOC is located in Lancaster County approximately 5 miles east of downtown Lincoln. The original mission of the hospital was to provide general medical and surgical care to veterans, and the historic district preserves the general characteristics of this sub-type of Second Generation Veterans Hospitals. Characteristics of Period II (constructed from the late 1920s to 1950) general medical and surgical Second Generation Veterans Hospitals include: initial acreage ranging between 50 and 100 acres located on elevated terrain adjacent to adequate roads for transportation; a central, monumental main building that served as the primary focus of the campus; usually only a single additional patient ward building, if any; in certain examples, because of the smaller design of general medical and surgical veterans hospitals in comparison to veterans neuropsychiatric hospitals, maintenance/utility services were incorporated into the dining hall/kitchen building to the rear of the main building, rather than erecting separate buildings to house the station garage and boiler plant; residential quarters for staff members were distanced from the administration/patient care buildings within the campus to provide a separation between the residential and work environment; and the campus often included a recreational building, storehouse, and connecting corridors between the central core buildings. The Lincoln VA Hospital Historic District shares the majority of these characteristics, although the initial tract of land associated with the hospital was over 300 acres in size. Situated in a campus setting, the majority of the Lincoln VA Hospital Historic District is open; formal landscaping is confined to the areas around the buildings and along the entrance drives, which terminate near the maintenance/utility areas along the east portion of the historic district. The historic district's western boundary is situated along the eastern right-of-way of South 70<sup>th</sup> Street and the southern boundary is formed by a fence that follows the property line as it extends to the east from South 70<sup>th</sup> Street at a right angle. The eastern boundary of the historic district is formed by a fence that continues to follow the property boundary as it extends at a right angle north from the southern boundary to a point where the historic district boundary is angled toward Resource 9, the pump, transformer, and meter house. The northwestern portion of the historic district boundary is formed by a fence that extends to a point northeast of Resource 9, and continues to follow the Lincoln CBOC's property line as it extends due south to a point then west to South 70<sup>th</sup> Street. The main building (Resource 1, 1930) is oriented to the west, and the outpatient clinic addition (Resource 45, 1983) to the main building is oriented to the southeast. The irregularly shaped property of the Lincoln CBOC contains approximately 57 acres, which encompasses the boundary of the historic district and twenty-five resources: nineteen contributing and six noncontributing. Contributing resources include those that retain integrity and were utilized and/or constructed during the historic district's period of significance (1930–1950). Contributing buildings located within the historic district include the monumental main building with its outpatient clinic addition (Resource 1 and 45, 1930 and 1983), the recreation building (Resource 4, circa 1934), the general medical building (Resource 2, 1930), the kitchen/dining hall/boiler plant/garage (Resource 3, 1930), the flag pole (Resource 26, 1930), the storehouse (Resource 12, 1930), the utility shops building (Resource 24, circa 1930), and the residential quarters (Resources 5–8, all 1930). The major noncontributing buildings located within the Lincoln VA Hospital Historic District include: the education building (Resource 40, 1973) and the chiller plant (Resource 42, circa 1985). The outpatient clinic addition to the main building (Resource 1 and 45, 1930 and 1983) has the largest footprint of the structures added to the historic district since the end of the period of significance. The outpatient clinic addition has diminished the integrity of the historic district because of its large footprint and it also has combined three resources (Resources 1–3) that were separate throughout the period of significance into a single large structure. But the outpatient clinic addition does not prevent the historic district as a whole to continue to convey its significance. The historic district is composed of buildings exhibiting Colonial Revival and Classical Revival architectural style ornamentation creating a cohesive architectural campus. The campus setting consists of relatively level topography which slopes slightly upward from South 70<sup>th</sup> Street, mature vegetation, and linear and curvilinear drives.

### Narrative Description

The Lincoln VA Hospital Historic District is located on a slight rise that slopes down to South 70<sup>th</sup> Street within a campus setting. The historic district is sited on the east side of the city of Lincoln, Nebraska.

See Continuation Sheet (7.1)



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Although the Lincoln VA Hospital was not built until 1930, the Veterans Bureau established a presence in Nebraska earlier when it opened a regional office in Omaha.<sup>1</sup> In 1928, prominent citizens of Lincoln formed a committee to promote the city as the site for a veterans hospital, and the local community soon raised over \$100,000 that went toward the purchase of the 320-acre Leavitt farm, bounded by A, O, 70<sup>th</sup>, and 84<sup>th</sup> streets, east of downtown.<sup>2</sup>

The site was approved in November 1928, but the property was not transferred to the federal government until March 1929 and ground was not broken for the project until February 1930.<sup>3</sup> During this initial phase of construction, six buildings were completed by the end of December 1930, according to a newspaper article: the main building, the general medical building, the kitchen/dining hall/boiler plant/garage, nurses' quarters, the duplex quarters, and the pump, transformer, and meter house (Resources 1, 2, 3, 5, 6, and 9). Construction photographs dated November 1930 also illustrate these buildings. The flag pole (Resource 26, 1930), water tower (no longer extant), and the boiler plant stack (no longer extant) had also been constructed by the end of 1930.<sup>4</sup> Other buildings also appear to have been under construction at this time, as the construction dates are also 1930. These include the officer's duplex quarters, the manager's quarters, and the storehouse (Resources 7, 8, and 12, all 1930). The hospital was sufficiently complete to accept its first patient in December 1930 and was officially dedicated in April 1931. Other buildings built within the historic district during the 1930s include the recreation building (Resource 4, circa 1934), the greenhouse (no longer extant), the sheep barn (Resource 17, 1931), two garages for the staff residences (Resources 18 and 19, both circa 1937), and the utility shops building (Resource 24, 1937).

The buildings of the Lincoln VA Hospital Historic District constructed between 1930 and 1937 appear to have been designed and have had construction overseen by the Veterans Bureau Construction Service and the VA's Construction Division.<sup>5</sup> Many of the initial buildings were designed by the Veterans Bureau in 1929.<sup>6</sup> The VA was created in July 1930 with the merging of the Veterans Bureau, Bureau of Pensions, and the National Homes for Disabled Volunteer Soldiers. These original buildings reflect the Colonial Revival and Classical Revival styles utilized at the majority of Second Generation Veterans Hospitals throughout the nation. A hierarchy of building ornamentation was developed within the Second Generation Veterans Hospitals whereby a building's public use and visibility determined the level of ornamentation. The main building (Resource 1, 1930) is ornamented by numerous Classical Revival decorative elements. No other buildings within the historic district exhibit such elaborate ornamentation as the main building. The recreation building (Resource 4, circa 1934) is the

<sup>1</sup> Ernest Gross, "Cleanliness, Care and Efficiency [sic] Characterize Veterans' Facility Here," *Lincoln Journal Star*, November 7, 1937, located in the files of the Public Affairs Office, Veterans Affairs Nebraska-Western Iowa Health Care System, Lincoln, Nebraska.

<sup>2</sup> "Veterans Hospital in its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005.

<sup>3</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; Jerry L. Berggren, "Historic American Buildings Survey, Bert W. Leavitt House (Veterans Administration Medical Center Building #20), HABS No. NE-41-A (Lincoln, NE: Berggren and Woll, Architects, 1989), located on the World Wide Web on the Library of Congress, American Memory, Built in America, Historic American Buildings Survey website at [http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem\\_8SYF](http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem_8SYF), accessed January 11, 2011.

<sup>4</sup> "Lincoln Veterans Hospital Is Now Doing Business, Last Word in Beauty, Modernity, and Efficiency," *Lincoln State Journal*, December 28, 1930; United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>5</sup> United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>6</sup> Ibid.



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second-most decorative building within the historic district. The residential quarters, located northwest of the main building (Resource 1, 1930), were built utilizing Colonial Revival architectural style elements. They exhibit minimal ornamentation, aside from their symmetrical fenestration, wood door surrounds with pilasters, triangular door pediments, lunette transoms, and cornices with modillions. The garages and the maintenance/utility buildings within the historic district dating to the period of significance have minimal ornamentation, with few exhibiting any exterior decoration beyond a terra cotta belt course and quoins (garage) or a brick string course (boiler house). The maintenance/utility buildings are located east of the administrative and patient care buildings near the rear (east) portion of the historic district boundary.

The historic district contains four large parking lots, and the remainder of the historic district is comprised of open lawns. A buffer between the Lincoln VA Hospital Historic District and the residential area along the southern boundary has remained undeveloped, as has the gently sloping area behind the residential quarters. Numerous trees are located along the historic district boundary and in the southern portion of the historic district. The front lawn along South 70<sup>th</sup> Street from the northern boundary near the pump/transformer/meter house (Resource 9, 1930) to the southern boundary of the historic district has remained relatively unchanged and open, aside from the construction of two parking lots on either side of the flag pole (Resource 26, 1930) and the southern entrance from South 70<sup>th</sup> Street southwest of the main building (Resource 1, 1930). The southern entrance drive appears to have been constructed between 1980 and 1993.

The buildings within the Lincoln VA Hospital Historic District are loosely arranged in three clusters according to function: the central core group, the residential quarters, and the maintenance/utility group. The central core group includes the flag pole and the main building (Resources 26, 1930; and 1, 1930), which continue to serve as the focal points of the historic district; the general medical building (Resource 2, 1930); the kitchen/dining hall/boiler plant/garage building (Resource 3, 1930); recreation building (Resource 4, circa 1934); education building (Resource 40, 1973); and the main building's outpatient clinic addition (Resource 1 and 45, 1930 and 1983). Additions to the main building (Resource 1) were constructed during the period of significance, including the rear return wings on the main building (Resource 1, 1930) in 1939.<sup>7</sup> Resources 1, 2, and 3 were originally connected to each other with a connecting corridor. This corridor was similar to the one connecting Resources 1, 4, and 40 but was removed during the construction of the outpatient clinic addition in 1983.

The residential quarters group is comprised of the nurses' quarters, two duplex quarters, the manager's quarters (Resources 5-8, all 1930), and their associated garages (Resources 18 and 19, both circa 1937; and 34, circa 1940). The residential quarters are located northwest of the central core group in a linear configuration along the northeast side of the entrance drive (Resource B) from South 70<sup>th</sup> Street. The quarters were usually constructed at Second Generation Veterans Hospitals slightly distanced to provide employees with privacy from the workplace but near enough to the central core group to facilitate easy employee access.

The utility/maintenance group is composed of support buildings for the historic district that are concentrated to the rear (east) of the main building (Resource 1, 1930). The buildings constructed during the period of significance include the utility shops building (Resource 24, 1937), the storehouse (Resource 12, 1930), the sheep barn (Resource 17, 1931), and the animal house (Resource 13, 1950). Additional buildings were built within this group after the period of significance, such as the electrical switch station (Resource 44, circa 1990), the chiller plant (Resource 42, circa 1985), and the deep well pump house (Resource 15, circa 1985).

Construction within the historic district continued after the period of significance ended in 1950. The central rear wing of the main building (Resource 1, 1930) was enlarged to create a surgical suite, and the west elevation

<sup>7</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

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of the kitchen/dining hall/boiler plant/garage building (Resource 3, 1930) was encompassed by this addition in 1959.<sup>8</sup> To accomplish the completion of this 1959 addition between the main and kitchen/dining hall/boiler plant/garage buildings, the original connecting corridor between the two buildings was removed. The outpatient clinic addition to the main building (Resource 1 and 45) was constructed in 1983.<sup>9</sup> Completely new buildings were also constructed within the historic district after 1950. The education building (Resource 40) was constructed in 1973 on the east side of the connecting corridor (Resource C) between the main building (Resource 1, 1930), the kitchen/dining hall/boiler plant/garage building (Resource 3, 1930), and the recreation building (Resource 4, circa 1934).<sup>10</sup> Other noncontributing utility buildings, such as the chiller plant (Resource 42, circa 1985) and the electrical switch station (Resource 44, circa 1990) were added to the historic district in the late twentieth century.

Other buildings or objects within the historic district were renovated or removed. The most noticeable loss to the historic district is the cupola on the main building (Resource 1, 1930), which was removed in 1956. According to a newspaper account, the cupola was structurally unsound.<sup>11</sup> With modern boilers installed, the smokestack/radial chimney (associated with the kitchen/dining hall/boiler plant/garage—Resource 3, 1930) was removed in the fall of 1972.<sup>12</sup> The original entrance road (Resource B) has been altered by the removal of the original gate posts and the reconfiguration of the circular drive between the main building (Resource 1) and the flag pole (Resource 26). A secondary entrance has been constructed from South 70<sup>th</sup> Street near the south side of the historic district in the late twentieth century. Additional parking lots have been added west of the central core group of buildings, on both sides of the flag pole (Resource 26, 1930) and southeast of the outpatient clinic addition (Resource 45, 1983). The parking lot northeast of the recreation building (Resource 4, circa 1934) appears to possibly date to the period of significance. A formal garden is depicted on a 1929 plot plan of the hospital, located to the east of the nurses' and duplex quarters (Resources 5 and 6, both 1930). This formal garden is shown in an aerial photograph dating to 1937 and later, undated aerial photographs.<sup>13</sup> The west end of the garden is circular and extends to the east with a rectangular shape. Slightly further to the east is a larger, square portion of the garden that may have been a sunken or raised lawn. This formal garden, dating to the period of significance, is no longer extant and is currently an open lawn. Another noticeable alteration to the historic district is the loss of property originally associated with the facility. Of the original approximately 320 acres of the hospital's property, only 57 acres remain under control of the United States Department of Veterans Affairs.

**Individual Resource Inventory**

The dates of construction and details regarding former use of the following buildings are from the Determination of Eligibility dated 1980 and from information provided by the engineering department of the Lincoln CBOC, Lincoln, Nebraska.<sup>14</sup> The numerical designations of the resources were assigned at the time of their construction by

<sup>8</sup> "VA Hospital Here to Have Expanded Surgical, Lab Facilities Next Year," *Lincoln Journal*, September 2, 1959.

<sup>9</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>10</sup> "Education Building Planned for Vets Hospital," *Lincoln Journal*, October 3, 1973.

<sup>11</sup> "Landmark Coming Down," *Lincoln Evening Journal & Nebraska State Journal*, September 19, 1956.

<sup>12</sup> "Landmark to Vanish," *Lincoln Journal*, November 23, 1972.

<sup>13</sup> United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>14</sup> Gjore J. Mollenhoff and Karen Ronne Tupek, Veterans Administration Medical Center (Lincoln, Nebraska) National Register of Historic Places Determination of Eligibility (Veterans Administration, Washington, D.C., 1980), located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities

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the VA. Information on the current utilization of the resources was provided by the engineering department of the Lincoln CBOB, Lincoln, Nebraska.<sup>15</sup> The "circa" dates of construction and letter designations were provided by the authors for resources without construction dates or numerical labels. All resources that were present during the period of significance and that retain integrity are considered contributing resources.

Minor resources that are not substantial in size and scale were not included in the resource count. Resources that were not designated in the resource count include small electric transformers, underground storage facilities or utilities, prefabricated bus and smoking shelters, memorials, and benches scattered throughout the historic district.

The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Resource Number	Date of Construction	Contributing (C) / Noncontributing (NC)	Historic or Current Use
1 and 45	1930, 1983	C	Main Building and Outpatient Clinic Addition
2	1930	C	General Medical Building
3	1930	C	Kitchen/Dining Hall/Boiler Plant/Garage Building
4	Circa 1934	C	Recreation Building
5	1930	C	Nurses' Quarters
6	1930	C	Duplex Quarters
7	1930	C	Duplex Quarters
8	1930	C	Manager's Quarters
9	1930	C	Pump, Transformer, and Meter House
12	1930	C	Storehouse
13	1950	NC	Animal House
15	Circa 1985	NC	Deep Well Pump House
17	1931	C	Sheep Barn
18	Circa 1937	C	Ten-Car Garage
19	Circa 1937	C	Five-Car Garage
24	1937	C	Utility Shops Building
26	1930	C	Flag pole
34	Circa 1940	C	Ten-Car Garage
40	1973	NC	Education Building
42	Circa 1985	NC	Chiller Plant
44	Circa 1990	NC	Electrical Switch Station
A	1983	NC	Picnic Shelter
B	1930	C	Entrance Drive
C	Circa 1934	C	Connecting Corridor
D	Circa 1930s	C	Landscaped Grounds

Management, Washington, D.C.; United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>15</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.



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**Resource 1 and 45. Main Building and Outpatient Clinic Addition. 1930 and 1983. *Contributing building.***

Originally designated as the main building, Resource 1 still serves along with the flag pole (Resource 26, 1930) as the focal point of the Lincoln VA Hospital Historic District. The main building (Resource 1, 1930) is oriented to the west and is located in the central core group of buildings. Resource 1, constructed in the Classical Revival architectural style, exhibits a five-course, common-bond brick exterior with terra cotta ornamental details. The rectangular central block of the building is composed of a four-story, multi-bay, hip-roof section on a raised basement. Three-story, flat-roof projections extend to the north and south of the central block of the building. Three-story, flat-roof return wings similar in massing to the side projections extend from the facade and rear of the central block, creating the building's distinctive "H" shape. Classical Revival decorative elements exhibited by the building include a symmetrical facade, brick quoins and banded brick at the basement and first-floor levels, a belt course that incorporates the fourth story-window sills, a wide terra cotta cornice above the third-story windows, a belt course between the first and second floors, and a terra cotta water table above the raised basement that encompasses the building. The three-bay central entrance pavilion, projections, and return wings exhibit slightly recessed arches on the first floor, with pilasters between each bay on the upper floors.

The central block's three-bay projecting entrance pavilion is delineated by four pilasters with Corinthian capitals. The pavilion's pediment is decorated with egg-and-dart and dentil moldings and an oculus with a wreath surround and double swag details. Originally, all three bays on the first floor were filled with entry doors, but currently two of these have been filled with single-light, fixed commercial windows. The right-most bay of the central pavilion serves as the main entrance to the building. This bay is filled by a single-leaf entry with a glass replacement door and sidelights. The entry is sheltered within a small, glass, flat-roof vestibule with single-leaf entries on the north and south elevations filled with aluminum frame commercial glass doors. The entry is accessed from a projecting porch and curving stairs that exhibit a terra cotta balustrade and railings. A bronze plaque on the facade elevation of the porch exhibits an egg-and-dart border with an eagle clutching an olive branch and an arrow and the words "United States Veterans Hospital Erected A.D. 1930."

The three arched entrance bays of the central pavilion exhibit a terra cotta keystone and egg-and-dart border, and they are filled with a stylized urn, flanked by volutes and capped by a wreath. The second-floor bays exhibit terra cotta surrounds and are filled with twelve-over-sixteen-light, double-hung replacement sashes. Similar replacement sashes are found throughout the building. The third-floor windows exhibit terra cotta jack arches, and a narrow stringcourse and panel are exhibited between the third- and fourth- floor windows. A two-story drum for the former cupola, which was removed in 1956,<sup>16</sup> pierces the roof of the central block behind the terra cotta pediment of the projecting entrance pavilion. Each corner of the drum features an urn, and each elevation of the drum has two small louvered vents. The octagonal second story of the drum currently has a flat roof with a siren and an antenna projecting from it. The drum is flanked on the facade and rear roof slopes by four hip-roof dormers, and the north and south elevations of the hip roof also have a dormer.

The three bays of the second and third floors of the north and south facade return wings are delineated by pilasters with Tuscan capitals. The first-floor windows of the south facade return wing are centered within the recessed arches. The central arch of the north facade return wing was originally a double-leaf entry<sup>17</sup> but is currently filled with a large, single-light fixed sash. The arch above the former entry has a terra cotta keystone and egg-and-dart border, and it is filled with a stylized urn flanked by volutes and capped by a wreath. It is flanked by windows within the recessed arches. The former door is accessed by a double stair. The three-bay rear return

<sup>16</sup> "Landmark Coming Down," *Lincoln Journal*, September 19, 1956, 26.

<sup>17</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

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wings were constructed in 1939.<sup>18</sup> They do not exhibit pilasters but do have the banded brick and terra cotta jack arches in the first and second floor window bays. The three-bay, flat-roof extensions on the side (north and south) elevations are similar to the facade return wings: the first floor windows are centered within recessed arches; and the second- and third- floor bays are delineated by pilasters with Tuscan capitals. These extensions have decorative metal panels between the second- and third- floor windows.

The four-story central rear wing steps down to a three-story section and an enclosed corridor at the first floor that originally connected the building to the general medical building, the kitchen/dining hall/boiler plant/garage, and the recreation building (Resources 2, 3, and 4, respectively). The original corridor was removed when this rear wing was enlarged and expanded in 1959<sup>19</sup> with a three-story addition that has a five-course, brick exterior and a flat roof. The addition has a pair of hopper or awning windows on the north elevation and a pair of louvered vents on the south elevation of the third floor, and other windows are filled with replacement eight-over-eight and twelve-over-twelve, double-hung sashes. The basement and first-floor levels of the south elevation of this addition are inaccessible due to the construction of the outpatient clinic addition in 1983 which fills the area between the general medical building and the kitchen/dining hall/boiler plant/garage (Resources 2 and 3, both 1930). The outpatient clinic addition also incorporates the basement and part of the first floor of the east elevation of the main building (Resource 1) south of the central rear wing. A basement addition extending above grade fills the area adjacent to the northern extension of the main block of the main building (Resource 1) and its northern rear return wing. The addition exhibits a flat roof and a banded brick exterior with a stone belt course that recalls the architectural details of the original portion of the building. The building is supported by a concrete basement foundation. The hip roof is sheathed in slate tiles.

The outpatient clinic addition (Resource 45) was constructed in 1983 and is oriented to the southeast. This addition is located between the main building, the general medical building, and the kitchen/dining hall/boiler plant/garage (Resources 1, 2, and 3, all 1930). The three buildings were originally separate structures connected by a narrow exterior corridor, but the corridor was removed and the three buildings were then connected by the outpatient clinic addition. The multi-bay, two-story, flat-roof, irregularly-massed addition exhibits a running-bond brick exterior. A single-story entrance pavilion projects at an angle to the southeast from the main, two-story portion of the addition. The pavilion exhibits a partially-cantilevered entrance canopy that shelters an open entrance area, an enclosed smoking shelter, multiple windows filled with single-light, fixed sashes, and two double-leaf entries. One entry is filled with automatic, sliding glass doors with sidelights and transom and the other with an automatic revolving door, sidelights, and transom. The entrance canopy is partially supported by brick piers. At the northern end of the entrance pavilion is a two-bay ambulance entrance exhibiting a garage bay filled with an overhead metal door and a double-leaf entry filled with glass doors, sidelights, and transom.

A raised-basement section of the outpatient clinic addition extends above grade and fills the area to the southeast of the main building (Resource 1) along the east and south elevations of the southern return wing and the southern extension of the main block. This basement section extends to the north elevation of the general medical building (Resource 2) and appears to incorporate a rooftop patio. The patio is accessible from a set of concrete stairs near the northwest corner of the general medical building (Resource 2), and from a small aluminum-framed glass vestibule attached to the west elevation of the outpatient clinic addition and the north elevation of the general medical building (Resource 2). The outpatient clinic addition is supported by a concrete basement foundation. Resource 45 is an addition to Resource 1 and is therefore part of the Main Building (Resource 1), but the addition is a noncontributing feature of Resource 1 and the historic district.

<sup>18</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>19</sup> "VA Hospital Here To Have Expanded Surgical, Lab Facilities Next Year," *Lincoln Journal*, September 2, 1959.



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**Resource 2. General Medical Building. 1930. Contributing Building.**

Resource 2 was constructed in 1930 as a general medical building, and currently it houses the mental health clinic. It is oriented to the west and is located south of the main building (Resource 1, 1930). The thirteen-bay, two-story, hip-roof, rectangular building exhibits a five-course, common-bond, brick exterior and was constructed in the Colonial Revival architectural style with Classical Revival details. The general medical building (Resource 2, 1930) has a central three-bay projecting entrance pavilion. The single-leaf central entry is filled with a replacement aluminum frame commercial glass door and sidelights and transom, and it features a terra cotta door surround with fluted pilasters, a cornice with dentils, and a metal railing. The facade entry is flanked by windows with brick jack arches and terra cotta keystones. The windows throughout the main block of the building have brick jack arches. The windows are filled with twelve-over-twelve-light, double-hung replacement sashes. Similar replacement sashes are found throughout the building. The second-floor central window exhibits a brick quoin surround. The central pavilion has a pediment filled with a lunette window that has been enclosed. The building exhibits brick quoins and a terra cotta water table that encompasses the original portion of the building.

The basement and part of the first floor of the north elevation are adjacent to the outpatient clinic addition of the main building (Resource 1 and 45, 1930 and 1983), which fills the area between Resource 2 and the kitchen/dining hall/boiler plant/garage building (Resource 3, 1930). A basement section of the outpatient clinic addition (1983) extends above grade and fills the area to the northwest of Resource 2, between it and the main building (Resource 1, 1930). This basement section extends to the east elevation of the southern extension of the main block of the main building (Resource 1) and appears to incorporate a rooftop patio. The patio is accessible from a set of concrete stairs near the northwest corner of the general medical building (Resource 2, 1930) and from a small, aluminum-framed, glass vestibule attached to the west elevation of the second floor of the outpatient clinic addition and the north elevation of the general medical building (Resource 2).

A two-story addition with a raised basement, probably for egress, has been constructed on the south elevation of the general medical building (Resource 2). This addition exhibits a running-bond brick exterior, flat-roof, single-leaf entry on the west elevation filled with a metal door and windows along the basement, first-, and second-floor levels on the east elevation filled with two-over-two-light, double-hung sashes. The rear elevation has a central, five-bay, hip-roof projection with a single-leaf entry into the basement level. The entry is filled with an aluminum frame replacement door, transom, and sidelight. Five window bays are found to either side of the rear, central, hip-roof projection. The facade and rear projections are flanked by two gable-roof dormers with pilasters and cornice returns. The north and south slopes of the hip roof each exhibit a gable-roof dormer with pilasters and cornice returns. The dormers originally displayed arched windows but currently have single-light, double-hung replacement sashes on the west and south elevations. Those on the east (rear) elevation are filled with louvered vents. The building has a hip roof sheathed in asphalt shingles. The building is supported by a concrete basement foundation.

**Resource 3. Kitchen/Dining Hall/Boiler House/Garage Building. 1930. Contributing Building.**

Resource 3 was constructed in 1930 as the kitchen/dining hall/boiler house/garage building, and currently the building continues to function as the kitchen and boiler house. The kitchen/dining hall/boiler house/garage building (Resource 3, 1930) is oriented to the west and is located immediately to the rear (east) of the main building (Resource 1, 1930). The multi-bay, three-story, rectangular building exhibits a four-course, common-bond brick exterior and was constructed with Colonial Revival architectural style elements. The original facade (west) elevation is currently nearly enveloped by the three-story addition that was constructed on the central rear wing of the main building (Resource 1, 1930) in the late 1950s, and parts of the basement and first-floor levels of the south elevation have been enveloped by the construction of the outpatient clinic addition (1983) to the main building (Resource 1). The placement of the boiler house on the east elevation and a garage on the north elevation



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of Resource 3 is unusual but not unprecedented for Period II general medical and surgical Second Generation Veterans Hospitals (including examples at Indianapolis, Indiana, and Tuscaloosa, Alabama). This configuration appears to have been a cost-saving measure to reduce construction costs and create a densely designed campus.

The kitchen/dining hall portion of the building appears to have originally had a rectangular footprint, with the boiler house section extending to the east. A three-story, "T"-shape section contained most of the kitchen/dining hall functions, with the cross of the "T" oriented to the rear of Resource 1 (main building, 1930) and the base portion extending to the east. This "T" section has a hip roof, and the building's facade elevation, facing the rear central wing of the main building (Resource 1), appears to originally have had six bays.<sup>20</sup> Like other Second General Veterans Hospitals, the connecting corridor originally extended along the first floor of the facade elevation of the dining hall. This corridor was removed by the construction of the three-story addition on the central rear wing of the main building (Resource 1) that effectively joined it with Resource 3 at the first, second, and third-floor levels.

The north elevation steps up to a small four-story block and then back down to a three-story rear wing. The building has an original loading dock along the north elevation sheltered by a shed roof supported by metal columns that has been completely enclosed in brick walls and windows filled with single-light, double-hung sashes. Another three-bay loading dock has been constructed at a right angle to the original along the east elevation of the connecting corridor (Resource C) from the recreation building (Resource 4, circa 1934). It displays a ribbed metal exterior with a ribbed metal shed roof. Two of the garage bays are filled with overhead metal doors. The second, third, and fourth floors of Resource 3 exhibit single and three-part windows filled with multi-light, double-hung replacement sashes. Similar replacement sashes are found throughout the building. A few windows have either been filled with louvered vents or enclosed.

A single-story, nine-bay garage has been constructed in two stages along the first story of the north elevation of Resource 3. Originally a four-bay garage,<sup>21</sup> it was enlarged by the addition of five bays during the late 1930s. This is apparent not only from archival evidence but because the earlier four bays are taller than the five bays constructed later. Today, two of the bays have been resized with running-bond brick walls and windows filled with glass blocks, and one has been simply filled in with a running-bond brick wall. Two more have been resized: one with a running-bond brick wall that displays a single-leaf entry filled by a metal door and window filled with glass blocks, and the other by a frame wall with a single-leaf entry filled by a metal door. The remaining garage bays are filled by three-light, overhead metal doors. Like the main block of the building, the garage displays a four-course, common-bond exterior with brick quoins, a terra cotta belt course and coping, and a brick soldier course above the garage doors. The east elevation of the garage has six bays. Four windows are filled with original multi-light, double-hung metal sashes; one single-leaf entry is filled with a metal door, transom, and an aluminum storm door; and the other single-leaf entry has been resized and is filled with a metal door. The garage portion of the building is supported by a concrete foundation and has a flat roof.

The boiler house/incinerator portion of the building is located on the east elevation of Resource 3. The two-story, rectangular section of the building displays a five-course, common-bond exterior. The incinerator is a small, single-story projection on the east elevation of the boiler house itself. A former entry from a loading dock on the north elevation of the incinerator projection has been resized, and there is a set of four-light casement sashes centered within the former entry. The east elevation of the incinerator projection exhibits a multi-light, three-part window. A small vent pipe projects from the flat roof. The terra cotta belt course of the garage continues along the

<sup>20</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

<sup>21</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

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incinerator projection as coping around the roof.

The east elevation of Resource 3 displays three three-part windows at the upper level. The former chase that led to the smokestack/radial chimney (razed in 1972<sup>22</sup>) has been enclosed. A double-leaf entry at the basement level has been resized and is filled with metal-and-glass doors. The south elevation of the boiler plant portion of the building has four bays at two levels that are filled with three-part windows with screens. Three tall, cylindrical, metal chimneys with conical vents project from the flat roof. A small, square, single-story projection on the south elevation is partially enveloped by the outpatient clinic addition (1983) of the main building (Resource 1). It displays a four-course, common-bond brick exterior with brick quoins. The east elevation of this projection has a large louvered vent and several vent pipes that are joined to a tall, cylindrical metal chimney with a conical vent. Large air vents project from the flat roof. The south elevation of this projection is enveloped by the ambulance entrance for the outpatient clinic addition (1983). An undated site plan indicates that "Building 11 – Valve House" was located here.<sup>23</sup> An attempt was made on the original site plan to remove references to the building located on this elevation, suggesting it was razed. The east elevation of this projection, however, exhibits a four-course, common-bond brick exterior, like the dining hall/kitchen block of Resource 3, and brick quoins that would indicate it is contemporaneous with Resource 3. It may be that "Building 11" was spared and simply given a new use once its original purpose was made superfluous.

The basement and first floor of the south elevation of the dining hall/kitchen part of the building was enveloped by the construction of the outpatient clinic addition (1983). A small two-story section that is still visible appears to have multi-light, three-part windows along the second story similar to those on the first floor of the boiler house portion of Resource 3. This section has a flat roof. A number of the former window openings on the south elevation of the main block of Resource 3 have been enclosed with brick. The "T"-shaped main block of the building exhibits a hip roof sheathed in asphalt shingles. Original, segmental dormers placed at regular intervals around the roof have been filled with louvered vents. The building has a concrete basement foundation.

**Resource 4. Recreation Building. Circa 1934. Contributing Building.**

Resource 4 was constructed circa 1934 as the recreation building, and it retains that purpose. It is oriented to the north and is located northeast of Resource 1, the main building. The five-bay, two-story, rectangular building displays a five-course, common-bond brick exterior and was constructed with Classical Revival architectural style decorative elements. The central, projecting entrance pavilion has an open pediment with cornice returns, a multi-light oculus, and a double-leaf entry filled with aluminum frame commercial glass replacement doors and a two-light transom. The entry features a terra cotta door surround of pilasters with Tuscan capitals, entablature, and a swan's neck broken pediment with a pineapple finial. The central entry landing is reached by two sets of stairs. A single-leaf entry into the basement is located under the first-floor entry landing. The metal door is recessed through an arched doorway with a wrought-iron grill with fan detail.

The central entrance pavilion is flanked on each side by two windows filled with twenty-four-over-eighteen-light double-hung replacement sashes. Similar replacement sashes are found throughout the building. Terra cotta panels featuring a swag detail are found above the windows on the east and west elevations of the central entrance pavilion. Classical Revival details exhibited by the building include a symmetrical facade, brick quoins, banded brick at the raised basement level, and terra cotta details, such as pilasters, keystones, panels, balustrades, a cornice, and a water table that encompasses the building.

Porticos on the east and west elevations fulfill different functions. On the east elevation, it serves as the stage

<sup>22</sup> "Landmark to Vanish," *Lincoln Journal*, November 23, 1972, 18.

<sup>23</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.



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area for the auditorium and was never an actual open portico, although it produces a symmetrical facade. A central, double-leaf entry, which has been resized, is located at the first-story level of the left side (east elevation), and this entry is filled with paneled wood doors. It is flanked on each side by an arch filled with slightly recessed brick. The entry is reached by a set of concrete stairs. Recessed within the staircase below the first-story landing is a single-leaf entry into the basement level filled with a metal door. On the right side (west elevation) the portico is open and displays three large arches framed by pilasters. The portico shelters a central double-leaf entry onto the portico from the interior that is filled with six-light wood doors with a five-light transom. The entry has a wood door surround with fluted pilasters, and a pediment that appears to have been altered as a deterrent to birds. Originally the entry was flanked on each side by a window, but one has been enclosed. There is a panel with a swag detail between the first- and second-floor windows on each side of the entry. Both the portico on the west elevation and the stage portion on the east elevation have flat roofs with balustrades.

The rear elevation exhibits a single-story rear projection with a flat roof. The connecting corridor from the main building, the kitchen/dining hall/boiler plant/garage building, and the education building (Resources 1, 3, and 40) enters the recreation building (Resource 4, circa 1934) in the center of this projection at the basement and first-floor levels. A window in the southwest corner of the rear elevation appears to have been resized, and a former basement door on the south elevation of the east portico has been removed. The main block of the building has a gable roof sheathed in asphalt shingles. The gable ends have parapet walls with terra cotta coping. The pediment of the central projecting entrance pavilion is flanked on each side by two arched dormers. There are five similar dormers at regular intervals on the rear roof slope. Two dormers on the facade elevation and four dormers on the rear elevation are filled with louvered vents, while the others are filled with single-light, double-hung replacement sashes. The attic window on the west elevation above the portico is filled with multi-light, double-hung sashes, while the one on the east elevation is filled with a louvered vent. The building is supported by a concrete basement foundation.

**Resource 5. Nurses' Quarters. 1930. Contributing Building.**

Resource 5 was constructed in 1930 as the nurses' quarters and currently is used for offices for the Department of Veterans Affairs regional office. It is oriented to the southwest and is located northwest of the main building (Resource 1, 1930). The thirteen bay (w/w/w/w/w/w/d/w/w/w/w/w/w), two-story, rectangular building displays a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural style decorative elements. The central, three-bay projecting entrance pavilion has an open pediment with cornice returns; a round, louvered gable vent; and a single-leaf entry filled with sidelights and a fanlight. Colonial Revival details exhibited by the building include a symmetrical facade, brick quoins, banded brick at the raised basement level, and terra cotta details, such as keystones and a water table that encompasses the building. The entry is sheltered by a small porch with a flat roof supported by wood Tuscan columns. The roof of the porch has a wood balustrade. The entry is flanked on each side by windows with eight-over-eight, double-hung replacement sashes. Similar sashes are found throughout the building. The second-floor, central window is centered within a slightly recessed arch above the porch.

The three-bay southeast and northwest (side) elevations each exhibit single-floor porches. The central entries from the porches have been resized and replaced with metal doors. The porches may also be accessed on the facade elevation by a set of concrete stairs with metal railings. It appears the central windows of the second floor have been resized and filled with metal doors for egress onto the porch roofs. A metal fire escape has been installed on the northeast and southeast corners of the building, immediately adjacent to the porch roofs.

On the rear elevation, a four-story stairwell tower for egress has been constructed off-center from the original rear entrance, which is currently enclosed within a small square vestibule with a flat roof and a single-leaf entry filled with a wood door. The tower addition has a hip roof and other features that recall the building's original



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architectural details, such as the brick string course that incorporates the second-floor window sills, the water table that encompasses the building above the raised basement windows, and the basement's banded brick. Two former windows on the basement level have been resized and filled with entry doors that are enclosed within two small vestibules with shed roofs and storm windows and doors.<sup>24</sup> The first-floor window above the rear central basement entry is centered within a brick arch that is flush with the building's wall plane. The nurses' quarters (Resource 5, 1930) has a hip roof sheathed in asphalt shingles. The central entrance pavilion is flanked on each side by two gabled dormers with pilasters and cornice returns, and the rear roof slope displays three similar dormers. The dormers on the facade elevation are filled with replacement sashes, but those on the rear elevation are filled with louvered vents. The building is supported by a concrete basement foundation.

**Resource 6. Duplex Quarters. 1930. Contributing Building.**

Resource 6 was constructed in 1930 as duplex quarters for hospital staff, and it currently does not appear to be in use. It is oriented to the southwest and is located northwest of the nurses' quarters (Resource 5, 1930). The six-bay (w/d/w/w/d/w), two-story, rectangular building has a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural style decorative elements. The two single-leaf entries on the facade for each unit are filled with a hollow-core replacement door, a storm door, and an original fanlight. The entries have wood door surrounds with engaged Tuscan columns supporting an open pediment that features triglyphs, guttae, and dentils. Colonial Revival details exhibited by the building include a symmetrical facade, door surrounds with engaged columns and pediments, parapet gables, and a modillion cornice. The facade entries are flanked by windows with six-over-six-light, double-hung replacement sashes. Similar replacement windows are found throughout the building. The basement windows are filled with six-light replacement sashes. The cornice has block modillions that appear to be clad in aluminum. A brick soldier-course water table encompasses the building above the basement windows.

The two-bay southeast and northwest (side) elevations each exhibit single-floor porches. Two sets of French doors provide access to the porches, which are currently enclosed with screens. The flat roofs of the porches are supported by columns with Tuscan capitals. Metal railings have been installed along the porch roofs, replacing the original wood balustrades. Each porch is also accessed from a set of brick stairs on the rear elevation. The gable ends of the building have parapet walls with terra cotta coping and a small attic window filled with multi-light, double-hung sashes. On the eight-bay (w/d/w/w/w/d/w) rear elevation, the entries are filled with nine-light, paneled wood doors sheltered beneath shallow, shed-roof projections supported by wood brackets. There are two single-story, square projections located adjacent to each rear entry. These projections have shallow hip roofs sheathed in metal. The basement window in the rear projection of the south unit has been filled with a vent, while the one in the rear projection of the north unit has been retained. A chimney projects from the center of the rear ridge line of the roof. The building has a modified gambrel roof sheathed in slate tiles and is supported by a concrete basement foundation.

**Resource 7. Duplex Quarters. 1930. Contributing Building.**

Resource 7 was constructed in 1930 as duplex quarters for hospital staff, and it currently appears to contain offices. It is oriented to the southwest and is located northwest of a similar duplex quarters (Resource 6, 1930). The six-bay (w/d/w/w/d/w), two-story, rectangular building displays a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural style decorative elements. The two single-leaf entries of the facade for each unit are filled with a hollow-core replacement door, a storm door, and an original fanlight. The entries have wood door surrounds with engaged Tuscan columns supporting an open pediment that features

<sup>24</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

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triglyphs, guttae, and dentils. Colonial Revival details exhibited by the building include a symmetrical facade, parapet gables, door surrounds with pilasters and pediments, and a modillion cornice. The facade entries are flanked by windows with six-over-six-light, double-hung replacement sashes. Similar replacement sashes are found throughout the building. The basement windows are filled with six-light replacement sashes. The cornice has block modillions that appear to be clad in aluminum. A brick soldier-course water table encompasses the building above the basement windows.

The two-bay southeast and northwest (side) elevations each exhibit single-floor porches. Two sets of French doors provide access to the porches, which are currently enclosed with screens. The flat roofs of the porches are supported by columns with Tuscan capitals. Metal railings have been installed on the porch roofs, replacing the original wood balustrades. Each porch is also accessed from a set of brick stairs on the rear elevation. The gable ends of the building have parapet walls with terra cotta coping and a small attic window filled with multi-light, double-hung sashes. On the eight-bay (w/d/w/w/w/d/w) rear elevation, the single-leaf entries are filled with nine-light, paneled wood doors sheltered beneath shallow, shed-roof projections supported by wood brackets. There are two single-story, square projections located adjacent to each rear entry. These projections have shallow hip roofs sheathed in metal. The basement windows in the rear projections of both units are filled with original three-light sashes, although a pane of each has been filled for vents. A chimney projects from the center of the rear ridgeline of the roof. Resource 7 has a modified gambrel roof sheathed in slate tiles. Two gabled dormers filled with multi-light, double-hung replacement sashes are centered on the slope of the facade elevation above the entries to each unit. The building has a concrete basement foundation.

**Resource 8. Manager's Quarters. 1930. Contributing Building.**

Building 8 was constructed in 1930 as the manager's quarters, and it currently appears to be vacant. This building is oriented to the southwest and is located northwest of the duplex quarters (Resource 7, 1930). The three-bay (w/d/w), two-story, side-gable building displays a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural style decorative elements. The single-leaf centered entry is filled with a hollow-core replacement door, a storm door, and a five-light original transom. The entry has a wood door surround that features fluted pilasters supporting an entablature and a broken pediment with a pineapple finial. Colonial Revival details exhibited by the building include a symmetrical facade, a door surround with pilasters and a broken pediment with a pineapple finial, brick jack arches over the windows, and a modillion cornice. The entry is flanked by windows with original eight-over-eight-light, double-hung sashes. The windows throughout the building appear to all be original. The cornice has block modillions that appear to be clad in aluminum. A brick soldier-course water table encompasses the building above the basement windows.

A single-story projection on the right side (southeast elevation) has a single bay on the facade and the southeast elevations. A shallower projection near the southeast corner displays a single-leaf side entry centered within an arch. The rear elevation of this shallow projection has a window filled with single-light, double-hung sashes. The entry is filled with a storm door. This entry and window appear to have once been a small open porch but were enclosed to create a vestibule for the side entry. Concrete stairs that descend to a single-leaf entry into the basement are located adjacent to this side entry. The basement entry is filled with a nine-light wood door and a storm door. Above the basement door is a small window filled with two-over-two-light, double-hung sashes. The projection includes a metal railing along the edge of the flat roof. The second-floor gable end and the attic each exhibit two windows.

A two-story projection with a shallow hip roof is found along the southeast portion of the three bay (w/d/w) rear elevation. Adjacent to this rear projection, the rear single-leaf entry is filled with a four-light wood door. The first floor of the projection has a ribbon of three windows on the first floor and two windows on the second floor, all of which are filled with original four-over-four-light, double-hung sashes. A single-bay shed dormer is



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centered on the rear slope of the roof. The window is filled with eight-over-eight-light, double-hung sashes. The left side (northwest elevation) has a single-story porch and features two bays on either side of an exterior chimney. On the first floor, single-leaf entries onto the porch are filled with multi-light doors. The porch has a flat roof supported by four Tuscan columns and a metal railing along the edge of the flat roof. The porch, currently enclosed with screens, is also accessible by a set of brick stairs from the rear. The roof of the main block of the residence is sheathed in slate shingles. Resource 8 is supported by a concrete basement foundation.

**Resource 9. Pump, Transformer, and Meter House. 1930. Contributing Building.**

Resource 9 was built in 1930 to house several utility functions, and it retains its original purpose as a utility building. It is oriented to the west and located northwest of the manager's quarters (Resource 8, 1930) near the northwest corner of the historic district boundary. The five-bay (d/d/w/d/w), single-story, side-gable, rectangular building displays a five-course, common-bond brick exterior and was constructed in a utilitarian style that complements the Colonial Revival architectural style employed for many of the historic district's early buildings. The facade elevation has three single-leaf entries that are all filled with metal doors. A former window has been filled with a louvered vent. The other facade bay is filled with an original awning window with steel sashes. Similar original windows are found throughout the building. Two window bays are located along the south elevation, while the north elevation has a single window bay. The rear elevation has three window bays, but the center bay has been filled with a louvered vent. The roof is sheathed in asphalt shingles. The building is supported by a concrete slab foundation.

**Resource 12. Storehouse. 1930. Contributing Building.**

Resource 12 was built in 1930 as a storehouse building and it continues to fulfill this purpose. It is oriented to the west and is located in the maintenance/utility group of buildings east of the education building (Resource 40, 1973). Resource 12 is an eight-bay (w/w/d/w/w/d/w/w), single-story, side-gable, rectangular building displaying a five-course, common-bond brick exterior. Resource 12 was constructed in a utilitarian style that complements the Colonial Revival architectural style employed for many of the historic district's early buildings. It appears that a single-bay addition was constructed on the north elevation, as suggested by breaks in both the roof and wall planes. The eaves feature exposed rafter tails. A concrete loading dock was constructed along approximately three-fourths of the original facade elevation. The dock projects outward in front of the garage door (third bay from the left). The dock is sheltered by a recent flat roof that exhibits a ribbed metal fascia and is supported by round metal columns.

The facade elevation includes a single-leaf entry filled with a metal door, a garage bay filled with an overhead door, and six windows filled with steel, awning sashes. Similar windows are found throughout the building. Two former single-leaf doors along the facade have been filled in with slightly recessed brick. The left side (north elevation) has no bays, but four windows are found along the right side (south gable-end elevation). The gable ends exhibit round louvered vents. The nine-bay rear elevation exhibits two single-leaf entries into the basement filled with metal doors and accessed by a ramp and stairs at the north end of the building. Two smaller doors in the foundation wall may provide access to a crawlspace. The roof is sheathed in slate tiles and the storehouse building (Resource 12, 1930) is supported by a concrete foundation.

**Resource 13. Animal House. 1950. Noncontributing Building.**

According to the information provided by the Engineering Office of the Lincoln Community-Base Outpatient Clinic, Resource 13 was constructed in 1950 as an animal house, and it is currently used for storage. The animal house was constructed in 1957 according to the 1980 Determination of Eligibility.<sup>25</sup> Although unclear, the animal

<sup>25</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; Gjore J. Mollenhoff and Karen Ronne Tupek, Veterans Administration Medical Center (Lincoln,



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house (Resource 13) may have originally been utilized to house animals for research purposes. The animal house (Resource 13, 1950), oriented to the south, is located in the maintenance/utility group of buildings, east of the storehouse (Resource 12, 1930). Resource 13 is a six-bay (w/w/d/w/w/w), single-story, side-gable, rectangular building displaying a concrete block exterior. This resource was constructed in no discernible style. The facade elevation features a single-leaf entry off-center to the west filled by a wood-panel door and two windows filled with four-light sashes to the left of the entry. Three windows filled with eight-light, hopper-style, steel sashes are found along the east portion of the facade. It appears that the three-bay west section may have been the original building and that the first addition was constructed on the east elevation, while a second addition was constructed later on the east elevation of the first addition.<sup>26</sup> Seams visible along the facade (south) and rear wall planes of the building indicate it was constructed in three sections. The east gable end exhibits a rectangular louvered gable vent and a garage bay filled with a wood overhead door. The six-bay rear elevation has four windows filled with eight-light, hopper-style steel sashes and two windows with four-light sashes. The rear elevation is partially enclosed within a decorative-concrete block fence. The roof is sheathed in asphalt shingles, and the building is supported by a concrete foundation.

Although the animal house (Resource 13) appears to have been constructed during the period of significance, the alterations to the building diminish the characteristics of design, materials, and workmanship. The two additions to the resource more than doubled its original footprint. The garage bay opening along the east elevation may also be a later alteration. With its diminished integrity, the animal house (Resource 13) is not a contributing resource to the Lincoln VA Hospital Historic District.

**Resource 15. Deep Well Pump House. Circa 1985. Noncontributing Building.**

Resource 15 was constructed circa 1985, replacing the original gabled pump house constructed in 1932,<sup>27</sup> and it continues to fulfill that function. The deep well pump house (Resource 15, circa 1985) is oriented to the north and is located south of the chiller plant (Resource 42, circa 1985). Resource 15 is a two-bay, single-story, flat-roof building and displays a running-bond brick exterior and was constructed in no discernible style. A brick stringcourse composed of three soldier courses encompasses the building immediately above the facade elevation bays. The facade bays include a double-leaf entry filled with metal doors and a combination single-light awning window and louvered vent. The rear elevation exhibits a similar window, but the west elevation exhibits two single-light awning windows. A concrete box and a large iron pipe project from the ground south of the building, and a small rectangular concrete pad near the northeast corner of the building exhibits three manholes of different sizes. These three elements appear to be associated with the building's function as a pump house. Resource 15 is supported by a concrete foundation.

**Resource 17. Sheep Barn. 1931. Contributing Building.**

Resource 17 was constructed circa 1931 as a sheep barn, but today it is used for storage. Although unclear, the sheep barn (Resource 17) may have originally been utilized to house animals for research purposes. It is oriented to the west and is located east of the utility shops building (Resource 24, 1937). The two-bay (w/d), two-story, side-gable, nearly square building displays a wood drop siding exterior and was constructed in a utilitarian manner. The facade elevation exhibits a large bay filled with a horizontal sliding wood door attached to a track.

Nebraska) National Register of Historic Places Determination of Eligibility (Veterans Administration, Washington, D.C., 1980), located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

<sup>26</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

<sup>27</sup> United States Department of Veterans Affairs, Files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

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To the left of the large facade bay is a window filled with a four-light wood sash. Similar sashes fill the windows throughout the building. The facade and rear elevation eaves feature exposed rafter tails. The right side (south elevation) has a large wood door for access to the loft. The left side (north elevation) displays a single-leaf entry filled with a wood vertical board door. Resource 17 is supported by a concrete block and brick foundation. The roof is sheathed in asphalt shingles.

**Resource 18. Ten-Car Garage. Circa 1937. Contributing Building.**

Resource 18 was constructed circa 1937 as a ten-car garage, and it is currently used for storage. It is oriented to the southwest and is located northeast of the nurses' quarters (Resource 5, 1930). The four-bay, single-story, shed-roof, rectangular building exhibits a hollow-clay tile and concrete block exterior and was constructed in a utilitarian style. The facade elevation originally exhibited ten garage bays, but the facade has been reconstructed and today features three garage bays filled with metal overhead doors and a single-leaf entry filled with a metal door. The rear elevation features three small louvered vents. The building is supported by a concrete slab foundation.

**Resource 19. Five-Car Garage. Circa 1937. Contributing Building.**

Resource 19 was constructed circa 1937 as a five-car garage, and it continues to fulfill its original function. It is oriented to the southwest and is located in the residential group of buildings northeast of the duplex quarters (Resource 7, 1930). Resource 19 is a five-bay, single-story, shed-roof, rectangular building displaying a hollow-clay tile exterior, and it was constructed in no discernible style. The facade elevation features five garage bays, which are filled with overhead aluminum doors. A small projecting addition with a rolled-asphalt-and-wood exterior is located on the center of the rear elevation. Three former windows or vents on the rear elevation have been filled with small wood panels. A fourth window is filled with a four-light sash. The building is supported by a concrete slab foundation.

**Resource 24. Utility Shops Building. 1937. Contributing Building.**

Resource 24 was constructed in 1937 to house the maintenance/utility shops, and it continues to be used for similar purposes. Oriented to the west, Resource 24 is located north of the storehouse (Resource 12, 1930). The eleven-bay (d/w/d/w/d/d/w/d/w/d/d), single-story, side-gable, rectangular building displays a five-course, common-bond brick exterior and was constructed in a utilitarian style that complements the Colonial Revival architectural style employed for many of the buildings dating to the period of significance. The eaves exhibit exposed rafter tails. The facade elevation features two garage bays filled with overhead doors and five single-leaf entries that have been resized and are currently filled with three-light metal doors. The window bays are filled with awning windows with steel sashes. Similar windows are found throughout the building. The north and south elevations each have three pairs of awning windows with steel sashes. The gable ends feature lunette vents. The rear elevation has a fully exposed walk-out basement. The eight-bay basement rear elevation has a single-leaf entry filled with a metal door, a garage bay filled with an overhead door and one single and five pairs of awning windows with steel sashes. The windows along the first floor of the rear elevation are filled with similar windows. The building is supported by a concrete basement foundation. The roof is sheathed in slate tiles.

**Resource 26. Flag pole. 1930. Contributing Object.**

Resource 26 is the flag pole located west of the main entrance. Along with the main building (Resource 1, 1930), it serves as a visual focal point of the Lincoln VA Hospital Historic District. Originally it was located on the west side of a circular drive in front of the main building, but currently the circular drive has been altered to create two parking lots to the north and south of the flag pole. For a period during the 1940s, a small artillery



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piece was placed west of the flag pole, pointed towards 70<sup>th</sup> Street,<sup>28</sup> but this artifact has since been removed. Currently the octagonal concrete base of the flag pole is nearly hidden by mature evergreen and deciduous trees. The resource displays an octagonal concrete base approximately 10 feet tall with a metal pole and a brass ball finial. A four-step ladder has been installed on the west side of the base to provide safe access to the bottom of the pole.

**Resource 34. Ten-Car Garage. Circa 1940. Contributing Building.**

Resource 34 was constructed circa 1940 as a ten-car garage, and it is currently used for storage. According to the information provided by the Engineering Office of the Lincoln Community-Base Outpatient Clinic, Resource 34 was constructed in 1930, while the ten-car garage is indicated as being constructed in 1937 according to the 1980 Determination of Eligibility.<sup>29</sup> Resource 34 does not appear on an aerial of the property dating to 1937, although it appears to have been constructed within the period of significance.<sup>30</sup> This ten-car garage (Resource 34), oriented to the southwest, is located immediately northeast of the other ten-car garage (Resource 18, circa 1937). The three-bay, single-story, shed roof, rectangular building exhibits a hollow-clay tile and concrete block exterior and was constructed in a utilitarian style. The facade elevation originally exhibited ten garage bays,<sup>31</sup> but the facade has been reconstructed and today features three garage bays filled with metal overhead doors. The rear elevation exhibits three small louvered vents. The building is supported by a concrete foundation.

**Resource 40. Education Building. 1973. Noncontributing Building.**

Building 40 was constructed in 1973 as an education building, and it continues to be utilized for this function. It is oriented to the north and is located in the core group of buildings southeast of the recreation building (Resource 4, circa 1934). The six-bay, single-story, flat-roof, rectangular building exhibits a brick, ribbed metal, and aggregate-panel exterior. The facade elevation has an off-center double-leaf entry filled with metal doors adjacent to a window filled with a single-light hopper-style sash. The windows throughout the building are filled with pairs or ribbons of three similar hopper-style sashes. The building is accessible by the connecting corridor (Resource C) between Resources 3 and 4 on its west elevation.

**Resource 42. Chiller Plant. Circa 1985. Noncontributing Building.**

Resource 42 was constructed circa 1985 to house the facility's air conditioning equipment. It is oriented to the west and is located southeast of the storehouse (Resource 12, 1930). The two-bay, single-story, flat roof, square building exhibits a running-bond brick exterior and was constructed in no discernible style. The facade elevation exhibits a single-leaf entry filled with a metal door and a garage bay filled with a metal overhead door recessed from the facade wall plane. Three large chillers on a raised platform supported by concrete piers and surrounded by a chain-link fence are located south of the building. Large pipes connect them to the building's southern elevation. The rear elevation exhibits a single-leaf entry filled with a metal door. The building is supported by a concrete slab foundation.

<sup>28</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

<sup>29</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; Gjore J. Mollenhoff and Karen Ronne Tupek, Veterans Administration Medical Center (Lincoln, Nebraska) National Register of Historic Places Determination of Eligibility (Veterans Administration, Washington, D.C., 1980), located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

<sup>30</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

<sup>31</sup> United States Department of Veterans Affairs, files of the Engineering Office of the Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.



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**Resource 44. Electrical Switch Station. Circa 1990. Noncontributing Building.**

Resource 44 was constructed circa 1990 as an electrical switch station. It is oriented to the south and is located north of the sheep barn (Resource 17, 1931). The single-bay, single-story rectangular building displays a metal exterior. The facade and rear elevations each exhibit a single-leaf entry filled with a metal door. The west elevation has seventeen exterior panels for access to the equipment inside. The east elevation exhibits two hooded vents. The building is supported by a concrete slab foundation. It has a shallow gable roof sheathed in metal.

**Resource A. Picnic Shelter/Basketball Court. 1983. Noncontributing Structure.**

Resource A was constructed in 1983 as a picnic shelter. The roofline is oriented east-west, and Resource A is located in the residential group of buildings, east of the ten-car garage (Resource 34). The gable roof is sheathed in asphalt shingles and supported by metal columns. The structure has a concrete slab foundation. East of the shelter is a basketball goal at the eastern end of another concrete slab.

**Resource B. Original Entrance Drive. 1930. Contributing Site.**

Resource B is the original entrance drive constructed in 1930. It is oriented east-southeast from South 70<sup>th</sup> Street, where a pair of gate posts originally stood on either side of the entrance. The drive curves to the southeast from South 70<sup>th</sup> Street past the residential group of buildings, which sit along the northeastern side of the drive. The drive continues to the southeast and south ending at the former circular drive in front of the main building (Resource 1, 1930). Near the nurses' quarters (Resource 5, 1930), another branch of the road curved east to a parking lot northeast of the recreation building (Resource 4, circa 1934). It continued curving south through the maintenance/utility group of buildings to another circular drive in front of the east elevation of the general medical building (Resource 2, 1930).<sup>32</sup>

Currently the drive continues to extend to the front of the main building (Resource 1, 1930) but also to parking lots that flank the flag pole (Resource 26, 1930). The road continues to curve east to the parking lot northeast of the recreation building (Resource 4, circa 1934), south through the maintenance/utility group of buildings, and then to a parking lot east of the general medical building (Resource 2, 1930). A southern entrance road oriented to the east and west from South 70<sup>th</sup> Street was constructed during the 1980s or 1990s along the south side of the central core group of buildings. This newer, southern drive provides access to the parking lots that flank the flag pole (Resource 26) and to the parking lot located east of the general medical building (Resource 2).

Even with these modifications, the original portion of the entrance road (Resource B) that extends from South 70<sup>th</sup> Street to the entrance of the main building (Resource 1) and the flag pole (Resource 26) is a contributing resource to the historic district because it has not been significantly altered or widened. The gate posts were removed to widen the entrance, but the road has not been widened. The view of the residential group of buildings along the northeast side of the drive as one enters the historic district has not changed. Although the circular drive between the main building (Resource 1) and the flag pole (Resource 26) has been altered, this area still remains the focal point of the Lincoln VA Hospital Historic District.

**Resource C. Connecting Corridor. circa 1934. Contributing Structure.**

Resource C is the surviving portion of the connecting corridor that was constructed circa 1934 to connect the main building, general medical building, kitchen/dining hall/boiler plant/garage building, and recreation building (Resources 1, 2, 3, and 4, respectively). Currently the corridor also connects with the education building

<sup>32</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska.

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(Resource 40, 1973). The short section of the corridor between Resources 1 and 3 was removed in the late 1950s during the construction of the addition onto the central rear wing of the main building (Resource 1). The section between the general medical building and the kitchen/dining hall/boiler plant/garage building (Resources 2 and 3, 1930) was removed during the construction of the outpatient clinic addition (Resource 45) in 1983. The only section that survives today connects the main building, the kitchen/dining hall/boiler plant/garage building, the recreation building, and the education building (Resources, 1, 3, 4, and 40).

The single-story, gable-roof corridor is supported by a basement level corridor. The east elevation of the corridor has a fully exposed basement level, while the basement level of the east elevation is partially below grade. The enclosed corridor exhibits a five-course, common-bond brick exterior. The windows are filled with twelve-over-eight-light, double-hung replacement sashes delineated by banded brick pilasters at regular intervals. The basement level of the west elevation has a banded brick exterior and smaller windows filled with eight-over-four-light sashes at the basement level. The basement level windows along the east elevation have window sashes similar to those of the first-floor windows. The east and west elevations have a terra cotta water table delineating the basement and first-floor levels. On the east elevation, in the corner formed by the recreation and education buildings (Resources 4 and 40), a small square addition for an elevator has been constructed. It has a five-course, common-bond brick exterior, with similar banded brick pilasters, water table, and banded brick at the basement level. The addition has a pyramidal hip roof sheathed in asphalt shingles. Resource C is supported by a concrete foundation and the gable roof is sheathed in asphalt shingles.

**Resource D. Landscaped Grounds, circa 1930s. Contributing Site.**

Second Generation Veterans Hospitals constructed from the late 1920s through 1950 had landscaped grounds with planting plans and designs that often took advantage of natural contours in the placement of buildings and drives. Unfortunately the planting plan for the Lincoln VA Hospital was not identified during the survey. Period II general medical and surgical hospitals constructed for veterans were often located closer to urban areas and on smaller tracts of land than veterans neuropsychiatric hospitals built in the same period. Because the original tract of land owned by the Lincoln VA Hospital Historic District was larger than many similar general medical and surgical veterans' hospitals, its landscaping was able to make use of the land's natural contours through the placement of buildings and construction of curving lanes and sidewalks. The landscape is an important characteristic to this historic district. Landscape elements included within the Lincoln VA Hospital Historic District are the placement of the main building (Resource 1) on the highest point within the campus; the spatial design of the campus with the residential quarters separated from the central core group of buildings; the original entrance drive (Resource B, 1930); the large open lawn to the front (west) of the main building providing a clear view of this monumental building from South 70<sup>th</sup> Street; open lawns located to the north and northwest of the central core group; mature vegetation in the southern and northern portions of the historic district and aligned along the original entrance drive (Resource B, 1930); the curving sidewalk aligned along the original entrance drive and the straight sidewalks leading to the front of the buildings, such as the staff residences and the recreation building (Resource 4, circa 1934); the circular drive located in front of the main building (Resource 1); and the mature vegetation aligned along the rear (east) fence line that serves as a property boundary. The historic district continues to be divided into three loosely formed groups of buildings consisting of the central core, maintenance/utility, and residential groups. The central core and maintenance/utility groups are in close proximity to one another, similar to other veterans' general medical and surgical hospitals, because of the compact design of these two groups of buildings. The historic district continues to have open lawns to the front of the central core group and to the north and northwest of the residential group, which are connected by a curvilinear sidewalk. Mature trees along the front of the residential group provide privacy, along with the distance from the central group, for the staff members that resided within this group. The parking lots have expanded in size, especially those to the northwest and south of the flag pole (Resource 26, 1930) and southeast of the outpatient clinic

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addition (Resource 45). The secondary entrance drive, located in the southern portion of the historic district, was constructed after the period of significance. The secondary entrance drive and additional parking lots diminish the characteristics of design and setting, but the paved parking lots continue to convey the open setting associated with the landscape of the historic district during the period of significance. Therefore, the landscaped grounds is considered a contributing site to the historic district as it continues to retain integrity of location, setting, design, feeling and association.



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## 8. Statement of Significance

### Applicable National Register Criteria

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

- ☒ A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ B Property is associated with the lives of persons significant in our past.
- ☒ C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ D Property has yielded, or is likely to yield, information important in prehistory or history.

### Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- ☐ A Owned by a religious institution or used for religious purposes.
- ☐ B removed from its original location.
- ☐ C a birthplace or grave.
- ☐ D a cemetery.
- ☐ E a reconstructed building, object, or structure.
- ☐ F a commemorative property.
- ☐ G less than 50 years old or achieving significance within the past 50 years.

### Areas of Significance

(Enter categories from instructions.)

Politics/Government

Health/Medicine

Architecture

### Period of Significance

1930-1950

### Significant Dates

NA

### Significant Person

(Complete only if Criterion B is marked above.)

NA

### Cultural Affiliation

NA

### Architect/Builder

Construction Division, Veterans Bureau

Construction Service, Veterans Administration

### Period of Significance (justification)

The period of significance for the Lincoln VA Hospital Historic District extends from 1930 to 1950. The period of significance begins with the construction of the medical facility and continues through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals.

### Criteria Considerations (explanation, if necessary)

NA

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**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance and applicable criteria.)

The Lincoln Veterans Administration (VA) Hospital Historic District, currently known as the Lincoln Community-Based Outpatient Clinic (CBOC) of the Veterans Affairs Nebraska-Western Iowa Health Care System, Lincoln, Nebraska, is significant for its association with the federal government's commitment to the health care of World War I and World War II veterans. As defined in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form, the Lincoln VA Hospital Historic District is an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital. General medical and surgical hospitals are a sub-type of Second Generation Veterans Hospitals. Period II includes those veterans hospitals constructed from the late 1920s through 1950, the date of the last veterans hospital constructed utilizing the designs developed for the Second Generation Veterans Hospitals. Characteristics commonly associated with the general medical and surgical sub-type of Second Generation Veterans Hospital exhibited by the Lincoln VA Hospital Historic District include: a smaller campus than typically associated with other sub-types of Second Generation Veterans Hospitals; a monumental main building that serves as the focal point of the historic district; few, if any, additional patient ward/treatment buildings other than the main building; the incorporation of maintenance/utility functions into the kitchen/dinning hall building, such as the boiler plant and station garage; residential quarters for staff members slightly distanced from the central core group of buildings; the construction of separate recreation and storehouse buildings; and the central core group of buildings connected by enclosed corridors. The Lincoln VA Hospital Historic District is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the state level of significance in the areas of Politics/Government because of the intense campaign effort on the part of local organizations to secure the location of the federal hospital in Lincoln and its impact on the local community and veterans throughout the state of Nebraska and surrounding areas. The Lincoln VA Hospital Historic District is also eligible under Criterion A in the areas of Health/Medicine at the state level of significance because of the mission of the federal government, through the VA, to provide general medical and surgical care to veterans of World War I and World War II. The Lincoln VA Hospital Historic District is also eligible under Criterion C in the area of Architecture at the state level of significance because the Lincoln VA Hospital is an intact example of a Period II Second Generation Veterans Hospital incorporating elements of classical revival architectural styles that were nationally popular in the early to mid-twentieth century. The use of porticos, corner quoins, balustrades, and other ornamentation for the main building (Resource 1, 1930) reflects the influence of the Classical Revival style that was fashionable in the early decades of the twentieth century and that continued in the years after World War II. The Lincoln VA Hospital Historic District gains additional significance for the construction of the monumental main building that serves as the focal point of the historic district. The Lincoln VA Hospital Historic District also exhibits standardized building designs that were incorporated into the campuses of Period II Second Generation Veterans Hospitals. The design and architectural elements of the main building (Resource 1, 1930) are nearly identical to main buildings located at other Period II Second Generation Veterans Hospitals, such as: Tuscaloosa, Alabama; Lexington, Kentucky; Newington, Connecticut; Lyons, New Jersey; and Coatesville, Pennsylvania. The staff residential quarters of the Lincoln VA Hospital Historic District are also nearly identical to similar buildings at other Period II facilities. The construction of these nearly identical buildings at various locations emphasizes the use of standardized designs for these Period II veterans hospitals. Construction began on the Lincoln VA Hospital in 1930, and various additions and new buildings were added through 1950. It was designated a general medical and surgical hospital serving veterans in Nebraska and portions of surrounding states. The historic district continues to retain characteristics of this sub-type of Second Generation Veterans Hospital. The use of nationally popular architectural styles creates a cohesive design for the historic district. The use of revivalist architecture, especially on the main and recreation buildings, reflects the importance of the VA and its mission to provide medical care to the nation's veterans. Revivalist architecture, such as the Colonial Revival and Classical Revival styles, was utilized for many federal buildings constructed in the first half of the twentieth century to exhibit patriotism through the use of stylistic elements associated with the early history of the United States and to reflect the permanence of the institutions contained within the buildings. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of

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the MPDF. Resources located within the Lincoln Community-Based Outpatient Clinic (CBOC) of the Veterans Affairs Nebraska-Western Iowa Health Care System campus may be eligible or contributing for other associations or contexts under National Register Criteria A-D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

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

See Continuation Sheet (8.20)

**Developmental history/additional historic context information** (if appropriate)

Historic Narrative See Continuation Sheet (8.26)

**9. Major Bibliographical References**

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

See Continuation Sheet (9.31)

**Previous documentation on file (NPS):**

☐ preliminary determination of individual listing (36 CFR 67 has been requested)  
☐ previously listed in the National Register  
☒ previously determined eligible by the National Register  
☐ designated a National Historic Landmark  
☒ recorded by Historic American Buildings Survey # HABS NE-41  
☐ recorded by Historic American Engineering Record #  
☐ recorded by Historic American Landscape Survey #

**Primary location of additional data:**

☒ State Historic Preservation Office  
☐ Other State agency  
☒ Federal agency  
☐ Local government  
☐ University  
☐ Other

Name of repository: Dept of Veterans Affairs Historic Preservation  
Office & Public Affairs Office, Lincoln CBOC

Historic Resources Survey Number (if assigned):

LC13:H08-001

**10. Geographical Data**

**Acreage of Property** Approximately 57 acres

(Do not include previously listed resource acreage.)

**UTM References**

(Place additional UTM references on a continuation sheet.)

1	14	700352	4520373
	Zone	Easting	Northing
2	14	700418	4520374
	Zone	Easting	Northing
3	14	700415	4520472
	Zone	Easting	Northing
4	14	700534	4520323
	Zone	Easting	Northing

5	14	700603	4520321
	Zone	Easting	Northing
6	14	700805	4520132
	Zone	Easting	Northing
7	14	700809	4519791
	Zone	Easting	Northing
8	14	700365	4519782
	Zone	Easting	Northing



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**Verbal Boundary Description** (Describe the boundaries of the property.)

The boundary of the nominated property is delineated by the polygon in solid black lines on a portion of the Walton, Nebraska, topographic map on page 34. The boundary is also indicated by a polygon on the enclosed USGS Walton, Nebraska, topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above and on the enclosed USGS topographic quadrangle map. The boundary begins at the northwest corner of the historic district on the east side of South 70th Street approximately 500 feet south of the intersection of South 70th Street and East O Street along the east right-of-way of South 70th Street at UTM E 700352 N 4520373, and extends approximately 240 feet east from the east right-of-way of South 70th Street to UTM E 700418 N 4520374, then extends to the north approximately 300 feet to a fence line to UTM E 700415 N 4520472. The boundary then turns to the southeast along the fence line and extends for approximately 590 feet to UTM E 700534 N 4520323, then continues along the fence line to the east-southeast approximately 225 feet to UTM E 700603 N 4520321, then to the southeast along the fence line for approximately 900 feet to UTM E 700805 N 4520132. The boundary then extends to the south along the fence line for approximately 1,125 feet to the southeast corner of the property to UTM E 700809 N 4519791, then turns to the west and extends approximately 1,460 feet along the fence line to the east right-of-way of South 70th Street to UTM E 700365 N 4519782, then continues along the east right-of-way of South 70th Street to the north for approximately 1,930 feet to the beginning, encompassing approximately 57 acres.

**Boundary Justification** (Explain why the boundaries were selected.)

The National Register of Historic Places (NRHP) boundary of the Lincoln VA Hospital Historic District is the current property boundary of the Lincoln Community-Based Outpatient Clinic (CBOC) of the Veterans Affairs Nebraska-Western Iowa Health Care System, Lincoln, Nebraska. The historic district is smaller than the original hospital property because of land transfers, but the NRHP boundary includes the majority of resources historically associated with the Lincoln VA Hospital. Residential developments are currently found to the north, east, and south of the Lincoln VA Hospital Historic District. South 70th Street forms the west boundary of the historic district.

**11. Form Prepared By**

name/title Dean Doerrfeld, Architectural Historian; Patrick Thompson, Architectural Historian; Matthew McMahan,  
Architectural Historian; and Trent Spurlock, Architectural Historian

organization Cultural Resource Analysts, Inc.

date June 8, 2012

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city or town Lexington

state KY

zip code 40508

e-mail

**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.  
A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Continuation Sheets 34-38**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

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**Photographs:**

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property:

City or Vicinity:

County:

State:

Photographer:

Date Photographed:

Description of Photograph(s) and number:

See Continuation Sheet (39)

**Property Owner:**

(Complete this item at the request of the SHPO or FPO.)

name \_\_\_\_\_  
street & number \_\_\_\_\_ telephone \_\_\_\_\_  
city or town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

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

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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**Areas of Significance:** Criterion A

Politics and Government

The Lincoln VA Hospital Historic District is eligible under Criterion A in the areas of Politics and Government at the state level because of the intensive and successful political campaign conducted by the local community for Lincoln to be selected as the site for a veterans general medical and surgical hospital. This campaign to attract the federal facility to Lincoln testifies to the importance of the federal hospital as a source of local employment during both its construction and its continuing operation. This local campaign, which was conducted among several other communities within the state, illustrates the central role that political considerations played in the selection of sites for the Second Generation Veterans Hospitals. The Veterans Bureau recognized that many Nebraska veterans were being underserved because of the lack of adequate facilities within the state.<sup>33</sup> Nine cities in Nebraska were in contention for the hospital and lobbied the Veterans Bureau to choose their community for the federal facility. The chamber of commerce of Lincoln sent representatives, along with the other cities, to a meeting with the director of the Veterans Bureau in late November 1928 to discuss the attributes of each city. A newspaper article states "the chamber of commerce has printed an elaborate brief, setting forth Lincoln's claim to be considered. Before and after that, the chamber compiled every bit of data any member of the commission indicated might be of value in arriving at a decision."<sup>34</sup> In December 1928, with the congressional allocation of funding to construct a veterans hospital in Nebraska, local veterans and the Lincoln Chamber of Commerce successfully lobbied the federal government to build the facility in the capital city. The land for the Lincoln hospital, known as the Leavitt property, was acquired with a combination of federal and locally-raised funds, and 320 acres were transferred to the federal government. The property was located east of downtown Lincoln and a groundbreaking ceremony took place in early 1930.<sup>35</sup> The general construction contract for the new veterans hospital in Lincoln was awarded to a Minneapolis firm in an amount totaling over \$611,000.<sup>36</sup> Other construction contracts for the project, including plumbing, electrical, and heating, totaled more than \$223,000.<sup>37</sup> At the time of construction, jobs were scarce in the nation's heartland as a result of the Great Depression, and the wages and supplies purchased during the construction provided a much-needed economic stimulus. The regional headquarters of the Veterans Administration (VA) was relocated from Omaha to the Lincoln campus, creating what the VA referred to as a combined facility.<sup>38</sup> The placement of the VA regional office in Lincoln brought additional jobs to the area. In November 1937 the hospital had nearly 200 employees and an annual operating budget of approximately \$420,000. By December 1948 the annual operating budget had increased to between \$1.25 and \$1.5 million and the facility had nearly 400 employees.<sup>39</sup> The hospital remained important to the state

<sup>33</sup> Ernest Gross, "Cleanliness, Care and Efficiency [sic] Characterize Veterans' Facility Here," *Lincoln Journal Star*, November 7, 1937.

<sup>34</sup> "Get Veteran Hospital Here, Leavitt Farm Will Be Site," *Evening State Journal and Lincoln Daily News*, December 8, 1928.

<sup>35</sup> Jerry L. Berggren, "Historic American Buildings Survey, Bert W. Leavitt House (Veterans Administration Medical Center Building #20), HABS No. NE-41-A (Lincoln, NE: Berggren and Woll, Architects, 1989), located on the World Wide Web on the Library of Congress, American Memory, Built in America, Historic American Buildings Survey website at [http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem\\_8SYF::](http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem_8SYF::). Accessed January 11, 2011; Jim McKee, "Veterans Hospital in Its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005; "Break Ground for Veteran's Hospital Here," *Lincoln Star*, February 6, 1930.

<sup>36</sup> "Main Contract Vet Hospital Is Awarded," *Lincoln Star*, January 13, 1930.

<sup>37</sup> "More Hospital Contracts Let," *Lincoln Star*, January 22, 1930.

<sup>38</sup> Ernest Gross, "Cleanliness, Care and Efficiency [sic]."

<sup>39</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.



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and local community throughout the period of significance, as the Lincoln VA Hospital expanded to care for additional patients and continued to serve as an economic engine to the local economy.

**Health and Medicine**

The Lincoln VA Hospital Historic District is eligible under Criterion A in the areas of Health and Medicine at the state level because of the role the Lincoln VA Hospital played in the mission of the federal government through the VA to provide quality health care to the nation's veterans, primarily those who served in World War I and World War II. Thousands of veterans from Nebraska received subsidized general medical and surgical care during the period of significance that they may not have received if the federal government had not provided such treatment for them. Initial construction of the hospital provided a capacity of 197 patient beds in 1931. During fiscal year 1932 (from July 1, 1931 to June 30, 1932) the Lincoln VA Hospital had 1,507 patient admissions; of this total 1,128 were first time admissions. For the 1,504 patient discharges during the fiscal year, the patients spent an average of 40.4 days in the hospital. Nearly 1,500 surgical operations took place at the Lincoln VA Hospital during the 1932 fiscal year. On June 30, 1932, the hospital had 166 admitted patients, including: 131 general medical patients; 13 neuropsychiatric patients; and 22 tuberculosis patients. The regional offices in the Lincoln VA Hospital received over 7,800 applications for disability allowance during the 1932 fiscal year.<sup>40</sup> Four beds were added to the hospital in fiscal year 1938, raising the capacity of the facility to 201 beds.<sup>41</sup> The first major addition to the Lincoln facility occurred in 1939 with the construction of two rear return wings to the main building, which increased the patient capacity of the hospital to 250 beds.<sup>42</sup> One additional bed was added to the hospital's bed capacity during the 1940 fiscal year.<sup>43</sup> During fiscal year 1944, the capacity was increased by 128 beds for a total of 379 beds.<sup>44</sup> This was due to the increase of veterans seeking treatment during and after World War II. On June 30, 1946, the Lincoln VA Hospital continued to be designated a general medical and surgical hospital with a capacity of 379 authorized beds, composed of 280 standard beds and 99 emergency beds. Twenty-six beds were considered unavailable, leaving a total of 353 available beds classified for the following types of patients: 305 beds for general medical and surgical patients; 46 beds for neuropsychiatric patients; and 2 beds for tuberculosis patients.<sup>45</sup> At the end of the 1947 fiscal year the number of authorized beds had decreased to 340 beds comprised of 280 standard and 60 emergency beds. On June 30, 1947, the Lincoln VA Hospital had a total of 277 admitted patients, including: 240 general medical and surgical patients; one tuberculosis patient; and 36 neuropsychiatric patients.<sup>46</sup> Total authorized beds decreased for the facility again during fiscal year 1948 to 306 beds, including 26 emergency beds. The hospital had 273 admitted patients on June 30, 1948, with the vast

<sup>40</sup> *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1932* (Washington, D.C.: U.S. Government Printing Office, 1932): 84, 87, 116, 167.

<sup>41</sup> *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1938* (Washington, D.C.: U.S. Government Printing Office, 1938): 112.

<sup>42</sup> "Lincoln Facility Serves Nebraska's General Medical Patients," *National Tribune*, October 2, 1941; *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1939* (Washington, D.C.: U.S. Government Printing Office, 1939): 112.

<sup>43</sup> *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1940* (Washington, D.C.: U.S. Government Printing Office, 1941): 120.

<sup>44</sup> *Annual Report of the Administrator of Veterans Affairs for the Fiscal Year Ended June 30, 1944* (Washington, D.C.: U.S. Government Printing Office, 1944): 119.

<sup>45</sup> *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1946* (Washington, D.C.: U.S. Government Printing Office, 1947): 97.

<sup>46</sup> *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1947* (Washington, D.C.: U.S. Government Printing Office, 1948): 97.

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majority (234 patients) classified as general medical and surgical patients.<sup>47</sup> The Lincoln VA Hospital had a capacity of 300 beds on June 30, 1950, and 223 admitted patients.<sup>48</sup> The Lincoln VA Hospital Historic District continues to serve as a physical reminder of medical care provided by the federal government through the VA to veterans throughout the period of significance.

**Areas of Significance:** Criterion C

**Architecture**

The Lincoln VA Hospital Historic District is eligible under Criterion C in the area of Architecture as an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital utilizing classical revival architectural styles including elements of the Colonial Revival and Classical Revival styles. The Lincoln VA Hospital Historic District retains buildings and landscape characteristics of the general medical and surgical hospital sub-type, as buildings constructed to fulfill the needs of the hospital during the period of significance continue to exhibit the same architectural stylistic elements. The Colonial Revival and Classical Revival styles were nationally and locally popular during the period of significance and suggest a strong national pride following World War I and continuing beyond the Second World War. This architectural vocabulary was the most prevalent of those utilized for the Second Generation Veterans Hospitals, and the Lincoln VA Hospital is an excellent example of the use of the Colonial Revival and Classical Revival styles within this typology. The Lincoln VA Hospital Historic District includes characteristics of Period II general medical and surgical hospitals, consisting of a smaller campus size than other sub-types, such as neuropsychiatric hospitals; a location near town and major transportation routes; a monumental main building; only one additional patient ward building other than the main building; a kitchen/dining hall building that may also incorporate the boiler plant and station garage functions; residential quarters distanced from the central core group of administration/patient care buildings; and patient support buildings connected by an enclosed corridor. The Lincoln VA Hospital Historic District displays the spatial relationships of many Second Generation Veterans Hospitals of this sub-type, including discrete separation of patient housing and support, staff residential, and maintenance/utility activities. The Lincoln VA Hospital also utilized standardized designs employed for Period II veterans hospitals. Similar, if not identical, buildings can be found at other Period II Second Generation Veterans Hospitals of several sub-types. The monumental main building (Resource 1, 1930) is nearly identical in design and decorative elements to main buildings located at other Period II Second Generation Veterans Hospitals constructed in the late 1920s and early 1930s, including: Tuscaloosa, Alabama; Lexington, Kentucky; Newington, Connecticut; Lyons, New Jersey; and Coatesville, Pennsylvania. Other standardized designs were utilized for buildings within the Lincoln VA Hospital historic district, such as the staff residential buildings and the maintenance/utility buildings.

**Integrity**

As a historic district eligible under both Criteria A and C, the Lincoln VA Hospital Historic District should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital

<sup>47</sup> *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1948* (Washington, D.C.: U.S. Government Printing Office, 1949): 113.

<sup>48</sup> *Administrator of Veterans Affairs Annual Report for Fiscal Year Ending June 30, 1950* (Washington, D.C.: U.S. Government Printing Office, 1951): 140.



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campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the VA, to provide general medical and surgical care to veterans throughout the state. These features are often found in the overall form, massing, and scale of the buildings and their relationship to one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Lincoln VA Hospital Historic District continues to serve as a medical facility and retains much of its original appearance dating to the period of significance during which the contributing resources were constructed. Although no longer serving as an inpatient facility, the facility continues its mission to the nation's veterans through outpatient care. Contributing buildings retain most of their character-defining details, especially those exhibiting Colonial Revival and Classical Revival architectural elements. Only two major resources dating from the period of significance were demolished: the boiler plant smokestack (originally associated with the kitchen/dining hall/boiler plant/garage building, Resource 3, 1930) was torn down in 1972 following a renovation to the boiler plant and a greenhouse that was located east of the general medical building (Resource 2, 1930). The cupola of the main building (Resource 1, 1930) was removed in 1956. The removal of the cupola from the main building is one of the most visible modifications to the historic district. The cupola contributed to the main building's (Resource 1, 1930) position as the focal point of the historic district and as a local landmark by capping the top of this monumental building. The removal of the cupola after the period of significance diminishes the materials and workmanship of the main building, but its monumental size and placement within the campus on an elevated rise allow the building to continue to serve as the historic district's focal point. Therefore, although the building's integrity is diminished, it continues to be a contributing resource to the historic district. Other changes include modifications to the entry drive (Resource B) and the loss of the original entry gates. Although the historic district has lost some elements dating from the period of significance, no major contributing buildings, such as patient treatment, administrative, recreational, and maintenance/utility, have been demolished. The loss of the cupola, smokestack, and changes to the entry road do not seriously compromise the integrity of the historic district.

Moderate modifications have been made to the Lincoln VA Hospital Historic District's landscape since its construction in 1930. The original parcel contained approximately 320 acres, of which slightly more than 71 acres were used for the VA hospital campus. Portions of the parcel were determined to be surplus over time. One-hundred twenty-three acres were transferred to the Lincoln Public Schools in 1956, which became the site of Lincoln East High School, and an additional 100 acres were sold in 1958 and 1959, which eventually was developed into a residential subdivision.<sup>49</sup> A final 2.3 acres of land were transferred that held the National Register of Historic Places eligible Leavitt House, an early-twentieth-century farmhouse located on the original parcel acquired by the federal government. The house was subsequently relocated about 7 miles east of its original location.<sup>50</sup> These land sales reduced the VA's holdings to the wedge-shaped portion of approximately 57 acres that defines the boundaries of today's Lincoln VA Hospital and the historic district. Also missing from the landscape is an apparent garden that was rectangular in shape and located northeast of one of the duplex quarters (Resource 6, 1930). This landscaped garden, visible in historic photographs and an early plot plan, is no longer

<sup>49</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>50</sup> Kevin Abourezk, "Historic House at Center of Controversy," *Lincoln Journal Star*, August 13, 2000.



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extant.<sup>51</sup>

A second landscape change occurred through modifications to the main entry drive (Resource B, 1930) to the historic district. The main entrance drive (Resource B, 1930) extends to the east then southeast from South 70<sup>th</sup> Street as it passes the residential buildings (Resources 5–8, all 1930) and then curves to the south to terminate at a circular drive in front of the main building (Resource 1, 1930).<sup>52</sup> A branch of the drive continued to the north of the recreation building (Resource 4, circa 1934) and extended to the rear of the kitchen/dining hall/boiler plant/garage building (Resource 3, 1930) before ending in a circular drive to the rear of the general medical building (Resource 2, 1930), similar to the one in front of the main building (Resource 1). Alterations to the internal road system since the period of significance includes the addition of parking lots to the northwest and south of the flag pole (Resource 26, 1930). The parking lot to the south of the flag pole (Resource 26) may have been in existence during the period of significance, although this is uncertain. A secondary entrance drive was constructed during the 1980s or 1990s from South 70<sup>th</sup> Street in the southern portion of the historic district. This entrance extends to the east to the rear of the general medical building (Resource 2), past the entrance to the 1983 outpatient clinic addition of the main building, and to a parking lot in the southeastern portion of the historic district. This last parking lot was probably added for the outpatient clinic addition. The original portion of the main entrance drive (Resource B) that extends to the front of the main building continues to contribute to the historic district, as only minor widening may have occurred to it, and the original circular drive in front of the main building remains in place. The secondary entrance drive and additional parking lots diminish the characteristics of design and setting, but the paved parking lots continue to convey the open setting associated with the landscape of the historic district during the period of significance.

The landscapes of Second Generation Veterans Hospitals appear to have evolved from the earliest hospitals dating from 1919 to 1950. There was an attempt at the Second Generation Veterans Hospitals constructed during Period II (from the late 1920s through to 1950) to utilize the natural attributes of the site in the placement of buildings and development of an internal circulation system with a linear plan and sidewalks for patients, staff, and visitors. The placement of the resources created three groups of buildings, although the central core and maintenance/utility groups are in close proximity to one another. This designed landscape also provides privacy to the staff members living within the campus by placing the residential buildings at a distance from the central core buildings. The large front lawn offers a clear view of the monumental main building (Resource 1) from South 70<sup>th</sup> Street. The open spaces of the designed landscape provided the patients areas to walk and enjoy while convalescing from their illnesses and surgeries. Although the use of the land has changed and parking lots and roadways increase the amount of paved surface, the spatial configuration and relationships between main buildings remains intact. The Lincoln VA Hospital Historic District is located in a campus setting; the majority of the historic district is open, with formal landscaping confined to the areas around the buildings and along the entrance drives. The campus setting consists of relatively level topography, which slopes slightly upward from South 70<sup>th</sup> Street, mature vegetation, linear and curvilinear drives, and buildings with brick exteriors constructed in the Colonial Revival and Classical Revival architectural styles.

Changes to the historic district buildings include replacement doors, replacement windows, enclosed or partially enclosed windows for smaller openings, enclosed porches, and additions. Replacement windows are found on buildings dating from the period of significance throughout the historic district. Perhaps the most

<sup>51</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln Nebraska; United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>52</sup> United States Department of Veterans Affairs, files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

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dominant change is the removal of the cupola from the ridgeline of the main building (Resource 1, 1930). This change affected the integrity of design, materials, workmanship, materials, and feeling. Other changes, such as replacement windows, are found on the majority of buildings dating to the period of significance within the historic district. The replacement sashes are composed primarily of synthetic sashes with faux muntins that simulate pane configurations ranging from twenty-four-over-eighteen in the recreation building (Resource 4, circa 1934) to six-over-six in the residential buildings (Resources 5–7, all 1930). The manager's quarters (Resource 8, 1930) is one exception that retains windows filled with original wood, double-hung sashes. The replacement windows diminish the integrity of design, materials, and workmanship of the buildings because they do not reflect the double-hung sash originally installed. Although the replacement windows diminish integrity of the resources, the double-hung sashes that appear to have divided lights do convey the original type of sashes utilized for the buildings; therefore, the sympathetic replacements only minimally diminish the integrity characteristics of the buildings. Enclosing the full-width porches of the second and third levels of the north and south extensions of the main building (Resource 1, 1930)—presumably to create additional interior space—impacts the design, materials, and workmanship of this resource, but the former locations of all the open porches continue to be visibly recognizable, although altered. Despite these changes, the overall massing, scale, and decorative elements of the building continue to reflect the period of significance. Similar changes have occurred with the residential buildings. Porches of the nurses' quarters, manager's residence, and duplex residences (Resources 5–8, all 1930) were also modified by replacing of the original wooden balustrades with metal rails. All buildings of the central core and residential areas display other changes, such as replacement doors, modifications to window openings to accommodate doors, and louvered vents enclosing the pediment windows. Other changes include minor additions that contain stair towers or mechanical equipment, for example. Changes were also made to the maintenance/utility group. These appear to be limited to replacement pedestrian doors and new metal or vinyl segmented garage doors replacing original wood construction. Although these changes all diminish the characteristics of design, materials, and workmanship of the individual resources, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the historic district. Although none of these individual changes substantially diminish integrity, these modifications can cumulatively impact the integrity of the resources and the historic district as a whole. Even with these cumulative modifications, the resources continue to contribute to the historic district. The interiors of the majority of the buildings within the historic district, although not fully investigated, appear to have lost integrity due to alterations made over time to adapt them to changing use and standards in medical care.

The introduction of buildings and additions to the historic district after the period of significance also diminished integrity of design and setting, especially buildings or additions with large footprints or massing. Many of the buildings added to the Lincoln VA Hospital Historic District after the period of significance are small support or utility buildings, but three major construction episodes did take place: the three-story addition to the rear, central wing of the main building (Resource 1, 1930) was built in 1959; the education building (Resource 40, 1973) was constructed southeast of the recreation building; and the 25,000 square foot ambulatory care clinic addition to the main building (Resource 1 and 45, 1930 and 1983). These additions and building do not follow the architectural traditions of the Colonial Revival and Classical Revival styles exhibited by the original buildings, but the scale of the additions to the main building and the construction of the education building do not dominate the surrounding contributing buildings, and the use of brick cladding lessens the impact of the additions/building to the historic district's setting. Additionally, these additions and the education building were all constructed to the east or south of the central group, further minimizing any intrusion into the spatial organization to the front of the Lincoln VA Hospital Historic District. The Veterans Administration Medical Center (Lincoln, Nebraska) was determined eligible for listing in the National Register of Historic Places in 1980.<sup>53</sup> The outpatient clinic addition

<sup>53</sup> Gjore J. Mollenhoff and Karen Ronne Tupek, Veterans Administration Medical Center (Lincoln, Nebraska) National



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to the main building was designed to minimally impact the National Register of Historic Places eligible historic district. The only portion of the outpatient clinic addition visible to the front of the main and general medical buildings is partially below grade and appears to be a patio, while the portion of the addition oriented to the east has a lower massing than the adjacent contributing buildings. Additionally, the design, materials, and massing of the new buildings clearly date to the latter twentieth century and differentiate them from the buildings erected during the period of significance. Additional changes were made to some of the original connecting corridors. The corridor between the main building and kitchen/dining hall/boiler plant/garage building (Resources 1 and 3, both 1930) was removed during the 1959 construction of the addition to the rear central wing of the main building (Resource 1, 1930). The connecting corridor between the general medical building (Resource 2) and the main building and kitchen/dining hall/boiler plant/garage building (Resources 1 and 3) appears to have been removed with the construction of the outpatient clinic addition to the main building in the early 1980s. These additions and modifications, while diminishing integrity of design, materials, and workmanship, do not automatically render a resource as noncontributing because the historic buildings continue to retain the majority of their character defining architectural details dating to the period of significance and retain sufficient integrity to contribute to the historic district. None of the additions or buildings introduced to the historic district after the period of significance redirect the attention from the monumental main building (Resource 1, 1930), which continues to serve as the focal point of the historic district, or the buildings that flank the main building: the recreation building (Resource 4, circa 1934) and the general medical building (Resource 2, 1930).

The cumulative effect of modifications to the historic district includes the loss of some buildings, construction of buildings and additions during the second half of the twentieth century, loss of the main building's cupola, changes to the historic district's internal circulation pattern, and replacement materials. Even with these cumulative modifications, the historic district continues to convey the historic significance of the hospital during the period of significance. The evolution of the buildings and setting does not reach the point to render the historic district not eligible for listing in the National Register of Historic Places. The historic district retains the majority of resources erected during the period of significance, and the campus retains integrity of location, setting, design, materials, workmanship, association, and feeling to convey the significance of the historic district. The Lincoln VA Hospital Historic District continues to communicate its sense of time and place as a hospital constructed during the period of significance and its connection to other veterans hospitals of this typology, and it is an excellent example of a Period II Second Generation Veterans Hospital.

**Historic Narrative**

During 1928 the Veterans of Foreign Wars (V.F.W.) in Nebraska began to lobby Senator Howell of Omaha to have a newly planned veterans hospital placed in the state. V.F.W. members also solicited the chambers of commerce and mayors of larger cities in Nebraska to lobby the Veterans Bureau to locate a veterans hospital in the state. The American Legion also joined with other organizations to solicit the state's congressmen and the Veterans Bureau to place the new veterans hospital in Nebraska. The new hospital was expected to replace a leased facility in Kansas City.<sup>54</sup> The congressmen from Nebraska met with the director of the Veterans Bureau on June 1, 1928, to try to influence the placement of a hospital within their state.<sup>55</sup> On July 21, 1928, President Calvin Coolidge accepted the recommendation of the Federal Board of Hospitalization to locate a new veterans

Register of Historic Places Determination of Eligibility (Veterans Administration, Washington, D.C., 1980), located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.

<sup>54</sup> "Howell Will Aid Veteran Hospital," *Lincoln State Journal*, May 9, 1928; "Legion Will Help Get Meeting Here," *Evening State Journal and Lincoln Daily News*, May 15, 1928.

<sup>55</sup> "Confer on Hospital," *Evening State Journal and Lincoln Daily News*, June 1, 1928.



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hospital in Nebraska. The V.F.W. department commander, Nathan Grossman, stated: "War veterans have worked hard to get the hospital in Nebraska..."<sup>56</sup> Cities in Nebraska immediately began to lobby the Veterans Bureau to locate the new facility in their areas, including Falls City, Lincoln, Omaha, Crete, Fairbury, Seward, and Hastings.<sup>57</sup> Forty-two sites in and near Omaha were offered for the new hospital, with all but twelve eliminated from contention by October 12, 1928, because they did not meet the requirements set by the Veterans Bureau.<sup>58</sup> On October 18, 1928, the director of the veterans bureau, Frank T. Hines, and other officials of the federal agency inspected sites around Lincoln, Nebraska, before continuing on to the town of Beatrice.<sup>59</sup> A number of cities sent their representatives to Washington, D.C. in late November 1928 to a meeting with Director Frank T. Hines to lobby for their communities, including "Columbus, Norfolk, Kearney, Seward, Fairbury, York, Omaha, Falls City and Lincoln."<sup>60</sup> On December 8, 1928, the local newspaper broke the news that Lincoln had been selected as the site for the new veterans hospital to serve former soldiers residing in Nebraska. Three sites were in contention in Lincoln, but the Leavitt property was chosen as the site for the hospital. Colonel Frank Eager, along with R.E. Campbell of the Lincoln Chamber of Commerce, led the successful campaign to locate the new hospital in the capital city. Both federal and locally raised funds were used in acquiring the hospital reservation, located east of downtown Lincoln at the corner of 70<sup>th</sup> and East O Streets. Benjamin F. Davis deeded the 320-acre Leavitt property, as it was previously known, to the United States of America on March 27, 1929.<sup>61</sup>

The Veterans Bureau requested bids for the first phase of construction in November 1929.<sup>62</sup> The following January, the general contract for construction of the main building, general medical building, kitchen/dining hall, nurses' quarters, officers' duplex quarters, and manager's quarters (Buildings 1, 2, 3, 5, 6, 7, and 8) was awarded to the Bracker Construction Company of Minneapolis in the amount of \$611,700.<sup>63</sup> The Robinson Brothers of Pine Bluff, Arkansas, received the \$99,700 plumbing contract; Shultz and Fuhr, Inc., of Milwaukee was awarded the \$42,205 contract for electrical work; and the C.A. Cooper Company of Madison, Wisconsin, secured the \$82,020 heating contract.<sup>64</sup>

Construction began with a groundbreaking ceremony on February 6, 1930, at which Nebraska governor Arthur J. Weaver turned the first shovel for the excavation to begin.<sup>65</sup> Overseeing the initial building phase was Major Harrie A. Douglas, superintendent of construction for the Veterans Bureau. Douglas established his

<sup>56</sup> "Nebraska to Get Veterans Hospital," *Evening State Journal and Lincoln Daily News*, July 21, 1928.

<sup>57</sup> "Claim Falls City Favored By Cain," *Evening State Journal and Lincoln Daily News*, July 23, 1928; "Federal Hospital Fight is Futile," *Evening State Journal and Lincoln Daily News*, July 25, 1928; "Crete Wants New Hospital," *Evening State Journal and Lincoln Daily News*, August 27, 1928; "Fairbury After Hospital," *Lincoln State Journal*, October 13, 1928; "Viewing Hospital Sites," *Lincoln State Journal*, October 12, 1928.

<sup>58</sup> "Veterans Hospital Survey Being Made," *Evening State Journal and Lincoln Daily News*, October 16, 1928.

<sup>59</sup> "Hines Is Here and Gone," *Evening State Journal and Lincoln Daily News*, October 18, 1928.

<sup>60</sup> "Nebraska Cities Seek Hospital Site," *Evening State Journal and Lincoln Daily News*, November 28, 1928.

<sup>61</sup> "Get Veteran Hospital Here, Leavitt Farm Will Be Site," *Evening State Journal and Lincoln Daily News*, December 8, 1928; Jerry L. Berggren, "Historic American Buildings Survey, Bert W. Leavitt House (Veterans Administration Medical Center Building #20), HABS No. NE-41-A (Lincoln, NE: Berggren and Woll, Architects, 1989), located on the World Wide Web on the Library of Congress, American Memory, Built in America, Historic American Buildings Survey website at [http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem\\_8SYF](http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem_8SYF), accessed January 11, 2011; Jim McKee, "Veterans Hospital in Its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005.

<sup>62</sup> "Bids Asked on U.S. Hospital," *Lincoln Star*, November 9, 1929.

<sup>63</sup> "Main Contract Vet Hospital Is Awarded," *Lincoln Star*, January 13, 1930.

<sup>64</sup> "More Hospital Contracts Let," *Lincoln Star*, January 22, 1930.

<sup>65</sup> "Break Ground for Veteran's Hospital Here," *Lincoln Star*, February 6, 1930.

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headquarters in the Leavitt house<sup>66</sup>, a two-and-one-half-story, rusticated-concrete-block residence formerly located near the northwest corner of the hospital reservation.<sup>67</sup>

Gustav Ruge, the hospital's first patient, was admitted on December 16, 1930. Four months later, on April 22, 1931, the general medical and surgical facility at Lincoln was officially dedicated.<sup>68</sup> The regional headquarters of the Veterans Administration (VA) was relocated from Omaha to the Lincoln campus just prior to its dedication. Regional Director Charles G. Beck served as the first manager of the combined facility.<sup>69</sup>

The hospital campus originally consisted of the main hospital and regional office building (Building 1), a general medical building (Building 2), the kitchen/dining hall building (Building 3), the recreation building (Building 4), the nurses' quarters (Building 5), duplex quarters for officers (Buildings 6 and 7), the manager's residence (Building 8), a storehouse (Building 12), and the Leavitt residence, as well as a number of small auxiliary structures. These buildings occupied approximately 71.5 acres of the hospital reservation. Approximately half of the reservation's acreage was leased and under cultivation during the 1930s, and trees were planted on the greater part of the remaining acreage.<sup>70</sup>

The first major addition to the Lincoln facility occurred in 1939 with the construction of two return wings to the rear elevation of the main building (Resource 1, 1930), which increased the patient capacity of the hospital from 197 to 251 beds.<sup>71</sup> Within a decade, however, the patient population had exceeded the facility's recommended capacity by nearly 20 percent<sup>72</sup> due to the increase of veterans seeking treatment during and after World War II. New veterans hospitals were constructed at Omaha and Grand Island in order to accommodate the increasing number of patients.<sup>73</sup>

In February 1955, the Hoover Commission recommended the closure of nineteen VA hospitals, including those at Lincoln and Grand Island, drawing opposition from veterans groups. Budgetary constraints had limited the number of patients at the Lincoln facility to 183, despite the hospital's 258-bed capacity. Plans were made for the transfer of the hospital to the United States Air Force, which maintained a base at Lincoln. The Air Force requested a congressional appropriation of \$600,000 for renovations to the veterans hospital on June 8, 1955. The following week, the proposed transfer was dismissed by the House Armed Services Committee. The consolidation of the Lincoln veterans hospital with the Air Force base was again considered in July 1957, but the proposal was ultimately

<sup>66</sup> "Vet Hospital Construction to Begin Soon," *Lincoln Star*, January 30, 1930.

<sup>67</sup> Jerry L. Berggren, "Historic American Buildings Survey, Bert W. Leavitt House (Veterans Administration Medical Center Building #20), HABS No. NE-41-A (Lincoln, NE: Berggren and Woll, Architects, 1989), located on the World Wide Web on the Library of Congress, American Memory, Built in America, Historic American Buildings Survey website at [http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem\\_8SYF::](http://memory.loc.gov/cgi-bin/query/D?hh:11:/temp/~ammem_8SYF::), accessed January 11, 2011; Algis J. Laukaitis, "Historic Leavitt House Reborn as Prairie Creek Inn Bed and Breakfast," *Lincoln Journal Star*, August 2, 2010, accessed January 7, 2011, at [http://journalstar.com/news/local/article\\_2b9508fc-9e7e-11df-a2c8-001cc4c03286.html](http://journalstar.com/news/local/article_2b9508fc-9e7e-11df-a2c8-001cc4c03286.html).

<sup>68</sup> "Lincoln Facility Serves Nebraska's General Medical Patients," *National Tribune*, October 2, 1941; Jim McKee, "Veterans Hospital in Its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005.

<sup>69</sup> Ernest Gross, "Cleanliness, Care and Efficiency [sic] Characterize Veterans' Facility Here," *Lincoln Journal Star*, November 7, 1937.

<sup>70</sup> A. Westmoreland, "Historical Development of the VA Hospital, Lincoln, Nebraska," compiled at the request of manager Fred McNamara for presentation to Congressional Committee, 1937, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska; Ernest Gross, "Cleanliness, Care and Efficiency [sic] Characterize Veterans' Facility Here," *Lincoln Journal & Star*, November 7, 1937; Jim McKee, "Veterans Hospital in Its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005.

<sup>71</sup> "Lincoln Facility Serves Nebraska's General Medical Patients," *National Tribune*, October 2, 1941.

<sup>72</sup> "Nebraska from the Air: No. 7—U.S. Veterans Hospital at Lincoln, as Seen from Your Magic Carpet," *Omaha World Herald*, October 2, 1947.

<sup>73</sup> Jim McKee, "Veterans Hospital in Its 75<sup>th</sup> Year as a Lincoln Institution," *Lincoln Journal Star*, April 10, 2005.



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dropped.<sup>74</sup>

Representatives William H. Avery and Phil Weaver of the House Committee on Veterans Affairs inspected the Lincoln veterans hospital on October 27, 1955, as part of a congressional study on neuropsychiatric facilities. The following January, the VA proposed the installation of a \$239,650 neuropsychiatric ward at the hospital.<sup>75</sup>

The metal-domed, frame cupola was removed from the main building in September 1956 in conjunction with a nationwide renovation of VA facilities. According to a newspaper account the cupola was no longer structurally sound.<sup>76</sup> A movement began by the VA in the 1950s to transfer property determined to be surplus to the mission of the veterans hospitals. Large tracts of land located at the various hospitals, especially neuropsychiatric hospitals that had formerly utilized farm operations as a form of vocational therapy, were no longer needed as new veterans hospitals were being constructed in urban areas closer to medical universities. Fifteen acres in the northeast portion of the hospital's original property, northeast of the former railroad tracts, appear to have been transferred to the University of Nebraska in 1951.<sup>77</sup> Fourteen acres in the southwest corner of the Lincoln VA Hospital's property were transferred in 1955 to the local Board of Education. In March 1957, 123 acres in the southern portion of the hospital reservation were sold to the Lincoln Public Schools for \$130,857. The parcel is now the site of Lincoln East High School. Another tract comprising 100 acres was put up for auction in February 1958.<sup>78</sup> John Strauss of Strauss Brothers Construction Company was the highest bidder, offering \$300 per acre.<sup>79</sup> However, Strauss's bid was rejected as insufficient by the General Services Administration (GSA).<sup>80</sup> An anonymous Lincoln group offered \$62,000 for the property the following May.<sup>81</sup> According to a Building Number and Location Plan map revised to 1976, a 22-acre strip of land to the south of the hospital complex and a larger tract that appears to be approximately 78 acres were transferred from the hospital's ownership to individuals in 1958 and 1959. The larger tract was a modified U-shape surrounding the north, east, and south sides of the current Lincoln Community-Based Outpatient Clinic property.<sup>82</sup> The 100-acre tract has been developed as a residential community.

A \$1,097,000 renovation of the hospital's surgical suite and other facilities was approved in March 1958.<sup>83</sup> The expansion project, overseen by VA engineer Maynard L. Nichols, included a \$742,000 three-story addition to the main building's rear central wing and the purchase of \$50,000 in new equipment. The new addition was constructed by the Korshoj Company of Blair, Nebraska.<sup>84</sup>

The VA announced in January 1965 that the veterans hospital at Lincoln would cease operations within six

<sup>74</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>75</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>76</sup> "Landmark Coming Down," *Lincoln Evening Journal and Nebraska State Journal*, September 19, 1956.

<sup>77</sup> United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>78</sup> "100-Acre VA Hospital Tract on Sale Today," *Lincoln Journal*, February 19, 1958; United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>79</sup> "Strauss Bid Is Highest," *Lincoln Journal*, February 20, 1958.

<sup>80</sup> "VA Land Bids Reset," *Lincoln Journal*, March 31, 1958.

<sup>81</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>82</sup> United States Department of Veterans Affairs, files of the Engineering Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>83</sup> "\$1 Million Set for VA Hospital," *Lincoln Journal*, March 27, 1958.

<sup>84</sup> Bess Jenkins, "VA Hospital Here to Have Expanded Surgical, Lab Facilities Next Year," *Lincoln Journal*, September 2, 1959.



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months as part of a downsizing campaign that called for the shuttering of ten additional hospitals, three veterans homes, and seventeen regional offices. Democratic congressman Clair Callan expressed his criticism of the proposal in letters to the VA and to President Lyndon B. Johnson, citing the adverse economic implications of the recommended closure at Lincoln.<sup>85</sup> A committee assembled by Johnson to reassess the impacts of the proposed closure program advised that five of the eleven hospitals, including the Lincoln facility, remain in service. Johnson upheld the committee's recommendation, ordering the VA to retain these institutions.<sup>86</sup> No new patients were admitted to the veterans hospital at Lincoln between January 17 and February 12, 1965.<sup>87</sup>

The hospital's 130-foot tall smokestack was demolished in November 1972 following an overhaul of the facility's boiler system. The radial chimney was associated with the boiler plant (Resource 3, 1930). The improvements were part of a \$60,000 renovation project that also included the installation of an emergency generator and two 200,000-gallon oil storage tanks, as well as new lighting and plumbing.<sup>88</sup> A new education building (Resource 40) was constructed southeast of the recreation building in 1974.<sup>89</sup> The following year, the nurses' quarters (Resource 5, 1930) was renovated to accommodate a mental health outpatient unit.<sup>90</sup>

The VA opened a new ambulatory care clinic addition to the main building (Resource 1, 1930) at its Lincoln campus in 1985. The estimated cost of the 25,000 square foot addition was \$4 million. Clad in similarly colored brick and largely out of view from 70<sup>th</sup> Street, the outpatient clinic addition was designed to have a minimal impact on the historic character of the National Register of Historic Places (NRHP)-eligible medical center campus. As many as 40,000 outpatient visits were anticipated in the clinic's first year of service.<sup>91</sup>

The Leavitt house, along with the 2.3-acre tract on which it was located, was purchased by the Aspen Partnership in 1995 for \$226,500. The partnership's efforts to demolish the NRHP-eligible residence for the development of a hotel on the property were hindered by a deed covenant requiring concurrence with the Nebraska State Historic Preservation Office in any alterations made to the property.<sup>92</sup> The house was purchased by Bruce and Maureen Stahr in 2003 and subsequently relocated to a 100-acre farm located near Walton, Nebraska, approximately 7 miles east of its original site. The residence currently serves as the Prairie Creek Inn Bed and Breakfast.<sup>93</sup>

Inpatient services at the Lincoln VA Medical Center ceased in 1998. The following year, the Lincoln, Omaha, and Grand Island VA facilities were consolidated into the VA Nebraska-Western Iowa Health Care System.<sup>94</sup> During fiscal year 2008, the integrated health care system provided treatment for more than 46,500 veterans.<sup>95</sup>

<sup>85</sup> Nancy Ray, "Veterans Hospital to Close," *Lincoln Star*, January 13, 1965.

<sup>86</sup> "VA Will Keep Lincoln Hospital, 4 Others Open," *Lincoln Star*, June 7, 1965.

<sup>87</sup> Bob Holscher, "History."

<sup>88</sup> "Landmark to Vanish," *Lincoln Journal*, November 23, 1972.

<sup>89</sup> Bob Holscher, "History of Lincoln, Nebraska Veterans Administration Medical Center," February 5, 1979, located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>90</sup> *Veterans Administration Medical Center, Lincoln, NE, 1930-1980, 50<sup>th</sup> Anniversary Booklet* (Lincoln, NE: Veterans Administration Medical Center, 1980), located in the files of the Public Affairs Office, Lincoln Community-Based Outpatient Clinic, Lincoln, Nebraska.

<sup>91</sup> Jana Miller, "New Ambulatory Care Clinic Open at VA Medical Center," *Lincoln Journal*, March 28, 1985.

<sup>92</sup> Kevin Abourezk, "Historic House at Center of Controversy," *Lincoln Journal Star*, August 13, 2000.

<sup>93</sup> Algis J. Laukaitis, "Historic Leavitt House Reborn as Prairie Creek Inn Bed and Breakfast," *Lincoln Journal Star*, August 2, 2010, accessed January 7, 2011, at [http://journalstar.com/news/local/article\\_2b9508fc-9e7e-11df-a2c8-001cc4c03286.html](http://journalstar.com/news/local/article_2b9508fc-9e7e-11df-a2c8-001cc4c03286.html).

<sup>94</sup> "Lincoln VA Center Hosts Event to Celebrate 75th," *Lincoln Journal Star*, September 5, 2005.

<sup>95</sup> *2008 Annual Report, VA Nebraska-Western Iowa Health Care System* (Omaha, NE: Veterans Affairs Nebraska-Western Iowa Health Care System, 2008).

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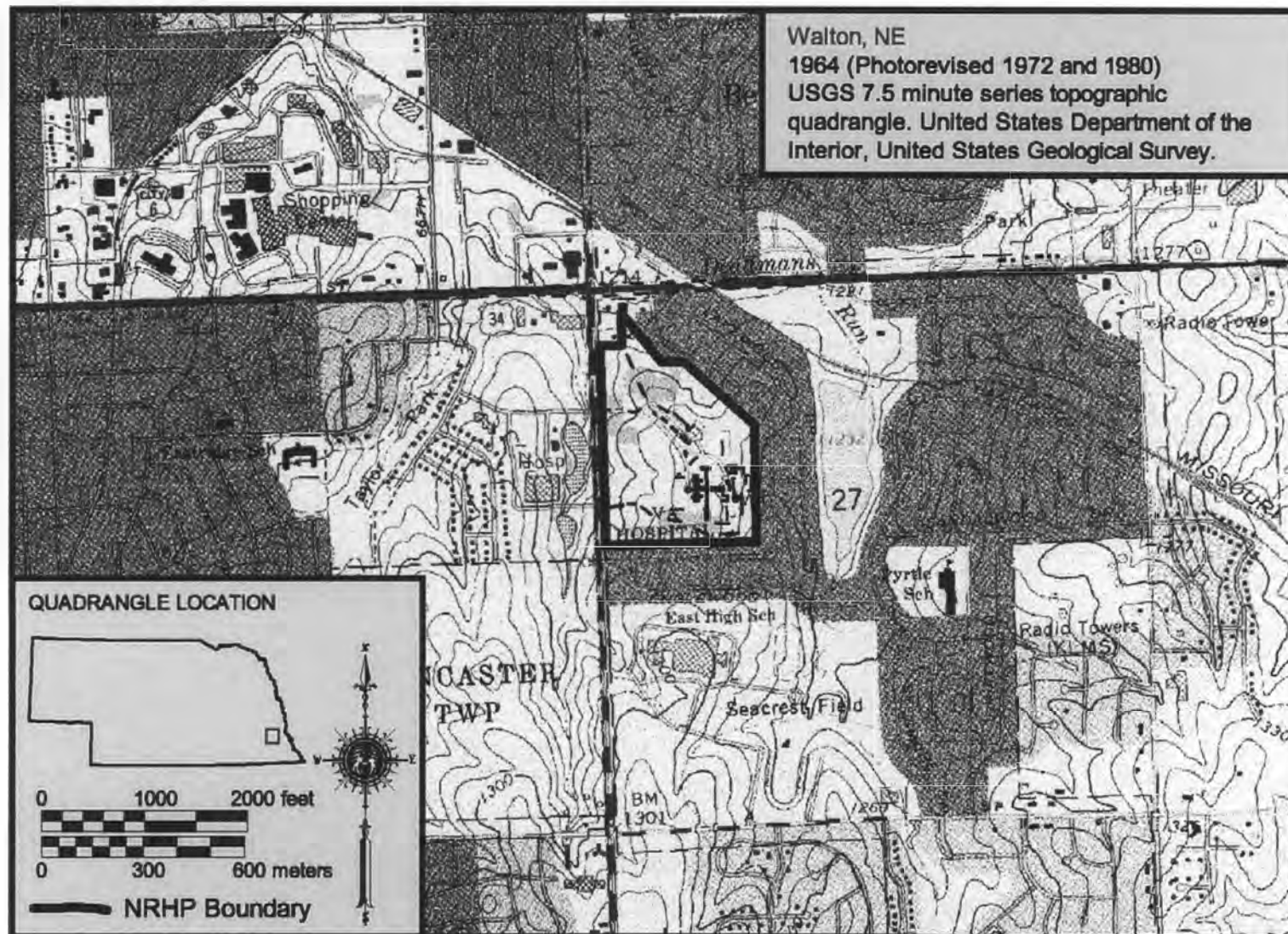
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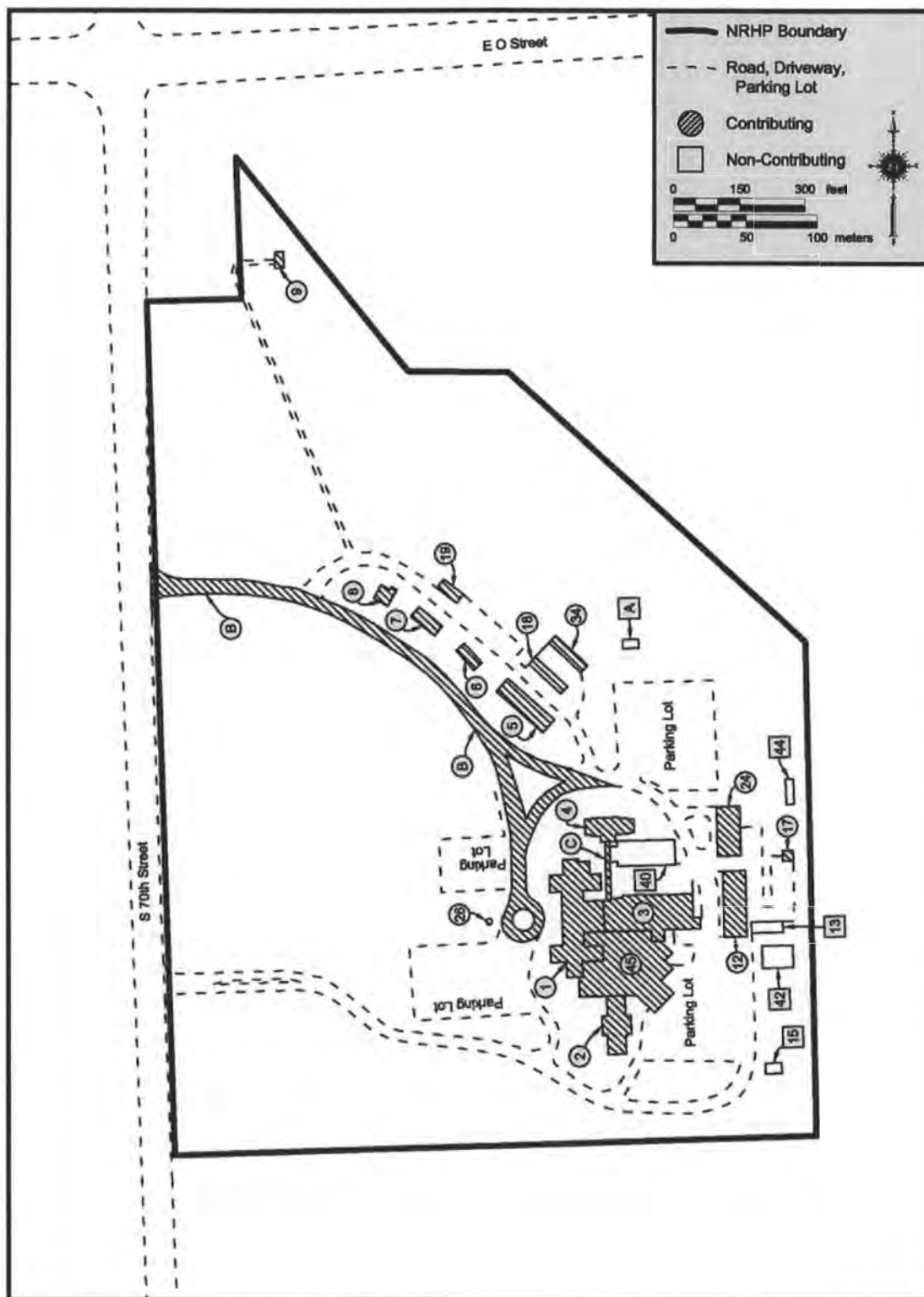


1964 (Photo revised 1972 and 1980) Walton, Nebraska, 7.5-minute topographic quadrangle map depicting the National Register boundary.

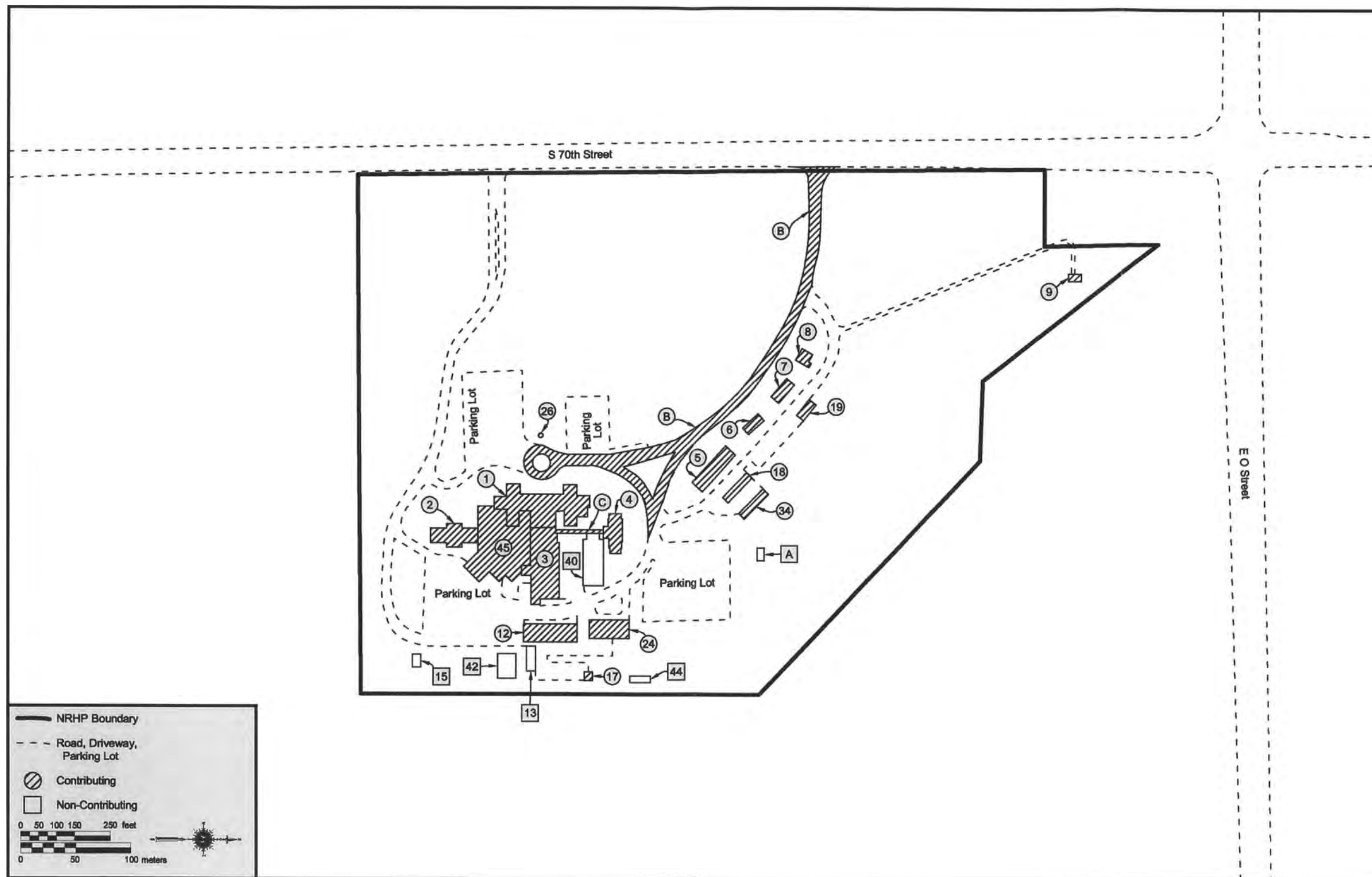


National Register boundary indicated on an aerial map.





Sketch map indicating National Register boundary, contributing and noncontributing resources.



Sketch map indicating National Register boundary, contributing and noncontributing resources. (Oversize)

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Name of Property: Lincoln Veterans Administration Hospital Historic District (same for all photos)

City, County, State: Lincoln, Lancaster County, Nebraska (same for all photos)

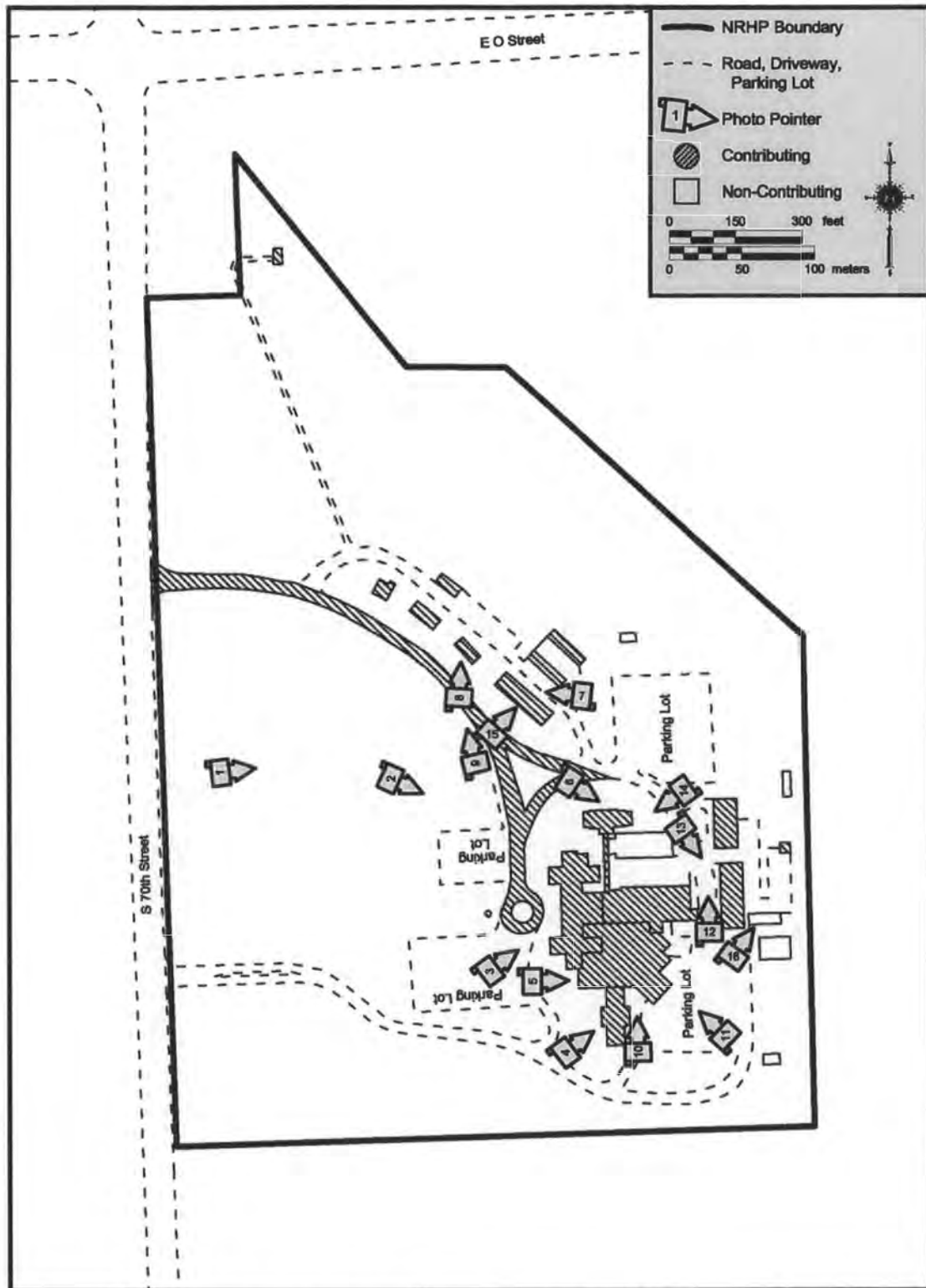
Photographer: Trent Spurlock (same for all photos)

Photo date: December 6-7, 2010 (same for all photos)

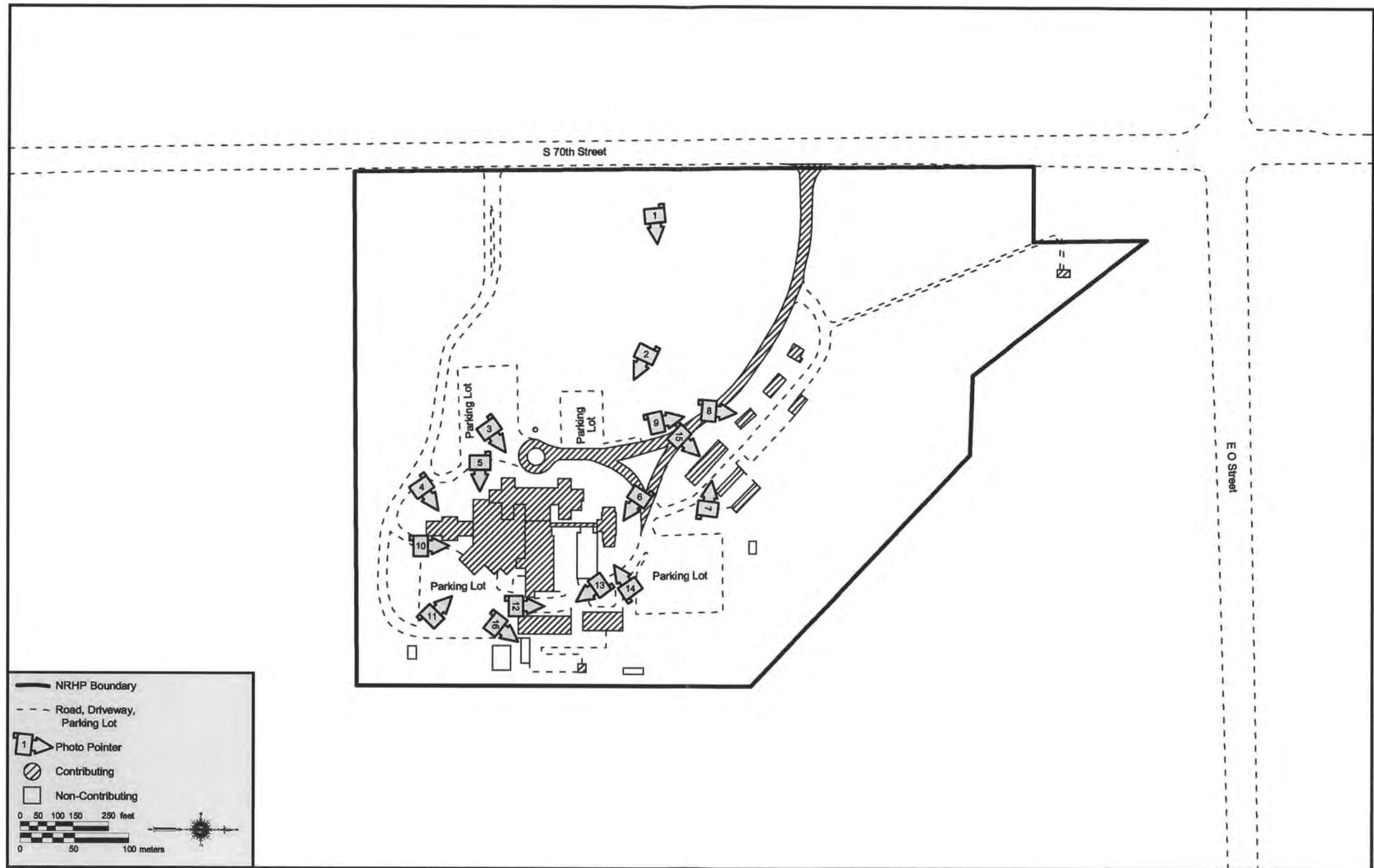
Original Negative: N/A (submitted compact disc, same for all photos)

1. View to the east to Resources 7, 6, 5, 4, 1, and 26.
2. Resource 26 and façades of Resources 1 and 2. View looking southeast.
3. Façade and south elevations of Resource 1. View looking northeast.
4. Façade and south elevations of Resource 2. View looking northeast.
5. Portion of Resource 45 between Resources 1 and 2. View looking east.
6. Façade (north) and west elevations of Resource 4. View looking southeast.
7. Rear (northeast) and southeast elevations of Resource 5. View looking west.
8. Façade (southwest) and southeast elevations of Resource 6. View looking north-northeast.
9. View looking northwest to main entrance drive (Resource B) and Resources 8, 7, and 6.
10. South and façade (southeast) elevations of Resource 45. View looking north.
11. View looking northwest to Resources 2, 45, 1 and 3.
12. View looking north to Resources 3, 24, and 12.
13. View looking south-southeast to Resources 12, 3, and 40.
14. View looking southwest to Resources 3, 40, 1, and 4.
15. View looking to the northeast to the façade (southwest) elevation of Resource 5.
16. View looking to the northeast to the west and façade (south) elevations of Resource 13.





Sketch map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet.



Sketch map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet. (Oversize)

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Lincoln Veterans Administration Hospital Historic District

MULTIPLE NAME: United States Second Generation Veterans Hospitals MPS

STATE & COUNTY: NEBRASKA, Lancaster

DATE RECEIVED: 7/27/12 DATE OF PENDING LIST: 8/24/12  
DATE OF 16TH DAY: 9/10/12 DATE OF 45TH DAY: 9/12/12  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12000785

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N  
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N  
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

☒ ACCEPT ☐ RETURN ☐ REJECT 9.10.12 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in  
The National Register  
of  
Historic Places

RECOM./CRITERIA \_\_\_\_\_

REVIEWER \_\_\_\_\_ DISCIPLINE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS - Lincoln  
VA Hospital - 0001





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0002



NE- Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0003





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals mps -  
Lincoln VA Hospital - 0004





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals mps -  
Lincoln VA Hospital - 0005



NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0006





NE - Lancaster County - 2nd Generation Veterans Hospitals MPS -  
Lincoln V A Hospital - 0007



NE- Lancaster County- 2<sup>nd</sup> Generation Veterans Hospitals MPS-  
Lincoln VA Hospital- 0008





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0009



NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals mps -  
Lincoln VA Hospital - 0010





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals mps -  
Lincoln VA Hospital - 0011



NE - Lancaster County - 2nd Generation Veterans Hospitals mps.  
Lincoln VA Hospital - 0012





NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0013



NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals mps\_  
Lincoln VA Hospital - 0014





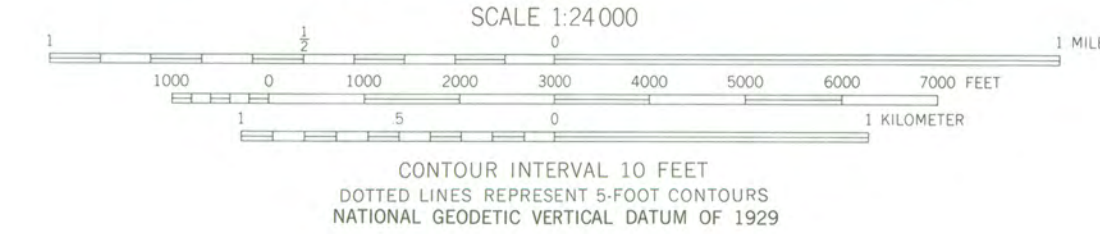
NE- Lancaster County- 2<sup>nd</sup> Generation Veterans Hospitals MPS-  
Lincoln VA Hospital- 0015



NE - Lancaster County - 2<sup>nd</sup> Generation Veterans Hospitals MPS -  
Lincoln VA Hospital - 0016



WALTON QUADRANGLE  
NEBRASKA-LANCASTER CO.  
7.5 MINUTE SERIES (TOPOGRAPHIC)



NEBRASKA

QUADRANGLE LOCATION

1964  
PHOTOREVISED 1972 AND 1980  
DMA 6665 I SE—SERIES V875

Revisions shown in purple compiled from aerial photographs taken 1972 and 1978. Map edited 1980. This information not field checked

Purple tint indicates extension of urban area





**DEPARTMENT OF VETERANS AFFAIRS**  
**Office of Construction & Facilities Management**  
**Washington DC 20420**



July 25, 2012

Paul Loether, Director  
National Register of Historic Places  
National Park Service  
1201 Eye Street NW  
8<sup>th</sup> Floor  
Washington, DC 20005

Dear Paul:

The Department of Veterans Affairs (VA) is pleased to submit the enclosed National Register of Historic Places nomination for our medical center at Lincoln, Nebraska. This is an individual nomination under our 2<sup>nd</sup> generation VA hospital multiple property cover.

If you have questions regarding these nominations, please feel free to contact me. I can be reached at 202-632-5529.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathleen Schamel".

Kathleen Schamel,  
Federal Preservation Officer