

United States Department of the Interior  
National Park Service

MP 2664

# 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: Grand Island VA Hospital  
Other names/site number: Grand Island CBOC  
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: 2201 North Broadwell Avenue  
City or town: Grand Island State: NE County: Hall  
Not For Publication:  Vicinity: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:

    national      x statewide          local

Applicable National Register Criteria:

x A          B      x C          D

	<u>5/23/18</u>
Signature of certifying official/Title:	Date
<u>VA FPD</u>	<u>5/30/18</u>
State or Federal agency/bureau or Tribal Government	

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

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Signature of commenting official: \_\_\_\_\_ Date \_\_\_\_\_

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Title : \_\_\_\_\_ State or Federal agency/bureau or Tribal Government \_\_\_\_\_

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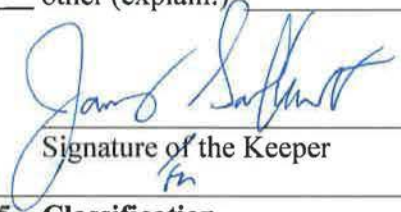
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**4. National Park Service Certification**

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

7.13.2018  
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>10</u>	<u>4</u>	buildings
<u>          </u>	<u>          </u>	sites
<u>          </u>	<u>          </u>	structures
<u>          </u>	<u>          </u>	objects
<u>10</u>	<u>4</u>	Total

Number of contributing resources previously listed in the National Register 0

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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.)

Modern Movement

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

Principal exterior materials of the property: brick

### 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 U.S. Department of Veterans Affairs facility in Grand Island, Nebraska, consists of a 26.6 -acre campus in the northern part of the city. The focus of the medical campus is the multistory main hospital building, clad in tan brick with architectural detailing emphasized through variations in building materials such as limestone and rows of a darker brick. Nine smaller buildings contribute to the historic district, referencing the architectural style of the main hospital building through more modest means. An additional four buildings have been added to the campus since the opening of the veterans' hospital in 1950 (Figure 1).



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Figure 1. (above) architectural rendering of the medical campus proposed for Grand Island, and (left) aerial view of the veterans' hospital as built in 1951 (VA).

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Figure 2. (top) aerial view of the Grand Island VA Hospital in 1993 and (bottom) corresponding topographical map of the site, also dated 1993, to show change over time. Primarily residential development in the area adds density to the neighborhood while, within the grounds, surface parking replaced green space in plan. These changes, however, left the circulation patterns and sightlines of the campus intact. See Figure 3 (below) as well (VA). Note: images rotated to visually relate to the architectural rendering in Figure 1; north is to the left.



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This nomination proposes the listing of the medical center campus with ten contributing resources and four noncontributing resources. The property retains its integrity to the period of significance which spans the years from the opening of the hospital in 1950 to the end of the postwar construction program in 1958. This postwar program is the third generation of veterans' hospitals built by the Veterans Administration, following those planned after the Civil War and World War I.<sup>1</sup> The Grand Island VA Hospital is in its original location and continues to fulfill its mission of providing modern healthcare to veterans. Its setting and the spatial relationship of the buildings within the campus remain consistent with that established during the period of significance despite the introduction of the four small-scale ancillary buildings and surface parking lots (Figures 2-3). Use of the support buildings may have changed over time but those functions are largely compatible as administrative functions replaced staff housing, for example. The resources of the campus maintain scale, materials, and form set during the period of significance; additions to the main hospital leave the primary elevation intact and its mid-century modern aesthetic undiminished (see Photo 1, below). The historic property, therefore, retains integrity of location, design, setting, workmanship, materials, feeling, and association overall (Figure 3).

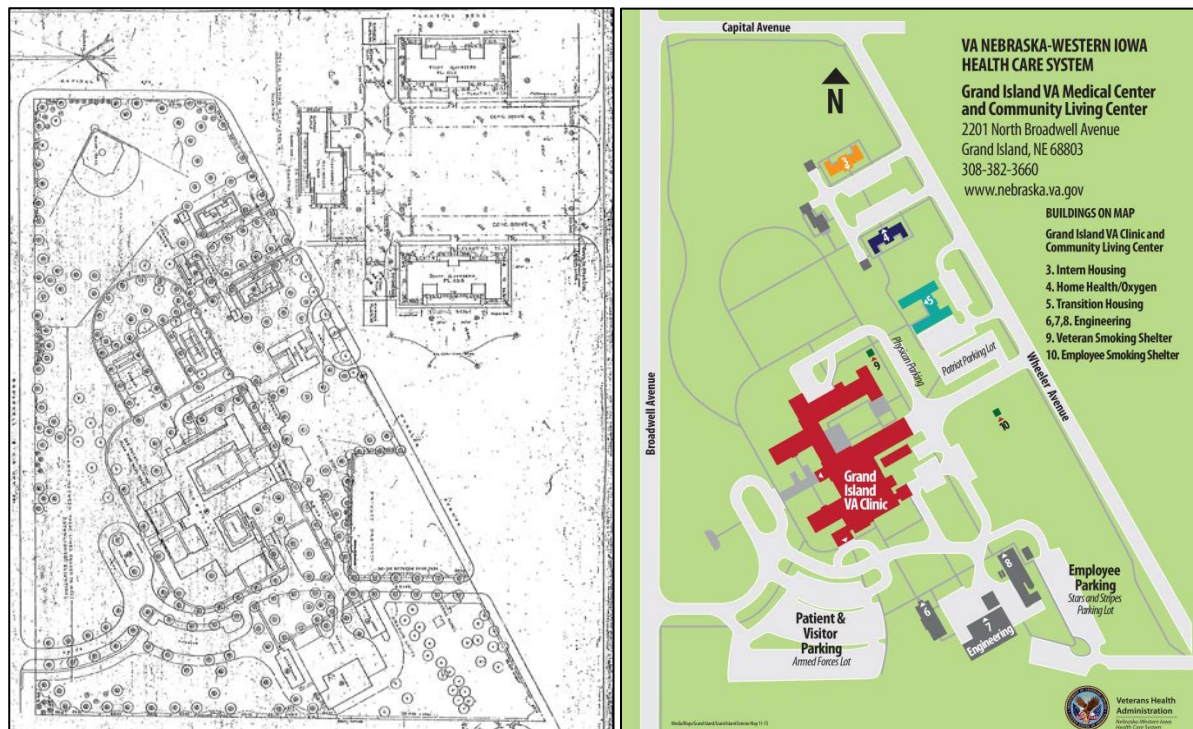


Figure 3. (left) planting plan for the site ca. 1950 and (right) sketch map of the campus today (VA).

<sup>1</sup> The first hospitals were the National Homes for Disabled Volunteer Soldiers – eleven were built altogether and five have been designated National Historic Landmarks. The second generation of veterans' hospitals planned and erected by the Veterans Administration was initiated after World War I; the multiple property documentation form was listed in the National Register of Historic Places in 2012 and around forty of the hospitals constructed during that program have been placed on the National Register.

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There are plans to develop a portion of the northwest corner of the property with low-scale, brick veneer apartment buildings as part of a program for veterans housing. The buildings will occupy open space behind the quarters for the manager or director of the property and to the side of the staff quarters (Buildings # 2-3). The new housing project, as planned, eliminates green space, but the historic site design and circulation patterns are legible and largely unaltered. Integrity of the medical campus, therefore, would not be affected.<sup>2</sup> In the sketch map of the campus, shown above, the proposed project is located left of the “north” arrow – close to the intersection of Broadwell and Capital avenues and the location appears in the aerial photograph below (Figure 4).

### Narrative Description

The Grand Island campus is situated in the northern part of the city, adjacent to mid-twentieth century residential and limited commercial development, a park, and the state veterans’ home. The roughly 27-acre campus consists of a main hospital building with thirteen dependencies concentrated at the rear of the main building. Alterations to the campus have been minimal, and primarily consist of the addition of surface parking lots adjacent to several buildings (Figure 3). As with many of the VA’s third generation of veterans’ hospitals, the main building exhibits the majority of the architectural detail; the other buildings on campus are more utilitarian in appearance. The campus was not designed with elaborate landscaping plans, but many of the trees appear to survive from the early days of the hospital. The northern end of the campus is shielded from the adjacent major road by a screen of pine trees (Figure 4).

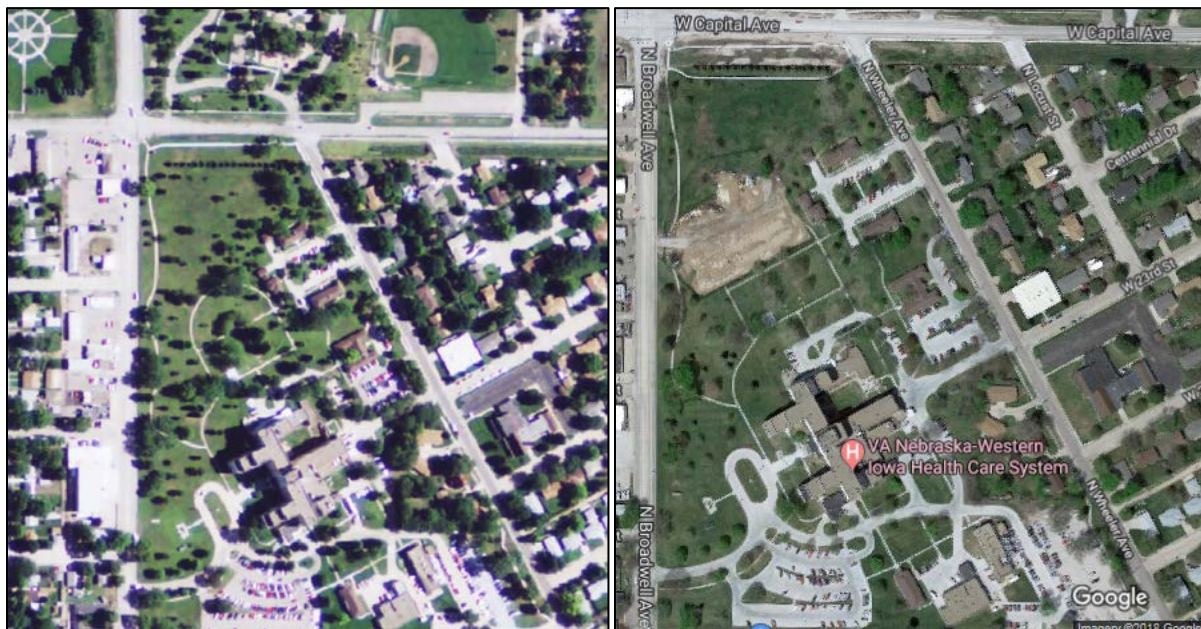


Figure 4. (left) aerial view, 2012 (VA), and (right) aerial view, 2018 (Google Map Imagery).

<sup>2</sup> The development is part of the BURR Initiative to repurpose underutilized land owned by the Department of Veterans Affairs (VA) to end homelessness of veterans. The project planning is ongoing and with consultation of the State Historic Preservation Office (correspondence on file, VA).



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Building #1  
Historic / Present Use: Main Hospital Building  
Year Built: 1950  
Status: Contributing



Figure 5. (above) View looking east to the main hospital, 1950 (VA), and view of the southwest (front) façade, 2018 (Linda E. Williams, Engineering Technician, COR VA).

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The five-story main hospital building at Grand Island gracefully interprets the streamlined qualities of modern architecture of the mid-twentieth century without veering into the strict functionality characteristic of later veterans' hospitals of this period. The subtle emphasis on horizontality, created through ribbons of windows and stone trim, is interrupted via vertical planes of stone at the projecting wings and midpoint of the building's southwest (primary) elevation, shown here shortly after completion in 1950. The middle five bays project above the surrounding roofline, drawing focus to the center of the structure and, thus, to the primary entrance. The broad surface of the central block is broken up by two projecting wings that extend to the southwest. These wings feature stepped roofs, taking the wings from five to three stories in height, further pushing the emphasis to the inner portions of the structure. Each section of the building is crowned in a flat roof (Figure 5).

The main hospital building is clad predominately in tan brick laid in a common bond with sixth row headers. Limestone bands delineate and frame the tiers of windows. Between these limestone bands and on level with the window muntins, slightly darker colored brick within the header course gives an understated emphasis to the horizontal lines of the structure (see Photo 1).

The footprint of the building consists of a central spine with two wings projecting to the southwest from the front of the building and three irregular wings projecting to the northeast from the rear of the building (Figure 6). The three irregular wings extending from the northeast elevation are clad in the same tan brick with limestone bands, but are of various heights and lengths. A one-story addition, completed in 1989, fills in the space between two of the projecting wings at the south end of the northeast elevation (see Photo 4).

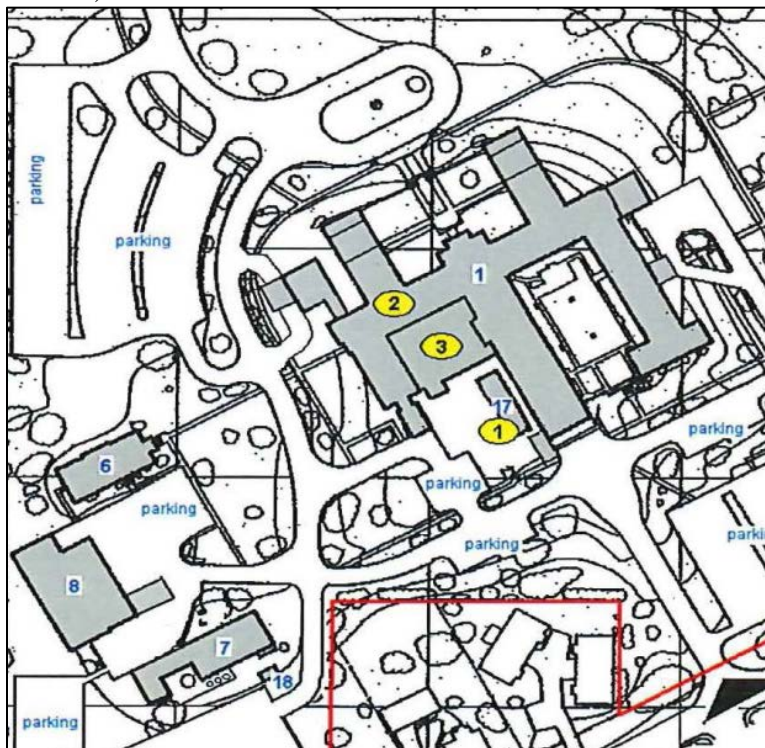


Figure 6. (left) Detail from site map showing the main hospital and highlighting three projects undertaken in the 1980s, including the one-story addition – noted by the number three – and Building #17 – noted by the number one here. The second project was related to life-safety improvement (number two).

(below) Elevation views, moving clockwise from the southwest (front), to northwest, northeast (rear), and southeast, Linda E. Williams, COR VA, April 2018.



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The southwest elevation features three entrances, the primary one at the center of the elevation and one on the inner face of each wing. Each entry point is highlighted by limestone paneling several stories in height, a carved granite surround, and a shallow metal awning (see Photo 2). The central entrance is emphasized further by a plate glass window surround alluding to the two-story lobby contained within. A small metal and glass enclosure has been added to this primary entrance; this enclosure generally is in keeping with the architectural character of the building. While this central entrance remains an access point for the hospital building, the chief entry for patients has been moved to a small addition affixed at the south corner of the building (see Photo 5). This addition utilizes the same tan brick of the exterior and employs concrete to mimic the limestone bands.

#### Building #2

Historic / Present Use: Manager's Quarters (possibly vacant)  
Year Built: 1950  
Status: Contributing

The quarters for the hospital manager are adjacent to the former staff quarters (Buildings #3 and #4). The grouping creates a small residential unit north of the main hospital building (Figure 7). The manager's quarters is a two-story building featuring the same tan brick and bands of dark brick as the main hospital, but the appearance is decidedly more residential in character (see Photo 6). The house includes a symmetrical façade with a central entrance capped with a shallow decorative portico, hip roof covered in asphalt shingles, and external chimney. A small garage and porch flank the central portion of the structure, resulting in a roughly rectangular footprint. The building is oriented towards the northeast, thus, away from the main hospital building to provide a measure of privacy.

#### Building #3

Historic Use: Staff Quarters  
Present Use: Home Based Primary Care / Pharmacy  
Year Built: 1950  
Status: Contributing

#### Building #4

Historic Use: Staff Quarters  
Present Use: VISN Office / State Fire Marshal  
Year Built: 1950  
Status: Contributing

Buildings #3 and #4 are mirror images of one another, facing one another across a cul-de-sac and adjacent to the manager's quarters (Building #2). Both buildings are one-story in height, clad in the same tan brick as the other historic buildings on campus, and feature symmetrical facades (Figure 8). Both buildings are topped with hip roofs and include a central chimney at the rear (see Photo 7). Buildings #3 and #4 reference the architectural style of the main hospital building with the bands of darker bricks emphasizing the horizontal lines of the buildings. To accommodate a shift in use from residential to administrative, the

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front doors have been replaced and the rear porches enclosed. Both buildings feature a shallow C-shaped footprint, with Building #3 oriented towards southeast and Building #4 oriented towards the northwest.

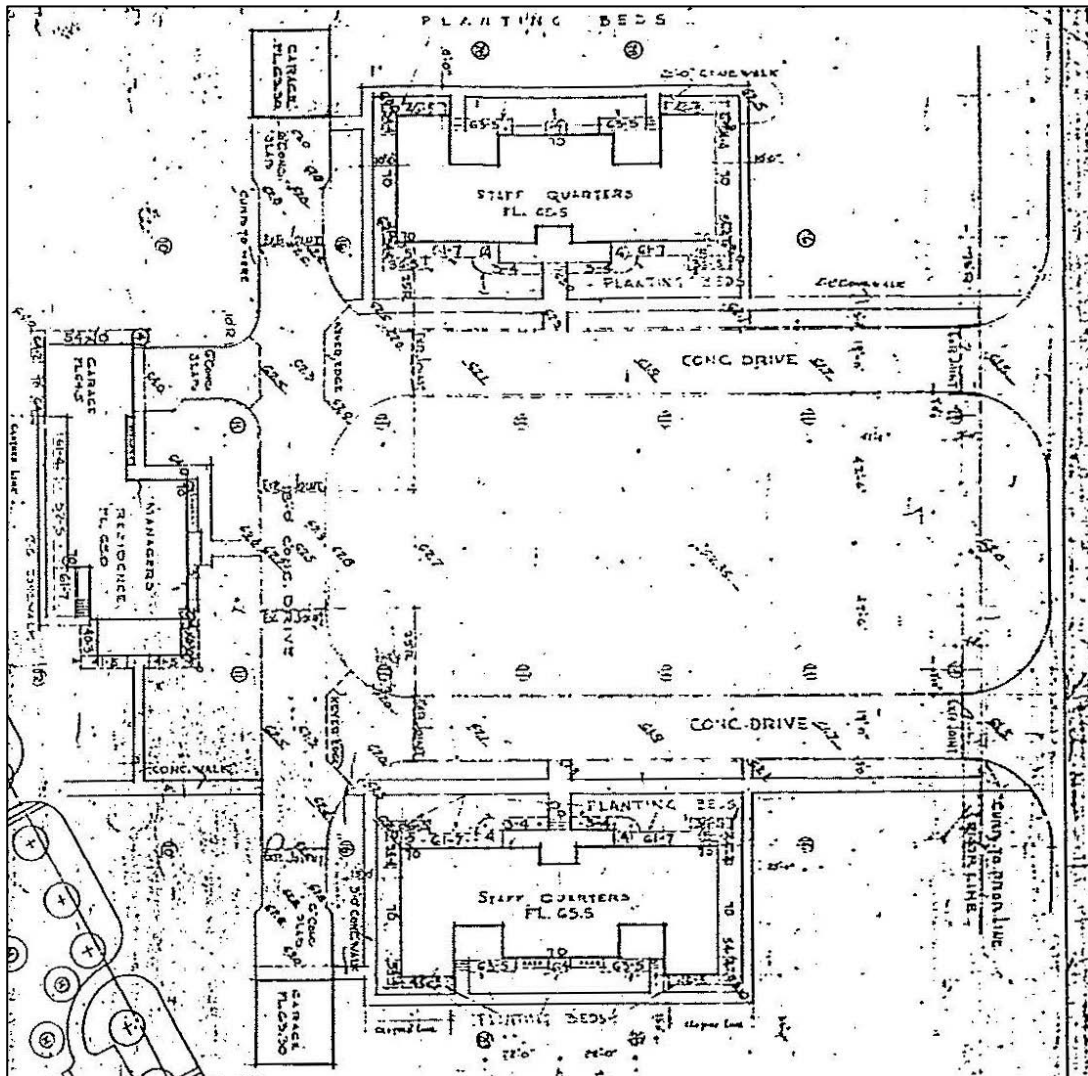


Figure 7. Detail from planting plan prepared for the site in 1950 to show the cul-de-sac of staff housing located northeast of the main hospital (VA). Note: Building #3 is to the north of the drive (i.e., top of drawing), Building #4 to the south and Building #2 (the manager's quarters) is to the west.



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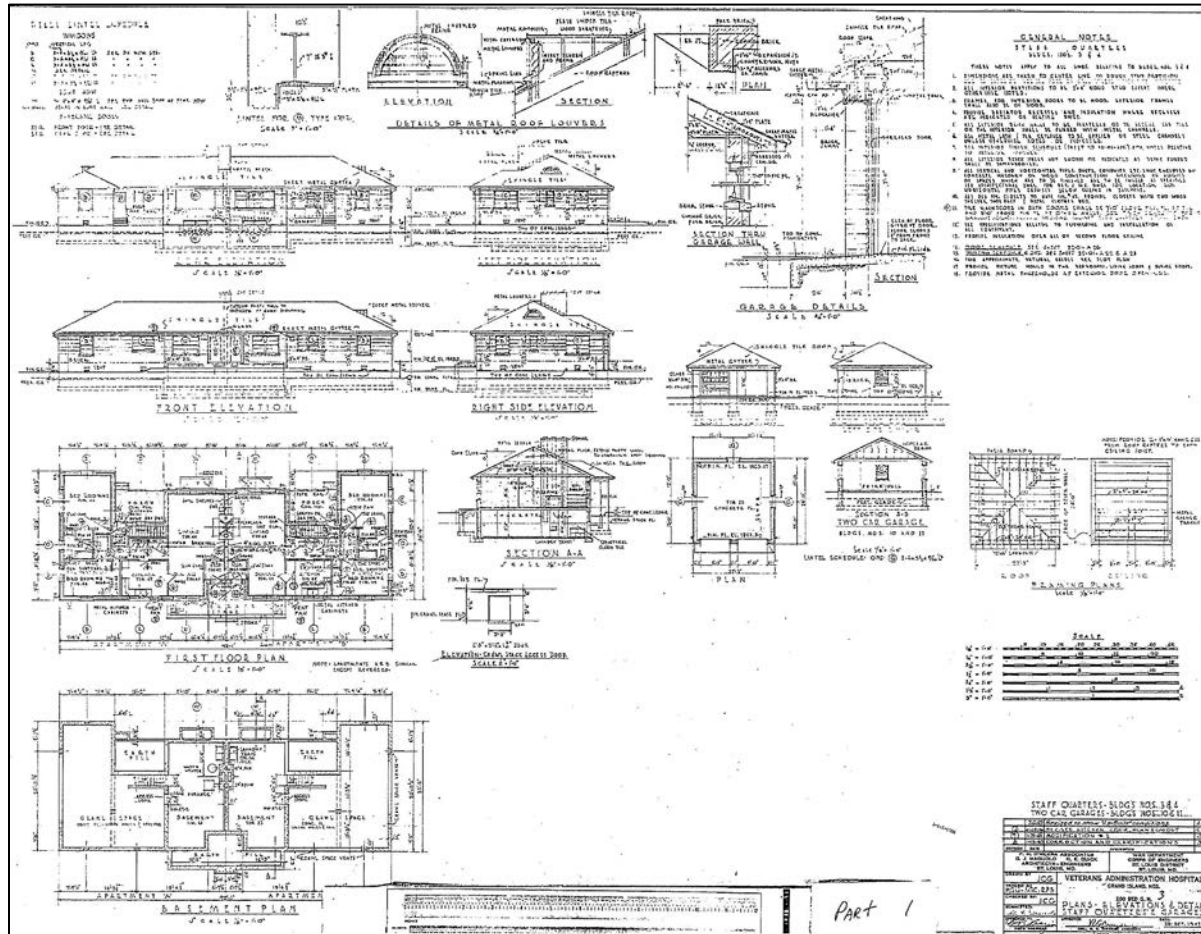


Figure 8. Plans and elevation drawings of the staff quarters (Building # 3 and Building #4) and accompanying garages (Building #10 and Building #11) (VA).

**Building #5**

Historic Use: Nurses' Quarters  
 Present Use: Home Oxygen / Transition Housing  
 Year Built: 1950  
 Status: Contributing

The former nurses' quarters are located northeast of the main hospital building, near the former staff and director quarters (Buildings #2, #3, and #4), but are not part of the same grouping. This one-story building features an H-shaped footprint oriented towards the northeast and Wheeler Avenue (Figure 9). The tan brick with bands of darker brown brick mimics the architectural style of the main hospital building. This brick detailing serves as the only architectural ornamentation for the structure, give the simple projecting entrance, double-hung sash windows, and a hip roof.

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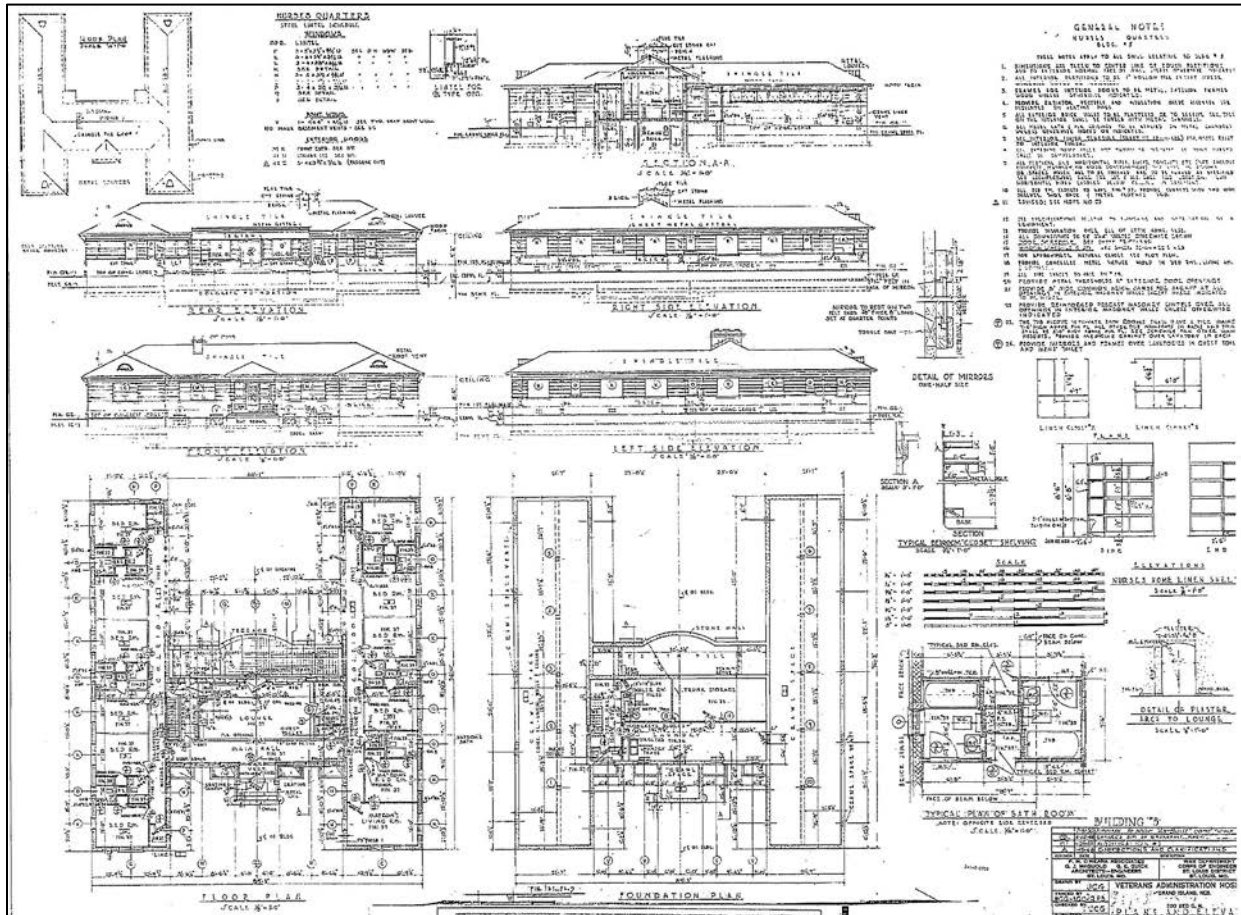


Figure 9. Plans and elevations for the nurses' quarters (Building #5) (VA).

**Building #6**

Historic Use: Attendants' Quarters  
Present Use: Education / Engineering  
Year Built: 1950  
Status: Contributing

The former attendants' quarters are not located near the other staff residential buildings on the campus, but rather are located near the boiler house (Building #7) and facility garage (Building #8) south of the main hospital building. However, the building does resemble these other quarters via the overall residential appearance, the predominantly tan brick exterior punctuated by bands of darker brick, its one-story height, and a hip roof. The conversion from residential to administration and education has resulted in some minor alterations, including the addition of a handicap ramp on the northeast elevation. The building has a roughly rectangular footprint with an orientation towards the northeast.

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**Building #7**  
Historic / Present Use: Boiler House  
Year Built: 1950  
Status: Contributing

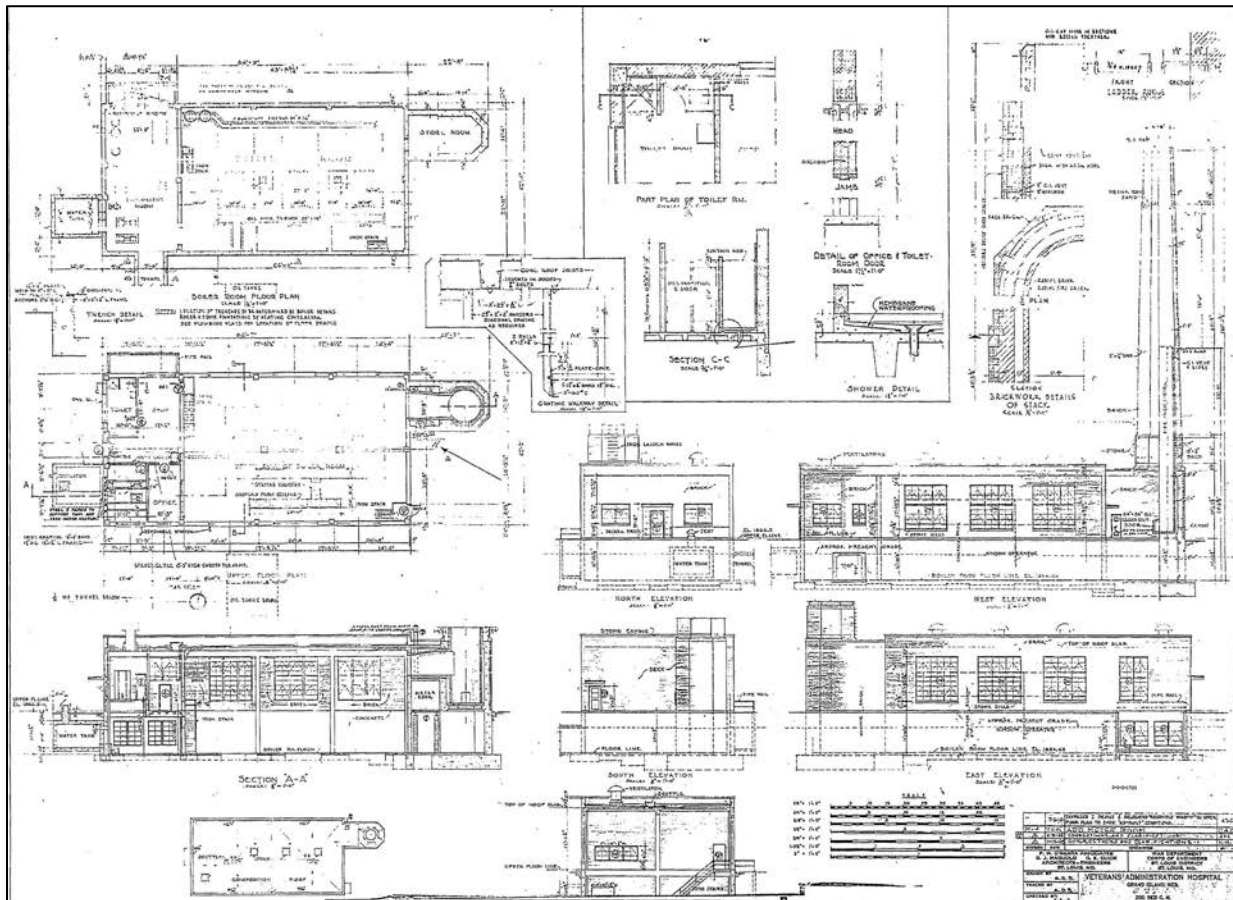


Figure 10. Plans and elevation drawings for the boiler house (Building #7) (VA).

Located at the southern end of the campus, the boiler house is located near the garage (Building #8) and engineering offices (Building #6). The boiler house is utilitarian in appearance, clad in tan brick but lacking the bands of darker brick that function as ornament on several of the other dependencies on the medical campus. Large two-tier pivot windows puncture the exterior (Figure 10). A one-story portion to the west appears to be an addition, but the tan brick gives the alteration some cohesion with the historic portion of the building. The main portion of the building is two tiers in height, to accommodate the equipment within. The building has an irregular footprint and a flat roof; it is oriented towards the southwest (see Photo 8).



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Building #8

Historic / Present Use: Garage

Year Built: 1950

Status: Contributing

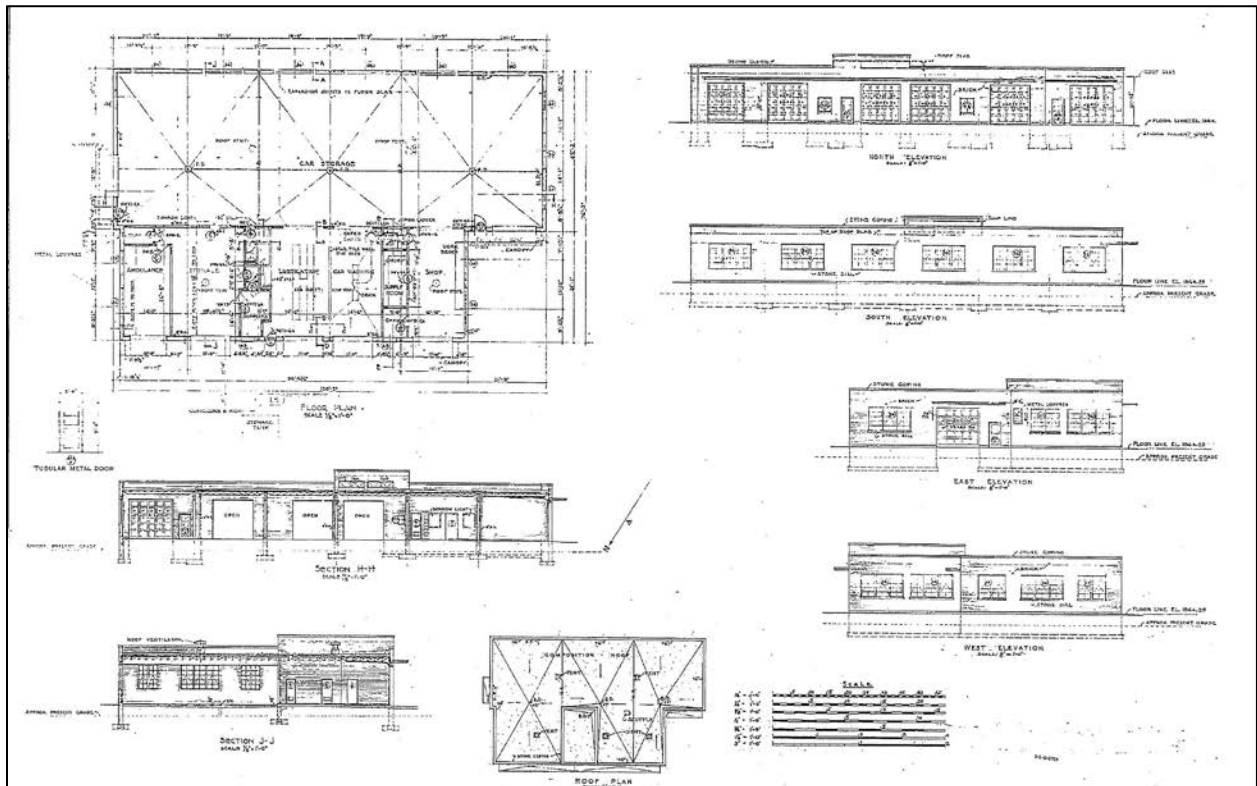


Figure 11. Plans and elevation drawings for the garage (Building #8) (VA).

The large one-story garage has four vehicular entrances on the northwest elevation; the westernmost bay is recessed. The garage is located at the southern end of campus, near other dependencies. The tan brick exterior blends the building with the others on campus; however, the garage is strictly serviceable in appearance. Large windows and an additional vehicular entrance are found on the northeastern elevation, along with a pedestrian door. The flat roof line is broken only by a shallow projection at the center of the building (Figure 11).

Building #10

Historic / Present Use: Garage

Year Built: 1950

Status: Contributing

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Building #11

Historic / Present Use: Garage  
Year Built: 1950  
Status: Contributing

These two small garages are part of the residential cluster located northeast of the main hospital building. Building #10 sits between the manager's quarters (Building #2) and the former staff quarters to the north (Building #3). Building #11 is located to the south of the manager's quarters and adjacent to the former staff quarters (Building #4). Both buildings are small in scale and consist of a single story, square footprint, and pyramidal roof (Figure 8). Two bays with garage doors serve as the primary access to each building. Simple exteriors clad in tan brick blends visually the two buildings with the other historic buildings on campus.

Building #17

Present Use: Main Generator Building  
Year Built: 1987  
Status: Non-contributing

The generator building is located west of the main hospital building, essentially in the front yard of the hospital facility (Figure 6) The one-story utilitarian building has a rectangular footprint, flat roof, tan brick exterior, and small access point on the northeast elevation.

Building #18

Present Use: Boiler Plan Generator Building  
Year Built: 1987  
Status: Non-contributing

Located east of the boiler plant (Building #7) is the associated generator building (Figure 6). The plain tan brick building has a square footprint, flat roof, and a simple exterior. The one-story building features large vents on the southeast elevation.

Buildings #20 and 21

Present Use: Smoking Shelter  
Year Built: 2011  
Status: Non-contributing

The two smoking shelters resemble greenhouses, with their glass panes, rectangular footprints, one-story height, and steel frames. Gable roofs top both shelters. Each is accessible via a single point of entry. They are located east of the main hospital (Figures 3 and 6).

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Summary of Contributing/Noncontributing Resources:

Contributing elements to the Grand Island VA hospital.

VA Building No.	Current Function	Year Constructed
1	Hospital	1950
2	Director's Quarters	1950
3	Home Based Primary Care / Pharmacy	1950
4	VISN Office / State Fire Marshall	1950
5	Home Oxygen / Transition Housing	1950
6	Education / Engineering	1950
7	Boiler Plant	1950
8	Maintenance Garage	1950
10	Garage	1950
11	Garage	1950

Non-contributing elements to the Grand Island VA hospital.

VA Building No.	Current Function	Year Constructed
17	Main Generator Building	1987
18	Boiler Plant Generator Building	1987
20	Employee Smoking Shelter	2011
21	Patient Smoking Shelter	2011

Information from facility data, VA Capital Asset Inventory, 2012.

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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

Architecture

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

**Period of Significance**

1950-1958

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

**Significant Dates**

1950

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

**Significant Person**

(Complete only if Criterion B is marked above.)

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

**Cultural Affiliation**

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

**Architect/Builder**

Veterans Administration

U.S. Army Corps of Engineers

\_\_\_\_\_

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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.)

At the close of World War II, the Veterans Administration (VA) faced the challenge of providing healthcare for millions of veterans returning home while simultaneously fending off charges of providing substandard healthcare in out-of-date hospitals. The Veterans Administration responded with a sweeping set of changes that included gaining control of medical staff away from the Civil Service, creating educational agreements with university-affiliated medical schools, and developing a nationwide construction program to build new, modern hospitals. The VA's postwar construction program is referred to as the third generation of veterans' hospitals, following the National Homes for Disabled Volunteer Soldiers established by the federal government after the Civil War, beginning in 1866, and the second generation of healthcare facilities erected after World War I, beginning in 1919. As the third generation program began, Grand Island, Nebraska, was selected as a site for a 200-bed hospital. The new hospital was built by the Veterans Administration through an agreement with the U.S. Army Corps of Engineers that contracted with architects in private practice and facilitated construction during the third generation program. The Veterans Administration's hospital in Grand Island was designed by the architecture firm P.M. O'Meara Associates, under the supervision of George Maguolo, and built under the auspices of the Corps of Engineers. Thus, the veterans' hospital campus in Grand Island is an example of a new hospital designed by the Corps of Engineers, as identified in the multiple property documentation form, *United States Third Generation Veterans Hospitals, 1946-1958*.<sup>3</sup>

The proposed period of significance for the property is 1950 to 1958, from when the facility first opened to the end of the third generation program, although the veterans' hospital remains in service today. It is in this period of hospital design that the Grand Island VA Hospital was planned and its midcentury aesthetic captured the program goals – modern medicine, modern buildings – to benefit veterans of World War II. The imprint of Maguolo connected abstracted architectural ideals of modernism to the Midwest and made the programmatic guidelines and recommendations tangible in the brick facades of the buildings on the hospital campus. The multistory main hospital building fit contemporary calls for consolidating medical services into one skyscraper like form, while roof gardens and sun decks offered healthful spaces for patients, especially those suffering from neuropsychiatric illnesses (Figure 12). Several smaller buildings, mirroring the structural ornamentation of the main hospital in use of materials to give emphasis or create horizontal lines, accommodated staff and housed utilities (Figure 13). Internal drives like that seen at the Grand Island VA Hospital brought patients and visitors to the main entrance, sweeping past a flagpole; the drives also provided access to the service areas and staff quarters but without the picturesque landscaping of the earlier hospital and domiciliary campuses of the Veterans Administration. The Grand Island VA Hospital exhibits all of the characteristics of the property type, and the additions to the campus after the period of significance are sympathetic in scale or proportion, materials, and in use as a medical facility.

<sup>3</sup> Lindsay Hannah, *United States Third Generation Veterans Hospitals, 1946-1958*, Multiple Property Documentation Form Draft 2016, rev. winter 2017-18, National Register of Historic Places, National Park Service, Section F (Copy on file, VA).

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Figure 12. Perspective view of the main hospital building, Grand Island VA Hospital, 1950 (VA).

The property is significant under Criterion A at the statewide level for its association with the Veterans Administration's nationwide hospital construction program following World War II and that program's impact on healthcare, as well as the provision of medical care specifically to veterans living in Nebraska.<sup>4</sup> The Grand Island VA Hospital is an important – and intact – example of the kind of facility the Veterans Administration's collaboration with the U.S. Army Corps of Engineers made possible. Hospitals of this property type were conceived following guidelines set by the Veterans Administration and experts in the medical field. They were realized in the commissioning of architects whose work was influential in the region and in the field of design and engineering. The Grand Island VA Hospital is also significant under Criterion C at the statewide level for architecture. Not only is the hospital campus representative of Maguolo's architectural work, but it also is an embodiment of what features made a new hospital *modern*

<sup>4</sup> In the 1950s, Nebraska was home to three Veterans Administration hospitals – in Lincoln, Omaha, and Grand Island. The VA hospital in Lincoln was built in 1931, predating the third generation construction initiative, while those in Omaha and Grand Island were both built through the Corps of Engineers in this period. Costs of construction surpassed design estimates, with Omaha exceeding 10 million and Grand Island 5 million. See "Lincoln VA Hospital Transfer May Doubly Benefit State," *Lincoln Sunday Journal*, May 22, 1955, 1; "Grand Island Dedicated VA Hospital Today," *Nebraska State Journal*, July 30, 1950, 4.



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during the third generation program of hospital design undertaken by the Veterans Administration. The skyscraper, here the main hospital with its horizontal banding, remains the symbol of the postwar initiative and the transformation of healthcare in the period.

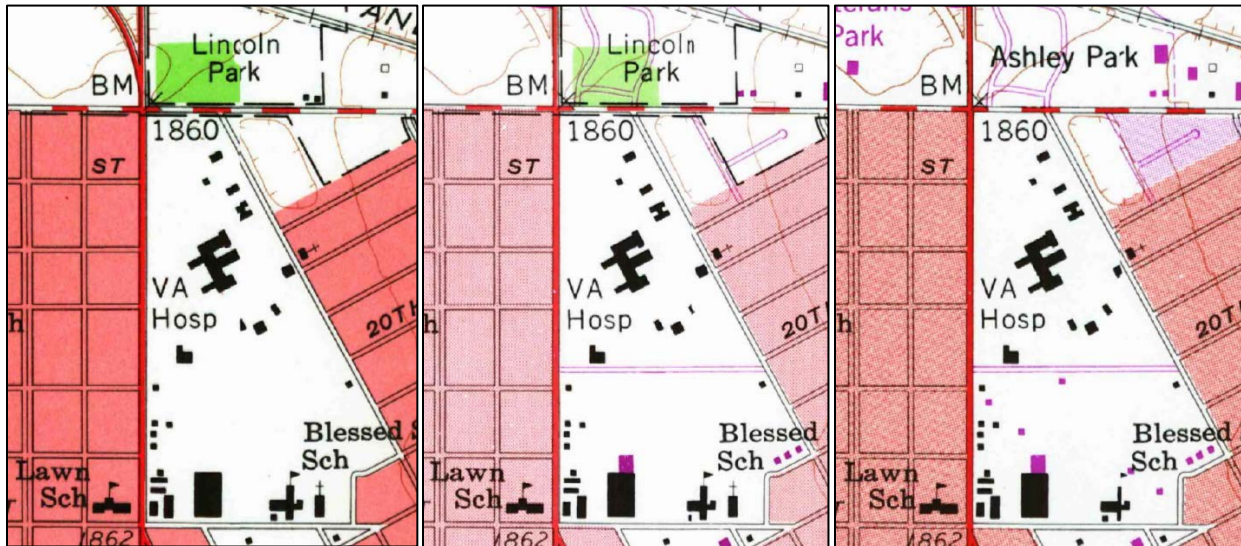


Figure 13. Topographical maps of the hospital campus to show continuity in site layout and spatial relationships of the buildings of the veterans' hospital through the twentieth century. Left to Right: 1964, 1977, 1984 (VA).

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

Faced with caring for an unprecedented number of veterans seeking healthcare in the wake of World War II, the Veterans Administration (VA) announced a sweeping new construction program in February 1946 that resulted in 80 new VA hospitals. The hospitals constructed as part of this federal program are called the “third generation” of veterans’ hospitals by the present-day U.S. Department of Veterans Affairs to distinguish the postwar buildings from those constructed after the Civil War for veterans of the Union and after World War I for veterans of that era. For this new program, then-VA Administrator General Omar Bradley sought to break from the traditional approach to hospital construction for the Veterans Administration, which included large campuses of multiple low-rise structures located in rural areas. As the Veterans Administration’s existing staff was insufficient to handle the scale of the new program, architects in private practice ultimately were responsible for the designs. The Veterans Administration developed standard program requirements for the hospitals, but left individual designs up to the private architects retained for each unique project. Congressional appropriation for these third generation hospitals amounted to \$448 million, with the smaller hospitals budgeted around \$3 million each and larger hospitals for \$10 million.<sup>5</sup>

<sup>5</sup> “Veterans Will Get 183 New Hospitals,” *New York Times*, February 17, 1946.

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As early as 1921, Grand Island had been identified as the potential site for a new hospital for “disabled ex-service men,” partially due to the presence of the Nebraska Soldiers’ and Sailors’ Home in the area.<sup>6</sup> However, the plans came to naught until December 1945, when the Veterans Administration once again announced the intention to construct a hospital in Grand Island. This hospital, folded into the larger third generation program of the VA shortly after the announcement, was to be a general medical and surgical facility housing 200 beds. Construction costs were estimated at \$2 million. The facility not only would serve the veterans in central and western Nebraska, but also function as a “feeder line” for the newly announced 500-bed veterans’ hospital in Omaha.<sup>7</sup>

The city had campaigned for the new facility, forming a special committee dedicated to petitioning the Veterans Administration to choose Grand Island. The committee sought the assistance of local politicians and veterans groups to secure the hospital. The December 1945 announcement stated only that Grand Island had been selected; the exact site within the city had not yet been determined. Local speculation suggested the Cornhusker Ordnance Plant located west of Grand Island would be an ideal location, given the plant already was owned by the government and had lain largely fallow since the end of the war.<sup>8</sup> By May 1946, the Federal Board of Hospitalization signed off on a roughly 27-acre tract just north of the city, known as the William Sielaff property, for the cost of \$27,000. The property was chosen for its proximity to the main business corridor of Grand Island, which included the existing medical facilities. The Federal Board of Hospitalization resolution stated that no government-owned land in the area was “available and suitable,” suggesting the Cornhusker Ordnance Plant was not a viable option.<sup>9</sup> In the end, the Veterans Administration secured the Sielaff property for \$30,024.<sup>10</sup>

The Veterans Administration retained the architectural firm P. M. O’Meara Associates for the design of the Grand Island hospital. O’Meara died in 1945, but architects George Quick and George Maguolo retained the O’Meara name before transforming the firm to Maguolo & Quick Architects-Engineers in 1946. At the time, P. M. O’Meara Associates employed thirty-five staff members and had headquarters in St. Louis, Missouri, with additional offices in Cincinnati, Minneapolis, and Detroit. The firm built up a portfolio of large institutional buildings, notably hospitals ranging from 25 to 450 beds. Catholic agencies

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<sup>6</sup> “Hospital Site Body to Visit in Grand Island,” *Omaha World-Herald*, December 6, 1921.

<sup>7</sup> “Grand Island Gets Hospital,” *Omaha World-Herald*, December 6, 1945. As with many of the veterans’ hospitals in this period, the designs proved more expensive to build than estimated. In fact, in 1947, when bids were set to go out for both the Omaha and Grand Island veterans’ hospital projects, designs for another forty-nine of the hospitals planned under the third generation program were held for revision because of funding concerns for the program overall. Costs would lead to a shift away from the Corps of Engineers/private architect partnership to a use of a standard-plan and design. See “Vets Hospitals at Bidding Stage,” *Lincoln Journal Star*, August 9, 1947, 3; Hannah, Section E.

<sup>8</sup> “Vets’ Hospital for Grand Island,” *The Grand Island Daily Independent*, December 6, 1945.

<sup>9</sup> Resolution Adopted by the Federal Board of Hospitalization, May 29, 1946, Geographic Files 1919-1959, Department of Medicine and Surgery, Veterans Administration, Record Group 15, A1, Entry 64, National Archives and Records Administration, Washington, DC.

<sup>10</sup> “G.I. Land Asked for Vets Hospital,” *Omaha World-Herald*, December 30, 1946.

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and organizations in the Midwest appeared to favor the firm, given the number of churches, rectories, chapels, and monasteries designed by the architects of P. M. O'Meara Associates.<sup>11</sup>

The design for the Grand Island veterans' hospital was done under the supervision of George Maguolo. Maguolo attended Washington University in St. Louis, studied at the Ecole des Beaux Arts in Paris, developed maps for the U.S. Army during World War I, and designed twenty-two airports "from Miami to Cairo" for Pan American Airlines during World War II.<sup>12</sup> Maguolo designed private residences, but was known primarily for his institutional architecture. His campus building for St. Mary of the Plains Academy in Dodge City, Kansas, opened in 1952; the building was listed in the National Register of Historic Places in 2004, in part for its modern architecture. Maguolo was responsible for the designs of numerous hospitals during his tenure with O'Meara, and with his own firm, including the veterans' hospital at Poplar Bluff, Missouri; St. Mary's Hospital in Rochester, Minnesota; Glennon Memorial Hospital in St. Louis; St. John's Hospital in Springfield, Missouri; and St. Francis Hospital in LaCrosse, Wisconsin.<sup>13</sup> At the time of Maguolo's nomination as a Fellow to the American Institute of Architects, fellow architect George Otto described Maguolo's work as "...fine 'Institutional Buildings'" of traditional design, exceedingly well planned, detailed, and executed" and praised him as "one of the most outstanding and highly accomplished architects of this generation."<sup>14</sup>

The U.S. Army Corps of Engineers signed off on Maguolo's design for the Grand Island veterans' hospital in October 1947. Groundbreaking started shortly thereafter, with a ceremony in January 1948. As was typical for such ceremonies, the Grand Island groundbreaking was a low-key affair marked with a token relocation of prepared dirt, a handful of speeches, and a performance by a local school band; however, the groundbreaking hit a snag when the president of the chamber of commerce, Clarence Reitan, attempted too large a haul for the ceremonial bulldozer and subsequently got stuck. Reitan made a second, and ultimately successful, attempt, and the groundbreaking was complete.<sup>15</sup>

By 1950, construction was completed on the Grand Island hospital, with the dedication scheduled for late July. Nebraskan and VA Administrator General Carl R. Gray, Jr. attended, as did the local representative to the United States Congress, staff from VA facilities in the region, and doctors associated with the

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<sup>11</sup> P. M. O'Meara Associates, Questionnaire for Architects' Roster and/or Register of Architect Qualified for Federal Public Works, American Institute of Architects, 1946, <http://communities.aia.org/sites/hdoaa/wiki/Wiki%20Pages/Find%20Names.aspx> (Accessed September 2012).

<sup>12</sup> Ibid.

<sup>13</sup> George S. Koyl, ed., *American Architects Directory* (New York: R. R. Bowker Company, 1962): 456; John F. Gane, ed., *American Architects Directory* (New York: R. R. Bowker Company, 1970): 588; both directories available online at <http://communities.aia.org/sites/hdoaa/wiki/Wiki%20Pages/Home.aspx> (Accessed September 2012).

<sup>14</sup> Maguolo Nomination for Fellowship in the American Institute of Architects, Quoted in Brenda Spencer, National Register of Historic Places Nomination for Hennessy Hall, Saint Mary of the Plains Campus, Dodge City, Kansas, 2003. Available online at [http://www.kshs.org/resource/national\\_register/nominationsNRDB/Ford\\_HennessyHallSaintMaryofthePlainsCampusNR.pdf](http://www.kshs.org/resource/national_register/nominationsNRDB/Ford_HennessyHallSaintMaryofthePlainsCampusNR.pdf) (Accessed September 2012).

<sup>15</sup> "Ground is Broken for Hospital," *Grand Island Daily Independent*, January 13, 1948.

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area's medical schools.<sup>16</sup> The program was broadcast via local radio station, KMMJ, to those who did not want to sit in the hot July sun.<sup>17</sup>

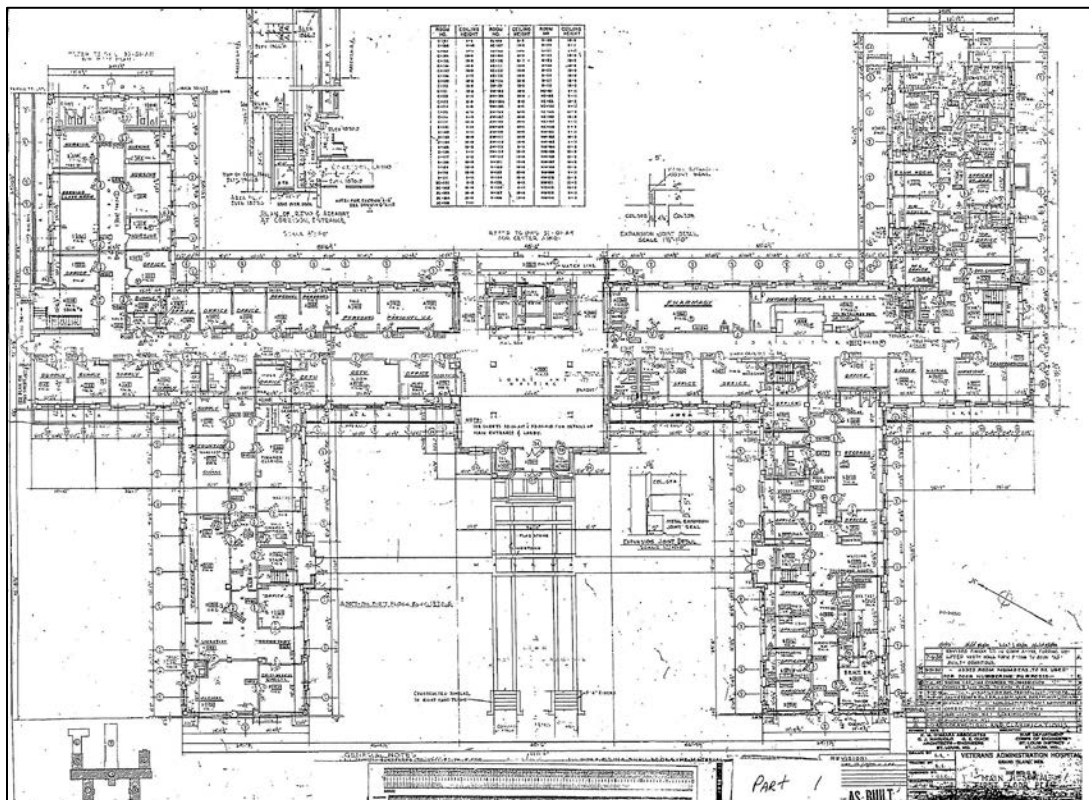


Figure 14. Floor plan, 1950 (VA).

Following the dedication ceremony, the hospital was open for tours by the public. Despite housing only about 200 beds, the Grand Island veterans' hospital offered many of the same amenities and features as its

<sup>16</sup> "Dedication of VA Hospital Sunday," *Grand Island Daily Independent*, July 28, 1950. In 1950, hospital construction by the VA increased by 28 percent over the previous year – five new hospitals opened (2477 beds: 1649 neuropsychiatric, 828 general medical) with additions to existing facilities adding more than 10,000 beds for patients. Twenty-seven hospitals were to be completed by the year's end, with seventeen open by July. Sixteen of those were general medical hospitals, including Grand Island, and one (Peekskill, NY) was devoted to neuropsychiatric patients. The general medical and surgical hospitals also had a percentage of bed space reserved for neuropsychiatric and for tuberculosis patients. The other fifteen were located in Buffalo NY, Brooklyn NY, Iron Mountain MI, Fresno CA, Wilmington DE, Big Spring TX, Fort Wayne IN, Minot ND, Manchester NH, Shreveport LA, Altoona PA, Saginaw MI, Erie PA, Little Rock AR, Marlin TX, and Spokane WA, just to provide context for the project in Grand Island. Construction activity on nonfederal hospitals also increased through funding provisions in the Hill-Burton Act. "Hospital Building in 1950," *Hospitals: The Journal of the American Hospital Association* Volume 24: 122 (books.google.com, accessed April 4, 2018). Grand Island was part of a national movement that profoundly changed the administration of health care.

<sup>17</sup> "Hospital Tour by 11,000," *Grand Island Daily Independent*, July 31, 1950.

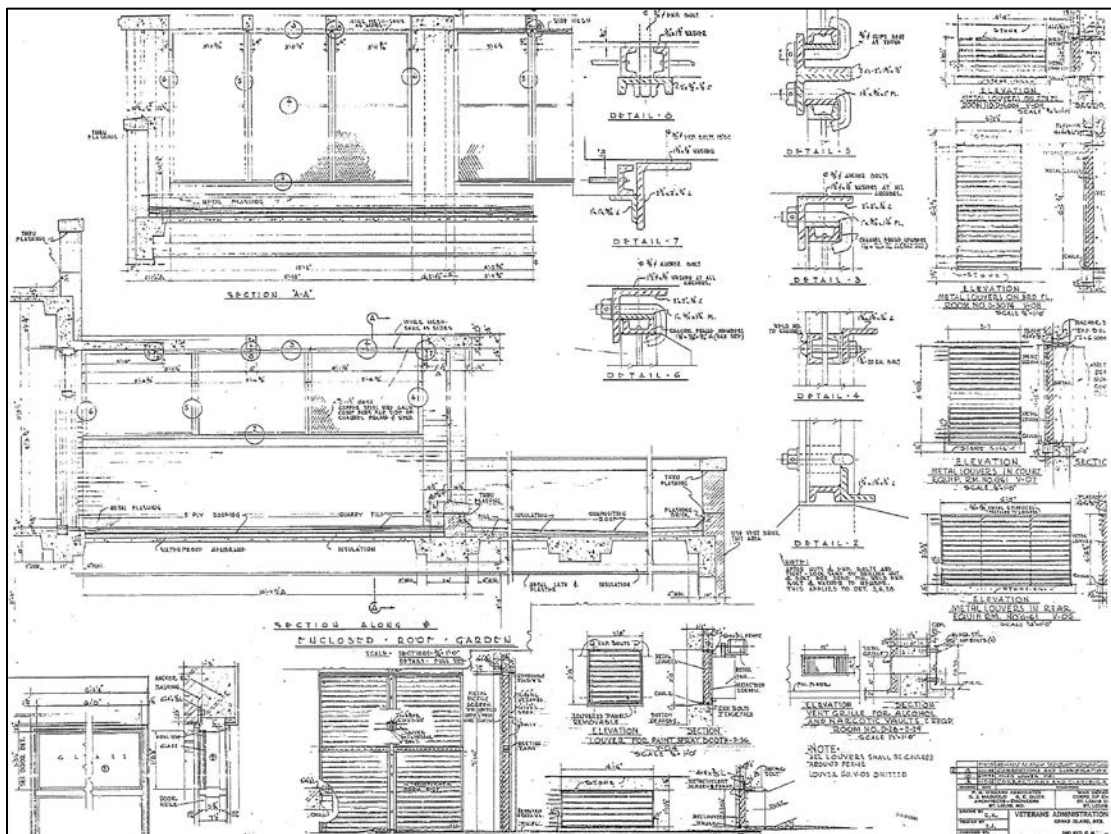


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larger contemporaries. Administrative offices and outpatient services, such as the dental clinic and pharmacy, were located on the first floor of the main hospital building (Figure 14). The second floor offered a library, beauty shop, recreation room, and music room. Patient rooms, located on the second through fifth floors, ranged from single rooms with semi-private bathrooms to large 16-bed wards. Day rooms and solaria were located at either the end of the wings or at corners to maximize the natural light within the rooms. As commonly found in the Veterans Administration's hospital buildings of this era, the uppermost floor, the fifth in the case of Grand Island, provided care for neuropsychiatric patients. The fifth floor provided a separate dining room and kitchen, hydrotherapy treatment rooms, observation rooms, patient room, and an enclosed roof garden (Figure 15). Finishes within the hospital included terrazzo flooring, plaster on the walls and ceiling, and marble panels in the main lobby (Figure 16).<sup>18</sup>



<sup>18</sup> Architectural Drawings of the Grand Island Veterans Hospital, 1947, Collections of Engineering Department, Grand Island CBOC, Grand Island, Nebraska.

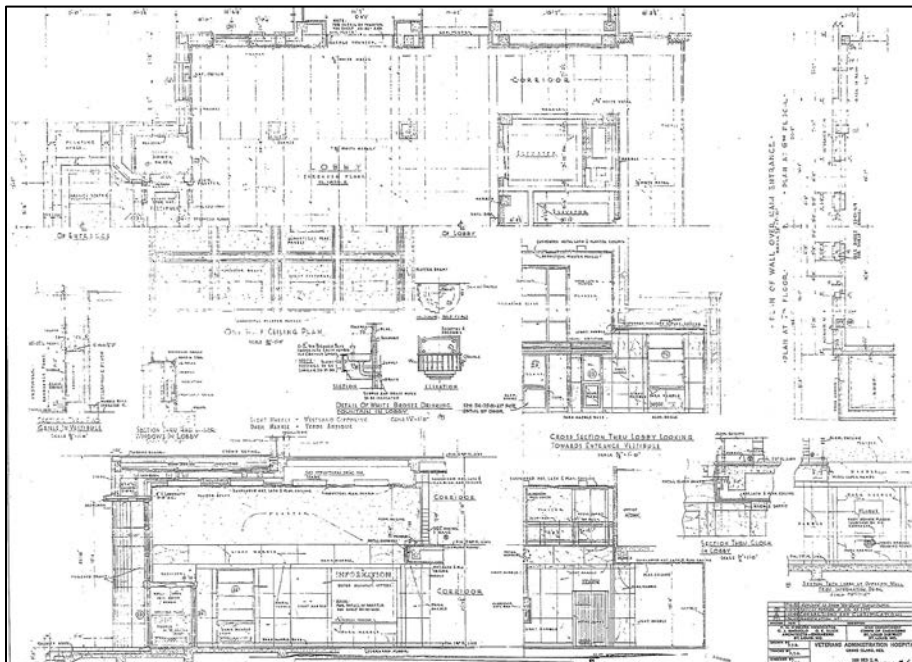
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Figure 15. (Above) Plans for the roof garden feature of the hospital and photographic view of an enclosed roof deck on the lower floors – here the fourth floor, north end – in 1950 (VA).



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Figure 16. (Above) Plans for the main lobby of the hospital and a photographic view of the space upon completion in 1950 (VA).

The hospital began receiving patients in September 1950; over 3,100 patients received care in about two years. However, the entirety of the new facility was not available immediately to veterans seeking medical services. Two wings were not opened until 1952 as doctors were not available to adequately staff the hospital. Opening the two wings allowed the facility to increase the number of available beds from 132 to 201.<sup>19</sup>

A scant four years after opening, the Grand Island hospital was visited by Val Peterson, a former Nebraska governor serving as Federal Civil Defense Administrator. The Federal Civil Defense Administration (FCDA) started under President Harry S. Truman in 1950 to develop programs, circulate training, and provide information to the public and federal agencies on civil defense methods. The FCDA is perhaps best known for the film, "Duck and Cover." Peterson stopped at the Grand Island facility with the intent of possibly relocating the FCDA headquarters from Washington, D.C., to Nebraska, as it needed to be "out of a target area." At its then-current location, the FCDA "would have a tremendous job" during an attack, such as a bombing.<sup>20</sup>

<sup>19</sup> "V.A. Hospital to Add Beds," *Omaha World-Herald*, June 19, 1952.

<sup>20</sup> "Vets Hospital Is Well Suited," *Omaha World-Herald*, April 16, 1954.

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Peterson found the Grand Island veterans' hospital to be suited admirably for the headquarters of the FCDA, but additional land would be required for training facilities, a communications center, and offices. Peterson also reviewed locations in Indiantown Gap, Pennsylvania; Battle Creek, Michigan; Des Moines, Iowa; and Hot Springs, Arkansas.<sup>21</sup> The FCDA's interest in the Grand Island veterans' hospital was news to the VA administration, who professed themselves "shocked" over Peterson's visit and the "discourtesy which the visit without pre-arrangement represents."<sup>22</sup> Ultimately, the FCDA relocated to the Percy Jones Hospital in Battle Creek before its successor was folded into the Federal Emergency Management Agency in 1979.<sup>23</sup>

Despite fending off possible takeover for civil defense, the Grand Island veterans' hospital began a gradual downscaling of services and facilities. In 1969, several wards were closed, nursing staff had decreased, and the number of available beds had dropped to 181.<sup>24</sup> A reversal of this trend in the early 1970s brought a nursing home facility, a coronary unit, and additional training programs for medical students along with a proposed nuclear medicine program to the Grand Island campus.<sup>25</sup> These services were part of a system-wide reinvigoration as the Veterans Administration adapted its hospital network to meet the needs of veterans, including those returning home from Vietnam. However, by 1992, major surgeries had been transferred to St. Francis Hospital and a merger with the Lincoln, Nebraska, facility focused the Grand Island veterans' hospital on ambulatory and extended care.<sup>26</sup> The facility now serves as a community based outpatient clinic under the larger parent facility of Omaha.

The Grand Island veterans' hospital typifies the *United States Third Generation Veterans Hospitals, 1946-1958*, program wherein the Veterans Administration retained architects in private practice with experience in contemporary hospital design then favoring the clean, simple lines of modern architecture. These architects utilized general program requirements developed by the Veterans Administration, thus resulting in a series of hospitals that concentrated care in a single, multistory building surrounded by smaller scale dependencies housing staff and support equipment. At Grand Island, architect George Maguolo created a modern hospital housed in a modern building to provide modern healthcare to veterans in Nebraska. Maguolo, also responsible for the Poplar Bluff, Missouri, veterans' hospital, was fluent in hospital design and large institutional buildings, as evidenced by his commissions throughout the Midwest, notably those for Catholic organizations.

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<sup>21</sup> "Vets Hospital Is Well Suited."

<sup>22</sup> "Peterson Visit Shock to V.A.," *Omaha World-Herald*, April 24, 1954.

<sup>23</sup> FEMA History, August 2010. Available online at <http://www.mmrs.fema.gov/about/history.shtm> (Accessed October 1, 2012).

<sup>24</sup> "Veteran's [sic] Hospital Closes One Ward for Economy," *Grand Island Daily Independent*, January 9, 1969.

<sup>25</sup> "V.A. Hospital A Busy Place Since 1950," *Grand Island Daily Independent*, March 23, 1976. This was likely in response to the increasing numbers of veterans of the Vietnam era who needed medical care and in response to the criticism outlined in the press, including the photographs published in *Life Magazine* in May 1970, about the condition of the veterans' hospitals – an alleged "medical slum." The head of the VA at the time resigned in 1974. Ben Cosgrove, "America's Appalling Veterans Affairs Scandal: The 1970 Edition," June 12, 2014, [www.time.com](http://www.time.com), accessed April 4, 2018)

<sup>26</sup> "Barrett: St. Francis to take over major VA surgeries," *Grand Island Daily Independent*, March 16, 1992; "VA: Merger to save \$750,000", *Grand Island Daily Independent*, April 23, 1996.



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The Grand Island facility has experienced few changes since opening its doors in 1950. Tornado damage in 1980 necessitated replacing the majority of windows on the main hospital building. The Veterans Administration utilized a design that matched the original four-light windows and kept the connection between the muntins and the subtle brick patterns lining the exterior. Additions to the main building have been made, but these changes minimally affect the exterior, as the VA employed the “same blond brick décor...to retain the architectural integrity of the medical center.”<sup>27</sup> Changes to the campus have been minimal and have retained the facility’s campus setting.

Thus, the Grand Island veterans’ hospital is eligible for the National Register of Historic Places at the statewide level under Criterion A for its association with the third generation of veterans’ hospital construction program and as a representative of that program built in Nebraska for veterans of the state (Figure 17). It is also eligible under Criterion C for its architecture – exhibiting the distinctive characteristics of the property type in its multistoried main hospital building complemented by low-scale ancillary buildings for staff housing and a boiler plant, in the use of a modernist aesthetic, and as an extant example of the institutional work by architect George Maguolo in the Midwest.

The property retains its integrity to the period of significance, 1950-1958.



Figure 17. View looking to the front façade of the main hospital building, 2018 (Linda E. Williams, COR VA).

<sup>27</sup> “VA Renovating GI medical center,” *Grand Island Daily Independent*, December 13, 1997.

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## 9. Major Bibliographical References

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

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

Various, *Grand Island Daily Independent*.

Various, *Omaha World-Herald*.

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### 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 # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_
- recorded by Historic American Landscape Survey # \_\_\_\_\_

### Primary location of additional data:

- State Historic Preservation Office
  - Other State agency
  - Federal agency
  - Local government
  - University
  - Other
- Name of repository: \_\_\_\_\_

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

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## 10. Geographical Data

**Acreage of Property** 26.6 acres

Use either the UTM system or latitude/longitude coordinates

### Latitude/Longitude Coordinates

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

- |                        |                       |
|------------------------|-----------------------|
| 1. Latitude: 40.941734 | Longitude: -98.358796 |
| 2. Latitude: 40.945754 | Longitude: -98.358751 |
| 3. Latitude: 40.945727 | Longitude: -98.357115 |
| 4. Latitude: 40.941671 | Longitude: -98.354292 |

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

The boundaries form a rough trapezoid shape bounded by North Broadwell Street to the west, Capital Avenue to the north, Wheeler Avenue to the east, and residential development to the south.

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

These boundaries are the approximately boundaries of the current VA facility at Grand Island.

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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: November 2012

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### Additional Documentation

Submit the following items with the completed form:

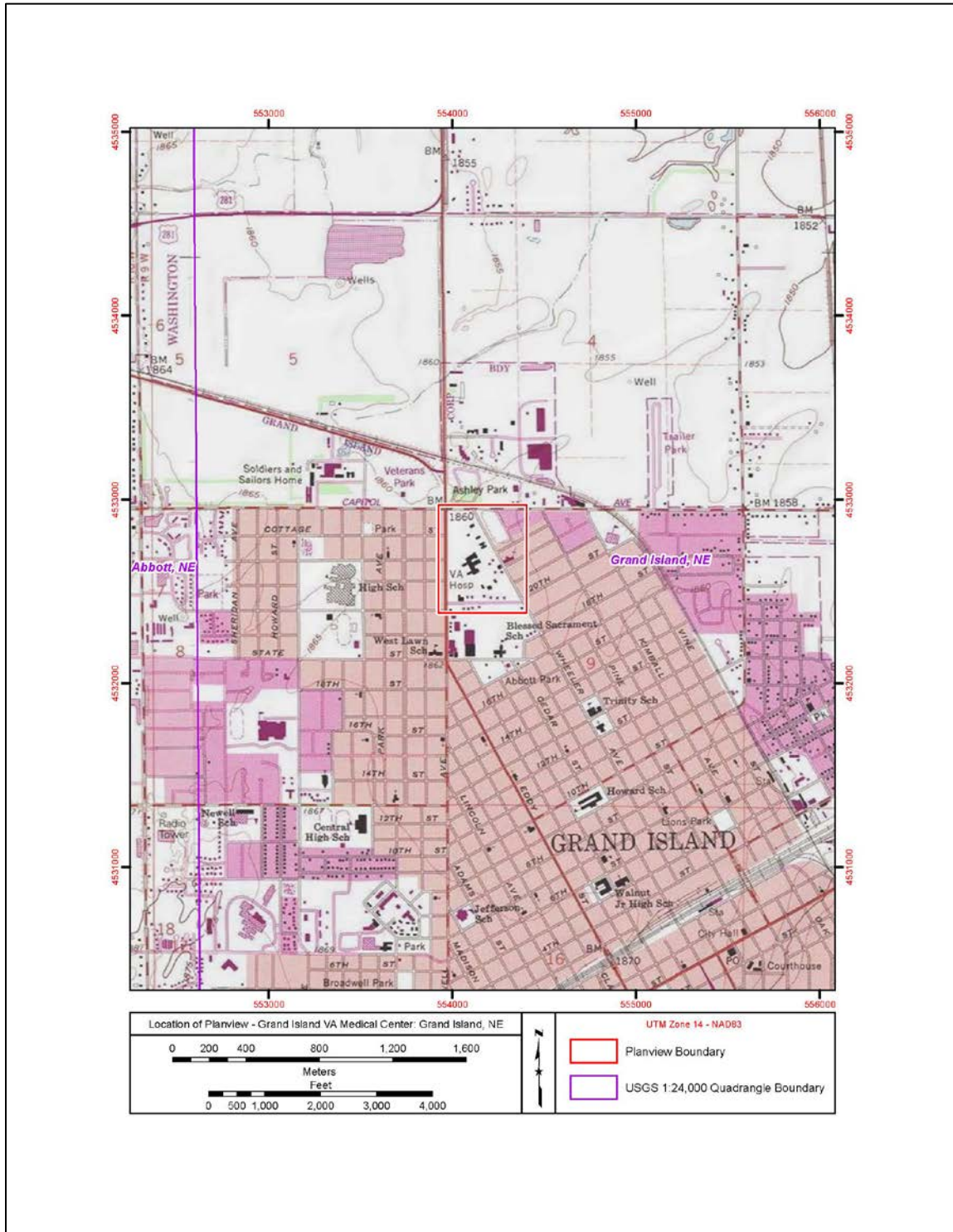
- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any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



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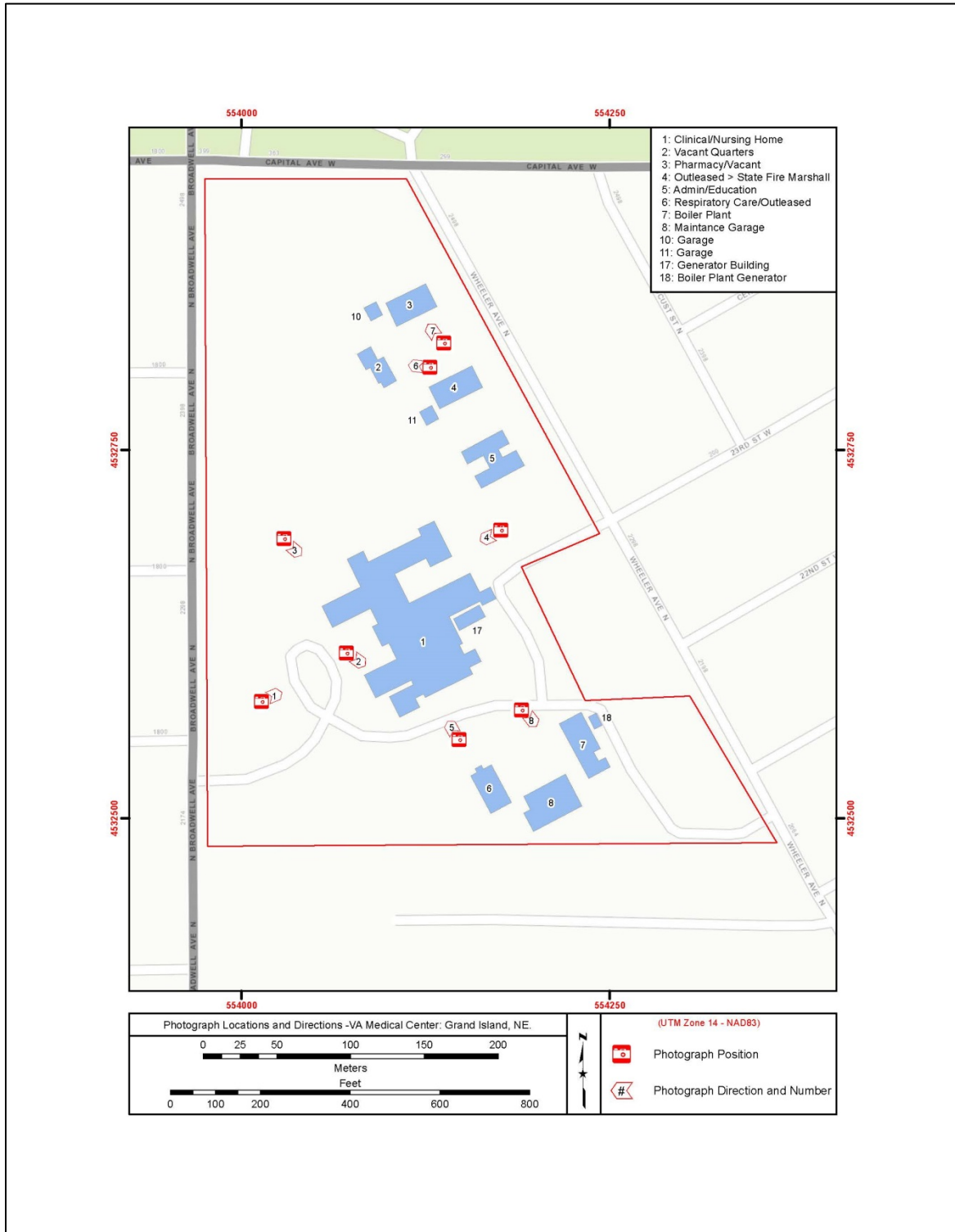
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### **Photographs**

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**

Name of Property: Grand Island VA Hospital

City or Vicinity: Grand Island

County: Hall State: Nebraska

Photographer: Lindsay Hannah

Date Photographed: May 16, 2012

Description of Photograph(s) and number, include description of view indicating direction of camera:

1. View of southwest elevation of main hospital building (Building #1). Camera pointed northeast.
2. Former Administration entrance, located to south of the main entrance of the hospital building. Camera pointed south.
3. North end of main hospital building (#1). Camera pointed south.
4. North end of the northeastern elevation of main hospital building (#1). Camera pointed southwest.
5. New entrance at south end of main hospital building (#1). Camera pointed southwest.
6. Manager's quarters for Grand Island VA hospital (#2). Camera pointed southwest.
7. Former staff quarters (#3). Camera pointed southeast.
8. Boiler house for facility (#7). Camera pointed northeast.

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**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.





ADMINISTRATION

















Parking  
3







Family  
2

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: 5/30/2018      Date of Pending List: 6/28/2018      Date of 16th Day: 7/13/2018      Date of 45th Day: 7/16/2018      Date of Weekly List:

Reference number:

Nominator:

Reason For Review:

Accept       Return       Reject      7/13/2018 Date

Abstract/Summary Comments:

Recommendation/ Criteria

Reviewer Jim Gabbert      Discipline Historian

Telephone (202)354-2275      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

May 31, 2018

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

Dear Paul:

The Department of Veterans Affairs (VA) is pleased to submit the enclosed National Register of Historic Places nomination for Grand Island VA Hospital, in Hall County, Nebraska, 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 black ink, appearing to read "Douglas Pulak".

Douglas Pulak  
Federal Preservation Officer

Encl.