

National Register of Historic Places Registration Form

1. Name of Property

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

Not For Publication: ☐ Vicinity: ☐

 X A B X C D

State or Federal agency/bureau or Tribal Government

State or Federal agency/bureau
or Tribal Government

Veterans Administration Hospital
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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

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>2</u>	<u>0</u>	buildings
<u> </u>	<u> </u>	sites
<u> </u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>2</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register N/A

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/hospital/veteran's medical center

Current Functions

(Enter categories from instructions.)

WORK IN PROGRESS

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7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT/International Style

Materials: (enter categories from instructions.)

Principal exterior materials of the property:

BRICK

STONE/limestone

CONCRETE

METAL/aluminum

SYNTHETICS/rubber

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.)

Summary Paragraph

The Veterans Administration Hospital is a ten-story, reinforced-concrete structure that was constructed from 1948 to 1950. It was designed in the International Style by two Little Rock architectural firms, Brueggeman, Swaim & Allen and Erhart, Eichenbaum & Rauch. It was erected by Patti-McDonald-Manhattan Company. The main building's footprint is best described as a Y-shape, which was done to take advantage of the high site and to allow the majority of rooms to benefit from eastern and southern exposure, and the exterior walls are a buff brick with Alabama buff limestone trim. The property is located at 300 E. Roosevelt, just to the west of the intersection of Interstate 30 and E. Roosevelt Road, on the top of a hill, which rises sixty feet above the street below. There is also a single-story, residential structure that is to the northwest of the main building that was constructed at the same time. It is also veneered in a buff brick and is topped with a hipped roof.

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Narrative Description

The Veterans Administration Hospital is located at 300 E. Roosevelt Road, just to the west of the intersection of U.S. Interstate 30 and E. Roosevelt Road. The building sits atop a sixty-foot rise, which was chosen to take advantage of the scenic views. The site of the property is relatively flat on the northern half but slopes to the south on the southern half of the property. The property has sparse vegetation, limited to trees, primarily along the periphery of the property, and a few relatively small lawn spaces. The majority of the site is occupied by paved parking areas.

The Veterans Administration Hospital is a ten-story, reinforced-concrete building with an exterior veneer of a buff brick with Alabama buff limestone trim. The general plan of the building is a Y-shape mass with a set of three concave curved surfaces at its center. There are also smaller projections off the north and south sides of the primary western wings, which were designed to take advantage of the eastern and southern sun exposure and provide scenic views to as many rooms as possible. The building contains a full basement and split-level ground floor which together equals twelve levels. Additionally, the building holds a eight-sided elevator-shaft tower above the tenth-story roof. The building was constructed from 1948 to 1950 in the International Style of architecture in a joint venture of the Little Rock firms Brueggeman, Swaim & Allen and Erhart, Eichenbaum & Rauch. It was built by Patti-McDonald-Manhattan Company, which was a collaboration of three firms from Kansas City, St. Louis, and Muskogee, Oklahoma.

The main entrance to the building faces southeast and is part of a three-story mass that projects out from the main façade of the building. This mass is completely encased in the same limestone that is also used as an accent on the main body of the building. On the first floor is the main entrance, which originally held four stainless steel columns and two sets of four structural plate-glass doors that opened into the lobby and a waiting room that could hold 150 visitors. Presently, the main entrance is composed of a set of wood framed double doors surrounded by one-light stationary windows. Flanking the entry doors are two large areas of glazing, which wrapped around the western corner and continued down the southwestern side of the entry mass. The exterior wall cladding around the entrance is a brownish granite from Cold Springs, Minnesota. This material continues as the cladding in a series of columns that extend to the east. A poured-concrete cantilevered canopy, that features four circular skylights, protects the entrance and divides the first floor of the projecting mass from the second. This canopy continues past the eastern edge of the projecting mass to form a covered walkway that encloses a rectangular garden space. Likewise, the granite columns from the entry area also continue under the canopy. In the 1960s, the garden space was further enclosed by the addition of large sections of screen-block, also called breezeblock or solar-screen, in the areas between the columns along the southern side of the courtyard with decorative wrought-iron gates on the eastern end. These screen-blocks were also used in a small area on the north side of the eastern wing of the building to hide a service area from sight.

Above the entry area of the on the same projecting mass are three window openings on the second floor that also face southeast. Each window opening is composed of three sets of six-

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over-six, double-hung windows. Originally, each opening had three sets of four awning style windows arranged vertically. On the third level of the projecting mass is a recessed band of awning windows, which would originally have been awning windows but have since been replaced with double-hung windows. This window opening aligns with the outer ends of the second-floor windows but spans the entire length continuously, instead of having sections of wall between each set of three windows, like the second floor. This band of windows is recessed roughly three feet from the outer face of the projecting mass, with the borders of the recess being framed in limestone. The recessed area continues further east, past the end of the windows, with the banding effect wrapping around the onto the eastern side of the projecting mass by way of the limestone trim detail. The eastern side of the projecting mass on the third floor has two additional window openings, which match the windows on the southeastern side. Lastly, the western elevation of the projecting mass has a set of four windows on the second and third floors, which are similar in design, arrangement, detailing to the other windows discussed.

The projecting mass has a single-story extension that continues east from the main body of the projection. Like the main mass, this extension is covered in limestone. It features two sets of window openings that are both framed in limestone trim. Each set contains two windows on either side of a blind opening. Like the previously mentioned window openings, these windows would have originally been a set of aluminum-framed, awning windows, but have since been replaced with double-hung windows.

The full limestone veneer continues around much of the ground level of the building. The only exception to this is seen on the north side of the building where the basement level is exposed. Here the exterior cladding is fully brick to the ground. Aside from this exception the limestone clad base is generally continuous around the building. At the terminus of the northeastern wing of the building, this limestone cladding extends to the second floor, with the base of this section also widening for the lower two floors. Housed within this area is the former ambulance bay. This entrance is surrounded by a poured-concrete frame, which features six circular punctures along the outer wall. Originally, this entrance had a set of metal and glass doors surrounded by sidelights and topped with a transom. However, these doors have been replaced with wooden doors and the sidelights and transom have been covered for security purposes. Additionally, a flat metal awning has been added to the front of the loading bay.

Given the repetitive nature of the majority of the façade, it is more efficient to discuss the remainder of the building in more general terms. The exterior of the building is visually divided into a series of bays, which is evidenced by a pair of blind openings within the bands of windows. In general, each bay contains five windows that have a blind opening at either end. However, there are some bays that only contain four windows. Similarly, in one area the bay divisions contain three blind openings instead of two, which occurs where the eastern wing joins the main body of the building. Additionally, the blind openings on the ends of the various wings of the building, though visually similar, do not relate to the structural frame of the building. Each end façade contains two windows followed by two blind openings, which is followed by two more windows and an additional two blind openings, with two windows terminating the sequence. This pattern is seen on all the end facades of the various wings and extensions.

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The eastern wing of the building is the shortest of the three wings, while the two western wings are roughly identical in length. However, the eastern wing is only at its full length for the lower five floors. Each of these floors feature four bays, when counting from the triple blind opening previously mentioned. Above the fifth floor, the eastern wing effectively ends, with only two bays extending from the nexus of the Y shape. By contrast, the two western wings are generally full height for their entire length, which is roughly seven bays in length. As previously noted, each of the western wings of the building have two wings which extend perpendicularly off of them on either side. These wings are nine stories in height and roughly two bays in depth. The outer bay of these secondary wings features only four windows, while the inner bay features the standard five windows. On both of the westernmost secondary wings there are sections of the eleventh and twelfth floors that partially extend over the wings. These areas were originally open-air, enclosed porches where the neuropsychiatric patients could enjoy outdoors spaces while not posing a danger to other patients or staff. However, in recent years these spaces have been fully enclosed with corrugated metal cladding.

The central mechanical core of the building manifests as an elongated octagonal mass that protrudes from the roof of the building for another two stories. The tower contains the main elevators for the building, as well as stairwells and service kitchen areas. It is located on the western side of the central junction of the three primary wings of the building. As such, only three sides of the tower are readily visible. The tower is one of the few places on the building that does not have a limestone-clad ground floor. Each of the two shorter exposed sides feature only a single window that is trimmed out with limestone on each floor. The central, longer side features two sets of three windows on either side of a blind opening with limestone trim matching other window openings on the building.

Staff Housing Building - Contributing

In addition to the main hospital building, there is also an ancillary building within the nomination area. It served as staff housing originally and retains the majority of its original design. Its was constructed at the same time as the main hospital and was one of several outbuildings that were associated with the property. This building is in the north-west corner of the lot and is constructed of the same buff-colored brick used in the hospital building. It is topped with a gable-on-hip roof and is residential in design. It is a single-story frame house with a partial basement and an offset entry and porch. The house has several of the original metal casement windows in place, but a few of the windows have been replaced with vinyl double-hung windows in recent years.

The primary elevation of the building faces south-southeast. It is divided into two sections, with the eastern portion being slightly recessed from the plane of the western section. The western section is the longer of the two and features six window openings, with each opening containing three tall, narrow casement windows. These windows are set just below the eaves. The eastern section of this façade contains the main entrance, which is a set of double, multi-light doors that are reached from a short flight of stairs and small porch area. On the western side of the doors is a small, four-light casement window that is set at the same height as the other openings on the

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building. To the eastern side of the doors is another window opening containing three vertical casement windows.

The western façade of the building contains three window openings, each with the three vertical casement windows, matching those on the main façade. These windows are symmetrically arranged on the façade. The northern façade is the longest continuous surface on the building. It contains nine window openings, with most being similar in design to the window openings on the western and southern elevations. However, the easternmost window opening has been replaced with a pair of double-hung windows that are shorter than the original opening. Additionally, there is access to the basement below the third window opening from the western end of the building. There is also a window opening under the fourth window from the western end of the building that is similar in design to the other historic windows on the building but is shorter. The northern façade of the building features two window openings which are symmetrically arranged on the façade. Both of these windows have been replaced in recent years. The southern of the two openings has a one-over-one, double-hung window that occupies the entirety of the original opening. The northern of the two window openings contain two one-over-one, double-hung windows that are shorter than the historic windows, as well as narrower.

Integrity

Historically, the hospital campus was roughly seventeen acres in total. The western end of the property contained the main hospital building and a staff housing building for the attendees, as well as the main parking areas for the complex. This portion of the campus remains in much the same arrangement and condition as it was historically. The eastern end of the property historically contained a large manager's residence, a staff housing building for nurses, two large duplex buildings, the facility heating plant and shops, a laundry building, and a garage building. However, in recent years, the eastern portion of the campus has been significantly altered. This portion of the campus was divided from the larger campus by a tall fence that enclosed the area. Additionally, a small gatehouse was constructed in the early 1990s at the primary entrance to this area. While the manager's residence has remained, relatively, original in its appearance, most of the other buildings have either been altered or demolished. The two duplex buildings, which originally sat just northeast of the manager's residence, were demolished in 2002 and a single, large building was constructed in their general location in 2005. The historic staff housing for the nurses had several additions and alterations that have caused it to lose much of its historic character. The former heating plant and shop building were razed in 2013, as was the laundry facility around 1994. A new structure was erected on the general site of the laundry facility in 2013. Additionally, the garage building was remodeled around 2015, which saw the enclosure or reduction in size of virtually all of the historic openings, which fundamentally altered its historic appearance. Lastly, a new office building was added to site in late 2019 and several smaller structures, such as storage buildings and pavilions, have been added to this portion of the property in recent years. Due to these changes and the significant loss of historic integrity seen in the eastern portion of the campus, this nomination is proposing that only the western portion of the campus, containing the main hospital, staff housing for the attendees, and the primary parking areas, be considered for inclusion to the National Register of Historic Places, as this half of the campus retains the highest amount of intact historic fabric.

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The buildings of the western portion of the campus have been slightly altered over the years. However, the changes are not significant enough to destroy the overall integrity of the buildings. However, they do highlight the change in use and aesthetic tastes of different owners over time. The following changes are listed in the chronological order of which they happened.

Initially, only the operating rooms in the main hospital building were air conditioned. The designers relied on awning-style windows to circulate air throughout the building. Later in the 1950s, large "package" units were installed but the effect was limited by restrictions on air circulation in hospitals. A chill water air conditioning system was installed around 1963, remedying that issue. At this time and in order to install air ducts, the ceilings on the residents' floors were lowered, providing less square footage to be climate controlled. Plans were drawn to accommodate this change by Leo. L. Landauer & Associated Engineering of Little Rock. Then in 1966, a new patient recreational area was built with decorative concrete block walls and a circular-themed courtyard. The courtyard is situated between the building and the columns, providing a serene spot within a view of the entrance. This design was created by Engineer Officer, John Shelby. However, these changes are within the historic period of significance for the property, and, as such, do not represent any detrimental effects on the property's historic integrity.

In 1976-77, sprinklers were installed, and double doors were put in the corridors as part of a smoke and fire suppression system designed by Fort & Sudduth Engineers and Musco Inc. and Buckeye & AR. However, this represents a minor alteration to the historic layout of the property. As such, they represent little to no effect on the historic integrity of the property. The most significant change to occur to the building were done in recent years. When the religious organization acquired the property in 2000, they contracted with Colorado architect Deborah Davenport of Caribou Architects to redesign some areas of the building. The first, second, and third floors of the building were partially gutted and reorganized to accommodate the organization and their offices. Contained within this renovation was the designing of the lobby space. Alterations include the cladding of the stainless-steel columns with wood panels and the removal of the circular admissions desk, sitting area, and stainless louvers. Additionally, the fourth floor was turned into residential units, though the original floor plan was mostly retained. These changes constitute the extent of the non-historic alteration to the interior. Though some of these changes did remove character-defining, period architectural details, the general layout and design of the interior is still present in the majority of the building. Most of the floors of the building still read in much the same way that they would have when the property was initially completed.

The exterior of the building has also seen some notable non-historic alterations. One such alteration was to a secondary entrance that is located to the northeast of the octagonal tower structure. Like the lobby space, the historic Modern architectural appearance of this entry was altered to be much more traditional in style. A new wood awning with neoclassical inspired posts was constructed around the original cast concrete projecting surround. Additionally, wood trim was added to the cast concrete surround and a faux stone treatment was applied to the original limestone cheek walls. Also, the entry doors, sidelights, and transoms were replaced with wood

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versions. Similarly, the main entrance was given a more traditional makeover on the exterior, though not nearly to the extent as the secondary entrance. Here, the original awning windows were replaced with stationary windows and the original metal and glass doors were replaced with wood versions. Though these changes somewhat alter the feel of these entrances, the general elements and arrangements of the original design are still present, if not a bit obscured. As such, these changes, though unfortunate, do not represent a significant loss of historic integrity in contrast to the amount of original historic fabric still present.

On the exterior of the main hospital building, the greatest change was the replacement of the original awning windows with six-over-six, double-hung vinyl windows. However, the new windows completely fill the original openings, so the original horizontal band effect of the design was maintained. Additionally, the surface area covered by the windows constitutes less than fifty percent of the total surface area of the building. As such, more than fifty percent of the building's exterior still presents itself in much the same manner as it did historically. Therefore, the unusual and dynamic design of the building, which was the source of much of its acclaim, is still very much intact and reads in much the same way as it did historically.

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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

1948-1971

Significant Dates

1950 – Completion of structure

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

Brueggeman, Swaim & Allen, architects

Erhart, Eichenbaum & Rauch, architects

Patti-McDonald-Manhattan Company, contractors

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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 Veterans Administration Hospital building at 300 E. Roosevelt Road, Little Rock, Pulaski County, Arkansas, was constructed between 1948 and 1950. It was part of a nationwide expansion campaign by the Veterans Administration that was aimed at addressing the increasing population and needs of veterans in the following World War II. As such the Veterans Administration Hospital is being nominated to the National Register of Historic Places under **Criterion A** with **local significance** for its association with the post-World War II building campaign of the Veterans Administration. Additionally, as the Veterans Administration Hospital is an unusual and exemplary example of an International Style hospital in the Little Rock area by two notable firms, it is also being nominated to the National Register of Historic Places under **Criterion C** with **local significance**. The Veterans Administration Hospital is also being submitted to the National Register of Historic Places under the multiple-property listing "United States Third Generation Veterans Hospital, 1946-1958."

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

In Arkansas, the responsibility of veteran's care has its origins at Fort Logan H. Roots in North Little Rock; when the army hospital and post was transferred to the Public Health Service at the close of World War I.¹ Nationally, the Public Health Service was charged with the medical and hospital care of returning disabled veterans, among other duties. However, all other veteran's benefits, with the exception of vocational rehabilitation programs, were administered by the Bureau of War Risk Insurance. As this system proved too unwieldy, a Presidential study commission recommended a consolidation of the powers, functions and duties of the independent agencies which administered veterans' benefits.² In 1921, the Veterans Bureau was established by an act sponsored by Arkansas Senator Joe T. Robinson to answer this need. The Public Health Service turned over the military hospital and post facilities at Fort Roots to this new organization. Still, the Veteran's Bureau shared the administration of veterans benefits with the Bureau of Pensions within the Department of the Interior and the National Homes for Disabled Volunteer Soldiers. This unwieldy process was streamlined on July 21, 1930, with the creation of the Veterans Administration by Executive Order 5398, when the three separate agencies became component bureaus under this new format.³

By that time, there were approximately 4.7 million military veterans within the United States, with a comparatively small employee base of 31,600 working for the Veterans Administration at the time. Veterans Administration staff stayed busy as Congress increased pensions for Spanish-American War veterans and provided disability allowances for World War I veterans. This was

¹ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993) 82.

² *Ibid.*

³ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993), Pgs. 52-53.

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followed by a sudden increase in the need for medical care brought on by the Great Depression. As the fifty-four Veterans Administration hospitals, including Fort Roots, began to fill, plans were made for the construction of new facilities; however, these plans were put on hold as it became clear that a second world war was on the horizon. After World War II, the substantial increase in the American veteran population, as well as the large number of new benefits, including the GI Bill, enacted by Congress,⁴ necessitated a sizable expansion of Veterans Administration facilities. The resulting building campaign helped to alleviate the swelling demand for veterans care not able to be fulfilled through the existing veterans' hospitals.⁵ The Veterans Administration Hospital in Little Rock was a result of this construction campaign.

The design of the new Veterans Administration Hospital in Little Rock was a result of a collaboration by two notable Little Rock architecture firms, Brueggeman, Swain & Allen, Architects, and Erhart, Eichenbaum & Rauch, Architects. The former of these two firms was founded in 1933, when Edward Frederic Brueggeman and Guy Winfield Swaim, Jr., joined forces to begin their own business. Edward Brueggeman was born in St. Louis, Missouri, on July 8, 1905, but was raised in Asheville, North Carolina. He received his architectural education from Washington University in St. Louis, Missouri. He initially went to work for the firm of LaBeaum and Klein in St. Louis but left their office in 1928 to work for the Little Rock firm of Thompson, Sander & Ginocchio. He remained at that firm until 1932, when he operated an independent practice for a short time, until he partnered with Guy Swaim the following year. Guy Swaim was born in Little Rock, Arkansas, in 1906.⁶ He attended the Alabama Polytechnic Institute in Auburn, Alabama, where he graduated in 1932 with a Bachelor of Architecture. While he was in college, he would work in the offices of notable local architect John Parks Almand during the summers from 1926 to 1929. He then worked in the offices of Petter and McAninch during the summer of 1931. After graduation, Swaim went to work for the firm of Thompson, Sanders & Ginocchio for a single year before leaving to form a firm with Edward Brueggeman.⁷ In 1936, the firm added the talents of William Samuel Allen. Like Swaim, William Allen was a Little Rock native. He began working in the offices of Sanders and Ginocchio in 1922 and continued there after receiving his master's degree in architecture in 1929. He remained with the firm until 1936, when he joined Brueggeman and Swaim and the firm's name was then changed to Brueggeman, Swaim & Allen. Together they designed a number of landmark buildings in Little Rock and throughout the state of Arkansas including the St. Vincent Infirmary, which held some similarities to the V.A. building including being designed in the International Style and with circle courtyards and drives,⁸ as well as the 1961 Little Rock Federal Building (NR listed 5/5/2015), the 1961 Little Rock Catholic High School, and the 1950 First Methodist Church in North Little Rock.⁹

⁴ "VA History in Brief: What it is, was and does," Veterans Administration Pamphlet 06-83-1, April 1983, 4.

⁵ Miller, Janice, *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993) Pgs. 51-52.

⁶ Witsell, Charles and Gordon Wittenberg. *Architects of Little Rock: 1833-1950*. Fayetteville: University of Arkansas Press, 2014. Pg. 106.

⁷ Koyl, George S. *American Architects Directory*. New York: R.R. Bowker Company, 1955. Pg. 546.

⁸ Miller, Janette, *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993), Pgs. 106-108.

⁹ Witsell, Charles and Gordon Wittenberg. *Architects of Little Rock: 1833-1950*. Fayetteville: University of Arkansas Press, 2014. Pgs. 108-109.

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The latter of the two firms was founded in January of 1930, when Francis "Frank" Erhardt and Howard Samuel Eichenbaum left the offices of notable local architect Eugene Stern to start their own practice. Frank Erhart was born in Hot Springs, Arkansas, on March 5, 1889. He received his architectural education at the University of Pennsylvania, where he graduated in 1914. After his return to Arkansas around 1920, he went to work for the firm of Mann & Stern until it dissolved in 1928. He then continued to work under Eugene Stern until February 1931.¹⁰ Howard Eichenbaum was born in Little Rock, Arkansas, on April 25, 1904. He received his architectural education from Washington University in St. Louis, Missouri, where he graduated in 1924. While he was in college, Eichenbaum spent his summers working in the offices of Mann & Stern. After his graduation from college, he continued his employment at that firm until it dissolved in 1928. He would stay on with Eugene Stern for another two years before striking out on his own with Frank Erhart.¹¹ Though the firm had a rocky start, given that it was founded on the eve of the Great Depression, they managed to secure the commissions for a number of significant projects early on, including the 1931 Parnell Hall on the campus of the Arkansas School for the Blind in Little Rock, Arkansas, (NR listed 1/24/2008), the 1938 Arkansas State Tuberculosis Sanatorium near Booneville, Arkansas, (NR listed 10/5/2006), the 1939 Howard County Courthouse in Nashville, Arkansas, (NR listed 6/14/1990), and the 1940 Izard County Courthouse in Melbourne, Arkansas, (NR listed 9/30/1993).¹² In 1945, the firm added architect John A. Rauch, becoming Erhart, Eichenbaum & Rauch. Rauch was born in St. James, Missouri, on October 11, 1891. He was a graduate of Washington University in St. Louis, Missouri, and had worked at the Little Rock firm of Mann & Stern from 1917 until 1920. From 1920 until 1945, Rauch had operated a small, but relatively successful independent practice. After that point until his retirement in the 1980s, he worked with Erhart and Eichenbaum, and later Noland Blass, Jr.¹³

The firms of Brueggeman, Swaim & Allen and Erhart, Eichenbaum & Rauch worked with the Little Rock District of the Corps of Engineers to plan and design the new hospital. Keeping with national architectural trends of the time, the design for the Veterans Administration Hospital was created in the International Style of architecture. The International Style of architecture gained its name and was first defined when Phillip Johnson and Henry-Russell Hitchcock created an exhibition in 1932 at the Museum of Modern Art, which featured photos and drawings of "modern" buildings from 15 countries, including the United States, which exemplified the movement. The exhibition was an effort to raise awareness and increase popularity of the new, "modern" forms of architecture. A book of the same title was published in late 1932 and further elaborated on the concepts and ethos of the exhibition. The term International Style was derived from the idea that a "modern" architecture should not take inspiration from the works and architectural experiments of various styles, architects, countries, and time periods, while also not applying any culturally specific, superficial ornamentation to the exterior. However, the International Style would embrace any localized stylistic variations that were born out of

¹⁰ Koyl, George S. *American Architects Directory*. New York: R.R. Bowker Company, 1955. Pg. 159.

¹¹ Koyl, George S. *American Architects Directory*. New York: R.R. Bowker Company, 1955. Pg. 153.

¹² Witsell, Charles and Gordon Wittenberg. *Architects of Little Rock: 1833-1950*. Fayetteville: University of Arkansas Press, 2014. Pg. 97.

¹³ Koyl, George S. *American Architects Directory*. New York: R.R. Bowker Company, 1955. Pg. 452.

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programmatic requirements necessitated by local climate or geography.¹⁴ In this way, the International Style was not a set of architectural rules and stylistic motifs, but rather it was a collection of architectural ideas that embraced contemporary materials and construction practices. Because of this, examples of International Style architecture feature a wide variety of forms, materials, and typologies.

Johnson and Hitchcock set forth three guiding principles of the International Style, which can be seen in the design of the Veterans Administration Hospital in Little Rock. The first principle was to design architecture as a volume instead of a mass. By this, they meant that contemporary architecture was built using structural steel or reinforced concrete frames, which were later enclosed with a protective exterior cladding or skin. This method stood in contrast to traditional masonry construction of the time, in which the walls provided both support and enclosure. With the "new" system, floor plans could be more open, with little interruption of interior supports or columns. In cases where this occurs, the supports of contemporary buildings would take up a fraction of the space needed by masonry columns or could be removed altogether by cantilevering the structure.¹⁵ In the Veterans Administration Hospital, the reinforced-concrete frame allowed for a relatively open, flexible floor areas, which would then be easier to fulfill the required programming for the various departmental needs of the facility.

In addition to the openness and flexibility of plan, which is achieved by the steel or concrete frame, the concept of volume instead of mass extends to the treatment of the enclosing envelope. Johnson and Hitchcock made a point to explain that the façade of the building should be continuous and flat, like a skin covering the exterior. This would give the impression that the façade is merely a barrier to protect against the weather and to provide definition.¹⁶ This led to the windows on International-Style buildings being flush with the exterior surface of the façade, opposed to recessing them as was seen in traditional architecture. The windows should also have thin, light frames made of non-corroding metal in standardized sizes. Additionally, the wall surface material should be as smooth as possible, preferably being made of stone veneer, though stucco, brick, and wood panels were also acceptable when appropriate.¹⁷ On the Veterans Administration Hospital, the ribbons of glazing cascade across the façades of the building, creating continuous bands that wrap around the entire building. The overall effect is of alternating smooth bands of buff brick and ribbons of glass that are accented by limestone frames.

The second principle of International Style was concerning regularity. This principle was to serve as an external manifestation of the internal steel or concrete skeleton of the building. Since building frames were generally built on a grid, it only made rational sense that the grid should

¹⁴ Hitchcock, Henry-Russell, and Philip Johnson. *The International Style*. New York: W.W. Norton & Company, Inc., 1966. Pg.36.

¹⁵ Hitchcock, Henry-Russell, and Philip Johnson. *The International Style*. New York: W.W. Norton & Company, Inc., 1966. Pg.55.

¹⁶ Hitchcock, Henry-Russell, and Philip Johnson. *The International Style*. New York: W.W. Norton & Company, Inc., 1966. Pg.59-61.

¹⁷ *Ibid.*

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also extend to the fenestration of the envelope materials.¹⁸ On the Veterans Administration Hospital, the grid created by the reinforced concrete frame is seen on the exterior of the building in the appearance of blind openings within the ribbons of glazing. As such, the exterior of the building maintains the same cadence and rhythm of the structural frame, thus allowing them to read as a natural extension of the other.

The third and final principle of the International Style was the avoidance of applied ornamentation. This is likely the most sweeping principle of the three, as it included not only traditional cornice, door, and window molding, but also landscape design, fixtures, building lettering, and artwork.¹⁹ This abstinence from decoration is one of the most well-known traits of the International Style, but also the most misunderstood. Johnson and Hitchcock meant this as ornament added without it serving a practical purpose. Elements that are necessary can have a decorative component; it just cannot overshadow the function of the element. This is clearly seen within the design of the Veterans Administration Hospital. Originally, there was no ornamental elements that did not serve a functional purpose, such as the round punctures seen in the concrete enclosure wall of the loading dock area, which allowed for security and airflow, or the limestone window surround with dividers that acted as a baffle allowing the windows to be opened during rainy weather. This treatment extended to the interior of the building. The lobby presented a curved wall defining an admissions area with an attached polished marble counter projecting outward from the floor. The lobby was decorated with structural, stainless-steel round columns that are viewed though vertical stainless-steel poles of louvered-like blades running from the floor to the ceiling in a shallow arc. Four elevators were built in the center of the structure of stainless steel and surrounded by substantial stainless steel fluted pilasters. These materials served more than simply an aesthetic purpose. Smooth stone and stainless-steel were also seen as being more hygienic and, therefore, healthier and safer in medical settings.

An article on the front page of the *Arkansas Democrat's Sunday Magazine* in September of 1949 explained the design of the building which was then still under construction in detail:

The hospital is ten-storied, with a ground floor, a basement, and two floors in the service penthouse in addition. Patient floors are three to ten, with administrative offices housed on two lower floors. On a 12-acre site of (sic) a hill overlooking the greenery of Fourche Bottoms, the hospital is flanked by nurses quarters for 10, a \$50,000 managerial unit, male attendants' quarters for 30, two duplex units of four apartments for hospital staff, boiler house, laundry, garage (to service and store hospital cars and ambulance), and maintenance shops.

Beds for 500 patients will be provided with 40 in each nursing unit. Patients will be cared for in private rooms, 4-bed wards, and 16-bed wards, with (sic) 10-room isolation ward and two floors, the 9th and 10th, equipped for psychiatric cases. Two nursing stations will be set upon each floor to keep records, narcotic cabinets, and general supplies, and each nursing

¹⁸ Hitchcock, Henry-Russell, and Philip Johnson. *The International Style*. New York: W.W. Norton & Company, Inc., 1966. Pg.69-70.

¹⁹ Hitchcock, Henry-Russell, and Philip Johnson. *The International Style*. New York: W.W. Norton & Company, Inc., 1966. Pg.81-89.

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unit will include a day rest room for convalescent patients. On the psychiatric floors, open porches will be enclosed with wire mesh walls and roofing.

Walls from floor to ceiling will be marble, with structural glazed tile five feet up in corridors; floors are terrazzo and asphalt. All ceilings are of acoustical tile to reduce noise, and all decor is in neutral or pastel shades of color. No traditional "hospital white" is to be seen anywhere, and operating rooms are pale green, with grounded brass strips embedded in floors to dispel static electricity.²⁰

When the building was first completed in June of 1950, it caused quite a stir in the design community. The building's design was featured in national design magazines, *Architectural Record*²¹ and *Architecture and Design*, with articles featuring its design innovation.²² It was a modern marvel and especially garnered attention in Little Rock's design community.²³ Around the same time that the Veterans Administration Hospital was completed, the new St. Vincent Infirmary hospital was also completed on the western side of Little Rock. This hospital was also designed in the International Style by the same firms responsible for the Veterans Administration Hospital. However, the two buildings had very different designs. While the two shared similar horizontal banding and material choices, the St. Vincent Infirmary design was much more rectilinear and also featured cantilevered sunshades. In this way, it was a much more "main-stream" version of the International Style, whereas the Veterans Administration Hospital was a bit more "avant garde," with its curving surfaces and Y-shaped footprint. Unfortunately, over the years, the St. Vincent Infirmary Hospital received several additions on virtually every side. As a result, there is little of the original 1950 design visible. There would not be another Modernist hospital erected in the city until 1956, when the University of Arkansas Medical School by Edward Durell Stone was completed. Unfortunately, due to the tremendous growth of the school, that building has also been largely obscured by additions. These changes to the other two significant International Style hospitals in the city leave the Veterans Administration Hospital on Roosevelt Road as the most intact and best surviving example of that typology in that style in the area.

The new facility operated as a general medical and surgical hospital with two upper floors for neuropsychiatric patients.²⁴ In 1959, the management and administrative functions of both the Little Rock and North Little Rock hospitals were consolidated with managers living on site at each hospital. Ernest Lloyd Wilbur, assistant to the director of the Arkansas Veteran Administration system, lived on site at the Roosevelt Road hospital.²⁵ However, many of the support services for the Little Rock hospital were provided by Fort Roots.²⁶

²⁰ Martin, Roberta. "Add This to Little Rock's New Skyline," *Arkansas Democrat*, 4 Sept. 1949. Accessed at VA Hospital Clipping File, Butler Center.

²¹ "VA Hospital at Little Rock Slated for June Occupancy." *Architectural Record*, Vol. 17, No. 3, March 1950. Pg. 12.

²² *Architecture & Design*, Vol 11, Sept 1947.

²³ Witsell, Charles and Gordon Wittenberg. *Architects of Little Rock: 1833-1950*. Fayetteville: University of Arkansas Press, 2014. Pg. 97.

²⁴ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993), Pgs. 73-74

²⁵ *Ibid.*

²⁶ *Ibid.*

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By the late 1970s, the Veterans Administration faced controversy over the decision to build a new hospital in Little Rock. Although it was suggested that the two existing hospitals be merged into one unit at Fort Roots, the Veterans Administration decided to construct a new facility in Little Rock on a site closer the University of Arkansas Medical Sciences campus to allow the sharing of equipment and facilities, a common practice for veterans' hospitals at the time.²⁷ In the fall of 1984, the hospital moved into the new John L. McClellan Memorial Hospital at 4300 West 7th Street. At the time, the hospital at 300 E. Roosevelt Road was the youngest V.A. hospital in the nation to be replaced with a new facility.²⁸ The new building was designed by Noland Blass, Jr., who had become a partner of Erhart, Eichenbaum & Rauch in 1955.²⁹

After the Veterans Administration relocated to their new Little Rock facility in 1984, the building sat vacant for several years.³⁰ In 1995, the property was acquired by Pulaski County, who held it for three years. It was then purchased by Hobby Lobby Creative Centers, a Christian craft retailer, in 1998. They, in turn, gave the property to the Institute for Basic Life Principles, a controversial religious organization to use as a training center for its Bible-based courses, in 1999.³¹ When the Institute of Basic Life Principles remodeled the first two floors and took out the original windows, replacing them with vinyl windows. The high-style and modernist first floor interior was also removed by the church and replaced with traditional styled wood wainscot paneling. The third floor was gutted and reframed but never completed. The fourth floor was redesigned into residential units.³²

In 2002, the Little Rock Police Department Downtown Patrol and Special Operations moved into a wing of the second floor of the building.³³ In 2020, the property was purchased by the Princeton Place Apartments, LLC, who later sold it to VA Hospital Property, LLC, in 2021.³⁴ However, at the time of the writing of this nomination, the Special Operations of the police force remain in the building, as well as the religious organization, which uses the second floor for offices. Furthermore, the fourth floor is still utilized by the church for residential housing and the rest of the building is empty. There are future plans to renovate the building into multi-family

²⁷ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993), Pg. 78.

²⁸ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993), Pgs. 78-82.

²⁹ Witsell, Charles and Gordon Wittenberg. *Architects of Little Rock: 1833-1950*. Fayetteville: University of Arkansas Press, 2014. Pg. 97.

³⁰ Miller, Janette. *Chronicle of a Century: The Story of Fort Roots*, EEO Centennial Committee, (1993) 82.

³¹ Bowyer, Jerry, "What Makes Hobby Lobby A Christian Company? Hint: It's Not a Greed or Misogyny Thing," *Forbes*, found at <https://www.forbes.com/sites/jerrybowyer/2017/04/25/what-makes-hobby-lobby-a-christian-company-hint-its-not-a-greed-or-a-misogyny-thing/?sh=1f1bec0636d9>, 25 April 2017, Accessed 30 Sept 2020.

"A Day Shelter in the Old VA?", *Arkansas Times*, <https://arktimes.com/news/arkansas-reporter/2008/01/17/a-day-shelter-in-the-old-va>, 17 Jan. 2008, Accessed 19 March 2021.

³² Davenport, Deborah, Caribou Architects, Drawings for Institute of Basic Life Principles, Little Rock Training Center, (2000-2004), Accessed at VA Hospital Building, Roosevelt Rd. Little Rock.

³³ "A Day Shelter in the Old VA?" *Arkansas Times*. Last edited 17 Jan 2008. Found at <https://arktimes.com/news/arkansas-reporter/2008/01/17/a-day-shelter-in-the-old-va>.

³⁴ Brantley, Max, "Development Group Eyes Reuse of Old VA Hospital on Roosevelt Road," *The Arkansas Times*. Found at <https://arktimes.com/arkansas-blog/2018/01/27/development-group-eyes-reuse-of-old-va-hospital-on-roosevelt-road>, 27 Jan 2018, (Accessed Sept 30, 2020.)

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housing with potential other uses as well, at which time the religious organization will leave the building.

Statement of Significance

The Veterans Administration Hospital, located at 300 E. Roosevelt Road, Little Rock, Arkansas, was constructed between 1948 and 1950 as part of a nationwide building campaign by the Veterans Administration in the post-World War II era. As such, the property is being nominated to the National Register of Historic Places under **Criterion A** with **local significance** for its association with this significant historical trend. Additionally, the Little Rock Veterans Administration Hospital is also the best surviving example of an early International Style hospital in the Pulaski County area. Due to this, it is also being nominated to the National Register of Historic Places under **Criterion C** with **local significance** as an unusual and exemplary example of an International Style hospital in Pulaski County. The Veterans Administration Hospital is also being submitted to the National Register of Historic Places under the multiple-property listing "United States Third Generation Veterans Hospital, 1946-1958."

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9. Major Bibliographical References

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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): PU5344

10. Geographical Data

Acreage of Property +/- 9.38 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: | Longitude: |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

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Or

UTM References

Datum (indicated on USGS map):

☐ NAD 1927 or ☒ NAD 1983

1. Zone: 15	Easting: 566745.47	Northing: 3842825.31
2. Zone:	Easting:	Northing:
3. Zone:	Easting:	Northing:
4. Zone:	Easting:	Northing:

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

Beginning at UTM point 15/566649.6/3842902.45, proceed hence easterly for 355.78 feet to UTM point 15/566757.15/3842902.9, thence proceed southerly for 131.8 feet to UTM point 15/566757.57/3842862.68, thence proceed easterly for 378.38 feet to UTM point 15/566872.99/3842862.17, thence proceed southerly along the chain-link fence for 315.27 feet to UTM point 15/566852.3/3842772.37, thence proceed southeasterly along the driveway for 315.1 feet to UTM point 15/566890.07/3842690.89, thence proceed westerly for 586.11 feet to UTM point 15/566712.81/3842697.57, thence proceed northerly for 191.99 feet to UTM point 15/566712.75/3842756.01, thence proceed westerly for 207.6 feet to UTM point 15/566649.38/3842756.25, thence proceed northerly for 478.49 feet to the point of beginning.

Boundary Justification (Explain why the boundaries were selected.)

Boundary does not include all of the land historically associated with the hospital due to the eastern portion of the property having lost several original structures, with several new structures erected and most of the remaining historic structures severely altered. As such, the majority of these buildings would have been classified as non-contributing. Therefore, the boundary only includes the main hospital structure, a staff housing building, and the land directly surrounding them. This portion of the property still maintains its historic configuration with little to no changes in the number of structures and their relationship to one another.

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11. Form Prepared By

name/title: Antoinette Johnson, Johnson Consulting, LLC
J. Mason Toms, National Register and Survey Coordinator
organization: Arkansas Historic Preservation Program
street & number: 1100 North Street
city or town: Little Rock state: Arkansas zip code: 72201
e-mail: mason.toms@arkansas.gov
telephone: (501) 324-9192
date: 9/13/2021

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.)

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.

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Photo Log

Name of Property: Veterans Administration Hospital

City or Vicinity: Little Rock

County: Pulaski

State: Arkansas

Photographer: Travis Ratermann

Date Photographed: April 7, 2021

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

- 1 of 32. Southern façade of the building, looking north.
- 2 of 32. Southeast corner of the property, looking northwest.
- 3 of 32. Eastern courtyard colonnade, looking east.
- 4 of 32. Eastern end of the eastern wing, looking northwest.
- 5 of 32. Northern side of eastern wing, looking south.
- 6 of 32. Northern façade of the building, looking southwest.
- 7 of 32. Northern façade of the building, looking west.
- 8 of 32. Northeast façade of the northern secondary wing of the northwestern wing, looking southwest.
- 9 of 32. Northwestern façade of the northwestern wing, looking southeast.
- 10 of 32. Western corner of the northwest wing, looking east.
- 11 of 32. Southwestern façade of the northwest wing, looking, northeast.
- 12 of 32. Northwestern façade of the southwest wing, looking southeast.
- 13 of 32. Southeastern façade of the southern secondary wing of the southwest wing, looking northwest.
- 14 of 32. Southern façade of the building, looking northwest.
- 15 of 32. Southern façade of the building, looking northeast.
- 16 of 32. Detail photo of primary entrance on southern elevation, looking west.
- 17 of 32. Detail photo of former Emergency Room entrance on northwestern wing, looking northeast.
- 18 of 32. Detail photo of secondary entrance on northwestern wing, looking northeastern.
- 19 of 32. Detail photo of service entrance on southern elevation of southwest wing, looking north.
- 20 of 32. Interior photo of main lobby, looking north.
- 21 of 32. Interior photo of first floor elevator bank, looking west.
- 22 of 32. Interior photo of seventh floor elevator bank, looking west.
- 23 of 32. Interior photo of fifth floor dumbwaiter in the kitchen area, looking southeast.
- 24 of 32. Interior photo of typical single patient room, looking northeast.
- 25 of 32. Interior photo of historic water fountain on fifth floor, looking northwest.
- 26 of 32. Interior photo of typical multi-patient ward, looking southeast.

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- 27 of 32. Interior photo of typical patient restroom, looking southwest.
- 28 of 32. Interior photo of typical upper floor corridor, looking east.
- 29 of 32. Interior detail photo of floor medallion by elevator banks, looking southeast.
- 30 of 32. Interior photo of entrance to fifth floor operating room, looking east.
- 31 of 32. Eastern corner of staff housing building, looking west.
- 32 of 32. Northwestern façade of staff housing building, looking south.

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Additional Images



Fig. 1: Historic image of the building from the primary entry driveway, ca. 1950.



Fig. 2: Historic image of the southwestern elevation of the building, ca. 1950.

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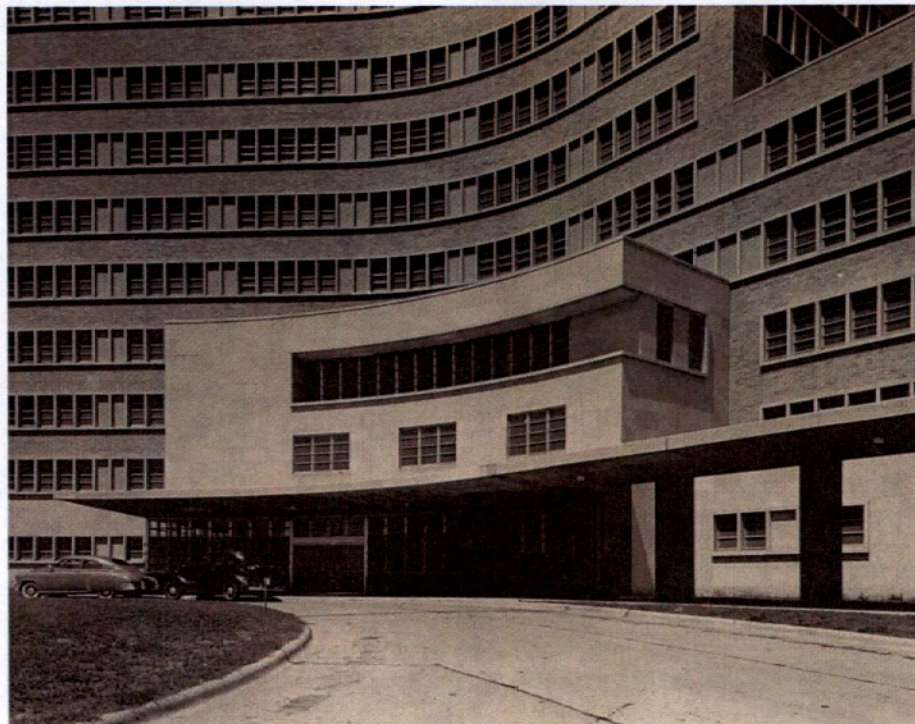


Fig. 3: Historic detail photo of main entrance, ca. 1950.

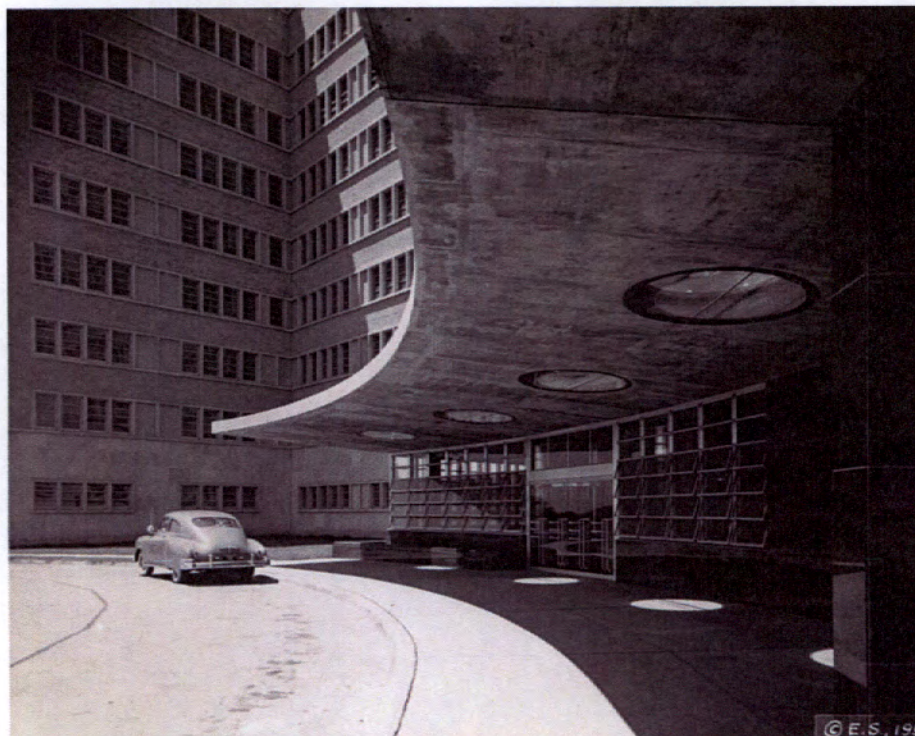


Fig. 4: Historic image of main entrance to the hospital, ca. 1950.

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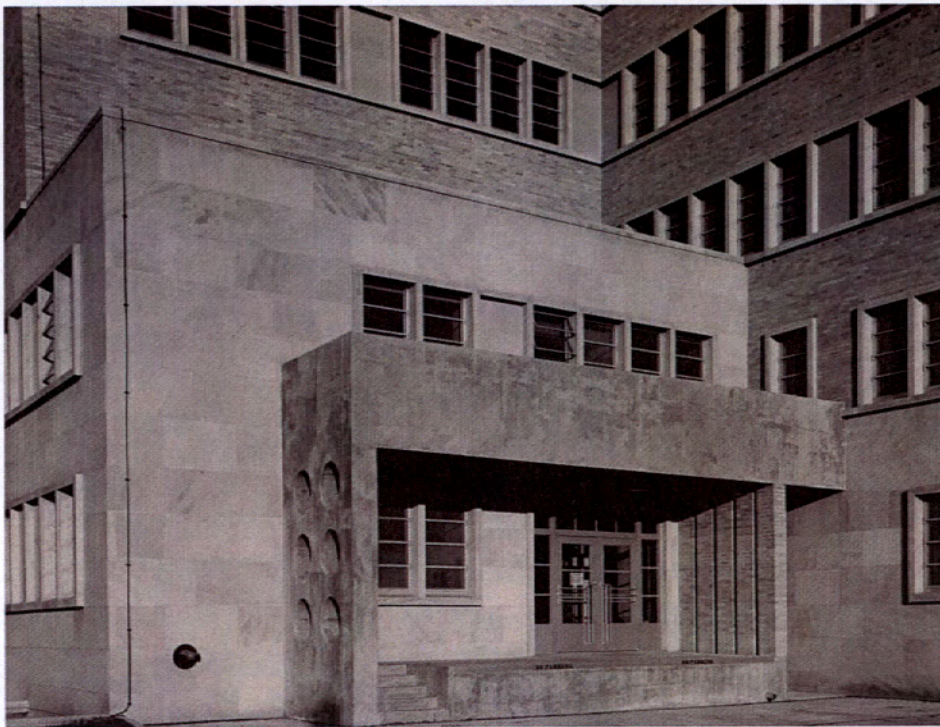


Fig. 5: Detail photo of Emergency Room entrance, ca. 1950.

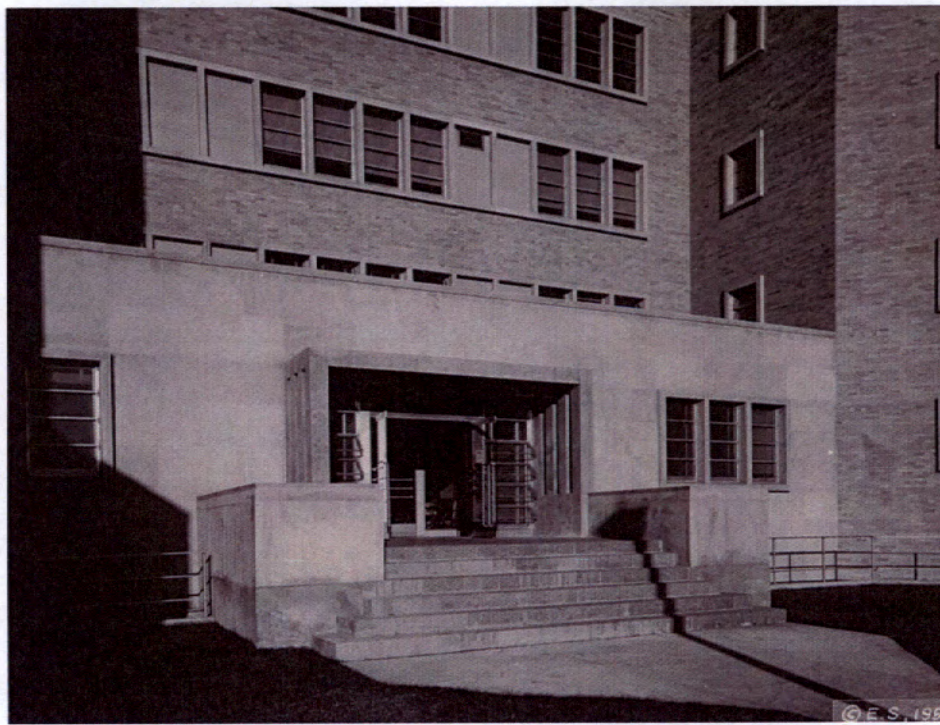


Fig. 6: Historic image of secondary entrance on northwest wing, ca. 1950.

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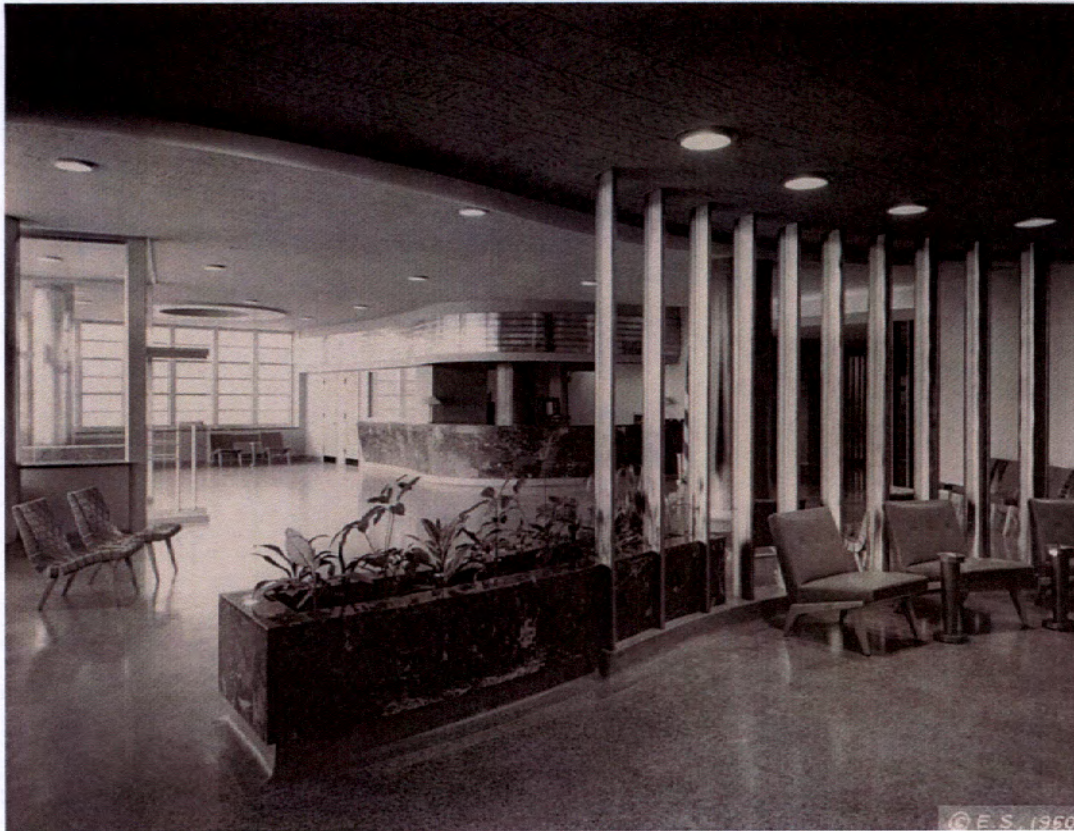
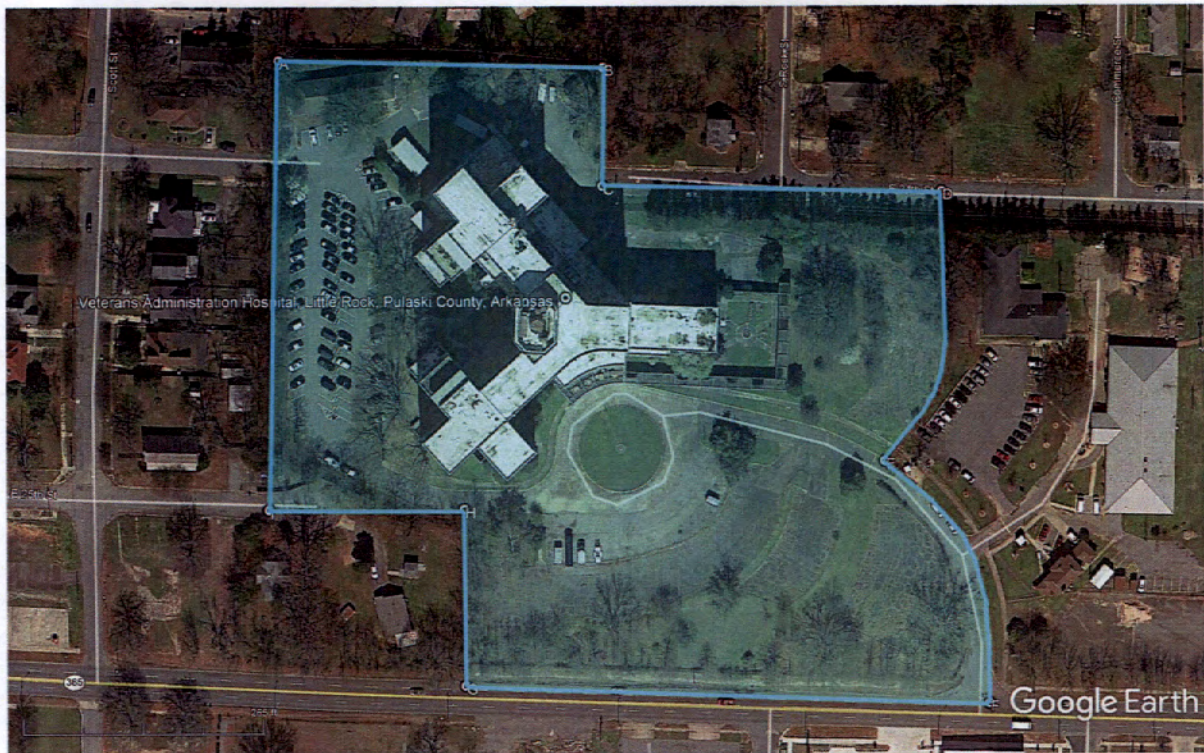


Fig. 7: Historic image of original main lobby space, ca. 1950.

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.

Boundary Map



UTM Point A: 15 566649.6 E 3842902.45 N

UTM Point B: 15 566757.15 E 3842902.9 N

UTM Point C: 15 566757.57 E 3842862.68 N

UTM Point D: 15 566872.99 E 3842862.17 N

UTM Point E: 15 566852.3 E 3842772.37 N

UTM Point F: 15 566890.07 E 3842690.89 N

UTM Point G: 15 566712.81 E 3842697.57 N

UTM Point H: 15 566712.75 E 3842756.01 N

UTM Point I: 15 566649.38 E 3842756.25 N



|-----253'-----|

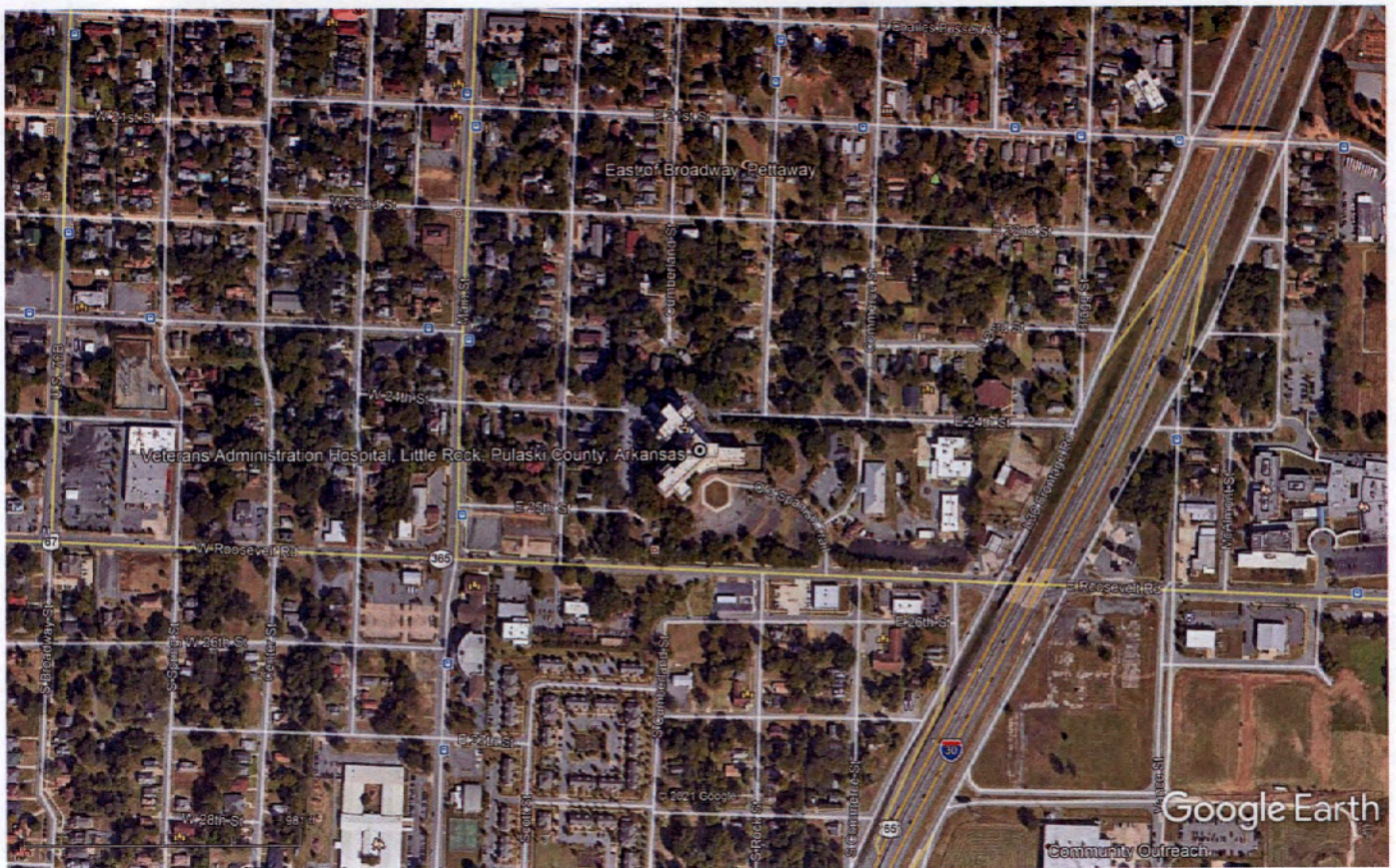
Veteran Administration Hospital

Little Rock, Pulaski County, AR

15 566745.47E 3842825.31N



North



|-----981'-----|

Veteran Administration Hospital

Little Rock, Pulaski County, AR

15 566745.47E 3842825.31N



North

















































