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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.

### 1. Name of Property

Historic name: Topeka Veterans Administration Hospital

Other names/site number: Colmery-O'Neil VA Medical Center

Name of related multiple property listing:

United States Third Generation Veterans Hospitals, 1946-1958

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

### 2. Location

Street & number: 2200 SW Gage Boulevard

City or town: Topeka State: KS County: Shawnee

Not For Publication:  Vicinity:

### 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.

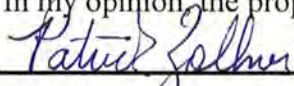
In my opinion, the property x meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

x national \_\_\_ statewide \_\_\_ local

Applicable National Register Criteria:

x A \_\_\_ B \_\_\_ C \_\_\_ D

	<u>1/22/19</u>
<b>Signature of certifying official/Title:</b>	<b>Date</b>
<u>FPO, US Dept of Veterans Affairs</u>	
<b>State or Federal agency/bureau or Tribal Government</b>	

In my opinion, the property <u>X</u> meets ___ does not meet the National Register criteria.	
	<u>12-18-18</u>
<b>Signature of commenting official:</b>	<b>Date</b>
<u>DSHPO</u>	
<b>Title :</b>	<b>State or Federal agency/bureau or Tribal Government</b>

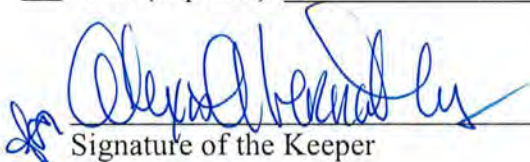
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**4. National Park Service Certification**

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:)

  
Signature of the Keeper

3/7/19  
Date of Action

**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

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**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>23</u>	<u>4</u>	buildings
<u>          </u>	<u>          </u>	sites
<u>2</u>	<u>          </u>	structures
<u>1</u>	<u>          </u>	objects
<u>26</u>	<u>4</u>	Total

Number of contributing resources previously listed in the National Register           

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**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

Health Care / Hospital

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Functions**

(Enter categories from instructions.)

Health Care / Hospital

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

Moderne  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: brick, concrete, stone, and aluminum

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

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### Summary Paragraph

The Topeka Veterans Administration Hospital serves those living in the central United States from its Shawnee County, Kansas, location in the northeastern part of the state. The veterans' hospital campus is in Topeka, the capital city, southwest of the downtown area. Residential and commercial development surrounds the almost 120-acre hospital campus; the campus is southeast of the intersection of SW 21<sup>st</sup> Street and SW Gage Boulevard, and adjacent to it, on the east, is the Kansas Neurological Institute. Together the Topeka VA Hospital and the Kansas Neurological Institute create a nexus of modern medicine in the metropolitan area (Figure 1).



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Figure 1. Aerial view of the Topeka VA Hospital in 2014 (VA). Note the Kansas Neurological Institute is to the right (east) of the VA's medical center campus.

The main entrance to the veterans' hospital is located on Gage Boulevard, on the west side of the property, while the entrance from 21<sup>st</sup> Street on the north side provides a secondary access point. Internal drives, most evident in the perimeter loop or ring road, connect the buildings of the medical center for those traveling by car while covered corridors offered similar circulation benefits to patients and staff moving on foot within the campus itself (Figures 2-3). The main buildings, designated for patient treatment and care, are located in the central portion of the property while residential quarters for staff were to the northwest. The maintenance or support buildings such as the water tower, boiler plant, laundry, and warehouse storage are set apart from the core of patient buildings and are on the southeastern part of the campus. Recreational areas, specifically athletic fields, are also to the east. Those seen to the west of the maintenance area in the aerial views are not part of the campus today; the adjacent solar panels mark the southwest corner of the nominated property. These were installed in 2014 (see Figure 1).<sup>1</sup>

<sup>1</sup> "Solar Panel Project Underway at Topeka VA Center," *Associated Press*, October 16, 2014 (*The Topeka Capital-Journal*, [www.cjonline](http://www.cjonline), accessed October 9, 2018); Ann Marie Bush, "Topeka VA installing 2629 Solar Panels,"

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The hospital buildings within the ring road lack prominent external entrance areas because of the network of connecting corridors. This absence reinforces the horizontality of the Moderne architectural style used throughout the campus, an effect created through the use of brick banding, ribbon windows, and flat roofs in the buildings (see Photo 11).

Landscape efforts are minimal and consist largely of mature trees and scattered plantings as well as the prominently sited flagpole and entranceway into the property (see Photo 1). Small surface parking lots are dispersed throughout the campus. The light hand of landscape design in the campus layout or site plan was intentional, and comes from a combination of cost consciousness and a programmatic shift from the picturesque designs of earlier veterans' hospital campuses that were viewed as outdated by the end of World War II.<sup>2</sup>



Figure 2. Topographical map in 2016 that delineates the roadways of Topeka and the internal ring road or loop of the veterans' hospital (VA). The rectangular roadway to the right (east) harkens back to the cantonment-type hospital built by the army known as Winter General Hospital before its transferal to the VA in 1945.

*The Topeka Capital-Journal*, October 15, 2014 ([www.cjonline.com](http://www.cjonline.com), accessed October 9, 2018). The VA Medical Centers in Wichita and Kansas City also received solar panels at this time.

<sup>2</sup> Lindsay Hannah, *United States Third Generation Veterans Hospitals, 1946-1958*, Multiple Property Documentation Form (draft) 2016, rev. 2017-2018, National Register of Historic Places, National Park Service, Section F (Copy on file, VA).

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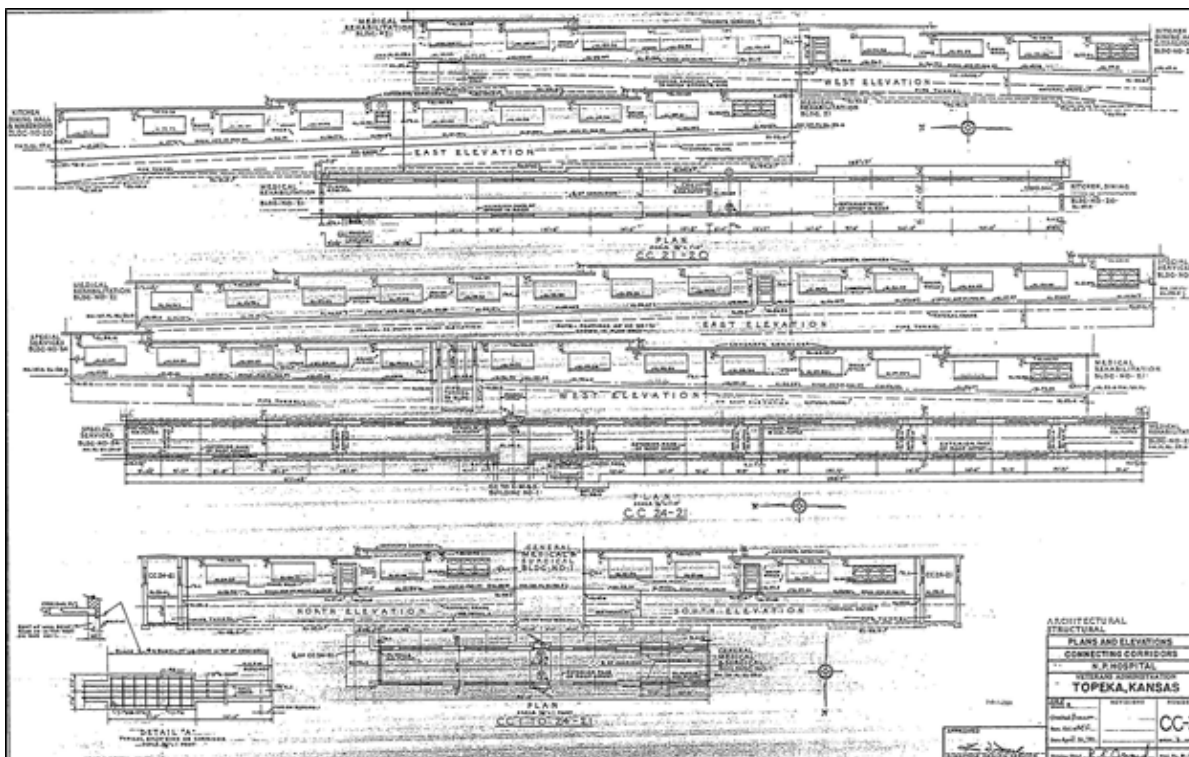


Figure 3. Architectural drawings for the covered corridors linking Building Nos. 1, 24, and 21 as an example of the internal circulation patterns of the Topeka medical center campus (VA).

The campus of the Topeka Veterans Administration Hospital, which opened in 1958, is remarkably intact with twenty-six contributing resources to the historic district proposed in this nomination. The remaining four buildings were added after 1958 and so are outside the period of significance for the Veterans Administration's program of hospital design and construction following World War II that spanned the years 1946 to 1958. The period of significance spans the years of construction and opening of the medical center (1955-1958) by the Veterans Administration.<sup>3</sup>

The new Veterans Administration hospitals of the postwar program, referred to today by the VA as the third generation of veterans' hospitals, were built in metropolitan areas where large numbers of veterans lived. They were also placed in proximity to medical schools to facilitate access to the most modern healthcare available and to support medical research, training, and staffing. The signature building of postwar, VA general medical and surgical center was a single, multistory or skyscraper main hospital where patient wards and healthcare services were clustered. In neuropsychiatric hospitals, such as Topeka's, lower-scaled buildings prevailed to accommodate patients with protracted stays and specialty recovery protocols. In the third generation of veterans' hospitals, several smaller buildings housed support or utilitarian functions for the medical center and generally were located behind or to the side of the main hospital, like those in Topeka found in the southeast quadrant. All new buildings of the third-generation hospital had exteriors clad in brick and streamlined architectural forms, here elements of the Moderne, that lent a minimalist aesthetic to the medical campuses overall. Linear qualities, planar surfaces, and

<sup>3</sup> Hannah, *United States Third Generation Veterans Hospitals, 1946-1958*.



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structural ornamentation around the building fenestration characterized the Veterans Administration's postwar hospitals.

Thus, the Topeka VA Hospital was part of an initiative by the Veterans Administration to address medical needs of veterans returning from World War II and to modernize its healthcare network nationwide. As such, it is representative of a medical center planned according to guidelines developed by the Veterans Administration from recommendations of medical and design experts, specifically for neuropsychiatric patients, a subtype of property identified in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*, listed in the National Register in 2018.<sup>4</sup> The dedication of the veterans' hospital in Topeka concluded the VA's third generation program. The Topeka Veterans Administration Hospital remains in its original location and continues to provide healthcare services to veterans. With just four noncontributing buildings in the proposed historic district, the Topeka VA Hospital retains exceptional integrity to the period of significance for design, setting, feeling, and association as well as materials and workmanship (Figures 4-7).



Figure 4. Aerial view of the Topeka VA Hospital during construction, August 1956 (Kansas State Historical Society, Copy and Reuse Restrictions Apply). Highlighted is the chapel that served the Winter General Hospital (then Winter VA Hospital) community; its location relative to the new hospital provided opportunity for continued service. This, however, was met with criticism. See Section 8 below.

<sup>4</sup> Lindsay Hannah, *United States Third Generation Veterans Hospitals, 1946-1958*, Section F.

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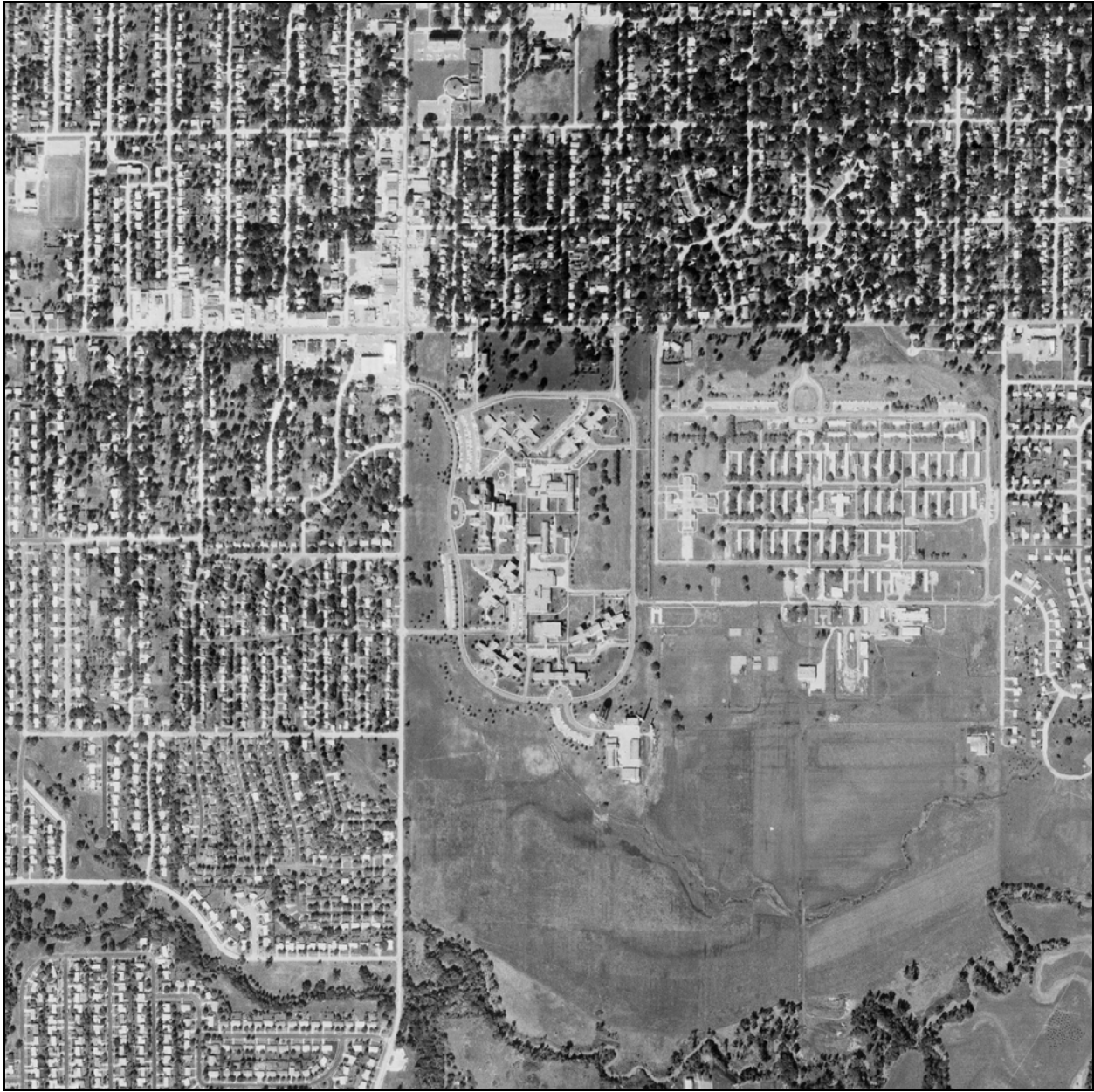


Figure 5. Aerial view of the Topeka VA Hospital and adjacent KNI campus in 1970 (VA).



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Figure 6. Aerial view of the Topeka VA Hospital and adjacent KNI campus in 1991 (VA).

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Figure 7. Aerial view of the Topeka VA Hospital and adjacent KNI campus in 2008 (VA).



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## Narrative Description

The Topeka VA Hospital contains twenty-six contributing resources and four noncontributing resources within the boundaries of the proposed district in this nomination. The boundary is outlined on the (1987) site map shown here for reference in locating the resources described (Figure 9). The main building, for both patients and administrative personnel initially, is set on axis with the west entrance from Gage Boulevard and the U.S. flagpole. A ring of patient buildings, identified by the VA as Building Nos. 2, 5, 4, 3, 9, and 6, extend counterclockwise from this main focal point and are linked by connecting corridors. The Chapel (No. 23) was built off the connecting corridor between the Main Hospital Building (No. 1) and the Patient Treatment Building to the north (No. 6) in the 1960s.

Utilitarian buildings (Nos. 40-47) are primarily to the southeast (lower left on the site map) and located near the entrance from 21<sup>st</sup> Street to the north; these are the water pump and gas meter buildings (Nos. 45 and 50). Also on the north side, adjacent to the water pump and gas meter buildings, is Building No. 269. This building was on site and adapted for the hospital's use in 1958. Its presence is difficult to discern in the 1948 aerial photograph due to tree cover; however, the VA inventory ascribes a 1947 date to its construction. Another water pump building (No. 58) was constructed in the southwest quadrant of the campus close to Gage Boulevard.

A residential quarter, separate from the patient treatment areas and outside the ring road, was in the northwest quadrant of the campus. Two quarters for staff housing were constructed in 1958 in proximity to an existing domestic building (No. 273). The new buildings were examples of the relatively unusual phase of Moderne architecture, characterized by contrasting brick and trim colors, projecting flat roofs, and corner windows, all indicative of the streamlined aesthetic (Figure 8). They were demolished in 2017.

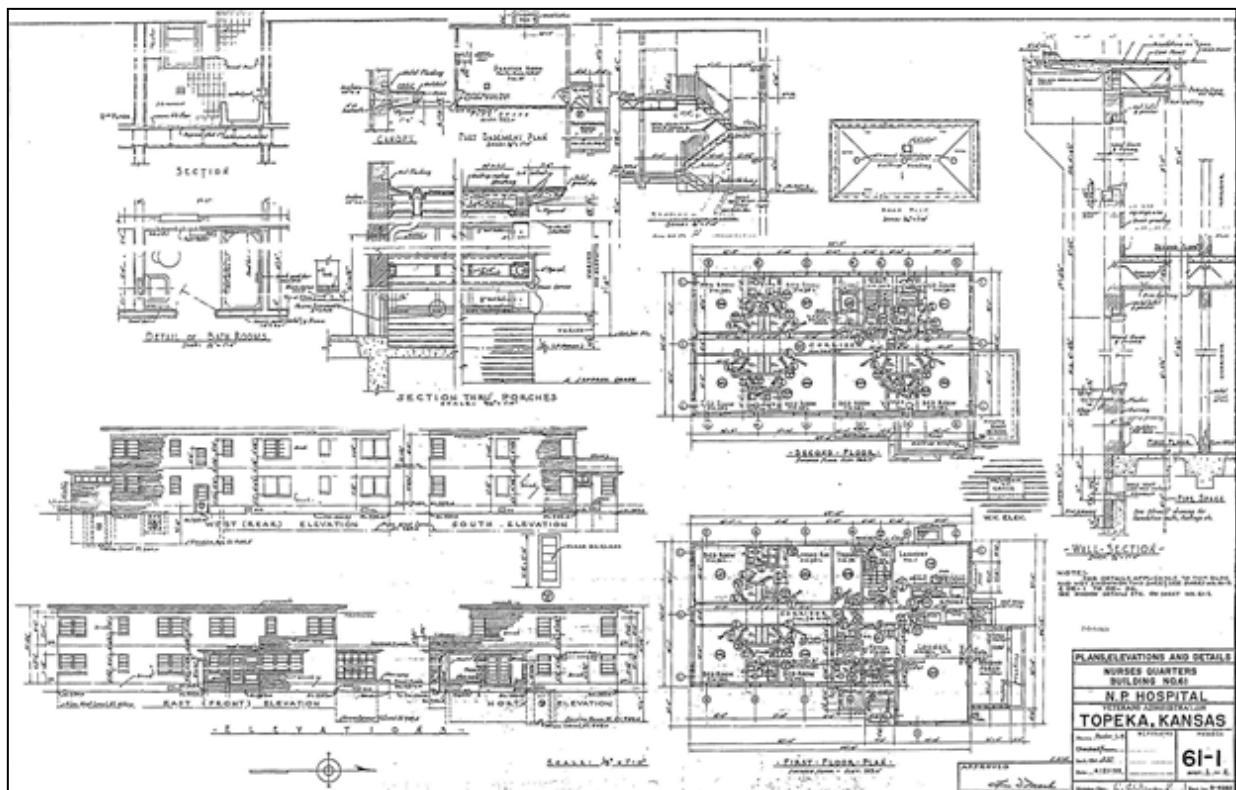
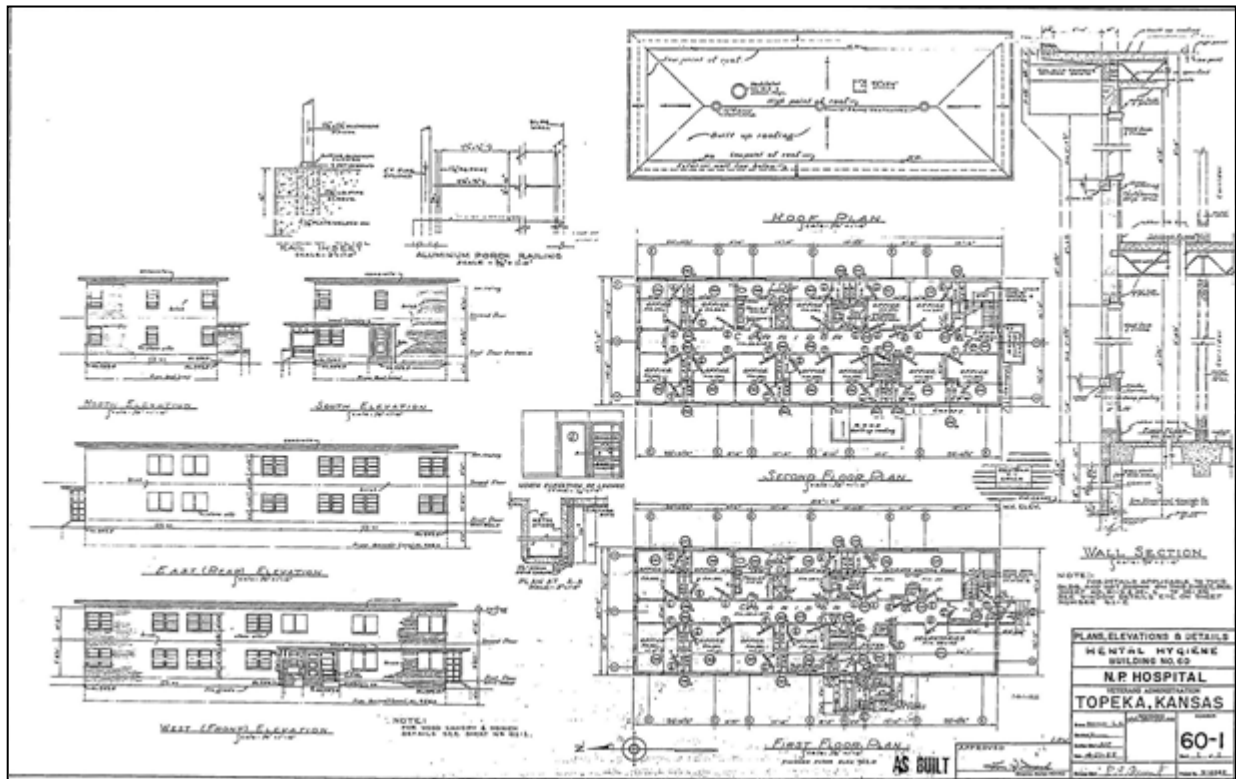
Inside the ring road and within the patient treatment buildings are the dining hall and recreational areas, such as the gymnasium, and vocational and special service areas.



Figure 8. (above) Perspective view looking northeast to the attendants' quarters (mental hygiene) building, 2013; and (below) architectural drawings for the quarters (Building Nos. 60 and 61), 1955 (VA).

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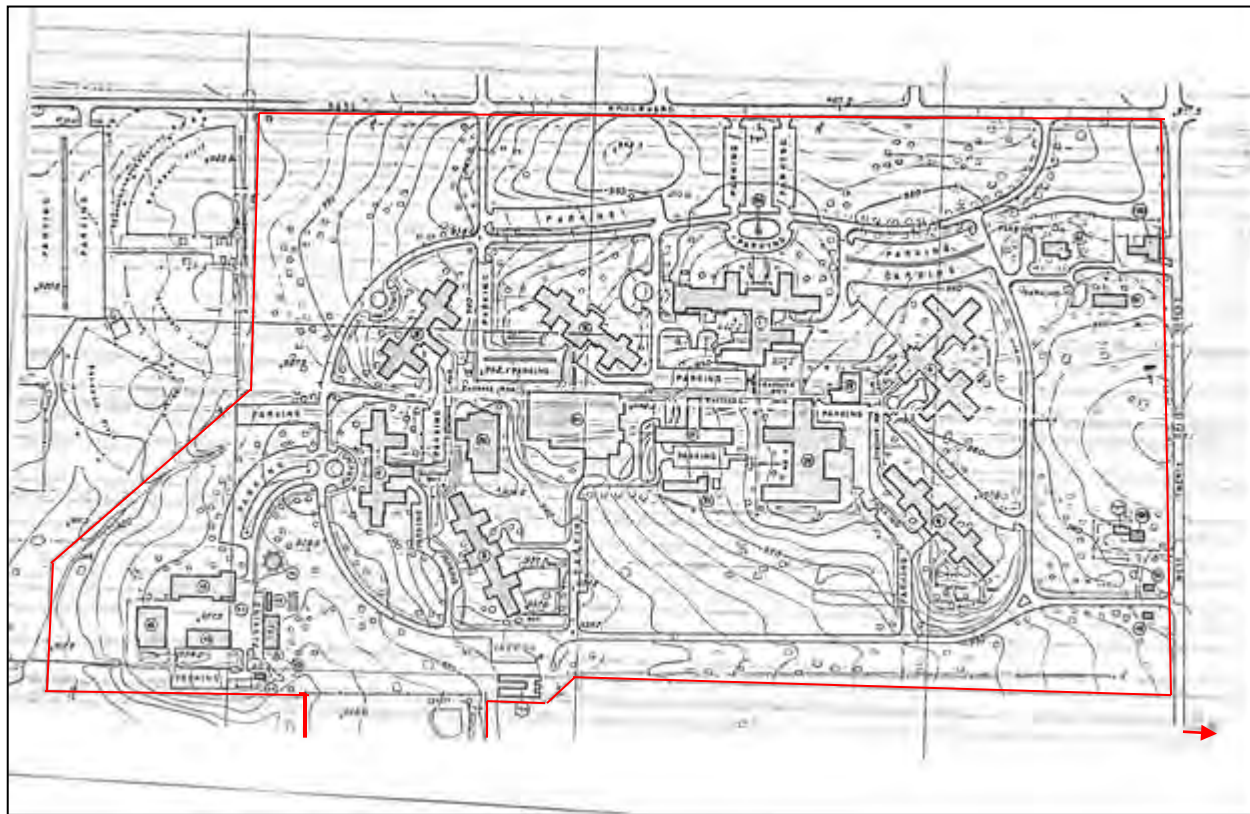


Figure 9. Site map (1987) of the Topeka VA Hospital (VA). Note north is to the right, and the boundary of the proposed historic district is drawn in red. See Section 10 below.

### Contributing Resources (26)

**Buildings (23):** Main Hospital Building (Building No. 1), Admission and Treatment Building (Building No. 2), Patient Treatment Building (Building No. 3), Continued Treatment Building (Building No. 4), Continued Treatment Building (Building No. 5), Patient Treatment Building (Building No. 6), Womens Building (Building No. 9), Dining/Kitchen/Warehouse (Building No. 20), Medical Rehabilitation Building (Building No. 21), Special Services (Building No. 24), Gymnasium/Pool (Building No. 25), Boiler House (Building No. 40), Laundry (Building No. 41), Warehouse (Building No. 42), Utility Shops (Building No. 43), Incinerator (Building No. 44), Water Pump Building (Building No. 45), Gas Meter House (Building No. 50), Greenhouse (Building No. 51), Water Pump Building (Building No. 58), Housekeeping Quarters (Building No. 269), Day Treatment (Building No. 273), and the Connecting Corridors.

**Structures (2):** Water Tower (Building No. 46), Chimney (Building No. 47)

**Objects (1):** U.S. Flagpole (Building No. 26)



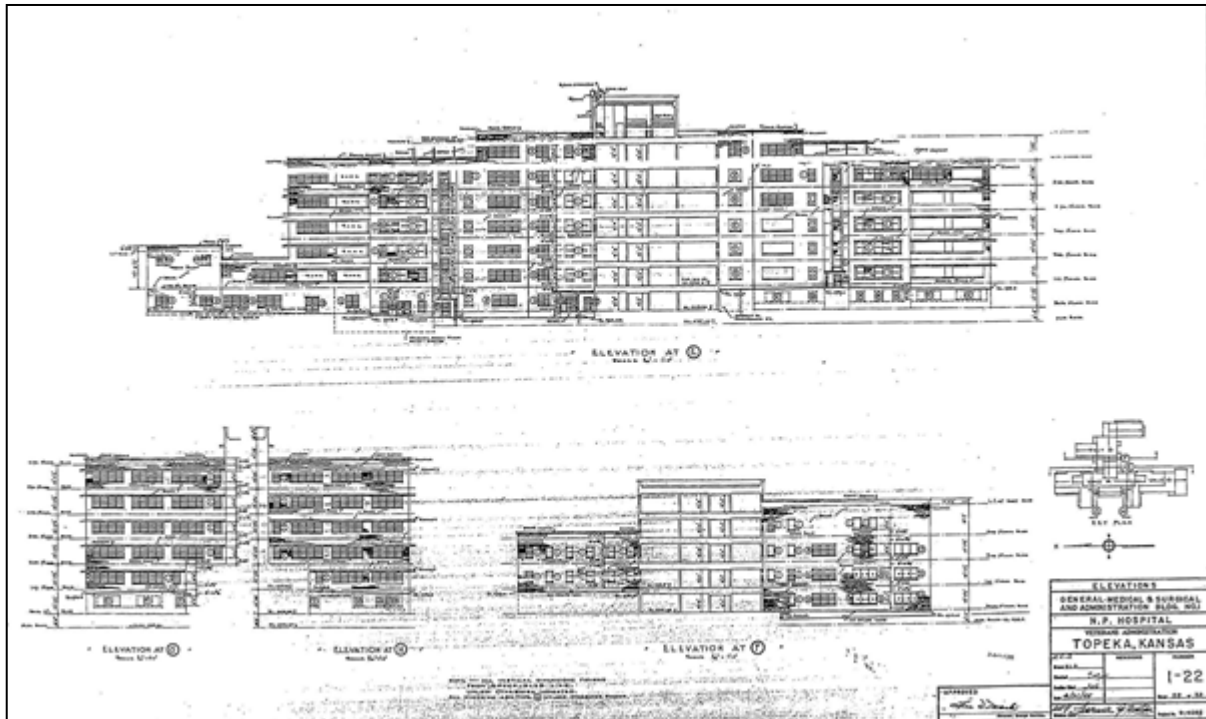
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**Buildings**

Building No. 1

Historic Use / Present Use: Administration / Primary Care  
Year Built: 1958



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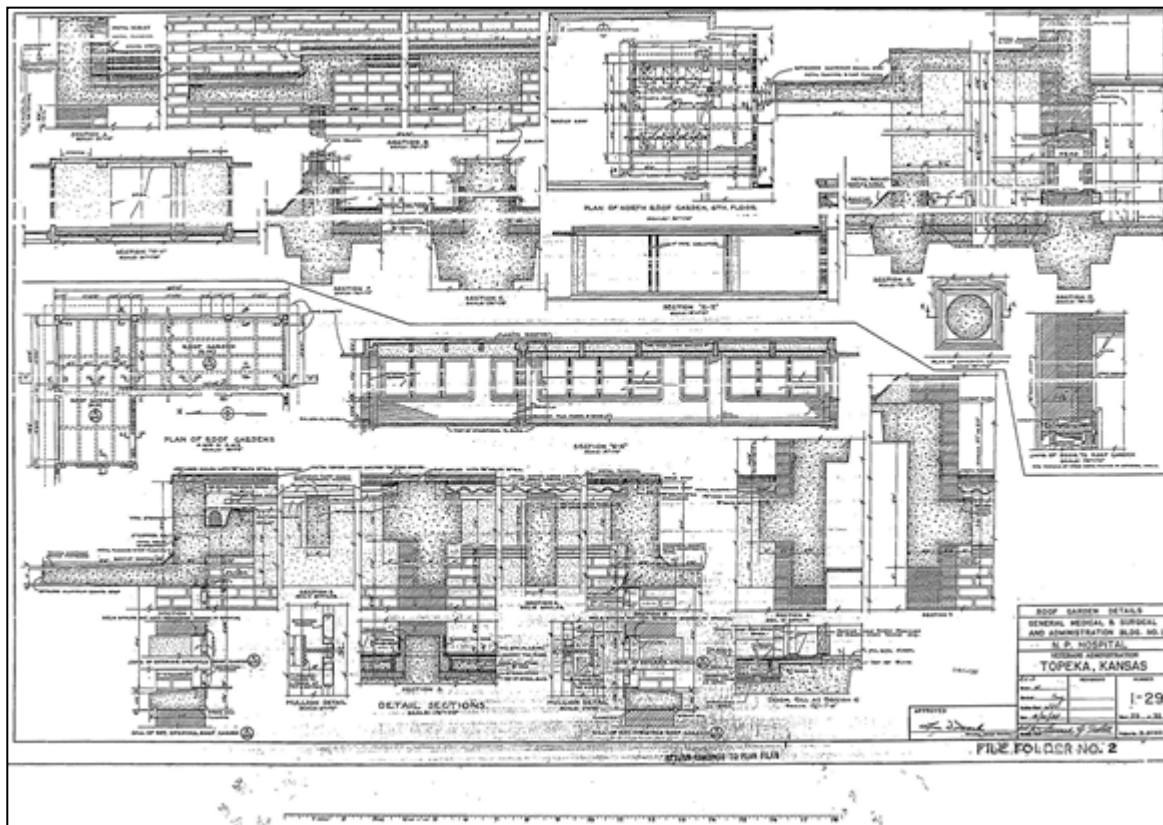
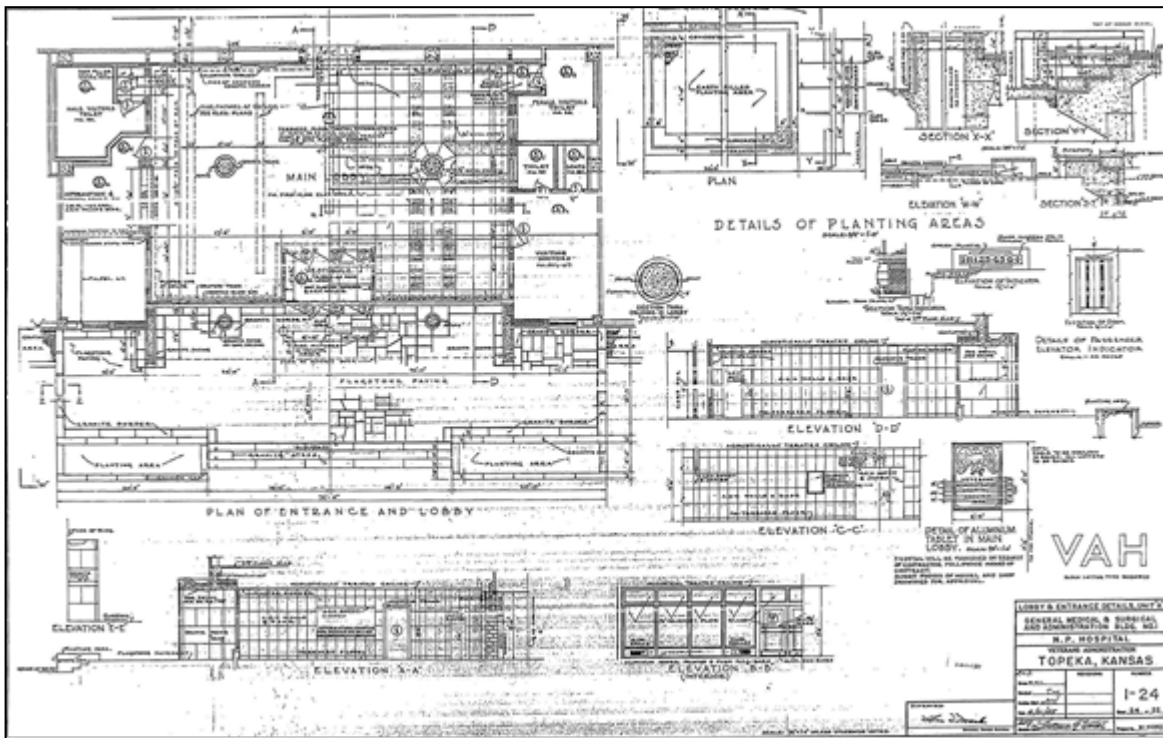


Figure 10. Architectural drawings for the Main Hospital building (No. 1) of the Topeka VA Hospital, 1955 (VA).

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The Main Hospital Building (No. 1) of the Topeka VA Hospital is a seven-story building oriented west, towards Gage Boulevard. The entrance is sited on axis with the flagpole (see Photo 1). The exterior is clad in tan brick, an exterior finish virtually ubiquitous for the new facilities developed under the Veterans Administration's postwar or third generation of hospital design and construction. The building has an irregular footprint and flat roof (see Photos 2-3).

The Main Hospital Building of the Topeka VA Hospital campus is representative of the architectural program adopted by the Veterans Administration following World War II in a modernization of its healthcare network. The building exterior is devoid of extensive ornamentation. Shallow canopies extend above each course of windows, except those on the east (rear) elevation. When combined with the flat roof and bands of windows, the projections emphasize the horizontality of the building massing overall. The main block is stepped, from the seven-story height of the penthouse in the central section down to the six-story, main elevation to five-story ends. A two-story section wraps around the southern end of the building. Two five-story wings project from the west elevation.

The entrance is centrally located on the west (front) elevation. When the Topeka VA Hospital opened, the original entrance was recessed; an extended covered walkway now indicates the main doorway. A change in fenestration pattern adds further emphasis to the entrance. Here single windows mark the second floor while on the remainder of the front façade windows are in groups of four.

Building No. 2

Historic Use: Admission and Treatment

Present Use: Mental Health Services

Year Built: 1958



(General view looking to Building No. 2, courtesy Frances Smith, VA, 2018)

Located to the south of the main building of the hospital campus, the Admission and Treatment Building (No. 2) is a four-story, brick clad building oriented towards the northwest (see Photo 4). As with many of the original buildings on the campus, it features an elongated rectangular footprint of a linear section intersected by shorter, intersecting blocks. Like the Main Hospital Building (No. 1), the Admission and Treatment Building has shallow, continuous canopies delineating the banks of windows at each floor. Concrete bands underscore the windows. However, unlike its larger neighbor to the north, this building

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has different cladding at its center. The stone panels are lighter in color than the surrounding brick, emphasizing the central three bays and entrance. The two-story entrance is accented further by a shallow canopy. Most windows are clustered together in groups of four and, while many have been replaced, the fenestration patterns remain intact. A flat roof tops the building.

Building No. 3

Historic Use: Patient Treatment  
Present Use: Mental Health Services  
Year Built: 1958

Located at the southeast end of the southern cluster of patient treatment buildings (Nos. 3-5), this rectilinear building exhibits the same tan brick exterior, shallow canopies, and flat roofs as its counterparts. The Patient Treatment Building (No. 3) is three stories in height with a projecting penthouse at the center that lends it a stepped appearance (see Photo 6). The two-story, projecting entrance clad in stone panels matches that of the Admission and Treatment Building (No. 2). Replacement windows retain the original clustered fenestration pattern. The connecting corridors of the campus adjoin the building at its southwest end. At the northeastern section of the building, a tall brick wall encloses an exercise yard a built for patients' use (see Photo 7). Laid in common bond, the tan brick of the wall matches the brick of the original (1958) buildings on campus. A large gate punctures the wall at the midpoint of the northern stretch.

Building No. 4

Historic Use: Continued Treatment  
Present Use: Nursing Home Care Unit  
Year Built: 1958





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(General view looking to the entrance of Building No. 4 and an interior view of the pavilion, courtesy Frances Smith, VA, 2018)

Building No. 5

Historic Use: Continued Treatment

Present Use: Administration

Year Built: 1958



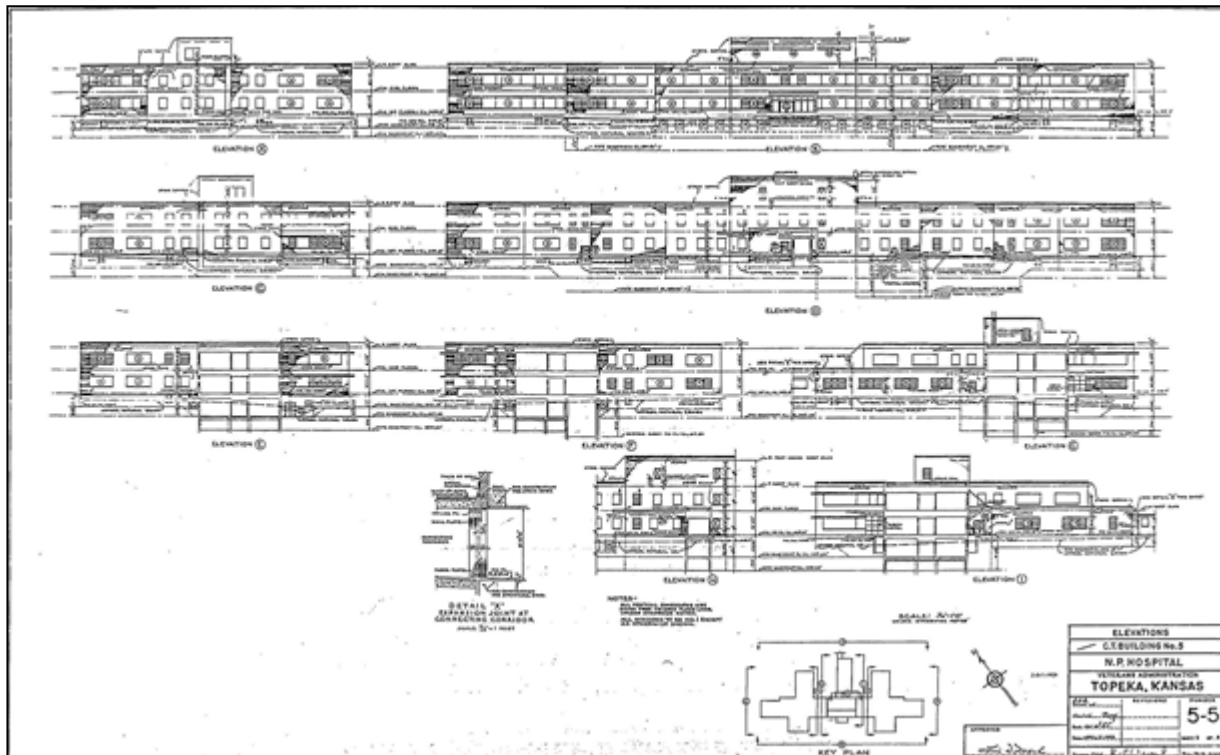
(General view looking to Building No. 5, Frances Smith, 2018)



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At the southern end of the ring of patient buildings, the Continued Treatment Buildings (Nos. 4 and 5) are essentially identical. Both are three stories in height and have rectilinear footprints resembling an elongated H. The center building (No. 4) is oriented towards the south and linked by the covered, connecting corridors extending from the north, or main campus area, while its neighboring building to the west (No. 5) looks to the southwest corner of the campus. The corridor system ties into this Continued Treatment Building in a similar location – to the rear elevation and central wing – to that of Building No. 4. The central portion of each building houses mechanical equipment in a penthouse, resulting in stepped flat roofs. Despite the penthouse, the massing of these two buildings is horizontal and in keeping with the other Moderne buildings of the campus. The horizontality is created through banks of windows, underscored by bands of concrete and shielded by shallow canopies, and minimal pavilions at the entrances.



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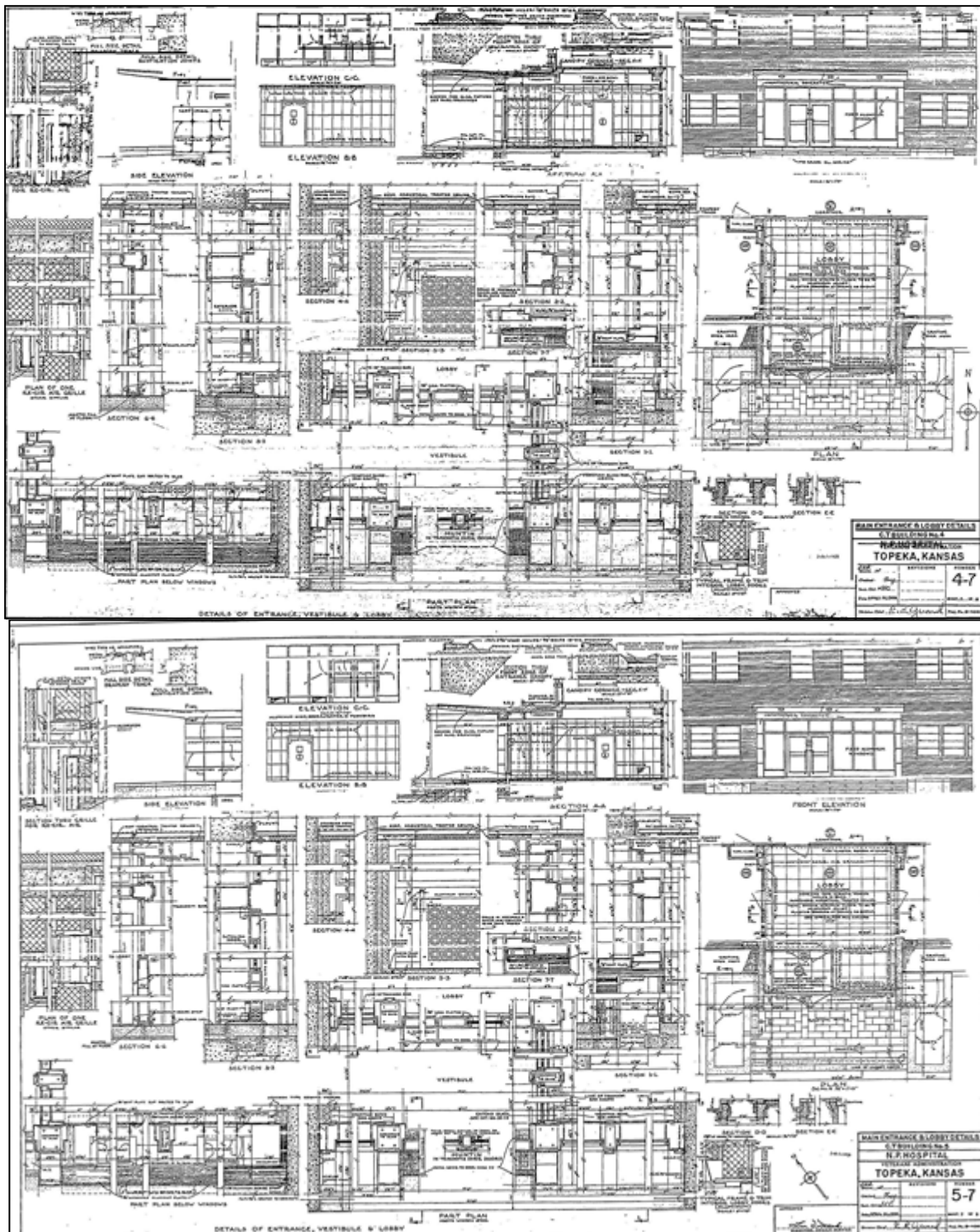


Figure 11. Architectural drawings showing Building No. 5 in elevation as well as the entrances and lobby areas of Building Nos. 4 and 5 in April 1955 (VA).

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Building No. 6  
Historic Use: Patient Treatment  
Present Use: Nursing Home Care Unit  
Year Built: 1958



(View of the north side of Building No. 6, courtesy Frances Smith, VA, 2018)

The two-story, Patient Treatment Building (No. 6) sits to the north of the Main Hospital Building (No. 1) and is just one story above grade. Currently a nursing home care unit, the building has an irregular rectilinear footprint, a tan brick exterior, and a flat roof. Following the architectural lead of the other original (1958) buildings on campus, the shallow canopies and concrete sills delineate the windows. Unique to this building is an entrance enclosure made of concrete that pushes the main door towards the southwest of the front façade and encloses a vestibule that creates an air dam. The side panels of the enclosure feature limited, repeating geometric decorative patterns. The Patient Treatment Building is tied into the connecting corridor network at the southeast end of its northwest/southeast extension (i.e., toward the center of the campus) and a wall encloses an exercise yard to north.

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Building No. 9  
Historic Use: Womens Building  
Present Use: VA Health Revenue Center  
Year Built: 1958



(General view looking to Building No. 9, courtesy Frances Smith, VA, 2018)

The Womens Building (No. 9) is located in the northeastern quadrant of the medical center campus. While set apart from other buildings in plan, it is linked by the corridors at the southwest end elevation. The front façade, and main entrance, is on the northwest. The three-story building matches the general architectural style of the Moderne campus, including tan brick exterior, flat roof, shallow canopies delineating the bands of windows, and a rectilinear footprint. A mechanical penthouse extends above the roof line at the center of the building, and the entrance adds emphasis to the center section through the use of a projecting portion clad in stone panels similar to that seen in Building Nos. 2 and 3 (Figure 12).



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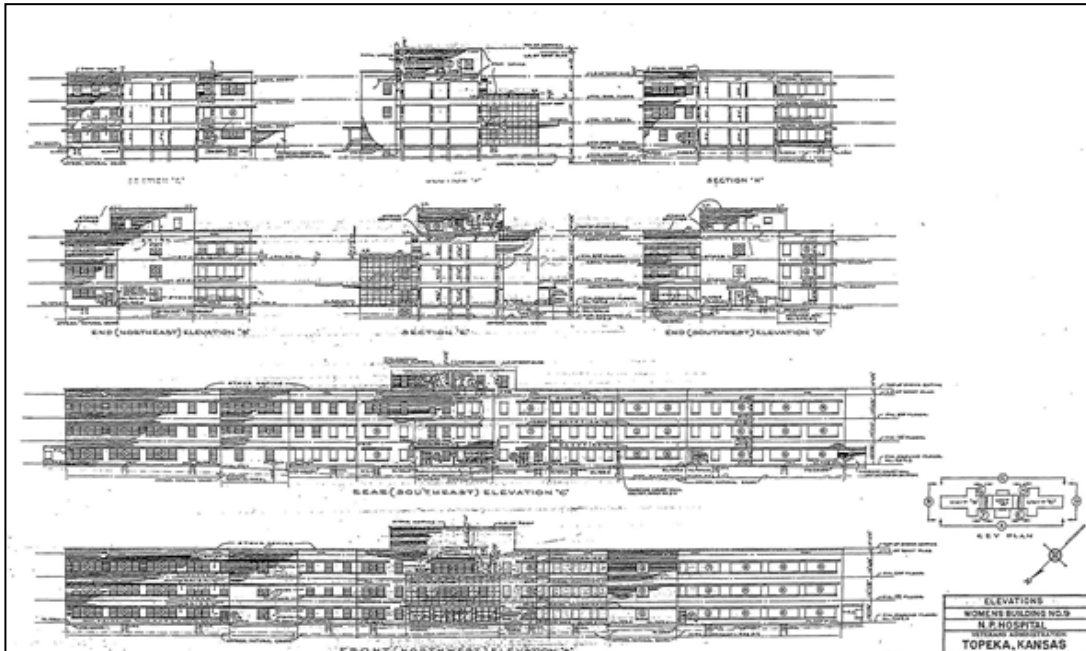


Figure 12. Architectural drawings of the elevations of the Womens Building in 1955 (VA).

Building No. 20

Historic Use / Present Use: Dining Hall / Kitchen / Warehouse  
Year Built: 1958



(Perspective view, courtesy Frances Smith, VA, 2018)



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The Dining Hall, Kitchen, and Warehouse (No. 20) is tucked behind the connecting corridors to the east of the Admission and Treatment Building (No. 2). In fact, most approach the building through the connecting corridors on the west side and, reflective of this circulation pattern, the building lacks a focal entrance and lobby (Figure 13). The Dining Hall, Kitchen, and Warehouse has an irregular footprint with a loading dock on the northeast elevation. Just one-story, it has the same tan brick cladding, flat roof, and utilitarian appearance as the other original buildings of the medical center; it also has an openwork aluminum sunshade that encircles the building just above the windows. The original multi-pane windows appear to be intact.

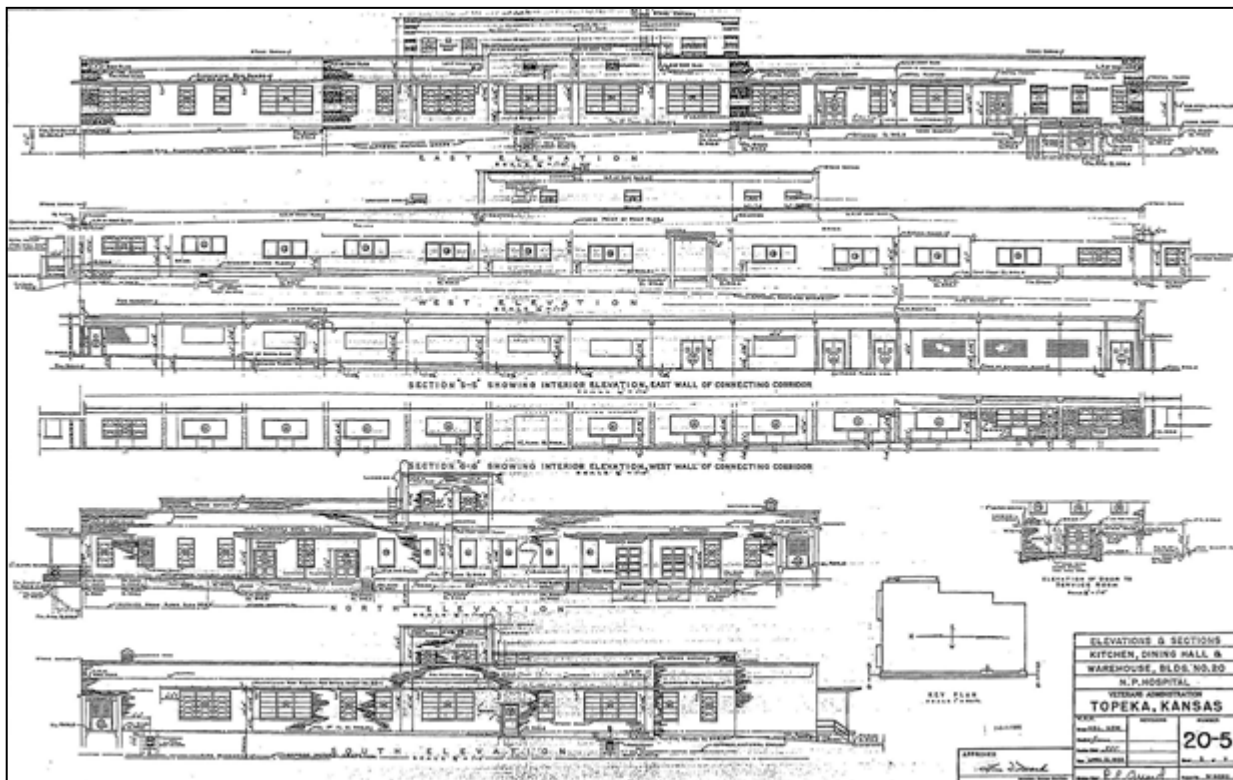


Figure 13. Architectural drawings for Building No. 20 showing the elevations and a sectional detail of the interior wall elevation of the connecting corridor, 1955 (VA). Note the key plan in the bottom right that provides the building footprint, essentially rectangular with a stepped east elevation that makes the north elevation deeper than the south.

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Building No. 21

Historic Use: Medical Rehabilitation

Present Use: Mental Health Services / Vocational Rehab

Year Built: 1958



(Perspective view, courtesy Frances Smith, 2018, VA)

Located to the north of Building No. 20, this one-story building has a T-shaped footprint. It is linked to the hospital at the west end via the connecting corridors. Tan brick, a flat roof, and an openwork aluminum sunshade distinguish this building, much like its Dining Hall, Kitchen, and Warehouse neighbor to the south (No. 20). A loading dock marks the southeast corner. The original multi-pane windows are extant.

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Building No. 24  
Historic Use: Special Services  
Present Use: Canteen / Recreation  
Year Built: 1958



(General view, courtesy Frances Smith, 2018, VA)

The Special Services Building is located to the north of the Medical Rehabilitation Building (No. 21) and is to the east of the connecting corridors running north to south linking Building Nos. 20, 21, 23, and 24 before the fork extending to the Patient Treatment Building (No. 6) at the northwest and the Womens Building (No. 9) at the northeast. The building for Special Services (No. 24) is two stories tall and clad in a tan brick. The building features an irregular but rectilinear footprint with wings extending to the north and south of a central block. Most patients would enter the building by way of the connecting corridors; therefore, the building does not have a prominent entrance on the exterior. A small enclosed vestibule sits at the north end of the west elevation. Because part of the building houses the theater, the south end of the west elevation lacks the extensive fenestration of large multi-pane windows found on other elevations.



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Building No. 25  
Historic Use / Present Use: Gymnasium / Pool  
Year Built: 1958



(Perspective view, courtesy Frances Smith, 2018, VA)

Located between the Continued Treatment Building (No. 4) at the south end of the inner ring road and the Dining Hall, Kitchen, and Warehouse (No. 20) to the north, this building (No. 25) houses recreational facilities for the hospital (Figure 14). The Gymnasium and Pool (No. 25) has a largely rectangular footprint, with a shallow curve in the west elevation to accommodate the pool. The building is clad in a tan brick, as are the other original (1958) buildings on campus, and the exterior is augmented by unadorned pilasters. The entrances on the north elevation are bracketed by shallow brick walls with geometric openwork. Large steel windows with fixed lower panes and upper pivot windows mark the western portion of the building, while smaller steel frame windows set in the upper portion of the exterior wall are found on the eastern section. The eastern section is slightly taller, giving the building a stepped appearance that is enhanced by the flat roofs.



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Building No. 40  
Historic / Present Use: Boiler House  
Year Built: 1958



(Perspective view, courtesy Frances Smith, 2018, VA)

A cluster of buildings that house support functions for the medical center sits at the southeastern corner of the hospital campus. These include a boiler house. The Boiler House (No. 40) is oriented to the south and to the central yard created by the placement of the other support facilities (see Photo 9). It has a rectilinear footprint, like most of the buildings on campus, and is clad in tan brick. In volume, the building encloses one story but stands at approximately two stories in height with a small penthouse at the northwest corner (Figure 15). Large steel frame windows featuring a mix of fixed and pivot windows line the south elevation. Two pedestrian doors are found on the south elevation, but neither entrance is elaborately marked.



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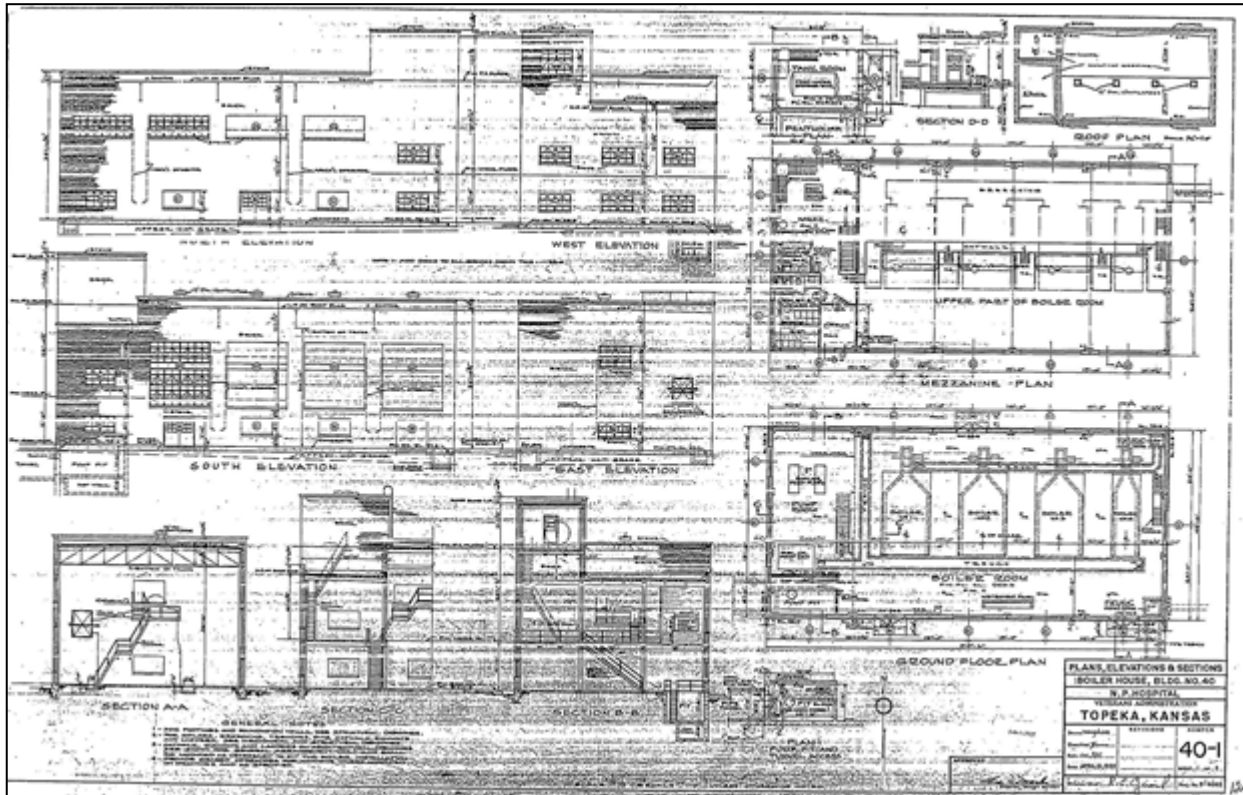


Figure 15. Architectural drawing showing the Boiler House in plan, section, and elevation, 1955 (VA).

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Building No. 41

Historic Use: Laundry

Present Use: Carpentry and Paint Shops

Year Built: 1958



(Perspective view, courtesy Frances Smith, 2018, VA)

Part of the complex of support facilities at the southeastern corner of campus, the hospital's Laundry Building features a rectangular footprint, utilitarian appearance, and multiple sections with flat roofs. The building is oriented towards the east. The majority of the Laundry (No. 41) is clad in the same tan brick as the other (1958) original buildings on campus, but a small addition at the south end is sheathed in corrugated metal. Near the northern end of the building, a two-story section rises above the surrounding one-story building (Figure 16). The Laundry is devoid of elaborate architectural ornament. Steel windows line the elevations, with larger windows situated on the west elevation and are likely original to the period of construction.

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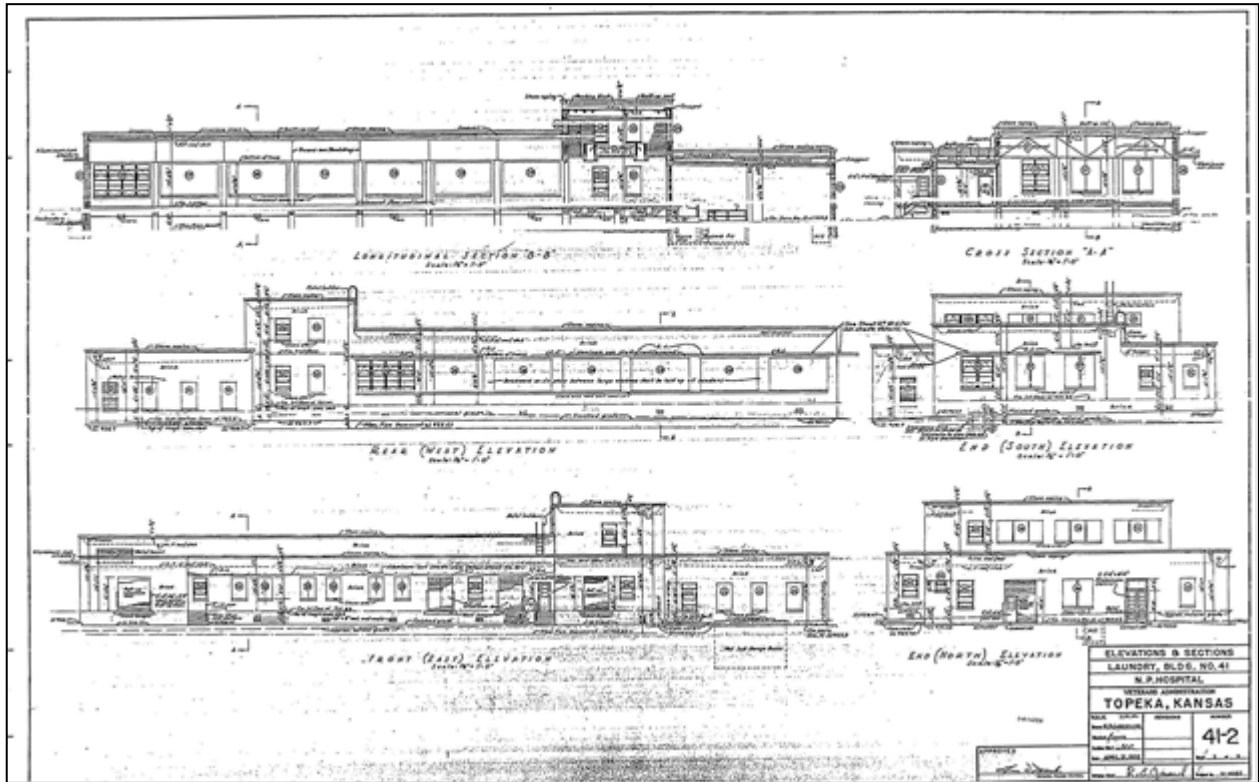


Figure 16. Architectural drawings showing the Laundry in elevation and section, including the two-story component on the north elevation, 1955 (VA).



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Building No. 42  
Historic / Present Use: Warehouse  
Year Built: 1958



(Courtesy Frances Smith, 2018, VA)

The one-story Warehouse (No. 42) is tucked into the southwest corner of the campus with the other support facilities for the hospital. The building is oriented towards the north (Figure 17). The eastern end of the building includes a sizeable addition clad in corrugated metal, topped with a flat roof, and lined with three garage doors facing south. The east elevation features six large vehicular entrances of equal size; the two central bays have been enclosed and now include pedestrian entrances. The central portion of the building is clad in the same tan brick used for the other original (1958) buildings on campus. The Warehouse does not include any elaborate architectural ornamentation.

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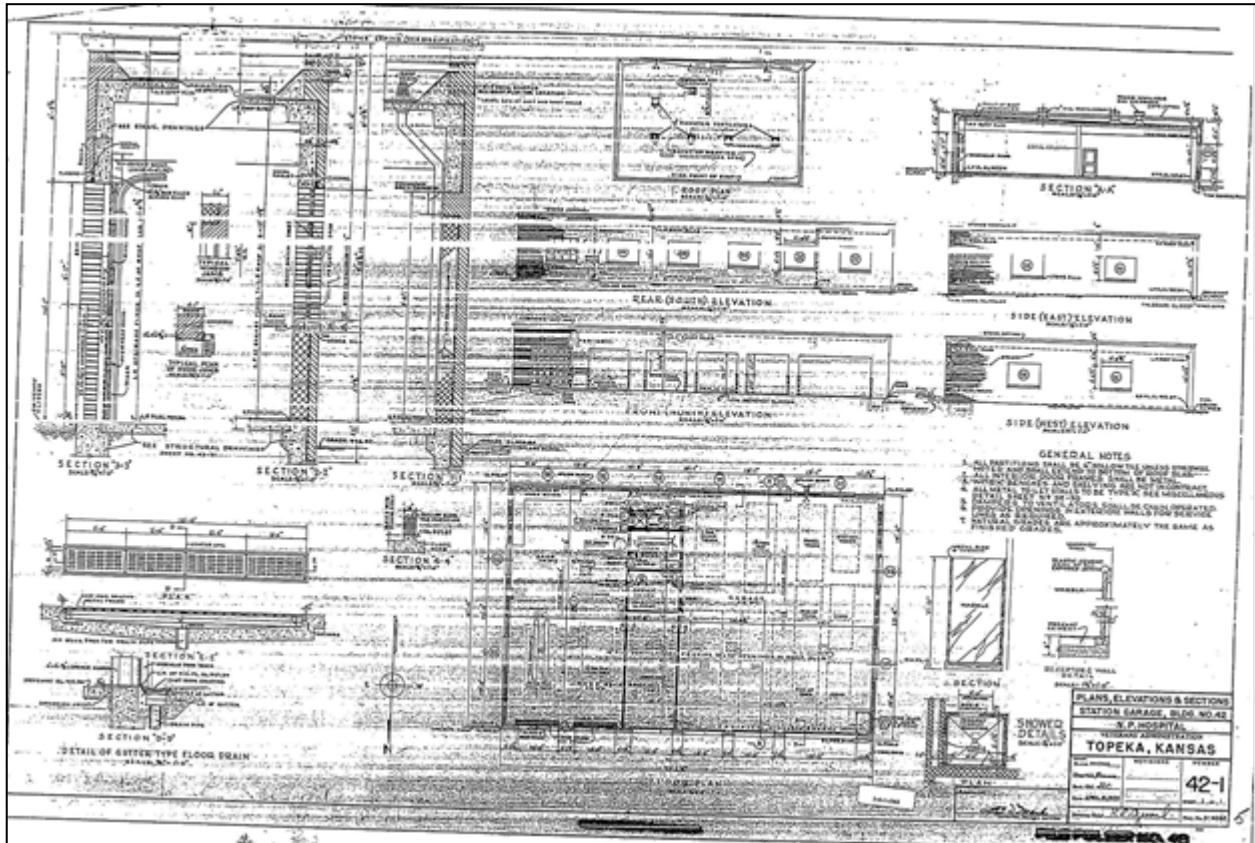


Figure 17. Architectural drawings for the warehouse (station garage) including the north (front) elevation and south (rear) and sections, 1955 (VA).

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Building No. 43  
Historic / Present Use: Utility Shops  
Year Built: 1958



(Courtesy Frances Smith, 2018, VA)

The building housing the Utility Shops (No. 43) is sited with the support buildings at the southeast corner of the campus (Figure 18). The one-story building has a flat roof, rectangular footprint, and large multi-pane steel windows. Two pedestrian doors are located at the center of the north elevation. An openwork aluminum sunshade rings the building just above the windows. Tan brick sheathes the exterior.



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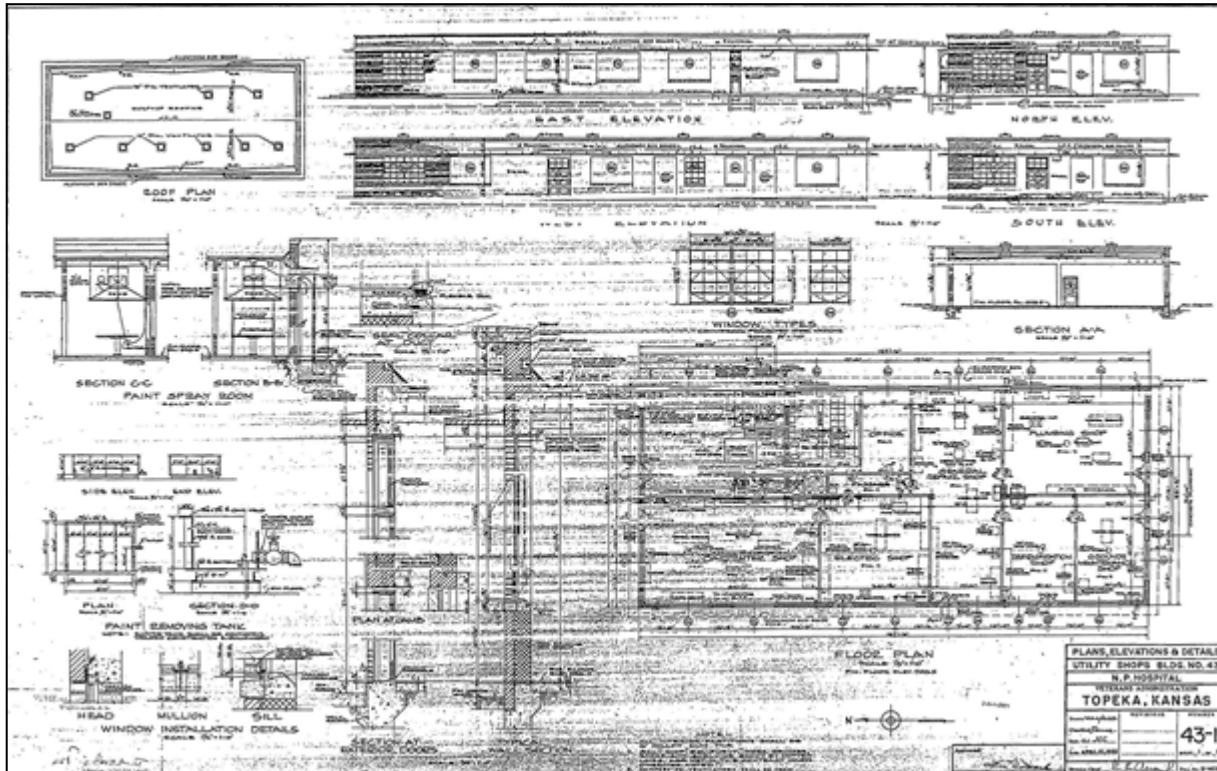


Figure 18. Architectural drawings showing the Utility Shops in plan and elevation, 1955 (VA).

Building No. 44

Historic / Present Use: Incinerator  
Year Built: 1958



(Courtesy Frances Smith, 2018, VA)

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Located just to the east of the Boiler House (No. 40), the Incinerator (No. 44) is a small building with a rectangular footprint, a flat roof, and a plain exterior of tan brick. A metal chimney stack rises from the roof. A large, garage door opening marks the south elevation. The concrete foundation is exposed due to the sloping topography.

Building No. 45  
Historic / Present Use: Water Pump Building  
Year Built: 1958



(Perspective view of Building No. 45, looking northeast, courtesy Frances Smith, 2018, VA)

Building No. 50  
Historic / Present Use: Gas Meter House  
Year Built: 1958

Located in the northeast corner of the property, the Water Pump and Gas Meter buildings flank the entrance to the hospital campus from 21<sup>st</sup> Street (Figure 19). These unassuming buildings are both one story in height, clad in tan brick, and capped with flat roofs. Each building has a single entrance on the south elevation; three windows line the west elevation of the Gas Meter Building (No. 50) and similar windows line the east elevation of the Water Pump Building (No. 45).

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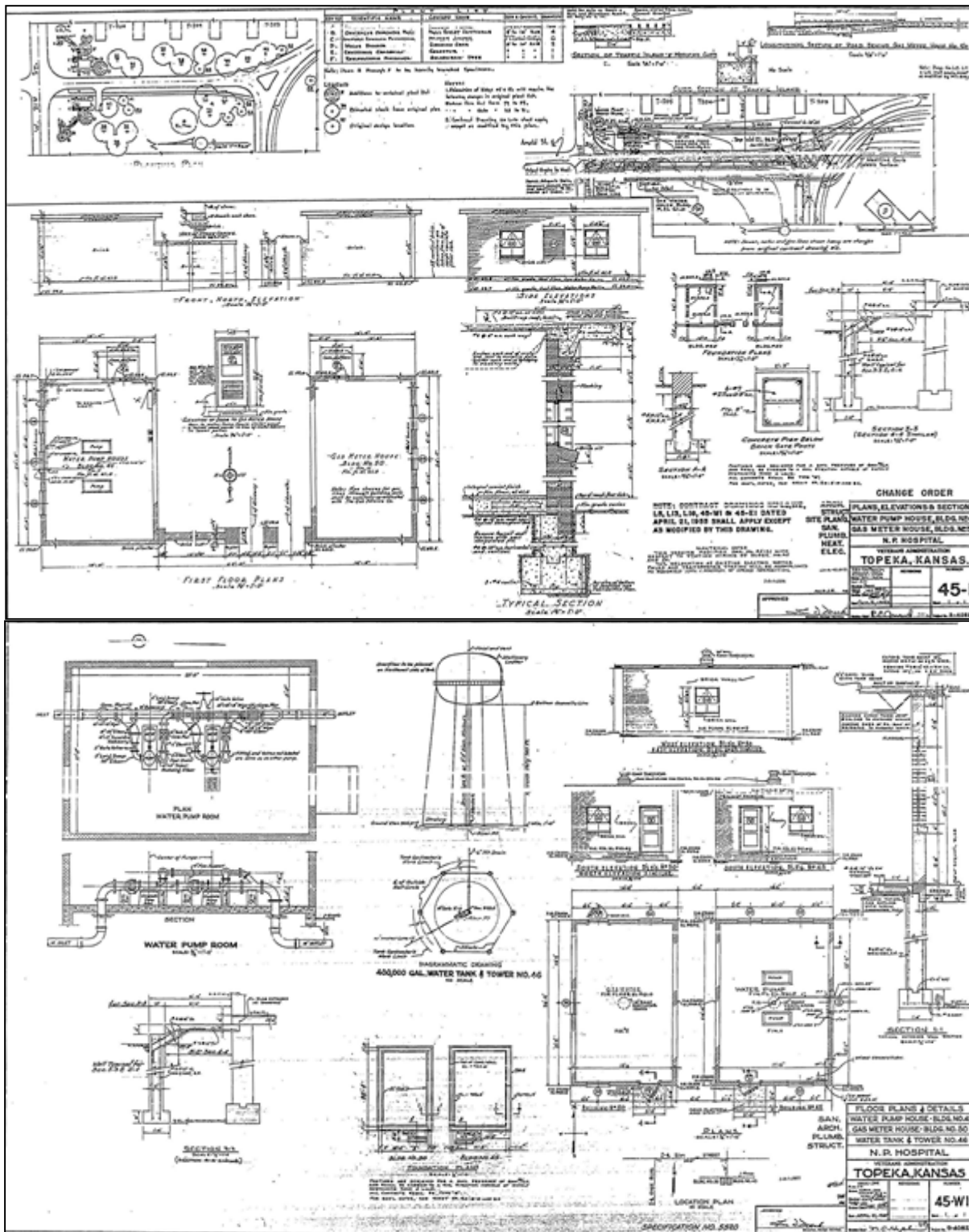


Figure 19. Architectural drawings for Building Nos. 45 and 50 showing their location and the plan, elevation, and section of each and the water tower (No. 46), 1955 (VA).



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Building No. 51

Historic / Present Use: Greenhouse

Year Built: 1958



(Courtesy Frances Smith, 2018, VA)

The Greenhouse (No. 51) is located at the center of the campus, just east of the Medical Rehabilitation Building (No. 21) and south of Special Services (No. 24). The greenhouse is a long, linear building with a wider section at the north end, resulting in an elongated L-shaped footprint (Figure 20). The majority of the building typifies greenhouse design, as represented by a metal frame with a gable roof and glass panels while the lower portions of the exterior walls are brick. The northern portion of the building is entirely clad in brick with a flat roof. A double-leaf door marks the entrance on the south elevation (see Photo 8).



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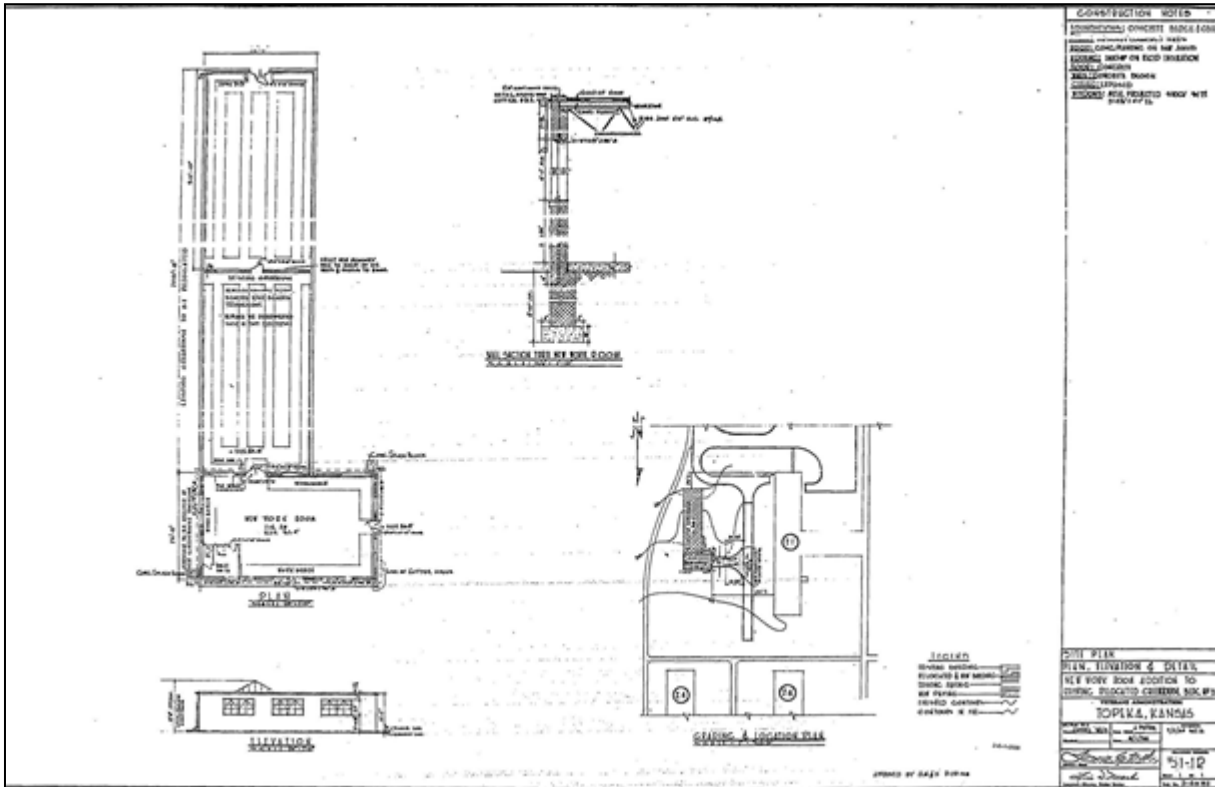


Figure 20. Architectural drawing for the greenhouse showing the site plan, floor plan, and “New York” room addition at the north end, 1956 (VA).

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Building No. 58

Historic / Present Use: Water Pump Building

Year Built: 1958



(Perspective view, courtesy Frances Smith, 2018, VA)

The Water Pump Building (No. 58) sits at the southernmost hospital entrance along Gage Boulevard. The building is a modest, one-story, brick building with a flat roof, a rectangular footprint, and a single entrance on the north elevation. The entrance contains a double-leaf door, or double doors, made of metal. The brick cladding consists of stretcher bond, with two courses of soldier bond running above the entrance, as seen in the photograph.

Building No. 269

Historic Use: Housekeeping Quarters

Present Use: Student Housing

Year Built: 1947

Located just south of the twin Water Pump Building (No. 45) and Gas Meter Building (No. 50) near the entrance of 21<sup>st</sup> Street, the Housekeeping Quarters is unique among the other hospital buildings on campus. Residential in architectural character, the building features a largely red brick exterior with limited section of vinyl siding along the north elevation. The building has an irregular footprint, is one-and-a-half stories tall, and is oriented towards the north. There is an arched hood over the main door. The doors and windows appear to be replaced, but the overall fenestration patterns have not been heavily altered.

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The difference in brick color and in design features, such as the door hood, distinguish this building from the Moderne campus constructed by the Veterans Administration and identify it as one of the existing buildings on the tract of land conveyed to the federal government by the Romig et al. It was noted at the time that several existing buildings would be retained for use as housing, and this appears to have been done.<sup>5</sup> The continued use of the building for residential purposes offers a consistency of vision and reinforces the integrity of the campus overall.

Building No. 273

Historic Use: Unknown

Present Use: Police and Call Center

Year Built: 1957<sup>6</sup>



(Courtesy Frances Smith, VA, 2018)

The T-shaped building is located in the northwest quadrant of the Topeka VA Hospital campus, near the where the quarters were built. The T-shaped building footprint comes from an addition to the original brick clad portion. This original section is to the north and forms the “T” and the concrete block addition extends southward. The entire building is one story in height and has a flat roof. The original section is oriented towards the northeast, as indicated by the chamfered corners of the door

<sup>5</sup> See Section 8 below.

<sup>6</sup> The VA inventory notes the construction date as 1957; however, aerial photographs suggest it predates the hospital opening by more than a year. Likely the 1957 date is a transcription error and this building belongs to the set of buildings assigned a construction date of 1947 and retained by the Veterans Administration for use as housing, like the Housekeeping Quarters (No. 269) to the north and similar to the seven houses associated with a development outside the proposed boundary of the historic district. The buildings retained initially all hugged 21<sup>st</sup> Street. See Section 8 below.

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surround at the main entrance on the northeast elevation. An aluminum canopy rings the north and part of the east elevation. The openings along the north elevation, i.e., closest to 21<sup>st</sup> Street, have been sealed but the fenestration pattern remains intact.

Network of Connecting Corridors

Historic / Present Use: Connecting Corridors

Year Built: 1958

Connecting corridors link the main patient buildings to the recreational and administrative buildings on the hospital campus. The corridors form a central spine for the campus through which the majority of patient-care buildings are networked. This allows for circulation of patients and staff throughout the hospital campus without exposure to the harsh Kansas weather. The corridors are one story in height and are clad in the same tan brick as the other original (1958) buildings of the medical center campus. Multi-pane, steel windows regularly pierce the exterior walls. Doors are interspersed along the length of the corridors. The corridors are topped with flat roofs, but since the corridors are often segmented, a stepped appearance results (see Photo 5 and Figure 21).

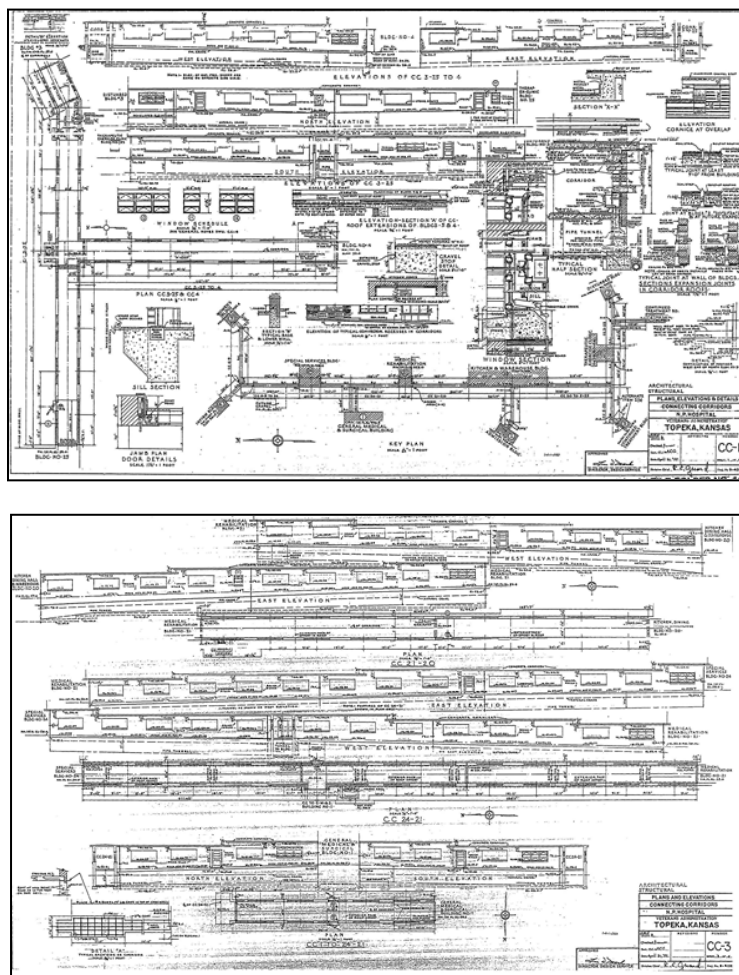


Figure 21. Architectural drawings showing plans, elevations, sections, and details of the covered corridors (VA).



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**Structures**

Structure No. 46

Historic / Present Use: Water Tower

Year Built: 1958



(Courtesy Frances Smith, VA, 2018)

The Water Tower is a water sphere type, consisting of a round water tank atop a central post and surrounded by multiple metal posts and cross ties (see Figure 19).

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Structure No. 47  
Historic / Present Use: Chimney  
Year Built: 1958



(Courtesy Frances Smith, 2018, VA)

Located immediately east of the Boiler Plant (No. 40), the cylindrical chimney is constructed of tan brick (Figure 22). The Chimney is connected to the neighboring plant via metal ductwork.

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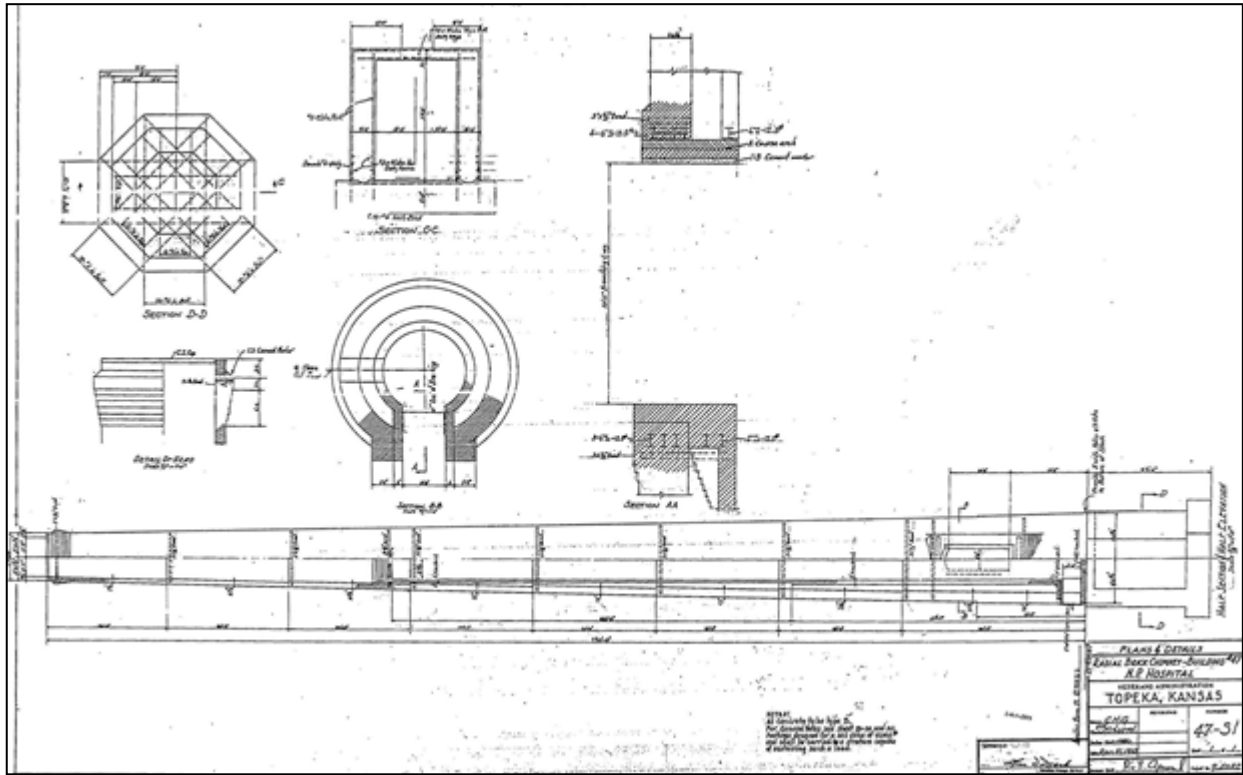


Figure 22. Architectural drawing for the Chimney (No. 47) showing it in plan, 1955 (VA).

**Objects**

Structure No. 26

Historic / Present Use: Flagpole

Year Built: 1958

The metal flagpole sits on axis with the main entrance to Building No. 1 (see Photo 1).

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**Noncontributing Resources (4)**

**Buildings (4):** Health Revenue Center (Building No. 22), Chapel (Building No. 23), Hazardous Materials Storage (Building No. 48), Athletic Field Facility (Building No. 251)

Building No. 22

Present Use: VA Health Revenue Center

Year Built: 1987



(Courtesy Frances Smith, 2018, VA)

The Health Revenue Center is located to the east of the Special Services Building (No. 24) and has a rectangular footprint. It is capped by a shallow gable roof and has simple windows and doors with no elaborate architectural ornamentation. The metal clad building appears to be a prefabricated building brought to the hospital campus.

Building No. 23

Present Use: Chapel

Year Built: 1965

The Chapel (No. 23) is located between the Main Hospital and Administration Building (No. 1) and the northernmost Patient Treatment Building (No. 6) and linked to the other buildings on campus via the connecting corridors (see Figure 30). It has a rectangular footprint and tan brick exteriors (see Photo 10). A steeple marks the west elevation of the otherwise utilitarian building. Exterior doors are located on the north and south elevations. The front gable roof is sheathed in asphalt shingles.



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Building No. 48  
Present Use: Hazardous Materials Storage  
Year Built: 1993



(Courtesy Frances Smith, 2018, VA)

The Hazardous Materials Building (No. 48) is tucked into the southeast corner of the hospital campus with the other support facilities. The one-story building has a tan brick exterior, a hip roof sheathed in asphalt shingles, and a rectangular footprint. Garage doors line the north elevation.

Building No. 251  
Present Use: Athletic Field Facility  
Year Built: 1997

This modest building (No. 251) sits adjacent to the baseball field at the southeastern edge of campus. It has a square footprint, wood clapboard siding, and a pyramidal roof sheathed in asphalt shingles. Two hollow core doors mark the north elevation.

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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.)

- 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

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**Areas of Significance**

(Enter categories from instructions.)

Health / Medicine

Politics/Government

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of Significance**

1955-1958

\_\_\_\_\_  
\_\_\_\_\_

**Significant Dates**

1958

\_\_\_\_\_  
\_\_\_\_\_

**Significant Person**

(Complete only if Criterion B is marked above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architect/Builder**

Veterans Administration

\_\_\_\_\_  
\_\_\_\_\_

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**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Topeka Veterans Administration Hospital meets National Register of Historic Places Criterion A and is significant at the national level as a virtually unaltered example of a postwar veterans' hospital built by the federal government in an initiative launched in 1946. The context for the development of the Topeka VA Hospital is in these years following World War II. It was then that the Veterans Administration embarked on its third phase or generation of hospital design, following the facilities erected after the Civil War for veteran care and convalescence in the form of the National Homes for Disabled Volunteer Soldiers and as hospitals and domiciliaries after World War I.<sup>7</sup> The post-World War II or third generation program modernized veteran healthcare through collaborative research and training for medical staff, in rehabilitative and clinical care, and in architectural expression and site layout. The new hospital in Topeka – and its harbinger Winter General Hospital – was part of the VA's answer to pressing healthcare needs in the World War II era and is particularly important as a model of the healthcare consortium cultivated by the Veterans Administration.

The VA's third generation program is the umbrella under which the Topeka VA Hospital was planned, and the nominated property is considered within this VA framework of hospital design and construction. Hospitals dating to this postwar or third generation program of the Veterans Administration were identified through a study undertaken to support the *United States Third Generation Veterans Hospitals, 1946-1958*, multiple property listing. The period of significance for the Topeka VA Hospital begins in 1955 when construction on the medical center started. It ends when the facility came online in 1958. The opening of the Topeka VA Hospital marks the end of the Veterans Administration's third generation program, a terminus that underscores the property's significance.<sup>8</sup> The Topeka VA Hospital exemplifies a new hospital property type in this national context of veterans' healthcare.

The Topeka VA Hospital is eligible for listing at the national level because of its exceptional integrity. The campus illustrates the design program of the Veterans Administration that emerged to respond to the healthcare needs of World War II veterans. Architects employed by the agency created a set of standard plans for third generation hospitals – hospitals that were classified as general medical and surgical, tuberculosis, or neuropsychiatric by the percentage of beds allocated to these categories of patient and their specific treatment needs.<sup>9</sup> Topeka VA Hospital is one of the new hospitals that drew on the VA's

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<sup>7</sup> Eleven National Homes were constructed between 1866 and 1907, and five were designated National Historic Landmarks in 2011 and 2012 (Dayton, OH; Leavenworth, KS; Hot Springs, SD; Johnson City, TN; Milwaukee, WI). The World War I veterans' hospitals were addressed in the multiple property submission, *United States Second Generation Veterans Hospitals, 1919-1950*, listed in 2012 along with thirty-two medical centers placed on the National Register under that context.

<sup>8</sup> *Administrator of Veterans Affairs Annual Report for the Fiscal Year Ending June 30, 1957* (Washington, DC: Government Printing Office, 1957), 328. In June 1957, the Topeka VA Hospital represented the new beds (1014) and all classified as neuropsychiatric. The VA hospital in Jefferson Barracks, Missouri, was renovated, converting 278 beds to neuropsychiatric patient use, while the facility in Long Beach, California, added 561 general medical and surgical. In 1960, the *Annual Report* referenced an air conditioning project in Building Nos. 1, 4, and 5 at the Topeka VA Hospital but not patients treated per se.

<sup>9</sup> During the survey of the VA's property, four hospitals were identified as neuropsychiatric hospitals under the third generation program parameters. These were Topeka, plus Brockton (MA), Salisbury (NC), and Salt Lake City (UT).



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standard plans, specifically those blueprints that reflected the most modern theories of treatment for neuropsychiatric patients. The plans for the new VA hospitals for neuropsychiatric patients were produced in consultation with experts in psychiatric medicine. The committee of experts included the Topeka-based doctors Menninger who founded a School of Psychiatry in the city and who are remembered as integral to the establishment of the VA hospitals – first at Winter General and then in the purpose-built campus of 1958 – in Topeka.<sup>10</sup>

Thus, the significance of the Topeka VA Hospital under National Register Criterion A for health and medicine comes through its role in providing the most advanced neuropsychiatric care available to veterans of World War II living in Kansas. It is also significant under Criterion A for politics and government. The hospital was part of the government's construction initiative, and politics influenced the acquisition of Winter General Hospital from the army in 1945 as well as the selection of Topeka as the site for a new medical campus that would succeed Winter in serving the area. The imprint of Doctor Karl Menninger is unmistakable. His role at Winter made Topeka a training center for medical personnel in neuropsychiatric medicine – including those on staff of the Veterans Administration. The integration of research, teaching, personnel, and hospital design that occurred in Topeka was the hallmark of the VA's third generation program.

In sum, the Topeka VA Hospital is eligible for listing under National Register Criterion A and retains integrity to the period of the significance (1955-1958).

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

Estimates today place the number of post-World War II veterans around 20 million. This number included scores of returning servicemen and women from the war who were newly eligible for healthcare and benefits through the Veterans Administration. The existing hospital network of the Veterans Administration reflected designs and plans developed a generation earlier, at the close of World War I. In 1946, the director of the VA, General Omar Bradley, announced the Veterans Administration's new initiative in hospital construction. The initiative, known within the VA today as the third generation of veterans' hospitals, came in response to critiques of the older facilities and calls for change by the veteran

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Others referenced in the period include Pittsburgh (PA) and Sepulveda (CA), both under construction in 1952 (as were Brockton and Salisbury). At the same time, working drawings were complete for the neuropsychiatric hospitals in Cleveland (OH), San Francisco (CA), and Topeka (KS). The report provided a benchmark for the third generation program: sixty-four new hospitals (forty-three complete, sixteen under construction, and five in working drawing phase) and modifications to another thirty-one. *History of the Veterans' Administration Hospital Construction Programs*, 8-11, as cited in *United States Third Generation Veterans Hospitals, 1946-1958*, Section G, note 309-10.

<sup>10</sup> Karl Menninger (1893-1990) followed his father's footsteps into medical school and is said to have "imagined he possibilities of working with his father to improve medicine." The Menninger family opened a diagnostic clinic in 1919 and integrated mental health into physical care of patients. The clinic evolved into a Sanitarium as the doctors' work with intellectual disabilities expanded. The Menninger Foundation was established in 1941 and after World War II, the Menninger family helped establish Winter VA Hospital – and made it into "the largest psychiatric training center in the world." "Karl Menninger," Kansas Historical Society, July 2011, rev. March 2018 (<http://www.kshs.org/kansapedia/karl-menninger/17218>, accessed August 7, 2018); "Menninger Clinic," Kansas historical Society, December 2004, rev. July 2017 (<http://www.kshs.org/kansapedia/menninger-clinic/12147>, accessed August 7, 2018).

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community and the American public. The Veterans Administration's third generation program extended from 1946 to 1958. It included several hospital campuses in the process of construction, like that in Tomah, Wisconsin, completed under the postwar parameters and it included hospitals operated during the war by the military or state governments, like the army's Winter General Hospital in Topeka, Kansas, transferred to the VA in 1945. The Tomah VA Hospital opened in 1947 and it is known as the first to open under the VA's third generation program.<sup>11</sup> Winter General Hospital closed in 1958 when the last third generation hospital to be built opened next door. That new facility was the Topeka VA Hospital.

Hospitals under the third generation of veterans' hospitals built by the federal government were modern in appearance and in practice. The Topeka VA Hospital represents both of these qualities in its Moderne architectural character that connected the campus buildings through the use of plain exterior wall surfaces, pale colors, horizontal bands of windows, and flat roofs on each and in a site layout designed to accommodate the latest medical theories and treatments. Moreover, in the postwar years, the VA healthcare network linked the agency's third generation hospitals to medical schools for research, training, and staffing. Topeka offers an example of this for the Menninger family's foundation in the city led the field in psychiatrics and because of their involvement in the use of Winter General Hospital as a veterans' hospital after the war. Medical knowledge gained through the collaboration with pioneers like the doctors Menninger guided where the Veterans Administration's third generation hospitals were built *and* guided the design. The Topeka VA Hospital is the culmination of the VA's third generation program and the context for its establishment lies within this programmatic prescription. Its embrace by the Menninger family in Kansas advanced the field of neuropsychiatric medicine and provided medical services to veterans of the area. It also is inseparable from Winter General Hospital. The Menningers' work at Winter let evolving hospital theories coalesce and gave the Veterans Administration time to design plans based on those ideas.

### Winter General Hospital<sup>12</sup>

The cantonment-type hospital plan adopted by the U.S. Army during World War II was well suited to the contingencies of war. The cantonment was a standardized model of low scale, cost-efficient, and expedient mode of building that enabled the military to construct hospitals for the sick and wounded relatively quickly. Moreover, the layout of the cantonment-type hospital followed a military vernacular, that of a pavilion plan used since the mid-nineteenth century. The pavilion plan positioned a main administrative building at the front or center of the installation and arranged barrack-like, one-story patient wards and treatment facilities behind it in orderly rows, some 50' apart, and connected by walkways. Typically, the cantonment consisted of wood-frame buildings, but wartime shortages made brick and tile cheaper to obtain. In 1942 to 1943, collaborations between the Veterans Administration, the U.S. Surgeon General, and the military led to a cantonment plan for the wartime hospitals that could be converted to peacetime use for veterans' healthcare. Two – one in Illinois and one in Virginia, were specifically constructed for this long-term purpose and so the patient wards were two-stories in height as the VA preferred. Generally, modifications to the cantonment-type included placing patient wards to

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<sup>11</sup> *Annual Report, 1947*, 10-11; *United States Third Generation Veterans Hospitals, 1946-1958*, Section E, page 2 (Figure 1).

<sup>12</sup> The army's cantonment hospital, Winter General Hospital, was transferred to the Veterans Administration at the end of World War II in 1945 and was operated by the VA until 1958 when it was closed. Winter is illustrative of the transitional hospital property type developed by the military described in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*, in Section F. Because so many of the resources are gone, and this loss compromised the integrity of the Winter medical campus in the period of significance, the acreage associated with Winter is outside the proposed boundary. The histories remain intertwined, however.

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either side of the corridors, improved neurological wards, and better dining facilities. The standard plans were used in varying combinations for the realization of cantonment-type hospitals at any scale, from twenty-five to two thousand beds.<sup>13</sup>

In early September 1942, the War Department announced its intention to construct a general hospital in Topeka. Planned for fifteen hundred beds, the army hospital would have “five times the combined capacity of the present hospital facilities in Topeka.”<sup>14</sup> A 150-acre tract in southwest Topeka was selected, consisting of two dairy farms. Expedited condemnation proceedings allowed construction to commence by the end of the month. Construction proceeded quickly. A 1000-person crew working in two 10-hour shifts had seven buildings well underway by early October.<sup>15</sup> By late December 1942, the hospital was formally activated despite ongoing construction.<sup>16</sup> Construction lasted 121 days, allowing the hospital to be dedicated on May 22, 1943.<sup>17</sup>

At first designated the “Topeka General Hospital,” the new army hospital was renamed “Winter General Hospital” after Brigadier General Francis Anderson Winter. Winter, a native of West Feliciana, Louisiana and born at The Myrtles plantation, served as a medical officer during the Spanish-American War and World War I. After earning his medical degree from St. Louis Medical College, Winter’s military career included postings in Cuba, the Philippines, and England; teaching at the Army Medical School; serving as librarian for the Surgeon General’s Library; and ending his career as chief surgeon at Fort Sam Houston, Texas. Winter retired in 1922 and died in 1931.<sup>18</sup>

The first patients arrived in early July 1943. Within a handful of days, the hospital had filled half of its available beds. The majority hailed from the Midwest and had received initial treatment at U.S. Army hospitals on the East and West coasts before being sent to Winter. Many of the patients had served in the African campaign, but the European and South Pacific fronts were represented as well.<sup>19</sup>

The new army hospital consisted of 135 buildings of semi-permanent, brick construction and essentially was an independent city within Topeka. The hospital campus contained fifty-eight wards, five mess halls, six dental units, seven operating rooms, a post office, a chapel, and dedicated recreation areas. Three miles of connecting corridors linked the various buildings of Winter General Hospital together. The majority of patient wards, termed “standard wards,” consisted of thirty-three beds in a single open room. Winter also had “combination wards” that accommodated twenty-six beds and included private beds for isolation of patients. The recreation hall featured a reading room, ping pong tables, a piano, victrolas, and

<sup>13</sup> Clarence McKittrick Smith, *United States in World War II – The Technical Services: The Medical Department: Hospitalization and Evacuation, Zone of the Interior* (Washington, D.C.: Center of Military History, United States Army, 1989): 23-24, 68-76.

<sup>14</sup> Clif Stratton, “Topeka Lands Army General Hospital,” *Topeka Capital*, September 5, 1942.

<sup>15</sup> “Begin Work Next Month on Army Hospital,” [*Topeka Capital*], n.d.; “Seven Buildings in Hospital Take Shape,” *Topeka Journal*, October 5, 1942.

<sup>16</sup> “Army Hospital is Officially ‘Activated’,” *Topeka Capital*, December 27, 1942.

<sup>17</sup> “Thousands of Topekans See Army Hospital,” *Topeka Capital*, May 23, 1943.

<sup>18</sup> “Hospital Named for Louisianan in World War I,” *Topeka Journal*, December 29, 1942; “General Winter Distinguished as Army Medic,” *Topeka Capital*, May 22, 1943; Wyndham D. Miles, *A History of the National Library of Medicine: The Nation’s Treasury of Medical Knowledge* (Bethesda, MD: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Library of Medicine, 1982): 241. Available online at <http://collections.nlm.nih.gov/bookviewer?PID=nlm:nlmuid-8218545-bk> (accessed November 11, 2013).

<sup>19</sup> “Four Train Cars Bring First Patients to Winter Hospital,” *Topeka Capital*, July 5, 1943; “Men of Pacific and Aleutians to Hospital Now,” *Topeka Journal*, July 6, 1943.

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radios.<sup>20</sup> By the close of the war, Winter had treated over thirteen thousand patients, including Italian prisoners-of-war, with an annual budget of approximately \$5 million.<sup>21</sup>

### The VA and Menninger School of Neuropsychiatric Medicine

As the war drew to a close, the Veterans Administration announced it was considering the northeastern Kansas area, including Topeka, for the construction of a new hospital. The VA required a site of at least fifty acres, readily available services and utilities, and a railroad spur in the vicinity.<sup>22</sup> During the planning and construction of its stateside wartime hospitals, the army made plans to transfer many of the facilities to the Veterans Administration after the cessation of hostilities.<sup>23</sup> The VA intended to utilize these facilities on a temporary basis until new, permanent hospitals could be built. At Topeka, rumors circulated that Winter General Hospital would be converted for the veterans' use. Officials remained quiet.<sup>24</sup> Topeka Mayor Frank J. Warren traveled to Washington, D.C., to drum up support for the transfer, including meetings with General Paul Hawley, medical director for the Veterans Administration, and Admiral Ross McIntyre, surgeon general for the U.S. Navy.<sup>25</sup>

Despite the efforts of Mayor Warren, General Hawley had no intention of retaining Winter General Hospital for the Veterans Administration's use. He thought the hospital was in poor condition and the layout of multiple, low-scale buildings over a large campus would be too expensive to operate. Staffing needs would require further expense. However, Hawley was approached by Doctor Karl Menninger, a well-known Topeka psychiatrist with experience in the treatment of servicemen and veterans, with a proposition. Doctor Menninger wanted Winter for a training center to be operated in conjunction with his clinic. The proposal kept the hospital under the VA's control and management, but the partnership would accept twenty-five psychiatric residents a year, well above the national average of fifteen residents in a typical program, and provide well-trained psychiatrists for the VA's healthcare system. Staffing shortages, particularly for care of neuropsychiatric patients, chronically plagued the Veterans Administration and triggered delays in the activation of new hospitals and treatment wards. Menninger intended the resulting Menninger School of Psychiatry to be "the largest and best psychiatric training, treatment, and educational center in the world."<sup>26</sup>

Karl Menninger was well-suited to the task. Born in Topeka, he graduated from Harvard Medical School in 1917, served in the Naval Reserve, worked at Boston Psychopathic Hospital, and taught at his alma mater. He returned to Topeka to join the practice of his father, a doctor inspired by the work of the Mayo Clinic in Rochester, Minnesota, along with his brother, William. During World War II, Karl studied combat exhaustion while his brother developed methods of providing psychiatric care for troops on the front lines.<sup>27</sup>

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<sup>20</sup> "Open House Attracts 600 Soldiers to New Recreation Hall at Winter Hospital," *Topeka Capital*, April 19, 1943; "Winter Hospital Has 58 Wards, 135 Buildings," *Topeka Capital*, May 21, 1943.

<sup>21</sup> "Operating Cost at Winter for Year 5 Million," *Topeka Journal*, April 23, 1945; "100 Ex-Italian War Prisoners to WG Hospital," *Topeka Capital*, July 19, 1944.

<sup>22</sup> "Topeka Being Considered for a Vets' Hospital," *Topeka Journal*, June 20, 1944; "Views 8 Sites here for New Vet Hospital," *Topeka Capital*, July 19, 1944.

<sup>23</sup> Smith, *Hospitalization and Evacuation*, 76.

<sup>24</sup> "Topeka Being Considered," *Journal*.

<sup>25</sup> "Hopes High for Winter General as Vet Hospital," *Topeka Journal*, September 25, 1945.

<sup>26</sup> Lawrence J. Friedman, *Menninger: The Family and the Clinic* (New York: Alfred A. Knopf, 1990), 172-73.

<sup>27</sup> Friedman, 169-70; "Karl Menninger, 96, Dies; Leader in U.S. Psychiatry," *New York Times*, July 19, 1990.



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Menninger's persuasive skill combined with political maneuvering convinced Hawley and the Veterans Administration to take Winter General Hospital. Official transfer from the U.S. Army occurred on December 1, 1945, and the facility retained the Winter name, becoming Winter VA Hospital. On December 6, Doctor Karl Menninger was named manager of Winter. The Winter VA Hospital remained predominantly a general medical hospital, as it was during the war, and served as a training ground for treatment of psychiatric patients under the Menninger family's guidance. To further expedite the transfer to the Veterans Administration, medical equipment used by the army medics was left in place for use by the VA staff.<sup>28</sup>

The transition to the Veterans Administration's management and the focus on psychiatric treatment led to several changes at the Winter facility. For example, wards were remodeled to accommodate the expected fourteen hundred patients.<sup>29</sup> Many of the changes were linked to Menninger's belief in creating an environment that closely resembled the world to which the patient would return upon his or her release from Winter. In August 1946, women previously receiving care at the Veterans Administration facility in Wadsworth, Kansas, were transferred to Topeka for neuropsychiatric care. These patients were placed in a newly renovated ward that emphasized a "home-like atmosphere" that included draperies, bedside tables, pastel wall colors, and lawn furniture. The patient would be permitted to wear her own clothes and apply her own cosmetics to further the association with a domestic routine.<sup>30</sup>

While the improvements were taking place, the Menninger Foundation School of Psychiatry opened its doors on January 1, 1946. The three-year program was available to civilian doctors and included clinical assignments to the Winter VA Hospital as well as other hospitals in the Topeka area.<sup>31</sup> By 1947, the Menninger School of Psychiatry had the world's largest psychiatric class, standing at 135 students.<sup>32</sup> The Veterans Administration praised the partnership with the school. Not only did it fulfill the VA's goal of affiliations between medical schools and its facilities, but the alliance with the Menningers' school also provided much-needed psychiatrists for the VA's healthcare system. Hawley stated that Winter "typifies what we'd like to have in every Veterans Administration hospital in the United States," particularly as represented in the "full throness [sic]" of "management, relations with patients' families – the integration of all aspects of a general hospital."<sup>33</sup> General Hawley used the program at the Winter VA Hospital, along with two facilities in Illinois and Virginia, to demonstrate the Veterans Administration's capabilities to nationwide media.<sup>34</sup>

In addition to the campus design and medical programs that Hawley touted, the Topeka facility included the first African American physician on the staff of an integrated VA hospital. His name was Dr. Rutherford Stevens. Doctor Stevens attended medical school at Howard University and was named a fellow at the Menninger Foundation School for Psychiatry. He also was one of the few African American psychiatrists within the Army Medical Corps. After World War II, Stevens focused on the effect of segregation on the health and well-being of African Americans in the military. His research linked the rise

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<sup>28</sup>"Winter General Transfer is Set for December 1," *Topeka Journal*, November 5, 1945; "Menninger Made New Manager for Veterans Hospital," *Topeka Journal*, December 6, 1945.

<sup>29</sup>"Six Months Needed to Finish WGH Work," *Topeka Capital*, July 2, 1946.

<sup>30</sup>"Feminine Touch Appears in WGH's New Ward for Women," *Topeka Capital*, August 6, 1946.

<sup>31</sup>"Menninger Foundation School of Psychiatry to Open Jan. 1," *Topeka Capital*, November 25, 1945.

<sup>32</sup>"Largest Psychiatric Class at Winter Just Drop in Bucket," *Topeka Capital*, August 3, 1947.

<sup>33</sup>"High Praise for Winter General," *Topeka Capital*, May 6, 1946.

<sup>34</sup>"High Praise for Winter General," *Topeka Capital*, May 6, 1946.

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of psychiatric issues with poor treatment at the hands of white officers who harbored ill will towards the black soldiers under their command.<sup>35</sup>

### Design and Construction of Topeka VA Hospital, 1940s-1950s

The successful collaboration with the Menninger school encouraged the Veterans Administration to replace the army's cantonment hospital of Winter with a new, state-of-the-art neuropsychiatric facility. The need for replacement was confirmed by structural failures taking place on site, including partial collapse of walls necessitating a half-mile detour for patients and imminent failure of the roof of the mess hall.<sup>36</sup> Three sites were evaluated for suitability, including the existing Winter site.<sup>37</sup> In August 1947, the Federal Board of Hospitalization authorized the purchase of 173 acres of land adjacent to the existing Winter VA Hospital for the purposes of constructing a one thousand-bed, neuropsychiatric hospital. The authorized parcel contained three tracts of land: the Romig subdivision of seven houses on about 10 acres, the Romig farm containing 90 acres more or less, and the Smith farm containing 73 acres more or less. The Veterans Administration planned to keep the houses on the Romig property and convert them for use as residences for hospital personnel (Figure 23).<sup>38</sup> By late June 1950, the total acreage had swelled to a total of 278 ½ acres for the new facility; the property was acquired by a mix of purchases and condemnation proceedings.<sup>39</sup>

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<sup>35</sup> "Psychiatrists Urged to Fight Prejudice, Other Factors Contributing to Neuroses," *The Afro-American*, June 8, 1946. Accessed via Google News.; Obituary for Rutherford B. Stevens, M.D., *New York Times*, December 7, 2003, Available online at <http://www.nytimes.com/2003/12/07/classified/paid-notice-deaths-stevens-rutherford-b-md.html> (accessed December 9, 2013).

<sup>36</sup> "Hospital Leaning as Per Schedule After 5-Year Use," *Topeka State-Journal*, March 10, 1948.

<sup>37</sup> "VA Board Inspects 3 Hospital Sites," *Topeka Capital*, December 5, 1946.

<sup>38</sup> *Resolution Adopted by the Federal Board of Hospitalization, August 28, 1947*. Box 259, Geographic Files 1919-1959, Department of Medicine and Surgery, Veterans Administration, Record Group 15, A1, Entry 64, National Archives and Records Administration, Washington, DC. The location of the buildings on the Romig property was not identified during the survey of the medical center. Nor were the buildings referenced in the resource count for the proposed district. This is because the VA's third generation program defined the historic context for the design and construction of Topeka VA Hospital and so focused on the 1958 campus. However, the buildings are likely those adjacent to 21<sup>st</sup> Street, east of the Topeka VA Hospital campus, and identified in the VA inventory as housing or quarters built in 1947 (Building Nos. 254, 257, 259, 261, 263, 265, 267, plus 269). Building Nos. 254-267 were proposed for an Enhanced Use Lease prior to the nomination process.

<sup>39</sup> "Site for Hospital Near Completion," *Topeka State - Journal*, June 21, 1950.

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Figure 23. Aerial view of the Winter VA Hospital and land to the west that would become the site of the postwar Topeka VA Hospital in 1948 (VA). Highlighted are several buildings, most probably those identified as Building Nos. 254, 257, 259, 261, 263, 265, and 267 by the VA, that were used as quarters or student housing. Likely these are the buildings referenced in the newspaper. Also highlighted, to the west, is a building in the vicinity of Building No. 273 today.

Despite securing the property for the new facility, construction funds had been stripped from an appropriations bill, leaving the new hospital in limbo. The Topeka Chamber of Commerce developed a booklet describing the conditions at the Winter VA Hospital and distributed them amongst members of Congress and leadership of the Veterans Administration in order to secure support for the hospital.<sup>40</sup> The Veterans Administration pledged support to Topeka, despite the removal of the funds from the budget, given the importance of the psychiatric training program.<sup>41</sup> Initially, a little over \$6 million was appropriated for the construction of the boiler house, laundry, and two buildings for psychiatric care.<sup>42</sup> Additional appropriations supplemented these “starter” funds in 1954, amounting to a total of \$22 million for construction. By the time full funding was secured, the Veterans Administration controlled a 400-acre site that included the existing Winter facility and the adjacent site for the new hospital.<sup>43</sup>

From the initial appeals for a new facility in the late 1940s, the Veterans Administration promised “the latest development in modern structure” for the hospital in keeping with its postwar design and

<sup>40</sup> “Topeka C of C Seeks New Winter Hospital,” *Topeka Daily Capital*, August 23, 1951.

<sup>41</sup> “New Winter Hospital Seen as Future ‘Must’ by VA Chiefs,” *Topeka State-Journal*, February 14, 1952.

<sup>42</sup> “Contracts for Winter VA To Be Let,” *Topeka Daily Capital*, November 20, 1953.

<sup>43</sup> “21 Million for New Winter VA,” *Topeka State-Journal*, September 2, 1954.

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construction initiative launched in 1946. Instead of the sprawling, cantonment-type hospital constructed by the army, Topeka would have a skyscraper hospital, allowing someone “to see the entire new one by zooming up thru [sic] it in an elevator.”<sup>44</sup> However delays in funding combined with the designation of the Topeka VA Hospital as a neuropsychiatric facility resulted in a design that could not accommodate a skyscraper plan. The Veterans Administration substituted a complex of low-rise structures deemed more conducive to treating neuropsychiatric patients than the skyscraper modern could offer (Figure 24).

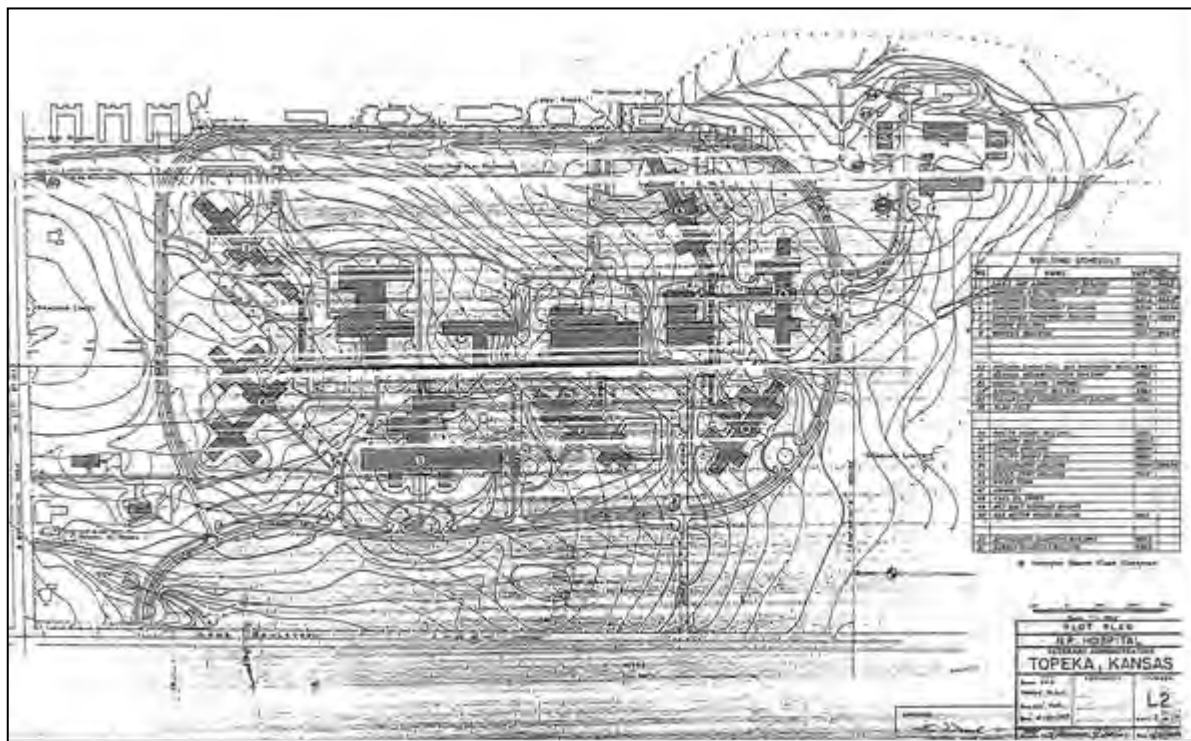


Figure 24. Site plan for the Topeka VA Hospital, 1955 (VA). Note the building footprints outlined at the top (east) of the drawing were part of the Winter VA Hospital campus and included the chapel.

The design of the neuropsychiatric hospitals during this post-World War II initiative of the Veterans Administration was based on recommendations developed by a committee consisting of representatives from various branches of the agency, including construction and medical services. The committee counted Dr. Karl Menninger and Dr. Will Menninger amongst its members. The hospital design and floor plans developed by Veterans Administration architects from the committee’s recommendations are referred to within the VA to as the “Haun-type” of new hospital. Dr. Paul Haun was a psychiatrist associated with the Veterans Administration and a member of the committee. For those hospitals designated as primarily serving neuropsychiatric patients, the committee recommended low-rise buildings for patient care, a separate administrative building, distinct buildings for continued treatment for long-term patients, a building removed from other patient care buildings for the care of “disturbed” patients, and dedicated buildings for recreation, worship, entertainment, and other special services. These recommendations guided the layout of the Topeka VA Hospital. Inside the patient buildings, the large, open wards of earlier medical centers were avoided. Instead, bed arrangement and skillful use of partitions offered privacy and correct utilization of space for the administration of medical care and rehabilitation. Amenities, such as day rooms, gardens, access to outdoor spaces, and visiting rooms were

<sup>44</sup> “Gray Predicts Skyscraper WVH by 1952,” *Topeka Daily Capital*, September 2, 1948.



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encouraged. Rooms dedicated for treatment were located near the patients that required the therapies; as such, hydrotherapy suites were situated near the “disturbed” patients who were treated there regularly. The hospital floor plans also allowed for dedicated isolation rooms for the care of psychiatric patients with communicable diseases that could infect the larger patient population. Ideally, the neuropsychiatric hospitals were in urban or suburban areas near other medical centers, such as Topeka. In their outline for a modern neuropsychiatric hospital, the committee sought to create a medical center “where veterans can be treated not only with scientific skill but with human warmth and understanding attention.”<sup>45</sup>

The design for the Topeka VA Hospital embodied many of these recommendations. The Topeka VA Hospital consists of a centrally located administration building of seven stories flanked by multiple patient treatment buildings of three or four stories. These buildings, along with the dining hall and gymnasium, were linked together by a series of connecting corridors that allowed patients and staff to circulate through the facility without being exposed to the vagaries of Kansas weather (Figure 25). A collection of support buildings including the boiler house, laundry, and warehouse, were clustered at the southeast section of the site and removed from where the patients lived (Figure 26). Floor plans for treatment buildings, such as the continued treatment buildings (Nos. 4 and 5), utilized the smaller wards with partitions, centrally located nurse’s stations, large day rooms near patient rooms, and convenient visiting rooms for families. Porches were eliminated to maximize the influx of daylight to the interiors and encourage patients to go outside.<sup>46</sup>

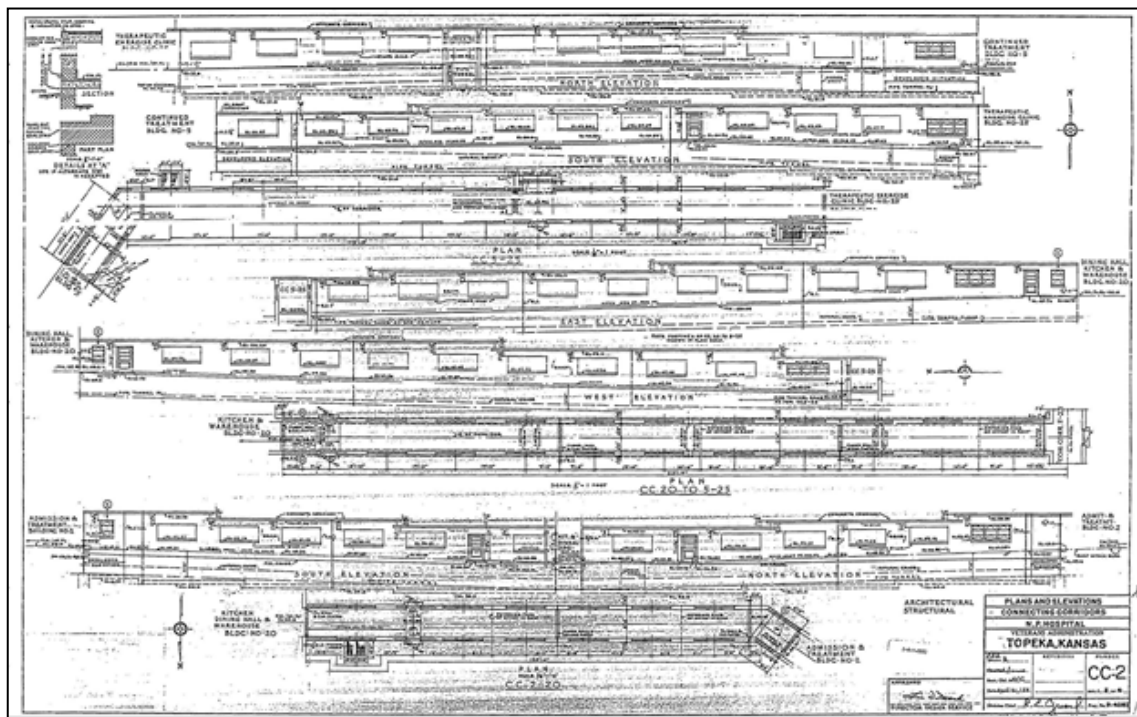


Figure 25. Architectural drawings for the covered corridors connecting Building Nos. 2, 5, 20, and 25 (VA).

<sup>45</sup> Paul Haun, M.D. and Z. M. Lebersohn, M.D., “New Trends in Hospital Design,” *American Journal of Psychiatry*, 104 (February 1958): 555-64.

<sup>46</sup> Haun and Lebersohn, 555-64; Architectural Drawings of the Topeka VA Hospital, Collections of Engineering Department, Colmery – O’Neil VA Medical Center, Topeka, Kansas.

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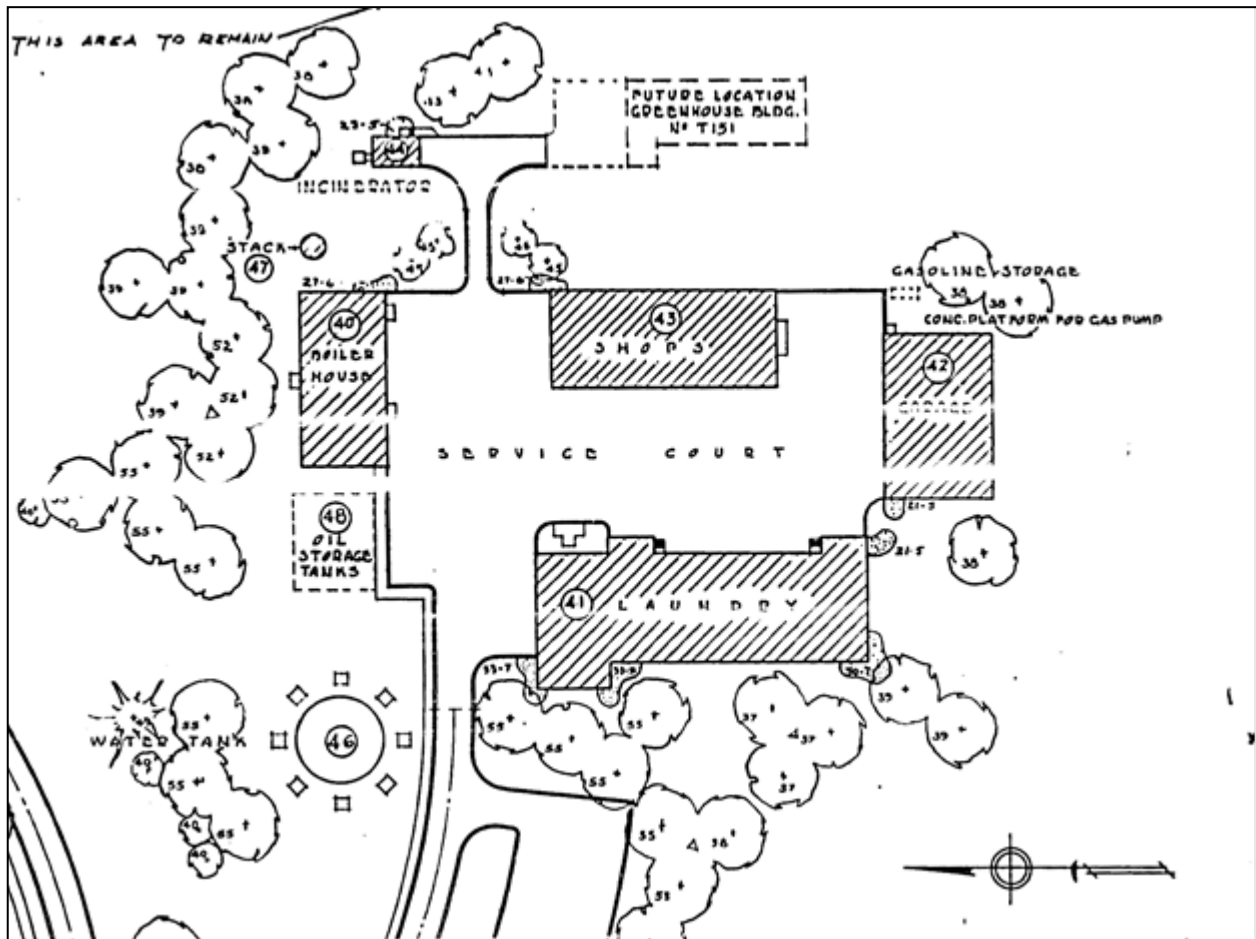


Figure 26. Detail of architectural drawing of the site plan, 1957, to illustrate the service court in the southeast corner of the property (VA).

The Topeka VA Hospital designated a specific building for the care of female patients, continuing the attention proffered at Winter and found in other neuropsychiatric hospitals administered by the Veterans Administration. At the Topeka VA Hospital, the three-story Womens Building (No. 9) housed treatment rooms, such as continuous flow tubs, designed group therapy rooms, and occupational therapy, as well as a patient dining room and exercise court within the same building as the patient rooms, essentially making the building a hospital within a hospital (Figure 27).

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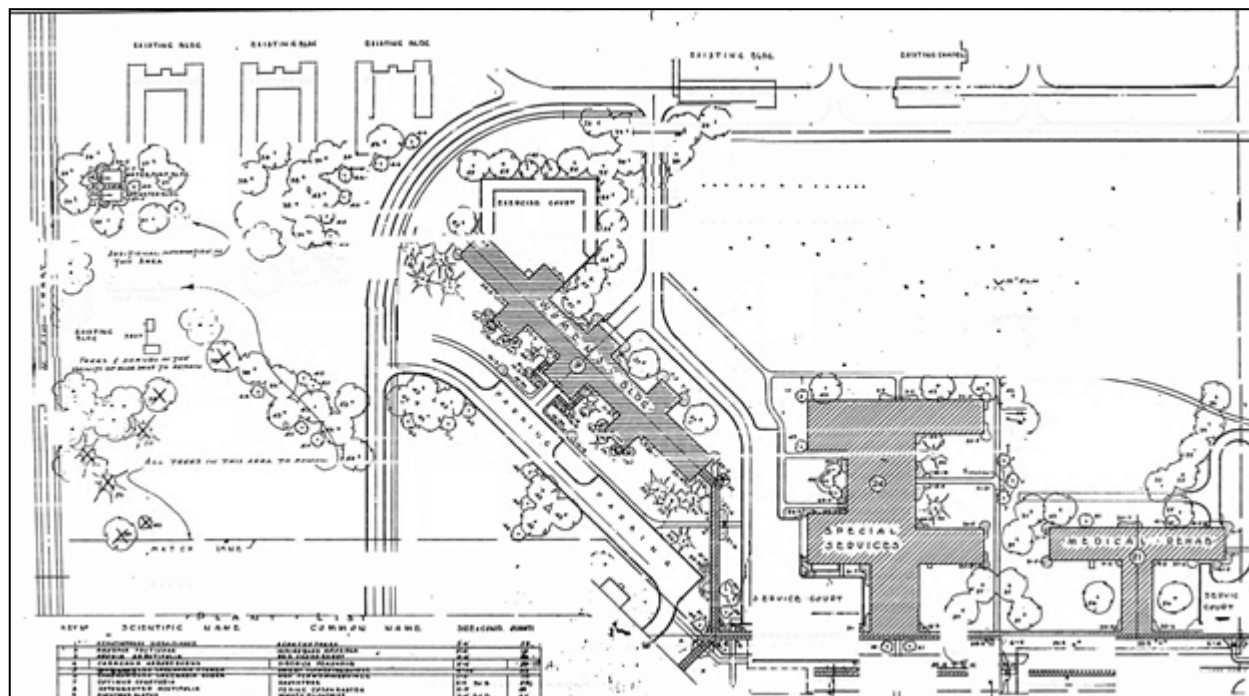


Figure 27. Detail of a planting plan for the section of the hospital campus that included the Womens Building (No. 9) and the buildings for Special Services (No. 24) and Medical Rehabilitation (No. 21) in the 1950s (VA). Note the presence of the existing chapel, i.e., the one associated with Winter VA Hospital, at the top right of the drawing as well as the exercise court connected to the Womens Building at the northeast corner.

Construction commenced in summer 1955. Peter Kiewit Sons, Co., won the contract for construction and had 800 days to complete the work.<sup>47</sup> Work proceeded apace with few interruptions but not without controversy. The Veterans Administration's decision to add air conditioning to the facility, "to the extent of the amount of funds available," made local news, as did the fact the construction contract did not include capacity for building a chapel.<sup>48</sup> The Topeka Ministerial Association, Junior Chamber of Commerce, and former Winter patients decried the perceived oversight. The Veterans Administration planned to utilize the existing chapel from the Winter VA Hospital campus and so had not planned for a new one. As work proceeded, however, the campus design swept away the existing chapel and temporary space had to be found. The Veterans Administration intended for chaplains to use space within the new hospital campus, such as the theater, for services. In response to the outcry, the VA made a new chapel a "high priority" for future construction.<sup>49</sup>

Further controversy arose when Kansas Representative William Avery introduced a bill in Congress to name the hospital after two Topeka lawyers and former commander of the American Legion, Harry W. Colmery and Ralph Thomas O'Neil.<sup>50</sup> The local chapters of the Disabled American Veterans and Veterans of Foreign Wars, later joined by the Sons of the American Revolution, protested the name change and emphasized the importance of Winter and lack of national prominence of Messrs. Colmery

<sup>47</sup> "Work to Start Soon on New VA Hospital," *Topeka Daily-Capital*, July 6, 1955.

<sup>48</sup> "New Hospital Will Get Air Conditioning," *Topeka Daily-Capital*, December 20, 1955; "Hospital Chapel Not in Contract," *Topeka Daily Capital*, November 25, 1957.

<sup>49</sup> "New Hospital Will Get Air Conditioning," *Topeka Daily-Capital*, December 20, 1955; "Hospital Chapel Not in Contract," *Topeka Daily Capital*, November 25, 1957; "VA Hospital Chapel to Get 'High Priority,'" *Topeka State Journal*, December 5, 1957.

<sup>50</sup> "Hospital May Carry Names of Topekans," *Topeka Daily Capital*, January 8, 1958.

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and O'Neil.<sup>51</sup> The hospital staff and alumni of the Menninger School of Psychiatry weighed in, requesting the new hospital be named "Menninger VA hospital" or "Veterans Administration Hospital, Topeka, Kansas." Menninger objected to the former, suggesting it was inappropriate for the facility to be named after a living individual.<sup>52</sup> As the opening drew near and the bill languished in committee, the VA installed plaques inscribed "Veterans Administration Hospital, Topeka, Kansas" at the medical center (Figure 28).<sup>53</sup>

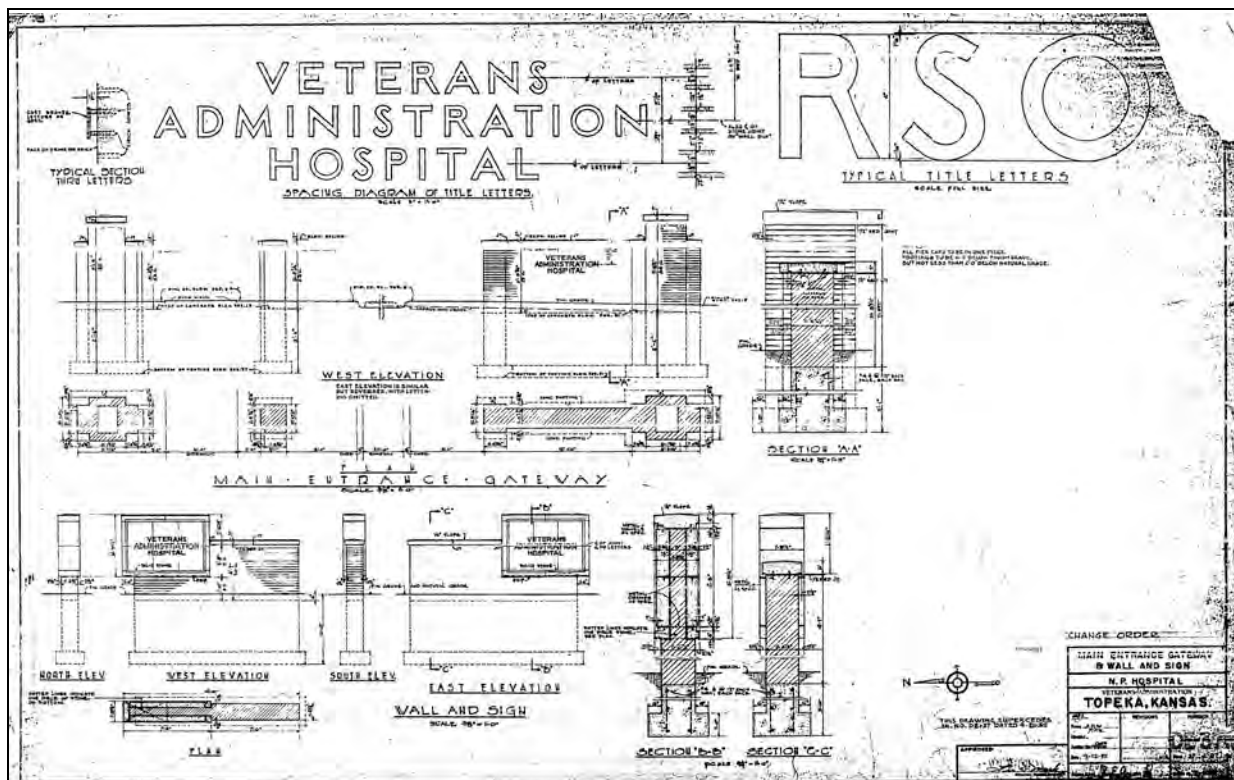


Figure 28. Architectural drawing for the lettering and entrance wall sign of the VA Hospital (VA).

The veterans' hospital opened with fanfare at the dedication ceremony on August 24, 1958. The VA Administrator Sumner Whittier attended, as did various politicians and doctors such as Dr. Karl Menninger. The ceremony featured a performance by the Fort Riley Army band and was followed by a tour of the new medical facility.<sup>54</sup>

### Topeka VA Hospital Campus, 1960s – 1980s

With the new hospital completed and operational, the adjacent Winter VA Hospital stood vacant. The city of Topeka circled the property for use as a park, arguing the city contributed towards the purchase of the land initially in 1942 and should get part of the land back now that it was surplus. However, the state of Kansas eyed the property as well for future use as the Kansas Neurological Institute (KNI). The city of Topeka ultimately withdrew its interest, citing lack of available funds for purchasing the property and an

<sup>51</sup> "DAV Objects to Proposed Name," *Topeka Daily Capital*, January 24, 1958.

<sup>52</sup> "'Menninger Hospital' Urged," *Topeka State Journal*, January 21, 1958.

<sup>53</sup> "For the Time Being, It'll Be 'VA Hospital, Topeka, Kan.," *Topeka State Journal*, May 20, 1958.

<sup>54</sup> "VA Hospital Opens Today," *Topeka Daily Capital*, 24 August 1958.



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undesirability of the land that would not be utilized by KNI.<sup>55</sup> Transfer of the land to the state was completed by July 1959. The state of Kansas intended to use the Winter VA Hospital campus for a three hundred-bed hospital initially and gradually expand it to six hundred beds.<sup>56</sup>

The state of Kansas appropriated a little over \$1 million for construction and operation costs for the first year of KNI at Winter.<sup>57</sup> KNI was designated primarily for the care of children which influenced how the former medical campus was renovated. Plumbing and power systems were overhauled, new roofs and flooring installed, and tables and chairs cut down to accommodate the new, smaller patients.<sup>58</sup> KNI opened to patients on January 5, 1960. The old buildings of Winter were taken down and replaced, starting in 1966 (Figure 29).<sup>59</sup>

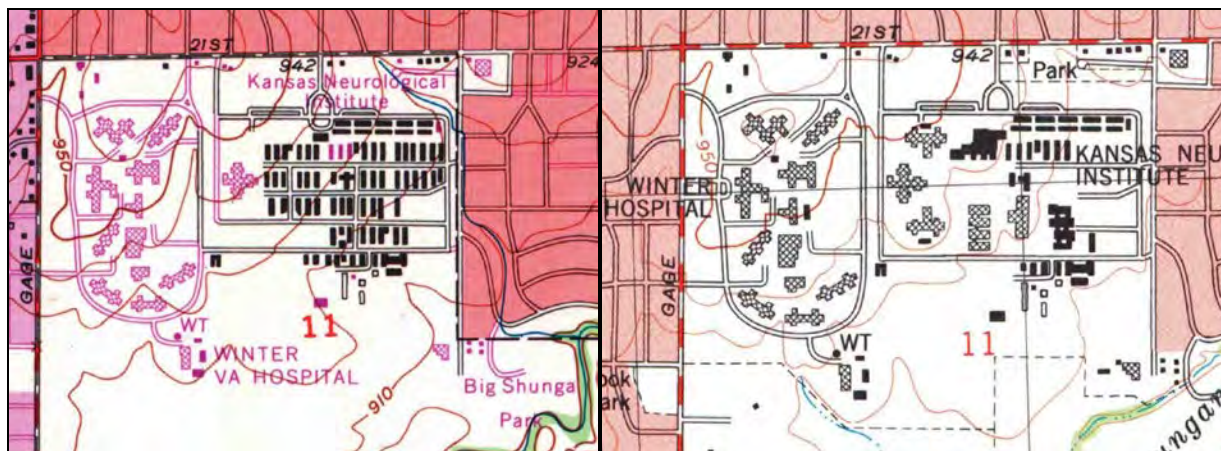


Figure 29. Topographical maps of the Kansas Neurological Institute, on the campus of the former Winter VA Hospital in 1971 and in 1984 to show changes to the medical campus as the buildings of the 1940s cantonment-type, military hospital were removed. The campus of the Topeka VA Hospital is shown on the left in both maps (VA).

Despite opening the Topeka VA Hospital and adaptive reuse of Winter, several construction issues remained for the Veterans Administration to resolve. The promised air conditioning was added gradually to the buildings of the medical center. Initially, only specialized spaces, such as surgical rooms and laboratories, were air conditioned with no cooling for patient areas. The VA Administrator at the time waved off the lack of climate control in other buildings by praising the “resort climate” of Kansas.<sup>60</sup> By spring 1960, most of the patient buildings had air conditioning, with plans underway for the remaining buildings.<sup>61</sup> A memorial fountain that featured multi-colored lights and “laughing waters” was installed to the north of Main Hospital Building (No. 1). It was donated to the hospital center by the fraternal organization Trinity White Shrine No. 7, White Shrine of Jerusalem, and is no longer extant.<sup>62</sup> Finally, in 1964, the Veterans Administration had funding for the construction of a chapel. Built between the Main

<sup>55</sup> “City Back Up, Must Take Another Look at VA Land,” *Topeka State Journal*, April 30, 1959; “Camp Quits Park Quest,” *Topeka Daily Capital*, April 30, 1959.

<sup>56</sup> “Transfer of VA Hospital Land To State Final,” *Topeka Sunday Capital Journal*, July 12, 1959.

<sup>57</sup> “State to Get Old Hospital,” *Topeka State Journal*, July 13, 1959.

<sup>58</sup> “December Opening Set For Neurological Center,” *Topeka State Journal*, November 16, 1959.

<sup>59</sup> “KNI History,” Kansas Neurological Institute, n.d. Available online at [http://www.kdads.ks.gov/kni/KNI\\_History.html](http://www.kdads.ks.gov/kni/KNI_History.html) (accessed December 6, 2013).

<sup>60</sup> “VA Hospital Plans Cool Air System,” *Topeka Daily Capitol*, May 6, 1960; “Queries on Hospital Needs Sidestepped,” n.p., n.d.

<sup>61</sup> “VA Hospital Plans Cool Air System,” *Topeka Daily Capitol*, May 6, 1960.

<sup>62</sup> “\$7,000 Lighted Fountain Is Being Installed at TVH,” *Topeka State Journal*, November 16, 1959.

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Hospital Building (No. 1) and a patient building (No. 6), it had capacity for 230 individuals and spaces for both individual and group worship (Photo 10 and Figures 30-31).<sup>63</sup>

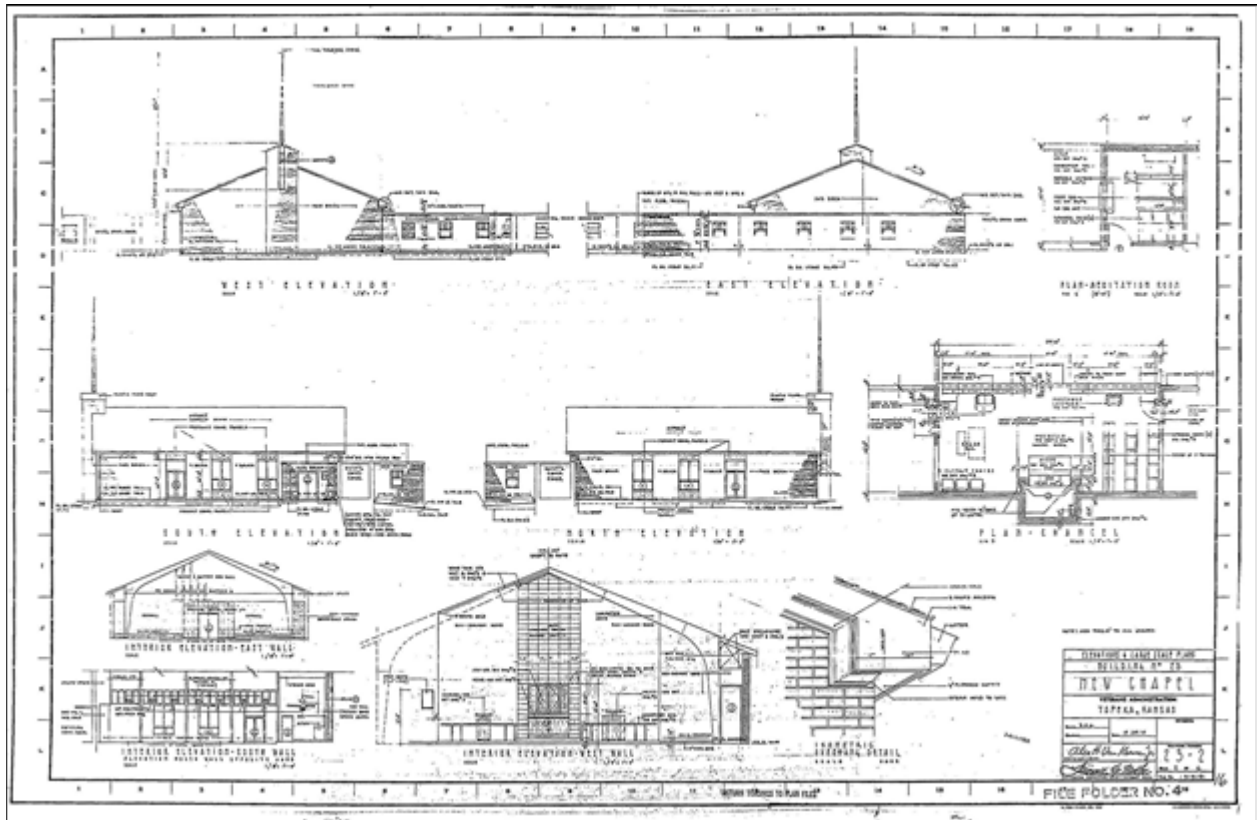


Figure 30. Architectural drawings for the chapel (VA).

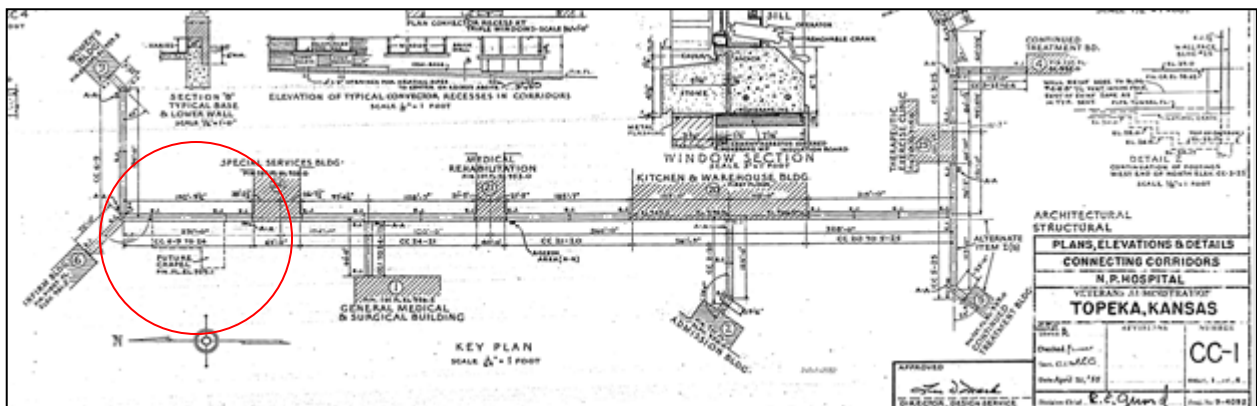


Figure 31. Detail from architectural drawings for the covered corridors showing planned location of the chapel in response to the controversy (VA).

The 1970s witnessed the creation of a nursing home unit and dental clinic within the existing buildings of the medical center. In 1974, the designation of hospital type within the VA's network shifted from

<sup>63</sup> "All-Faith Chapel," *Topeka Daily Capital*, March 27, 1964.

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neuropsychiatric to general medical and surgical. This shift reflected the growth of services for patients that included cardiac rehabilitation, respiratory care, and pulmonary function and inhalation therapy.<sup>64</sup> In 1981, the Topeka VA Hospital was rededicated in honor of Colmery and O'Neil, twenty-three years after the initial proposal by Representative Avery. This change came largely from the support of the former Winter General Hospital patient and Kansas politician, Senator Bob Dole.<sup>65</sup>

### Integrity

The Topeka VA Hospital retains exceptional integrity to the period of significance and for this quality is eligible for listing in the National Register at the national level of significance. The primary significance of the Topeka VA Hospital under Criterion A for health and medicine lies in its role of carrying out the mission of the Veterans Administration in Kansas by providing the most advanced neuropsychiatric care available for veterans of World War II, while its planning and delayed opening exemplifies the politics and governmental forces at work even as the architects of the VA's third generation program decried that very influence over site selection.

As noted, the medical center in Topeka was the last hospital to be constructed by the Veterans Administration as part of the agency's post-World War II or third generation program. Representative of the VA's new standard of neuropsychiatric hospital, the Topeka VA Hospital retains its historic appearance of the low-rise buildings of brick construction with minimal ornamentation. The configuration of the buildings remains intact, as treatment buildings flank the Main Hospital Building (No. 1) which retains its function as the primary point of access for the patients. The connecting corridors still link the buildings, including later additions to the campus, such as the Chapel (No. 23). Support functions remain concentrated at the southeast corner of the medical center campus (see Figure 26).

Changes to the Topeka VA Hospital campus since its opening in 1958 have had limited impact on the historic character of the hospital. Surface parking lots have been added, most notably north of the main administrative building and along the eastern edge of campus at the rear of campus (see Figures 1 and 5-7). Although not part of the original circulation pattern for the hospital campus, the present-day entrance from Gage Boulevard is on axis with the Main Hospital (see Figures 5-6). The axial quality is a planning element found across the VA's hospital campuses and sympathetic to the period aesthetic. New construction and associated parking space are inevitable on an operating hospital campus, yet at Topeka, the buildings are not in prominent locations on the hospital campus and so do not diminish the integrity of the nominated property.

### The Topeka VA Hospital and the *United States Third Generation Veterans Hospitals, 1946-1958 MPL*

The Topeka VA Hospital is eligible for listing in the National Register for its significance to the history of health and medicine in the United States, particularly for the advancement of neuropsychiatric care. Its significance also derives from the hospital's origins in the postwar initiative of the Veterans Administration to provide modern healthcare facilities and treatments to veterans of World War II, as noted above. Under the Veterans Administration's postwar program, collaborative research with universities shaped the third generation of veterans' hospitals from location to staffing to design of patient treatment spaces within the hospital campus. This is especially apparent at the Topeka VA Hospital. In

<sup>64</sup> "VA hospital definite asset," *Topeka Daily Capital*, June 26, 1979.

<sup>65</sup> Gayle R. Davis, *History of the Colmery-O'Neil Veterans Administration Hospital*, ca. 1981, Collections of Public Affairs Office, Colmery-O'Neil VA Medical Center, Topeka, Kansas.

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Topeka, the Menninger family's seminal work in the neuropsychiatric field of medicine made the city a nexus for the kind of integrated healthcare the VA sought to cultivate as the war ended and critiques of its earlier facilities mounted. The setting in an urban or suburban area and near other medical centers defined the Topeka VA Hospital, and the others of the VA's third generation program, as did the neuropsychiatric-specific floor plans, that provided smaller patient wards with treatment rooms and outdoor spaces in proximity. In Topeka, the main building is the focal point of the campus, as the postwar, skyscraper general medical and surgical hospital was elsewhere. It was placed near the entrance and flanked by buildings of compatible scale for patients (Figure 32). All the buildings of the medical center were clad in a tan brick and the banded fenestration created a streamlined horizontality evocative of the period.



Figure 32. Perspective view of the main building of the Topeka VA Hospital (Kansas State Historical Society, Copy and Reuse Restrictions Apply).

As the last to open under the VA's third generation program, Topeka VA Hospital is the bastion of postwar modernism. The modernity of the postwar campus reflects the consensus of medical experts, like the doctors Menninger and Paul Haun, as well as experts in hospital design consulted by the Veterans Administration and the agency's own staff experience with institutional projects. And as it was constructed, the distinction between the cantonment of war and the peacetime's medical modernity was unmistakable (Photo 11 and Figure 33). Thus, in built form and medical history, the Topeka VA Hospital stands at the apex of the third generation of veterans' hospitals administered by the federal government as described in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*. The campus of the Topeka VA Hospital reflects the new standards of medical care and research that were fundamental to the VA's third generation promise, and specifically those of the new hospitals planned for neuropsychiatric patients. These properties are classified as the "Haun-type" under the *United States Third Generation Veterans Hospitals* multiple property documentation form listed in the National Register.



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Figure 33. Aerial view showing the Topeka VA Hospital in 1958 with Winter behind it (Kansas State Historical Society, Copy and Reuse Restrictions Apply).

Of the hospitals built by the federal government following World War II, there are two property types identified under the *United States Third Generation Veterans Hospitals* context that represent continuity in care and innovation in delivery as the new facilities came into service. Phased construction from the end of the 1940s to the end of the 1950s brought new hospitals into the VA healthcare network. These facilities embody one of the property types identified under the *United States Third Generation Veterans Hospitals*: the new hospital. The new hospital property type includes those campuses designed by architects in private practice according to the guidelines developed by the VA and those built by the VA to a standardized plan to economize costs as the agency's third generation program progressed. The neuropsychiatric hospitals are a subtype of the VA-designed hospital because of the specialized treatments and the longer stays the patients required. These needs influenced the campus layout and recalled some features of the earlier VA hospitals, such as the lower-scale buildings of the hospital campus, the connecting corridors, and recreational facilities, and demanded more real estate than the tight urban campus defined by the skyscraper hospital (Figure 34).

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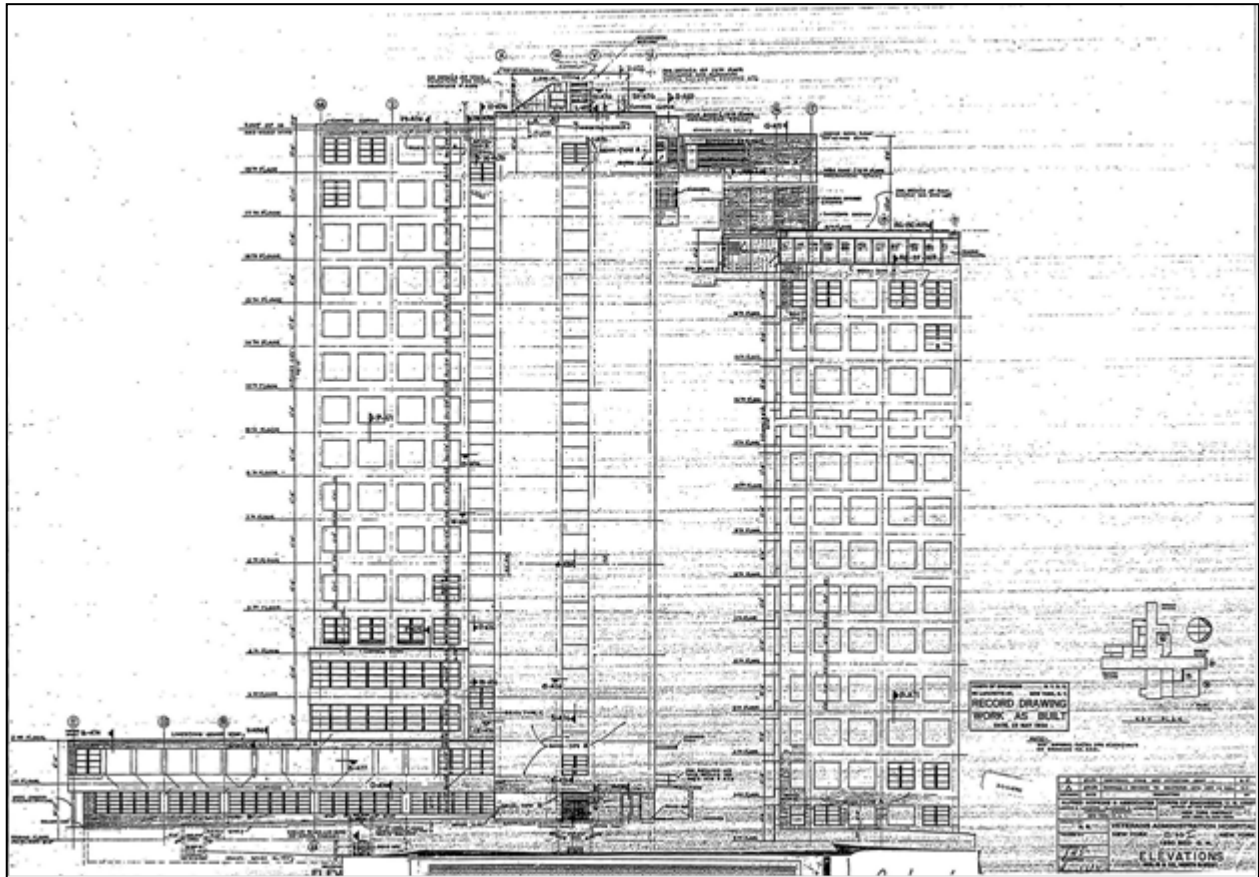


Figure 34. Architectural drawing of the skyscraper hospital form, Manhattan, New York (VA).

The other property type considered under the *United States Third Generation Veterans Hospitals* multiple property documentation form is the transitional hospital. Transitional hospitals filled an immediate need. The property type consists of existing facilities adapted and expanded to provide up-to-date care while the new hospitals were erected from the ground up, such as the adjacent Winter General Hospital (then Winter VA Hospital). While Winter General Hospital is representative of the army cantonment plan, transitional hospitals came into the VA healthcare network from several sources and so do not have a singular plan or appearance across the property type (Figure 35).

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Figure 35. View of the Veterans Administration Hospital in Dublin, Georgia, constructed by the U.S. Navy and transferred after World War II to the VA – an example of the transitional property type referenced in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*, Section F.

The Topeka VA Hospital, the successor to Winter, is representative of the Veterans Administration's third generation program that was at once practical and innovative. The VA reused the existing healthcare infrastructure as it defined new standards for hospital construction that would symbolize modernity and satisfy contemporary needs during the agency's third generation program. The Topeka VA Hospital is an important example of the national program, as the extant military hospital of Winter was folded into the VA network and its operation afforded the agency time to develop standards for neuropsychiatric hospital design and to train medical personnel in keeping with the latest research. The majority of patient beds in the Topeka VA Hospital were allocated for neuropsychiatric patients, but the hospital served general medical and surgical patients as well. The Topeka VA Hospital is significant in the context of the Veterans Administration's third generation program for its provision of medical services to veterans living in Kansas. Moreover, it is the only VA hospital campus in Kansas that is eligible for listing under the post-World War II context. Registration requirements for new hospitals under the *United States Third Generation Veterans Hospitals* multiple property listing emphasize the scale and site layout of the property. To fully convey the integrity of place, a number of the buildings must survive, as at the Topeka VA Hospital where the campus is extraordinarily intact. Original circulation patterns and spatial relationships are also visible.

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In sum, to be eligible for listing under the *United States Third Generation Veterans Hospitals* multiple property submission, the Haun-type hospitals must include the main building of the medical campus as well as retain a proportionate amount of the campus infrastructure so the site layout and spatial relationships of the original buildings and outdoor areas are evident. The Topeka VA Hospital does that – distinguished as it is by the Moderne or streamlined detailing in the brick exteriors of the low-scale buildings that provides visual cohesion across the medical campus and conveys integrity in feeling and association as well as in materials and workmanship. Integrity of design and setting for the campus is enhanced by that of location. With just four noncontributing resources to the proposed historic district, the integrity of the Topeka VA Hospital campus is exceptional.



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## 9. Major Bibliographical References

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

Architectural drawings, Collections of Engineering Office, Colmery-O'Neil Veterans Affairs Medical Center, Topeka, Kansas.

Hannah, Lindsay and Susan Barrett Smith, *United States Third Generation Veterans Hospital National Register of Historic Places Multiple Property Documentation*, September 2011.

Various, *Topeka State Journal*, Topeka, Kansas.

Various, *Topeka Daily Capital*, Topeka, Kansas.

---

### **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 No. \_\_\_\_\_
- recorded by Historic American Engineering Record No. \_\_\_\_\_
- recorded by Historic American Landscapes Survey No. \_\_\_\_\_

### **Primary location of additional data:**

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository: Collections of Federal Preservation Officer, U.S. Department of Veterans Affairs, Washington, D.C.

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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## 10. Geographical Data

**Acreage of Property** 119 acres

Use either the UTM system or latitude/longitude coordinates

### Latitude/Longitude Coordinates

Datum if other than WGS84: \_\_\_\_\_  
(enter coordinates to 6 decimal places)

A. Latitude: 39.029450	Longitude: -95.719283
B. Latitude: 39.029484	Longitude: -95.724901
C. Latitude: 39.022260	Longitude: -95.724844
D. Latitude: 39.022189	Longitude: -95.722138
E. Latitude: 39.020693	Longitude: -95.720169
F. Latitude: 39.020665	Longitude: -95.718885
G. Latitude: 39.022681	Longitude: -95.718941
H. Latitude: 39.022684	Longitude: -95.716865
I. Latitude: 39.024121	Longitude: -95.716841
K. Latitude: 39.024124	Longitude: -95.718805
J. Latitude: 39.024465	Longitude: -95.718806
L. Latitude: 39.024664	Longitude: -95.719219

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

See the Plan View Map for a general locational reference map and aerial view of the property with the boundary for the Topeka VA Hospital marked in a black line.

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

The boundary reflects the historic campus of the third generation, veterans' hospital built by the Veterans Administration in 1955 to 1958.

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**11. Form Prepared By**

name/title: Lindsay S. Hannah / Project Manager  
organization: R. Christopher Goodwin & Associates, Inc.  
street & number: 309 Jefferson Hwy, Suite A  
city or town: New Orleans state: LA zip code: 70121  
e-mail lhannah@rcgoodwin.com  
telephone: 504.837.1940  
date: August 2014; edited, VA, 2018.

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**Additional Documentation**

Submit the following items with the completed form:

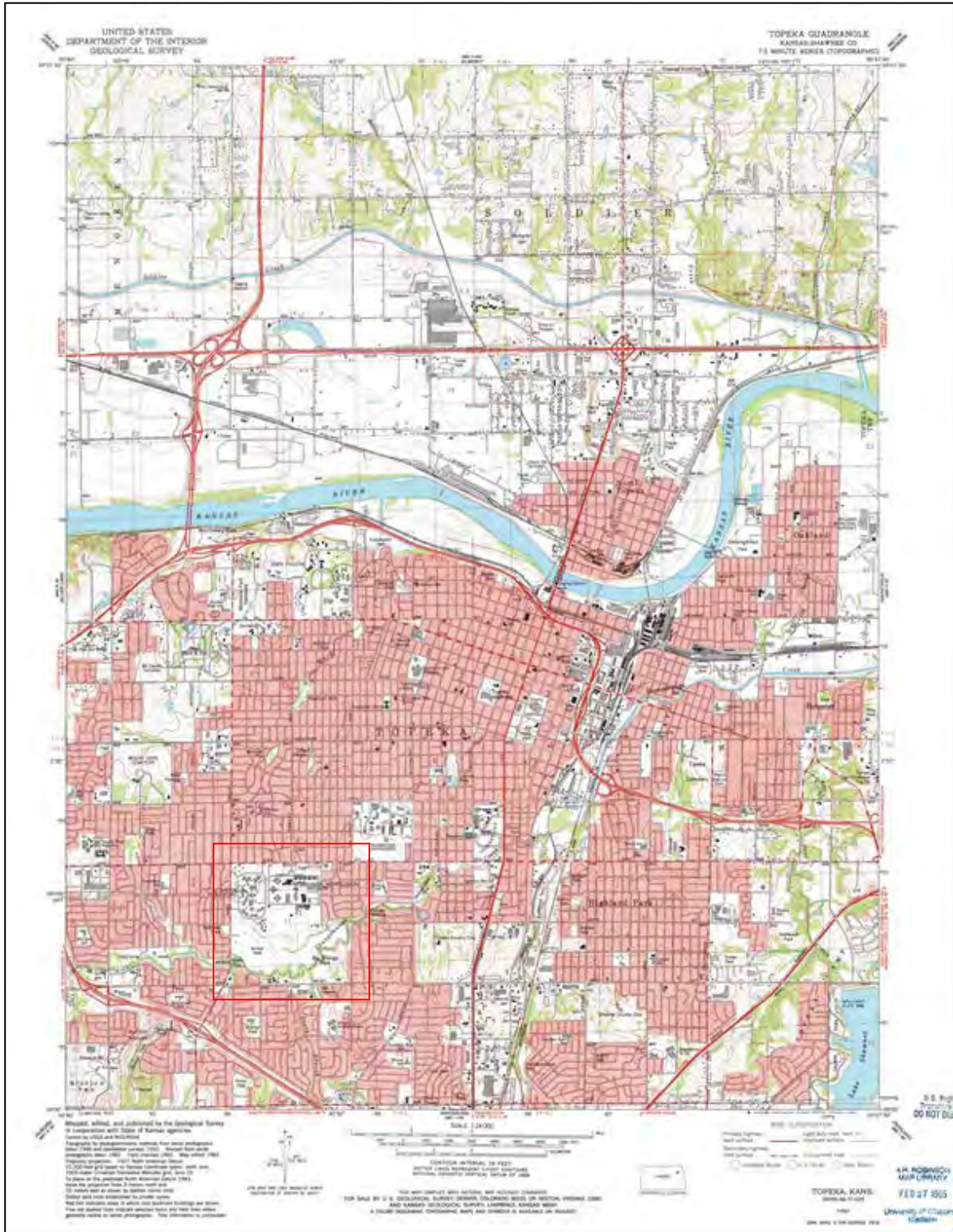
- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any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

(See Next Page)

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**USGS Topographic Map (1983, 1:24000):**

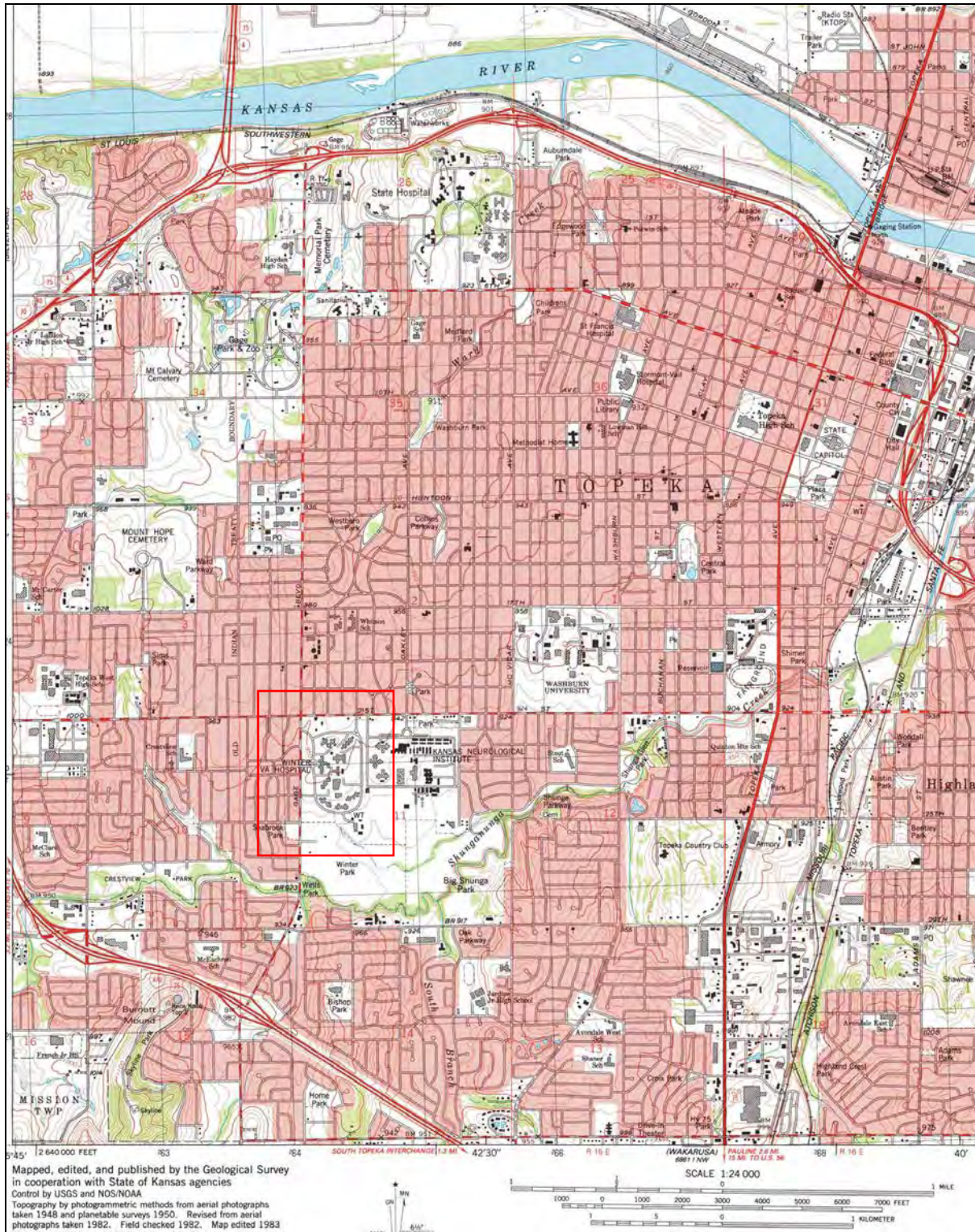




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Detail, USGS Quadrangle Map, Plan View:





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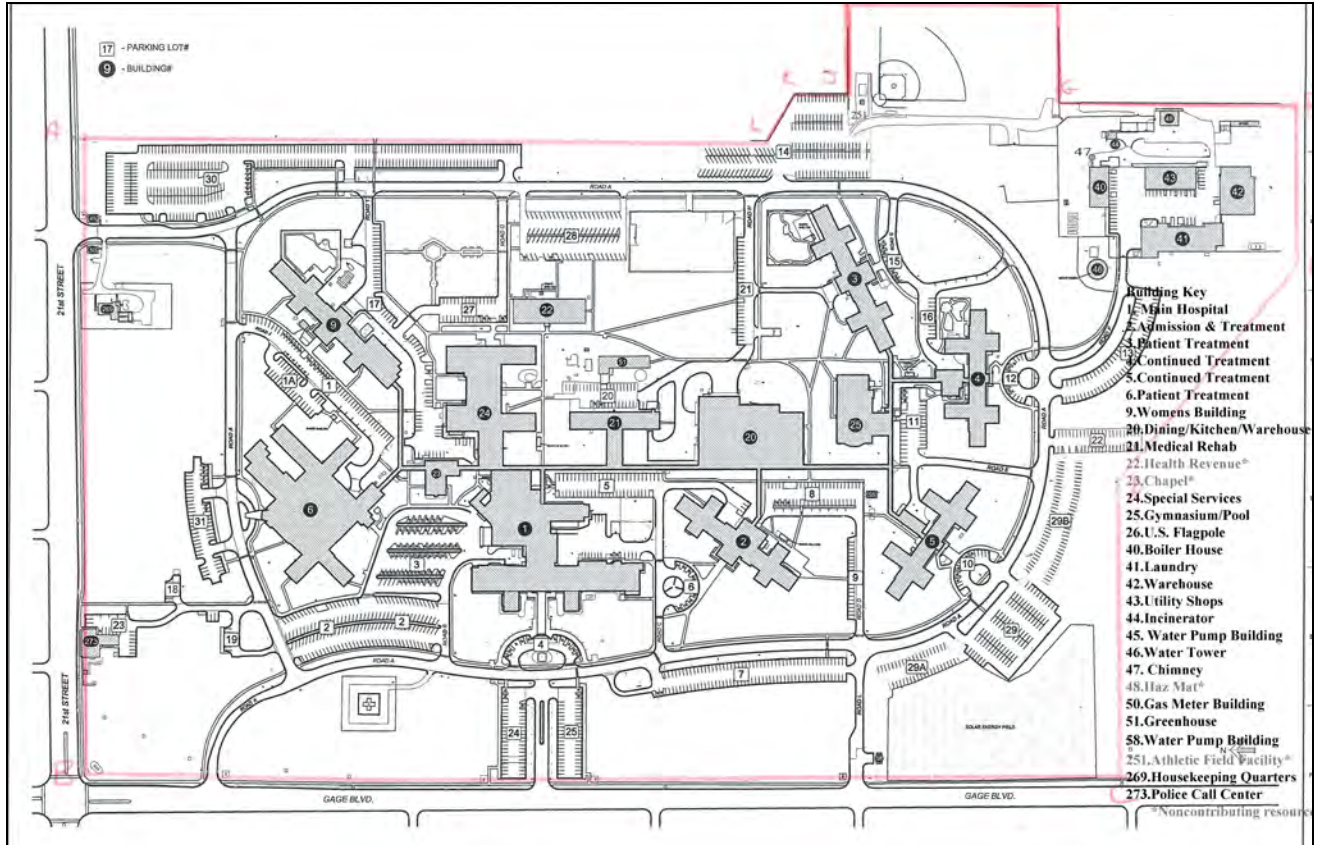
**Boundary Map:**



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**Sketch Map:**

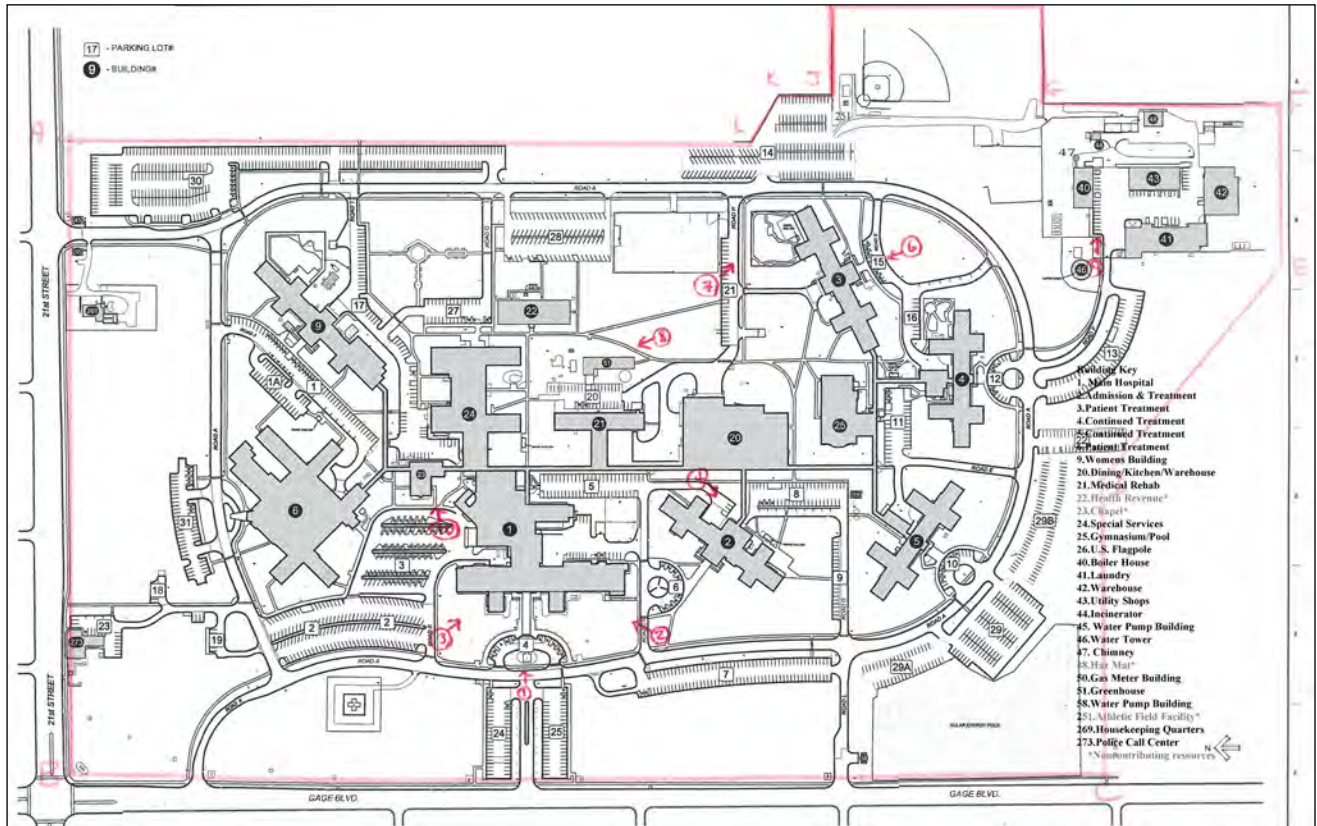




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Sketch Map/Photo Key:





Topeka VA Hospital  
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### Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

### Photo Log

Colmer-O'Neil VA Medical Center  
Topeka, KS  
Shawnee County

Photographer: Lindsay Hannah  
Date Photographed: March 19, 2013

1. Main entrance of Colmery-O'Neil VA Medical Center from Gage Boulevard and west elevation of Building No. 1. Camera pointed east.
2. Southwest corner of Building No. 1. Camera pointed northeast.
3. Detail of main entrance on west elevation of Building No. 1. Camera pointed southeast.
4. Southeast elevation of Building No. 2 with connecting corridor. Camera pointed southwest.
5. Interior of connecting corridor linking Building No. 2 and Building No. 20. Camera pointed east.
6. Southeast elevation of Building No. 3. Camera pointed northwest.
7. Brick wall enclosing exercise yard located to northwest of Building No. 3. Camera pointed southeast.
8. East elevation of Building No. 51. Camera pointed northwest.
9. West elevation of Building No. 40. Camera pointed east.
10. West elevation of Building No. 23. Camera pointed northeast.
11. View of Topeka VA Hospital with former Winter Army hospital in background. Image ca. 1958. Collections of Public Affairs, Colmery – O'Neil VAMC, Topeka, Kansas.

**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 100 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.



COLMERY-ONES, VA MEDICAL CENTER

DO NOT  
ENTER

STOP

Eastern Kenton  
Health Care System  
"Welcome  
Veterans  
and Your  
Families"

← Building 1  
Emergency  
Department  
Outpatient  
Services

→ Building 2  
X-Ray  
Imaging  
Center









COLMERY-O'NEIL VA MEDICAL CENTER

HANDICAPED  
PARKING

























40



ST. JOHN'S  
LUTHERAN CHURCH  
1000 S. 10th St.  
Minneapolis, MN 55404  
Phone: 612-338-1234

23

NO PARKING





KEY

- 1 GM&S AND ADMINISTRATION BLDG
- 2 AND 5 N.P. WEST
- 3 AND 4 N.P. EAST
- 6 INFIRM BLDG
- 9 WOMEN'S BLDG.
- 20 KITCHEN, DINING HALL AND WAREHOUSE
- 21 MEDICAL REHABILITATION BLDG
- 24 SPECIAL SERVICE BLDG
- 25 THERAPEUTIC EXERCISE CLINIC BLDG
- 40-43 ENGINEERS
- 60 ATTENDANTS' QUARTERS
- 61 NURSES' QUARTERS

my office  
(Personnel)



UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

Requested Action:

Property Name:

Multiple Name:

State & County:

Date Received: 1/29/2019      Date of Pending List: 2/12/2019      Date of 16th Day: 2/27/2019      Date of 45th Day: 3/15/2019      Date of Weekly List: 3/8/2019

Reference number:

Nominator:

Reason For Review:

Accept       Return       Reject      3/7/2019 Date

Abstract/Summary  
Comments:

Recommendation/  
Criteria

Reviewer Alexis Abernathy      Discipline Historian

Telephone (202)354-2236      Date \_\_\_\_\_

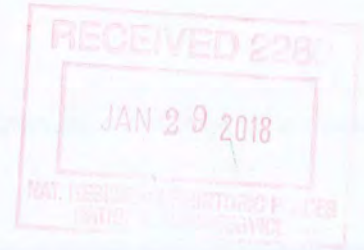
DOCUMENTATION:    see attached comments : No    see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



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

January 28, 2019



Christopher Hetzel, Acting Director  
National Register of Historic Places  
National Park Service  
1849 C Street, NW (7228)  
Washington, DC 20240

Dear Mr. Hetzel:

The Department of Veterans Affairs (VA) is pleased to submit the enclosed National Register of Historic Places nomination for Topeka VA Hospital, in Shawnee County, Kansas, as part of our multiple property cover, *United States Third Generation Veterans Hospitals, 1946-1958*.

If you have questions regarding the nomination, please feel free to contact me. I can be reached at 202-632-5462.

Sincerely,

A handwritten signature in blue ink, appearing to read "Doug Pulak" with "for D.P." written in smaller letters to the right.

Douglas Pulak  
Federal Preservation Officer

Encl.